

AGENDA
Tompkins County Board of Health
Rice Conference Room
Tuesday, October 27, 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 September 22, 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*** (10 mins.)

Enforcement Action:

1. Resolution #ENF-15-0020 – Dryden Community Center Café, V-Dryden, Violations of Part 14-1 of the New York State Sanitary Code (Food) (5 mins.)
2. Resolution #ENF-15-0021 – Mama Teresa Pizzeria, C-Ithaca, Violations of Part 14-1 of the New York State Sanitary Code (Food) (5 mins.)

12:40 ***Administration*** (20 mins.)

Discussion/Action:

1. Consider recommendations for Board of Health members with terms expiring December 31, 2015 (5 mins.)
2. Consider a position on the joint Public Health and Mental Health Department Head (15 mins.)

1:00 ***Adjournment***

MINUTES
Tompkins County Board of Health
September 22, 2015
12:00 Noon
Rice Conference Room

Present: Will Burbank; David Evelyn, MD, MPH; Brooke Greenhouse; Edward Koppel, MD; James Macmillan, MD, President; Michael McLaughlin, Jr.; and Susan Merkel

Staff: Karen Bishop, Director of Community Health; Liz Cameron, Director of Environmental Health; 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: Sylvia Allinger, Director of Children with Special Care Needs; and Janet Morgan, PhD, Board of Health Member

Guests: Theresa Lyczko, Director, Health Promotion Program; Skip Parr, Senior Public Health Sanitarian; and Jaime White, Public Health Intern

Call to Order: Dr. Macmillan called the regular meeting of the Board of Health (BOH) to order at 12:03 p.m.

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

Announcement: In recognition of “Put Fruit to Work Week” (Attachment 1), the Tompkins County Health Department (TCHD) is offering apples and pears to Board members and staff. Mr. Kruppa hoped everyone would enjoy a piece of fruit.

Introductions: Mr. Kruppa introduced Health Department personnel present at the meeting: Jaime White, Ithaca College student intern in the preparedness program; Theresa Lyczko, Director of the Health Promotion Program; and Skip Parr, Senior Public Health Sanitarian.

Approval of July 28, 2015 Minutes: Dr. Koppel moved to approve the minutes of the July 28, 2015 meeting as written; seconded by Ms. Merkel; and carried unanimously.

Financial Summary: Ms. Grinnell Crosby referred to the written notes in her report. Currently the Preschool Special Education program is in the green. It is being monitored as bills arrive for the summer and the new school year.

In response to questions from Board members, Ms. Grinnell Crosby explained:

- The Medical Examiner program expenses continue to rise. The program does not generate revenue so it is 100% County expense. All counties are required to have

either a coroner or medical examiner, but each county has the option of selecting which one to provide.

- Maintenance in Lieu of Rent is a line item in the budget and an eligible expense under State Aid. TCHD does not pay rent because it owns the facility; the property is a land lease to the County. TCHD is charged maintenance costs by the County for facilities staff to maintain the building, insurance, etc.

Administration Report: Mr. Kruppa briefed the Board regarding concerns about the availability of service providers for children in the Early Intervention (EI) program. When the State took over fiscal administration of the program a few years ago, there were issues with payment so many providers moved away from EI services. The smaller pool of providers has created a waiting list. Tompkins County has been working both regionally and statewide with other counties on this issue, but the State maintains the data shows there are enough providers. In an effort to focus attention specifically on Tompkins County, he has asked the State how it plans to address the issue of our wait list. The State's response will determine our next steps which may include asking for support from the Board and the state representatives for our district. The ultimate goal is to obtain services for the children.

Mr. Kruppa responded to questions from the Board with the following remarks:

- Demand for services has been steadily growing, but the larger issue is the smaller pool of providers. Before the State took over the role of contracting with providers, Tompkins County had that responsibility. There is a need for the State to take a more proactive position on recruitment statewide and not just look at aggregate numbers which do not paint an accurate picture of what is happening in rural, upstate New York.
- In EI, there are timelines for providing services to families. Our program is running up against those timelines. The State is aware of the situation but its response has been that it needs to find the providers. Parents do have due process rights. The County would be held responsible; however, the State would share in that responsibility.

Medical Director's Report: Dr. Klepack updated his reports:

- In August, there were no human cases of West Nile virus or Eastern Equine Encephalitis in New York State. Since that time, nine cases of West Nile virus have been reported downstate. With the frost and cold weather, the mosquito problem will wind down.
- In the last paragraph of *Resuscitation and CPR* of his September report, he wrote about the need to help responders deal with the "potential failures" of the effort. It would be more appropriate to say "adverse outcomes." As he explained, the effort itself is not a failure, but successful outcomes may not occur too frequently.

Discussion regarding Automated External Defibrillators (AEDs):

- Mr. Burbank was pleased to see an AED in the Legislature; however, he does not believe any of the Legislators know how to use one. Ms. Grinnell Crosby assured him there are staff members in each facility who have been trained. When the

next class is scheduled, she will notify Legislators of another opportunity to sign up.

- According to Ms. Grinnell Crosby, 48 AED units were placed throughout the County. 32 were installed in facilities and 16 deployed in vehicles (Sheriff-13 units; Highway-3 units). Approximately 200 people in the County workforce participated in the training.

Division for Community Health Report: Ms. Bishop provided updates to her reports:

- Jeffrey Saeli, Administrative Coordinator in Community Health Services (CHS), has been instrumental in making positive gains in billing processes.
- For several months, the overarching challenge for staff has been the ongoing configuration and work flow processes to implement the Core Solutions Software. Staff members have been working hard at developing forms and templates. The Go Live date of October 1st is uncertain, but the expectation is the system will be in place relatively soon.

Ms. Bishop answered questions from Board members with the following statements:

- TCHD will be providing flu vaccinations beginning October 6th. Ms. Lyczko will be putting out a press release to local media.
- CHS staff will be traveling to community senior housing sites and offering immunizations to those residents.
- The suspect tuberculosis (TB) case described in the September packet is doing well. Culture results can take eight weeks to receive. Until those results are known, the patient will continue to receive the appropriate treatment for TB.
- In the fall, screening testing for tuberculosis increases when daycare workers and emergency responders are tested.

In a follow-up discussion about vaccinations, it was concluded that the Health Department should disseminate factual, clear information. The message to convey to the public is that vaccines save lives. Vaccine protocols have been established by the Advisory Committee on Immunization Practices (ACIP). The best advice is for people to consult their healthcare provider and follow the prescribed schedule.

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

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

Environmental Health Report: Ms. Cameron had nothing to add to her written report.

Acknowledgement: Ms. Merkel publicly thanked Samantha Hillson of the Healthy Neighborhoods Program for visiting her class. Ms. Hillson did a great job presenting information and answering questions.

Resolution #ENF-15-0018-Sammy's Pizzeria, C-Ithaca, Violations of Part 14-1 of the New York State Sanitary Code (Food): Ms. Cameron summarized the restaurant

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had food out of temperature violations. In response to Mr. Burbank's question about the significance of the receipt, Ms. Cameron said the owner sent a copy to show he repaired the equipment.

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

Resolution #ENF-15-0019-GrassRoots World Café, GrassRoots Festival, T-Ulysses, Violations of Part 14-2 of the New York State Sanitary Code (Temporary Food):

Ms. Cameron reported this facility had food out of temperature violations. Staff met with them about their facility. It is a challenge for them to serve a lot of different foods to GrassRoots Festival workers and the public.

Mr. McLaughlin moved to accept the resolution as written; seconded by Dr. Koppel.

Mr. McLaughlin wondered if this is a professional group of people or a handful of volunteers working for the festival. Mr. Parr replied the manager of this operation is from North Carolina but the people who are helping are volunteers. When staff met with them, it was acknowledged that they need to be proactive with training their volunteers. Ms. Cameron noted GrassRoots is supportive of temperature logs to help address their issues. There is also a problem with the electric power at the festival that is being addressed. This is one of the more complex food service operations at GrassRoots.

Mr. McLaughlin raised the question about potentially hazardous violations at a temporary food service event. Mr. Parr said any critical violations need to be corrected before our staff leaves the facility. There is a follow-up inspection the next day if the event lasts more than one day.

Mr. Greenhouse noted there is a temperature log monitoring requirement but asked if a flag will call attention to this when the permit is renewed next year. Ms. Cameron stated the Accela program can check records easily to see any enforcement action associated with a facility.

Ms. Cameron added her staff is working on implementing a food safety education program for temporary food service workers to complete through the EH website. It will be a requirement to ensure workers have the minimum level of food safety education when working at events. Upon successfully completing the program, there will be a certificate. Staff will have a list of the people who have completed the program. She credited Broome County for the idea.

The vote on the resolution, as written, carried unanimously.

Consideration of a position on joint Public Health and Mental Health Department

Head: Mr. Kruppa explained the Board is being offered an opportunity to formally take a position on the County Administrator's proposal to combine Public Health and Mental Health department head positions; however, the Board is not required to take action.

After several months of serving in both department head roles, Mr. Kruppa finds it is no longer sustainable for him to continue without some support or change in department head functions. In addition to a discussion previously held at the BOH, County Administrator Joe Mareane has been gathering information about the restructuring from different sources: the Community Services Board (CSB) for Mental Health, the Health and Human Services Committee, the Legislature, and staff members at both departments.

With that input, he is putting together a written recommendation for the Legislature that reports his findings and incorporates his proposal.

In the organizational plan proposed in the County Administrator's report, the Public Health Director would be the department head for both Public Health and Mental Health departments, a role comparable to a Chief Executive Officer (CEO). In each department, there would be a deputy who would act as Chief Operating Officer (COO). Currently there is a deputy position at Mental Health, but the position is vacant. At Public Health, the Public Health Administrator would be elevated to the title of deputy. An Administrative Assistant position would be created to coordinate the activities of the Public Health Director and to maintain access for staff and community. With the proposed staffing changes, there would be some cost savings to the County.

There are several benefits outlined in the report. "Promoting Mental Health and Preventing Substance Abuse" was identified as a public health priority in the Community Health Improvement Plan. This connects the two departments in a common mission and facilitates discussion and cooperation on health promotion activities. Another area of a shared interest is the Delivery System Reform Incentive Program (DSRIP). This is a Medicaid reform project that seeks to integrate primary care and behavioral health components to reduce emergency room visits. Other benefits include the shared electronic health record system and the potential to coordinate some back-office functions, e.g. purchasing, budgets, etc.

Staff members have expressed concern about access to the department head. This issue could be overcome by putting the proposed staffing supports in place and utilizing available technology. An open door policy would continue to exist. There is also concern about maintaining the community connection. With day-to-day operations being handled by the deputies, the department head would be able to continue to attend important community meetings and lead on issues of mental health, substance abuse, and public health.

As part of the proposal, the County Administrator has built in an evaluation process with two initial phases: a review after one year followed by an in-depth evaluation after three years to determine whether the previously set goals were achieved.

The County Administrator has thought about the alternatives. One option would be to maintain the status quo of two department heads and begin a new search for a Commissioner of Mental Health. Another option would be to merge the two departments. At this point, the County Administrator believes the most effective choice for the County is the combined leadership plan being proposed.

A lengthy discussion ensued with the following highlights:

- Mr. Greenhouse asked about the obstacles to having Mental Health as one division within the Public Health department. Mr. Kruppa noted there is concern on the CSB that the Mental Health department with its priorities and goals remain at the forefront and at the appropriate level within County government structure. By maintaining two separate departments, the people in leadership and/or advisory positions to both organizations can feel comfortable that their issues will remain at the same priority level. The organizational shift and tumult that occurs from joining two departments is not something that has a benefit that outweighs the cost at this time.

- Mr. McLaughlin commented on the challenge the County faced in finding a Commissioner of Mental Health. There is the possibility that having one department head could lead to a different pool of candidates next time. Mr. Kruppa agreed it is never easy to find a department head. After interviewing and not finding a successful candidate, it was thought the one department head structure could be a longer term solution. While it may be difficult to find someone to fit the role, it might also be more appealing to someone who would enjoy some involvement in both departments.
- Mr. McLaughlin wondered about the people who would be in the COO position in each department. Mr. Kruppa reported Brenda Grinnell Crosby would be promoted to the position in the Public Health department. A search would be necessary to fill the vacancy at Mental Health.
- Mr. Greenhouse raised the possibility there could be a broader applicant pool for the Mental Health deputy position. Mr. Kruppa replied the intent is to recruit a deputy with the appropriate credentials and expertise in the mental health field. Tompkins County Personnel Commissioner Amy Guererri has experience in medical recruiting, but it is unknown how easy or difficult it will be to find someone to fill the position.
- Mr. Greenhouse inquired about the likelihood of a conflict between the CSB and BOH. Mr. Kruppa said the potential for conflict always exists when you have two boards, but he believes the benefit of working together would far outweigh any conflict that might arise. The BOH would have a better understanding of the challenges faced by mental health communities and how their needs can be integrated into public health. On the flip side, those providing mental health services are interested in learning and hearing about prevention and health promotion. Ultimately, the Legislature is the arbiter of any conflict between the boards.
- Dr. Klepack thought there could be disagreements about decisions related to the budget and any over target requests. Mr. Kruppa responded that was a staff concern. As department head, he has the responsibility to consider the needs of each department to make appropriate decisions. Each board would have the opportunity to offer input. There are checks and balances built into the budgeting process that provides different groups the ability to address any problems. Those groups include the BOH, CSB, County Administrator, and Legislature.
- Mr. McLaughlin was interested in hearing about the concerns of the people who would be affected by merging the department head positions. Mr. Kruppa said it is an interesting dichotomy. The BOH has been relatively supportive, but the CSB has concerns about maintaining mental health and substance abuse standing in the community and county government. Public Health staff has expressed concern about access to him; however Mental Health staff has been supportive of the idea. It depends on the perspective of the person being asked, but he believes the County Administrator has done a good job listening to people.
- Dr. Klepack shared his thoughts on the proposal. From his own perspective, the primary healthcare provider deals with mental health and substance abuse issues all the time. These are public health issues. A key component is having a deputy who is able to represent and translate the mental health needs and priorities to the

department head. He believes the combined leadership proposal can be successful but recommends two priorities for the department head. First, staff members should feel that he hears them and that the Mental Health deputy is available to support them in their work. Secondly, CSB members must have confidence the department head will be there to work with them on the services needed for the communities they represent.

- Dr. Macmillan questioned whether there needed to be some advocacy interchange between the two boards; not dual membership but a representative who would attend meetings and give input. He suggested it was something to consider.
- Ms. Merkel repeated an earlier question about making “more hours in a day.” According to the New York State Department of Health, Mr. Kruppa said he is Public Health Director twenty-four hours a day, seven days a week. With the appropriate supports in place, he believes it is possible to achieve goals in a reasonable timeframe.
- Dr. Koppel described his experience at Cornell’s health center. Staff is moving toward a collaborative working environment with our mental health professionals. Initially those discussions were difficult. Experts were brought in to educate staff on how to integrate the two areas. It is the wave of the future in medicine so it could be the way in public health as well. Leadership can bring the two groups together over time. He feels representation on both boards is reasonable and suggested interaction between the COOs would be beneficial.
- Dr. Evelyn voiced his strong support for the combined department head proposal. He noted part of the problem with substance abuse and mental health treatment in New York State is this artificial environment that has been created with a statewide department for mental health; a statewide department for substance abuse; and a statewide department of health. There needs to be collaboration to facilitate treatment. The State is moving in that direction by starting to loosen regulations and making those regulations consistent.
- Mr. Burbank remarked he has concerns about the proposal. Although Mr. Kruppa has done a wonderful job laying out the situation, he suggested inviting the County Administrator to present his proposal at a combined meeting of BOH and CSB members.
- There was discussion about the positives and challenges of a joint meeting of the two boards. The positives would be the opportunity for both groups to ask questions with everyone hearing the same presentation and discussion. The challenges would be the logistics of scheduling the meeting in a short period of time and the expectation that there would be an understanding regarding the operations of the other board.
- Mr. Wood advised everyone this is not a decision for either board to make. By law, the County Administrator makes the appointment and seeks approval from the County Legislature. In this situation, Mr. Mareane is seeking input before he makes an important decision which would affect both boards. Mr. Burbank agreed and added that Mr. Mareane has been carefully considering the concerns and opinions being expressed by each board.
- BOH members concurred there would be value in both boards listening and sharing their thoughts.

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- Mr. Kruppa mentioned the CSB will be meeting Monday, October 5th, at 5:30 p.m. to discuss this proposal. He will ask their chairperson about the possibility of an invitation being extended to BOH members to attend that meeting.
- The Board did not take formal action on the proposal. However, Board members were supportive of attending the CSB meeting. Mr. Kruppa will send the minutes from an earlier CSB discussion meeting with the County Administrator. The minutes from this BOH discussion also will be available to the County Administrator.
- Dr. Macmillan expressed the Board's appreciation for Mr. Kruppa's presentation and ability to sit through the follow-up discussion.

Adjournment: At 2:05 p.m. Dr. Macmillan adjourned the meeting.



Celebrate “Fruit & Veggies—More Matters” Month

Put Fruit to Work Week

September 21–25, 2015

Energize our workforce and promote better health

**Choose Fruit for a
satisfying snack on any job!**

www.TompkinsCountyNY.gov/worksite

Dashboard Display thru September 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: October 09, 2015

EXPENDITURES

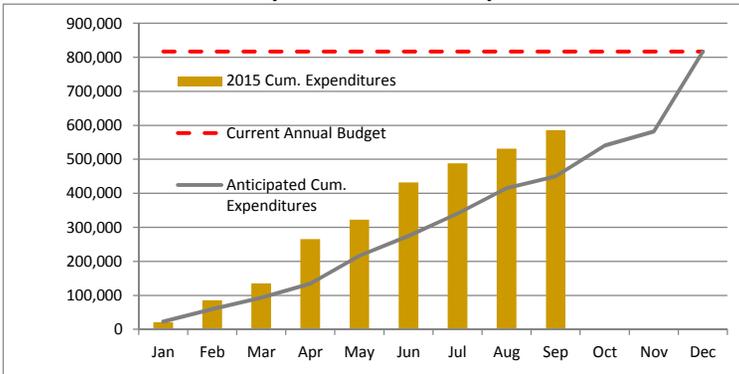
Cumulative to date compared to budget (over budget by more than 15% = Red, between 110% and 115% of budget = Yellow, below 110% of budget = Green)

REVENUES

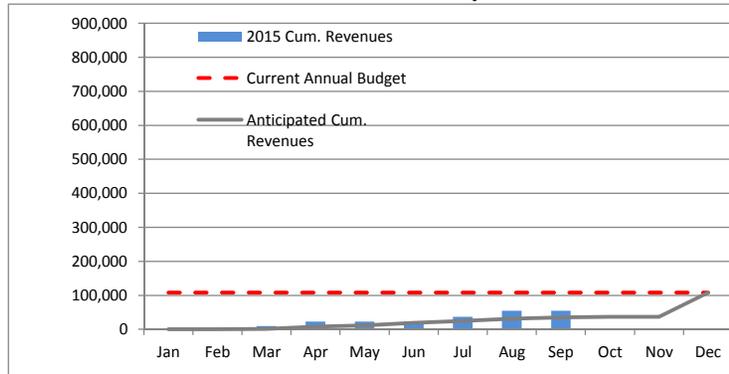
Cumulative to date compared to budget (over = Green, above 90% of budget = Yellow, below 90% of budget = Red)

Health Dept - Planning & Coordination (4010)

Cumulative Expenditures thru September 2015



Cumulative Revenues thru September 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

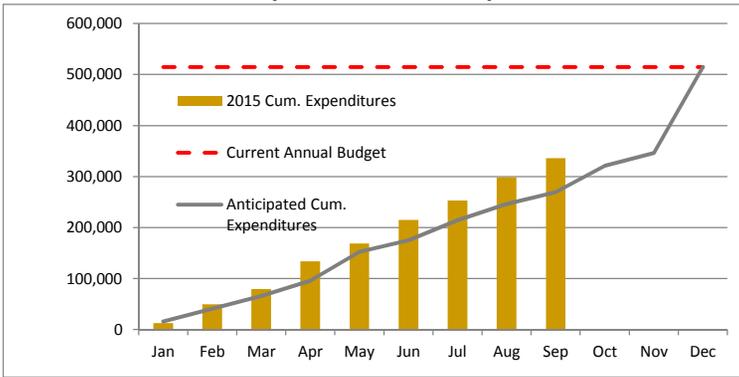
- Cumulative to date compared to budget
- Current month compared to budget
- Current cumulative compared to last year
- Consider review of adopted budget amount

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.

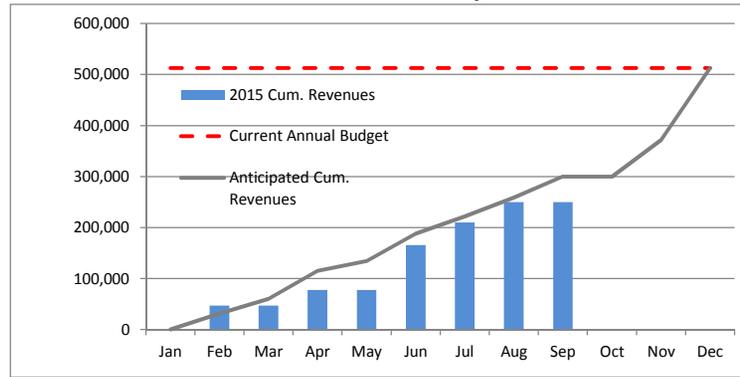
Notes: Expenditures reflected for 2015 are higher as a result of the department paying the Maintenance in Lieu of Rent in full for the year and the County posting a capital project expense in 4010 instead of the capital project account. No fringes were posted for the period thru September for 2014 and 2015 fringes are posted on a regular basis each month.

Health Dept - Women, Infants & Children (4012)

Cumulative Expenditures thru September 2015



Cumulative Revenues thru September 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

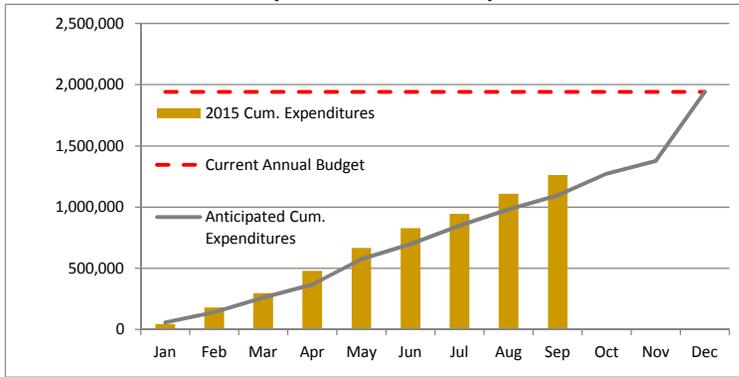
- Cumulative to date compared to budget
- Current month compared to budget
- Current cumulative compared to last year
- Consider review of adopted budget amount

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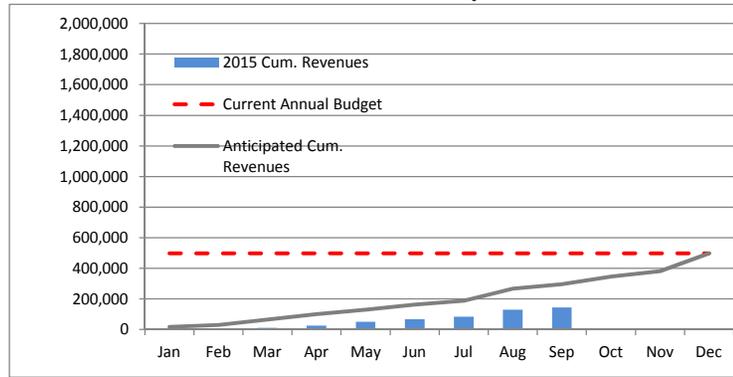
Notes: Expenditures reflected for 2015 are higher primarily due to posting of fringes to the county books (2014 did not include a fringe payment through September). The program also received special funding for a performance improvement project. in 2015. Grant claims are filed on a monthly basis. The program is 100% grant funded.

Health Dept - Division For Community Health (4016)

Cumulative Expenditures thru September 2015



Cumulative Revenues thru September 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

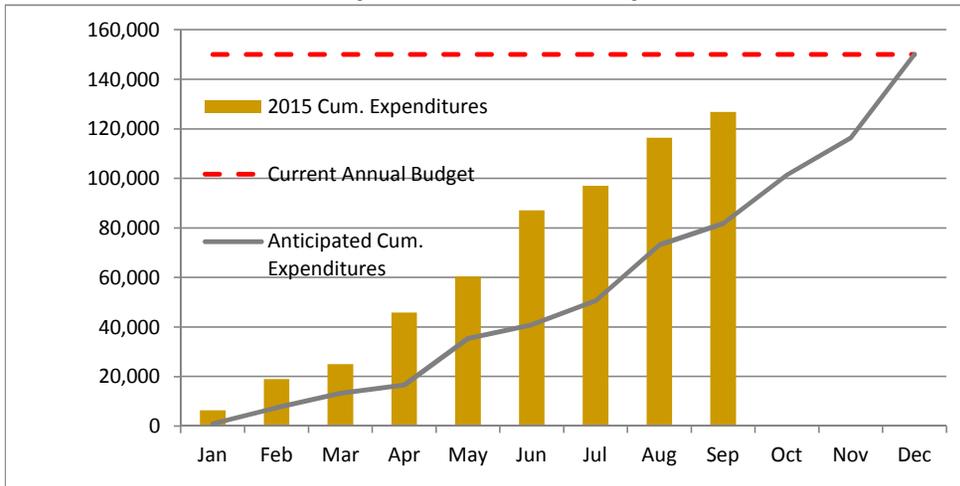
The "Anticipated Cum." line in each graph is derived by calculating the ratio of the average of the prior two years actuals for any given month to the total average actual for those two years and then applying that ratio to the current year's budget.

Notes: Expenditures reflected for 2015 are higher as a result of the department paying the Maintenance in Lieu of Rent in full for the year. No fringes were posted for the period thru September for 2014, fringes in 2015 are being posted on a monthly basis.

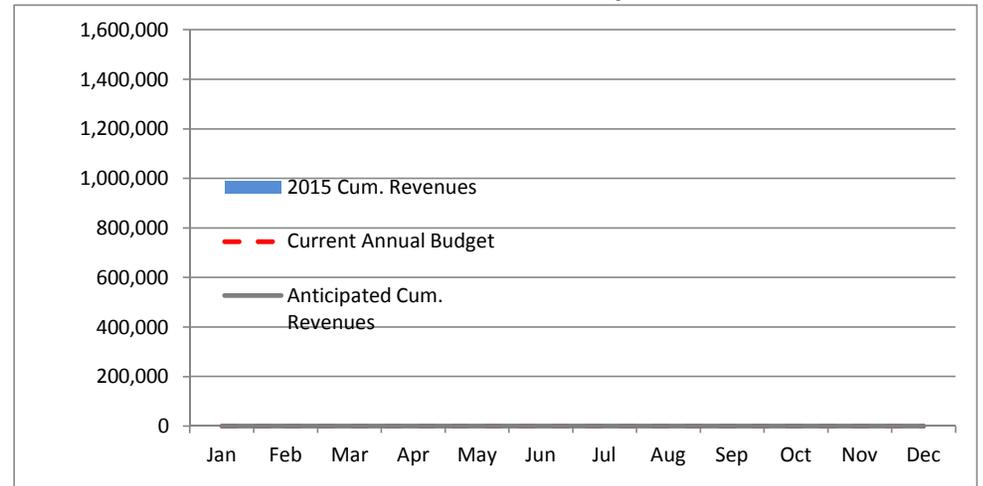
Licensed Home Care Services Agencies (LHCSA) are not permitted to bill Medicaid for home visits. The Department has a contract in place to complete billing with VNS, the prior two years accounted for billing done in house. Revenues in 2014 and 2015 are lower due to timely processing of flu billing and LHCSA billing now processed through VNS. The department has processed a significant number of bills in the past month and are currently awaiting either payment or denial. Prior year flu billing has been denied due to timely filing rules. Billing procedures are currently being drafted.

Health Dept - Medical Examiner Program (4017)

Cumulative Expenditures thru September 2015



Cumulative Revenues thru September 2015

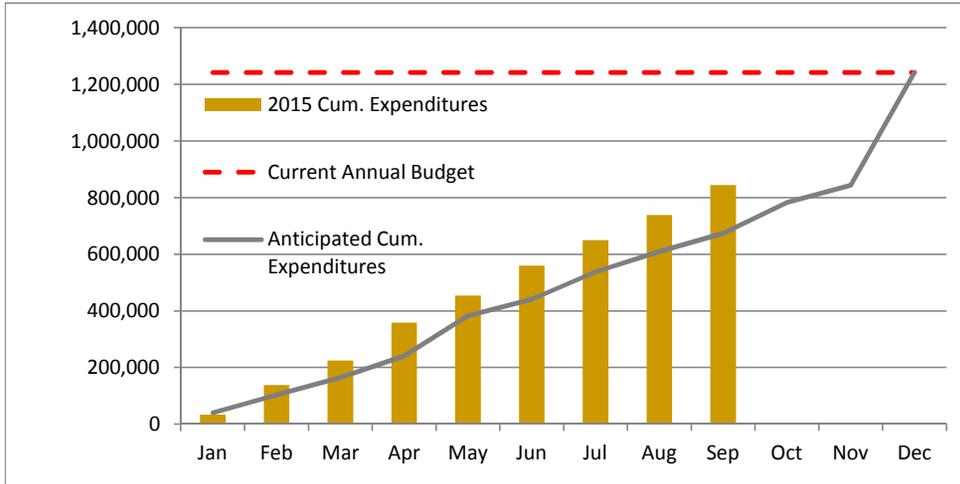


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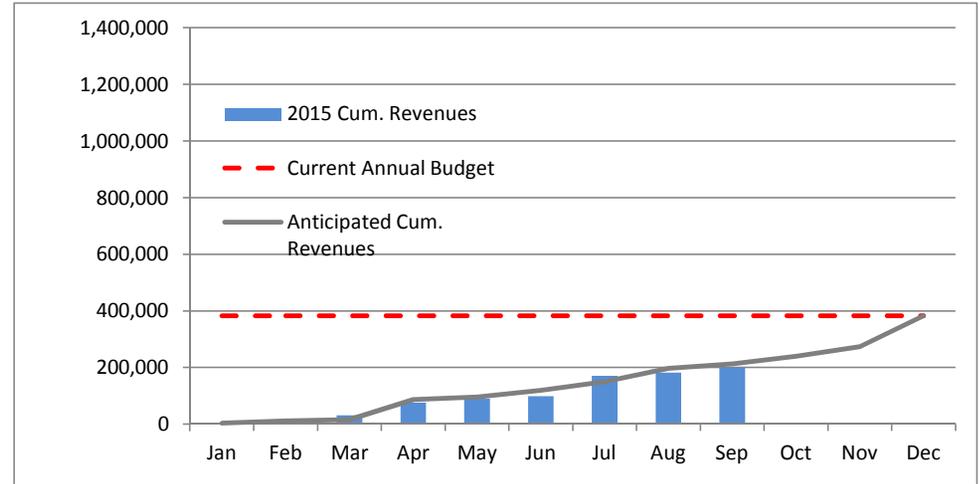
Notes: The number of cases with expenses responded to thru August 2015 (37 autopsies/5 case reviews) are higher than the prior two years (25-29, 3-4 case reviews). Expenses are often delayed pending final autopsy report. Removals are also increasing (116 in 2015, 83 in 2013 and 78 in 2014).

Health Dept - Png. & Coord. Of C.S.N. (4047)

Cumulative Expenditures thru September 2015



Cumulative Revenues thru September 2015

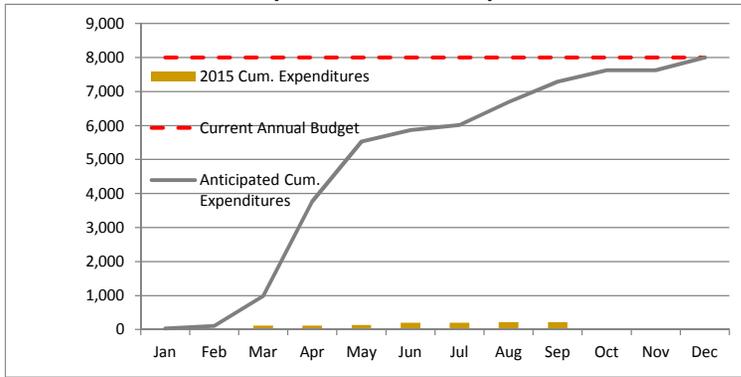


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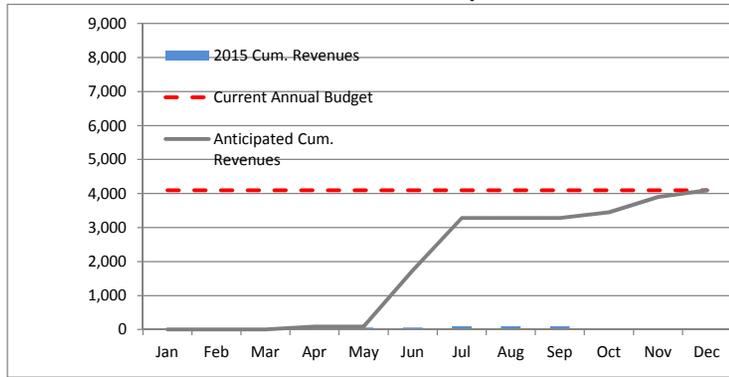
Notes: Expenditures reflected for 2015 are higher as a result of the department paying the Maintenance in Lieu of Rent in full for the year. In addition the program is fully staffed. No fringes were posted for the period thru September for 2014, 2015 fringes are current.

Health Dept - Phys.Handic.Chil.Treatment (4048)

Cumulative Expenditures thru September 2015



Cumulative Revenues thru September 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

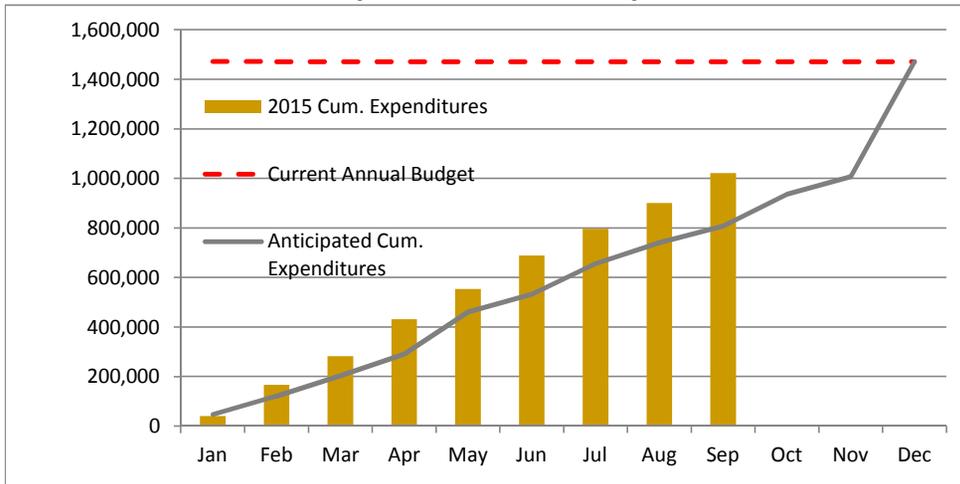
- Cumulative to date compared to budget
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- Current cumulative compared to last year
- Consider review of adopted budget amount

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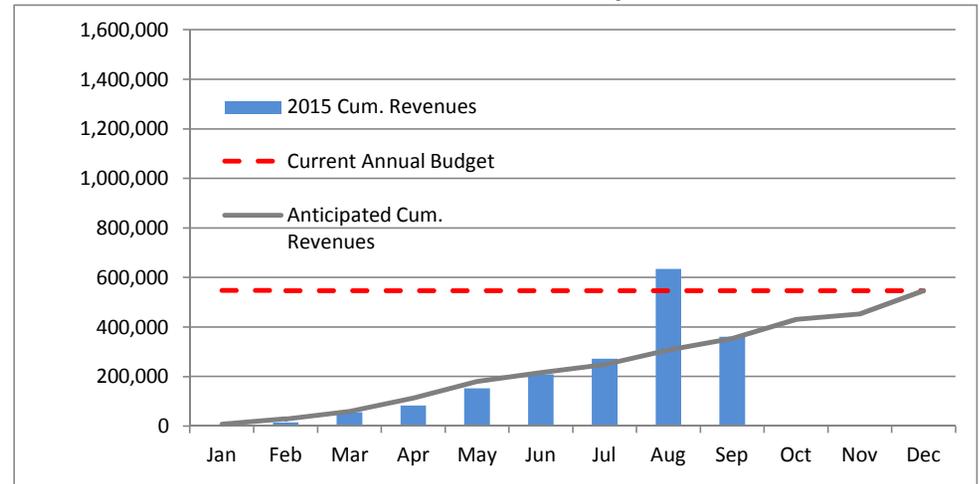
Notes: Services rendered are based on needs from eligible families, currently we only have a couple of children receiving benefits, which is less than prior years. Claims for this program are done quarterly and are current with expenditures.

Health Dept - Environmental Health (4090)

Cumulative Expenditures thru September 2015



Cumulative Revenues thru September 2015



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Notes : Expenditures reflected for 2015 are higher as a result of the department paying the Maintenance in Lieu of Rent in full for the year. No fringes were posted for the period thru September for 2014, 2015 fringes are current.

Medical Director's Report Board of Health October 2015

Influenza 2015-2016

The vaccine supplies have rolled out to area pharmacies and, to some extent, practitioners. The delivery of vaccine to practitioners has been spotty, irregular and sporadic. Due to this the delivery of vaccine in the medical office setting has been compromised.

The Health Department will have vaccine available in the form of both inactivated and nasal flu vaccine. The Health Department did not purchase vaccine for children between the ages of 6 months to 35 months this year due to our experience of last year. We did not use any of this particular vaccine last year. Accordingly, children who are "private pay" and in this age group will be referred to their primary care provider. If however, the child is Vaccines for Children (VFC) eligible (that is to say under or not insured at all) they will be able to receive VFC vaccine which we will have on hand. The Vaccines for Children Program, which covers under insured and uninsured children, does include influenza vaccine preparations, thus making it far easier for needy families to obtain vaccine.

I sent out an update to area practitioners and colleges regarding changes in public health recommendations for 2015-2016. The major changes had to do with the composition of the vaccine which is available in two different forms. One vaccine is a three antigen vaccine and the other has four in it. This particular feature is unchanged from last year. The components of the vaccine include an H1N1 like virus which has been circulating since 2009 and this component is unchanged from last year. What has changed is the other influenza A component H3N2, as well as the influenza B virus component. The vaccines that have a fourth component in them (so called "quadrivalent") will include a second influenza B virus which is the same as the one used last year.

One discovery of recent years which helped in terms of delivery of vaccine is that individuals who have an egg allergy of some degree may, in many cases, receive influenza vaccine. Monitoring and required testing vary depending upon the severity of their egg allergy.

Sugar Sweetened Beverages

New York Times article of September 2015 reviews the decline in the use of sugar sweetened beverages over the last 20 years. Sales of full calorie soda in the United States have fallen by 25% over the last 20 years. Public health messages have reminded people that soda is not a very healthy product and have fundamentally changed the way that Americans are thinking about soda. The sales of water, in bottled form, have increased over this time period and soda manufacturers have found that marketing their own brand of water has been helpful for their

bottom line, but brand recognition and brand loyalty tends to be less vigorous in the water market than it is in the soda market. The removal of soda from school cafeterias and vending machines has helped in this trend. Manufacturers have found that brand loyalty and the trend to drink soda is strongly influenced by starting this habit in the teenage years. If that time period is lost the likelihood of a loyal customer is also to a large extent lost.

Working with corner stores, particularly in urban areas, “The Food Trust” is a local non-profit in the Philadelphia area that promotes access to nutritious food. The organization sponsored a campaign initiative to promote labeling to encourage healthier choices rather than soda and sugar sweetened beverages. Such techniques help develop the sales of bottled water which tend to have as good a profit margin for the corner store as does sugar sweetened beverages. The signs that they suggest to corner stores largely point out the healthier choice of “choose water” and another quote “did you know it takes 65 minutes of dancing to work off a bottle of soda”. Such strategies apparently have helped corner stores shift sales from one product to another to some extent.

Comment: In the review of this article the article did not actually mention the fact that fruit juices and fruit juice products have as many calories in sugar as sugar sweetened beverages. However, to their credit they did emphasize water as an alternative and that in effect does somewhat the same thing.

General Activities:

- Viewed and updated current policies for influenza vaccine administration consistent with the ACIP guidelines.
- Reviewed the report of the County Administrator regarding the PHD/MHC position and made comment
- Reviewed orders for Rabies

Health Promotion Program

Theresa Lyczko, Director

Tobacco Control Program – Ted Schiele – Evaluator/Planner

- BEAR Walk community event: Tabled at this Cornell event targeting students and community members in the Collegetown and Bryant Park neighborhoods, September 1
- Meetings and planning with SUNY Cortland grad student regarding a project to survey residents in one of Ithaca's largest low-income housing projects.
- Meetings and activities related to Tobacco-Free Trumansburg project, initiated by the Village of Trumansburg Code Enforcement Officer. Also working with the SADD group at Trumansburg High School to advocate for the project. Initiative is to prohibit smoking in public areas within the central business district and along East Main St. to the Village line, and to implement a village license requirement for tobacco retailers.
- Finger Lakes Library System: delivered Smoke-Free Property signs to new offices, discussed policy with director. Signs are posted.
- Reality Check recruitment mailing to middle and high school health teachers and principals, community youth program coordinators. Total 30 letters sent September 1, 2.
- Attended Greek Peak training: Day-long team building and Reality Check training for teens from Cortland, Chenango, Broome, Tioga, Chemung, Steuben, and Tompkins Counties, September 27.
- Worked with State Media Workgroup chair to post a survey on Survey Monkey, and then deliver the resulting response data. The survey, completed by all contractors, gathered information about contractors' current status, views, and attitudes about Point of Sale initiatives.
- Grant staff meeting and annual state site visit, in Cortland, September 29.
- Community Coalition for Healthy Youth board and committee meetings.

TCHD Participation and Support

- Participated in staff satisfaction committee meeting, September 9. Susan Dunlop – Community Health Nurse
- Helped organize the "Put Fruit to Work," event at TCHD, September 24. Susan Dunlop.
- Met with CHS Supervising Community Health Nurse about Health Promotion Program support for CHS and flu media outreach, September 10. Theresa Lyczko
- Media: Press releases – cooling towers registration, September 8; "Put Fruit to Work" worksite coalition event, September 14 and Flu vaccination promotion and clinics at TCHD, September 22. Theresa Lyczko
- CHS student intern orientation on the Health Promotion Program, September 23 and for two EH staff on September 24. Theresa Lyczko

Web site postings

- WIC calendar updates
- Regular updates: Hydrilla, BOH packets and minutes
- Press releases: Cooling towers registration deadline
- Updated Flu page
- Posted product recalls due to lead paint

Community Outreach

- Creating Healthy Places (CHP) - Put Fruit to Work initiative for the Worksite Wellness Coalition: Press advisory and release, web page updates, attended Mayoral proclamation at Dewitt Park, September 21. Earned media: brief in Ithaca Journal, September 22. Ted Schiele

- CHP grant TCHD post-assessment with Public Health Director, September 1. Ted Schiele
- CHP - CFCU Wellness Committee meeting, September 1; TCHD wellness committee meeting, September 15. Ted Schiele
- CHP - Health Insurance Consortium: Joint Committee on Planning and Design, September 3; Owning Your Own Health Committee meeting, September 16. Ted Schiele
- CHP – Friends of Stewart Park (FSP) project feasibility meeting, September 1. FSP board meeting – as Secretary recorded and submitted minutes, September 15. Theresa Lyczko
- Met with Mental Health Department staff in Day Treatment program to discuss chronic disease educational possibilities for clients, September 9. Susan Dunlop
- Facilitated Diabetes Prevention Program (DPP) post core session at Cornell University; 4 attended, September 23. Susan Dunlop
- Phone discussion with a local provider about offering the Diabetes Prevention Program in January at this internal medicine office, September 29. Susan Dunlop
- Participated in the quarterly DPP meeting of partnering organizations at Cayuga Center for Healthy Living, September 24. Susan Dunlop, Theresa Lyczko
- Planning session (phone) with New York Academy of Medicine representative on future Prevention Agenda Learning Collaborative webinars, September 25. Theresa Lyczko
- Learning Collaborative Prevention Agenda webinar – Community Health Assessment and Community Health Improvement Plan, state aid, state wide DPP provider updates discussed, September 29. Theresa Lyczko, Susan Dunlop

Meetings

- Health Planning Council executive committee meeting, September 23

Division for Community Health
October 27, 2015 Board of Health Meeting

Karen Bishop, Director of Community Health
October 2015 Report

Agenda – none

Administration –

- Core Solutions Software Implementation
 - Our internal Core Solutions Software Team met 3-5 times per week to review customized forms, reports, work flow and system configuration. To date this team has created more than 40 forms.
 - Participated on weekly status conference calls with Core Solutions staff.
 - Effective October 13, Karen Bishop, Director of Community Health transitioned to Core Solution Project Lead. Sigrid Connors, Director of Patient Services will continue on the team through October 30 and then officially retire. Sigrid has been instrumental leading the implementation process. We wish her all the best in retirement!
- Amy Hopkins, RN started October 26 in the full-time Community Health Nurse position.
- Mentored Melissa Gatch, Supervising Community Health Nurse regarding completing both Immunization Action Plan and Lead Poisoning Prevention Program grant quarterly reports.
- Met weekly with Cathy Sinnott, WIC Director to review program needs and budget.
- Met weekly with Jeffrey Saeli, Administrative Coordinator and Melissa Gatch to review Community Health Services billing processes and priorities.
- Facilitated the quarterly Community Health Quality Improvement Committee meeting on October 20.
- Attended the Regional Adult Immunization Conference in Syracuse on October 15.

Statistical Reports –

- Division statistical reports – see attached reports. Note preliminary stats in red.
- Communicable Disease statistical reports include monthly and year to date (not annual).

WIC –

- Molly Gheller, RD started October 13 in the full-time WIC Nutrition Educator II position.
- Enrolled participant goal is 1600. In August, WIC met 68%% of this goal with a no show rate of 13.3%. No show rate has declined from 17.2% in December 2014. WIC Performance Improvement Project (PIP) focused on actively reaching out to participants if they no showed. WIC has purchased and implemented an auto-dialer which calls/texts participants to remind them of appointments. Participants really like the reminder texts!

October 2015 BOH Report

Community Health Services

By Melissa Gatch, Supervising Community Health Nurse

CHS staffing- We are pleased to report that Ms. Amy Hopkins has accepted the vacant Community Health Nurse (CHN) position in Community Health Services and will begin on October 26th. Ms. Hopkins has 10 years of nursing experience in a variety of settings.

Continuing Education-

- Community Health Nurse Nanette Scogin attended Managing Complexities in TB Infection and Disease Conference on September 29th in Albany, New York.
- CHS nursing staff continued to participate in a weekly webinar series on relevant sections of the 13th edition of "Epidemiology and Prevention of Vaccine-Preventable Diseases" (The Pink Book). The webinar is a required deliverable in the Immunization Action Plan (IAP) workplan.

Communicable Disease (CD)- See attached statistical report. **Note:** the West Nile Fever case included in the September statistical report has been revoked as it does not meet case definition, it will be removed in the October report.

- **Pertussis Case:** 2 year old unvaccinated male living in household of six including grandparents. 4 year old sibling was vaccinated with DTaP series. All family members were prophylaxed and remained asymptomatic as noted during follow up phone call 2 weeks later. 2 year old did not attend daycare or preschool.
- **Aseptic Meningitis:** 9 year old male who presented with a headache and photophobia. He was treated at a local hospital, improved and returned home after a 2-day hospital stay. Diagnosed with probable enterovirus.
- **Syphilis:** One case in September- fourth case for 2015. 19 year old male college student diagnosed and treated for Early Latent Syphilis. Exposure reported as out of state.
- **Flu :**
 - CHS staff began providing Influenza vaccinations on October 6th to anyone age 6 months and up by appointment. Flu clinics are offered every Tuesday and Friday at the health department and at Lifelong on October 13.
 - CHS staff will provide Influenza vaccines at several senior housing facilities (to residents and employees) including Longview, Bridges and McGraw House; and to first responders at local fire departments during October and November.

Congratulations to our Communicable Disease Team who scored a perfect **100%** in the NYSDOH 2014-2015 Performance Incentive Initiative focused on sexually transmitted disease and general communicable control reporting measures. The Department measured adequacy of gonorrhea

treatment, the completeness of syphilis serology records and the reporting of the timeliness and completeness of communicable disease reports and investigations over a 6 month period. CHS was awarded \$20,900 to be used toward improvements in the STD and communicable disease programs.

Health Advisory- During the month of September, one advisory was sent out as a blast fax to local providers regarding:

- **Middle East Respiratory Syndrome Coronavirus (MERS-COV) Update.** Included were recommendations for obtaining travel history on all patients presenting with fever and respiratory symptoms especially from the end of September through October 9 due to the annual Hajj pilgrimage to Mecca, Saudi Arabia from September 20-September 25.

Tuberculosis (TB): Two Active TB Disease Cases:

- 25 year old foreign born college student with active pulmonary TB returned to Tompkins County at the end of August from out of state during June-August. Five months of treatment has been completed to date and case is tolerating medications without problem and remains asymptomatic. Recent chest x-ray revealed improvement. Staff are providing Directly Observed Therapy (DOT's) twice weekly- client on 2-drug treatment regime 2x/wk. Plan is to complete 6 months of therapy in October.
- 22 year old foreign born college student entering US in August 2015. Case with complaint of 1-2 month history of fever and productive cough. Case initially treated for pneumonia. Work-up from the college revealed a positive QFT, chest x-ray with left lower lobe infiltrate and pleural effusion. CT of the chest included cavitation and airspace consolidation within the right lower lobe. Case was referred to TB consultant for follow up. Three sputa specimens sent to Wadsworth lab with results AFB (Acid Fast Bacillus) negative for two specimens and positive for one. PCR negative for MTB. 4- drug treatment initiated at the end of August given clinical presentation and strong suspicion of active pulmonary disease. Case is tolerating medications without problem and is now asymptomatic. Cultures are not back to date. Case was isolated for 2 weeks per protocol. Staff provided DOT visits 5x/week. Contact investigation has been completed. Plan is to continue DOT visits for duration of treatment.

Latent TB Infection (LTBI): There were **28** Tuberculin Screening Tests (TST) placed during the month of September; there were no positive results.

We are currently following one LTBI case that was a transfer from Monroe County. A 32 year old foreign borne female with a 21 mm TST, normal chest x-ray and asymptomatic. She is being treated with 9 months of INH and is tolerating without problem.

N.Y.S. Department of Health
 Division of Epidemiology
 Communicable Disease Monthly Report*, DATE: 05OCT15
 Rates are defined as: Cases/100,000 population/Month

County=TOMPKINS Month=September

Disease	2015		2014		2013		2012		Ave (2012-2014)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
AMEBIASIS	0	0.0	1	11.6	0	0.0	0	0.0	0	0.0
ANAPLASMOSIS**	1	11.6	0	0.0	0	0.0	0	0.0	0	0.0
CAMPYLOBACTERIOSIS**	1	11.6	5	57.9	2	23.2	2	23.2	3	34.7
CRYPTOSPORIDIOSIS**	4	46.3	0	0.0	3	34.7	4	46.3	2	23.2
EHRlichiosis (CHAFEENSIS)**	1	11.6	0	0.0	0	0.0	0	0.0	0	0.0
GIARDIASIS	4	46.3	4	46.3	5	57.9	1	11.6	3	34.7
HAEMOPHILUS INFLUENZAE, NOT TYPE B	0	0.0	1	11.6	0	0.0	0	0.0	0	0.0
HEPATITIS B,ACUTE	0	0.0	2	23.2	0	0.0	0	0.0	1	11.6
HEPATITIS B,CHRONIC	1	11.6	2	23.2	2	23.2	1	11.6	2	23.2
HEPATITIS C,ACUTE	1	11.6	0	0.0	2	23.2	0	0.0	1	11.6
HEPATITIS C,CHRONIC	6	69.5	8	92.6	3	34.7	5	57.9	5	57.9
INFLUENZA A, LAB CONFIRMED	3	34.7	2	23.2	0	0.0	0	0.0	1	11.6
INFLUENZA B, LAB CONFIRMED	2	23.2	0	0.0	0	0.0	0	0.0	0	0.0
LEGIONELLOSIS	0	0.0	1	11.6	0	0.0	0	0.0	0	0.0
LYME DISEASE** *****	4	46.3	2	23.2	5	57.9	1	11.6	3	34.7
MENINGITIS, ASEPTIC	1	11.6	0	0.0	0	0.0	0	0.0	0	0.0
PERTUSSIS**	1	11.6	2	23.2	0	0.0	4	46.3	2	23.2
SALMONELLOSIS	1	11.6	0	0.0	0	0.0	1	11.6	0	0.0

Disease	2015		2014		2013		2012		Ave (2012-2014)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
STREP, GROUP A INVASIVE	0	0.0	0	0.0	1	11.6	0	0.0	0	0.0
STREP, GROUP B INVASIVE	2	23.2	0	0.0	0	0.0	1	11.6	0	0.0
STREP PNEUMONIAE, INVASIVE	0	0.0	1	11.6	0	0.0	0	0.0	0	0.0
WESTNILE FEVER**	1	11.6	0	0.0	0	0.0	0	0.0	0	0.0
SYPHILIS TOTAL.....	1	11.6	2	23.2	0	0.0	1	11.6	1	11.6
- LATE LATENT	0	0.0	0	0.0	0	0.0	1	11.6	0	0.0
- P&S SYPHILIS	0	0.0	1	11.6	0	0.0	0	0.0	0	0.0
- EARLY LATENT	1	11.6	1	11.6	0	0.0	0	0.0	0	0.0
GONORRHEA TOTAL.....	3	34.7	20	231.6	5	57.9	1	11.6	9	104.2
- GONORRHEA	3	34.7	20	231.6	5	57.9	1	11.6	9	104.2
CHLAMYDIA	32	370.6	39	451.7	21	243.2	27	312.7	29	335.9

*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

**** From 2012-2015, 18 counties investigated a sample of positive laboratory results.

N.Y.S. Department of Health
 Division of Epidemiology
 Communicable Disease Monthly Report*, DATE: 05OCT15
 Through September
 Rates are defined as: Cases/100,000 population/Month

County=TOMPKINS

Disease	2015		2014		2013		2012		Ave (2012-2014)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
AMEBIASIS	0	0.0	2	2.6	1	1.3	1	1.3	1	1.3
ANAPLASMOSIS**	1	1.3	1	1.3	1	1.3	0	0.0	1	1.3
BABESIOSIS**	1	1.3	1	1.3	0	0.0	0	0.0	0	0.0
CAMPYLOBACTERIOSIS**	15	19.3	21	27.0	13	16.7	17	21.9	17	21.9
CHIKUNGUNYA**	0	0.0	1	1.3	0	0.0	0	0.0	0	0.0
CRYPTOSPORIDIOSIS**	6	7.7	10	12.9	13	16.7	12	15.4	12	15.4
E.COLI 0157:H7	1	1.3	1	1.3	0	0.0	0	0.0	0	0.0
EHEC, SEROGROUP NON-0157	5	6.4	3	3.9	3	3.9	0	0.0	2	2.6
EHRlichiosis (CHAFEENSIS)**	1	1.3	1	1.3	0	0.0	0	0.0	0	0.0
EHRlichiosis (UNDETERMINED)**	1	1.3	0	0.0	0	0.0	0	0.0	0	0.0
ENCEPHALITIS, OTHER	0	0.0	0	0.0	1	1.3	1	1.3	1	1.3
GIARDIASIS	9	11.6	22	28.3	9	11.6	15	19.3	15	19.3
HAEMOPHILUS INFLUENZAE, NOT TYPE B	3	3.9	1	1.3	0	0.0	1	1.3	1	1.3
HEPATITIS A	0	0.0	1	1.3	0	0.0	1	1.3	1	1.3
HEPATITIS B,ACUTE	0	0.0	2	2.6	0	0.0	0	0.0	1	1.3
HEPATITIS B,CHRONIC	7	9.0	6	7.7	4	5.1	7	9.0	6	7.7
HEPATITIS C,ACUTE	2	2.6	3	3.9	3	3.9	3	3.9	3	3.9
HEPATITIS C,CHRONIC	69	88.8	75	96.5	52	66.9	61	78.5	63	81.1

Disease	2015		2014		2013		2012		Ave (2012-2014)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
HERPES INF, INFANT =< 60 DAYS	0	0.0	0	0.0	0	0.0	3	3.9	1	1.3
INFLUENZA A, LAB CONFIRMED	293	377.0	172	221.3	88	113.2	49	63.1	103	132.5
INFLUENZA B, LAB CONFIRMED	69	88.8	27	34.7	66	84.9	8	10.3	34	43.8
INFLUENZA UNSPECIFIED, LAB CONFIRMED	0	0.0	0	0.0	1	1.3	0	0.0	0	0.0
LEGIONELLOSIS	1	1.3	2	2.6	2	2.6	2	2.6	2	2.6
LISTERIOSIS	0	0.0	0	0.0	1	1.3	1	1.3	1	1.3
LYME DISEASE** ****	32	41.2	24	30.9	41	52.8	14	18.0	26	33.5
MALARIA	1	1.3	0	0.0	2	2.6	0	0.0	1	1.3
MENINGITIS, ASEPTIC	1	1.3	0	0.0	1	1.3	1	1.3	1	1.3
PERTUSSIS**	2	2.6	6	7.7	5	6.4	90	115.8	34	43.8
SALMONELLOSIS	9	11.6	5	6.4	14	18.0	13	16.7	11	14.2
SHIGELLOSIS	1	1.3	1	1.3	1	1.3	5	6.4	2	2.6
STREP,GROUP A INVASIVE	3	3.9	2	2.6	1	1.3	6	7.7	3	3.9
STREP,GROUP B INVASIVE	6	7.7	10	12.9	4	5.1	3	3.9	6	7.7
STREP,GROUP B INV,EARLY/LATE ONSET	0	0.0	1	1.3	1	1.3	1	1.3	1	1.3
STREP PNEUMONIAE,INVASIVE	2	2.6	4	5.1	6	7.7	0	0.0	3	3.9
TUBERCULOSIS***	1	1.3	3	3.9	1	1.3	3	3.9	2	2.6
TYPHOID FEVER	1	1.3	0	0.0	0	0.0	0	0.0	0	0.0
VIBRIO - NON 01 CHOLERA	1	1.3	0	0.0	0	0.0	1	1.3	0	0.0
WESTNILE VIRUS**	0	0.0	1	1.3	0	0.0	0	0.0	0	0.0
WESTNILE FEVER**	1	1.3	0	0.0	0	0.0	0	0.0	0	0.0
YERSINIOSIS	0	0.0	3	3.9	1	1.3	1	1.3	2	2.6

Disease	2015		2014		2013		2012		Ave (2012-2014)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
SYPHILIS TOTAL.....	5	6.4	9	11.6	1	1.3	4	5.1	5	6.4
- LATE LATENT	1	1.3	1	1.3	1	1.3	1	1.3	1	1.3
- P&S SYPHILIS	3	3.9	7	9.0	0	0.0	2	2.6	3	3.9
- EARLY LATENT	1	1.3	1	1.3	0	0.0	1	1.3	1	1.3
GONORRHEA TOTAL.....	44	56.6	40	51.5	24	30.9	21	27.0	28	36.0
- GONORRHEA	44	56.6	40	51.5	24	30.9	20	25.7	28	36.0
- GONORRHEA,DISSEMINATED	0	0.0	0	0.0	0	0.0	1	1.3	0	0.0
CHLAMYDIA	259	333.3	238	306.3	189	243.2	222	285.7	216	277.9

*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

**** From 2012-2015,18 counties investigated a sample of positive laboratory results.

Division for Community Health
PROGRAM Statistical Highlights for Board of Health - 2015

Community Health Services Clinical Statistics	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD 2015	Total 2014	Total 2013
Maternal Child / MOMS Services															
Client Caseload	168	162	162	161	162	154	159	152	153						
# of Client Admissions	33	26	28	31	27	31	28	24	24				252	321	354
# of Client Discharges	32	28	36	25	38	24	33	22	32				270	357	351
Maternal & Infant Clinic Visit	29	19	26	27	27	19	17	14	16				194	355	382
Maternal & Infant Home Visit	73	62	73	72	71	75	91	85	72				674	758	980
Total Home & Clinic Visits	167	135	163	155	163	149	169	145	144	0	0	0	1390	1113	1362

On-Call (Weekend) Nursing Visits to Patients															
Maternal & Infant On Call Visits	0	0	0	0	0	0	0	0	0				0	0	5
Rabies On Call Vaccinations	2	0	0	0	4	2	1	15	2				26	37	30
TB DOT On Call Visits	0	0	0	4	0	0	0	0	5				9	11	3
Total # On-Call Visits	2	0	0	4	4	2	1	15	7	0	0	0	35	48	38

Total Home, Clinic, On-Call Visits	169	135	163	159	167	151	170	160	151	0	0	0	1425	1161	1400
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Childbirth Education															
# of Childbirth Education Classes	1	2	1	0	3	0	0	0	3				10	16	15
# of Childbirth Education Moms*	10	5	4	0	6	0	0	0	7				32	54	49

* CBE Total is duplicated count

DOT = Direct Observe Therapy Visits

MOMS = Medicaid Obstetrical and Maternal Services

Shaded areas indicate revisions from the previous report

Community Health Services Clinical Statistics	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD 2015	Total 2014	Total 2013
Immunizations (Reported to NYSIIS, Updates May Be Pending)															
# of Immunization Clients	27	13	18	25	20	54	36	77	46				316	319	272
# of Immunizations Administered	43	24	24	45	33	69	51	145	90				524	534	434
^Children 0 thru 18 years, 364 days	34	14	15	34	17	36	30	21	32				233	423	321
^Adults 19 years and older	8	10	9	11	16	33	21	56	14				178	111	113
# of Influenza Immunizations	7	4	1	2	0	0	0	0	0				14	917	971
Rabies Vaccination Program (Internal Data, Reporting to NYSIIS May Be Ongoing)															
Post-Exposure Clients	5	8	4	2	7	16	4	40	15				101	106	91
Post-Exposure Clinic Vaccinations	8	9	4	2	13	44	8	116	42				246	267	210
Tuberculosis Program															
Cumulative TB clients	0	0	0	1	0	0	0	0	2				2	4	3
Active TB Admissions	0	0	0	1	0	0	0	0	1				2	4	1
Active TB Discharges	1	0	2	0	0	0	0	0	0				3	2	3
TB Direct Observe Therapy Home Visits	75	54	56	29	15	0	0	2	2				233	269	251
# of Tuberculosis Screening Tests*	6	10	9	6	17	37	15	17	***28				117	421	532
Anonymous HIV Counseling & Testing Clinics															
# of HIV Clinics - including Walk-Ins	10	10	10	7	9	9	6	10	11				82	99	71
# of Clients Counseled & Tested	7	11	14	6	9	8	3	7	9				74	96	84
HIV Positive Eliza & Western Bloc	0	0	0	0	0	0	0	0	0				0	0	0
Women, Infants, Children Clinic															
Monthly New Enrollments	66	51	64	49	64	46	58	61	57				516	430	UA
Total Participants Served	560	504	547	516	493	555	547	550	534				4806	4889	UA
Participants w/Active Checks	1331	1333	1373	1331	1338	1325	1339	1344	1344				12058	1386	1507
Total Enrolled (summary is an Average)	1557	1547	1585	1561	1562	1562	1558	1566	1573				1563	1689	1797
% No-Show	14.5%	13.8%	13.4%	14.7%	14.3%	15.2%	14.1%	13.3%	14.6%					18.3%	15.3%
% Active Participation	66.6%	66.7%	68.7%	66.6%	66.9%	66.8%	67.0%	67.0%	67.2%					69.3%	75.6%
% Caseload Target (FY15 Target = 2000)	77.9%	77.4%	79.3%	78.1%	78.1%	78.1%	77.9%	77.9%	78.7%					84.4%	UA

123 Red numbers indicate preliminary data; subject to revision

* Tuberculin Screening Tests - formerly described as PPD's (Purified Protein Derivative)

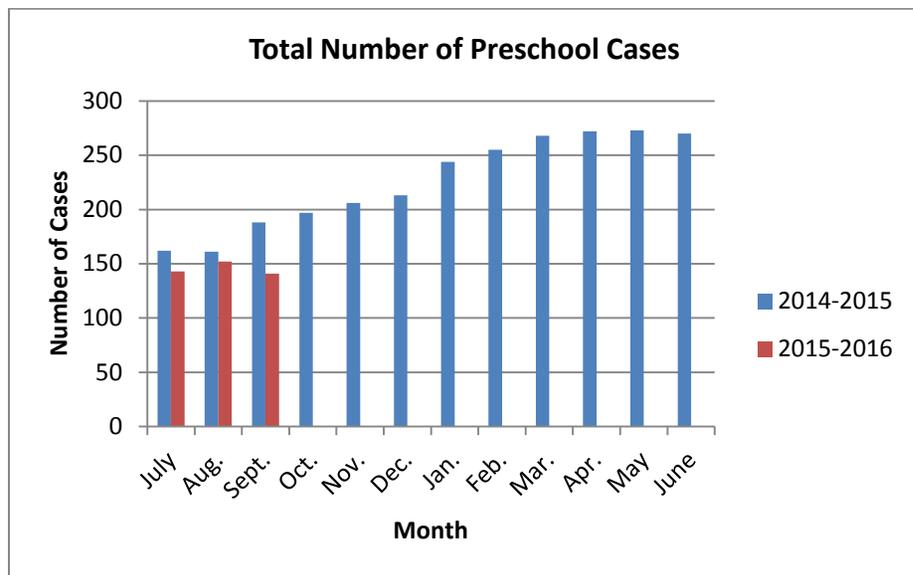
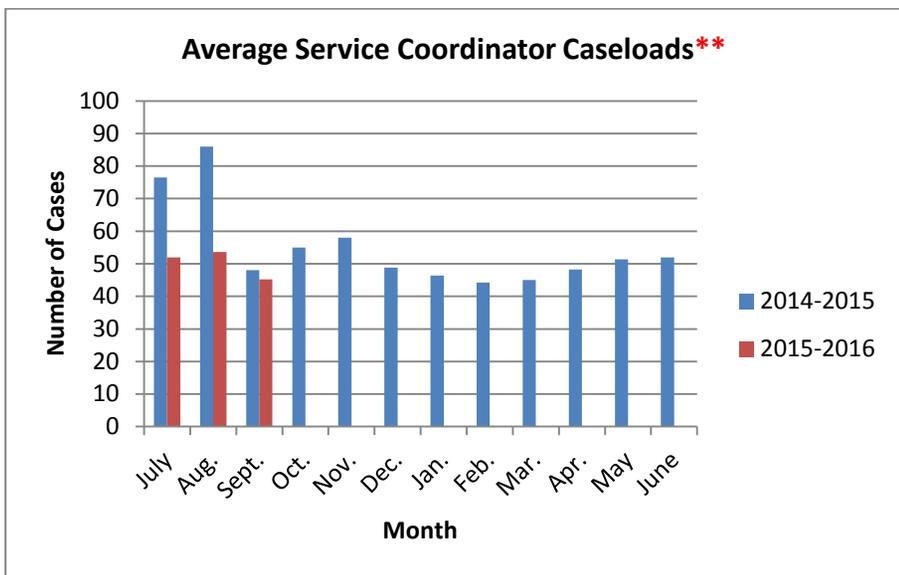
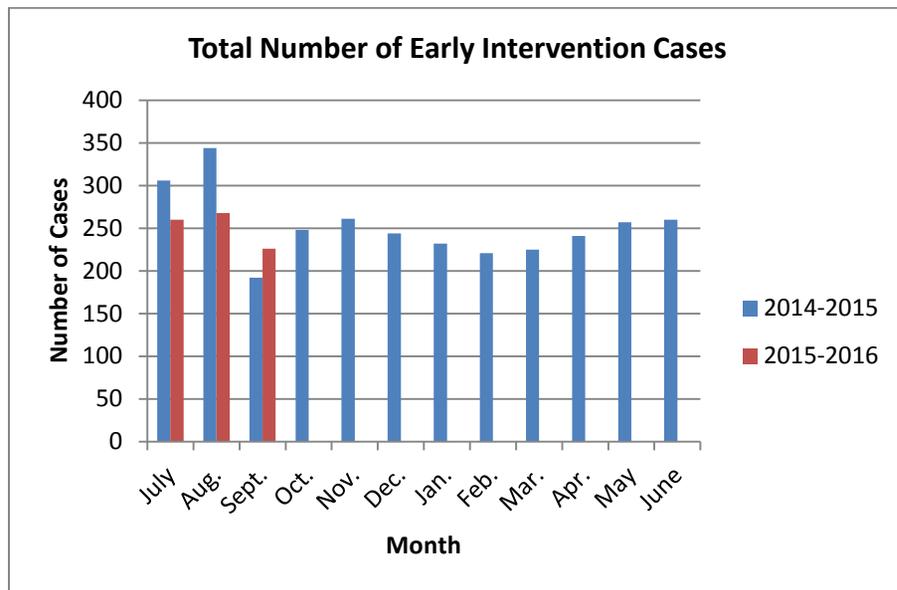
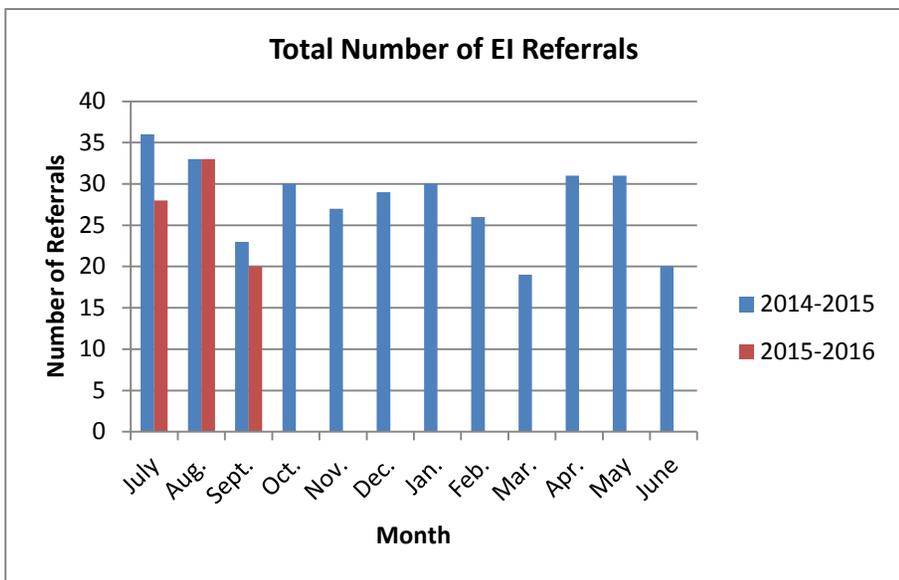
** # of Immunizations administered understates actual activity; Rabies activity updates to NYSIIS pending

^ Notation changed as of September report

UA = Unavailable at this time

*** 28 Screens placed, only 27 read - one client did not return for a read

Statistics Based on Program School Year



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

**Children with Special Care Needs Division
Statistical Highlights 2015**

EARLY INTERVENTION PROGRAM

Number of Program Referrals	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2015 Totals	2014 Totals
Initial Concern/reason for referral:														
-- DSS Founded Case				3	5	1	3	5	1				18	4
-- Gestational Age					1	2							3	9
-- Gestational Age & Hearing													0	1
-- Global Delays				1		1	1						3	9
-- Hearing													0	1
-- Physical														
-- Feeding	1	2	1	1	2	1	1	1	1				11	14
-- Gross Motor	7	2	4	5	4	2	5	11	3				43	73
-- Gross Motor & Feeding								1					1	1
-- Gross Motor & Fine Motor					1				1				2	2
-- Gross Motor & Social Emotional													0	1
-- Fine Motor													0	2
-- Social Emotional	4	2		2			1						9	10
-- Social Emotional & Adaptive							1						1	1
-- Speech	15	16	7	13	13	10	17	15	9				115	138
-- Speech & Adaptive													0	1
-- Speech & Cognitive				1		1							2	1
-- Speech & Feeding					1								1	8
-- Speech & Fine Motor			2			1							3	3
-- Speech & Hearing													0	1
-- Speech & Gross Motor	1	1	3	2	1				1				9	19
-- Speech & Sensory				2										
-- Speech & Social Emotional	1	1	1	1	2				2				8	15
-- Adaptive													0	0
-- Adaptive/Feeding													0	2
-- Adaptive/Sensory	1								1				2	1
-- Vision													0	1
-- Qualifying Congenital / Medical Diagnosis		1	1		1								3	3
-- Child Find (At Risk)		1							1				2	14
Total Number of Early Intervention Referrals	30	26	19	31	31	20	28	33	20	0	0	0	238	340

Caseloads														
Total # of clients qualified and receiving svcs	189	193	195	210	228	230	231	225	198					
Total # of clients pending intake/qualification	43	28	30	31	29	30	29	43	28					
Total # qualified and pending	232	221	225	241	257	260	260	268	226	0	0	0		
Average # of Cases per Service Coordinator	46.4	44.2	45	48.2	51.4	52	52	53.6	45.2	0	0	0		

**Children with Special Care Needs Division
Statistical Highlights 2015
EARLY INTERVENTION PROGRAM**

Family/Client visits	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2015 Totals	2014 Totals
-- Intake visits	28	15	22	27	25	23	26	25	20				211	285
-- IFSP Meetings	49	44	54	36	56	51	40	26	38				394	545
-- Amendments	20	12	15	12	19	16	15	12	16				137	170
-- Core Evaluations	34	29	25	22	13	24	22	15	30				214	248
-- Supplemental Evaluations	0	5	10	5	6	4	7	8	10				55	50
-- DSS Visit	2	0	3	4	1	0	0	15	0				25	2
-- EIOD visits	5	8	8	10	9	2	3	7	10				62	27
-- Observation Visits	4	14	23	21	18	26	38	42	28				214	299
-- CPSE meetings	1	3	8	2	7	11	8	10	7				57	91
-- Program Visit	0	0	3	2	1	1	0	0	0				7	9
-- Family Training/Team Meetings	0	1	3	0	0	1	0	1	0				6	9
-- Transition meetings	15	16	9	5	5	6	13	4	5				78	122
-- Other Visits	0	0	5	1	0	3	5	2	1				17	25
IFSPs and Amendments														
# of Individualized Family Service Plans Completed	49	44	54	36	56	51	40	26	38				394	535
# of Amendments to IFSPs Completed	23	15	17	20	21	21	20	16	18				171	233

Services and Evaluations Pending & Completed														
Children with Services Pending														
-- Assistive Tech	0	0	0	0	0	0	0	0	0					
-- Audiological	0	0	0	2	0	0	0	0	0					
-- Feeding	0	0	0	0	0	0	0	0	0					
-- Group Developmental Intervention	0	0	0	0	0	0	0	0	0					
-- Nutrition	0	0	0	0	0	0	0	0	0					
-- Occupational Therapy	1	2	0	5	5	0	0	4	3					
-- Physical Therapy	0	0	0	0	2	0	0	0	0					
-- Social Work	1	2	0	1	1	1	0	0	1					
-- Special Education	1	0	0	0	0	0	1	0	0					
-- Speech Therapy	1	3	2	5	2	0	0	0	2					
# of Evaluations Pending	8	9	7	8	8	17	6	10	3	0	0	0		
Type:														
-- Diagnostic Psychological	4	5	0	2	1	2	1	1	0					
-- Developmental Pediatrician	0	0	2	1	1	1	1	1	0					
-- Other	0	0	0	0	0	0	0	0	0					
-- Supplemental Evaluations	4	4	5	5	6	14	4	8	3	0	0	0		
Type:														
-- Audiological	0	0	1	1	4	5	0	0	0					
-- Auditory Brain Response (ABR)	0	0	0	0	0	0	0	0	0					
-- Feeding	0	0	0	0	0	0	0	0	0					
-- Physical Management Clinic	0	0	0	0	0	0	0	0	0					
-- Physical Therapy	2	1	0	0	1	1	0	1	0					
-- Speech	0	2	1	0	0	3	1	2	0					
-- Occupational Therapy	1	1	3	4	1	5	3	5	3					
-- Psychological	0	0	0	0	0	0	0	0	0					
-- Vision	1	0	0	0	0	0	0	0	0					

**Children with Special Care Needs Division
Statistical Highlights 2015
EARLY INTERVENTION PROGRAM**

Services and Evaluations Pending & Completed (continued)	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2015 Totals	2014 Totals
# of Evaluations Completed	8	6	12	7	7	7	9	11	10	0	0	0	77	83
Type:														
-- Diagnostic Psychological	0	1	0	2	1	2	0	1	2				9	6
-- Developmental Pediatrician	0	0	2	0	0	0	0	0	0				2	1
-- Other	0	0	0	0	0	0	0	0	0				0	0
-- Supplemental Evaluations	8	5	10	5	6	5	9	10	8	0	0	0	66	76
Type:														
-- Audio	3	1	1	0	0	2	1	1	0				9	9
-- Feeding	1	0	1	0	1	0	1	0	0				4	2
-- Occupational Therapy	2	3	3	3	4	2	4	5	5				31	30
-- Physical Management Clinic	0	0	0	0	0	0	0	0	0				0	0
-- Physical Therapy	1	1	2	0	1	0	1	1	0				7	11
-- Psychological	0	0	0	0	0	0	0	0	0				0	0
-- Social Emotional	0	0	0	0	0	0	0	0	0				0	0
-- Speech Therapy	1	0	3	2	0	1	2	3	3				15	23
-- Vision	0	0	0	0	0	0	0	0	0				0	0
Diagnosed Conditions														
Autism Spectrum														
-- Children currently diagnosed:	4	4	5	7	8	9	10	10	5					
-- Children currently suspect:	2	11	9	10	15	15	16	18	10					
Children with 'Other' Diagnosis														
-- Agenesis Corpus Collosum	1	1	1	1	1	1	1	1	1					
-- Bells Palsy	1	1	1	1	0	0	0	0	0					
-- Bronchopulmonary Displasia (BPD)	1	2	2	3	2	2	2	0	0					
-- Cardiac Anomaly	0	1	1	1	1	0	1	0	1					
-- Cerebral Palsy (CP)	2	3	2	2	2	2	3	2	2					
-- Chromosome 8 Abnormality	0	0	0	0	1	0	1	1	1					
-- Chromosome 18Q Deletion	0	0	0	0	0	0	1	1	1					
-- Chromosome 22Q Deletion	1	1	1	1	1	1	1	1	0					
-- Cleft Lip/Palate	2	2	2	1	1	1	2	2	2					
-- Crouzon Syndrome	1	1	1	1	1	1	1	1	0					
-- Cystic Hygroma	0	0	0	0	0	0	0	0	1					
-- Down Syndrome	1	0	1	1	1	1	2	2	2					
-- Erb's Palsy	0	0	0	0	0	0	0	0	1					
-- Failure to Thrive	0	0	0	0	1	1	1	1	1					
-- Feeding Difficulties	0	2	0	0	1	0	2	1	5					
-- Hydrocephalus	0	1	1	0	0	0	0	1	1					
-- Hydronephrosis	1	1	1	1	1	0	1	1	1					
-- Hypotonia	0	0	1	1	1	1	2	0	3					
-- Macrocephaly	1	1	1	1	1	1	1	1	1					
-- Macroglossia	0	0	0	1	1	1	1	1	0					
-- Meningocele	0	0	0	0	1	0	0	0	0					
-- Microcephaly	1	1	1	1	1	1	1	1	1					
-- Optic Nerve Hypoplasia	0	0	0	0	1	1	1	1	0					
-- Pierre Robin Syndrome	1	1	1	1	1	1	1	1	1					
-- Plagiocephaly	2	2	3	2	2	2	2	1	1					
-- Prematurity	8	8	8	8	9	6	14	14	14					
-- Prematurity (Micro)	3	2	4	4	2	2	3	2	4					

**Children with Special Care Needs Division
Statistical Highlights 2015
EARLY INTERVENTION PROGRAM**

Diagnosed Conditions (continued)	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2015 Totals	2014 Totals
Children with 'Other' Diagnosis (continued)														
-- Sensorineural Hearing Loss	2	1	2	3	5	3	3	4	3					
-- Spina Bifida	0	0	0	0	0	0	0	1	1					
-- Spinal Anomaly	0	0	0	0	0	0	0	0	1					
-- Torticollis	6	6	5	6	5	5	3	3	3					

Early Intervention Discharges	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2015 Totals	2014 Totals
-- To CPSE	10	0	1	0	0	1	4	1	55				72	79
-- Aged out	1	1	2	3	1	0	0	2	0				10	2
-- Declined	1	2	3	0	0	3	2	2	3				16	19
-- Skilled out	7	1	3	4	4	8	4	3	1				35	36
-- Moved	5	4	4	1	0	3	4	3	1				25	24
-- Not Eligible	13	13	8	2	6	7	4	11	5				69	71
-- Other	3	5	0	0	0	0	0	0	1				9	17
Total Number of Discharges	40	26	21	10	11	22	18	22	66	0	0	0	236	245

Child Find	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2015 Totals	2014 Totals
Total # of Referrals	2	1	2	0	0	1	0	0	1				7	19
Total # of Children in Child Find	13	15	17	17	17	17	10	10	9					
Initial Consents Sent	0	1	0	0	2	1	0	0	0				4	10
Initial Consents Resent	0	0	0	0	0	0	0	0	0				0	0
Consents Returned	0	0	0	0	1	0	0	0	0				1	3
ASQs Sent	0	10	6	3	2	3	4	0	1				29	43
ASQs Returned	0	3	3	0	2	0	5	0	1				14	42
Total # Transferred to Early Intervention							0	1	1				2	5
Total # of Discharges							4	0	1				5	9

**Children with Special Care Needs Division
Statistical Highlights 2015**

PRESCHOOL SPECIAL EDUCATION PROGRAM

Clients Qualified and Receiving Services	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2015 Totals	2014 Totals
Children per School District														
-- Ithaca	135	142	147	152	151	147	84	87	79					
-- Dryden	22	21	21	20	21	22	14	18	13					
-- Lansing	21	24	27	28	28	28	8	9	18					
-- Newfield	24	25	26	26	27	27	15	15	9					
-- Groton	27	27	30	31	31	31	16	15	17					
-- Trumansburg	13	13	13	11	11	11	5	5	3					
-- Spencer VanEtten	0	0	1	1	1	1	0	0	1					
-- Newark Valley	1	1	1	1	1	1	0	1	0					
-- Odessa-Montour	0	1	1	1	1	1	1	1	1					
-- Candor	1	1	1	1	1	1	0	1	0					
-- Moravia	0	0	0	0	0	0	0	0	0					
-- Cortland	0	0	0	0	0	0	0	0	0					
Total # of Qualified and Receiving Services	244	255	268	272	273	270	143	152	141	0	0	0		

Services Provided	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Totals	Totals
Services Received by Discipline														
-- Speech Therapy (individual)	146	161	164	174	164	163	57	60	116					
-- Speech Therapy (group)	2	6	6	6	6	6	1	1	1					
-- Occupational Therapy (individual)	47	53	54	55	57	62	29	30	39					
-- Occupational Therapy (group)	2	3	3	3	3	3	0	0	1					
-- Physical Therapy (individual)	30	31	32	33	32	33	11	11	23					
-- Physical Therapy (group)	0	0	0	0	0	0	0	0	0					
-- Transportation														
-- Birnie Bus	24	22	25	24	24	24	18	20	19					
-- Ithaca City School District	35	35	37	37	37	35	31	32	37					
-- Parent	1	2	2	2	2	3	4	3	2					
-- Service Coordination	27	28	30	33	33	34	7	7	21					
-- Counseling	45	48	49	56	51	50	29	31	31					
-- 1:1 (Tuition Program) Aide	6	6	6	6	6	6	2	4	5					
-- Special Education Itinerate Teacher	24	27	29	28	27	25	14	14	9					
-- Parent Counseling	21	21	22	24	23	22	6	9	12					
-- Program Aide	2	3	0	3	4	5	2	2	1					
-- Teaching Assistant	3	3	3	3	3	4	3	3	1					
-- Psychological Services	0	0	0	0	0	0	0	0	0					
-- ASL Interpreter	0	0	0	0	0	0	0	0	0					
-- Audiological Services	0	0	0	0	0	0	0	0	0					
-- Teacher of the Deaf	1	1	1	1	1	1	0	0	1					
-- Auditory Verbal Therapy	0	0	0	0	0	0	0	0	0					
-- Teacher of the Visually Impaired	0	0	0	0	0	0	0	0	0					
-- Nutrition	4	4	4	4	4	4	0	0	1					
-- Assistive Technology Services	1	2	1	0	0	1	0	0	0					
-- Skilled Nursing	1	1	1	1	1	1	0	0	1					
-- Vision	1	1	1	0	0	0	0	0	1					
Total # of children rcvng. home based related svcs.	183	192	203	209	210	208	90	94	83					

**Children with Special Care Needs Division
 Statistical Highlights 2015
 PRESCHOOL SPECIAL EDUCATION PROGRAM**

Number of Children Served Per School District Attending Tuition Based Programs	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2015 Totals	2014 Totals
-- Ithaca	36	37	38	39	38	37	34	37	38					
-- Dryden	8	8	7	6	6	6	4	6	7					
-- Groton	1	1	6	2	2	2	3	3	4					
-- Lansing	4	5	6	5	5	5	2	2	3					
-- Newfield	6	6	2	6	7	7	7	7	5					
-- Trumansburg	6	6	6	5	5	5	3	3	0					
-- Odessa-Montour	0	0	0	0	0	0	0	0	0					
-- Spencer VanEtten	0	0	0	0	0	0	0	0	0					
-- Moravia	0	0	0	0	0	0	0	0	0					
-- # attending Franziska Racker Centers	32	34	34	31	31	31	25	28	31					
-- # attending Ithaca City School District	29	29	31	32	32	31	28	30	27					
Total # attending Special Ed Integrated Tuition Progr.	61	63	65	63	63	62	53	58	58	0	0	0		

Municipal Representation Committee on Preschool Special Education														
-- Ithaca	0	8	22	12	0	0	0	0	0				42	184
-- Dryden	0	0	11	7	0	0	0	0	0				18	64
-- Groton	0	0	0	0	0	0	0	0	0				0	20
-- Lansing	0	0	3	0	0	0	0	0	0				3	22
-- Newark Valley	0	0	0	0	0	0	0	0	0				0	1
-- Newfield	0	0	2	2	0	0	0	0	0				4	25
-- Odessa	0	0	0	0	0	0	0	0	0				0	1
--Trumansburg	0	0	1	2	0	0	0	0	0				3	10

ENVIRONMENTAL HEALTH DIVISION

<http://www.tompkinscountyny.gov>

Ph: (607) 274-6688

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ENVIRONMENTAL HEALTH HIGHLIGHTS

September 2015

Outreach and Division News

Hydrilla: Anne Wildman participated in the local and state-wide Hydrilla Task Force monthly meeting and conference call. The 2015 season herbicide treatment for Hydrilla continued in September with fluridone injection in the Inlet and in Fall Creek. "Bump" applications of pelleted fluridone in the Lake and the Golf Course and Stewart Park coves will continue into early October. Water quality monitoring continues in the treatment areas and surroundings, as well as at the SCLIWC (Bolton Point) raw water intake, with monitoring results posted on the Health Department website.

Accela: Accela was configured to issue Temporary Food Service and Temporary Residence permits in September. Accela will be upgraded in the near future (October?) and Accela Automation is offering webinars on the changes. Brenda Coyle and Katy Prince participated in one of the webinars on September 22.

Nate's Floral Estates Mobile Home Park: Liz Cameron and Steve Maybee participated in a conference call with representatives from the New York State Department of Environmental (NYSDEC) on September 9. EH staff plan to meet with the park owner and conduct their inspection in October prior to re-issuing their permit.

Personnel Changes: The Project Assistant, Danielle Prince, for the Healthy Neighborhoods Program (HNP) resigned in mid-September. We're happy for Danielle and wish her success in her new full-time endeavor. Stephanie Egan-Engels filled the open vacancy beginning September 30th. Stephanie will assist with outreach and education in HNP on a full-time basis through December.

Multiple EH staff are involved as we start transitioning our new Public Health Sanitarians, René Borgella and Joel Scogin, into their program areas. René started work on August 31 and will be focusing on the ATUPA (Adolescent Tobacco Use Prevention Act) and Temporary Food and Food Service programs. Joel will be working on Mobile Home Parks initially and moving into our Onsite Wastewater Treatment System Program later in the year. Office time for training is currently limited as both René and Joel are participating in the Basic Environmental Health Program.

Healthy Neighborhoods Program (HNP): On September 25, Samantha Hillson and Skip Parr met with Jill Deskins, Disaster Program Manager at American Red Cross to discuss a partnership between HNP and the Red Cross Smoke Alarm Program. Red Cross is able to install smoke alarms, give up to three alarms per household, and they provide fire safety education. Both programs will make referrals.

On September 22, Samantha Hillson attended the monthly Nutrition Committee meeting at Cooperative Extension. The committee is currently working with the Rosie App (online grocery delivery) to ensure that clients with EBT/SNAP benefits can place orders for groceries.

On September 16, Samantha Hillson presented to the Cornell Microbiology course class of 40 students. She was invited to speak by Sue Merkel, the professor who is a member of the Board of Health.

On September 9, Samantha Hillson and Pat Jebbett attended the Radon Meeting at Cortland County Community Action Program (CAPCO), which provided networking, updates from the State, and information about the Statewide Radon meeting in October.

Training

René Borgella, Joel Scogin, and part-time Public Health Technician Beau West are participating in the Basic Environmental Health Program (BEHP). All Sanitarians and Technicians must complete the BEHP within their first two years of service. We are fortunate that René and Joel came on board in time for this Fall's program, which is based in Auburn. René, Joel, and Beau attended sessions on *Introduction to Public Health, Public Health Microbiology, Zoonosis, Indoor Air* on Sept 16-18. They also participated in webinars on *Communicable Disease Control* and *Pest Management* on September 24 and 30.

Steve Maybee and Liz Cameron participated in a conference call discussing Legionella on September 9.

Kristee Morgan and Liz Cameron attended the annual NYSDOH Regional Meeting at Green Lakes State Park near Syracuse on September 17. Steve Maybee, Chris Laverack, and Adriel Shea attended the morning session which focused on public water supplies.

NYSDOH recently supplied all interested counties with tablets in order to promote conducting electronic inspections. All EH technical staff participated in a NYSDOH eforms training webinar on September 21.

On September 9, Samantha Hillson and Pat Jebbett attended the Radon Meeting at Cortland County Community Action Program (CAPCO), which provided networking, updates from the State, and information about the Statewide Radon meeting in October.

On September 16, Samantha Hillson presented to the Cornell Microbiology course to a class of 40 students. She was invited to speak by Sue Merkel, the professor and also a member of the Board of Health.

Rabies Control Program

There were two confirmed cases of rabies in Tompkins County during September of 2015. Two bats were captured and submitted to the NYS Wadsworth Laboratory for testing where the presence of rabies was indicated. As a result, three people initiated rabies post-exposure prophylaxis due to potential exposure to the rabid bats.

Key Data Overview				
	This Month	YTD 2015	YTD 2014	TOTAL 2014
Bites¹	26	180	138	167
Non Bites²	3	72	81	86
Referrals to Other Counties	1	17	33	43
Submissions to the Rabies Lab	9	190	164	190
Human Post-Ex Treatments	4	88	96	103
Unvaccinated Pets 6-Month Quarantined³	0	2	0	0
Unvaccinated Pets Destroyed⁴	0	1	0	0
Rabid Animals (Laboratory Confirmed)	2	11	8	12

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

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

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

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

Reports by Animal Type												
	Bites				Animals sent to the NYS Rabies Laboratory				Rabid Animals			
	Mo	YTD 2015	YTD 2014	Total 2014	By TCHD	By Cornell	Totals		Mo	YTD 2015	YTD 2014	Total 2014
							Mo	YTD				
Cat	14	70	50	58	0	1	1	11	0	0	0	0
Dog	12	103	79	94	0	0	0	7	0	0	0	0
Cattle	0	0	0	0	0	0	0	1	0	0	0	0
Horse/Mule	0	0	1	1	0	0	0	1	0	0	0	0
Sheep/Goat	0	0	0	0	0	0	0	0	0	0	0	0
Domestic	0	2	0	0	0	0	0	1	0	0	0	0
Raccoon	0	1	1	1	1	0	1	6	0	2	2	3
Bats	0	2	6	6	7	0	7	152	2	7	5	5
Skunks	0	0	2	2	0	0	0	0	0	0	3	3
Foxes	0	0	0	0	0	0	0	3	0	1	0	0
Other Wild	0	2	4	5	0	0	0	8	0	1	1	1
Totals	26	180	143	167	8	1	9	190	2	11	11	12

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:

- | | |
|--|---|
| Applebee's Bar & Grill, V-Lansing | ICSD – Belle Sherman Annex |
| Coddington Road Community Center, T-Ithaca | ICSD – Belle Sherman Elementary |
| Cornell Vet School Coffee Shop, T-Ithaca | ICSD – Cayuga Heights Elementary |
| CU – Becker House, C-Ithaca | ICSD – Dewitt Middle School, T-Ithaca |
| CU – Big Red Barn, C-Ithaca | ICSD – Fall Creek Elementary, C-Ithaca |
| CU – Carol's Café, C-Ithaca | ICSD – Northeast Elementary, T-Ithaca |
| CU – Dairy Bar, C-Ithaca | Ling Ling Garden, T-Ithaca |
| CU – Goldie's Café, C-Ithaca | Littletree Orchards, Throughout Tompkins |
| CU – Green Dragon Café, C-Ithaca | Meadow Court – Royal Court Restaurant, C-Ithaca |
| CU – ILR Conference Center, C-Ithaca | Newfield Elementary School, V-Newfield |
| CU – Martha's, C-Ithaca | Newfield Middle/High School, V-Newfield |
| CU- North Star House, C-Ithaca | Scooby Steve's, T-Ithaca |
| CU – Rusty's, C-Ithaca | Serendipity Catering, T-Dryden |
| CU – Synapsis Café, C-Ithaca | Statler Hotel – Banfi's, C-Ithaca |
| CU – Willard Straight, C-Ithaca | Statler Hotel – Mac's, C-Ithaca |
| Dottie's Ice Cream, T-Groton | Statler Hotel – Regent Lounge |
| Gateway Café, V-Lansing | Statler Hotel – Terrace Dining, C-Ithaca |
| Gorgers, C-Ithaca | SUMO Japanese Steakhouse & Sushi, V-Lansing |
| Hal's Deli, C-Ithaca | Thai Basil, C-Ithaca |
| Hatfield Catering, Throughout Tompkins | Waffle Frolic, C-Ithaca |
| IC – CHS Coffee Kiosk, 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:

Ithaca Ale House, C-Ithaca
Napoli Pizzeria, C-Ithaca
Panera Bread Bakery-Café #1381, C-Ithaca
Silver Line Tap Room, V-Trumansburg
Wendy's, C-Ithaca

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

Critical Violations were found at the following establishments:

Wendy's, C-Ithaca

Enough refrigerated storage equipment was not maintained so that potentially hazardous foods were kept at or below 45°F. Product in a cold-holding unit was observed to be at 55-57°F. The product was removed from service and rapidly chilled to 45°F or less before use.

CU – Café Jennie, 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 cold-holding unit were observed to be at 48-50°F. The products were moved to a walk-in cooler to be rapidly chilled to 45°F or less before use.

Potentially hazardous foods were not stored under refrigeration except during necessary preparation. Products on a counter for customer service were observed to be at 59-60°F. The products were removed from service and rapidly chilled to 45°F or less.

Salt of the Earth Kitchen, Throughout Tompkins

Potentially hazardous foods were not kept at or below 45°F during cold holding. Products for service located in a cold-holding unit were observed to be 48-54°F. The products were removed from service and rapidly chilled to 45°F or less before use.

Ithaca Ale House, C-Ithaca

Enough refrigerated storage equipment is not present, properly designed, maintained or operated so that all potentially hazardous foods were stored below 45°F or less. Products in the indoor walk-in cooler were observed to be at 51-56°F. The products were moved to functioning storage to be chilled to 45°F or less before use.

Mama Teresa Pizzeria, C-Ithaca

Enough refrigerated storage equipment was not maintained to keep potentially hazardous foods at or below 45°F during cold holding. Products in two coolers were observed to be at 51-54°F and 54-57°F. Products were discarded during the inspection. An accurate thermometer was not available to evaluate the temperatures of potentially hazardous food during cooking, cooling, reheating and holding.

Cornell Vet School Main Café, T-Ithaca

Other potentially hazardous foods requiring cooking were not heated to 140°F or above. A product removed from the oven and placed out for service was observed to be 89°F. The product was removed from service and reheated to 165°F or greater.

Mandible Café, C-Ithaca

Potentially hazardous foods were not prepared as recommended using pre-chilled ingredients and not pre-chilled to 45°F or less before service. Products for customer service in an open air cooler were observed to be at 49-51°F. The products were removed from service and rapidly chilled to 45°F or less before use.

Oishii Bowl, C-Ithaca

Potentially hazardous foods were not stored under refrigeration except during necessary preparation or approved pre-cooling procedures. Product was observed on a counter at 69°F. The product was moved to refrigerated storage during the inspection.

Tompkins Cortland Community College, T-Dryden

Enough refrigerated storage equipment was not maintained so that potentially hazardous foods were kept at or below 45°F during cold holding. Products in two coolers were observed to be at 49-54°F and 51-56°F. All products were moved to functioning cold-holding equipment to be rapidly chilled to 45°F or less before use.

IC – Dillingham Theater Arts Kiosk, T-Ithaca

Potentially hazardous foods were not stored under refrigeration except during necessary preparation. Products were observed on a table for customer service at 54°F. The facility has a waiver from temperature control, however, temperature log sheets were not available and had not been maintained. The product was discarded during the inspection.

Subway #22428, C-Ithaca

Potentially hazardous foods were not kept at or below 45°F during cold holding. Product in a refrigerated storage unit was observed to be at 58°F. The product was moved to the walk-in to be cooled to 45°F or less before use.

Sangam Indian Curry & Spice, C-Ithaca

Potentially hazardous foods were held for an improper period of time at an unacceptable temperature. Products in hot holding equipment were observed to be at 128°F. The products were removed from service and rapidly reheated to 165°F or above.

Salvation Army, C-Ithaca

Enough refrigerated storage equipment was not properly maintained so that potentially hazardous foods were kept at or below 45°F during cold holding. Products in a refrigerated storage unit were observed to be at 50-51°F. The products were discarded during the inspection.

Seneca Place food Service/Kilpatricks, 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 refrigerated storage unit were observed to be at 51-56°F. The products were removed from service and rapidly chilled to 45°F or less.

Khmer Angkor, T-Lansing

Home canned goods, or canned goods from an unapproved source were found on the premises. The products were removed from service and the process has been discontinued.

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 refrigerated storage unit were observed to be at 50-51°F. The products were discarded during the inspection.

Temporary Food Service Operation Permits are issued for single events at one location. The Food Protection Program issued 62 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:

Americana Vineyards, C-Ithaca	Ellis Hollow Community Center Grill, T-Dryden
Dryden Republican Committee, V-Dryden	Ellis Hollow Community Center Salads, T-Dryden
East Hill Flying Club, V-Lansing	Ithaca Beer Company, C-Ithaca
Ellis Hollow Community Center Corn, T-Dryden	Ithaca Coffee Company, C-Ithaca
Ellis Hollow Community Center Chicken BBQ, T-Dryden	Singapore Students' Association, C-Ithaca
Ellis Hollow Community Center Cider & Doughnuts, T-Dryden	The Piggery, C-Ithaca
	Trumansburg Lions Club, T-Ulysses

Critical Violations were found at the following establishments:

Japan-US Association, Cornell University

Potentially hazardous food was held at an improper temperature. Products in two hot holding locations were observed to be at 128°F and 137°F. Products were discarded after one hour of service.

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:

607 Bottoms Up, V-Dryden
Jade Garden, C-Ithaca
Spring Buffet, C-Ithaca

Plans Approved:

No plans were approved this month.

New Permits Issued:

607 Bottoms Up, V-Dryden
636 Club of Ithaca, T-Ithaca
Gateway Café, V-Lansing

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

Engineering Plans Approved

- Beech Hill Pond Community Unit E, 40 GPD Gray Water Sewage System, Danby-T
- Finger Lakes Marine Service, 900 GPD Replacement Sewage System, Lansing-T
- One plan for cross-connection control to protect municipal water systems from hazardous connections was approved this month.

Problem Alerts/Emergency Responses

None

Healthy Neighborhoods Program

HEALTHY NEIGHBORHOODS PROGRAM	MONTH	YTD 2015	YTD 2014	Total 2014*
# of Initial Home Visits	37	305	295	426
# of Revisits	7	105	66	98
# of Asthma Homes (initial)	4	50	47	67
# of Homes Approached	34	392	1318	2034

*Covers the calendar year (January through December)

Outreach

- On September 1, Samantha and Danielle conducted outreach at the Cornell BEAR walk along with other Health Department programs - Tobacco Free Tompkins and CHS, (50 reached, 4 visits).
- On September 4, Samantha attended Congo Square Market at Southside Community Center (30 reached, 1 visit).
- On September 9, Samantha and Danielle presented at Ellis Hollow Apartments to residents (10 reached, 7 visits). We also tabled at the Southside Community Center Veterinary Clinic for the first time. Through coordinating with Southside and the veterinary students, we now have permission to regularly conduct outreach at the clinic, which occurs two times per month. (30 reached, 6 visits)
- On September 14, Pat conducted outreach at the Loaves and Fishes soup kitchen. (60 reached, 2 visits)
- On September 18, Samantha assisted with outreach at the Borg Warner Health Fair. (100 reached)
- On September 20, Samantha and Danielle had a table at the Streets Alive event on in the Southside neighborhood of Ithaca. (50 reached, 1 visit)
- On September 22, Samantha and Pat handed out flyers at the Newfield Mobile Food Pantry (100 reached)

Childhood Lead Program

CHILDHOOD LEAD PROGRAM	MONTH	YTD 2015	YTD 2014	TOTAL 2014
A: Active Cases (total referrals):				
A1: # of Children w/ BLL>19.9ug/dl	0	0	0	0
A2: # of Children w/ BLL 10-19.9ug/dl	2	3	5	5
B: Total Environmental Inspections:				
B1: Due to A1	0	0	2	3
B2: Due to A2	2	4	5	8
C: Hazards Found:				
C1: Due to B1	0	0	0	0
C2: Due to B2	2	4	5	6
D: Abatements Completed:	0	1	0	0
E: Environmental Lead Assessment Sent:	2	3	4	5
F: Interim Controls Completed:	0	0	3	3
G: Complaints/Service Requests (w/o medical referral):	5	45	42	55
H: Samples Collected for Lab Analysis:				
- Paint	0	1	0	0
- Drinking Water	0	0	0	0
- Soil	1	2	2	2
- XRF	2	3	5	6
- Dust Wipes	2	4	5	6
- Other	0	0	1	1

Summary of Open BOH Enforcement Actions:

Date of BOH Action	Facility	Owner/ Operator	Basis for Action	Penalty Assessed	Next BOH Order Deadline	Status
9/22/15	Sammy's Pizzeria	Issam Chafee	Repeat Critical Violations	\$400	Penalty Payment received.	Monitoring Compliance
9/22/15	GrassRoots World Café	Lissa Farrell	Repeat Critical Violations	\$400	Penalty Payment due 11/13/15.	Awaiting Payment
6/23/15	Jin Wu	Xiang Lan Liang	Repeat Critical Violations	\$400	Penalty Payment due 8/15/15.	Facility Closed – Awaiting Payment
6/23/15	Stella's	Matthew Garner	Violation of BOH Orders - Repeat Critical Violations	\$800	Proof of Repair or replacement of refrigeration storage	Facility Closed – Awaiting Payment
3/24/15	Upstate District Nazarene	Stanley McLain	Violation of BOH Orders (Water) – Modifications without Approval	N/A	Monthly MOR & Sampling Submittals	Monitoring Compliance
12/10/13	Ulysses WD #3	Town of Ulysses	Public Water System Violations – Disinfection Byproducts	N/A	Complete construction of TTHM reduction project or implement operational changes by 9/15/15.	Monitoring Compliance
12/11/12	Village of Dryden PWS	Village of Dryden	Public Water System Violations – Arsenic and Storage Tank Replacement	N/A	Revised engineering study due 6/15/15.	Monitoring Compliance



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

ENVIRONMENTAL HEALTH DIVISION
www.tompkinscountyny.gov/health/eh

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CERTIFIED, REGULAR, & ELECTRONIC MAIL

October 9, 2015

Arron Bound
Dryden Community Center Café, Inc.
PO Box 801
Dryden, NY 13053

**Re: Tompkins County Board of Health Draft Resolution # ENF-15-0020
Dryden Community Center Café, Food Service Establishment, V-Dryden**

Dear Mr. Bound:

Thank you for signing the Stipulation Agreement on September 23, 2015, for the Dryden Community Center Café.

Enclosed is a copy of the Draft Resolution that the Tompkins County Board of Health will consider at its meeting on **Tuesday, October 27, 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, Stipulation Agreement and Orders, and Case Summary

pc: F:\EH\FOOD (SF)\FSE (SF)\Facilities (SF-4)\Dryden Community Cafe\Draft Resolution 15-0020.docx
ec: Tompkins County Board of Health (via; Shelley Comisi, TCHD)
Mayor V-Dryden; Michael Lane, TC Legislature; TCHD: Elizabeth Cameron, P.E., Director of Environmental Health;
Frank Kruppa, Public Health Director; Kristee Morgan; Skip Parr; Brenda Coyle
scan: Signed copy to Accela

ENVIRONMENTAL HEALTH DIVISION
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DRAFT RESOLUTION # ENF-15-0020 FOR

**Dryden Community Center Café
Dryden Community Center Café Inc./Arron Bound, Owner/Operator
1 West Main Street, V-Dryden
Dryden, NY 13053**

Whereas, cite the owner/operator of a Food Service Establishment must comply with the regulations established under Part 14-1 of the New York State Sanitary Code; **and**

Whereas, on July 29, 2015, the Tompkins County Health Department observed critical violations which included failure to store potentially hazardous food at or below 45°F. A carafe of half and half and a carafe of milk were observed on the counter for service to patrons at a temperature of 56°F; **and**

Whereas, on August 28, 2015, the Tompkins County Health Department observed critical violations which included failure to store potentially hazardous food at or below 45°F. A carafe of half and half and a carafe of milk were observed on the counter for service to patrons at a temperature of 50-51°F; **and**

Whereas, Arron Bound, Operator, signed a Stipulation Agreement with Public Health Director's Orders on September 23, 2015, agreeing that Dryden Community Center Café violated this provision of the New York State Sanitary Code; **now therefore be it**

**Resolved, on recommendation of the Tompkins County Board of Health,
That Dryden Community Café Inc., Owner, is ordered to:**

1. Pay a penalty of \$400 for these violations, **due December 15, 2015**. (**Do Not** submit penalty payment until notified by the Tompkins County Health Department.); **and**
2. Maintain potentially hazardous food at or below 45°F during at all times during cold holding; **and**
3. Comply with all the requirements of Subpart 14-1 of the New York State Code for Food Service Establishments.



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

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STIPULATION AGREEMENT AND ORDERS # ENF-15-0020

**Dryden Community Center Café
Dryden Community Center Café Inc./Arron Bound, Owner/Operator
1 West Main Street, V-Dryden
Dryden, NY 13053**

I, Arron Bound, as a representative for Dryden Community Center Café Inc., agree that on July 29, 2015, and August 28, 2015, Dryden Community Center Café was in violation of Subpart 14-1 of the New York State Sanitary Code for failure to maintain potentially hazardous food at or below 45°F during cold holding.

I understand that a penalty not to exceed \$400 for these violations may be assessed following adoption of a resolution by the Board of Health. (**Do not** submit penalty payment until notified by the Tompkins County Health Department.)

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

1. Maintain potentially hazardous food at or below 45°F during at all times during cold holding; **and**
2. Comply with all the requirements of Subpart 14-1 of the New York State Code for Food Service Establishments.

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

Signed: Arron Bound Date: Sept 23, 15

Arron Bound is hereby ordered to comply with these Orders of the Public Health Director.

Signed: Brenda L. Anninell Crasby Date: 9/23/15
for Frank Kruppa
Public Health Director



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

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CASE SUMMARY – FOR RESOLUTION # ENF-15-0020

**Dryden Community Center Cafe
Dryden Community Cafe Inc., Arron Bound, Manager
1 West Main Street, V-Dryden
Dryden, NY 13053**

October 2015

Date	Action
9/23/15	Office conference held with TCHD staff, Arron Bound and Dryden Community Center Café board member. Dryden Community Center Café indicated that they were going to switch to single use, ultra pasteurized creamer to eliminate the need to provide cold holding for coffee creamers. Stipulation agreement was signed.
08/28/2015	Re-inspection by TCHD: Violations: Potentially hazardous foods were not kept at or below 45°F during cold holding. Products that had been out for customer service were observed to be at 50 and 51°F.
07/29/2015	Inspection by TCHD: Violations: Potentially hazardous foods were not kept at or below 45°F during cold holding. Products on a counter for customer service were observed to be at 51 and 53°F.
02/24/2015	Re-inspection by TCHD: Violation observed on 01/20/2015 was corrected.
01/20/2015	Inspection by TCHD: Violations: Potentially hazardous foods were not kept at or below 45°F during cold holding. Products in a sandwich unit to be used for customer service were observed to be at 61°F.
09/17/2014	Inspection by TCHD: No violations noted.
02/21/2014	Inspection by TCHD: No violations noted.
10/15/2013	Inspection by TCHD: No violations noted.
04/17/2013	Inspection by TCHD: No violations noted.
08/03/2012	Inspection by TCHD: No violations noted.
01/24/2012	Inspection by TCHD: No violations noted.
09/29/2011	Inspection by TCHD: HACCP inspection – No violations noted.
01/28/2011	Re-inspection by TCHD: Violation observed on 01/14/2011 was corrected.
01/14/2011	Inspection by TCHD: Violations: An accurate thermometer was not available or used to evaluate potentially hazardous food temperatures during cooking, cooling, reheating and hot holding.
08/04/2010	Inspection by TCHD: No violations noted.
02/17/2010	Inspection by TCHD: No violations noted.
02/26/2008	Permit to Operate Dryden Community Café issued.



Frank Kruppa
Public Health Director
55 Brown Road
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CERTIFIED, REGULAR, & ELECTRONIC MAIL

October 9, 2015

Vincenzo Merendino
612 Mitchell Street
Ithaca, NY 14850

**Re: Tompkins County Board of Health Draft Resolution # ENF-15-0021
Mama Teresa Pizzeria, C- Ithaca**

Dear Mr. Merendino:

Thank you for signing the Stipulation Agreement on September 23, 2015 for Mama Teresa Pizzeria.

Enclosed is a copy of the Draft Resolution that the Tompkins County Board of Health will consider at its meeting on **Tuesday, October 27, 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, Stipulation Agreement and Orders, and Case Summary

pc: F:\EH\FOOD (SF)\FSE (SF)\Facilities (SF-4)\Mama Teresas\Draft Resolution 15-0021.docx
ec: Tompkins County Board of Health (via; Shelley Comisi, TCHD)
Ithaca Building Department; Mayor Myrick C-Ithaca; Leslyn McBean-Clairborne, TC Legislature; TCHD: Elizabeth Cameron, P.E.,
Director of Environmental Health; Frank Kruppa, Public Health Director; Kristee Morgan; Skip Parr; Brenda Coyle
scan: Signed copy to Accela

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DRAFT RESOLUTION # ENF-15-0021 FOR

**Mama Teresa Pizzeria
Vincenzo Merendino, Owner
1006 West Seneca Street
Ithaca, NY 14850**

Whereas, the owner/operator of a Food Service Establishment must comply with the regulations established under Part 14-1 of the New York State Sanitary Code; **and**

Whereas, on August 5, 2015, the Tompkins County Health Department observed critical violations which included failure to provide and maintain enough refrigeration storage to maintain potentially hazardous food at or below 45°F. Cooked sausage, cooked mushrooms, cooked broccoli, two dozen chicken wings, and one pound of sliced gyro meat were observed in the cooler next to the ice cream case at temperatures between 54-67°F. In addition, staff observed two pounds of mozzarella cheese and other non-hazardous foods at temperatures between 52-62°F in the cooler next to the pizza oven; **and**

Whereas, on September 8, 2015, the Tompkins County Health Department observed critical violations which included failure to provide and maintain enough refrigeration storage to maintain potentially hazardous food at or below 45°F. Cooked sausage, cooked mushrooms, and sliced meat were observed in the cooler next to the ice cream case at temperatures between 51-54°F. In addition, staff observed the operator removing approximately 4 pounds of shredded mozzarella cheese observed at temperatures between 54-57°F from the cooler by the pizza oven; **and**

Whereas, Vincenzo Merendino, Owner/Operator, signed a Stipulation Agreement with Public Health Director's Orders on September 23, 2015, agreeing that Mama Teresa Pizzeria violated these provisions of the New York State Sanitary Code; **now therefore be it**

**Resolved, on recommendation of the Tompkins County Board of Health,
That Vincenzo Merendino, Owner/Operator, is ordered to:**

1. Pay a penalty of \$400 for these violations, due **December 15, 2015**. (**Do Not** submit penalty payment until notified by the Tompkins County Health Department.); **and**
2. Provide an adequate amount of refrigeration storage to maintain Potentially Hazardous Food at or below 45°F at all times during cold storage.
3. Provide proof of repair showing the proper functioning of the cooler next to the ice cream unit issued by a commercial refrigeration repair specialist or provide proof of purchase of replacement refrigeration equipment that is commercial grade and meets NSF (National Sanitation Foundation) standards to the Health Department by **October 30, 2015**.
4. Comply with all the requirements of Subpart 14-1 of the New York State Code for Food Service Establishments.



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

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STIPULATION AGREEMENT AND ORDERS # 15-0021

**Mama Teresa Pizzeria
Vincenzo Merendino, Owner
1006 West Seneca Street
Ithaca, NY 14850**

I, Vincenzo Merendino, as a representative for Mama Teresa Pizzeria, agree that on August 5, 2015 and September 8, 2015, Mama Teresa Pizzeria was in violation of Part 14-1 of the New York State Sanitary Code for failure to operate and maintain refrigerated storage units so that potentially hazardous foods are maintained at or below 45°F.

I understand that an opportunity to address the Board of Health regarding the above violations will be provided at a later date. I also understand that a penalty not to exceed \$400 for these violations may be assessed following adoption of a resolution by the Board of Health. *(Do not submit penalty payment until notified by the Tompkins County Health Department.)*

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

1. Provide an adequate amount of refrigeration storage to maintain Potentially Hazardous Food at or below 45°F at all times during cold storage.
2. Provide proof of repair showing the proper functioning of the cooler next to the ice cream unit issued by a commercial refrigeration repair specialist or provide proof of purchase of replacement refrigeration equipment that is commercial grade and meets NSF (National Sanitation Foundation) standards to the Health Department by **October 30, 2015**.
3. Comply with all the requirements of Subpart 14-1 of the New York State Code for Food Service Establishments.

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

Signed: Vincenzo Merendino Date: 09/23/2015

Vincenzo Merendino is hereby ordered to comply with these Orders of the Public Health Director.

Signed: Brenda L. Grinnel Crosby Date: 9/23/15
for Frank Kruppa
Public Health Director



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

ENVIRONMENTAL HEALTH DIVISION
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CASE SUMMARY – FOR RESOLUTION # ENF-15-0021

**Mama Teresa Pizzeria
Vincenzo Merendino, Owner
1006 West Seneca Street
Ithaca, NY 14850**

October 2015

Date	Action
9/23/15	Vincenzo Merendino came into the office, met with TCHD staff to discuss the violations and enforcement process. Stipulation agreement was signed by Mr. Merendino.
9/8/15	Vincenzo Merendino came into the office to discuss violations with TCHD staff. TCHD staff discussed the violations as well as the enforcement process.
9/8/2015	Re-inspection by TCHD: Violations: Enough refrigerated storage equipment was not maintained to keep potentially hazardous foods below 45°F during cold holding. Products in two separate coolers were observed to be at 51-54°F and 54-57°F. An accurate thermometer was not available to evaluate potentially hazardous food temperatures.
8/5/2015	Inspection by TCHD: Violations: Enough refrigerated storage equipment was not maintained to keep potentially hazardous foods below 45°F during cold holding. Products in two separate coolers were observed to be at 54-67°F and 52-62°F.
6/17/2015	Complaint received regarding cleanliness of kitchen. Education provided and no violations observed at time of visit.
2/17/2015	Complaint field visit: follow-up to complaint regarding mice and other unsanitary practices. Education provided and no violations observed at time of visit.
1/13/2015	Complaint field visit: follow-up to complaint regarding rancid meat on salad. Education provided and no violations observed at time of visit.
10/20/2014	Complaint field visit: follow-up to complaint regarding flies and unsanitary practices at facility. Education provided and no violations observed at time of visit.
4/23/2014	Inspection by TCHD: No critical violations noted.
4/9/2014	Permit to Operate Mama Teresa Pizzeria issued.