

**AGENDA
Tompkins County Board of Health
Rice Conference Room
Tuesday, October 22, 2013
12:00 Noon**

- 12:00** I. Call to Order
- 12:01** II. Privilege of the Floor – Anyone may address the Board of Health (max. 3 mins.)
- 12:04** III. Approval of September 24, 2013 Minutes (2 mins.)
- 12:06** IV. Financial Summary (9 mins.)
- 12:15** V. Old Business (15 mins.)
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|-------------------------------|----------------------------------|
| Administration | Children with Special Care Needs |
| Medical Director’s Report | County Attorney’s Report |
| Division for Community Health | Environmental Health |
- 12:30** VI. New Business
- 12:30** ***Environmental Health*** (25 mins.)
- Enforcement Action:**
1. Resolution #13.20.21 – Carl Morse, 488 Enfield Center Road, T-Enfield, Violation of Article VI of the Tompkins County Sanitary Code (Sewage) (5 mins.)
- For Discussion/Action:**
1. Duger-Collins request for an Onsite Wastewater Treatment System (OWTS) permit fee refund (10 mins.)
 2. Request to assess an administrative fee beginning in December 2013 of \$75 for an Onsite Wastewater Treatment System (OWTS) permit application renewal or transfer (10 mins.)
- 12:55** ***Adjournment***

DRAFT

**Board of Health
September 24, 2013
12:00 Noon
Rice Conference Room**

- Present:** Will Burbank; Brooke Greenhouse; James Macmillan, MD, President; Patrick McKee; and Janet Morgan, PhD
- Staff:** Liz Cameron, Director of Environmental Health; Sigrid Connors, Director of Patient Services; William Klepack, MD, Medical Director; Frank Kruppa, Public Health Director; Jonathan Wood, County Attorney; and Shelley Comisi, Keyboard Specialist
- Excused:** Michael McLaughlin, Jr.; Patricia Meinhardt, MD; Sylvia Allinger, Director of CSCN; and Brenda Grinnell Crosby, Public Health Administrator
- Guests:** Steven Kern, Sr. Public Health Sanitarian; and Skip Parr, Sr. Public Health Sanitarian

Privilege of the Floor: No one was present for Privilege of the Floor.

Dr. Macmillan called the regular meeting of the Board of Health to order at 12:03 p.m.

Approval of August 27, 2013 Minutes: Dr. Morgan moved to approve the minutes of the August 27, 2013 meeting as written; seconded by Mr. Greenhouse; and carried unanimously.

Financial Summary: Ms. Grinnell Crosby was not present for the meeting. In her absence, Mr. Kruppa reported Kevin Sutherland from County Administration has been working on the County budget so the Board's earlier suggestions were not incorporated in this month's report. When the budget process is completed, Mr. Sutherland will meet with the Board to discuss the possibilities for future financial reports. In response to the Board's request, Ms. Grinnell Crosby included a financial summary narrative in the packet. Mr. Kruppa summarized not much has changed since last month's report.

Mr. Greenhouse suggested financial reports be submitted on a quarterly basis rather than monthly. It requires careful thought and attention to read through all the data provided. Mr. McKee agreed he does not need all of the financial data currently being presented. He suggested focusing on one division at each meeting so the discussion could be in-depth, not limited to financial reporting. Dr. Macmillan questioned whether so many graphs are useful to the public.

Ms. Connors said she wheedled down her division's statistical sheets to two pages and continues to look at it. She also updated the financial summary report that reported two clients on directly observed therapy (DOT). One client completed therapy in July and was discharged.

Mr. Kruppa responded work will continue on reducing the financial summary piece. Regarding the other Division reports, his only concern is making sure the information is on the website for the public to view. The goal is to present useful information to the Board in a timely manner. He will discuss the financial piece with Ms. Grinnell Crosby and the reporting piece with Senior Leadership.

Administration Report: Mr. Kruppa reported County Department Heads recently completed an Emergency Operations Center (EOC) exercise at the Department of Emergency Response (DOER). He and Nina Saeli, Public Health Preparedness Coordinator, worked with DOER staff to organize the event. It was successful in engaging Department Heads on an issue that has not received comprehensive attention.

Mr. Kruppa answered questions from the Board:

- The scenario was a winter ice storm based on an event occurring a few years ago in the North Country.
- The main purpose of the exercise was to build capacity in the County EOC. During an emergency situation, the EOC is the central location for reporting information, gathering experts and coordinating the planning and response for the event.
- The Health Department has been proactive in being involved with emergency response. Staff who developed and/or participated in the EOC exercise will have a better foundation for writing the plans the Health Department is required to create: sheltering, mass prophylaxis and Strategic National Stockpile.

Medical Director's Report: Dr. Klepack reported there are more types of influenza vaccines available this year. The Centers for Disease Control (CDC) says it does not matter which type is administered; getting vaccinated is what matters.

In a discussion about the paper included in Dr. Klepack's report, Mr. Greenhouse wondered about increasing the Health Department's public relations profile. He suggested the Health Department consider hosting informational sessions on the Affordable Care Act (ACA).

In the public relations effort, Mr. Kruppa noted the following: (1) marketing and outreach is a part of the Strategic Plan, (2) the monthly local radio spot is a place for staff to discuss a variety of health topics, and (3) the Health Planning Council (Frank Kruppa, Vice Chair; Theresa Lyczko, Board of Directors) received a grant to be navigators for Tompkins County for the individual part of the ACA. Two weeks ago, the Health Department hosted a meeting for human service partners within the community. A representative from the New York State Department of Financial Services explained the navigation process and health exchange to the 75-80 people who attended the presentation. The Health Department will also distribute informational materials and is looking into becoming Certified Application Assistors (CAA) to help educate people on the process.

Dr. Morgan inquired about the availability of the handout, *A Day in the Life of Public Health*, which illustrates how public health affects daily life. Dr. Klepack will include it with his next report.

Division for Community Health Report: Ms. Connors distributed a document, *Notice of Privacy Practices*, (NPP), to be given to every client served by home care and clinic services. The NPP stems from the Health Insurance Portability and Accountability Act (HIPAA) of 1996. The first privacy practices notice was put in place in 2003. With major changes to HIPAA for transactions handled electronically, policies and procedures need to be updated. The document is easy to read and understand and has been posted on the Health Department's website.

Ms. Connors announced the WIC Director has resigned her position to move into the role of WIC Nutrition Educator. The opening for the WIC Director has been posted. Until the position is filled, Ms. Connors will be the interim Director. Every five years the Health Department must reapply to sponsor the WIC program. Since this is the last year of the grant, a new application must be submitted this fall. As a part of the process, the Request for Application (RFA) will be brought before the Board.

Ms. Connors noted there are a number of pound (#) signs in the WIC statistics that was caused by the font size being too large. As a result, the numbers did not capture. A correction has been made.

Children with Special Care Needs Report: Ms. Allinger was not present for the meeting.

County Attorney's Report: Mr. Wood stated he had nothing to report.

Environmental Health Report: Ms. Cameron reported:

- The hydrilla found in Fall Creek was treated with endothall and the hydrilla found in the southeast corner of Cayuga Lake was removed by hand.
- Sarah Caputi was hired to fill the Public Health Sanitarian vacancy created by Skip Parr's promotion to Senior Sanitarian. With experience gained from her summer job at the Geneva District Office, she is quickly learning the duties of her new position.

Establish Board of Health Nominating Committee: Mr. Kruppa reported the physician vacancy on the Board has been advertised. He also thanked Dr. Klepack for actively recruiting his colleagues. Those efforts have resulted in ten physicians expressing interest and three of them submitting applications. The next step is to establish a nominating committee to review applications and interview candidates.

With Dr. Macmillan asking for volunteers, the discussion brought forth the names of people willing to participate: Mr. Greenhouse, Mr. McLaughlin, Dr. Macmillan and possibly Dr. Meinhardt. Mr. Greenhouse stressed there is a responsibility to emphasize to each applicant the time commitment required to serve on the Board.

Mr. Kruppa stated the other vacancy is the one held by Mr. McLaughlin who is interested in continuing to serve. After some discussion, it was confirmed that he is the City representative. According to the Charter, the County Legislature appoints a City representative from a list of three persons submitted by the Mayor or other administrative head of the City of Ithaca. Mr. Kruppa said he would follow up on that step of the process. Mr. Greenhouse asked about the Board making a recommendation. Although the

Charter does not require it, Mr. Kruppa agreed the Board would want to make a recommendation.

Mr. Greenhouse moved that the Board seeks Mr. McLaughlin to continue another term; that the notice sent to the Mayor state that Mr. McLaughlin has been a good representative, that the Board welcomes his continued participation and that the mayor has the opportunity to submit two additional names for consideration if he wishes. Dr. Morgan seconded the motion. The vote was unanimous.

Approval of new policy and procedure – Influenza Vaccination and Prevention

Requirements: Ms. Connors presented the new policy and procedure to assist staff in complying with New York State Department of Health (NYSDOH) regulations requiring staff having direct patient contact to be vaccinated or to wear a mask if they have a medical exception or decline the vaccine. The process assures staff is protecting patients and coworkers. Anyone working in the clinic service area is included in the mandate. During the influenza season, the vaccination status of personnel is reported to NYSDOH; it is an aggregate report rather than names of individuals.

Dr. Morgan moved to accept the policy as written; seconded by Mr. Greenhouse.

Dr. Macmillan asked about the experience of vaccinating staff at the Health Department. Ms. Connors responded 100 percent of her Community Health Services (CHS) team and the three facilities workers who clean the clinic area have been vaccinated if they were able. From time to time there has been an exemption but not a declination. Mr. Kruppa added everyone is encouraged to get vaccinated, but the clinic area was clearly identified to avoid having everyone in the building subject to wearing masks if they were not vaccinated. The Health Department is trying to meet the intent of the rule and comply while making it operation friendly.

For clarity, Mr. Greenhouse suggested the sentence in Appendix C, eighth bullet, be amended to read: “...required to wear surgical or procedure masks in areas where clients or residents may be present during the influenza season **as defined by the *Influenza Vaccination & Prevention Requirements Policy and Procedure.***”

The vote to approve the policy as amended was unanimous.

Resolution #13.1.12 – Ithaca City Public Water System, C-Ithaca, Violation of Subpart 5-1 of the New York State Sanitary Code (Water):

Ms. Cameron reported there were issues with the City of Ithaca’s cross connection control program. The City was approving construction and issuing building permits before receiving the required approval from the Health Department for the cross connection control devices. After a joint meeting to discuss the issue, the City is changing the way the program is managed. The City’s Building Department has invited Skip Parr, Senior Sanitarian, and Stephen Maybee, Public Health Engineer, to continue attending meetings of the City Building Department.

Mr. Greenhouse moved to accept the resolution as written; seconded by Dr. Morgan.

A discussion ensued regarding the situation. Ms. Cameron explained buildings designed for multi-residences generally need to have a cross connection control device in place to prevent the backflow of water from the building into the City’s water supply. The City determines when cross connection control measures are required to protect the

water supply from “aesthetically objectionable and hazardous facilities” like dental offices, hair salons, etc. In this enforcement case, staff believes the correct devices were installed and the issue was primarily a matter of documentation and record keeping. With the City moving cross connection responsibility to a different department, documentation should be controlled more easily in the future. In response to questions concerning the fine, Ms. Cameron noted the significant amount of time EH staff has spent on this matter.

The vote on the resolution as written carried unanimously.

Resolution #13.40.18 –Trumansburg Shur Save, V-Trumansburg, Violation of Adolescent Tobacco Use Prevention Act (ATUPA): Mr. Greenhouse moved to accept the resolution as written; seconded by Mr. McKee.

Mr. Burbank asked how the discovery was made. Ms. Cameron answered the law requires EH to conduct routine inspections of businesses selling tobacco products to determine whether they are selling to minors. The minor participating in the program is hired and instructed to tell the truth if asked about identification or date of birth. Staff is present in the store to observe the interaction as the minor attempts to buy cigarettes. Mr. Kern added notices are sent to businesses every year outlining their obligations. Mr. Wood stated in the beginning there were a number of hearings every year, but the law is accepted now and there are not as many violations.

The vote on the resolution as written carried unanimously.

Resolution #13.11.19 – Al’s Concession, T-Ulysses, Violation of Part 14-2 of the New York State Sanitary Code (Temporary Food Service): Mr. Greenhouse moved to accept the resolution as written; seconded by Dr. Morgan; and carried unanimously.

Other Business:

- Mr. Greenhouse requested any statistical reports including year-to-date totals also have a column providing the numbers of the prior year for the purpose of comparison.
- Dr. Morgan asked when Wi-Fi will be available. Mr. Kruppa responded he does not know because Information Technology Services (ITS) has been working on several projects including the ITS project in Environmental Health (EH) which is dependent upon wireless access. Ms. Cameron said EH may need wireless by the end of October. Mr. Kruppa expects to have wireless in the next few months and hopes to have coverage throughout the building.

Adjournment: At 1:08 p.m. Dr. Macmillan adjourned the meeting.

TO: Tompkins County Board of Health
FROM: Brenda Grinnell Crosby
DATE: October 11, 2013
SUBJECT: August Financial Dashboard

The financial dashboard continues to be a work in progress. In September we are fully green in expenditures and showing several red items in revenues as well as one yellow. Following a review of the actual data the following notes describe the status for those in red/yellow:

Preschool Special Education (Red): Automated Voucher Listings (AVLs) claimed in July/August (\$711,509.78) are not posted to the financial system as of September 30. The next large claim is likely around October 2013. NYS prescribes when we can file claims for this program.

Planning & Coordination (Red): A budget adjustment was processed to allow for unspent funds and re-authorization of prior year grant funds from Homeland Security. This additional spending will occur in September/October. Increased spending over the last couple of months is reflected in monthly claims that are not yet paid by NYS for the Public Health Preparedness Grant.

Vital Records (Yellow): Revenue is driven by the number of birth/death certificates requested. Actual revenue is down by approximately 4.5% based on 75% of the year.

Division for Community Health (Red): Grant revenues are lower as a result of not receiving approved contracts in order to submit claims as well as final spending is in process for grants ending in September that will generate claims in October/November. Clinic revenues are down and are expected to improve with upcoming flu clinics. Medicaid D&TC is lower as most of the clients are switching to Medicaid Managed Care and services are reflected as part of our Licensed Agency revenues not clinic revenues and TB DOT revenues are down due to managed care reimbursement rates which are lower (one time per week, not for each daily visit).

Physically Handicapped Children Treatment (Red): This program is based on need. There hasn't been significant spending, therefore revenues will be lower than budgeted.

Early Intervention (Red): The state has not set up a mechanism to claim reimbursement following the state takeover of the program. Revenues currently reflected are clean up from prior to the state takeover of the program.

Environmental Health (Red): Quarterly grant claims are filed in October/November and posted in October or November. All other revenues are on target or ahead for 75% of the fiscal year.

**Medical Director's Report
Board of Health
October 2013**

Lyme Disease:

I initiated communication with the CDC with regard to PCR testing of ticks. This is a special testing process using DNA amplification. It is very sensitive. This was prompted by an inquiry from the public regarding Cornell University's offering of tick testing.

The CDC does not recommend testing ticks for pathogens (bacteria and viri) due to a number of reasons:

- The results may come back too late in respect to desirable periods for treating that person.
- The results on the submitted tick may be misleading. (The individual may have been bitten by more than one tick unknowingly and the submitted tick may not be the one that carries the disease to which they have been exposed.)
- The tick tested may be a false normal and therefore be misleading as well.

For these various reasons the CDC does not recommend tick testing. Given the 3-5 day turnaround time that Cornell has talked about for PCR testing, I felt that I should directly inquire about whether there may be a role in some clinical cases for this type of testing. The CDC does not see a role.

General Activities:

- Reviewed influenza prevention policy for the department. This policy was prompted by New York State Department of Health Regulations which went into effect this summer at the end of July. The impact of these regulations are to require facilities and agencies licensed under Article's 28,36, & 40 to vaccinate their health care personnel for influenza according to certain regulations and provisions. If a person in their employ refuses vaccination that person will be required to wear a mask during a period of time to be designated by the Commissioner of Public Health.

The general impact of this is to increase healthcare worker vaccination, decrease transmission of disease and improve influenza statistics and outcomes.

The policy which the department is adopting is to cover delivery of care within its Article 28 & 36 facilities here at the department (to wit its diagnostic treatment clinic area and its licensed home care services agency).

- Reviewed and signed protective respirator evaluation forms for individuals.
- Reviewed rabies vouchers for submission to insurance companies for payment.

- Reviewed Children with Special Healthcare Needs forms to authorize services in cases where their personal physicians are not available to do so.
- Reviewed information regarding pneumococcal polysaccharide vaccine (also known as pneumovax).
- Physician recruitment for membership on the Board of Health. Drafted letter to selected colleagues inviting them to apply for our vacant position on the Board of Health. I detailed for them the benefits and advantages to them of doing so. I also contacted the Regional Office of the Medical Society of the State of NY to seek their help in recruiting for the Board of Health. Discussed the position at length with a number of interested colleagues.
- Met with the Community Health Quality Advisory Committee and reviewed the LHCSA policy and procedures and site survey results. We also reviewed some cases through the MOMS program. Particularly a pregnancy which resulted in a premature delivery and preeclampsia.

There were no complaints that we had to review.

Reviewed the various resources for dealing with clients who have language translation issues. We reviewed the availability of the dial in program that the county and the Health Department use to help translate in urgent situations. In addition Cornell University has a translator assist program which can be used and Total Care will pay to have an interpreter available at medical appointments. At times Google translator is used by staff to help bridge language barriers.

We reviewed the outstanding lead poisoning cases which are being handled as best they can. Often psychosocial family disruption issues make these cases challenging. Also challenging are sometimes the responsiveness of the landlords to correct the issues.

- September 17th, met with Ted Schiele and Samantha Hillson of the Tobacco Project to review materials with regard to pharmacies and the sale of tobacco products. The basic issue being: pharmacies are a place where people purchase products to promote health therefore the sale of a patently unhealthy product is strongly at variance. One does not want to psychologically connect an unhealthy product with a healthy image by any means. We had a constructive discussion looking at the data and activities in Massachusetts. We also reviewed activities taken by Dutchess and Cayuga County in this area and Cortland County Health Department and their Board of Health.

The contrast between businesses which host a pharmacy which is dedicated to promoting the preservation of health and the sale of a product which is adamantly injurious to health cannot be easily ignored.

A Day in Your Life – Thanks to Public Health



**A Day in Your Life –
Thanks to Public Health**

Terry Dwelle, M.D., M.P.H.T.M.
State Health Officer

Loreeta Canton
Editor



Introduction

While most people know public health is important, they aren't always sure what it is or how it affects their lives. The purpose of "A Day in Your Life – Thanks to Public Health"* is to illustrate how the efforts of public health touch every North Dakotan every day.

Public health protects and improves communities by preventing epidemics and the spread of disease; promoting healthy lifestyles for children and families; protecting against hazards in homes, work, communities and the environment; ensuring high-quality health-care services; safeguarding and improving the quality of the environment; and preparing for and responding to emergencies.

Thank you for taking the time to learn about public health.

**Adapted from a public health promotion originating in the Colorado Health Department*

A Day in Your Life – Thanks to Public Health

It's morning, and the first rays of sunlight peek through your bedroom curtains.

You breathe deeply and enjoy the clean North Dakota air.

You're thankful that public health monitoring and clean air programs protect the air you breathe.



You take a shower and brush your teeth, knowing that the water won't make you sick because safe drinking water is the responsibility of public health.

You check your smile in the mirror and realize you can't remember your last cavity, thanks in part to the fluoride public health helps add to the water.





At the breakfast table, your children drink their milk, which is safe to drink because public health checks and monitors it from the dairy to the grocery store.

Your sister – who just had her first child – calls. She says her doctor suggested she enroll in the Women’s, Infants and Children program (WIC), a public health service that ensures children get the proper nutrition to help them grow strong and healthy.

You walk outside, put your children in the car and buckle them up in their car seats. You make sure you buckle your seat belt, too.

Public health and other safety organizations have worked hard to promote the importance of wearing seat belts and using car seats correctly, helping to reduce highway deaths and injuries in North Dakota.



Playmates greet your children at the day-care center. You know they'll stay safe while you're at work because the day-care staff have been trained about the importance of hand washing and other techniques to avoid the spread of diseases.

As you leave, you see a sign about the importance of immunizations. Thanks to the vaccinations your children have received, you know they're safe from many life-threatening diseases like polio and measles.



You arrive at work and find a flyer about a new exercise program tacked to the bulletin board. You sign up, remembering the public health studies that show you can reduce the risks of many diseases by staying physically active.





You feel good at work because your company is a smoke-free workplace. Public health has led efforts locally and nationally to protect workers from the harm of secondhand smoke.



A coworker takes you to lunch at your favorite nearby restaurant. As you wait to be seated, you notice the food service license signed by the state health officer, which means the restaurant was inspected by public health specialists. You know the food is sanitary and has been cooked and handled properly.



On the way home after work, you pick up your children and stop for a quick walk in the park. The small pond in the park is clean, and your children are pleasantly surprised to see the family of ducks that have made the pond home. You realize that, once again, public health has improved the quality of your life by monitoring the environment.

As you drive home, you meet a garbage truck.
Thanks to the efforts of public health, garbage
is picked up and disposed of in licensed landfills,
keeping the neighborhood clean and safe.

You remember some public health messages you've
heard about the importance of recycling, so you
make a mental note to take your separated items
to the recycling center in the morning.





When you get home, you call your father to see how your grandmother is doing. He says she is still in the hospital but is feeling much better. He mentions she will go back to the nursing home in a few days.

You know she's getting quality care at both facilities because public health conducts inspections to ensure a commitment to quality standards. Even the ambulance that took your grandmother to the hospital has met public health standards for emergency medical services.

When you get your mail, you are pleased to see a letter from your cousin, whose son recently was diagnosed with muscular dystrophy. The letter describes how public health is helping to pay for some of his doctor visits and medical treatment. You are happy to know that your cousin's son is receiving the medical care he needs.



After supper, you relax with your family and watch the news. The announcer introduces a public health spokesperson who talks about a new type of influenza that is making people



sick. The spokesperson explains the symptoms of the disease, how many people have gotten sick, how they are doing now, and what you and your family can do to protect yourselves.

You are very relieved to see that public health officials are on top of the issue.

You put your children to bed. As you tuck them in, you think about the day and all the ways public health touches your life.

Public health really is for everybody, every day and everywhere.





More information about public health in North Dakota is available from the North Dakota Department of Health (701.328.2372 or www.ndhealth.gov) or from your local public health unit.

Division for Community Health Highlights for October 22, 2013 BOH Meeting
Sigrid Larsen Connors, Director of Patient Services (DPS)

Action items – none

Administration – In September the DPS:

- Assisted in the update of the Notice of Privacy Practices (NPP). NPP posted September 23, 2013 on the TCHD website and distributed at the September 24 Board of Health (BOH) meeting.
- Convened the quarterly Community Health Quality Assurance Committee meeting, September 17. Committee approved one policy: Influenza Vaccination & Prevention Requirements. Policy approved at the September 24 BOH meeting.
- Participated in review of current immunization best practices with Community Health Services (CHS) immunization staff and two NYSDOH representatives, September 24.
- Recommended revisions to the Bloodborne Pathogen and Tuberculosis section of the County Risk Management Policy at the Tompkins County Safety Committee, September 18.
- Met with two representatives of the Ithaca Rotary Club as a technical consultant to review a proposed project to distribute bookmarks to Tompkins County schools promoting proper hand washing technique, September 30.
- Responded to 19 requests for information via telephone and email during 3rd quarter, 42 requests year to date. Frequent topics include sharps disposal, bloodborne pathogen procedures related to needlesticks, how to file a complaint regarding local health care services, how to obtain health care licensure or certification and questions regarding communicable diseases.

WIC

- Posted the WIC Program Director position on the Tompkins County website. Ads placed online and in local and regional newspapers. The position will be vacant as of October 1.
- Worked frequently with current WIC Director on transition planning throughout the month of September.
- Monitored the federal government shut-down impact on the WIC Program. Per NYSDOH, as of October 11, funding is available through mid-November. The shut-down has generated many participant calls and concerns about continued program services and value of their WIC checks.

Staff

- Final interviews for the full-time CHN position in Community Health Services were held September 11 and 19. The position was offered and accepted. Nanette Scogin, RN to start October 15. She brings medical surgical nursing and public health nursing experience in communicable disease investigations, TB case management, immunizations and chronic disease education. CHS will be at full staff for the first time since June 2012.

Training

- Webinar: *Prevention Agenda: Focus on Obesity Prevention*, NYSDOH, September 24
- *Flumist vaccination, efficacy & contraindications*, CHS Team Meeting, September 25

Other Meetings – Senior Leadership (4, 18), Billing & Support (19), and TCHD Management (24).

Division Statistical Highlights – will be distributed with the November BOH report

COMMUNITY HEALTH SERVICES **Karen Bishop, Community Health Nurse Supervisor** **August – September Report**

Staff – Community Health Nurse Alison Rice retired August 9 after 17 years as the primary HIV counseling & testing nurse. Ms. Rice returned in September on a temporary basis one day a week until a new RN is hired. Two staff nurses are also cross-trained to perform anonymous HIV counseling and testing.

Communicable Disease – will be distributed with the November BOH report

Gonorrhea – Cases spiked in September related to an anonymous sex ring involving one of the college campuses. Individual case investigations were performed by regional DOH staff to ensure completion of proper treatment as well as identification and treatment of sexual partners. One case identified 16 partners. Community Health Services (CHS) alerted the college health centers, Planned Parenthood, urgent care and hospital infection control of the incidence. Several cases were also co-infected with Chlamydia.

Lead Poisoning – 6 active cases

#1 case – Two year old initially identified with blood lead level (BLL) of 65 mcg/dL on 4/25/13 required immediate hospitalization for chelation. BLL dropped to 35 mcg/dL prior to hospital discharge. This child has a complex psychosocial history and a family member has moved her to a lead safe home. Repeat blood levels every two weeks have shown a steady decrease in BLL with the most recent level at 26. Developmental evaluation conducted 7/31/13 noted developmental lags in social/behavior with recommendation for weekly visits by MSW for behavioral and social intervention. CHS will continue to monitor the case to ensure repeat blood level tests are done and continue to decrease. Child Protective Services is involved.

#2 & #3 cases – Two year old and four year old siblings with slightly elevated BLL's of 13 & 11 mcg/dL. Exposure occurred as a result of remodeling in their 1800's home. Parents educated regarding lead, immediately stopped grinding paint, and temporarily moved children to another family member's home. Parents requested to have both children tested once a month. CHS will keep cases open until BLL's meet case closure criteria.

#4 case – One year old with initial BLL of 11 mcg/dL on 6/18/13. Multiple lead hazards identified in home. Developmental assessment is within normal limits. Repeat BLL due in September. CHS recommended older sibling gets tested.

#5 case – Three year old with initial BLL of 12 mcg/dL on 8/17/12. Child had not accessed medical care prior to the 8/17/12 office visit. Developmental and behavior abnormalities identified. The Lead nurse made multiple attempts to encourage the parent to follow through on repeat blood testing,

medical appointments and developmental evaluation. Due to the lack of parental response the case was reported to Child Protective Services. Case will remain open to monitor repeat BLL's, participation in regular medical care and developmental evaluation.

#6 case – Two year old with venous BLL of 25 mcg/dL on 8/2/13. Child resides in two residences where multiple lead hazards were found. Required remediation by the landlords of both residences and moving child to lead safe home. Repeat BLL two weeks later was 28 mcg/dL. CHS will continue to monitor BLL's and coordinate care with primary care provider and the Lead Resource Center.

Tuberculosis (TB) – 1 active case

TB Disease – Pulmonary – Drug Sensitive

- 17 year old female, born in U.S., spent 10 years in Korea, identified in May 2013. Client receiving Direct Observe Therapy (DOT) and tolerating medication well. Plan: Continue DOT five times per week through November, 2013.

PPD (Purified Protein Derivative – TB screening test) – Due to the persistence of the national PPD shortage, CHS temporarily suspended routine PPD screening of new employees, students and volunteers in health care settings. A symptom check form was created and shared with providers to use in the interim. If TB symptoms are identified, the individual is sent for medical evaluation to determine if fit for health care work. The shortage is anticipated to be resolved by the end of October.

Mentoring – In September CHS nurses began mentoring one Empire State College RN for her 60 hour clinical placement, one TC3 nursing student will begin 30 hours in October.

Flu – As of October 10, CHS staff administered over 460 influenza vaccinations.

HEALTH PROMOTION PROGRAM

Theresa Lyczko, Director

Tobacco Control Program

- Informal meeting with Assemblywoman Barbara Lifton's aide about outreach education at Tompkins County Public Library and Red Cross Friendship Center (planned for October 10) in regards to T-Free Outdoors, September 5. Samantha Hillson, Tobacco Education Coordinator
- Downtown Ordinance Committee: Press release announcing results of survey asking downtown businesses for feedback about outdoor smoking regulations, September 6. *Ithaca Journal* article, September 8. Related interview with Cayuga Radio Group, September 8 (Ted Schiele, Evaluator/Planner). Committee meeting to review City Planning Committee presentation on September 11 and next steps, September 27, Ted Schiele, Samantha Hillson
- Youth Action Committee meeting to debrief about Community Coalition for Healthy Youth 5K event from August. September 17. Samantha Hillson
- New Roots Charter School: Meetings and brainstorming with staff and students. Two students are committed to working on tobacco issues for their senior capstone project. Tentative plans for a mural against Big Tobacco and a debate between smoking/anti-smoking, September 5, 19. Samantha Hillson
- Arranged collaboration with Planned Parenthood (PP) staff on cessation kits for Out for Health grant. T-Free Tompkins is including logo (along with PP, Cornell and IC) on sticker, September 6. Samantha Hillson

- Guest Viewpoint published in *Ithaca Journal*, “E-cigarettes just another path to nicotine addiction,” September 17. Samantha Hillson
- Guest article about e-cigarettes published in Boynton Middle School newsletter, September 16. Samantha Hillson
- A-frame “Smoke-free Bus Stop” signs delivered to TCAT. Ted Schiele
- Informal meeting with Frank Proto about tobacco-free pharmacy issue. Mr. Proto is agreeable to presenting the issue in HHS committee, August 27. Ted Schiele, Samantha Hillson
- Presentation about downtown survey to the Planning & Economic Development Committee of the Ithaca Common Council, September 11. Ted Schiele
- Responded to reporter’s phone call inquiry about E-Cigarettes. *The Ithacan*, published September 19. Ted Schiele
- Face-to-face meeting of the Central region Regional Steering Committee, in Syracuse September 16. Ted Schiele
- Meeting with Dr. Klepack about tobacco-free pharmacies, September 24. Ted Schiele, Samantha Hillson
- Media workgroup conference call, September 20. Ted Schiele
- Tobacco program training on tobacco use in low socio –economic communities in Albany, September 24. Ted Schiele, Samantha Hillson
- Letter and information about e-cigarettes sent to Barbara Lifton, September 26. Ted Schiele
- Community Partnership conference call, September 4. Samantha Hillson
- Tobacco Free Pharmacy conference call, September 27. Samantha Hillson
- Attended training in Albany – “Upping Your Game in Today’s Media Environment,” September 11, 12. Samantha Hillson
- Smoke- Free Housing call, September 18. Samantha Hillson
- Attended Bronfenbrenner Center at Cornell lecture about Community Based Participatory Research, part of lecture was about Tobacco Control work with youth in Illinois, September 17. Samantha Hillson

TCHD Support and Participation

- Editing assistance for several TCHD staff projects. Theresa Lyczko
- Edited and submitted first flu season press release, September 19. Theresa Lyczko
- Coordinated monthly WHCU interview, September 25, Karen Bishop – flu prevention and vaccination. Provided management team with three – year log of interviews to encourage future participation. Theresa Lyczko

Web site postings

- Fall rabies clinic schedule
- Hydrilla treatment monitoring reports (weekly)
- CDC Flu “widgets” on home page and flu page
- WIC Calendars

Community Outreach

- Creating Healthy Places (CHP) – Wellness committee meetings with four different worksites. Ted Schiele
- CHP – Survey of CFCU staff to assess the company’s tobacco-free policy. The survey was done as part of a presentation for Creating Healthy Places contractors and staff meeting to take place on October 1–2 in Albany. PowerPoint presentation was developed and submitted to conference organizers 12 weeks before the event. Ted Schiele
- CHP – Conference call with contract manager, September 9. Ted Schiele

- CHP – Friends of Stewart Park Board meeting, September 10. As Board secretary recorded and submitted meeting minutes. Theresa Lyczko
- Preparation with Human Services Coalition staff for nurse practitioner program, September 10. Susan Dunlop, Community Health Nurse
- Met with nine nurse practitioners in Tompkins County from various provider offices and health care facilities to explain and encourage referrals to the Diabetes Prevention Program, the Diabetes and Chronic Disease Self – Management Programs. The upcoming COPD educational series and TCHD’s Healthy Neighborhood Program were also discussed, September 11. Susan Dunlop
- Diabetes Prevention Program continued – 6 participants, September 10, 24. Susan Dunlop
- Met with Manager of Respiratory Therapy at CMC to finalize promotional materials for COPD educational series, September 18. Susan Dunlop
- Met with three clergy members from different congregations to inform them of the chronic disease programs that they could offer to their congregations. HPP is exploring faith based communities as a potential venue to reach the community. September 26. Susan Dunlop
- Spoke to members of one congregation about the Chronic Disease Self – Management Program, September 29. Susan Dunlop
- Met with Cornell Cooperative Extension nutrition staff to discuss potential collaboration initiatives with HPP, September 25. Theresa Lyczko, Samantha Hillson
- Cornell Cooperative Extension Nutrition Committee meeting, September 19. Samantha Hillson

Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP)

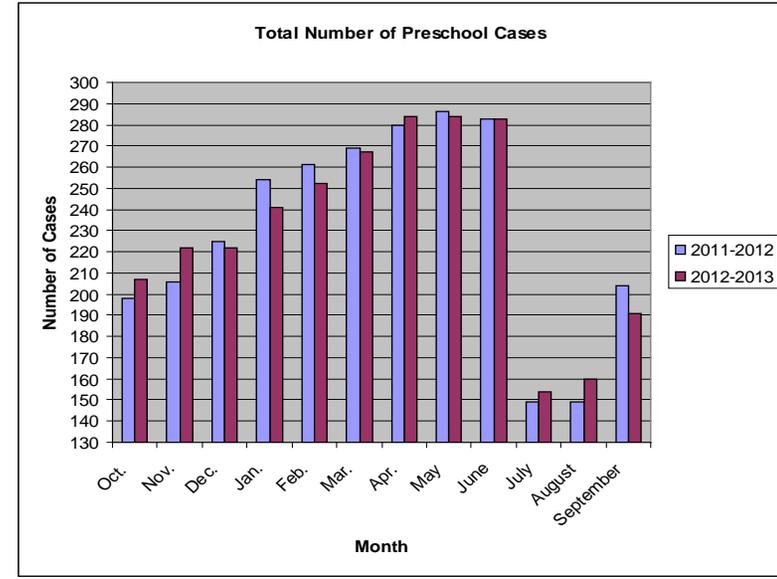
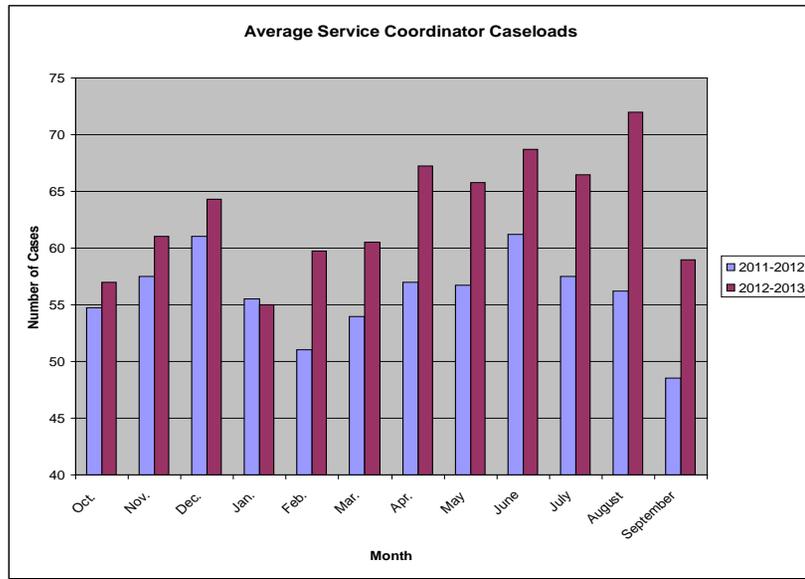
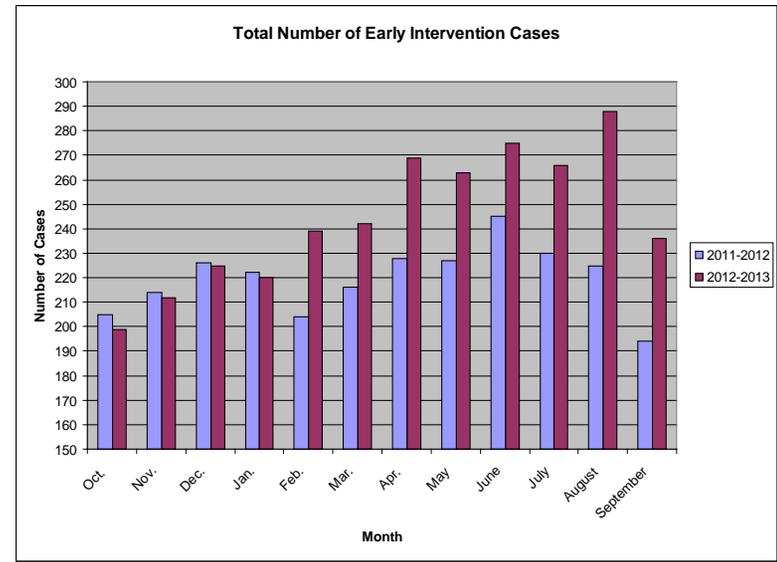
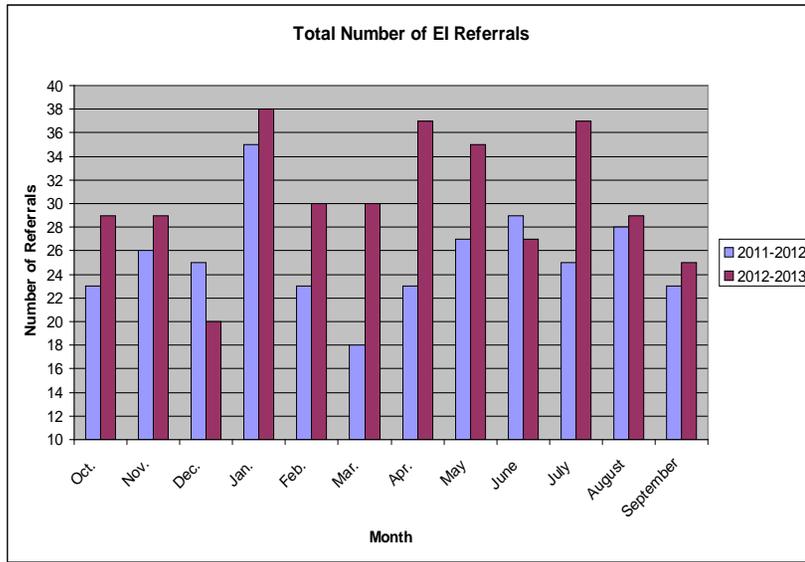
- Meeting in Binghamton of regional counties to discuss progress on CHA and CHIP progress. NYSDOH contractor – E Healthy Connections of Liverpool coordinated, September 12. Ted Schiele, Theresa Lyczko
- Work continues on completing the CHA and developing the CHA, Ted Schiele, Theresa Lyczko

Meetings and Trainings, Miscellaneous

- CPR recertification training, September 25. Ted Schiele, Theresa Lyczko
- Health Planning Council Board meeting – Presentation on New York Health Exchanges, September 9. Theresa Lyczko
- **Congratulations to Ted Schiele** – Assemblywoman Barbara Lifton issued a New York State Assembly citation recognizing his “numerous contributions to the health and safety of Tompkins County residents.”

WIC – see the DPS report

ATTACHMENTS - none



| Children with Special Care Needs Division | | | | | | | | | | | | | | |
|---|-----|-------|-------|-------|-------|-------|------|-----|------|-----|-----|-----|----------------|----------------|
| Statistical Highlights 2013 | | | | | | | | | | | | | | |
| | Jan | Feb | March | April | May | June | July | Aug | Sept | Oct | Nov | Dec | 2013 Totals | 2012 Totals |
| Early Intervention Program | | | | | | | | | | | | | | |
| Number of Program Referrals | 38 | 30 | 30 | 37 | 35 | 27 | 37 | 29 | 25 | 0 | 0 | 0 | 288 | 310 |
| Initial Concern/reason for referral: | | | | | | | | | | | | | | |
| -- Birth/Medical History | | | | | | | | | | | | | 0 | 5 |
| -- DSS Founded Case | | 1 | 3 | | | 2 | 2 | 1 | 1 | | | | 10 | 5 |
| -- Failed MCHAT Screening | | | | | | | | | | | | | 0 | 1 |
| -- Gestational Age | 3 | 1 | 1 | 1 | 1 | 3 | 3 | 1 | 1 | | | | 15 | 11 |
| -- Global Delays | | | | 1 | | 1 | | | | | | | 2 | 5 |
| -- Hearing | | | | 1 | | | | | 1 | | | | 2 | 0 |
| -- Physical | | | | | | | | | | | | | | |
| -- Feeding | | 3 | | 1 | 1 | 1 | | 1 | | | | | 7 | 9 |
| -- Gross Motor | 7 | 4 | 8 | 8 | 8 | 9 | 8 | 4 | 6 | | | | 62 | 61 |
| -- Gross Motor & Feeding | | | | 1 | 1 | | | | | | | | 2 | 2 |
| -- Gross Motor & Fine Motor | | | | 2 | 1 | | | | | | | | 3 | 4 |
| -- Gross Motor & Social Emotional | | | 2 | | 1 | | | | | | | | 3 | 4 |
| -- Fine Motor | | | 2 | 1 | | | | | | | | | 3 | 2 |
| -- Fine Motor/Vision | | | | | | | | | | | | | 0 | 0 |
| -- Vision | | | | | | | | | | | | | 0 | 1 |
| -- Social Emotional | 2 | 2 | 1 | 1 | 2 | | | 2 | 2 | | | | 12 | 10 |
| -- Social Emotional & Adaptive | | | | | | | | | 1 | | | | 1 | 5 |
| -- Social Emotional & Cognitive | | | | | | | | | | | | | 0 | 0 |
| -- Social Emotional & Feeding | | 1 | | | | | | | | | | | 1 | 0 |
| -- Social Emotional & Vision | | | | | | | | | | | | | 0 | 0 |
| -- Speech | 16 | 12 | 8 | 7 | 9 | 8 | 15 | 13 | 12 | | | | 100 | 110 |
| -- Speech & Adaptive | | | | | | | | | | | | | 0 | 0 |
| -- Speech & Cognitive | 1 | | | | | | | | | | | | 1 | 0 |
| -- Speech & Gross Motor | | | 2 | 2 | | 1 | | 1 | | | | | 6 | 13 |
| -- Speech & Social Emotional | 2 | 1 | 1 | 1 | 3 | | | 2 | 1 | | | | 11 | 15 |
| -- Speech & Feeding | | | | 1 | | | | 2 | | | | | 3 | 3 |
| -- Speech & Hearing | | 1 | 1 | | | | | | | | | | 2 | 5 |
| -- Transfer from other Municipality | | | | | | | | | | | | | 0 | 4 |
| -- Adaptive | | | | | | 1 | | | | | | | 1 | 1 |
| -- Adaptive/Feeding | 4 | | | | | | | | | | | | 4 | 3 |
| -- Vision | | | | | | | | | | | | | 0 | 0 |
| -- Qualifying Congenital / Medical Diagnosis | 2 | 2 | 1 | 4 | | 1 | | | | | | | 10 | 4 |
| -- Child Find (At Risk) | 1 | 2 | | 5 | 8 | | 6 | 2 | | | | | 24 | 27 |
| Total # of clients qualified and receiving svcs | 181 | 201 | 203 | 229 | 235 | 247 | 240 | 253 | 208 | | | | | |
| Total # of clients pending intake/qualification | 39 | 38 | 39 | 40 | 28 | 28 | 26 | 35 | 28 | | | | | |
| Total # qualified and pending | 220 | 239 | 242 | 269 | 263 | 275 | 266 | 288 | 236 | 0 | 0 | 0 | | |
| Average # of Cases per Service Coordinator | 55 | 59.75 | 60.5 | 67.25 | 65.75 | 68.75 | 66.5 | 72 | 59 | 0 | 0 | 0 | | |
| # of Family/Client visits | | | | | | | | | | | | | | |
| -- Intake visits | 24 | 27 | 25 | 16 | 25 | 24 | 33 | 25 | 23 | | | | 222 | 239 |
| -- Introduction Visits | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | 0 | 26 |
| -- IFSP Meetings | 48 | 46 | 43 | 52 | 54 | 26 | 36 | 32 | 48 | | | | 385 | 444 |
| -- Amendments | 13 | 14 | 14 | 20 | 23 | 23 | 33 | 17 | 15 | | | | 172 | 194 |
| -- Evaluations | 30 | 29 | 29 | 35 | 34 | 25 | 30 | 26 | 28 | | | | 266 | 252 |
| -- Clinic Visit | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | 0 | 0 |
| -- DSS Visit | 0 | 0 | 1 | 1 | 1 | 0 | 3 | 0 | 1 | | | | 7 | 0 |

| Children with Special Care Needs Division | | | | | | | | | | | | | | |
|--|-----|-----|-------|-------|-----|------|------|-----|------|-----|-----|-----|----------------|----------------|
| Statistical Highlights 2013 | | | | | | | | | | | | | | |
| | Jan | Feb | March | April | May | June | July | Aug | Sept | Oct | Nov | Dec | 2013 Totals | 2012 Totals |
| -- EIOD visits | 4 | 0 | 6 | 10 | 1 | 0 | 5 | 17 | 13 | | | | 56 | 42 |
| Early Intervention Program (continued) | | | | | | | | | | | | | | |
| -- Observation Visits | 42 | 28 | 37 | 35 | 26 | 23 | 22 | 31 | 32 | | | | 276 | 425 |
| -- CPSE meetings | 10 | 2 | 8 | 2 | 8 | 13 | 8 | 4 | 1 | | | | 56 | 86 |
| -- Family meetings | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | | | | 2 | 8 |
| -- Program Visit | 0 | 1 | 0 | 2 | 0 | 1 | 1 | 0 | 0 | | | | 5 | 5 |
| -- Family Training/Team Meetings | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | | | | 2 | 20 |
| -- Transition meetings | 22 | 6 | 10 | 2 | 6 | 3 | 31 | 3 | 7 | | | | 90 | 121 |
| -- Other Visits | 0 | 0 | 2 | 0 | 0 | 3 | 0 | 1 | 1 | | | | 7 | 21 |
| # of Individualized Family Service Plans Completed | 48 | 48 | 42 | 52 | 53 | 38 | 31 | 35 | 44 | | | | 391 | 474 |
| # of Amendments to IFSPs Completed | 13 | 15 | 14 | 21 | 24 | 30 | 34 | 18 | 17 | | | | 186 | 226 |
| Children with Services Pending | | | | | | | | | | | | | | |
| -- Assistive Tech | 0 | 0 | 1 | 0 | 0 | 3 | 1 | 1 | 0 | | | | | |
| -- Audiological | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | | | | | |
| -- Feeding | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| -- Group Developmental Intervention | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| -- Nutrition | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| -- Occupational Therapy | 1 | 1 | 0 | 1 | 5 | 0 | 0 | 0 | 0 | | | | | |
| -- Physical Therapy | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 1 | 5 | | | | | |
| -- Social Work | 0 | 0 | 0 | 1 | 2 | 1 | 2 | 0 | 0 | | | | | |
| -- Special Education | 1 | 0 | 0 | 1 | 1 | 1 | 0 | 0 | 0 | | | | | |
| -- Speech Therapy | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| # of Evaluations Pending | 9 | 4 | 7 | 11 | 2 | 0 | 9 | 9 | 10 | 0 | 0 | 0 | | |
| Type: | | | | | | | | | | | | | | |
| -- Diagnostic Psychological | | | | | | | | | | | | | 0 | |
| -- Developmental Pediatrician | | | | | | | | | | | | | 0 | |
| -- Other | | | | | | | | | | | | | 0 | |
| -- Supplemental Evaluations | 9 | 4 | 7 | 11 | 2 | 0 | 9 | 9 | 10 | 0 | 0 | 0 | 61 | |
| Type: | | | | | | | | | | | | | | |
| -- Audiological | 1 | 0 | 3 | 3 | 1 | 0 | 3 | 5 | 3 | | | | 19 | |
| -- Auditory Brain Response (ABR) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | 0 | |
| -- Feeding | 0 | 1 | 1 | 1 | 0 | 0 | 0 | 2 | 1 | | | | 6 | |
| -- Physical Management Clinic | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | 0 | |
| -- Physical Therapy | 1 | 0 | 1 | 1 | 1 | 0 | 0 | 0 | 1 | | | | 5 | |
| -- Speech | 2 | 2 | 1 | 2 | 0 | 0 | 3 | 0 | 1 | | | | 11 | |
| -- Occupational Therapy | 5 | 1 | 1 | 4 | 0 | 0 | 3 | 2 | 4 | | | | 20 | |
| -- Vision | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 1 | 0 | | | | 3 | |
| # of Evaluations Completed | 7 | 6 | 5 | 3 | 13 | 9 | 6 | 2 | 6 | 0 | 0 | 0 | 57 | 62 |
| Type: | | | | | | | | | | | | | | |
| -- Diagnostic Psychological | | | | | | | | | | | | | 0 | 2 |
| -- Developmental Pediatrician | 1 | | | | | | | | | | | | 1 | 0 |
| -- Other | | | | | | | | | | | | | 0 | 1 |
| -- Supplemental Evaluations | 6 | 6 | 5 | 3 | 13 | 9 | 6 | 2 | 6 | 0 | 0 | 0 | 56 | 59 |
| Type: | | | | | | | | | | | | | | |
| -- Audio | 0 | 1 | 2 | 1 | 3 | 2 | 1 | 1 | 1 | | | | 12 | 13 |
| -- Feeding | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | | | | 1 | 10 |

| Children with Special Care Needs Division | | | | | | | | | | | | | | |
|---|-----|-----|-------|-------|-----|------|------|-----|------|-----|-----|-----|----------------|----------------|
| Statistical Highlights 2013 | | | | | | | | | | | | | | |
| | Jan | Feb | March | April | May | June | July | Aug | Sept | Oct | Nov | Dec | 2013 Totals | 2012 Totals |
| -- Occupational Therapy | 4 | 4 | 2 | 1 | 6 | 2 | 2 | 0 | 3 | | | | 24 | 18 |
| -- Physical Management Clinic | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | 0 | 2 |
| -- Physical Therapy | 1 | 1 | 0 | 1 | 1 | 2 | 1 | 0 | 0 | | | | 7 | 6 |
| -- Social Emotional | 0 | 0 | 0 | 0 | 0 | 1 | 2 | 0 | 0 | | | | 3 | 1 |
| Early Intervention Program (continued) | | | | | | | | | | | | | | |
| -- Speech Therapy | 1 | 0 | 1 | 0 | 3 | 2 | 0 | 1 | 1 | | | | 9 | 7 |
| -- Vision | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | 0 | 2 |
| Autism Spectrum | | | | | | | | | | | | | | |
| -- Children currently diagnosed: | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| -- Children currently suspect: | 6 | 5 | 8 | 10 | 14 | 3 | 15 | 4 | 9 | | | | | |
| Children with 'Other' Diagnosis | | | | | | | | | | | | | | |
| -- Agenesis Corpus Collosum | 0 | 0 | 0 | 1 | 1 | 1 | 0 | 0 | 0 | | | | | |
| -- Cardiac Anomalies | 2 | 1 | 1 | 3 | 3 | 4 | 3 | 3 | 1 | | | | | |
| -- Cerebral Palsy | 3 | 2 | 2 | 5 | 5 | 4 | 3 | 3 | 2 | | | | | |
| -- Chromosome 22Q Deletion | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | | | | | |
| -- Cleft Lip/Palate | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | | | | | |
| -- Congenital Anomaly | 0 | 2 | 2 | 1 | 1 | 1 | 1 | 1 | 0 | | | | | |
| -- Congenital Hand Deformity | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | | | | | |
| -- Craniosynostosis | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | | | | | |
| -- Cyclic Neutropenia | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | | | | | |
| -- Diabetes | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | | | | | |
| -- Down Syndrome | 1 | 1 | 1 | 2 | 2 | 1 | 1 | 1 | 2 | | | | | |
| -- Gastroesophageal reflux disease (GERD) | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| -- Hearing Impairment | 0 | 0 | 0 | 1 | 1 | 1 | 0 | 0 | 0 | | | | | |
| -- Hydrocephalus | 2 | 2 | 2 | 3 | 3 | 3 | 4 | 4 | 1 | | | | | |
| -- Hypotonia -- Severe | 1 | 1 | 1 | 1 | 1 | 1 | 0 | 0 | 0 | | | | | |
| -- Laryngomalacia | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 0 | | | | | |
| -- Metabolic Disorder | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 0 | | | | | |
| -- Microtia Atresia | 1 | 1 | 1 | 1 | 1 | 0 | 1 | 1 | 1 | | | | | |
| -- Musculoskeletal Anomaly | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 0 | | | | | |
| -- Nasal Encephalocele | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 0 | | | | | |
| -- Neurofibromatosis Type 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 1 | | | | | |
| -- Pierre Robin with Cleft Palate | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | | | | | |
| -- Prematurity | 8 | 7 | 7 | 8 | 14 | 15 | 19 | 19 | 7 | | | | | |
| -- Prematurity (Micro) | 6 | 4 | 4 | 7 | 4 | 9 | 6 | 6 | 2 | | | | | |
| -- Radial Nerve Palsy | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | | | | | |
| -- Spina Bifida | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 0 | | | | | |
| -- Tay Sachs Disease | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| -- Temporal & Frontal Subdural Hematomas | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | | | | | |
| -- Torticollis | 6 | 5 | 5 | 7 | 8 | 8 | 9 | 9 | 0 | | | | | |
| -- Transposition | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| -- Type 1 Diabetes | 0 | 1 | 1 | 1 | 1 | 1 | 0 | 0 | 0 | | | | | |
| -- Ventriculomegaly | 1 | 1 | 1 | 1 | 0 | 1 | 1 | 1 | 0 | | | | | |
| -- Vocal Cord Paralysis | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | | | | | |
| -- Scaphocephaly | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | | | | | |
| Children Discharged from Early Intervention | 21 | 10 | 23 | 9 | 24 | 25 | 15 | 32 | 53 | 0 | 0 | 0 | 212 | 235 |
| -- To CPSE | 10 | 1 | 1 | 0 | 0 | 12 | 4 | 6 | 37 | | | | 71 | 86 |
| -- Aged out | 0 | 0 | 0 | 0 | 3 | 0 | 0 | 2 | 0 | | | | 5 | 7 |

| Children with Special Care Needs Division | | | | | | | | | | | | | | |
|--|-----|-----|-------|-------|-----|------|------|-----|------|-----|-----|-----|----------------|----------------|
| Statistical Highlights 2013 | | | | | | | | | | | | | | |
| | Jan | Feb | March | April | May | June | July | Aug | Sept | Oct | Nov | Dec | 2013 Totals | 2012 Totals |
| -- Declined | 1 | 1 | 2 | 2 | 2 | 2 | 1 | 6 | 2 | | | | 19 | 16 |
| -- Skilled out | 6 | 3 | 4 | 1 | 4 | 0 | 5 | 4 | 8 | | | | 35 | 53 |
| -- Moved | 2 | 1 | 0 | 1 | 4 | 4 | 1 | 3 | 3 | | | | 19 | 17 |
| -- Not Eligible | 2 | 4 | 15 | 4 | 11 | 7 | 3 | 10 | 3 | | | | 59 | 55 |
| -- Other | 0 | 0 | 1 | 1 | 0 | 0 | 1 | 1 | 0 | | | | 4 | 3 |
| Early Intervention Program (continued) | | | | | | | | | | | | | | |
| Child Find | | | | | | | | | | | | | | |
| Total # of Referrals | 2 | 2 | 2 | 6 | 9 | 1 | 1 | 2 | 2 | | | | 27 | 29 |
| Total # of Children in Child Find | 27 | 26 | 28 | 21 | 30 | 26 | 26 | 28 | | | | | | |
| Initial Consents Sent | 0 | 8 | 1 | 4 | 3 | 0 | 0 | 0 | 9 | | | | 25 | |
| Initial Consents Resent | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | | | | 1 | |
| Consents Returned | 0 | 4 | 1 | 0 | 2 | 2 | 2 | 0 | 0 | | | | 11 | |
| ASQs Sent | 8 | 13 | 7 | 9 | 9 | 2 | 2 | 0 | 14 | | | | 64 | |
| ASQs Returned | 0 | 5 | 12 | 5 | 4 | 2 | 2 | 0 | 5 | | | | 35 | |
| MD Letters sent with ASQ Results | 8 | 4 | 0 | 0 | 3 | 2 | 2 | 0 | 5 | | | | 24 | |
| Total # Transferred to Early Intervention | 0 | 0 | 1 | 2 | 0 | 1 | 1 | 0 | 0 | | | | 5 | 7 |
| Total # of Discharges | 0 | 0 | 1 | 12 | 4 | 5 | 5 | 0 | 3 | | | | 30 | 21 |
| Preschool Special Education | | | | | | | | | | | | | | |
| Total # of clients qualified and receiving svcs | 241 | 252 | 267 | 284 | 284 | 283 | 154 | 160 | 191 | 0 | 0 | 0 | | |
| Children per School District | | | | | | | | | | | | | | |
| -- Ithaca | 132 | 139 | 142 | 148 | 143 | 142 | 86 | 85 | 87 | | | | | |
| -- Dryden | 37 | 37 | 43 | 47 | 55 | 58 | 32 | 34 | 37 | | | | | |
| -- Lansing | 21 | 24 | 25 | 27 | 27 | 25 | 7 | 9 | 25 | | | | | |
| -- Newfield | 29 | 29 | 33 | 34 | 32 | 30 | 16 | 16 | 23 | | | | | |
| -- Groton | 11 | 12 | 14 | 16 | 15 | 15 | 7 | 7 | 8 | | | | | |
| -- Trumansburg | 11 | 11 | 10 | 11 | 11 | 12 | 6 | 7 | 10 | | | | | |
| -- Spencer VanEtten | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | | | | | |
| -- Newark Valley | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| -- Odessa-Montour | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| -- Candor | 0 | 0 | 0 | 1 | 1 | 1 | 0 | 1 | 1 | | | | | |
| -- Moravia | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| -- Cortland | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| Breakdown of services received | | | | | | | | | | | | | | |
| -- Speech Therapy (individual) | 131 | 136 | 146 | 161 | 163 | 157 | 52 | 55 | 100 | | | | | |
| -- Speech Therapy (group) | 7 | 12 | 12 | 12 | 9 | 7 | 2 | 2 | 6 | | | | | |
| -- Occupational Therapy (individual) | 34 | 38 | 41 | 48 | 50 | 50 | 25 | 26 | 37 | | | | | |
| -- Occupational Therapy (group) | 3 | 3 | 2 | 1 | 2 | 2 | 0 | 0 | 1 | | | | | |
| -- Physical Therapy (individual) | 21 | 22 | 24 | 26 | 25 | 24 | 5 | 5 | 21 | | | | | |
| -- Physical Therapy (group) | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 0 | | | | | |
| -- Transportation | | | | | | | | | | | | | | |
| -- Birnie Bus | 32 | 35 | 36 | 35 | 35 | 38 | 34 | 36 | 32 | | | | | |
| -- Ithaca City School District | 29 | 34 | 34 | 33 | 33 | 30 | 35 | 36 | 25 | | | | | |
| -- Parent | 1 | 1 | 1 | 2 | 2 | 2 | 0 | 2 | 0 | | | | | |
| -- Birnie Bus/Parent | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | | | | | |
| -- Service Coordination | 16 | 17 | 20 | 19 | 18 | 16 | 3 | 3 | 5 | | | | | |

| Children with Special Care Needs Division | | | | | | | | | | | | | | |
|--|-----|-----|-------|-------|-----|------|------|-----|------|-----|-----|-----|----------------|----------------|
| Statistical Highlights 2013 | | | | | | | | | | | | | | |
| | Jan | Feb | March | April | May | June | July | Aug | Sept | Oct | Nov | Dec | 2013 Totals | 2012 Totals |
| -- Counseling | 35 | 38 | 44 | 51 | 48 | 50 | 27 | 27 | 33 | | | | | |
| -- 1:1 (Tuition Program) Aide | 0 | 4 | 5 | 6 | 6 | 5 | 0 | 6 | 0 | | | | | |
| -- Special Education Itinerate Teacher | 25 | 29 | 32 | 36 | 36 | 36 | 25 | 25 | 22 | | | | | |
| -- Parent Counseling | 8 | 7 | 8 | 11 | 10 | 10 | 3 | 3 | 9 | | | | | |
| -- Program Aide | 0 | 0 | 0 | 0 | 0 | 1 | 2 | 0 | 0 | | | | | |
| -- Teaching Assistant | 7 | 7 | 7 | 7 | 7 | 8 | 6 | 6 | 4 | | | | | |
| -- Psychological Services | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| -- ASL Interpreter | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| Preschool Special Education (continued) | | | | | | | | | | | | | | |
| -- Audiological Services | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | | | | | |
| -- Teacher of the Deaf | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| -- Auditory Verbal Therapy | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| -- Teacher of the Visually Impaired | 0 | 1 | 1 | 1 | 1 | 1 | 0 | 0 | 0 | | | | | |
| -- Nutrition | 3 | 3 | 3 | 3 | 3 | 3 | 0 | 3 | 4 | | | | | |
| -- Assistive Technology Services | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| Total # of children rcvg. home based related svcs. | 169 | 177 | 191 | 210 | 208 | 209 | 84 | 86 | 133 | | | | | |
| Total # attending Special Ed Integrated Tuition Progr. | 72 | 75 | 76 | 74 | 76 | 74 | 70 | 74 | 58 | | | | | |
| -- # attending Franziska Racker Centers | 44 | 46 | 47 | 45 | 48 | 46 | 41 | 44 | 33 | | | | | |
| -- # attending Ithaca City School District | 28 | 29 | 29 | 29 | 28 | 28 | 29 | 30 | 25 | | | | | |
| Children from each school district (attending tuition based programs) | | | | | | | | | | | | | | |
| -- Ithaca | 37 | 38 | 38 | 38 | 36 | 35 | 36 | 35 | 25 | | | | | |
| -- Dryden | 12 | 11 | 12 | 10 | 13 | 13 | 12 | 14 | 9 | | | | | |
| -- Lansing | 3 | 4 | 4 | 3 | 3 | 3 | 2 | 3 | 5 | | | | | |
| -- Groton | 5 | 6 | 6 | 6 | 6 | 6 | 5 | 5 | 2 | | | | | |
| -- Newfield | 12 | 13 | 13 | 13 | 14 | 13 | 12 | 12 | 12 | | | | | |
| -- Trumansburg | 3 | 3 | 3 | 4 | 4 | 4 | 3 | 4 | 5 | | | | | |
| -- Odessa-Montour | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| -- Spencer VanEtten | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | | | | | |
| -- Moravia | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| Municipal Representation Committee on Preschool Special Education | | | | | | | | | | | | | | |
| -- Ithaca | 30 | 23 | 28 | 28 | 32 | 26 | 0 | 15 | 6 | | | | 188 | |
| -- Dryden | 13 | 8 | 4 | 14 | 20 | 11 | 0 | 3 | 3 | | | | 76 | |
| -- Groton | 0 | 0 | 0 | 0 | 5 | 0 | 0 | 0 | 0 | | | | 5 | |
| -- Lansing | 1 | 1 | 2 | 1 | 8 | 12 | 0 | 2 | 0 | | | | 27 | |
| -- Newfield | 1 | 4 | 1 | 16 | 13 | 2 | 0 | 0 | 0 | | | | 37 | |
| --Trumansburg | 0 | 0 | 1 | 1 | 2 | 0 | 0 | 0 | 0 | | | | 4 | |

ENVIRONMENTAL HEALTH DIVISION

<http://www.tompkins-co.org/health/eh>

Ph: (607) 274-6688

Fx: (607) 274-6695

ENVIRONMENTAL HEALTH HIGHLIGHTS

September 2013

Outreach and Division News

Welcome to Sarah Caputi! Audrey Balandier, Skip Parr and Liz Cameron interviewed candidates for the Public Health Sanitarian vacancy and are delighted that Sarah Caputi joined our team on September 16. Sarah has a Bachelors in Biology and a background in food safety. She was also previously a certified water supply operator. Sarah will be helping with the temporary food service program, mobile home parks, and working half time in the Healthy Neighborhoods Program.

Hydrilla – Year 3 continues: During September, the hydrilla eradication effort was expanded to include the lower end of Fall Creek after several small patches of hydrilla were discovered. The herbicide endothall was applied on September 26 and water quality monitoring in Fall Creek will continue until October 17 or until monitoring results indicate that the chemical is no longer detectable in the water. Fluridone injection in the Inlet is continuing through mid-October, with monitoring continuing until analysis yields no detectable concentration of the herbicide.

Anne Wildman and Steven Kern continue to participate in monthly State and local hydrilla task force meetings. Special meetings were held in response to the findings in Fall Creek and the lake. Anne is also now participating in weekly conference calls to monitor the fluridone treatment.

Monitoring results are available at StopHYdrilla.org.

EH/ITS Permit Management Software Project: The Onsite Wastewater Treatment System (OWTS) permit management software project is progressing (those involved might say “painfully progressing”). We have almost completed the configuration document (currently about 70 pages) that tells the IT consultants how to configure the software for the OWTS permit process, including all forms, spec sheets, and reports that are generally not currently managed electronically. Adriel Shea, Brenda Coyle, Steve Maybee, Cyndy Howe, Cindy Schulte, Janice Koski, Skip Parr, Greg Potter, and Liz Cameron have been involved to varying degrees in almost daily meetings for many weeks, often using web connections with the Redmark representatives, to determine our OWTS workflow and process. This process took several more weeks than originally scheduled. The consultants (Redmark) are revising the schedule. We are not certain the system will be ready by the end of the year, but it should be soon after that.

State Assisted Sampling: On August 19 and September 3, the Division collected Principal Organic, Synthetic Organic and Inorganic samples from 21 public water systems in the county for analysis at the NYSDOH Wadsworth Laboratory. These systems are required to perform this sampling by the NYS Sanitary Code and the Federal Safe Water Act every three years, but the NYSDOH Wadsworth Laboratory and the county partnered to sample and analyze samples for them at no charge at a savings to them of about \$1000 each. Next year, a different 21 systems will be similarly sampled.

Rabies Control Program

There was one rabid bat, confirmed by the New York State Wadsworth Laboratory during September. This bat was in a bedroom where there was the possibility of undetected bites. All people potentially exposed, received rabies post exposure treatment. In another incident, a rabid acting skunk chased a woman, biting her on the foot. She received rabies post exposure treatment.

The Fall series of rabies clinics for dogs, cats, and ferrets started during September, with clinics in Newfield and Groton. Keeping pets vaccinated is State law and protects both the pet and the family.

| Key Data Overview | | |
|--|------------|-----|
| | This Month | YTD |
| Bites ¹ | 23 | 179 |
| Non Bites ² | 8 | 62 |
| Referrals to Other Counties | 3 | 41 |
| Submissions to the NYS Rabies Lab | 16 | 177 |
| Human Post-Exposure Treatments | 10 | 83 |
| Unvaccinated Pets 6-Month Quarantined ³ | 0 | 3 |
| Unvaccinated Pets Destroyed ⁴ | 0 | 0 |
| Rabid Animals (Laboratory Confirmed) | 1 | 7 |

¹"Bites" include all reported bites inflicted by mammals and any other wounds received while saliva is present.

²"Non-bites" include human exposures to saliva of potentially rabid animals. This also includes bats in rooms with sleeping people or young children where the bat was unavailable for testing.

³When an otherwise healthy, unvaccinated pet has contact with a rabid animal, or suspect rabid animal, that pet must be quarantined for 6 months or euthanized. Quarantine must occur in a TCHD-approved facility (such as a kennel) at the owner's expense. If the pet is still healthy at the end of 6 months, the exposure did not result in rabies and the pet is released.

⁴ Pets must be euthanized if they are unvaccinated and have been in contact with a rabid or suspect rabid animal and begin to display signs consistent with rabies. Alternatively, a pet is euthanized if a prescribed 6-month quarantine cannot be performed or the owners elect euthanasia instead of quarantine.

| Reports by Animal Type | | | | | | | | |
|------------------------|-----------|------------|---|------------------------------|-----------|------------|---------------|----------|
| | Bites | | Animals sent to the NYS Rabies Laboratory | | | | Rabid Animals | |
| | Month | YTD | By TCHD | By NYS Vet College (Cornell) | Totals | | Month | YTD |
| | | | | | Month | YTD | | |
| Cat | 9 | 60 | 0 | 0 | 0 | 10 | 0 | 0 |
| Dog | 12 | 100 | 0 | 1 | 1 | 7 | 0 | 0 |
| Cattle | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 0 |
| Horse/Mule | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 |
| Sheep/Goat | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other Domestic | 1 | 2 | 0 | 0 | 0 | 0 | 0 | 0 |
| Raccoon | 0 | 1 | 1 | 0 | 1 | 3 | 0 | 1 |
| Bats | 0 | 5 | 10 | 0 | 10 | 113 | 1 | 5 |
| Skunks | 1 | 1 | 0 | 1 | 1 | 1 | 0 | 0 |
| Foxes | 0 | 3 | 0 | 0 | 0 | 6 | 0 | 1 |
| Other Wild | 0 | 6 | 0 | 3 | 3 | 35 | 0 | 0 |
| Totals | 23 | 179 | 11 | 5 | 16 | 177 | 1 | 7 |

Childhood Lead Program

| | This Month | YTD |
|--|------------|-----|
| A: Active Cases (total referrals): | 0 | 0 |
| A1: # of Children w/ BLL > 19.9ug/dl | 0 | 2 |
| A2: # of Children w/ BLL 10-19.9ug/dl | 1 | 4 |
| B: Total Environmental Inspections: | | |
| B1: Due to A1 | 1 | 8 |
| B2: Due to A2 | 0 | 0 |
| C: Hazards Found: | | |
| C1: Due to B1 | 1 | 7 |
| C2: Due to B2 | 0 | 0 |

| | | |
|---|---|----|
| D: Abatements Completed: | 0 | 0 |
| E: Environmental Lead Assessment Sent: | 1 | 6 |
| F: Interim Controls Completed: | 0 | 0 |
| G: Complaints/Service Requests (w/o medical referral): | 7 | 45 |
| H: Samples Collected for Lab Analysis: | | |
| - Paint | 0 | 0 |
| - Drinking Water | 1 | 2 |
| - Soil | 1 | 4 |
| - XRF | 1 | 6 |
| - Dust Wipes | 1 | 6 |
| - Other | 0 | 0 |

Food Program

Routine facility inspections are conducted to protect public health. The inspections are made without advance notice to ensure that food processes are adequate, safe, and meet code requirements. It is important to keep in mind that inspections are only a "snapshot" in the entire year of a facility's operation and they are not always reflective of the day-to-day operations and overall condition of the operation.

The following inspections were conducted with no critical violation(s) noted:

- | | |
|--|--|
| Affinity Bakery & Beyond, T-Lansing | IC-Grand Central, T-Ithaca |
| Barnes & Noble Booksellers, C-Ithaca | IC-Sub Connection, T-Ithaca |
| The Connection/Loco, C-Ithaca | IC-Tower Club Lounge, T-Ithaca |
| CU-Becker House, C-Ithaca | Jade Garden, C-Ithaca |
| CU-Big Red Barn, C-Ithaca | John Thomas Steakhouse, T-Ithaca |
| CU-Café at Anabel Taylor, C-Ithaca | Just a Taste Wine & Tapas Bar, C-Ithaca |
| CU-Carol's Café, C-Ithaca | Madeline's Restaurant, C-Ithaca |
| CU-Dairy Bar, C-Ithaca | Maxie's Supper Club & Oyster Bar, C-Ithaca |
| CU-Goldie's Café, C-Ithaca | Mira, C-Ithaca |
| CU-ILR Conference Center, C-Ithaca | Moonshadow Tavern, C-Ithaca |
| CU-Java City, T-Ithaca | New York Garden, V-Groton |
| CU-Martha's, C-Ithaca | Park Grill Café and Catering, V-Lansing |
| CU-New York Veterinary College, T-Ithaca | Pita Pita, C-Ithaca |
| CU-North Star, C-Ithaca | Rulloff's, C-Ithaca |
| CU-Risley Dining, C-Ithaca | Souvlaki House, C-Ithaca |
| CU-Synapsis Café, C-Ithaca | SUMO Japanese Steakhouse & Sushi, V-Lansing |
| CU-Willard Straight Dining, C-Ithaca | Sunset Grill, T-Ithaca |
| Firehouse Subs, C-Ithaca | TC Action- Groton, V-Groton |
| Friendly's #7450, V-Lansing | Trumansburg Elementary School, V-Trumansburg |
| Groton Elementary School, V-Groton | Trumansburg High School, V-Trumansburg |
| Groton Middle/High School, V-Groton | Trumansburg Middle School, V-Trumansburg |
| IC-Business School Kiosk | Uncle Joe's Grill and Sports Bar, C-Ithaca |
| IC-Café at Park School, T-Ithaca | Westy, C-Ithaca |
| IC-CHS Coffee Kiosk, T-Ithaca | |
| IC-Egbert Union Dining Hall, T-Ithaca | |

The Hazard Analysis Critical Control Point (HACCP) Inspection is an opportunity for the establishment to have the health department review food processes in the facility to make sure that all potential hazards are identified and to assure that the best food safety practices are being used.

None

Re-Inspections are conducted at any establishments that had a critical violation(s) to ensure that inadequate or unsafe processes in a facility have been corrected.

The following re-inspections were conducted with no violations noted:

Aladdins Natural Eatery, C-Ithaca
Apollo, C-Ithaca
Dominos Pizza, C-Ithaca
Easy Wok, V-Lansing

Fine Line Bistro, C-Ithaca
Fork & Gavel Café, C-Ithaca
Sticky Rice, C-Ithaca

Critical violations may involve one or more of the following: the condition of food (e.g. food that may be at improper temperatures on delivery or damaged by rodents), improper food cooking and storage temperatures (e.g. food cooked to and/or held at improper temperatures), improper food preparation practices (e.g. preparing ready-to-eat foods with bare hands), and water and/or sewage issues (e.g. low disinfection levels in the water system). These critical violations relate directly to factors that could lead to food related illness.

Critical Violations were found at the following establishments:**Sticky Rice, C-Ithaca**

Enough refrigerated storage equipment was not maintained so that all potentially hazardous foods were stored at 45°F or below. Products were observed at 50-51°F in a food preparation cooler and were discarded during the inspection.

Fork & Gavel Café, C-Ithaca

Potentially Hazardous Foods were not kept at or below 45°F during cold holding. Products were observed at 49-50°F in a sandwich preparation cooler. Products were removed from service and chilled to 45°F or below before use.

CU-Tammany Coffeehouse, C-Ithaca

Cooked or prepared foods were subject to cross-contamination from raw foods. Storage was rearranged during the inspection.

IC-Food Court, T-Ithaca

Enough refrigerated storage equipment was not maintained so that all potentially hazardous foods were stored at 45°F or below. Products were observed at 48-54°F in a salad preparation cooler and were removed from service to be chilled to 45°F or below before use.

Imperial Kitchen, V-Lansing

Cooked or prepared foods were subject to cross-contamination from raw foods. Storage was rearranged during the inspection.

Enough refrigerated storage equipment not maintained so that potentially hazardous foods are kept at or below 45°F during cold holding. Product was observed to be 49°F in a cold holding unit. Potentially hazardous foods in the unit were discarded during the inspection.

Potentially Hazardous Foods not kept at 140°F or above during hot holding. Products on the buffet line were observed to be at 90-120°F. Products were removed from service and rapidly reheated to 165°F or above before return to service.

Firehouse Subs, C-Ithaca

Enough refrigerated storage equipment not maintained so that potentially hazardous foods are kept at or below 45°F during cold holding. Product was observed to be 51°F in a cold holding unit. Products were removed from service and chilled to 45°F or below before use.

Stella's, C-Ithaca

Cooked or prepared foods were subject to cross-contamination from raw foods. Storage was rearranged during the inspection.

Food workers do not use proper utensils to eliminate bare hand contact with cooked or prepared foods. A food worker was observed handling prepared foods with bare hands. The food was discarded during the inspection.

CU-Jansen's at Bethe House, C-Ithaca

Potentially Hazardous Foods were not kept at or below 45°F during cold holding. Products for customer use were observed at 60 and 61°F. Products were discarded during the inspection.

IC-Tower Dining, T-Ithaca

Potentially Hazardous Foods were not kept at or below 45°F during cold holding. Product for customer service was observed at 51°F. Products were removed from service and chilled to 45°F or below before use.

Dondee's Fish 'N' Chips, Throughout

An accurate thermometer was not available to evaluate potentially hazardous food temperatures during cold holding.

Statler Hotel Terrace Dining, C-Ithaca

Potentially Hazardous Foods were not kept at or below 45°F during cold holding. Products for customer service were observed at 51°F. Products were discarded during the inspection.

Statler Hotel Banfi's, C-Ithaca

Potentially Hazardous Foods not kept at 140°F or above during hot holding. Products in a hot holding unit were observed to be at 118-120°F. Products were removed from service and rapidly reheated to 165°F or above before return to service.

Temporary Food Service Operation Permits are issued for single events at one location. The Food Protection Program issued 40 temporary permits.

Temporary food operation inspections are conducted to protect public health. The inspections are made without advance notice to ensure that the food processes at the event are adequate, safe, and meet code requirements. The operation must correct Critical Violations during the inspection. When a Temporary Food Operation has Critical Violation/s, a re-inspection is conducted when the event is longer than one day.

The following inspections were conducted with no violation(s) noted:

None

Critical Violations were found at the following establishments:

None

Pre-Operational inspections are conducted, following a thorough review of proposed plans, at new or extensively remodeled facilities to ensure code compliance prior to opening to the public.

The following pre-operational inspections were conducted:

Firehouse Subs, C-Ithaca

Plans Approved:

None

New Permits Issued:

Firehouse Subs, C-Ithaca

Smart Yogurt, V-Lansing

BonJour Café, C-Ithaca

The Food Protection Program received and investigated five complaints related to issues and/or problems at permitted food service establishments.

Engineering Plans Approved

- 32 Maplewood Drive, 330 GPD Sewage System, Ulysses-T
- Brooktondale Nazarene Camp, Two – 950 GPD Replacement Sewage Systems, Caroline-Y
- Village of Groton PWS, Groton Industrial Park Watermain Ext. - 450ft of 8" DIP, Groton-V
- Tocco, 390 GPD Replacement Sewage System, Lansing-T

One plan for cross-connection control to protect municipal water systems from hazardous connections was approved this month.

Problem Alerts/Emergency Responses

- 13-01-11 German Cross Roads Apartments, T-Dryden Boil Water Order (BWO) issued 9/13/13 due to positive coliform samples. Awaiting plans for system to be reconfigured and permanent disinfection added.
- 13-01-10 Hranek/White Apartments, V-Freeville. BWO issued 9/23/13 due to no chlorine residual in the system. Disinfection restored and BWO released 10/2/2013.
- 13-01-09 Boiceville Apartments, T-Caroline. BWO issued 9/6/2013 due to positive coliform samples. Professional engineering review found system in good repair and indicated poor sampling practices. BWO released 9/11/2013.

BWOs remain in effect at:

- 13-01-08 Dryden Lake Golf Course, T-Dryden. Boil Water Order (BWO) issued 8/31/13 due to positive coliform sample result. Permanent disinfection installed, chlorine residual established, samples were satisfactory, **BWO released 10/8/13.**
- 13-01-05 Speedsville Grocery Store, T-Caroline. BWO issued 8/2/13 due to positive coliform results. Disinfection waiver revoked. Permanent disinfection will be installed.
- 12-01-08 J-A-M Mobile Home Park, T-Lansing. BWO issued 8/16/12 due to positive total coliform results. Lost disinfection waiver. Currently under BOH orders to submit plans and install disinfection or to connect to municipal water. Plans for connection to municipal water received.

Healthy Neighborhoods Program

| | This Month | YTD |
|------------------------------|------------|-----|
| # Home Visits | 34 | 386 |
| # Revisits | 12 | 94 |
| # Asthma Homes | 5 | 52 |
| # Homes Approached | 73 | 725 |
| Products Distributed: | | |
| Carbon Monoxide Detectors | 19 | 205 |
| Smoke Detectors | 18 | 193 |
| Fire Extinguishers | 29 | 329 |
| Surge Protectors | 1 | 17 |
| Radon Test Kits | 6 | 64 |
| Batteries for SD/CO | 19 | 229 |
| HEPA Vacuums | 0 | 2 |
| Vinegar | 36 | 267 |
| Baking Soda | 33 | 400 |
| Spray Bottles | 0 | 231 |
| Brushes | 32 | 339 |
| Mops | 3 | 11 |
| Buckets | 17 | 120 |
| Baby Gates | 2 | 9 |
| Safety Latches | 8 | 104 |
| Door Knob | 12 | 101 |
| Stove Knobs | 8 | 67 |
| Pest Control Products | 5 | 33 |
| Nightlights | 1 | 171 |
| No-Slip Bathtub Strips | 31 | 309 |
| Pillow Case | 5 | 66 |
| Flashlights | 33 | 315 |

Status of Enforcement Actions

Office Conference Held: Ulysses WD #3, T-Ulysses, Doug Austic, operator: water system violation; 9/10/2013.

Office Conferences Scheduled: 15 Leisure Lane, T-Dryden, Heidi Pane, owner; sewage system violation; Stipulation Agreement with PHD Orders signed 8/7/2013. Another office conference scheduled for 10/15/2013.

Compliance Schedules/Board of Health Orders/PH Director's Orders:

- Ithaca City PWS, Svante Myrick, Mayor: plan review violations; signed Stipulation Agreement on 8/26/2013; BOH assessed \$1000 penalty on 9/24/2013; **awaiting payment.**
- Al's Concession, Trumansburg Fair, Al Belchy, owner: repeat food service violations; signed Stipulation Agreement with PHD Orders on 9/10/2013; BOH assessed \$400 penalty on 9/24/2013; **awaiting payment.**
- Trumansburg Shur Save, V-Trumansburg, Jim Seafuse, owner: Adolescent Tobacco Use Prevention Act (ATUPA) violation; signed Stipulation Agreement on 9/9/2013; BOH assessed \$500 penalty on 9/24/2013; **awaiting payment.**
- Village of Dryden, PWS: water system violations; signed a Compliance Schedule with PHD Orders on 11/15/2012; BOH ordered Compliance on 12/11/2012; **awaiting compliance.**
- Lao Village, V-Trumansburg, Keo Sisombath, owner: repeat food service violation, signed Stipulation Agreement with PHD Orders on 8/7/2013; BOH assessed \$1000 penalty on 8/27/2013; **payment received, case closed.**
- Beaconview MHP, T-Dryden, Rudy George, owner: water system violations, signed Stipulation Agreement with PHD Orders on 8/12/2013; BOH assessed Timetable of Compliance and penalty on 8/27/2013; **awaiting compliance and payment.**
- JAM MHP, T-Lansing, Jack and Mary Burns, owners: water system violations, signed Stipulation Agreement with PHD Orders on 8/12/2013; BOH assessed Timetable of Compliance and penalty on 8/27/2013; **payment received, awaiting compliance.**
- John Joseph Inn, T-Lansing, John Hamilton, owner: water system and temporary residence violations: signed Stipulation Agreement with PHD Orders on 8/12/2013; penalty on 8/27/2013; **payment received, case closed.**

Referred to Collection:

- | | |
|--|--|
| • CC's, C-Ithaca, Jian Wang | • William Crispell, T-Caroline – two penalties |
| • Blue Frog Café, V-Lansing, Karina Murphy | • 1795 Mecklenburg Road, T-Enfield, V. Bruno |
| • P&Y Convenience, T-Lansing, Min Gyu Park | • Blue Frog Café, V-Lansing Karina Murphy |

Training

Skip Parr began the Supervising for Success Level 1 training series that consists of six courses offered through TC3.biz. On September 20th, Skip attended the "Civil Service for Supervisors" course and on September 27th, he attended the "Your Role as Supervisor & Situational Leadership" course.

Liz Cameron (in addition to Sylvia Allinger and Brenda Crosby) participated in Leadership Training (sponsored by Tompkins County Solid Waste) on September 19 and 26. The training session was well received by the participants.

Most Environmental Health Division staff watched the Canine Assault Prevention training video on September 19.



Your Partner for a Healthy Community

Frank Kruppa
Public Health Director
55 Brown Road
Ithaca, NY 14850-1247

ENVIRONMENTAL HEALTH DIVISION
<http://www.tompkins-co.org/health/eh>

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CERTIFIED AND REGULAR MAIL

September 27, 2013

Carl Morse
411 Butternut Drive
Newfield, NY 14867

**Re: Tompkins County Board of Health Draft Resolution 13.20.21
Discharge of Sewage to Ground Surface
488 Enfield Center Road, Town of Enfield, Tax Map #4-8.-3-12.3**

Dear Mr. Morse:

Thank you for signing the Stipulation Agreement on September 23, 2013 for the sewage system at 488 Enfield Center Road, Town of Enfield, Tax Pacel #4-8.3-12.3.

Enclosed is a copy of the Draft Resolution that the Tompkins County Board of Health will consider at its meeting on **Tuesday, October 22, 2013**. You or a representative has the right to speak to the Board for a few minutes prior to them taking action. If you wish to speak to the Board, please contact Skip Parr or me at (607) 274-6688 at least one day before the meeting. If you plan to attend, please arrive by 12:00 p.m. (noon).

Sincerely,

C. Elizabeth Cameron, P.E.
Director of Environmental Health

Enclosure(s) – Draft Resolution, Stipulation Agreement and Orders, and Case Summary

- pc: Steven Kern, TCHD;
F:\EH\SEWAGE (SSW)\Facilities (SSW-7)\Enfield\4-8-3-12.3, 488 Enfield Ctr Rd\Draft Resolution.doc
- ec: Tompkins County Board of Health
CEO T-Enfield; Supervisor T-Enfield; David McKenna, TC Legislature; Frank Kruppa, Public Health Director; Elizabeth Cameron, P.E., Director of Environmental Health; Cindy Schulte, TCHD; Steve Maybee, P.E., TCHD
Skip Parr, TCHD; Brenda Coyle, TCHD
- scan: Signed copy to eh



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DRAFT RESOLUTION # 13.20.21 FOR

**Carl Morse, Owner
488 Enfield Center Road, Town of Enfield
Tax Map# 4-8.-3-12.3**

Whereas, it is a violation of Article VI Section 6.02 (b) of the Tompkins County Sanitary Code for anyone to discharge human wastes or sewage to the atmosphere or to the surface of the ground; **and**

Whereas, on April 11, 2013 and May 7, 2013, sewage was observed on the ground surface by Health Department staff at 488 Enfield Center Road, T-Enfield; **and**

Whereas, on June 21, 2013, a permit was issued for a replacement onsite wastewater treatment system; **and**

Whereas, Carl Morse, Owner, signed a Stipulation Agreement with Public Health Director's Orders on September 23, 2013, agreeing that the property at 488 Enfield Center Road, T-Enfield was in violation of these provisions the Tompkins County Sanitary Code; **now therefore be it**

**Resolved, on recommendation of the Tompkins County Board of Health,
That Carl Morse, Owner, is ordered to:**

1. Immediately and until the sewage system is replaced, prevent the discharge of sewage to the ground surface by keeping the septic tank pumped weekly by a licensed septic hauler; **and**
2. a) Complete the replacement of the sewage system in accordance with the Sewage System Construction Permit **by November 7, 2013.**

OR:

- b) Submit a timeline **by October 1, 2013**, that is acceptable to the Health Department to vacate the property, until the system is repaired or replaced with the approval of the Health Department.



Your Partner for a Healthy Community

Frank Kruppa
Public Health Director
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Ithaca, NY 14850-1247

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STIPULATION AGREEMENT AND ORDERS # 13.20.21

**Carl Morse, Owner
488 Enfield Center Road, Town of Enfield
Tax Map# 4-8.-3-12.3**

I, Carl Morse, Owner of 488 Enfield Center Road, Town of Enfield, agree that I am in violation of Article VI of the Tompkins County Sanitary Code, Section 6.02 (b) for the discharge of human wastes or sewage to the atmosphere or to the surface of the ground.

I also agree to comply with the following Orders when signed by the Tompkins County Public Health Director:

1. Immediately and until the sewage system is replaced, prevent the discharge of sewage to the ground surface by keeping the septic tank pumped weekly by a licensed septic hauler.
2. a) Complete the replacement of the sewage system in accordance with the Sewage System Construction Permit by November 7, 2013.

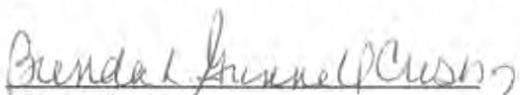
OR:

- b) Submit a timeline by October 1, 2013, that is acceptable to the Health Department to vacate the property, until the system is repaired or replaced with the approval of the Health Department.

I understand this agreement is offered as an alternative to a formal administrative hearing and that I am subject to further action if I fail to comply with the orders.

Signed:  Date: 9/23/13

Carl Morse is hereby ordered to comply with these Orders of the Public Health Director.

Signed:  Date: 9/23/13
Frank Kruppa
Public Health Director



Your Partner for a Healthy Community

Frank Kruppa
Public Health Director
55 Brown Road
Ithaca, NY 14850-1247

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http://www.tompkins-co.org/health/eh

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Fx: (607) 274-6695

CASE SUMMARY – FOR ENFORCEMENT LOG# 13.20.21

**488 Enfield Center Rd., T-Enfield
Tax Map #4-8.-3-12.3
Carl Morse, Owner/Operator
411 Butternut Drive, Newfield NY 14867**

Compiled by Cindy Schulte on 9/9/2013, updated by Skip Parr 9/26/13

| Date | Action |
|----------------|--|
| 9/23/13 | Office Conference with Carl Morse and Health Department Staff. Stipulation signed by Mr. Morse |
| 9/9/2013 | Enforcement Log number assigned to Complaint # 54-13-00030. Stipulation drafted and office conference date established. Letter mailed 9/13/13. |
| 8/30/2013 | Morse telephone call to TCHD. Mr. Morse stated that he could not install system before Labor Day deadline as established verbally. Mr. Morse agreed to Office Conference for further discussion. Confirmed that septic tank has been pumped and will continue to be pumped during conversation. |
| 8/13/2013 | Owner confirmed with TCHD via telephone that system installation could be completed before Labor Day. |
| 7/19-7/24 2013 | Phone messages left by TCHD for owner to discuss system installation schedule. |
| 6/21/2013 | Soil tests conducted and permit issued for replacement system by TCHD. Owner agreed to continue pumping as needed (during site visit for soil tests). |
| 5/24/2013 | Soil test appointment cancelled by owner due to reported equipment failure. |
| 5/9/2013 | OWTS application received with fee by TCHD. |
| 5/7/2103 | Field Visit by TCHD with owner on site. Owner had replaced cracked Distribution box over previous weekend. Field Visit confirmed overfull box, surfacing septage downhill from house on west side of property. Owner verbally agreed to lime area, pump tank to decrease discharge, to submit application and fee. |
| 4/30/2102 | Notice of Violation issued by TCHD to owner via certified and regular mail. |
| 4/25/2103 | Field Visit by TCHD with owner on site. Delivered application for system replacement. Owner verbally agreed to submit application and conduct soil tests within 30 days. |
| 4/16/2013 | Site Visit by TCHD. Septic tank appeared to have been pumped and entire area was limed as request by TCHD. |
| 4/15/2013 | Owner called TCHD to confirm tank has been pumped and area limed. |
| 4/12/2103 | Carl Morse called TCHD and agreed to have septic tank pumped and to notify TCHD when completed. Currently, owner stated there are 8 tenants occupying home with 1 bedroom unoccupied. |
| 4/11/2013 | Field visit by TCHD confirms surfacing septage on west side of house at #488 Enfield Center Rd, Carl Morse owner. TCHD discussed property with Enfield CEO who thinks house is used as a rooming house with 9-12bedrooms where each tenant has a bedroom and kitchen and bathroom facilities are shared. |

Inclusion through Diversity



Your Partner for a Healthy Community

Frank Kruppa
Public Health Director

55 Brown Road
Ithaca, NY 14850-1247

ENVIRONMENTAL HEALTH DIVISION

<http://www.tompkins-co.org/health/eh>

Ph: (607) 274-6688

Fx: (607) 274-6695

Date: October 9, 2013
Memo to: Members of the Tompkins County Board of Health
From: C. Elizabeth Cameron, P.E., Director of Environmental Health
Subject: Requested OWTS permit application fee refund

Kim Duger-Collins and Jimmy Collins are requesting a partial refund on the On-site Wastewater Treatment System (OWTS) Construction Permit #SP2011-86. The original permit was issued on 5/25/2011 for 2 years. Due to unforeseen circumstances the system could not be installed and the permit was not renewed prior to expiration. A new application was filed with a fee of \$415 on 9/4/2013.

We are in support of allowing for the permit renewal instead of requiring the applicant to file a new application for a permit that has already been issued and soil test completed. We would like your approval to issue a refund of \$340 (\$415 less a renewal permit fee of \$75).

Inclusion Through Diversity

Environmental Health Dept.
Director / Elizabeth Cameron
Permit #SP2011-86
Tax Map # 9.-1-11.2

9-30-2013

RECEIVED

OCT 03 2013

TOMPKINS COUNTY
HEALTH DEPARTMENT

Dear Elizabeth,

Kim Duger-Collins and Jimmy Collins would like to request a partial refund of the on-site waste water treatment system construction permit.

The original permit was issued on 5-25-2011 and we had a perk test completed so that we could proceed with construction of our new home. We gave the permit to our contractor in January of 2013 and it was put on the schedule to have the septic in by March, or April 2013. Due to the extreme amount of rain this spring, our contractor could not get to our project until later in the summer.

Our original permit expired on 5-25-2013 and we did not remember to renew it before it expired. We have been busy working full-time and trying to build a home on afternoons and weekends. We just completely forgot about the permit date. We paid \$350.00 on 5-25-2011 for the original permit and paid \$415.00 on 9-4-2013.

We would appreciate a refund if possible. Thanks for your help on this matter. If you have any questions, feel free to call us at 607-708-4138.

Sincerely yours,

Kim and Jim



Frank Kruppa
Public Health Director
55 Brown Road
Ithaca, NY 14850-1247

ENVIRONMENTAL HEALTH DIVISION

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Ph: (607) 274-6688

Fx: (607) 274-6695

Date: October 8, 2013
Memo to: Members of the Tompkins County Board of Health
From: C. Elizabeth Cameron, P.E., Director of Environmental Health
Subject: Requested Change: OWTS permit application renewal/transfer fee

The current Environmental Health fee schedule charges \$75 to renew or transfer a permit for an Onsite Wastewater Treatment System (OWTS) permit. With the new permit management software currently being developed, we will now be able to track the status of permit applications as well as permits. Previously we were not able to easily track applications that had been processed but where the applicant had not requested any action (i.e., the on-site soils test). Since we will be able to do that with our new permit management system, we would like to have applications expire after 1 year, with the option of renewing the application for one additional year. We would also like the public to be able to transfer an application to another person (such as a potential buyer) as long as the application has not expired.

We would like your approval to assess an administrative fee beginning in December 2013 of \$75 for a permit application renewal or transfer. This is the same fee currently assessed for OWTS permit transfers and renewals. The applicant would pay this fee plus any increase in the permit fee for the current year. This is expected to have a negligible impact on our budget.

(revised 2014 fee schedule attached)

Inclusion Through Diversity



ENVIRONMENTAL HEALTH DIVISION
 55 Brown Road, Ithaca, NY 14850
 PH: (607) 274-6688

Draft for BOH Review
October 22, 2013
 Effective January 1, 2014

Table 1 - 2014 Proposed Environmental Health Fee Schedule

2014 OPERATING PERMIT, PLAN REVIEW, AND OTHER FEES

Food Service Establishment Operating Permit

| | | |
|--|-------|--------------------------|
| High & Medium Risk | \$375 | <input type="checkbox"/> |
| Low Risk | \$235 | <input type="checkbox"/> |
| Additional Mobile Unit | \$80 | <input type="checkbox"/> |
| Temporary Food Service Establishment | \$60 | <input type="checkbox"/> |
| Expedited processing within 2 weeks of event <i>(Applies to all applicants including non-profits)</i> | \$15 | <input type="checkbox"/> |

Food Service Establishment Plan Review

| | | |
|--------------------|-------|--------------------------|
| High & Medium Risk | \$200 | <input type="checkbox"/> |
| Low Risk | \$150 | <input type="checkbox"/> |
| Push Cart | \$100 | <input type="checkbox"/> |

Mobile Home Park Operating Permit

| | |
|--------------------------------|--------------------------|
| \$125 plus \$3.25 per unit/lot | <input type="checkbox"/> |
|--------------------------------|--------------------------|

Mobile Home Park Plan Review

| | |
|------------------------------|--------------------------|
| \$450 plus \$30 per unit/lot | <input type="checkbox"/> |
|------------------------------|--------------------------|

Temporary Residence Operating Permit

| | |
|---------------------------------|--------------------------|
| \$125 plus \$3.25 per unit/site | <input type="checkbox"/> |
|---------------------------------|--------------------------|

Campground Operating Permit

| | |
|--|------------------------------|
| \$125 plus \$3.25 per unit/site | <input type="checkbox"/> |
| <i>Sliding scale for per unit/site fee for seasonal operation:</i> | |
| up to 1 month operation | 20% <input type="checkbox"/> |
| over 1 month and less than 4 months operation | 40% <input type="checkbox"/> |
| over 4 months and less than 6 months operation | 60% <input type="checkbox"/> |
| over 6 months and less than 8 months operation | 75% <input type="checkbox"/> |

Campground Plan Review

| | |
|-------|--------------------------|
| \$150 | <input type="checkbox"/> |
|-------|--------------------------|

TOTAL FEES - pg 1

TOTAL FEES - pg 2

TOTAL FOR OPERATING, CONSTRUCTION AND PLAN REVIEW FEES (pg 1 and 2)

Recreational Aquatic Facility Operating Permit

| | | |
|---|-------|--------------------------|
| Swimming Pool/Bathing Beach | \$325 | <input type="checkbox"/> |
| Slide and Wave Pool/Spray Park/Other Aquatic Facility | \$350 | <input type="checkbox"/> |

Recreational Aquatic Facility Plan Review

| | | |
|---|-------|--------------------------|
| Swimming Pool/Bathing Beach/Other Aquatic Facility Up to 5,000 square feet | \$350 | <input type="checkbox"/> |
| Slide and Wave Pool/Spray Park/Other Aquatic Facility Over 5,000 square feet | \$750 | <input type="checkbox"/> |

Children's Camp Operating Permit

| | |
|-------|--------------------------|
| \$200 | <input type="checkbox"/> |
|-------|--------------------------|

Agricultural Fairground Operating Permit

| | |
|-------|--------------------------|
| \$320 | <input type="checkbox"/> |
|-------|--------------------------|

Mass Gathering Operating Permit *(Per event day)*

| | |
|---------|--------------------------|
| \$4,000 | <input type="checkbox"/> |
|---------|--------------------------|

Mass Gathering Plan Review

| | |
|---------|--------------------------|
| \$6,000 | <input type="checkbox"/> |
|---------|--------------------------|

OTHER FEES

| | | |
|---|------|--------------------------|
| Late Application Fee <i>(May be waived at TCHD discretion)</i> | \$35 | <input type="checkbox"/> |
|---|------|--------------------------|

| | | |
|---|------|--------------------------|
| Duplicate Rabies Certificate <i>(Covers multiple certificates per occurrence)</i> | \$10 | <input type="checkbox"/> |
|---|------|--------------------------|

| | | |
|---|------|--------------------------|
| Waiver/Variance Request <i>(Requiring Board of Health action)</i> | \$75 | <input type="checkbox"/> |
|---|------|--------------------------|

| | | |
|--------------------------------------|--------|--------------------------|
| Copies <i>(Cost per page)</i> | \$0.25 | <input type="checkbox"/> |
|--------------------------------------|--------|--------------------------|

| | | |
|---|------|--------------------------|
| Electronic copies of oversized files <i>(up to 10 pages)</i> | \$20 | <input type="checkbox"/> |
| Each additional 10 pages | \$10 | <input type="checkbox"/> |

| | | |
|-----------------------|--------|--------------------------|
| Sanitary Codes | \$1.00 | <input type="checkbox"/> |
|-----------------------|--------|--------------------------|

| | | |
|---|------|--------------------------|
| Refund Request <i>(within 6 months of receipt)</i> | \$25 | <input type="checkbox"/> |
|---|------|--------------------------|

| | |
|---|--------------------------|
| Environmental Impact Statement Review <i>(Where Tompkins County is the lead Agency fee assessed as allowed by 6NYCRR 617.7)</i> | <input type="checkbox"/> |
|---|--------------------------|

Notes:

- 1 A check mark indicates the fee applies to your facility.
- 2 Fees are additive for all operations at a facility.
- 3 Checks should be made payable to: Tompkins County Health Department.
- 4 There will be a \$20 service charge on all returned checks.
- 5 Acceptable methods of payment: check, cash, or money order only.



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Draft for BOH Review
October 22, 2013
 Effective January 1, 2014

Table 1 - 2014 Proposed Environmental Health Fee Schedule

| 2014 WATER SYSTEM OPERATING, ON-SITE WASTEWATER TREATMENT, AND DEVELOPMENT FEES | |
|---|----------------------------------|
| Water System Operating Fee | |
| Community Water System (with sources) | |
| Groundwater System | \$180 <input type="text"/> |
| Surface Water System | \$1,750 <input type="text"/> |
| Non-Community Water System (with sources) | |
| Bottled/Bulk Haulers, Ice Plants | \$350 <input type="text"/> |
| Water System Construction Permit and Plan Review | |
| Community Water System (Part 5, NYSSC) | |
| New Public Water System (new source) | \$400 <input type="text"/> |
| Non-Community Public Water System | |
| New Water System (new source) | \$200 <input type="text"/> |
| Distribution Water Main - 6" or larger | |
| < 5,000' | \$300 <input type="text"/> |
| > 5,000' | \$400 <input type="text"/> |
| Cross-Connection Control | |
| \$150 plus \$50/device | <input type="text"/> |
| Water Storage Tank > 500,000 gal | \$225 <input type="text"/> |
| Other Water System Modification (May be waived at TCHD discretion) | \$150 <input type="text"/> |
| On-Site Wastewater Treatment System Construction Permit | |
| New Construction/Conversion (< 1,000 gpd) | \$415 <input type="text"/> |
| New Construction/Conversion (1,000+ gpd) | \$575 <input type="text"/> |
| Replacement System | \$325 <input type="text"/> |
| Renewal (may only be renewed 1x prior to expiration) | \$75 <input type="text"/> |
| Transfer | \$75 <input type="text"/> |
| Septic Tank Replacement | \$100 <input type="text"/> |
| Expedited Record Search (In less than 5 business days) (unless abating a health hazard) | \$25 <input type="text"/> |
| Application Renewal/Transfer | \$75 <input type="text"/> |
| Plus increase in permit fee for current year | <input type="text"/> |
| (may only be renewed/transferred 1x prior to expiration) | |
| On-Site or Individual Wastewater Treatment System Plan Review by Design Professional | |
| 0 – 499 gpd design rate | \$200 <input type="text"/> |
| 500 – 999 gpd design rate | \$250 <input type="text"/> |
| 1,000 – 1,999 gpd design rate | \$375 <input type="text"/> |
| 2,000+ gpd design rate | \$600 <input type="text"/> |
| Collector Sewer - 6" and larger (DEC & Health Dept Projects) | |
| < 5,000' | \$150 <input type="text"/> |
| > 5,000' | \$250 <input type="text"/> |
| Preliminary Development Review (where soil testing is required) | |
| \$400 plus \$55 per lot limi | <input type="text"/> |
| Realty Subdivision Development Review | |
| Plus \$12.50 per lot NYS filing fee | \$800 <input type="text"/> |
| Add \$35 per lot with individual water | <input type="text"/> |
| Add \$55 per lot with individual sewage | <input type="text"/> |
| (Subtract Preliminary Development fees paid) | <input type="text"/> |
| Realty Subdivision Approval Renewal | |
| | \$200 <input type="text"/> |
| Other Engineering Review | |
| (May be waived at TCHD discretion) | \$150 <input type="text"/> |
| TOTAL FEES - pg 2 (See notes on pg 1.) | |
| <input type="text"/> | |

Preparer/Date: _____
 pc: Support Staff