

**AGENDA  
Tompkins County Board of Health  
Rice Conference Room  
Tuesday, February 24, 2015  
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 January 27, 2015 Minutes (2 mins.)

**12:06** IV. Financial Summary (9 mins.)

**12:15** V. Reports (15 mins.)

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 (5 mins.)***

**Discussion/Action:**

1. Resolution #EH-15-0002 – Fraternal Order of Eagles #1253, C-Ithaca, Clean Indoor Air Act (CIAA) Waiver Renewal Request (5 mins.)

**12:35** ***Children with Special Care Needs (5 mins.)***

**Discussion/Action:**

1. Authorization to Issue Position Letter on Childhood Evaluations (5 mins.)

**12:40** ***Adjournment***

DRAFT

**Tompkins County Board of Health**  
**January 27, 2015**  
**12:00 Noon**  
**Rice Conference Room**

**Present:** Will Burbank; Brooke Greenhouse; Edward Koppel, MD; James Macmillan, MD, President; Michael McLaughlin, Jr.; and Janet Morgan, PhD

**Staff:** Sylvia Allinger, Director of CSCN; Liz Cameron, Director of Environmental Health; Sigrid Connors, Director of Patient Services; Brenda Grinnell Crosby, Public Health Administrator; William Klepack, MD, Medical Director; Frank Kruppa, Public Health Director; Jonathan Wood, County Attorney; and Shelley Comisi, Keyboard Specialist

**Excused:** Susan Merkel, Board of Health Member

**Guests:** Sarah Caputi, Public Health Sanitarian; Skip Parr, Senior Public Health Sanitarian; and James F. Zimmer, Mayor, Village of Dryden

**Privilege of the Floor:** James F. Zimmer, DVM, PhD

Dr. Macmillan called the regular meeting of the Board of Health to order at 12:00 p.m.

**Privilege of the Floor:** Dr. James F. Zimmer, Mayor of the Village of Dryden, addressed the Board regarding the Village's request for additional time to evaluate options to resolve problems with its public water system. With 8.5 million dollars budgeted for the original project, a bond was passed for 9 million dollars. Realizing each resident would be indebted for a significant amount of money, he concluded there must be a more cost effective, simpler way to fix the problems. In the original engineering report, the engineers had advocated drilling a new well on Village property. Ed Bugliosi, hydrologist with the U.S. Geological Survey (USGS) who has studied the aquifers under the Village, provided useful information. As a result, the Village is looking to find a new source of water with a low content of arsenic and in a quantity that will meet the needs of the Village. Two possibilities have been identified: (1) connecting to the Bolton Point water system, or (2) developing a well site at Dryden Lake that is on property owned by New York State Department of Environmental Conservation (NYSDEC). The Village is exploring both options and is on the cusp of receiving information from those two organizations. The Board of Trustees will be convened for a special meeting to discuss and decide on the primary source of new water and to address the other issues. At this time, the Village respectfully requests a revision to the Time Table of Compliance.

In response to Mr. Greenhouse's question, Mayor Zimmer said the previously approved bond authorization can be used for the final decision, but the Village is also looking at other potential sources of funding.

**Approval of December 2, 2014 Minutes:** Mr. Greenhouse moved to approve the minutes of the December 2, 2014 meeting as written; seconded by Dr. Morgan. The minutes carried with Mr. Burbank abstaining.

**Financial Summary:** Ms. Grinnell Crosby reported there is no financial summary in the packet. It is the end of the fiscal year so staff is busy juggling claims, reimbursement issues, and reporting activities for the County and Health Department financial records. The 4th Quarter State Aid claim has not been filed so it is difficult to tell the current financial situation.

**Administration Report:** Mr. Kruppa explained the Ebola exercise at Gannett Health Center involved local partners focusing on responding to a potential Ebola patient. The exercise, designed by Nina Saeli, Public Health Preparedness Coordinator, went very well. Participants had an opportunity to immerse themselves in the situation as if it were a real event. He gave kudos to Ms. Saeli and her team for putting the exercise together and to the participants who made it a success.

Mr. Kruppa provided the following information when answering questions from Board members:

- Communication among the participating organizations went extremely well.
- Some of the lessons learned from the exercise: the response to an Ebola situation will take a little longer than most 911 calls and donning/doffing personal protective equipment (PPE) is extremely challenging. The information learned through this exercise will lead to improvements.
- Under the New York State Department of Health (NYSDOH) Commissioner's Orders, hospitals along with diagnostic and treatment centers are required to conduct an Ebola related response drill once a month. The Health Department will continue having table top exercises and looking at the public information piece to alleviate the public's fears.

**Medical Director's Report:** Dr. Klepack reported:

- There is a correction to his report pertaining to tick surveillance sites. Mr. Burbank had read the report and pointed out the location for the Calvary Cemetery site should be off *Five Mile Drive in the Town of Ithaca*.
- Governor Cuomo's decision to ban hydrofracking in New York is significant. Dr. Klepack complemented the Board on its early action in recognizing the public health issues and helping to draw the attention of the political community and agencies to those concerns.
- There continues to be widespread influenza activity; predominantly Influenza A, H3. Although the public has been concerned about the effectiveness of this year's flu vaccine, there is nothing wrong with the vaccine or its production. The vaccine is spot-on in terms of three of the viruses it is targeting and the antigens used in the vaccine. The fourth virus has drifted since development of the vaccine which explains why so many people are ill with influenza who had received a vaccination. Later in the season AH3 will begin to wane and the other influenza A and B strains will begin to pick up, so it is recommended people continue to get vaccinated. People who fear the vaccine will give them the disease do not

## DRAFT

- understand the vaccine is not an infectious substance. If a person has side effects after the vaccination, it is because the body is mounting an immune response.
- Measles has been in the news. According to the latest bulletin from the Centers for Disease Control and Prevention, it is conjectured the virus was brought to Disneyland in California by an international traveler. Being a highly communicable disease, it has spread through several western and southwestern states. The two cases in New York City are not believed to be related.

### Comments/questions from Board members:

- Mr. Burbank shared a synopsis of a National Public Radio (NPR) report he heard on the measles outbreak and the anti-vaccine movement that has taken root in various parts of the country. The bottom line is that the people spreading the anti-vaccine message are more passionate than those who are willing to argue for its integrity.
- Dr. Macmillan commented people tend to dismiss the seriousness of diseases that have not been seen a lot because mass vaccination has been successful.
- With people doubting the effectiveness of flu vaccinations, Mr. McLaughlin asked about any potential ramification next year. Dr. Klepack stressed it will be important for the public health community to present an ongoing message about the benefits of vaccination.
- Dr. Koppel stated there have been a large number of flu cases at Cornell.

**Division for Community Health Report:** Ms. Connors stated there have been cases of influenza reported in three out of the five area nursing homes. Whenever flu is reported to the State and County health departments, the nursing home takes the following steps: groups ill persons together; restricts visitors; makes efforts to vaccinate the unvaccinated; and focuses on infection control measures. Staff is seeing a number of influenza cases; primarily type A.

**Children with Special Care Needs Report:** Prior to the Board meeting, Ms. Allinger distributed a packet containing a draft letter and five attachments regarding “Evaluations for Children between Birth and Five Years of Age” (Attachment 1). She noted the Board had made a motion at the December meeting to draft a letter pertaining to this issue; however, Mr. Kruppa wanted to meet with Dan Brown and Jody Scriber of Franziska Racker Centers before taking that step. This morning, the group decided on an advocacy approach. Ms. Allinger offered the draft letter presented in this packet. The letter explains the history of the issue with the educational psychologist ruling and includes the current law.

Mr. Kruppa informed the Board a letter substantially similar to this draft letter already has been sent to Assemblywoman Lifton and the three State Senators representing parts of Tompkins County. According to New York State Education Department, the problem requires a legislative solution because of state law, so the focus for advocacy is with elected officials who can effect that change. Prior to the ruling, Racker Centers was performing 95 percent of our evaluations which is no longer permissible. Consequently, the Early Intervention (EI) program has been unable to meet

## DRAFT

the 45 day deadline required for evaluations. Ms. Allinger has been working to find alternative options for evaluations.

A discussion ensued with the following main points regarding the letter to be drafted:

- Although the drafted letter is well written, the Board should send a different letter with new points and highlights rather than repeat information previously sent to legislative officials.
- To increase the likelihood the Board's letter will be read, it should be short; perhaps two paragraphs summarizing the urgency for lifting these restrictive regulations.
- In describing the situation, the letter should point out there are not as many providers available in upstate rural communities, so eliminating a pool of providers significantly hampers our ability to deliver services to our children.
- It would be persuasive to point out the youngest children who are waiting six months for evaluations are missing out on valuable EI services during a rapid development period of their lives.
- The letter from the Board would be directed to the four elected state officials from Tompkins County, the leadership in the NYS Legislature, and the Governor's office. Organizations to be copied would include New York State Association of Counties (NYSAC), New York State Association of County Health Officials (NYSACHO), and health departments across the state.

Based on the Board's discussion and working under the authority of the motion passed at the December BOH meeting, Mr. Kruppa stated the Health Department would generate the letter.

Mr. Wood wondered if anyone has reviewed the memo citing sections of the Education Law to determine whether that interpretation is correct. He will have someone in his office look at it.

**County Attorney's Report:** Mr. Wood reported William Troy is the new Deputy County Attorney in his office. Staff should feel free to contact him.

**Environmental Health Report:** Ms. Cameron:

- Introduced Sarah Caputi, Public Health Sanitarian, who is involved in temporary residences/temporary food programs.
- Referred to a letter written by Mayor Zimmer (Attachment 2) that had been inadvertently left out of the BOH packet.
- Directed attention to the December 2014 *Environmental Health Highlights* for information about the link to access food service inspection reports on the Environmental Health website. She requested Board members check the site for a future discussion about whether to continue including inspection reports in the monthly highlights when that information is available online.

**Approval of Board of Health Meeting Dates 2015:** Mr. Kruppa pointed out the November and December meetings have been combined into one meeting on the list of

DRAFT

proposed dates. Dr. Morgan moved to approve the calendar; seconded by Dr. Macmillan; and carried unanimously.

**Board of Health Nominating Committee Recommendation:** Dr. Macmillan reported there were two good candidates for the physician position vacancy on the Board. The Nominating Committee recommends Dr. David Evelyn for appointment to the BOH.

Mr. McLaughlin moved to recommend Dr. Evelyn for the physician member position on the BOH; seconded by Mr. Greenhouse; and carried unanimously.

**Selection of 2015 Officers:** The gavel was passed from Dr. Macmillan to Mr. Kruppa who opened the floor for nominations for President. Dr. Morgan moved to nominate Dr. Macmillan; seconded by Dr. Koppel. No other nominations were put forward. The vote in favor of Dr. Macmillan continuing to serve as President of the BOH carried unanimously.

The gavel was passed back to Dr. Macmillan who requested nominations for Vice President. Dr. Morgan moved to nominate Mr. McLaughlin; seconded by Dr. Koppel. No other nominations were put forward. The vote in favor of Mr. McLaughlin continuing to serve as Vice President of the BOH carried unanimously.

**Resolution #12.1.25 – Village of Dryden Public Water System, V-Dryden, Revised Resolution to Extend Deadlines (Water):** Mayor Zimmer spoke earlier in the meeting on behalf of the Village. Referring to the cover letter and the revised resolution, Ms. Cameron emphasized the Health Department needs to be notified 45 days in advance of any schedule changes. There is concern with more timely communication from the Village regarding the Time Table of Compliance.

Mr. Greenhouse moved to accept the resolution as written; seconded by Dr. Macmillan; and carried unanimously.

**Resolution #14.14.23 – Argos Inn, C-Ithaca, Violation of Subpart 7-1 of the New York State Sanitary Code and Violation of Board of Health Orders #13.13.32 (Temporary Residence):**

**Resolution #14.14.24 – Best Western University Inn, T-Ithaca, Violation of Subpart 7-1 of the New York State Sanitary Code and Violation of Board of Health Orders #11.13.24 (Temporary Residence):**

**Resolution #14.14.28 – Econo Lodge, V-Lansing, Violation of Subparts 7-1 and 14-1 of the New York State Sanitary Code (Food):**

Mr. Greenhouse moved to accept the three aforementioned resolutions as written; seconded by Dr. Morgan.

Ms. Cameron commented the penalties for Argos Inn and Best Western are the first proposed penalties brought forward to the Board with a change in the fines. Traditionally, penalties are doubled for subsequent violations. In these two situations, the owners did not obtain their permits on time, which is an administrative violation that does not have an immediate public health impact. The proposed increase is \$250 over the previous penalty.

## DRAFT

In these cases, Mr. Greenhouse pointed out staff was proactively reminding people to complete requirements for the permit. As she read through the case studies, Dr. Morgan added she was impressed with the number of reminders, contacts, and requests coming from the Health Department to the temporary residences.

The vote on the resolutions for Argos Inn, Best Western University Inn, and the Econo Lodge, as written, carried unanimously.

**Resolution #14.11.29 – Travelers Kitchen, C-Ithaca, Violation of Subpart 14-2 of the New York State Sanitary Code (Temporary Food):** Ms. Cameron stated Eric Bean is a temporary food vendor who has a permitted kitchen in Cortland and participates in local food events. At the Ithaca Apple Festival, Travelers Kitchen had food out of temperature twice. Due to a history of prior enforcement actions, the proposed fine is \$800. Other requirements include monitoring food by maintaining temperature logs and attending a Serv-Safe course. If there are additional violations of the Orders, the Health Department may not issue a subsequent permit to the vendor.

Dr. Koppel moved to accept the resolution as written; seconded by Mr. Burbank; and carried unanimously.

**Resolution #14.10.31 – New Delhi Diamonds, C-Ithaca, Violation of Subpart 14-1 of the New York State Sanitary Code (Food):** Mr. Greenhouse moved to accept the resolution as written; seconded by Mr. McLaughlin; and carried unanimously.

**Additional Discussion:** Mr. McLaughlin noticed there were several cases of chemical storage issues observed during restaurant inspections. Ms. Caputi explained those cases sometimes involve individuals not thinking certain items are considered chemicals. One example is hand lotion being placed too close to a food item. The lotion is technically a chemical that could contaminate food.

**Approval for revisions to *Rabies Postexposure Prophylaxis Standing Orders*:** Mr. Greenhouse moved to approve the revisions to the standing orders as written; seconded by Dr. Macmillan.

Dr. Morgan recommended two edits to Section V on page two that involve changing “never” to “**not**” when administering treatment:

- “The gluteus should **not** be used...”
- “The vaccine should **not** be administered in the gluteal area...”

As the Medical Director who reviews the standing orders, Dr. Klepack stated he was agreeable to the changes in wording.

Responding to Dr. Koppel’s inquiry about the statement regarding police dogs, Ms. Cameron explained there was a change in the rabies law with new regulations concerning police dogs. Since police dogs are vaccinated and not expected to have rabies, they may not have to be confined. Mr. Kruppa added local public health officials have the authority to make the determination about confinement in the case of an animal bite.

Mr. Burbank requested clarification about the purpose of standing orders. Ms. Cameron explained Dr. Klepack’s signature on these standing orders authorizes rabies postexposure treatment to be administered in accordance with the orders. Mr. Kruppa

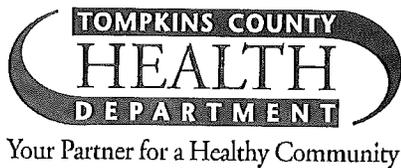
DRAFT

noted rabies is 100 percent fatal, so everyone receives the vaccine as determined by the protocols.

The vote to approve the revisions to *Rabies Postexposure Prophylaxis Standing Orders*, as edited, was unanimous.

**Approval for revision to 2015 Environmental Health Fee Schedule – Realty Subdivision Preliminary Development Review Fee Modification:** Mr. Greenhouse moved to approve the revision to the fee schedule as written; seconded by Dr. Morgan; and carried unanimously.

**Adjournment:** At 1:12 p.m. Dr. Macmillan adjourned the meeting.



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

January 27, 2015

DRAFT

Senator Thomas O'Mara  
58<sup>th</sup> Senate District  
333 E. Water Street, Suite 301  
Elmira, NY 14901

RE: Evaluations for Children between Birth and Five Years of Age

Dear Senator O'Mara

In August 2014, the NYS Education Department (SED) Office of Professions issued a memorandum (Exhibit A) removing the exemption that allowed 4410 private non-profit preschools like Franziska Racker Centers from performing evaluations of children between three and five years of age with professions that are "School Psychologists". This revised interpretation by the SED caused the Department of Health Early Intervention Program (EI) to issue a memorandum that states that School Psychologists employed by 4410 private non-profit preschools can no longer perform evaluations in the EI program for children between the age of birth and two (Exhibit B). This change in interpretation by SED and EI was not expected since in 2000 EI issued a memorandum stating just the opposite interpretation (Exhibit C).

Why does this matter? It matters because thousands of evaluations around NYS are done by School Psychologists employed by 4410 private non-profit pre-schools. Specifically here in Tompkins County, Racker Centers does around 520 evaluations per year. There is not enough capacity to meet NYS requirements that evaluations are completed within the authorized time frames (45 days for EI and 60 days for CPSE). Children could be waiting six months or more for evaluations which may not seem long for you or I, but if you are six months old and need an evaluation and have to wait six months, then another 100% of your life has gone by along with the well established value of early intervention. Research supports that early intervention decreases the severity of needs in the child's later school years.

Since that memorandum, SED and EI have received a lot of negative feedback from the Counties and educational institutions around NYS. Because of this feedback and the impact on children, SED has temporarily retracted its memorandum (Exhibit D). We are hoping that EI does this also, but as of this writing they have not, which means that children between the age of zero and two will soon not get evaluations on a timely basis.

The temporary SED retraction basically says the legislative action is required to change this temporary reprieve to permanent. This is where we need your help! Specifically what needs to happen is that NYS Education Law Article 153, Section 7605 needs to be modified to allow 4410 private non-profit preschools using school psychologists to perform psychological evaluations. Here is what the law currently says:

Attachment 1

§ 7605, Exempt persons,

Nothing in this article shall be construed to affect or prevent:

1. *The activities, services, and use of the title of psychologist, or any derivation thereof, on the part of a person in the employ of a federal, state, county or municipal agency, or other political subdivision, or a chartered elementary or secondary school or degree-granting educational institution insofar as such activities and services are a part of the duties of his salaried position.*

When reading this law it is important to read it as an exemption – i.e. individuals working for these organizations are considered psychologists even though they haven't taken the licensing exam. What we need the law to say is (the capitalized portion is the only change):

1. *The activities, services, and use of the title of psychologist, or any derivation thereof, on the part of a person in the employ of a federal, state, county or municipal agency, or other political subdivision, or a chartered elementary or secondary school or degree-granting educational institution OR A 4410 PROGRAM OPERATED BY A PRIVATE NON-PROFIT insofar as such activities and services are a part of the duties of his salaried position.*

We are asking you to lead this effort. All it does is formalize what has been the practice for more than a decade. To show how important it is, I have attached letters of support from educational institutions (Exhibit E). We would like to meet with you as soon as possible because of the devastating impact it is going to have on young children and families who depend on these evaluations.

Thank you,

Frank Kruppa  
Public Health Director

# Exhibit A



THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234

OFFICE OF P-12 EDUCATION: Office of Special Education  
ASSISTANT COMMISSIONER  
Room 301M EB, 89 Washington Avenue • Albany, NY 12234  
[www.p12.nysed.gov/specialed/](http://www.p12.nysed.gov/specialed/)

Telephone (518) 402-3353  
Fax: (518) 402-3534

August 2014

## SPECIAL EDUCATION FIELD ADVISORY

**From:** James P. DeLorenzo

**Subject:** Qualifications of Psychologists Employed by Preschool Special Education Multidisciplinary Evaluation Programs Approved Pursuant to Section 4410 of the Education Law

The purpose of this memorandum is to ensure that all multidisciplinary evaluation programs (MDEs) approved pursuant to section 4410 of the Education Law understand that Education Law does not permit use of school psychologists without appropriate professional licensure under Title VIII of the Education Law to provide psychology services or evaluations to students in MDE programs except as exempted by section 7601 of the Education Law.

Education Law section 7601 states that only a person licensed or otherwise authorized under Article 153 of the Education Law (related to the profession of psychology) may practice psychology, use the title "psychologist" or describe his or her services using the terms "psychology, psychologist or psychological." The requirements in section 7605(1) of the Education Law exempts from licensure "a person in the employ of a federal, state, county or municipal agency, or other political subdivision, or chartered elementary or secondary school or degree-granting educational institution." While the exemption, by amendment to Education Law section 4410 applies to school psychologists providing services in certain preschool programs, it does not apply to MDE programs operated by private agencies. As such, all 4410 MDE programs operated by private entities should review the qualifications of psychologists in such programs and take immediate steps to ensure that such individuals hold the appropriate professional licensure.

MDE programs should direct their questions regarding this memorandum to Kathleen M. Doyle, Executive Secretary of the State Board of Psychology at (518) 474-3817 or appropriate Special Education Quality Assurance Office (<http://www.p12.nysed.gov/specialed/quality/regassoc.htm>).

Howard A. Zucker, M.D., J.D.  
Acting Commissioner of Health

**NEW YORK**  
state department of  
**HEALTH**

Sue Kelly  
Executive Deputy Commissioner

September 15, 2014

Dear Colleague:

As lead agency for the Early Intervention Program (EIP), the New York State Department of Health (Department) is responsible for establishing appropriate professional requirements for the EIP based on any State-approved or recognized certification, licensing, registration, or other comparable requirements that apply to the profession or discipline (34 CFR 303.119). This Department relies upon the New York State Education Department's (NYSED) licensure, registration, and certification process to qualify certain professionals for the EIP, with the exception of those disciplines in early intervention (EI) for which there is no State license, certification, or registration required (e.g., certified low vision specialist, orientation and mobility specialist).

In March 2000, the Department issued a guidance document to clarify a number of issues with respect to qualified personnel, including acceptable qualifications for the provision of psychological services under the EIP. Based on recent discussions with NYSED's Office of the Professions, this Department is revising its guidance related to qualified personnel who may provide psychological services in the EIP. These revisions are effective immediately.

The Department recently received the following clarification from NYSED.

Education Law §7601 states that only a person licensed or otherwise authorized under Article 153 of the Education Law (related to the profession of psychology) may practice psychology, use the title "psychologist," or describe his or her services as 'psychology.' An exemption to licensure is found in §7605(1), which exempts from licensure 'a person in the employ of a federal, state, county, or municipal agency, or other political subdivision, or chartered elementary or secondary school or degree-granting educational institution.'

By amendment to Education Law §4410 effective September 23, 2011 (Ch. 581 of the Laws of 2011, §§ 1 to 3), the Legislature clarified that the exemption in §7605(1) applies to school psychologists providing services in certain preschool special education programs approved by NYSED pursuant to Education Law §4410:

*6. Professional practice issues.*

*... (d). Notwithstanding any other provision of law to the contrary, the exemption in [Education Law §7605(1)] shall apply to persons employed by a center-based program approved pursuant to subdivision nine of this section as a school psychologist to provide activities, services and use of the title psychologist to students enrolled in such approved center-based program in the course of their employment. (Education Law §4410[6][d]).*

Attachment 1

The Legislature did not extend the exemption in §4410(6)(d) to EI agencies. In addition, because the exemption is strictly limited to provision of services to students "enrolled" in a center-based §4410 program, the exemption also does not encompass the provision of services to EI students who are receiving such services from an entity approved under §4410.

Given this very clear statutory language, it is NYSED's opinion that there is no exemption under the Education Law that would permit school psychologists to provide psychology services to eligible children in the EIP without appropriate professional licensure under Title VIII of the Education Law.

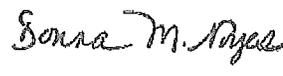
Therefore, effective immediately, school psychologists may not provide psychological services in the EIP. In situations where there is an active service authorization for psychological services, municipalities and the EI provider agency should work collaboratively to ensure that such services are transitioned to a psychologist or psychiatrist, as soon as possible. EI provider agencies should not utilize school psychologists as part of their multidisciplinary evaluation or to perform supplemental evaluations. Agencies should also update their employee information in NYEIS to indicate the school psychologist's end date for early intervention services.

Any specific questions concerning the licensure and scope of practice of psychologists under Education Law §7601 should be directed to Kathleen M. Doyle, Executive Secretary for the State Board for Psychology, Office of the Professions, State Education Department at (518) 574-3817, ext. 150, or at psychbd@mail.nysed.gov.

The Department will continue to work collaboratively with SED on qualified personnel issues to address existing and emerging concerns in the field. If you have any questions or concerns of this nature, please contact Margaret Adeigbo of our staff at (518) 473-7016. General questions about qualified personnel under the EIP should be directed to Training and Technical Assistance Unit staff at (518) 473-7016.

Sincerely,

  
Brenda Knudson Chouffi  
Co- Director  
Bureau of Early Intervention

  
Donna Noyes  
Co- Director  
Bureau of Early Intervention

cc: Kathleen M. Doyle  
James P. DeLorenzo  
Bradley Hutton

Exhibit C



STATE OF NEW YORK  
DEPARTMENT OF HEALTH

Corning Tower The Governor Nelson A. Rockefeller Empire State Plaza Albany, New York 12237

Antonia C. Novello, M.D., M.P.H., Dr.P.H.  
Commissioner

Dennis P. Whalen  
Executive Deputy Commissioner

**Reissued**  
**Early Intervention Memorandum 00-1**

**To:** Early Intervention Officials  
Approved Evaluators; Providers and Service Coordinators  
Interested Parties

**From:** Donna M. Noyes, Ph.D., Director  
Early Intervention Program

**Reissue Date:** December, 2000

**Subject:** Qualified Personnel in the Early Intervention Program

The purpose of this memorandum is to provide guidance and clarification regarding the use of qualified personnel in the Early Intervention Program.

The federal Individuals with Disabilities Education Act (IDEA) requires states to adopt policies to ensure that personnel who provide early intervention services meet the highest standards in the state applicable to a specific profession/discipline in which the individual is providing services (34CFR section 303.361). In New York State, the State Education Department (SED) is responsible for the certification and licensing of professionals. Persons who provide services in the Early Intervention Program are subject to SED's regulation of the thirty-eight fields of professional practice. The term "qualified personnel" is defined in Section 69-4.1(a)(1)-(20) of the Early Intervention Program regulations as those individuals who are approved to deliver services to the extent authorized by their licensure, certification or registration, to eligible children and have appropriate licensure, certification, or registration in the area in which they are providing services; including:

- (1) audiologists;
- (2) certified occupational therapy assistants;
- (3) licensed practical nurses, registered nurses and nurse practitioners;
- (4) certified low vision specialists;

- (5) occupational therapists;
- (6) orientation and mobility specialists;
- (7) physical therapists;
- (8) physical therapy assistants;
- (9) pediatricians and other physicians;
- (10) physician assistants;
- (11) psychologists;
- (12) registered dietitians;
- (13) school psychologists;
- (14) social workers;
- (15) special education teachers;
- (16) speech and language pathologists;
- (17) teachers of the blind and partially sighted;
- (18) teachers of the deaf and hearing handicapped;
- (19) teachers of the speech and hearing handicapped;
- (20) other categories of personnel as designated by the Commissioner

Some issues regarding qualified personnel who provide early intervention services may be complex in nature and involve questions about the appropriate practice of a particular profession, such as levels of supervision, settings that influence practice, etc. *This guidance document is meant to clarify issues that have been frequently raised regarding use of qualified personnel providing early intervention services and is not meant to be all inclusive.* For all issues related to the practice of the professions under Title 8 of the Education Law, persons should contact the State Education Department, Office of the Professions at (518) 474-3817 or the State Boards specific to the profession. A telephone listing of relevant State Boards is attached to this document. All descriptions of activities by qualified personnel in the Early Intervention Program are subject to each profession's scope of practice restrictions and to changes in the relevant laws and regulations. If there are specific questions about the appropriate practice of a particular profession, it is strongly recommended that the appropriate professional State Board be contacted at the State Education Department (SED).

Specific early intervention services are defined in Section 69-4.1(k)(2) of the Early Intervention Program regulations. An attachment to this memorandum, the *Qualified Personnel Matrix*, lists qualified personnel under the Early Intervention Program, and indicates which early intervention services the qualified personnel may provide. Please note that the *Matrix* contains a slightly different listing of qualified personnel than Section 69-4.1 (aj)(1-20) of the regulations. As of this date, the *Matrix* contains the most up-to-date and accurate information regarding the qualified personnel authorized to deliver services under the Early Intervention Program and is subject to changes in relevant laws and regulations.

**Q. Who can provide social work services in the Early Intervention Program?**

- A. Under the Early Intervention Program, an individual must be licensed as a certified social worker (CSW) in New York State in order to provide early intervention “social work” services and to participate as a member of the multidisciplinary evaluation team or as a supplemental evaluator. A social worker who holds a limited permit issued by the State Board for Social Work may practice only under the direct supervision of a licensed certified social worker. Individuals with only a Master’s degree in Social Work (MSW) may not provide early intervention services, including evaluations.

**Q. Under what circumstances can licensed psychologists and school psychologists provide services in the Early Intervention Program?**

- A. A licensed psychologist may provide the following services under the Early Intervention Program; assistive technology service, family training, family counseling, parent support groups, psychological services, service coordination, and special instruction. These services, including evaluation services, may be provided in hospitals, clinics, and private practices. A licensed psychologist (who is not also a certified school psychologist) may only provide psychological services in a school setting under limited circumstances and when certain criteria have been met. Details regarding the circumstances under which a licensed psychologist may provide psychological evaluations and services in a school setting may be found in the State Education Department’s guidance documents listed below

A certified school psychologist is considered to be a qualified person under the Early Intervention Program, however, unless (s)he is also a licensed psychologist, a certified school psychologist may provide early intervention “psychological” services and/or participate as a member of the multidisciplinary evaluation team or as a supplemental evaluator only when employed by a government agency, chartered elementary or secondary school or degree-granting institution of higher education. These services must be provided in the context of this salaried position. Since agencies approved under Section 4410 of the Education Law are considered to be “schools,” when an agency is approved both as an early intervention provider and under Section 4410 of the Education Law, it may employ certified school psychologists to provide early intervention “psychological” services, and/or participate as a member of the multidisciplinary evaluation team or as a supplemental evaluator. “Employed” means the professional must be directly employed (full-time or part-time) in the aforementioned settings in the context of a salaried position, and cannot be contracted by an agency on a per diem or contractual basis.

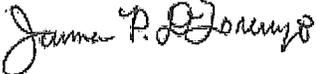
For additional information regarding the provision of psychological services by licensed psychologists and certified school psychologists, contact the State Education Department to request a copy of “Psychologist/Interpreter Work Standards for Conducting Bilingual Evaluations” and “Certification and Licensing of Bilingual Special Education Professionals” Copies of these memos may be obtained by



September 2014

**SPECIAL EDUCATION FIELD ADVISORY**

**From:** Douglas E. Lentivech   
Deputy Commissioner, Office of Professions

James P. DeLorenzo   
Assistant Commissioner, Office of Special Education

**Subject:** **Qualifications of Psychologists Employed by Preschool Special Education Multidisciplinary Evaluation Programs Approved Pursuant to Section 4410 of the Education Law**

In August 2014, a special education field advisory was issued with information regarding the responsibility of multidisciplinary evaluation programs (MDEs) approved pursuant to section 4410 of the Education Law to ensure that they employ appropriately qualified psychologists to conduct evaluations of preschool students with disabilities in MDE programs. Since the issuance of the field advisory, we have received many comments from MDEs and counties which demonstrate the widespread nature of the use of school psychologists in MDE programs, shortages of licensed psychologists and the resulting inability of MDEs to ensure timely psychological evaluations of preschool students with disabilities. As a result, the Department has determined that this issue requires further review, and a legislative solution is needed to address field concerns.

In the interim, it is important that MDEs continue to conduct timely evaluations of preschool students. The federal Individuals with Disabilities Education Act (IDEA) requires that initial evaluations of preschool children with disabilities be conducted within 60 days of parental consent for the evaluation and State law requires that approved MDEs selected by the parent conduct such evaluations.

Until such time as the Department completes its review and otherwise notifies the field, the P-12 Office of Special Education will not be citing approved MDEs for noncompliance in this area, and the Office of Professions will not be making referrals for unlicensed practice against individual school psychologists who are employed by the MDE programs solely based on unlicensed practice.

**Sylvia Allinger - Updated guidance on Qualifications of Psychologists Employed by  
Preschool Special Education Multidisciplinary Evaluation Programs Approved  
Pursuant to Section 4410 of the Education Law**

---

**From:** NYSED SPECED <SPECED@MAIL.NYSED.GOV>  
**To:** <OSE-0-2@LISTSERV.NYSED.GOV>  
**Date:** 10/3/2014 1:19 PM  
**Subject:** Updated guidance on Qualifications of Psychologists Employed by Preschool Special Education  
Multidisciplinary Evaluation Programs Approved Pursuant to Section 4410 of the Education Law  
**BC:** Sylvia Allinger  
**Attachments:** MDE Follow up-Oct 2014.pdf

---

Please see the attached updated guidance on Qualifications of Psychologists Employed by Preschool Special Education Multidisciplinary Evaluation Programs Approved Pursuant to Section 4410 of the Education Law. Thank you.

New York State Education Department  
P-12: Office of Special Education  
89 Washington Avenue, Room 309 EB  
Albany, NY 12234

# Exhibit E



## CANDOR CENTRAL SCHOOL

P. O. Box 145  
Candor, New York 13743-0145

JEFFREY J. KISLOSKI  
Superintendent  
Phone 607-659-5010  
Fax 607-659-7112

November 12, 2014

Assemblywoman Barbara Lifton  
125<sup>th</sup> Assembly District  
106 East Court Street  
Ithaca, NY 14850

RE: Evaluations for Children between the Birth and Five Years of Age

Dear Assemblywoman Lifton:

I am writing this letter in support of the Tompkins County Health Department's advocacy notice regarding evaluations for children between birth and five years of age. As noted in Public Health Director Frank Kruppa's letter, nearly all of the evaluations of children age three to five in our county are completed by non-school district personnel.

This issue is complicated in our state given the involvement of both the County and School Districts in pre-school special education. Although our school districts are responsible for convening Committees on Pre-School Special Education (CPSE), they do not have the internal capacity to complete all of these evaluations. We are fortunate in our region to have local private non-profit organizations who can provide this service. This arrangement is threatened by the NYS Education Department (SED) Office of Professions August memorandum removing the exemption that allowed private non-profit pre-schools to perform these evaluations.

I encourage you to work with Director Kruppa to alleviate the potential impact of this decision.

Sincerely,

A handwritten signature in black ink, appearing to read 'J. Kisloski'. The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Superintendent of Schools

## Attachment 2

December 15, 2014

C. Elizabeth Cameron, P.E.  
Director of Environmental Health  
Tompkins County Health Department  
55 Brown Road  
Ithaca, NY 14850-1247

RE: Tompkins County Board of Health Revised Resolution # 12.1.25  
Jay Street Well – Arsenic Exceeding Maximum Contaminant Level  
Lee Road Reservoir – Unprotected Finished Water Reservoir

Dear Ms. Cameron,

With reference to the referenced Resolution dated August 26, 2014, and correspondence between the Tompkins County Health Department (TCHD) and the Village of Dryden and its engineer, MRB Group Engineering, Architecture and Surveying, P.C., dated December 12 and December 15, 2014, we are writing to formally request a revision to the Resolution, such that the Time Table of Compliance may be updated.

As you are aware, the Village and Town of Dryden have been cooperating on a study to evaluate the possibility of connecting to the Southern Cayuga Lake Intermunicipal Water Commission (SCLIWC) public water system (PWS) to the Village of Dryden PWS via a potential water district in the Town. This alternative source of supply to the Village PWS was first discussed in the *Project Engineering Report (PER) for the Village of Dryden Public Water System Improvements* dated December 2012 (revised April 2013), and has the potential to alleviate the issue of arsenic contamination from the Jay Street Well. Note that the original PER was submitted in accordance with the original Resolution dated October 23, 2012, and further evaluation was necessary to provide sufficient technical and financial detail to compare this alternative with other alternatives, such as constructing a central treatment facility and exploring other groundwater sources. This evaluation required a detailed technical analysis by the Town and its engineer, TG Miller, P.C., to determine the feasibility of addressing water supply needs along the route of the proposed transmission main and other service areas within the proposed Town water district. Once this was complete, TG Miller was to forward its analysis to the Town, Village, MRB Group, SCLIWC and TCHD for comment, and to provide data for the Town and Village to use in negotiation of distributing the costs of capital improvements and operation and maintenance. This evaluation and negotiation was to be completed prior to finalization of the Map, Plan and Report (MPR) for the proposed water district.

A preliminary MPR was issued by TG Miller on August 5, 2014, and a draft report issued on October 15, 2014. There were numerous technical concerns that needed to be addressed, as the Town's infrastructure would also affect the design and placement of Village PWS components, including the design of the replacement water storage facilities (including disinfection byproduct formation mitigation systems) to address the issues at Lee Road Reservoir and Ferguson Road Tank, as well as addressing distribution system pressure issues in certain areas of the Village PWS. While the Village and the Town have had preliminary discussions, there has been insufficient time for both municipalities to adequately review the proposed cost shares to determine an equitable division of costs to their customers and potential customers. This information is critical to the completion of the MPR.

## Attachment 2

Concurrently, the Village has continued to explore the possibility of developing the well site at Dryden Lake in the Town of Dryden as a groundwater source to address both the arsenic issue and lack of supply redundancy as discussed in the original PER. This alternative is dependent upon obtaining approval from New York State Department of Environmental Conservation (NYSDEC) to site a permanent groundwater extraction source on property owned by the State. The Village has undertaken negotiations with NYSDEC, which have taken longer than anticipated to determine the feasibility of this alternative. To date, the Village has had no official response that the use of this site is available; however, discussions with NYSDEC staff appear to indicate that it would be feasible. Since the MPR referenced above is nearing completion, the Village is working with MRB Group to prepare an estimate to compare the alternative to connect to the SCLIWC PWS with the cost of developing the Dryden Lake wells. Once the Village has had sufficient time to review the alternatives, the Village will determine a direction for addressing the issues identified in Resolution # 12.1.25, and a final PER will be submitted.

The Village is committed to resolving the outstanding public health issues in the best long-term interests of its customers, and we appreciate the assistance TCHD has provided and continues to provide. Given the above factors, we respectfully request that the Time Table of Compliance be modified as proposed in the attached document.

Yours sincerely,

James F. Zimmer  
Mayor, Village of Dryden

Copies: Members of the Board of Trustees of the Village of Dryden  
Clement Chung and Bill Davis of the MRB Group

### Dashboard Display thru January 2015

	Expenditures	Revenues
Health Department		
Mandates		
Non-Mandates		
Preschool Special Education (2960)		
Plng. & Coord. (Health) (4010)		
Women, Infants & Children (4012)		
Occupational Hlth.& Sfty. (4013)		
Medical Examiner (4014)		
Vital Records (4015)		
Division For Community Health (4016)		
Medical Examiner Program (4017)		
Plng. & Coord. Of C.S.N. (4047)		
Phys.Handic.Chil.Treatmnt (4048)		
Early Intervention (0-3) (4054)		
Environmental Health (4090)		
Public Health State Aid (4090)		

LAST REFRESH: February 12, 2015

**EXPENDITURES**

Cumulative to date compared to budget (over budget by more than 25% = Red, between 110% and 125% of budget = Yellow, below 110% of budget = Green)

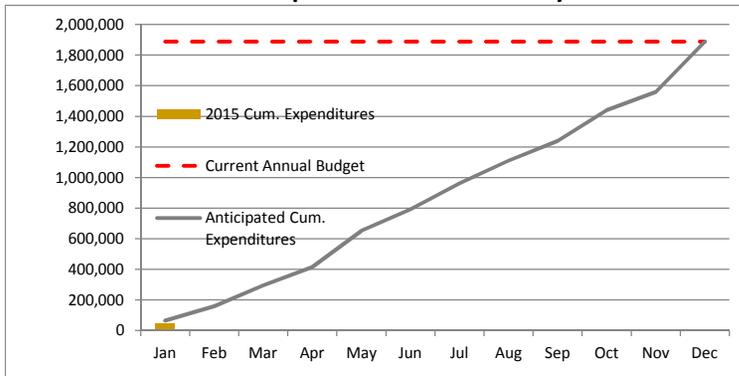
**REVENUES**

Cumulative to date compared to budget (over = Green, above 90% of budget = Yellow, below 90% of budget = Red)

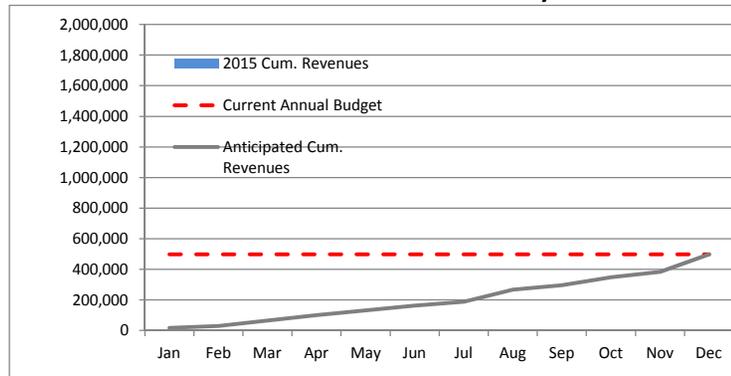
# Health Dept - Division For Community Health (4016)



Cumulative Expenditures thru January 2015



Cumulative Revenues thru January 2015



Data Lapse:  
30 days

**Appropriations**

- Cumulative to date compared to budget
- Current month compared to budget
- Current cumulative compared to last year
- Consider review of adopted budget amount

**Revenues**

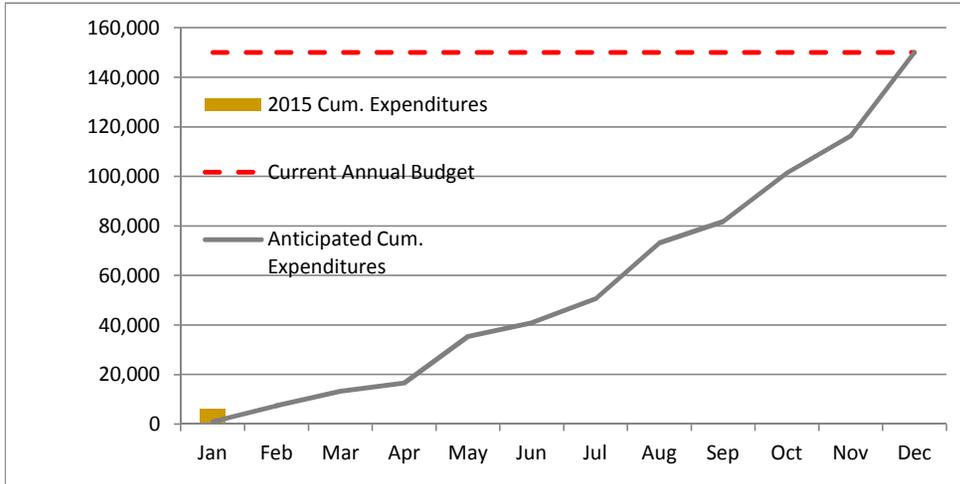
- Cumulative to date compared to budget
- Current month compared to budget
- Current cumulative compared to last year
- Consider review of adopted budget amount

The "Anticipated Cum." line in each graph is derived by calculating the ratio of the average of the prior two years actuals for any given month to the total average actual for those two years and then applying that ratio to the current year's budget.

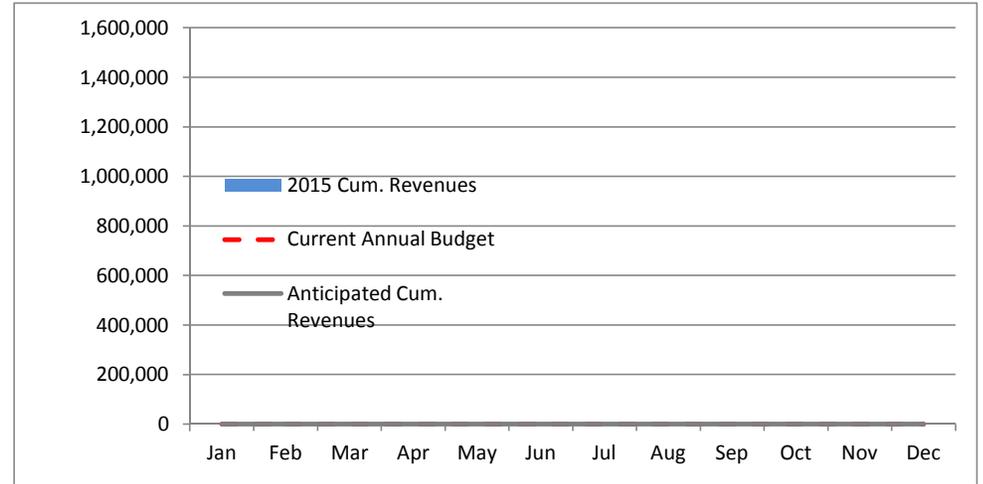
**Notes:** The average of the prior two years includes when the department billed Medicaid directly for MOMS services (this is contracted out to VNS late 2014 and 2015). Other increased revenues in the two year average include a grant payment and flu billing that was processed late. Revenues in 2014 and 2015 are lower due to timely processing of flu billing and LHCSA billing now processed through VNS.

# Health Dept - Medical Examiner Program (4017)

## Cumulative Expenditures thru January 2015



## Cumulative Revenues thru January 2015

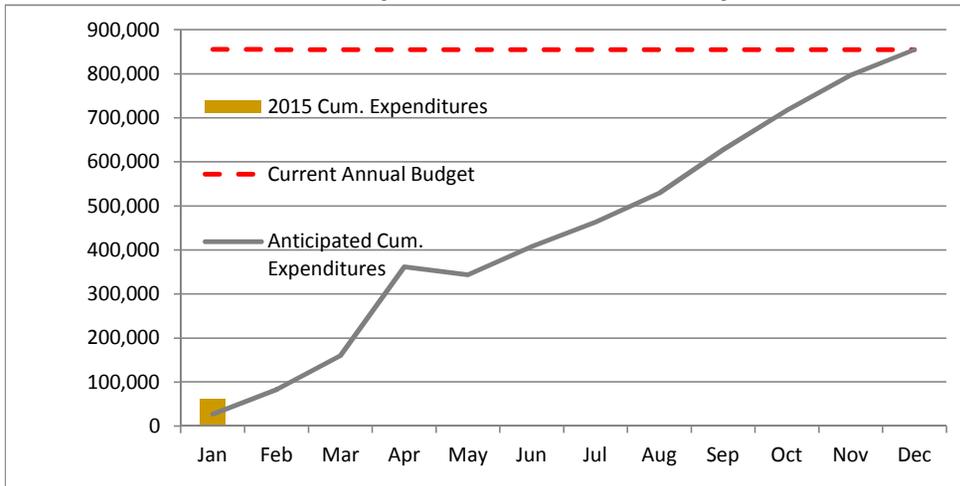


The "Anticipated Cum." line in each graph is derived by calculating the ratio of the average of the prior two years actuals for any given month to the total average actual for those two years and then applying that ratio to the current year's budget.

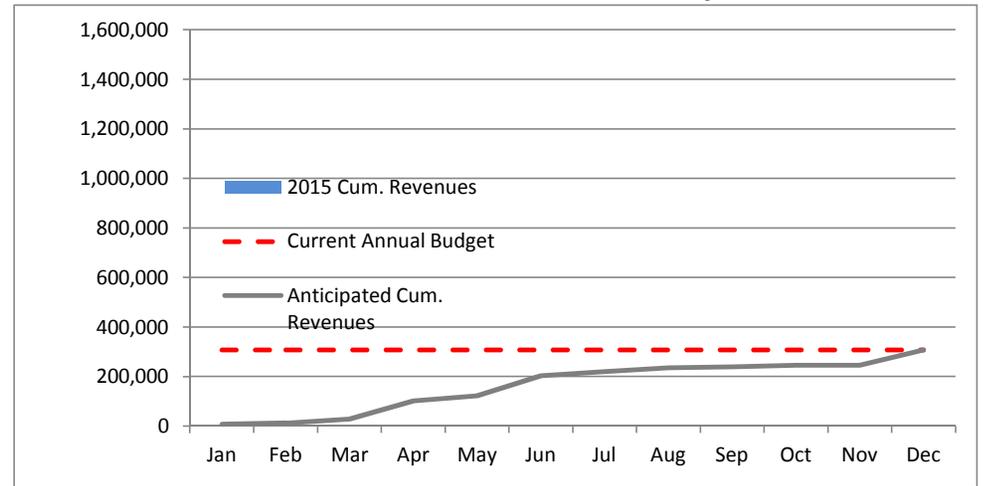
**Notes: The number of cases with expenses responded to in January 2015 (10) are higher than the prior two years (3-4).**

# Health Dept - Early Intervention (0-3) (4054)

## Cumulative Expenditures thru January 2015



## Cumulative Revenues thru January 2015

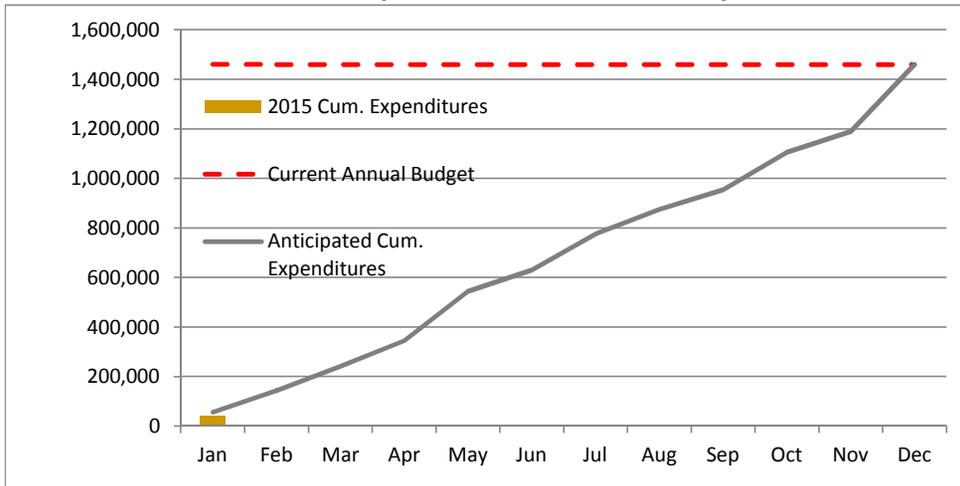


The "Anticipated Cum." line in each graph is derived by calculating the ratio of the average of the prior two years actuals for any given month to the total average actual for those two years and then applying that ratio to the current year's budget.

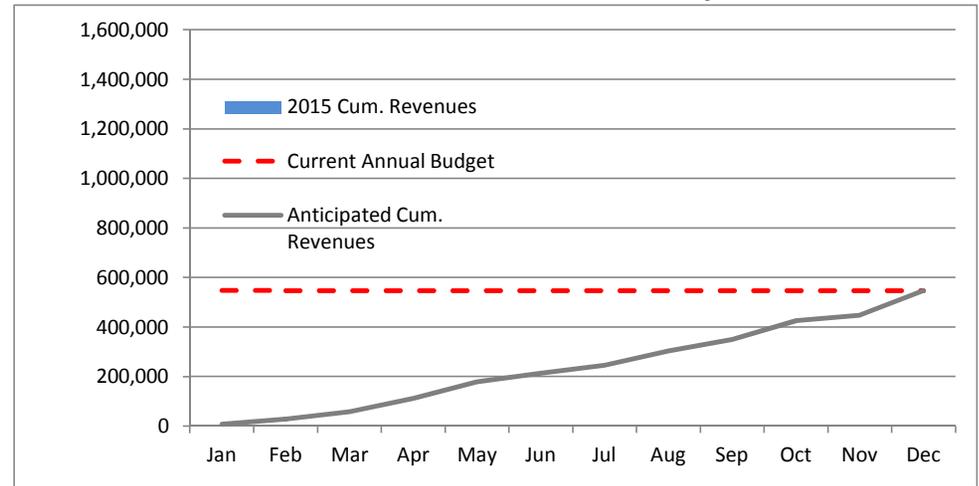
**Notes: Early Intervention expenditures and revenues are now budgeted more in line with how the program is operating with the state as the fiscal agent. The average of the prior two years continues to be a blend of when the county managed the contracts, billing and invoices and the state takeover.**

# Health Dept - Environmental Health (4090)

## Cumulative Expenditures thru January 2015



## Cumulative Revenues thru January 2015



The "Anticipated Cum." line in each graph is derived by calculating the ratio of the average of the prior two years actuals for any given month to the total average actual for those two years and then applying that ratio to the current year's budget.

**Notes: The likely impact at this time of the year is when permit fees are actually paid. We received funds right up until the end of 2014 for the 2014 books which may have impacted the January receipts.**

**Public Health Director  
Report  
February 2015**

- Participated in twice monthly DSRIP Project Advisory Committee (PAC) Executive Committee meetings. I am serving on the 25 member Executive Committee representing Public Health.  
[http://www.health.ny.gov/health\\_care/medicaid/redesign/dsrip/](http://www.health.ny.gov/health_care/medicaid/redesign/dsrip/).
- Participated on a NYSDOH all county conference call on Ebola. The most significant update is that NYSDOH will now be conducting monitoring on returning health care workers from the 3 countries currently battling Ebola. The County Health departments still monitor everyone else.
- Attended a presentation sponsored by the Tompkins County Airport on the crash of a commuter plane outside of Rochester. It was the beginning of a community wide planning effort in the event of a crash in Tompkins County.
- Participated in the Kickoff meeting with Core Solutions the vendor of our new Electronic health record in CHS.
- Began recruitment for a Director of Community Health in preparation for the announced retirement of Sigrid Connors.
- Worked with a Binghamton University MPA class in follow up to the network and cross training portion of our strategic plan. The class will be conducting a survey of staff to measure improvement in interdivisional links. They will also attempt to measure interest in future cross training and mentoring opportunities.
- Continued working with our Preparedness Coordinator in planning for our March 31<sup>st</sup> medical countermeasures (MCM) exercise.

**Medical Director's Report  
Board of Health  
February 2015**

**Medication and Pregnancy – Male and Female**

New FDA rule changes medication classification system for practitioners.

When men and women are planning a pregnancy they want a healthy start and a healthy baby. They begin to think about risks to their future child. What food should mom eat? What about x-rays, alcohol, tobacco exposure, chemicals and hormones in our food, clothing, and in everyday objects? What medications might affect the man's sperm or the woman's eggs or new fetus?

Regarding the latter question a new system to provide the needed information about prescription medications is about to go into effect.

The FDA has taken action to revise the system used to categorize medications. The pregnancy category system of classifying medications as "A, B, C, D, and X" has been in use since 1979. It is being replaced because the FDA has found that a system which more clearly describes the risks of medications will make both practitioners and patients think clearly about the risks in relation to the benefits of medications before conceiving a child and during pregnancy. The final system creates a consistent format for providing information about the risks and benefits of drug use during pregnancy and lactation, and prior to conception both by females and males of reproductive potential. Such a system will help practitioners and the public realize more fully the need to think about both prescription and non-prescription medications, supplements, and biologics when they are planning a pregnancy or suddenly find themselves pregnant.

The regulations require that the new labeling must contain relevant information, if it is available, to help healthcare providers make prescribing decisions and counsel women about the use of the drug during pregnancy; this will include information on disease-associated maternal and/or embryo/fetal risk, dose adjustments during pregnancy and the postpartum period, maternal adverse reactions, fetal/neonatal adverse reactions, and/or the effect of the drug on labor or delivery.

The "Lactation" subsection must also include, to the extent information is available, relevant information concerning ways to minimize drug exposure in the breast-fed child in certain situations and concerning available interventions for monitoring or mitigating the adverse reactions presented elsewhere in the labeling.

The rule requires that the section concerning “Females and Males of Reproductive Potential” include relevant information as to when pregnancy testing or contraception is required or recommended before, during, or after drug therapy or when there are human or animal data that suggest drug-associated fertility effects.

The labeling must also describe the data that are the basis for the risk statements and clinical information included in all the subsections.

The system goes into effect June 30th of this year.

Practitioners will be able to access this information through labeling information provided about prescription medications. Those planning a pregnancy or finding themselves pregnant can ask for this information from their health practitioners or through the web (most important is knowing that such information is available, and knowing that it is important). The wrong medication, supplement, or biologic reduce the chances of a healthy baby.

A preconception meeting with one’s family doctor, pediatrician, or gynecologist is an important way to start a pregnancy on the right foot. This type of office consultation is underutilized, but it need not be. Our world is ever more complex one of chemicals, exposures, and risks. We know quite a bit about some risks and have a lot to learn about others. Meeting with one’s practitioner is one of the important steps one can take to starting a pregnancy on the right foot.

### **General Activities:**

- Reviewed rabies administrative protocol with regard to billing and paperwork documentation.
- Attended Immunization Coalition meeting where we discussed:
  - Influenza supply and delivery.
  - Vaccine efficacy.
  - HPV vaccine, how to improve and increase the percentage of population vaccinated. This is a cancer prevention vaccination for boys, girls and adults.
  - Preparing for vaccine campaigns later in the year with regard to specific focus months and weeks.
  - Reviewed NY Times video on immunization and why we are seeing public skepticism about vaccines. View it at : [Vaccination: How Personal Belief Came To Outweigh Public Health](#) by THE NEW YORK TIMES - The history of the fallacy that led to the current spread of vaccine resistance.
  - Started the review of TCHD TB screening and case management policy.

**Division for Community Health**  
**February 24, 2015 Board of Health Meeting**

**ADMINISTRATION REPORT**

**Sigrid Larsen Connors, Director of Patient Services (DPS)**  
**January 2015 Report**

**Agenda – none**

**Administration** – The DPS:

- Ebola Virus Disease (EVD) Response
  - Attended community based EVD full-scale exercise in Observer Role, January 8.
  - Participated in Hot Wash meeting at CMC, January 8
  - Updated RN Ebola Response Clinic Procedure and Ebola Transportation Procedure, January 14.
- Core Solutions Software Implementation
  - Met with TCHD/Information Technology Services Software Planning Team to assess and define program record sets in preparation for software implementation, January 7, 13, 21, and 23.
  - Interviewed Project Assistant, January 21
- Nurse On-Call – Finalized Nurse On-Call Voucher Procedure and created Nurse On-Call electronic on-call tracking calendar.
- Obtained approval for the Community Health Quality Assurance (CHQA) Committee September 16, 2014 Minutes at the December 16, 2014 CHQA meeting. Final approved minutes are attached.
- Participated in emergency preparedness planning meeting for Medical Countermeasures dispensing drill, January 22.
- Met with Community Health Services, Environmental Health and Administrative staff to review and make improvements to the Rabies Post-Exposure intake, documentation, record keeping and billing process, January 23.
- Completed 4<sup>th</sup> Quarter 2014 NYSDOH state aid report for nursing activity hours in the Community Health and Health Promotion programs. Report also includes Chronic Disease, Communicable Disease, Injury and Lead Poisoning Prevention, Emergency Preparedness and Community Assessment/Improvement Plan activity hours for the DPS, Health Promotion Program Director and the Planner/Evaluator.
- Position responsible for Division statistics and Communicable Disease reports is currently vacant. The vacancy for the Administrative Coordinator is posted until March 1.
- Communicable Disease Reports are generated from the NYS Department of Health secure electronic network.

**Other Meetings and Training** – TCHD Management (13); Senior Leadership (21); BOH (27)

- Orientations for staff and interns – January 9, 14, 27

**Division Statistical Highlights** – not available

**COMMUNITY HEALTH SERVICES – no report**

## HEALTH PROMOTION PROGRAM

Theresa Lyczko, Director

### Tobacco Control Program – Ted Schiele

- Municipal Drug Policy Committee meeting, January 7
- Community Coalition for Healthy Youth, Executive Committee, January 12
- Activities to prepare for Community Anti Drug Coalitions of America (CADCA) National Forum included Capitol Hill Day webinar, materials for Capital Hill Day visits, contact with nearby coalitions.
- Reality Check: Dryden Middle School student health event, January 12
- E-Newsletter for Tobacco Free Tompkins, written, produced, sent January 16
- Legislative meeting with staff of Senator Tom O'Mara, in Bath, NY January 29
- Ithaca College:
  - Meeting with American Cancer Society representative who coordinates IC chapter of Colleges Against Cancer (CAC) and the IC Relay for Life; collaborating with CAC student advocates in a campaign for smoke-free campus January 8
  - Meeting with Assistant to the President to discuss smoke-free campus January 22
  - Met with Health Promotion Research class regarding campus survey project about tobacco use, January 22
- Listened to statewide conference call for CAC & Relay coordinators on which tobacco free campuses was the topic, January 27
- Interview with Pete Blanchard, Cayuga Radio Group: e-cigarettes safety and regulation; broadcast January 26
- Grant staff meeting in Cortland, January 23

### TCHD Participation and Support

- Immunization Coalition meeting, January 6. Theresa Lyczko
- Media: responded to Ithaca Voice inquiry on flu incidence in Tompkins County, January 13. Inquiries from 2 regional Gannett newspapers on school immunization rates in Tompkins County school districts, January 30, 31. Theresa Lyczko
- Community Health Assessment – Conference call – DSRIP, January 23. Theresa Lyczko
- Attended staff satisfaction committee meeting, January 15. Susan Dunlop, Community Health Nurse
- Lead Poisoning Prevention meeting, January 29. Theresa Lyczko

### Web site postings

- WIC clinic calendars
- BOH packet and reports
- Updates to Vitals, Diabetes Prevention Program (DPP), Temporary Food Service

### Emergency Preparedness

- Coordinated potential media response to Ebola Virus Disease (EVD) exercise with Public Information Officers (PIO) at Cornell, Cayuga Medical Center and County PIO. Notified local media of exercise, January 7. Theresa Lyczko
- Attend planning meetings and participated in (EVD) exercise, held January 8. Ted Schiele, Theresa Lyczko
- Attended review, “hotwash” of EVD exercise at CMC and TCHD, January 8. Theresa Lyczko
- Coordinated and attended session for media questions on EVD exercise; one media representative attended, January 9. Theresa Lyczko

## **Community Outreach**

- Creating Healthy Places (CHP) – Attended 2 Wellness Committees at 2 worksites, January 6, 15. Ted Schiele
- CHP- Prepared, produced, and delivered wellness activity materials to Groton Community Health Care ( a worksite wellness site) Activity was part of the nursing home staff wellness program, and involved logging participation in activities related to developing healthier eating habits and increasing regular physical activity. Ted Schiele
- CHP – Meeting of the Owning Your Own Health (OYOH) Committee, the health care consortium’s wellness committee, January 21. Ted Schiele
- CHP – Work with Human Services Coalition staff on developing a county worksite wellness coalition. Invitations sent out for first meeting to be held in March. Ted Schiele
- CHP – Statewide worksite grant contractors call, January 29. Ted Schiele
- CHP – Attended Friends of Stewart Park board meeting, as Secretary recorded and submitted board minutes, January 13. Theresa Lyczko
- Met with CMC staff to update COPD/Asthma management presentation for community groups, January 16. Susan Dunlop
- Began a Diabetes Prevention Program (DPP) with Cornell University staff – 7 participants, January 21, Susan Dunlop; January 28, Susan Dunlop and Theresa Lick
- Met with a local minister to discuss health educational opportunities for that faith based community such as a “Women and Heart Disease” presentation and the Diabetes Prevention Program, January 26. Susan Dunlop
- Third Diabetes Prevention Program post-core session with the group that began in July 2014; 7 people attended, January 29. Make-up telephone December session with 2 participants, January 12. Theresa Lyczko

## **Meetings and Trainings**

- Health Planning Council – Community Health and Access Committee, January 13 and Executive Committee, January 29
- Webinar – CDC – flu incidence, 1.0 hours, January 14. Theresa Lyczko

## **WIC PROGRAM**

**Beth Huber, WIC Program Director (Local Agency Coordinator)  
November, December 2014 and January 2015 Reports**

## **Administration**

- The WIC Request for Application (RFA) for FFY 2016-2020 was completed and electronically submitted through the NYS Grants Gateway in December 2014.
- The annual NYS WIC Local Agency Compliance and Self Assessment was completed and submitted for regional office review in January 2015. This report is used to identify strengths and weaknesses in key program areas, establish goals and action steps to address the identified needs, monitors and evaluates WIC operations and serves as the local agency’s nutrition education plan.
- NYS WIC is in the initial stages of planning for a new electronic benefits transfer (EBT) system (e-WIC) required by USDA to be implemented no later than 2020. As part of this endeavor NYS WIC hired MAXIMUS to assist with the planning and development. MAXIMUS representatives made a site visit to the Health Department and Salvation Army WIC Clinics on January 28 to capture current site work flow and talk to staff regarding check issuance, manual checks and interaction with Vendor Management

Agencies. They documented time, activities, materials and costs that will be reduced or eliminated once e-WIC is implemented.

- NYS WICSIS Monthly Breastfeeding Reports have been modified to include the number of breastfeeding women requesting a peer counselor and the number of breastfeeding women assigned a peer counselor. Tracking and reconciling this information will be helpful in ensuring all women who request a peer counselor are assigned one.
- A new message has been added to all exempt WIC Formula Checks stating “This WIC check may only be cashed at an approved WIC pharmacy or WIC store with a pharmacy inside the store.” NYS made this regulatory change in January 2014; however it has caused some confusion to participants. Tompkins County has four WIC Vendors where participants may redeem these exempt formula checks: Target, Tops (N. Triphammer) Wal-Mart and Wegmans.
- Along with the Income Policy Changes noted in October’s BOH report, the state changed their Identity and Residency Eligibility Policy to allow the same document to be used as proof more than once, as long as it meets the requirement of each category. This will help decrease the paperwork and burden placed on participants when applying and/or recertifying for the program.
- The WIC Program Manual was updated in December to include a section on Food Safety. This policy addresses important food safety practices to reduce the risk of food borne illness.
- Quality Assurance- a site visit was conducted by the local agency coordinator to the Salvation Army WIC temp site clinic on January 21 in downtown Ithaca. The NYS WIC required signs were posted and both anthropometric & hematology calibration logs were complete. The manual checks were kept in a secure location and the CLIA certificate was on hand. One of the Breastfeeding Peer Counselor was also present to promote breastfeeding efforts and support moms.

### **Outreach**

- As part of our collaboration with Cornell Cooperative Extension one supermarket tour was conducted in November at the Ithaca Wal-Mart.
- Distribution of the new HCP Binders was postponed due to revisions that need to be made including adding the new Medical Documentation Forms and pending income changes.

### **Trainings**

- Nutrition Educator II, Andrea Smith and WIC Clerk, Jami Breedlove attended “NYS Growth & Monitoring Training” in Syracuse on December 2, 2014.
- All staff attended a Webinar given by NYSDOH on the new Income Policy Changes on November 20, 2014.
- All staff attended the annual Blood Borne Pathogen/Tuberculosis Training given by Susan Dunlop on December 18, 2014.
- Breastfeeding Coordinator, Cindy Mallery attended the quarterly regional breastfeeding meeting on January 29, 2015.

## **ATTACHMENTS**

- Community Health Quality Assurance September 16, 2014 Meeting Minutes
- NYSDOH Communicable Disease (CD) Summary Report – Jan-Dec 2014
- NYSDOH CD Report – January 2015

**Community Health Quality Assurance Committee**  
September 16, 2014 meeting minutes

**Committee Members Present:** *Debora Axtell, RN*, Community Health Nurse (CHN), Community Health Services (CHS)/TCHD; *Gail Birnbaum, RN*, CHN, CHS; *Karen Bishop, RN*, CHN Supervisor, CHS; *Sigrid Larsen Connors, RN*, Director of Patient Services/TCHD; *Melissa Gatch, RN*, Team Leader/CHS; *William Klepack, MD*, TCHD Medical Director; *Karen LaCelle, RN*, CHN, CHS; *Nancy Schaff, RN*, CHN, CHS; *Lori Sibley, RN*, CHN, CHS; *Marge Strosnider, NP*, community member/retired and *Sue Ellen Stuart*, Executive Director, Visiting Nurse Service of Ithaca.

**Excused:** *Beth Huber, RD*, WIC Program Director/TCHD; *Terri MacCheyne, RN*, Director of Maternal Child Unit/Cayuga Medical Center at Ithaca; *Maureen Reedy*, Child Development Council; *Tina Snyder*, Nutrition Program Educator/Certified Lactation Counselor/Cornell Cooperative Extension of Tompkins and *Kathy Taves, RN*, Team Leader, CHS.

**Welcome:** Sigrid Connors welcomed committee members and introduced a new member, Sue Ellen Stuart, Executive Director of the Visiting Nurse Service of Ithaca. Sue Ellen said she and the entire VNS board are fully in support of the MOMS program and the contractual relationship to continue this service in the community.

**Approval of June 17, 2014 meeting minutes**

**MOTION** – Karen Bishop moved to approve the minutes as written; minutes seconded by Melissa Gatch, and carried unanimously.

**Licensed Home Care Services Agency (LHCSA) – Policy & Procedure Approval**

- **MOTION** – Karen Bishop moved to accept the revised Advanced Directives Policy as presented, motion seconded by Karen LaCelle. One edit made to the definition for an adult, pregnancy was added to the definition. Policy as edited carried unanimously.
- **MOTION** – Karen LaCelle moved to approve the new policy Credentialing for Licensed Health Care Providers as presented, motion seconded by Lori Sibley and carried unanimously.

**Action** – Sigrid will present the policies for approval at the October 28 Board of Health meeting.

**Lead Poisoning Case Reviews** – Karen Bishop reviewed four cases (3 active, 1 new)

**Case #1** – (Active) Three year old initially identified with blood lead level (BLL) 65 mcg/dL on 4/25/13 requiring immediate hospitalization for chelation. Most recent BLL in July 2014 was 16 mcg/dL (1<sup>st</sup> BLL < 20). Primary care provider consulted with the Lead Resource Center for testing frequency guidance, the Center recommended repeat blood lead testing in 4 months due to child's long history of elevated lead and associated long term storage of lead in the bone. It will take time to reduce lead levels. Child continues to receive educational/behavioral services through the school district. CHN Gail Birnbaum demonstrated excellent coordination with Environmental Health to keep or move child to a lead safe home. Plan: Continue lead case management services until meets case closure criteria.

**Case #2** – (Active) Three year old with initial BLL 25 mcg/dL on 8/2/13. Child had history of residing in two residences where multiple lead hazards were found. Required remediation by the landlords of both residences and moving child to lead safe home. Last BLL on 5/6/14 was 11 mcg/dL. Overdue for repeat BLL (due in August). Good documentation of coordination of care with parent/primary care provider. Parent letter sent and phone call to primary care provider who will send parent letter. Plan: F/U with primary care provider to ensure repeat BLL done.

**Case #3:** (Active) Three year old with initial BLL 14 mcg/dL on 3/17/14. Multiple interior and exterior surfaces tested positive for lead. EH issued a "notice and demand letter" outlining immediate steps to minimize further exposure to lead and lead dust. As of 7/24/14, the landlord met all of these remedial steps. Repeat BLL on 6/25/14 was 10. Child receives OT and MSW services to address pica. Plan: Repeat BLL due in late September. Keep open to lead case management services.

**Case #4:** (New) Fourteen month old with initial BLL 15 mcg/dL on 7/01/14. Multiple interior and exterior surfaces tested positive for lead. EH issued a "notice and demand letter" outlining immediate steps to minimize further exposure to lead and lead dust. Child was immediately relocated to another residence before landlord received the "notice and demand letter". Repeat BLL due in early October. Plan: Keep open to lead case management services.

**Committee Recommendations:** Committee agreed with plans for all cases and had no additional recommendations.

**WIC Report** – Sigrid Connors reported on the renovation project to replace open nutrition cubicles with modular walls, doors and carpeting to reduce noise level, increase confidentiality and retain adventurous toddlers.

**MOMS (Medicaid Obstetrical Maternal Services) Case Review** – Gail Birnbaum reviewed an active case.

- 36 year old woman, G4, P3, twins born mid-summer. High stress during prenatal period. Client caring for four children in addition to the twins and a critically ill teenager and coping with FOB custody disputes. Very good family and community support. Client had to make a decision regarding C-section vs. vaginal birth; CHN provided information on both choices to help the client make an informed decision. Vaginal delivery, Baby A 5#, 12oz and Baby B 6#, 4 oz. Mother initially able to exclusively BF but Baby A had weight loss on discharge and without gain at 1<sup>st</sup> post-partum visit. After the 2<sup>nd</sup> postpartum visit Baby A had minimal weight gain and the CHN obtained medical orders for twice weekly weight checks. After 1<sup>st</sup> month BF supplemented with formula. Babies BF, given pumped BF and 50% formula and appropriate weight gain. Plan: Babies, 2 months old, CHN plan is to discharge. No developmental concerns assessed.

**Committee recommendation:** Committee discussed case. Committee agreed with actions taken.

**Incident Reports: 6 incidents from 6/16/14 to 9/15/14** in WIC – 5 participants (ppt) related, 1 employee related

- 7/9 – 4 year old WIC ppt broke anthropometry standing-board slider while mom distracted by 5 and 6 yr olds. Slider replaced.
- 7/10 – Date of awareness was 7/23 when ppt reported possible lost or stolen checks. WIC employee confirmed ppt report that checks had not been found on 7/28. Stop payment and state report filed 7/28 per protocol.
- 7/24 – Employee's wrist hit by laptop pulled off work station by child. No broken skin, employee applied ice pack. DPS observed redness and minimal swelling. Due to employee c/o of pain DPS recommended employee have injury medically evaluated. Employee medically excused for rest of work-day, returned to work with minimal work restrictions. Velcro strips purchased for laptops to reduce ability for child to pull off the desk top.
- 9/9 – BF pump issued 8/2/13, last ppt appointment 1/29/14, no response to requests for return. Reported to BSI for investigation.
- 9/9 – BF pump issued 9/3/13, last ppt appointment 3/31/14, no response to requests for return. Reported to BSI.
- 9/9 – BF pump issued 2/26/14, no response to requests for return. Reported to BSI.

**Committee recommendation:** Committee recommended WIC staff contact MOMS RN's to determine if RN's can assist with pump return for mutual clients. Another suggestion is to contact the Pediatrician/Health

Provider to see if they have current contact information. Action – DPS will report recommendations to WIC Director.

**WIC Participant Complaint** – Ppt telephoned WIC Director 5/22/14 and requested no future appointments with a specific Nutritionist (CPA). Ppt reported CPA questions and statements were judgmental. The [CPA] "made me feel guilty about stopping BF" (her 21 mo old). Ppt "has lost 10 # during current pregnancy & her OB is not concerned" said CPA "made me feel guilty about it". Also CPA questions made her feel guilty about the amount of TV her child watched. WIC Director met with CPA, reviewed and counseled regarding the ppt c/o's. Complaint investigation completed 6/27/14.

**Committee Recommendations:** When appropriate for future concerns, recommended having the ppt (if agreeable) and employee meet to review the ppt concerns. Director may want to be present depending on the nature of the concern and employee title. **Action – DPS will relay recommendation to WIC Director.**

**Infection Control Report – Melissa Gatch,** noted the TCHD Clinic Negative Pressure Room has been "reserved" by Cayuga County Health Department for TB case/consultant visits on several occasions. Melissa assists with the coordination and follow-up routine infection control. Clients, when infectious arrive with a mask on and Melissa escorts them to the room.

Melissa noted the Infection Control clinic sheets completed by the nurses are working well; Karen Bishop maintains the sheets in a log book.

**Committee Recommendations:** continue as planned.

**CHS Chart Review** – Kathy Taves on leave. QA record reviews will be reported at the December 16 meeting.

#### Member Updates

- Marge Strosnider – Provided an updated list of food bank resources. The list is temporary until their new brochure is ready. Transportation is big concern for food banks; it is difficult to reach rural areas. Lori noted CHS frequently receives calls about how to apply for food stamps. DSS and Catholic Charities occasionally send staff to food banks for outreach.
- VNS – Sue Ellen reported they have a new telehealth program starting soon. VNSO will rent 5 Bluetooth devices which don't require a landline or cell phone. RN'S will be able to monitor vital signs and have an interactive response system including medication and blood glucose reminder calls. There is no reimbursement at this point for the service. Another initiative includes BIP (balanced incentive program) a 14 mo grant for Medicaid (MA) recipients in partnership with COFA and CMA. Goal is to reduce ER visits and hospitalizations. Program will be voluntary for anyone with MA but will focus on medication management for those with behavioral health, substance abuse concerns that need MH referrals.
- Jennifer Grier – Reported she has been meeting with the Tompkins County Privacy Security Officer monthly and is now meeting weekly to review and tailor HIPAA template policies to fit CHS needs. They have performed a security review on paper record storage and will be completing compliance surveys. They plan to send the policies to TCHD senior leadership for review.
- Sigrid Connors – Gave an update on the Certified Medical Record Specialist. They are scheduled to meet with her September 23. They hope to complete a contract and schedule an on-site record review.
- William Klepack – Noted there has been considerable attention recently on Ebola. There has been good coordination with the colleges on screening, the identification of risk factors and education to their students and faculty regarding travel alerts. He also spoke about a national slow-down in influenza vaccine roll-out. Apparently the vaccine is not growing as rapidly as expected. TCHD expects to receive 50% of their order this week. Staff said area pharmacies contacted do have vaccine and are making appointments. Melissa said the 1<sup>st</sup> influenza B case was reported this week.

Community Health Quality Assurance Meeting Minutes

Lastly, the EV-D68 is noted to be a cyclical viral illness. It has been recognized for decades but is particularly problematic for infants, children and teenagers. Our public health message is to emphasize prevention, hand-washing, respiratory hygiene and staying home when sick.

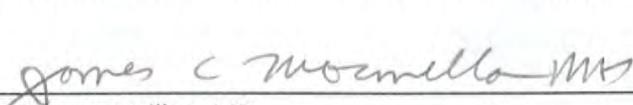
- Karen Bishop said a documentary on vaccination "The Invisible Threat" will be shown 7 pm on September 17 at Cinemapolis. A local pediatrician will be available for Q & A after the film. The Immunization Coalition is sponsoring to film.

**Next meeting:** December 16, 2014

Respectfully submitted,  
Sigrid Larsen Connors, Director of Patient Services  
September 16, 2014

---

  
Date 12/23/14  
William Klepack, MD  
Medical Director, Tompkins County Health Department

  
Date 1/27/2015  
James Macmillan, MD  
President, Tompkins County Board of Health

N.Y.S. Department of Health  
 Division of Epidemiology  
 Communicable Disease Monthly Report\*, DATE: 03FEB15  
 Through December  
 Rates are defined as: Cases/100,000 population/Month

County=TOMPKINS

Disease	2014		2013		2012		2011		Ave (2011-2013)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
AMEBIASIS	2	2.0	1	1.0	1	1.0	0	0.0	1	1.0
ANAPLASMOSIS**	2	2.0	1	1.0	0	0.0	1	1.0	1	1.0
BABESIOSIS**	1	1.0	0	0.0	0	0.0	0	0.0	0	0.0
CAMPYLOBACTERIOSIS**	21	20.5	21	20.5	20	19.5	38	37.1	26	25.4
CHIKUNGUNYA**	2	2.0	0	0.0	0	0.0	0	0.0	0	0.0
CRYPTOSPORIDIOSIS**	12	11.7	13	12.7	13	12.7	15	14.6	14	13.7
E.COLI 0157:H7	1	1.0	0	0.0	0	0.0	0	0.0	0	0.0
EHEC, SEROGROUP NON-O157	5	4.9	7	6.8	0	0.0	2	2.0	3	2.9
EHRlichiosis (Chafeensis) **	1	1.0	0	0.0	0	0.0	0	0.0	0	0.0
ENCEPHALITIS, OTHER	0	0.0	1	1.0	1	1.0	0	0.0	1	1.0
GIARDIASIS	25	24.4	15	14.6	18	17.6	18	17.6	17	16.6
HAEMOPHILUS INFLUENZAE, NOT TYPE B	1	1.0	0	0.0	1	1.0	2	2.0	1	1.0
HEPATITIS A	1	1.0	0	0.0	1	1.0	0	0.0	0	0.0
HEPATITIS B,ACUTE	2	2.0	0	0.0	0	0.0	1	1.0	0	0.0
HEPATITIS B,CHRONIC	13	12.7	9	8.8	12	11.7	7	6.8	9	8.8
HEPATITIS C,ACUTE	5	4.9	4	3.9	4	3.9	0	0.0	3	2.9
HEPATITIS C,CHRONIC	101	98.5	75	73.1	93	90.7	59	57.5	76	74.1
HERPES INF, INFANT =< 60 DAYS	0	0.0	0	0.0	3	2.9	0	0.0	1	1.0
INFLUENZA A, LAB CONFIRMED	234	228.2	96	93.6	149	145.3	118	115.1	121	118.0
INFLUENZA B, LAB	33	32.2	68	66.3	12	11.7	38	37.1	39	38.0

CONFIRMED										
INFLUENZA UNSPECIFIED, LAB CONFIRMED	0	0.0	1	1.0	0	0.0	1	1.0	1	1.0
LEGIONELLOSIS	2	2.0	4	3.9	2	2.0	0	0.0	2	2.0
LISTERIOSIS	0	0.0	2	2.0	1	1.0	0	0.0	1	1.0
LYME DISEASE** ****	30	29.3	43	41.9	21	20.5	145	141.4	70	68.3
MALARIA	1	1.0	2	2.0	0	0.0	2	2.0	1	1.0
MENINGITIS, ASEPTIC	0	0.0	1	1.0	1	1.0	6	5.9	3	2.9
PERTUSSIS**	14	13.7	10	9.8	95	92.6	14	13.7	40	39.0
SALMONELLOSIS	8	7.8	16	15.6	14	13.7	13	12.7	14	13.7
SHIGELLOSIS	1	1.0	1	1.0	5	4.9	0	0.0	2	2.0
STREP,GROUP A INVASIVE	4	3.9	2	2.0	7	6.8	2	2.0	4	3.9
STREP,GROUP B INVASIVE	12	11.7	7	6.8	6	5.9	3	2.9	5	4.9
STREP,GROUP B INV,EARLY/LATE ONSET	1	1.0	1	1.0	1	1.0	1	1.0	1	1.0
STREP PNEUMONIAE,INVASIVE	9	8.8	7	6.8	5	4.9	6	5.9	6	5.9
TUBERCULOSIS***	4	3.9	1	1.0	4	3.9	3	2.9	3	2.9
VIBRIO - NON 01 CHOLERA	0	0.0	0	0.0	1	1.0	0	0.0	0	0.0
WESTNILE VIRUS**	1	1.0	0	0.0	0	0.0	1	1.0	0	0.0
YERSINIOSIS	3	2.9	2	2.0	1	1.0	0	0.0	1	1.0
SYPHILIS TOTAL.....	12	11.7	3	2.9	5	4.9	2	2.0	3	2.9
- LATE LATENT	1	1.0	2	2.0	1	1.0	0	0.0	1	1.0
- P&S SYPHILIS	9	8.8	1	1.0	3	2.9	2	2.0	2	2.0
- EARLY LATENT	2	2.0	0	0.0	1	1.0	0	0.0	0	0.0
GONORRHEA TOTAL.....	64	62.4	45	43.9	33	32.2	39	38.0	39	38.0
- GONORRHEA	64	62.4	45	43.9	31	30.2	39	38.0	38	37.1
- P.I.D.	0	0.0	0	0.0	1	1.0	0	0.0	0	0.0
- GONORRHEA,DISSEMINATED	0	0.0	0	0.0	1	1.0	0	0.0	0	0.0
CHLAMYDIA	358	349.1	274	267.2	288	280.8	275	268.2	279	272.1

\*Based on month case created, or December for cases created in Jan/Feb of following year

\*\*Confirmed and Probable cases counted; Campylobacter confirmed and suspect

\*\*\*Not official number

\*\*\*\* In 2011, 14 counties investigated a sample of positive laboratory results. In 2012 - 2014: 18 counties.

N.Y.S. Department of Health  
 Division of Epidemiology  
 Communicable Disease Monthly Report\*, DATE: 03FEB15  
 Rates are defined as: Cases/100,000 population/Month

County=TOMPKINS Month=January

Disease	2015		2014		2013		2012		Ave (2012-2014)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
CAMPYLOBACTERIOSIS**	0	0.0	1	11.6	0	0.0	2	23.2	1	11.6
CRYPTOSPORIDIOSIS**	0	0.0	1	11.6	1	11.6	0	0.0	1	11.6
GIARDIASIS	1	11.6	0	0.0	1	11.6	1	11.6	1	11.6
HEPATITIS B,CHRONIC	0	0.0	1	11.6	0	0.0	0	0.0	0	0.0
HEPATITIS C,CHRONIC	5	57.9	9	104.2	3	34.7	1	11.6	4	46.3
INFLUENZA A, LAB CONFIRMED	171	1980.4	65	752.8	58	671.7	0	0.0	41	474.8
INFLUENZA B, LAB CONFIRMED	15	173.7	1	11.6	9	104.2	0	0.0	3	34.7
LYME DISEASE** ****	0	0.0	1	11.6	1	11.6	1	11.6	1	11.6
PERTUSSIS**	0	0.0	0	0.0	1	11.6	1	11.6	1	11.6
STREP,GROUP B INVASIVE	1	11.6	2	23.2	1	11.6	0	0.0	1	11.6
STREP PNEUMONIAE,INVASIVE	1	11.6	0	0.0	1	11.6	0	0.0	0	0.0
GONORRHEA TOTAL.....	7	81.1	5	57.9	1	11.6	2	23.2	3	34.7
- GONORRHEA	7	81.1	5	57.9	1	11.6	2	23.2	3	34.7
CHLAMYDIA	23	266.4	19	220.0	21	243.2	21	243.2	20	231.6

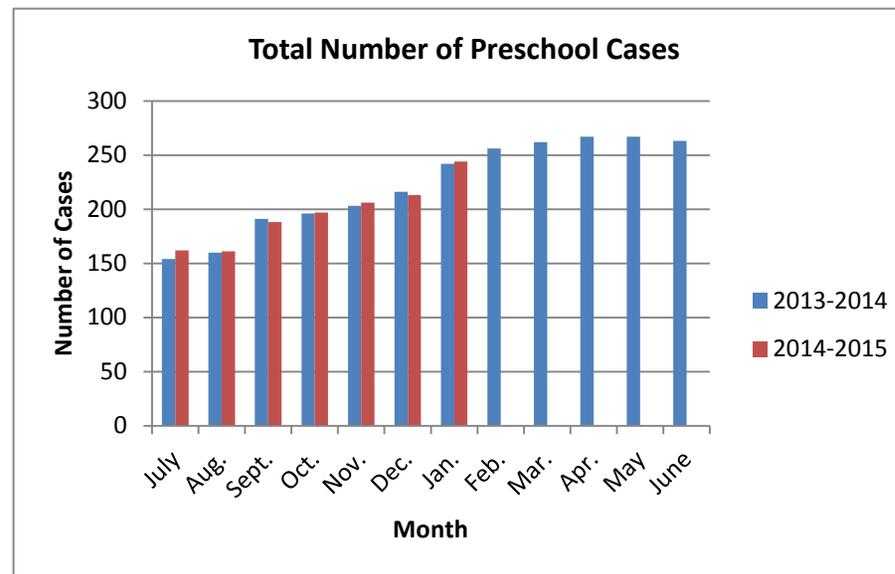
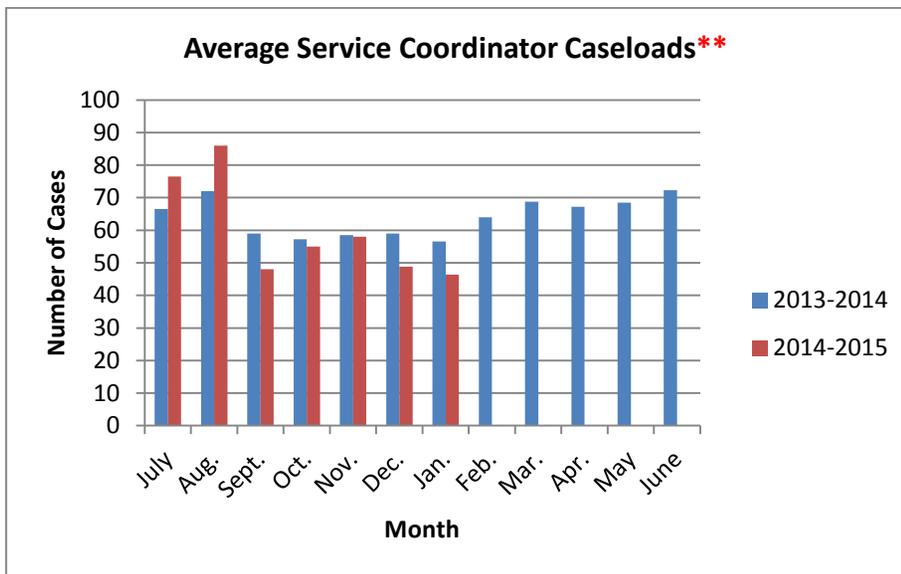
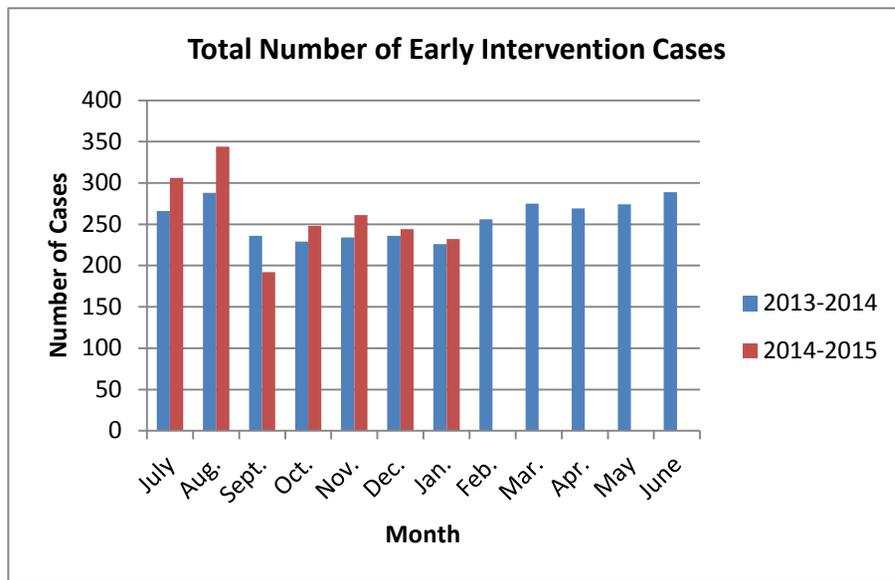
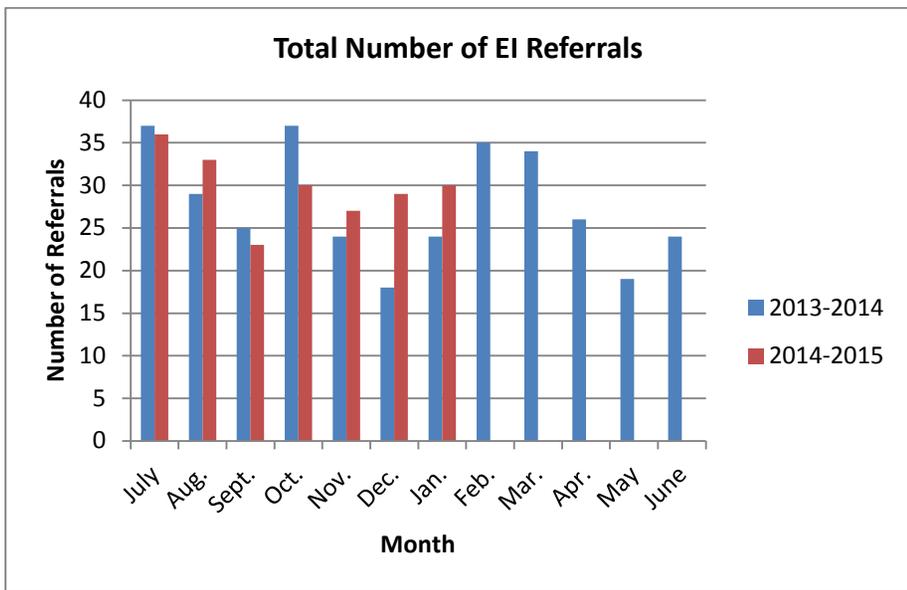
\*Based on month case created, or December for cases created in Jan/Feb of following year

\*\*Confirmed and Probable cases counted; Campylobacter confirmed and suspect

\*\*\*Not official number

\*\*\*\* In 2011,14 counties investigated a sample of positive laboratory results. In 2012 - 2015: 18 counties.

### Statistics Based on Program School Year



**\*\*Beginning December 2014, the number of full-time Service Coordinators increased from 4 to 5.**











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

Ph: (607) 274-6688  
Fx: (607) 274-6695

## ENVIRONMENTAL HEALTH HIGHLIGHTS

### January 2015

#### Outreach and Division News

**Retirement Planning:** We are making preparations in anticipation of Senior Public Health Sanitarian Steven Kern's expected but not yet official retirement in mid-March. Current Sr. San Adriel Shea will be assuming Steven's program areas (mainly the water and on-site sewage programs), and we have posted a vacancy for a Sr. Sanitarian to cover Adriel's current programs (food, temp food, temporary residences, children's camps, and pools and beaches). Steven has been training Adriel in many aspects of his current duties, including use of the SDWIS (State Drinking Water Information System) data base. Additionally, a search committee is being organized to interview the candidates.

**Program Review and Planning:** EH staff are taking advantage of the less-intensive winter months for some programs to do plan and review program activities for the coming year. The Food Service, Temporary Food, Mobile Home Park and Support Staff teams all met one or more times during the month of January.

**Accela:** Brenda Coyle and Liz Cameron continue to work with Katy Prince and Greg Potter from ITS on the Accela permit management software system. Accela is now set up to handle financial transactions in all EH program areas, not just the On-Site Wastewater Treatment System (OWTS) program. Currently, the system is being expanded to collect additional permit information for the Food Service and Temporary Food Programs, and limited operating information for the Public Water Supply program. We are working to get the Accela Citizen portal working for the Food Service Program by late February.

**On-Call System:** EH staff made the transition from previous voluntary call-down list to a system where a designated staff person is on-call for a specified time period without incident. The new system went into effect on February 1.

Brenda Cole, Katy Prince (TC ITS) and Karen Johnson (TCHD – Administration) participated in Official Payments Client Connect Training on the afternoon of February 5. Official Payments is the company that will be handling payments through the Accela public portal. Unfortunately, the training did not meet our needs and a separate training will need to be arranged.

#### Rabies Control Program

There were no confirmed cases of rabies in Tompkins County during January 2015. However, rabies continues to appear in wildlife animals throughout New York State.

The Winter Rabies Clinic was held at the Tompkins County SPCA in January. 62 cats and dogs were vaccinated during this clinic.

Key Data Overview				
	This Month	YTD 2015	YTD 2014	TOTAL 2014
<b>Bites<sup>1</sup></b>	10	10	9	167
<b>Non Bites<sup>2</sup></b>	1	1	1	86
<b>Referrals to Other Counties</b>	1	1	5	43
<b>Submissions to the Rabies Lab</b>	7	7	7	190
<b>Human Post-Ex Treatments</b>	2	2	3	103
<b>Unvaccinated Pets 6-Month</b>	0	0	0	0

<b>Quarantined<sup>3</sup></b>				
<b>Unvaccinated Pets Destroyed<sup>4</sup></b>	0	0	0	0
<b>Rabid Animals (Lab Confirmed)</b>	0	0	0	12

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

<sup>2</sup>"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.

<sup>3</sup>When 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.

<sup>4</sup> 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.

<b>Reports by Animal Type</b>												
	<b>Bites</b>				<b>Animals sent to the NYS Rabies Laboratory</b>				<b>Rabid Animals</b>			
	Mo	YTD 2015	YTD 2014	Total 2014	By TCHD	By Cornell	Totals		Mo	YTD 2015	YTD 2014	Total 2014
							Mo	YTD				
<b>Cat</b>	3	3	5	58	0	0	0	0	0	0	0	0
<b>Dog</b>	7	7	3	94	1	0	1	1	0	0	0	0
<b>Cattle</b>	0	0	0	0	0	0	0	0	0	0	0	0
<b>Horse/Mule</b>	0	0	1	1	0	0	0	0	0	0	0	0
<b>Sheep/Goat</b>	0	0	0	0	0	0	0	0	0	0	0	0
<b>Other Domestic</b>	0	0	0	0	0	0	0	0	0	0	0	0
<b>Raccoon</b>	0	0	0	1	0	0	0	0	0	0	0	3
<b>Bats</b>	0	0	0	6	3	3	6	6	0	0	0	5
<b>Skunks</b>	0	0	0	2	0	0	0	0	0	0	0	3
<b>Foxes</b>	0	0	0	0	0	0	0	0	0	0	0	0
<b>Other Wild</b>	0	0	0	5	0	0	0	0	0	0	0	1
<b>Totals</b>	<b>10</b>	<b>10</b>	<b>9</b>	<b>167</b>	<b>4</b>	<b>3</b>	<b>7</b>	<b>7</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>12</b>

**Food Program**

The results of food service establishment inspections conducted in Tompkins County can be viewed directly on the Environmental Health website (<http://www.tompkinscountyny.gov/health/eh/food/index>). Inspections can be sorted to meet the needs of the viewer (by facility, date, etc.) by clicking on the column heading of interest. This is a valuable tool for easily providing information to the public.

***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:**

- |  |  |
|--|--|
| Arby's, C-Ithaca                       | Collegetown Bagels – East Hill, T-Ithaca |
| Barnes and Noble Booksellers, C-Ithaca | Corner Store, C-Ithaca                   |
| Borg Warner Building #2, V-Lansing     | Domino's Pizza, C-Ithaca                 |
| Buffalo Wild Wings, C-Ithaca           | Drop-in Children's Center, C-Ithaca      |
| Burger King #12983, T-Ithaca           | Dunkin Donuts, T-Lansing                 |
| Burger King #2734, C-Ithaca            | Dunkin Donuts, V-Dryden                  |
| Capital State Kitchen, C-Ithaca        | Dunkin Donuts – East Hill, T-Ithaca      |
| Coalyard Café, C-Ithaca                | Dunkin Donuts – Elmira Rd., C-Ithaca     |

Dunkin Donuts – Meadow St., C-Ithaca  
 Foodnet – Titus Towers, C-Ithaca  
 Freddy's Place, T-Newfield  
 Ithaca Housing Authority, C-Ithaca  
 LCSD-RC Buckley Elementary School, T-Lansing  
 Lansing Pizzeria, T-Lansing  
 Mark's Pizzeria, C-Ithaca  
 McDonalds-Elmira Rd., C-Ithaca

On the Street, C-Ithaca  
 Spicy Asian, C-Ithaca  
 Stella's Barn & Grill, T-Newfield  
 Subway #33776, T-Ithaca  
 Subway-Catherwood Drive, V-Lansing  
 Subway-Walmart, C-Ithaca  
 TC Action – Casey Center, V-Dryden  
 Wings Over Ithaca, 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.

No HACCP inspections were conducted this month.

*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:**

None

*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:**

**Dryden Community Center Café, V-Dryden**

Potentially hazardous foods were not kept at or below 45°F during cold holding. Product in a food storage cooler was observed to be at 61°F. The product was removed from the cooler and chilled to 45°F or less before return to service.

**Chili's Grill & Bar, C-Ithaca**

Enough refrigerated storage equipment was not maintained so that potentially hazardous foods were kept at or below 45°F during cold holding. Products in a cooler were observed to be at 55-56°F. The products were discarded during the inspection.

**Mark's Pizzeria, V-Groton**

Cooked or prepared foods were subject to cross-contamination from raw foods. The raw foods were discarded during the inspection.

**Tamarind, C-Ithaca**

Toxic chemicals were stored so contamination of food could occur. Storage was rearranged during the inspection.

Potentially hazardous foods not stored at or below 45°F during cold holding. Product in a cooler was observed to be at 54°F. The product was removed from service and rapidly chilled to 45°F or less before use.

**Chipotle, C-Ithaca**

Potentially hazardous foods were not kept at or above 140°F during hot holding. Product in a hot holding unit was observed to be at 122°F. The product was removed from service and rapidly reheated to 165°F before return to service.

*Temporary Food Service Operation Permits are issued for single events at one location. The Food Protection Program issued 4 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:**

Purity Ice Cream, C-Ithaca

Ruloff's, C-Ithaca

**Plans Approved:**

Ithaca Press, C-Ithaca

Purity Ice Cream, C-Ithaca

Spring Buffet, C-Ithaca

**New Permits Issued:**

Ever D'Licious Café, V-Lansing

Ruloff's, C-Ithaca

Unwind, V-Lansing

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

**Engineering Plans Approved**

None

**Problem Alerts/Emergency Responses**

- 15-01-02 Country Garden Apartments, T-Dryden. Boil Water Order (BWO) issued 2/9/15 due to broken chlorine pump. Repairs being arranged.
- 14-01-21 Country Garden Apartments, T-Dryden. BWO issued 1/6/15 due to low water pressure. Strainer cleaned between well and storage tank and chlorine residual checked. BWO released 1/6/15.
- 14-01-21 Country Garden Apartments, T-Dryden. BWO issued 12/16/14 due to drained storage tank. BWO to be released when normal operating conditions are re-established.

BWOs remain in effect at:

- 14-01-15 Bradford Apartments, T-Dryden. BWO issued 7/29/14 due to lack of chlorine in the distribution system. Currently under Board of Health Orders.
- 14-01-05 Upstate NY Nazarene Camp, T- Caroline. BWO issued 5/29/14 due to inadequate chlorine and unapproved modifications to a well. Engineer developing plans. Seasonal operation. Will correct by next operating season.

**Healthy Neighborhoods Program**

HEALTHY NEIGHBORHOODS PROGRAM	MONTH	YTD 2015	YTD 2014	Total 2014*
# of Initial Home Visits	27	27	35	426
# of Revisits	14	14	11	98

# of Asthma Homes (initial)	4	4	4	67
# of Homes Approached	69	69	35	2034

\*Covers the calendar year (January through December)

### Updates

Our Project Assistant, Gibrian Hagood, ended his position on January 16, 2015.

### Outreach

- On January 12, Gibrian attended the DSS Healthy Living Class (10 reached, 2 visits).
- Pat conducted outreach at the SPCA Rabies Clinic on 1/14/15 (at least 50 reached).
- On 1/15/15, Samantha and Gibrian presented at the CCE Radon Workshop (55 reached, 1 visit). Samantha and Gibrian also distributed flyers at the Southside Lifelong MLK lunch (50 reached).
- On 1/19/15, Samantha Distributed flyers at the BJM Elementary MLK lunch (100 reached).
- On 1/23/15 Pat provided HNP flyers to Enfield Grange secretary for upcoming events.
- On 1/29/15, Samantha and Pat attended the Lead Program meeting. One of the Section 8 inspectors reported that following a referral from HNP about positive lead paint in a home child care facility in Downtown Ithaca, she followed up and sent a "fail letter" to the landlord. The landlord had 30 days to make repairs and Section 8 will re-inspect in early February. This is part of an ongoing partnership with Section 8.
- On 1/30/15, Samantha tabled at the Alternatives' Credit Union for Member Appreciation Day (20 reached, 3 visits). I was also introduced to the mortgage loan officer who works with first time home buyers and he will start referring clients to HNP.

### Childhood Lead Program

CHILDHOOD LEAD PROGRAM	MONTH	YTD 2015	YTD 2014	TOTAL 2014
<b>A: Active Cases (total referrals):</b>				
<b>A1: # of Children w/ BLL&gt;19.9ug/dl</b>	0	0	0	0
<b>A2: # of Children w/ BLL 10-19.9ug/dl</b>	0	0	1	5
<b>B: Total Environmental Inspections:</b>				
<b>B1: Due to A1</b>	0	0	0	3
<b>B2: Due to A2</b>	0	0	1	8
<b>C: Hazards Found:</b>				
<b>C1: Due to B1</b>	0	0	0	0
<b>C2: Due to B2</b>	0	0	1	6
<b>D: Abatements Completed:</b>	0	0	0	0
<b>E: Environmental Lead Assessment Sent:</b>	0	0	1	5
<b>F: Interim Controls Completed:</b>	0	0	0	3
<b>G: Complaints/Service Requests (w/o medical referral):</b>	3	3	5	55
<b>H: Samples Collected for Lab Analysis:</b>				
- Paint	0	0	0	0
- Drinking Water	0	0	0	0
- Soil	0	2	0	2
- XRF	0	6	1	6
- Dust Wipes	0	6	1	6
- Other	0	1	0	1

### Status of Enforcement Actions

*Office Conference Scheduled:* None

*Office Conferences Held:* None

*Violation of BOH Orders:* None

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

- State Diner, C-Ithaca, Stavros Stavropoulos, owner: repeat food service violations, signed Stipulation Agreement with PHD Orders on 9/30/2014; BOH assessed \$400 penalty on 10/28/2014; **payment received, case closed.**
- Argos Inn, C-Ithaca, Avi Smith, owner: violation of BOH Orders regarding Temporary Residence Permit; BOH assessed \$750 penalty on 1/27/2015; **awaiting payment.**
- Best Western University Inn, T-Ithaca, Terry Terry, manager: violation of BOH Orders regarding Temporary Residence Permit; BOH assessed \$1250 penalty on 1/27/2015; **awaiting payment.**
- New Delhi Diamonds, C-Ithaca, G&S Restaurant of Ithaca, owner: food service violations; Stipulation Agreement with PHD Orders signed 12/12/2014; BOH assessed \$400 penalty on 1/27/2015; **awaiting payment.**
- Econo Lodge, T-Ithaca, Jay Bramhandkar, owner: food service violation, Stipulation Agreement with PHD Orders signed 11/20/2014; BOH assessed \$500 penalty 1/27/2015; **awaiting payment.**
- Travelers' Kitchen, mobile, Eric Bean, owner: temporary food service violations; Stipulation Agreement with PHD Orders signed 12/22/2014; BOH assessed \$800 penalty on 1/27/2015; **awaiting payment.**
- 22 Station Road, T-Newfield, Michael McEver, owner: sewage violations, signed Stipulation Agreement with PHD Orders on 7/15/2014; BOH issued Orders to abate the violation on 8/26/2014 and 9/23; **awaiting compliance.**
- Bradford Apartments, T-Dryden, Jeremiah Bradford, owner: water system violations; did not attend office conference or accept Stipulation Agreement; Administrative Hearing held 8/5/2014, results received by BOH; BOH assessed \$1500 penalty and issued Orders for abatement of violations on 8/26/2014, BOH assessed \$3000 penalty and issued Orders of Abatement on 12/02/2015; **awaiting compliance (first penalties sent to collection – below).**
- Newfield Estates, T-Newfield, Keith Hoffman, operator: sewage violations, signed Stipulation Agreement with PHD Orders on 7/23/2014; BOH issued Orders to abate the violations on 8/26/2014; **awaiting compliance.**
- Bell-Gate MHP, Greg Carman, owner: water and mobile home park violations; Hearing Officer issued Findings of Fact, ruling that violations occurred; and violation of BOH Orders for continued non-compliance; BOH assessed a \$4800 penalty and Orders for Compliance on 7/22/2014; **awaiting payment and compliance (penalties sent to collection – see below). Ownership has changed.**
- Ulysses WD #3, T-Ulysses, Doug Austic, operator: water system violation; signed Stipulation Agreement with PHD Orders on 10/30/2013; BOH issued Orders for compliance on 12/10/2013; on 6/24/2014 extended compliance deadline; **awaiting compliance.**
- 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.**
- Beaconview MHP, T-Dryden; Rudy George, owner: Violation of BOH Orders regarding water system violations (see below); BOH assessed \$800 penalty on 12/10/13; **payment received, awaiting compliance,**
- 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; further BOH action scheduled for 12/10/2013; on 6/24/2014 BOH extended compliance deadline; **payment received, awaiting compliance.**

***Referred to Collection:***

- CC's, C-Ithaca, Jian Wang
- P&Y Convenience, T-Lansing, Min Gyu Park
- William Crispell, T-Caroline – two penalties
- 1795 Mecklenburg Road, T-Enfield, V. Bruno
- Bell-Gate MHP, T-Enfield, Greg Carman, three actions
- Bradford Apartments, T-Dryden, Jeremiah Bradford



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

**CERTIFIED AND REGULAR MAIL**

February 13, 2015

Mr. Franklin Wells  
Fraternal Order of Eagles #1253  
161 Cecil Malone Drive  
Ithaca, NY 14850

**Re: Tompkins County Board of Health Draft Resolution # EH-15-0002  
Fraternal Order of Eagles #1253; CIAA Waiver Request**

Dear Mr. Wells:

The request for a waiver renewal from the New York State Public Health Law Section 1399 and Tompkins County Local Law #3 of 2003, for the Fraternal Order of Eagles #1253 has been received.

Enclosed is a copy of the Draft Resolution that the Tompkins County Board of Health will consider at its meeting on **Tuesday, February 24, 2015**. 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

Enclosures – Draft Resolution and Waiver Request

pc: F:\EH\TOBACCO\CIAA\Waivers\2015\Eagles Draft Res EH-15-0002.docx  
ec: Tompkins County Board of Health (via; Shelley Comisi, TCHD)  
Ithaca Building Department; Mayor Myrick Ithaca- City; Leslyn McBean-Clairborne, TC Legislature; TCHD: Elizabeth Cameron, P.E., Director of Environmental Health; Frank Kruppa, Public Health Director; Steven Kern; Skip Parr; Eric Shearer; Brenda Coyle  
scan: Signed copy to Accela

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

Ph: (607) 274-6688  
Fx: (607) 274-6695

**DRAFT RESOLUTION # EH-15-0002 FOR**

**CIAA Waiver Renewal Request  
Fraternal Order of Eagles #1253  
161 Cecil Malone Drive, C-Ithaca  
Ithaca, NY 14850**

**Waiver Requested:** From the New York State Public Health Law Section 1399-o "Smoking shall not be permitted and no person shall smoke in the following indoor areas: 1. Places of employment; 2. Bars; 3. Food service establishments..." and Tompkins County Local Law 3 of 2003 Section 72-7.1 "Smoking shall not be permitted and no persons shall smoke in the following areas: (a.) Places of employment; (b.) Bars; (c.) Food service establishments" so that smoking may be allowed in one room adjacent to the bar area.

**Whereas,** the Tompkins County Board of Health first approved such a waiver for 365 days (renewable) on February 8, 2005, pending certain conditions; **and**

**Whereas,** those conditions were met and a waiver was issued for 365 days effective February 23, 2005; **and**

**Whereas,** the waiver was renewed annually for a period of 365 days; the last time effective March 25, 2014; **now therefore be it**

**Resolved,** that the Tompkins County Board of Health hereby issues a waiver from the New York State Clean Indoor Air Act and the Tompkins County Local Law 3 of 2003 for a period of 365 days effective March 25, 2015, to allow smoking in a separate room adjacent to the bar area of the Eagles Club, with the stipulations of the original Board of Health action of February 8, 2005, effective March 25, 2015 through March 24, 2016.

**Additional Information Regarding Clean Indoor Air Act Waiver  
At  
The Fraternal Order of Eagles #1253**

- The waiver applies only to the space identified as the "smoking room", located at the extreme northeast corner of the building, and measuring approximately 24' by 25'.
- No service by employees is allowed in the smoking room, and entry to the smoking room is prohibited to persons under the age of 18. Smoking is allowed only in the smoking room. Signs, acceptable to the Tompkins County Board of Health, indicating these restrictions must be posted at all entrances to the establishment and at the entrance to the smoking room.
- A separate entrance for the smoking room must be maintained leading into the building and fitted with a self-closing door.
- A curtain or barrier must remain hanging from the ceiling along the length of the folding door as a barrier from smoke drifting through the gap. This barrier must extend from the ceiling to below the gap over the folding door.
- Whenever smoking is allowed in the smoking room, the interior doors must be kept closed and the fan that exhausts air to the outdoors must be run. This fan must be large enough to create a negative pressure in this room relative to the rest of the building.
- Tompkins County Health Department staff will visit the site to verify that these accommodations are in still in effect every year before recommending the waiver goes to the Board of Health.
- The Tompkins County Board of Health may revoke the waiver if these conditions are not complied with.
- The waiver will expire 365 days after approval. A request for an extension, if desired, must be submitted in writing, along with the appropriate fee, at least two weeks before the Board of Health meeting prior to expiration.

Waiver provisions exist in the State and Local Laws to allow for accommodations to be made for undue financial hardship. Waivers were only allowed immediately following the implementation of the State and Local Laws. Applicants were to show the effect the first year of the Laws had on their business relative to the three years before. This waiver was the only one formally requested with the appropriate application and documentation by any facility in Tompkins County.

Tompkins County Health Department  
Environmental Health Division  
410 Harris B dates drive  
Ithaca NY 14850

January,12,2015

*100 OK  
# 75  
R # 250  
1/12*

RE: Fraternal Order of Eagles #1253  
CIAA Waiver Renewal Request

In 2005 our application was approved for a waiver from the provisions of the New York State Clean Indoor Act and Tompkins County Local Law of 2003, to allow smoking in a separate room adjacent to the bar area of the Eagles Club. The approval of our application took place at the Tompkins County Board of Health meeting held on 8 February 2005.

Please consider this letter as our request for an extension of this waiver to cover the next 12 months through February 2016 the renewal fee of \$75.00 is enclosed. The waiver has made a difference in our business Volume which has allowed us to continue our charitable donations with in The Tompkins county Community.

As always your representatives are welcome to tour our facilities at 161 Cecil A. Malone Drive in Ithaca. If you need any other information please contact me . We have maintained the physical environment as was present in our original application when our waiver was originally granted.

Sincerely:

Franklin Wells

*Franklin Wells*  
Trustee, Past President

Cell phone 607 227 6656 Home Phone

## DRAFT

February 12, 2015

Senator Thomas O'Mara  
58<sup>th</sup> Senate District  
333 East Water Street  
Suite 301  
Elmira, New York 14901

Re: Evaluations for Children between Birth and Five Years of Age

Dear Senator O'Mara,

I am writing in support of an Executive Order to Modify Legislation regarding the NYS Education Department's (SED) Office of Professions - August memorandum removing the exemption that allowed private non-profit multidisciplinary evaluation programs (MDE) to perform these evaluations.

While we recognize that the NYS SED had a reason for reinforcing this regulation, there are reasons why this is not acceptable. Rural communities do not have the luxury of a large evaluator pool; consequently this restrictive regulation significantly inhibits our ability to provide needed evaluations and services to infants and toddlers. The slow movement in delivery of evaluations provides issues for the very young, due to the significance of and rapid developmental changes during the birth to five timeline.

Thank you for your strong advocacy in this urgent matter regarding children with developmental delays.

For the Board,

Dr. Macmillan, President  
Tompkins County  
Board of Health