

**AGENDA  
Tompkins County Board of Health  
Rice Conference Room  
Tuesday, February 23, 2016  
12:00 Noon**

**12:00** I. Call to Order

**12:01** II. Privilege of the Floor – Anyone may address the Board of Health (max. 3 mins.)

**12:04** III. Approval of January 26, 2016 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*** (15 mins.)

**Enforcement Action:**

1. Resolution #ENF-15-007– Village of Dryden Public Water System, V-Dryden, Revised Resolution to Modify Deadlines (Water) (5 mins.)
2. Resolution #ENF-16-0002 – Rongovian Embassy, V-Trumansburg, Violation of Subpart 14-1 of the New York State Sanitary Code for Operating without a Permit (Food) (5 mins.)

**Discussion/Action:**

1. Resolution #EH-16-0003 – Fraternal Order of Eagles #1253, C-Ithaca, Clean Indoor Air Act (CIAA) Waiver Renewal Request (5 mins.)

**12:45** ***Adjournment***

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**Tompkins County Board of Health**  
**January 26, 2016**  
**12:00 Noon**  
**Rice Conference Room**

**Present:** Will Burbank; James Macmillan, MD, President; Michael McLaughlin, Jr.; Susan Merkel; and Janet Morgan, PhD

**Staff:** Karen Bishop, Director of Community Health; Liz Cameron, Director of Environmental Health; Brenda Grinnell Crosby, Public Health Administrator; William Klepack, MD, Medical Director; Deb Thomas, Senior Community Health Nurse in CSCN; Jonathan Wood, County Attorney; and Shelley Comisi, Keyboard Specialist

**Excused:** Sylvia Allinger, Director of CSCN; David Evelyn, MD, MPH, Board of Health Member; Brooke Greenhouse, Board of Health Member; Edward Koppel, MD, Board of Health Member; and Frank Kruppa, Public Health Director

**Guests:** Susan Dunlop, Community Health Nurse; Amy Hopkins, Community Health Nurse; Theresa Lyczko, Director of Health Promotion Program; and Ted Schiele, Planner/Evaluator

**Call to Order:** Dr. Macmillan called the regular meeting of the Board of Health (BOH) to order at 12:01 p.m.

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

**Introductions:** Dr. Macmillan asked Tompkins County Health Department (TCHD) staff members who were guests at the meeting to introduce themselves to the Board.

- Amy Hopkins is a nurse and new staff member working in Community Health Services (CHS).
- Ted Schiele is Coordinator of Tobacco Free Tompkins and staff member in the Health Promotion Program (HPP).
- Theresa Lyczko is Director of HPP.
- Susan Dunlop is a nurse in HPP.

**Approval of December 1, 2015 Minutes:** Ms. Merkel moved to approve the minutes of the December 1, 2015 meeting as written; seconded by Mr. McLaughlin. The minutes carried with Dr. Morgan abstaining.

**Financial Summary:** Ms. Grinnell Crosby explained there is no financial summary in the packet due to technical difficulties with the system. Kevin McGuire in County Administration is working on the glitches. With the end of the fiscal year, staff is

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working to close the 2015 financial records and to file the final State Aid claim by the end of February. In addition, staff is preparing the 2016 State Aid application.

**Administration Report:** Ms. Grinnell Crosby represented Mr. Kruppa who was interviewing candidates for the Deputy Mental Health Commissioner position.

Referring to the third bullet in Mr. Kruppa's report, Dr. Macmillan expressed interest in hearing more about the possibility of collaboration between the Community Services Board (CSB) and the BOH. Board members discussed the purpose and direction of that collaboration. Mr. McLaughlin thought the focus should be on the positives that could come from interaction between Public Health and Mental Health departments. Building on that, Mr. Burbank noted the two boards are key parts of the departments. He pointed out there are areas of commonality but different areas of responsibility. Ms. Merkel felt it would be helpful to start with presentations that provide an overview of each department. She is interested in learning about the Mental Health Department and how it connects with other mental health groups in the county. There will be further discussion at the February meeting.

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

- In the most recent reporting period, influenza cases have ticked upward. The status of influenza has changed from sporadic to localized. This year the viruses circulating are a good match for the vaccine that was administered.
- Area practitioners are seeing a significant number of cases of a respiratory disease associated with another virus type.
- With the Zika virus currently in the news, he thought it was important to read the report he was preparing for next month's Board meeting (Attachment 1). He also handed out a poster from the New York City Health Department that advises pregnant women to consider delaying travel to a country affected by the disease because the Zika virus is a special risk to them (Handout 1). TCHD has sent information about the disease to area practitioners and colleges. There is no commercial testing available; it can only be done at Wadsworth laboratories. When a practitioner has a suspect case, TCHD determines whether or not the case should be sent to Wadsworth for testing and arranges for specimens to be submitted.

Dr. Klepack responded to questions from Board members regarding the Zika virus:

- The virus is transmitted by mosquitoes so the media's emphasis has been to encourage people to take more precautions against mosquitoes. There are other diseases transmitted by mosquitoes so there are multiple reasons to be cautious about mosquitoes.
- There are different techniques to control mosquitoes, e.g. releasing sterile mosquitoes to stop replication of the mosquito population.

**Division for Community Health Report:** Ms. Bishop reported:

- Community Health Services (CHS) staff has been sharing Zika virus information and flyers received from the Centers for Disease Control and Prevention (CDC) with area healthcare providers.

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- The goals and objectives of our local Women, Infants and Children (WIC) program are reviewed by regional WIC staff. It is exceptional that our program ranks first in 6 out of the 12 objectives. It also ranks second of all WIC programs in New York State for prenatal enrollment in the first trimester. That particular finding is a direct result of ongoing collaboration between our Medicaid Obstetrical Maternal Services (MOMS) program and our WIC program. Dr. Macmillan offered congratulations on behalf of the Board.

**Health Promotion Program Report:** Ms. Grinnell Crosby announced HPP is now a part of Administration and invited Ms. Lyczko to speak about her program. Ms. Lyczko explained her team promotes other programs at TCHD; manages the departmental website; provides public information on behalf of the department; offers the CDC's Diabetes Prevention Program; produces the Community Health Assessment and Community Health Improvement Plan; and coordinates the tobacco control program in Tompkins County. Her monthly report covers some of the details of these program areas. She welcomes questions from the Board anytime.

**Children with Special Care Needs Report:** Ms. Thomas, Senior Community Health Nurse, represented Ms. Allinger at the meeting. She had nothing to add to the report.

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

**Environmental Health Report:** Ms. Cameron directed attention to the letter written by the engineering group on behalf of the Village of Dryden. It is apparent that the Village will not make the next deadline in the current Time Table of Compliance but has been actively working to correct the issues with its public water system. One reason for the delay was a change in the project manager. She will bring a new proposed schedule to the Board in February. The Village's need for an extension is valid. It is a complicated project with numerous agencies involved.

**Resolution ENF-15-0023 – Michael Morris, 2374 Mecklenburg Road, T-Enfield, Violation of Article VI of the Tompkins County Sanitary Code (Sewage):** Ms. Cameron noted this property was before the Board several years ago due to a failed sewage system. When the property changed hands, the new owner did not replace the system. Initially the sewage system did not fail so there was no violation. That is no longer the case. During a field visit, staff observed sewage on the ground surface. Staff has been working with the owner as he needs to arrange financing. The owner is agreeable to the proposed draft resolution requiring him to pump the septic tank and replace the sewage system by April 15, 2016. Staff continues to monitor the site.

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

**Selection of 2016 Officers:** The gavel was passed from Dr. Macmillan to Ms. Grinnell Crosby. The floor was opened for nominations for President and Vice President of the BOH. Mr. Burbank moved to recommend Dr. Macmillan continue serving as President and Mr. McLaughlin continue serving as Vice President; seconded by Ms. Merkel. Both

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members were agreeable to serving another year as officers of the BOH. The vote was in favor of Dr. Macmillan serving as President and Mr. McLaughlin serving as Vice President of the BOH for 2016. The gavel was passed back to Dr. Macmillan.

**Presentation – Local Licensing of Tobacco Retailers:** Ted Schiele of the Health Promotion Program briefed the Board on Mayor Svante Myrick’s Municipal Drug Policy Committee that was formed for the purpose of establishing broad policies for dealing with drug issues in the City of Ithaca. Four subcommittees referred to as pillars were created to look at prevention, law enforcement, treatment, and harm reduction. The directive to the four subcommittees was to establish a report of recommendations that would be written into the final report for the Municipal Drug Policy Committee. That report is due to come out soon.

Serving on the Prevention Pillar, Mr. Schiele was involved in developing the recommendation calling for local licensing of retailers who sell tobacco products, smoking paraphernalia, and ENDS. The prevention aspect is to limit access to the product through restricting the number and location of outlets. This has been done with alcohol so that concept could be applied to tobacco as well. Data exists that supports these prevention measures. It is unclear whether or not the recommendation will be in the final report.

When asked if the Board should make a statement of support, Mr. Schiele emphasized that his presentation was intended to be educational. There may be an opportunity to discuss this further at another time. Dr. Macmillan thanked him for his presentation.

**Adjournment:** At 1:14 p.m. Dr. Macmillan adjourned the meeting.

## **Attachment 1**

Dr. Klepack read the following report that he originally prepared for the Medical Director's Board of Health Report for February 2016:

### **Zika Virus**

As if we do not have enough viruses to worry about, a virus known as Zika virus has become a concern in the continental U.S. Known to be existent in South America and Africa; the Zika virus is more of a concern since some travelers returning to the U.S. from those affected countries have returned with infection. Additionally, there is the possibility of local transmission within the continental U.S. from this mosquito vectored infectious disease. As in most of these virus illnesses, there is no specific medication treatment. The primary strategy is to recognize a Zika case when it presents to a physician. As is typical with these viral diseases, the symptoms are relatively non specific consisting of fever, rash, joint aches and pains, and/or eye irritation. The real key is the travel history which would have been within the previous two weeks to an at risk country. Subsequent to diagnosis, the main strategies are supportive treatment and preventing mosquito bites which would raise the risk of transmission of the virus to other individuals that the mosquito might bite. This disease is a special risk for pregnant women where it can cause small brain development that is failure of the brain to develop normally. Whether or not it causes fetal losses is up in the air.

To put this in perspective, there have not been any outbreaks of this virus within our area and it is not mosquito season at this time of year. However, the type of mosquito that can transmit the virus does exist in the continental U.S. Since travelers can bring back the virus, it is a concern.



## Travel Warning for Pregnant Women

### *Zika Virus*

Pregnant and traveling? **Learn** about Zika virus, and **consider** delaying travel to affected areas until health experts say it's safe.

#### Learn about Zika virus.

- Zika spreads to people through mosquito bites—but not a bite from *any* mosquito. The mosquito that health experts believe spreads the virus lives in certain parts of the world.
- Zika is affecting parts of Central and South America, Mexico and the Caribbean. The type of mosquito that spreads the virus is common there. Find the latest locations at the link below.
- Most people infected with Zika don't get sick. However, Zika **may cause birth defects**, so pregnant women should take steps to avoid the virus.
- There is no vaccine.

**If you're pregnant, consider delaying travel to an affected area until health experts say it's safe.**

- *If it's not possible to delay travel*, talk to a doctor first. The mosquito that spreads Zika is very aggressive. The mosquito bites during the day and early evening. **Use insect repellants approved by the EPA. Wear long sleeves and pants. Wear clothing treated with permethrin (a chemical that repels insects). Use a mosquito bed net if you cannot keep mosquitoes out of your residence.**
- *If you are pregnant and did travel to an area affected by Zika*, contact your health care provider **immediately**.
- *If you are trying to become pregnant*, talk to your doctor before traveling.



**For more information, and links to maps of the affected areas, visit [nyc.gov/health](https://nyc.gov/health) and search zika.**

**Medical Director's Report**  
**Board of Health**  
**February 2016**

**Meningococcal Vaccine Update**

As of September of this year, it will become public health law that all students will need to be up-to-date with the meningococcal vaccine. There are two different meningococcal vaccines. One protects against serotypes A, C, W, and Y. The second protects against type B. State law will require the ACWY vaccine prior to school entry as of September 20, 2016. The relevant grades to which this law applies are 7th and 12th. Type B vaccine is an optional vaccine which is recommended but not required. The timing and targeting of this vaccine is meant to protect individuals at the age of greatest impact.

In addition, travelers to high risk areas should be vaccinated against meningococcal disease. The major risks for transmission of this disease between people are by respiratory droplet spread or direct contact with respiratory secretions including saliva. This can happen when sharing cups, water bottles, eating utensils; kissing; and coughing. Living in close quarters or smoking is also associated with the spread of the disease.

About 800 to 1,200 cases of this disease occur each year in the U.S. The mortality rate is high and quite commonly presents as meningitis or a generalized spread of the germ through the bloodstream or through pneumonia. Up to 10 percent of adolescents and adults carry this germ in their bodies capable of spreading it to others but have no symptoms and are unaware of it. If one has the bloodstream form of the infection, up to 40 percent of the people will die from it. Between 11 and 19 percent of those who survive have serious long-term complications.

Area high school nurses are making this new public health concern known to the appropriate parental groups. Tompkins County Health Department and area practices are also spreading the word.

**Zika Virus**

Changes occurring in the past month include changes in recommendations for testing from the New York State Department of Health (NYSDOH). The department not only recommends testing all symptomatic people who have traveled to an endemic area within the previous two weeks but also testing all pregnant women who have traveled to an endemic area regardless of any symptoms. Testing is available only upon approval by a local health unit or the NYSDOH at the state sponsored laboratory. Testing is not available at commercial or hospital laboratories.

Some media articles have appeared talking about sexual transmission of the Zika virus. There have been two cases in which it is thought that sexual transmission may have occurred in which the virus was demonstrated in semen. However, the Centers for Disease Control and Prevention (CDC) does not recommend additional steps at this time and does regard this to be an unproven mode of transmission. Regardless, the focus needs to be on the major mode of transmission which is by mosquito vector. As our weather warms in the continental U.S., this mode of transmission will become a concern. Currently, it is not thought the appropriate mosquito exists above the southern U.S.

Activities of the past month have included monitoring the testing of suspect persons within our County and the detection of a case in a male. In addition, we have provided area practitioners with appropriate information about testing regulations and created a poster to help their patients self report potential exposures.

## **Leading Causes of Death in the U.S. and Current Mortality Statistics**

The CDC National Center for Health Statistics has published current indices for life expectancy showing that at birth males can expect to live to age 76.4 years and females to 81.2 years. That gap narrows at age 65 in that males can expect to live an additional 18 years and females an additional 20.5 years. There has not been any change between 2013 and 2014 for these statistics.

In terms of the leading causes of death, it is interesting to note that influenza and pneumonia ranked 8th in the top 10 causes of death in the country. They represented approximately 15 deaths per 100,000 standard population and were about on par with deaths due to diabetes, kidney disease, and suicide. Chronic lung disease, unintentional injuries, and stroke accounted for about a middle third of the deaths at around 36 to 42 per 100,000. Alzheimer's disease was lower at 23 to 25 per 100,000. The top two leading causes of death remain heart disease and cancer nearly neck and neck at about 165 deaths per 100,000. Each shows a slight decline between 2013 and 2014.

# Health Promotion Program

Theresa Lyczko, Director

## **Tobacco Control Program** – Ted Schiele, Evaluator/Planner and Tobacco Program Coordinator

- Attended statewide program meeting for Advancing Tobacco Free Communities (ATFC) in Albany, January 28
- Monthly ATFC contract staff meeting in Cortland. Also attended SUNY Cortland's Tobacco Advisory Committee meeting that day, January 22
- Presented to the Board of Health on local licensing of tobacco retailers, January 26
- Met with Cinemapolis manager regarding a Reality Check event to recognize the International Week of Action, which promotes an "R" rating for all movies that have scenes of smoking or tobacco use, January 15
- Attended an open tenants meeting at the Ellis Hollow apartments, which was called to discuss concerns about exposure to secondhand smoke that is infiltrating the apartments of non-smokers at high levels, January 12. Subsequent follow-up included working with a couple of tenants to draft a tenant survey, and meeting twice with those tenant representatives.
- Reviewed and commented on West Village survey data for Cortland graduate student/researcher.
- Conference calls: ATFC, Reality Check, smoke-free media, tobacco-free outdoors, smoke-free housing, tobacco-free pharmacies

## **TCHD Participation and Support**

- Attended Immunization Coalition meeting, January 5. Theresa Lyczko
- Met with WIC Director to discuss marketing and outreach for the WIC program, January 8. Ted Schiele, Theresa Lyczko
- Ithaca College student intern orientation, January 27. Theresa Lyczko
- Media: responded to a media inquiry about the current incidence of flu locally due to anecdotal observation of upper respiratory illness by the reporter. Response: Flu incidence was low; higher incidence expected later in the season, January 11. Theresa Lyczko
- Media: submitted dog bite press release to the media for EH.
- Active Shooter Training, January 5. Ted Schiele, Susan Dunlop, Theresa Lyczko

## Web site postings

- BOH packet and reports
- WIC calendars for first quarter
- Dog bite PR, 1/8

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

- Care Compass Network (DSRIP) – North Regional Performance Unit (RPU) Chronic Disease sub-committee, January 8. Theresa Lyczko
- RPU – full committee, January 29, Theresa Lyczko

## **Emergency Preparedness**

- Cargill Mine incident – assisted lead Public Information Officer (PIO) by providing situational updates to her and others at the Joint Information Center, Department of Emergency Response and the site where family members gathered; assisted the media; helped to coordinate media releases, January 7. Theresa Lyczko
- After Action discussion on the Cargill incident with County PIO group, January 21. Theresa Lyczko

### **Community Outreach**

- TC Worksite Wellness Coalition, January 14. Susan Dunlop, Ted Schiele, Theresa Lyczko
- Prepare, promote, facilitate, follow-up Coalition meeting, January 14. Ted Schiele
- Coalition planning workgroup meeting, January 21. Ted Schiele
- Visited 2 provider offices to deliver Diabetes Prevention Program posters and referral forms, January 12, 14. Susan Dunlop, Community Health Nurse
- Developed bus poster for the Diabetes Prevention Program, Ted Schiele
- Facilitated/coached the Diabetes Prevention Program (DPP) for a group of 7 participants, January 5, 12, 19, 26. Susan Dunlop
- Participated in the Groton Health Center employee health fair – 17 employees completed the “Am I at Risk for Diabetes” screening tool. Distributed information on DPP, the Healthy Neighborhoods Program. Discussed the Tompkins County worksite coalition with 2 vendors and referred them to the website on TCHD’s website, January 22. Susan Dunlop
- Met with Finger Lakes Independence Center (FLIC) staff to plan for “Women and Heart Disease” presentation at FLIC in February, January 25. Susan Dunlop
- Owing Your Own Health (OYOH) committee meeting, January 20. Ted Schiele
- Meeting about developing a newsletter for employees covered by the Greater Tompkins County Municipal Health Insurance Consortium, January 27. Ted Schiele
- Attended Ithaca City Hall staff Wellness Committee meeting, January 14. Ted Schiele
- Friends of Stewart Park board meeting, January 19. As secretary, recorded and submitted board minutes. Executive committee meetings, January 21, 25. Theresa Lyczko

### **Meetings and Trainings**

- Community Coalition for Healthy Youth (CCHY) board meeting, January 14. Ted Schiele
- Web training at ITS, January 26. Ted Schiele
- Active Shooter Training, January 5. Ted Schiele, Susan Dunlop, Theresa Lyczko
- Health Planning Council Board meeting, January 11 and Executive Committee meeting, January 27. Theresa Lyczko
- “The Role of Patient Centered Outcomes Research in the Current Healthcare Landscape” - Medscape - 0.5 hours, January 21. Susan Dunlop

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**Division for Community Health**  
**February 23, 2016 Board of Health Meeting**

**Karen Bishop, Director of Community Health**  
**January 2016 Report**

**Agenda – none**

**Administration –**

- Prepared reports for the accountants to review and prepare our 2014 Clinic Cost Report submitted to NYSDOH.
- Prepared and submitted the 2014 LHCSA Statistical Report to NYSDOH.
- Prepared annual state aid application for the division.
- Reviewed and revised activity service codes for CHS staff to improve documentation of eligible state aid activity time.
- Interviewed two possible interns, one Cornell University nutrition student requesting to intern in WIC in the fall semester and one SUNY Cortland health education student requesting to intern in CHS this summer. Both interns approved.
- Attended regional Director of Patient Services meeting in Syracuse on January 15. Discussed content of NYSDOH surveys of home care and licensed home care service agencies. NYSDOH will be piloting a desk survey with four selected regional licensed home care service agencies in February.
- Reviewed several customized documentation forms we created for Core Solutions Software with attention to completeness, accuracy and workflow. Edits were submitted to Core development team for their implementation. We are waiting for Core to complete.
- Participated in training introduction to Core Solutions Software for CHS staff on Jan. 6.
- Completed the independent study course, “Active Shooter: What You Can Do” on Jan. 4.
- Viewed the STD Lunch and Learn Series: “Extra-genital Screening for the Detection of GC and CT” on January 11.
- Viewed the Children’s Hospital of Philadelphia webinar, “Are Alternative Vaccine Schedules a Reasonable Alternative?” by Paul Offit, MD on January 13.
- Viewed the NYSDOH webinar on “Meningococcal Vaccine: You’re Not Done if You Give Only One” on January 14.
- Met weekly with CHS managers to review program specific billing procedures, status of claim submissions and internal documentation/billing review processes.
- Met weekly with Cathy Sinnott, WIC Director to review program and staff needs.
- Participated in Zika virus conference calls with NYSDOH.

**Statistical Reports –**

- Division statistical reports – see attached reports.
- Communicable Disease statistical report – see attached.

## WIC -

- Working to improve clinic atmosphere supportive of breastfeeding among participants. The Breastfeeding Coordinator position has been assigned to Christie Landon, CLC (certified lactation counselor). Two new Breastfeeding Peer Counselors have been hired to start on 2/22/2016. This brings WIC to 3 Breastfeeding Peer Counselors to assist women with their breastfeeding goals. This increase in staff will allow peer counselors to be present in clinic for face-to-face support to women during appointments. The agency has a dedicated private room in WIC specifically for breastfeeding support equipped with a glider chair for nursing mother's comfort. This room also serves as a private meeting space for peer counselors with WIC clients.
- Recently purchased a 2016 Ford Transit van which will allow staff to travel in one vehicle to outreach sites, trainings and conferences and will accommodate all the necessary equipment needed to serve participants offsite.
- 2016 LACASA (local agency compliance and self-assessment plan) was approved by NYS Division of Nutrition. The plan will focus on increasing child participation rates, increasing check redemption rates and decreasing incidence of high maternal weight gain during pregnancy.
- The 2016 Healthy Lifestyles project begins on 3/1/2016. Using the My Plate curriculum and the new 2015–2020 Dietary Guidelines for Americans, WIC nutritionists will provide targeted education to our pregnant women and children age 2-5 years with the goal of reducing obesity rates.

## February 2016 BOH Report

### Community Health Services

By Melissa Gatch, Supervising Community Health Nurse

#### CHS staffing-

- We welcomed Community Health Nurse Rachel Buckwalter to the Community Health Services (CHS) unit as of February 1, 2016. Rachel transferred from the TCHD CSCN program where she has worked for several years as a Community Health Nurse.

#### Continuing Education-

- CHS staff attended several webinars sponsored by the NYSDOH during January on the Zika Virus.
- CHS staff also attended a webinar on January 14<sup>th</sup> on *Meningococcal Vaccine: You're Not Done If You Give Just One* sponsored by the NYSDOH.

#### Lead Poisoning Prevention- (2 cases)

- Case #1 : One year old with initial BLL 10.2mcg/dl on 9/4/15. Joint visit made with Environmental Health on 9/22/15 as well as ECOSPEC inspector for XRF lead analyzer testing. Parents own older home. Visual inspection did not reveal any deteriorating paint despite its age. Child does not attend daycare and only visits grandparents' local home which was built after 1978. Parents reported trip to Maine for several weeks over the summer to visit a family member who was renovating an older home. Education provided to parents on sources of lead, house cleaning methods and nutrition. Paint sampling results using XRF analyzer found lead-based paint in a few areas on the interior of the home. A letter was sent to the parents by Environmental Health listing the lead testing results and recommendations to reduce lead hazards. It is suspected that the lead exposure was likely during trip to Maine where older home was being renovated. Plan: Repeat December BLL not done as yet -letter sent to PCP and parents to have done. 1/25/16 follow up with medical provider and parents reveals fingerstick BLL done in office at 15 month well visit in January- result was 9mcg/dl. Lead nurse advised that venous sample needs to be obtained. Medical provider will draw at next visit in March. Keep case open to ensure repeat lead testing done and if below 10mcg/dl discharge.
- Case #2(New): Two year old with initial BLL 35.1 mcg/dl on 11/23/15. Previous BLL at one was 3.3 mcg/dl 9/3/14. Joint visit made with Environmental Health on 11/23/15. No obvious lead hazards identified at child's home which was built after 1978- home is a rental home. Education provided to parents on sources of lead, housecleaning methods and nutrition. Interview of parents revealed that child spends several days each week visiting both sets of grandparents who live nearby but not in Tompkins County- both are in older homes. Child is no longer in daycare but spent 6 weeks in a daycare. Referred two homes in outside county for lead testing- done 11/27/15. No lead hazards identified in either home except for one door in one home

which is unavailable to the child. Daycare was assessed 12/1/15 and found no lead hazards. Repeat BLL on 11/27/15 30.9mcg/dl, 12/7/15 29.5 mcg/dl, 12/23/15 28.1 and 1/13/16 22.2mcg/dl. Paint sampling results using XRF analyzer in parents rental home found a kitchen door that leads to the upstairs bedroom positive for lead paint and in deteriorated condition. Report includes that the child spends a significant amount of time at this doorway/landing and was in contact with the door daily. The parents removed the door upon discovering this and provided cleaning of the floor. A "Notice and Demand" was issued by EH on December 8th to the landlord outlining steps to take to minimize further exposure. Plan: Repeat BLL in February. Keep case open to ensure repeat testing done.

### **Communicable Disease-**

- **Zika Virus-** A mosquito-borne flavivirus transmitted by the *Aedes aegypti* and the *Aedes albopictus* mosquito. Since January 2016, transmission has been identified in at least 30 countries or territories in the Americas, including Puerto Rico. About one in five people infected with Zika virus become symptomatic; clinical findings include acute onset of fever, maculopapular rash, arthralgia or conjunctivitis. Severe disease requiring hospitalization is uncommon and fatalities are rare. There is no prescribed treatment for the virus, other than supportive, including rest, fluids and the use of analgesics and antipyretics (no Aspirin and other NSAIDs until dengue can be ruled out). Incubation period is 3 to 12 days; the virus will usually clear from the body within 7 days. Recently, there has been an outbreak in Brazil; viral Zika RNA has been identified in tissues from infants with microcephaly and from fetal losses in women infected during pregnancy. There has been a reported case of sexual transmission of Zika virus in the state of Texas. As information is rapidly evolving, it is recommended that until more is known, males who have traveled to or live in an area with active Zika virus transmission and are sexual partners of a pregnant women, abstain from sex or consistently and correctly use latex condoms. Hospitals and providers must report suspected cases of Zika virus to the LHD where the patient resides. For nonpregnant women and males, the LHD will authorize approval for testing based on travel history and symptoms. **ALL** pregnant women who traveled to an area with ongoing Zika virus transmission during pregnancy, regardless of symptoms, will receive approval for testing. Testing involves both serum and urine specimens.
- **Influenza:** Flu activity in New York State continues to increase in number and is now at a widespread level. Tompkins County has had 13 confirmed cases this season to date. There have been no reported pediatric deaths. We continue to offer flu vaccine by appointment at our weekly immunization clinics. As of 2/11/16, the NYSDOH Commissioner declared that regulated health care workers not vaccinated, must wear a mask in patient areas until influenza is no longer prevalent. The declaration will remain in effect until the Health Commissioner lifts it.
- **Syphilis:** A case of early latent syphilis was reported for the month of January. The case had been a previous case of early latent syphilis in 2014 and acquired a new infection in 2016. The case was provided the recommended treatment by provider with partner notification and education by the NYSDOH.

- **Health Advisories and Informational Messages Blast Faxed to Providers:**
  - Weekly Influenza Surveillance Report
  - Zika Virus
  - Webinar: What New York State Physicians Need to Know about Zika Virus
  - NYSDOH Commissioner declares influenza prevalent in NYS and requires unvaccinated hcws to wear a mask in patient areas.

**Tuberculosis (TB): One Active TB Disease Cases:**

- 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. 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. 4-drug treatment initiated at the end of August given clinical presentation and strong suspicion of active pulmonary disease. Culture and PCR negative for MTB but will continue to treat as culture negative TB as case has showed continued improvement on therapy. Transitioned to 2-drug therapy 2x/week at the end of October. Plan is to continue DOT visits twice weekly through February and then repeat CT to evaluate for resolution of cavitary disease and establish a new baseline.

**Latent TB Infection (LTBI):** There were **30** Tuberculin Screening Tests (TST) placed during the month of January with three positive results. One of the three was referred back to her home county (Seneca); she was educated and counseled by the LHD; was referred for LTBI treatment. The other 2 positives were migrant farm workers from Guatemala (who are working locally), with known exposure to someone with active TB from another state. Both workers had chest x-rays, with normal results. TB consultant advised sputum for AFB for one of the clients who presented with weight loss and night sweats. Sputum specimens are pending at this writing. The clients were given LTBI information for review.

Division for Community Health  
**PROGRAM Statistical Highlights for Board of Health - 2016**

Community Health Services Clinical Statistics	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD 2016	Total 2015	Total 2014
<b>Maternal Child / MOMS Services</b>															
Client Caseload	119														
# of Client Admissions	22												22	295	321
# of Client Discharges	25												25	337	357
Maternal & Infant Clinic Visit	59												59	209	355
Maternal & Infant Home Visit	10												10	862	758
<b>Total Home &amp; Clinic Visits</b>	69	0	0	0	0	0	0	0	0	0	0	0	69	1071	1113

<b>On-Call (Weekend) Nursing Visits to Patients</b>															
Maternal & Infant On Call Visits	0												0	0	0
Rabies On Call Vaccinations	0												0	28	37
TB DOT On Call Visits	0												0	9	11
<b>Total # On-Call Visits</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	37	48

<b>Total Home, Clinic, On-Call Visits</b>	69	0	0	0	0	0	0	0	0	0	0	0	69	1161	1161
-------------------------------------------	----	---	---	---	---	---	---	---	---	---	---	---	----	------	------

<b>Childbirth Education</b>															
# of Childbirth Education Classes	0												0	10	16
# of Childbirth Education Moms*	0												0	32	54

\* CBE Total is duplicated count

DOT = Direct Observe Therapy Visits

MOMS = Medicaid Obstetrical and Maternal Services

Shaded areas indicate revisions from the previous report

<b>Community Health Services Clinical Statistics</b>	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD 2016	Total 2015	Total 2014
<b>Immunizations (Reported to NYSIIS, Updates May Be Pending)</b>															
# of Immunization Clients	34												34	429	319
# of Immunizations Administered	38												38	761	534
^Children 0 thru 18 years, 364 days	19												19	319	423
^Adults 19 years and older	15												15	205	111
# of Influenza Immunizations	10												10	579	917
<b>Rabies Vaccination Program (Internal Data, Reporting to NYSIIS May Be Ongoing)</b>															
Post-Exposure Clients	0												0	107	106
Post-Exposure Clinic Vaccinations	0												0	258	267
<b>Tuberculosis Program</b>															
Cumulative TB clients	1												0	2	4
Active TB Admissions	0												0	2	4
Active TB Discharges	0												0	4	2
TB Direct Observe Therapy Home Visits	7												7	274	269
# of Tuberculosis Screening Tests*	30												30	283	421
<b>Anonymous HIV Counseling &amp; Testing Clinics</b>															
# of HIV Clinics - including Walk-Ins	10												10	109	99
# of Clients Counseled & Tested	4												4	94	96
HIV Positive Eliza & Western Bloc	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Women, Infants, Children Clinic</b>															
Monthly New Enrollments	68												68	676	430
Total Participants Served	560												560	6417	4889
Participants w/Active Checks	1311												1311	1338	1386
Total Enrolled (summary is an Average)	1559												1559	1564	1689
% No-Show	15.9%														18.3%
% Active Participation	87.4%														69.3%
% Caseload Target (FY15 Target = 1500)****	103.9%														84.4%

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

\*\*\*\* Caseload target changed from 2000 to 1500 effective 10/1/2015

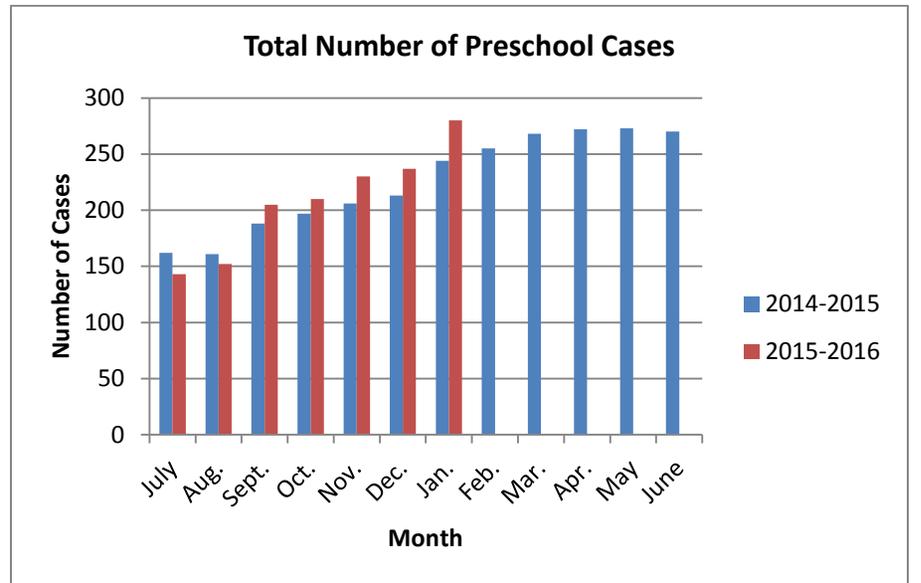
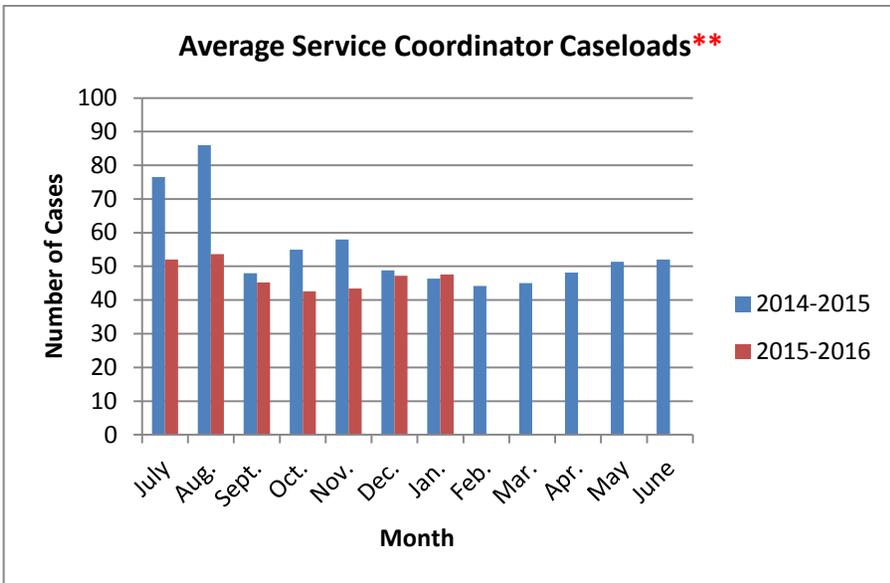
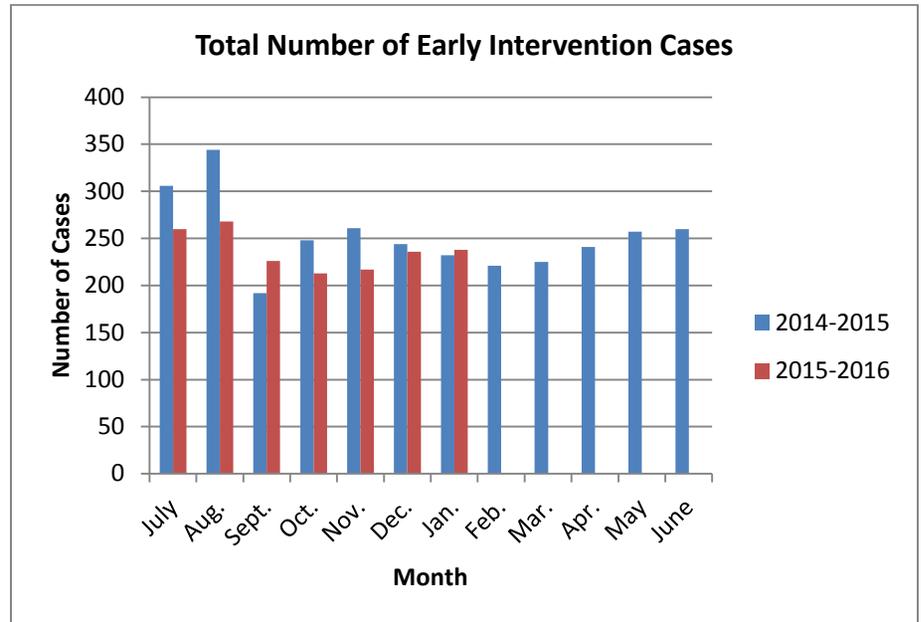
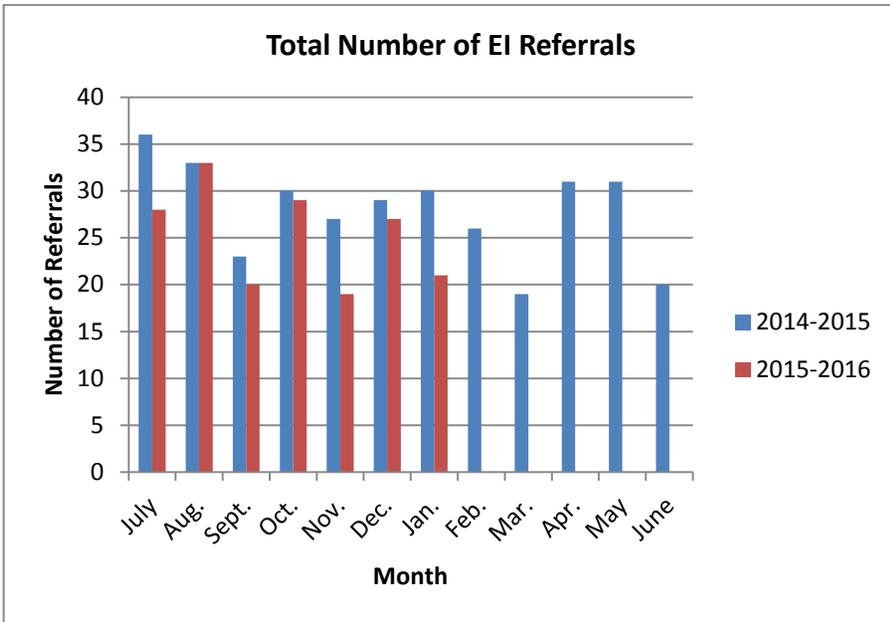
N.Y.S. Department of Health  
 Division of Epidemiology  
 Communicable Disease Monthly Report\*, DATE: 04FEB16  
 Rates are defined as: Cases/100,000 population/Month

County=TOMPKINS Month=January

Disease	2016		2015		2014		2013		Ave (2013-2015)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
CAMPYLOBACTERIOSIS**	0	0.0	0	0.0	1	11.5	0	0.0	0	0.0
CRYPTOSPORIDIOSIS**	0	0.0	0	0.0	1	11.5	1	11.5	1	11.5
GIARDIASIS	0	0.0	1	11.5	0	0.0	1	11.5	1	11.5
HEPATITIS B,CHRONIC	0	0.0	0	0.0	1	11.5	0	0.0	0	0.0
HEPATITIS C,CHRONIC	5	57.3	5	57.3	9	103.2	3	34.4	6	68.8
INFLUENZA A, LAB CONFIRMED	4	45.8	171	1960.1	65	745.0	58	664.8	98	1123.3
INFLUENZA B, LAB CONFIRMED	0	0.0	15	171.9	1	11.5	9	103.2	8	91.7
LYME DISEASE** *****	2	22.9	0	0.0	1	11.5	1	11.5	1	11.5
PERTUSSIS**	0	0.0	0	0.0	0	0.0	1	11.5	0	0.0
STREP,GROUP A INVASIVE	1	11.5	0	0.0	0	0.0	0	0.0	0	0.0
STREP,GROUP B INVASIVE	1	11.5	1	11.5	2	22.9	1	11.5	1	11.5
STREP PNEUMONIAE,INVASIVE	0	0.0	1	11.5	0	0.0	1	11.5	1	11.5
SYPHILIS TOTAL.....	1	11.5	0	0.0	0	0.0	0	0.0	0	0.0
- EARLY LATENT	1	11.5	0	0.0	0	0.0	0	0.0	0	0.0
GONORRHEA TOTAL.....	4	45.8	7	80.2	5	57.3	1	11.5	4	45.8
- GONORRHEA	4	45.8	7	80.2	5	57.3	1	11.5	4	45.8
CHLAMYDIA	21	240.7	23	263.6	19	217.8	21	240.7	21	240.7

\*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 in 2013-2014  
\*\*\*Not official number  
\*\*\*\* From 2013-2014,18 counties investigated a sample of positive laboratory results; 2015-2016, 25 counties sampled.

**Children with Special Care Needs Division  
Statistics Based on Program School Year**



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













ENVIRONMENTAL HEALTH DIVISION  
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## ENVIRONMENTAL HEALTH HIGHLIGHTS January 2016

### Outreach and Division News

**Lead Levels in Drinking Water at Caroline and Enfield Elementary Schools:** In late August 2015, the Ithaca City School District (ICSD) tested drinking water samples from Enfield and Caroline Elementary Schools for lead. The results for some of the samples significantly exceeded the lead action level of 15 parts per billion (ppb). When water stands in the pipes unused for very long periods of time (many days), more lead can dissolve into the drinking water, leading to the high August test results from these schools. Ten samples were collected from each school in January 2016, following recommended flushing and sampling procedures. All results were significantly lower. Only three of those samples met or slightly exceeded the action level of 15 ppb. The ICSD replaced the fixtures and piping at these three locations.

The results from the January sampling are more representative of normal conditions when water is being used on a more regular basis. Samples collected previously in 2012, 2009 and 2006 had no results exceeding the action level. Because the drinking water systems at each school were essentially flushed by janitors cleaning the school prior to opening in September, the exposure to lead in the water was minimal and would not create a significant risk to the staff or children at the school. The Tompkins County Health Department and the Ithaca City School District will be monitoring future sample results to determine if additional action is needed. Copies of the public notices that were sent by the ICSD to all caregivers are attached.

**Proposed Regulatory Changes – Children's Camps:** The NYSDOH has proposed amendments to the Children's Camp regulations (Subpart 7-2). The proposed amendments implement the law that established the New York State Justice Center for the Protection of People with Special Needs. The proposed regulations extend specified health and safety protections to all camps enrolling a child with a developmental disability. On January 28, Kristee Morgan and Liz Cameron participated in a NYSACHO/NYSDOH webinar addressing the proposed changes. Following the presentation, the Conference of Environmental Health Directors (CEHD) submitted comments that supported the additional protection for children with developmental disabilities but expressed concern on the hardship this places on camps and the local health departments if the requirements are extended to all Children's Camps. A copy of the letter is attached.

**Water Quality near Cayuga Coal Ash Landfill:** On January 20, Liz Cameron attended the Tompkins County Legislature Planning, Energy and Environmental Quality Committee meeting. The NYSDEC presented information on water quality monitoring at the Cayuga Power Plant Coal Ash Landfill. Residents have expressed concern that contamination from the landfill could be reaching individual drinking water wells. NYSDEC's analysis of their monitoring information shows elevated concentrations close to the landfill and that ground water from the landfill does not move in the direction of the homes. The NYSDEC will be addressing additional questions in writing and will be keeping the Environmental Health Division informed during the process.

**Dryden Public Water Supply:** The Village of Dryden has started monthly meetings with representatives from the Village, their consulting engineer, the New York State Environmental Facilities Corporation, the Environmental Health Division, and others. The purpose of the meetings is to discuss the status and any issues with the plans to address the elevated arsenic levels in their water supply. Liz Cameron attended the meeting on January 11 and will be attending future meetings.

**2016 Program Planning:** The Food Service and Support Staff teams met during the month of January to plan and review program activities for the coming year. Meetings for other programs are being scheduled for February. The Drinking Water Program distributed 2016 drinking water sample schedules to most public water systems.

**Personnel:** The Environmental Health Division continues its tradition of providing good fortune to those who join us in a temporary position. On February 1, Heather Blanchard started with us as a part-time Public Health Technician, providing assistance with the Rabies program and Complaints, working 15 hours per week for up to 90 days. Within a week, Heather was offered a full-time permanent position with the Onondaga County Healthy Neighborhoods Program. Congratulations to Heather! Her last day will be February 19. In addition, the Environmental Health Division continues to have a Public Health Sanitarian out on extended leave and is evaluating options for filling the temporary vacancy.

In other exciting personnel news, Samantha Hillson, Healthy Neighborhoods Program Education Coordinator, welcomed her daughter into the world on December 31<sup>st</sup>. Samantha will be on leave through the end of March. Congratulations to Samantha and her family!

**Training:** On January 7, most Environmental Health Division staff participated in the required training by the Federal Emergency Management Agency (FEMA): Active Shooter – What Can You Do? (IS-907). All Environmental Health Division staff have completed the required training.

On January 27, the Environmental Health Division Support Staff team received training on a new procedure to pre-screen CHS clients that have recently travelled internationally when they check-in at the main reception area. Environmental Health Support Staff assists the Department with providing coverage to the main reception area.

On January 15, Clayton Maybee completed the CDC online course: "Foodborne Illness Outbreak Environmental Assessments".

### **Indoor Swimming Pools and Spas**

Thirty-one indoor pools operated on year-round permits during 2015. Thirteen pools and spas are operated under Temporary Residence permits and the other eighteen are issued permits as primary operations under Subpart 6-1.

The 35 inspections conducted in the period prior to permit renewal included 3 Pre-Operational Inspections at facilities where pools had been closed for periods of several months due to construction activities and a few re-inspections resulting from public health hazards that required immediate correction or resulted in pool closure until corrected. In these cases the operators voluntarily closed the pools and placarding was not required.

### **Rabies Control Program**

There was one confirmed case of rabies in Tompkins County during January 2016. A confirmed rabid skunk attacked 20 calves that were housed in a barn. Unfortunately, all of the animals were unvaccinated and were euthanized.

The Winter Rabies Clinic was held at the Tompkins County SPCA in January. 115 cats, dogs and ferrets were vaccinated during this clinic.

<b>Key Data Overview</b>				
	<b>This Month</b>	<b>YTD 2016</b>	<b>YTD 2015</b>	<b>TOTAL 2015</b>
<b>Bites<sup>1</sup></b>	16	16	10	230
<b>Non Bites<sup>2</sup></b>	0	0	1	72
<b>Referrals to Other Counties</b>	0	0	1	26
<b>Submissions to the Rabies Lab</b>	11	11	7	207
<b>Human Post-Ex Treatments</b>	0	0	2	93
<b>Unvaccinated Pets 6-Month Quarantined<sup>3</sup></b>	0	0	0	2
<b>Unvaccinated Pets Destroyed<sup>4</sup></b>	1	1	0	1
<b>Rabid Animals (Laboratory Confirmed)</b>	1	1	0	13

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

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

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

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

<b>Reports by Animal Type</b>												
	<b>Bites</b>				<b>Animals sent to the NYS Rabies Laboratory</b>				<b>Rabid Animals</b>			
	<b>Mo</b>	<b>YTD 2016</b>	<b>YTD 2015</b>	<b>Total 2015</b>	<b>By TCHD</b>	<b>By Cornell</b>	<b>Totals</b>		<b>Mo</b>	<b>YTD 2016</b>	<b>YTD 2015</b>	<b>Total 2015</b>
							<b>Mo</b>	<b>YTD</b>				
<b>Cat</b>	4	4	3	96	1	0	1	1	0	0	0	1
<b>Dog</b>	11	11	7	125	2	0	2	2	0	0	0	0
<b>Cattle</b>	0	0	0	0	0	0	0	0	0	0	0	0
<b>Horse/Mule</b>	0	0	0	0	0	0	0	0	0	0	0	0
<b>Sheep/Goat</b>	0	0	0	0	0	0	0	0	0	0	0	0
<b>Domestic</b>	1	1	0	2	1	0	1	1	0	0	0	0
<b>Raccoon</b>	0	0	0	1	0	0	0	0	0	0	0	3
<b>Bats</b>	0	0	0	3	2	2	4	4	0	0	0	7
<b>Skunks</b>	0	0	0	0	1	0	1	1	1	1	0	0
<b>Foxes</b>	0	0	0	0	0	0	0	0	0	0	0	1
<b>Other Wild</b>	0	0	0	2	0	2	2	2	0	0	0	1
<b>Totals</b>	<b>16</b>	<b>16</b>	<b>10</b>	<b>230</b>	<b>7</b>	<b>4</b>	<b>11</b>	<b>11</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>13</b>

### **Food Program**

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

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

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

607 Bottoms Up, T-Dryden	Lansing Pizzeria, T-Lansing
Akashi, V-Lansing	Lian Hua Chinese Kitchen, C-Ithaca
Arby's, C-Ithaca	Lincoln Street Diner, C-Ithaca
Barnes & Noble Booksellers, C-Ithaca	Little Ceasar's Pizza, C-Ithaca
Burger King #2734, C-Ithaca	Little Venice, V-Trumansburg
Capital State Kitchen, C-Ithaca	Mark's Pizzeria, C-Ithaca
Corner Store, C-Ithaca	McDonald's-Elmira Road, C-Ithaca
CU-Synapsis Café, C-Ithaca	McDonald's-Triphammer Road, V-Lansing
CU-Trillium, C-Ithaca	Napoli Pizzeria, C-Ithaca
Dunkin Donuts, V-Dryden	Newfield Elementary School, V-Newfield
Easy Wok, V-Lansing	Newfield Middle/High School, V-Newfield
Econo Lodge, V-Lansing	Old Mexico, C-Ithaca
Foodnet - Titus Towers, C-Ithaca	Panera Bread Bakery – Café #1381, C-Ithaca
Freddy's Place, V-Newfield	Spicy Asian, C-Ithaca
Gateway Kitchen, C-Ithaca	Subway #33776, T-Ithaca
ICSD – Belle Sherman Annex, T-Ithaca	Tamarind, C-Ithaca
ICSD – Belle Sherman Elementary School, T-Ithaca	Wendy's, C-Ithaca
Ithaca Housing Authority, C-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 HAACP 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:**

Fat Jack's BBQ, 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:**

**Hampton Inn, C-Ithaca**

Potentially hazardous foods were not stored under refrigeration except during necessary preparation. Product on a counter for customer service was observed to be at 53°F. The product was discarded during the inspection.

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

Enough refrigerated storage equipment is not maintained so that potentially hazardous foods are kept at or below 45°F during cold holding. Products in a cooler were observed to be at 52-54°F. The products were either discarded during the inspection or moved to the walk-in to be chilled to 45°F or less before use.

**Fat Jack's BBQ, C-Ithaca**

Precooked, refrigerated potentially hazardous food is not reheated to 165°F or above within two hours. Product in hot holding was observed to be at 112-130°F. The products were removed from service and rapidly heated to 165°F or above before use.

**Tokyo Hibachi, Sushi & Asian Bistro, C-Ithaca**

Potentially hazardous foods were not stored under refrigeration except during necessary preparation. The facility operates with a waiver from temperature control and was observed to not be adhering to the conditions of the waiver. Temperature log sheets for the waived product were completed during the inspection.

**ICSD-Fall Creek, C-Ithaca**

Potentially hazardous foods were not kept at or above 140°F during hot holding. Product in a hot holding unit was observed to be at 130-135°F. The product was removed from service and rapidly reheated to 165°F or above before use.

**TC Action Casey Center Head Start, V-Dryden**

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

**Manndible Café, 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 grab and go cooler were observed to be at 51-52°F. The products were discarded during the inspection.

**McDonald's, V-Dryden**

Potentially hazardous foods were not stored under refrigeration except during necessary preparation. The facility operates with a state waiver for time control of some potentially hazardous foods. The criteria for the waiver were not being followed at the time of the inspection. Products being held out of temperature were discarded during the inspection.

*Temporary Food Service Operation Permits are issued for single events at one location. The Food Protection Program issued 6 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:**

There were no inspections for temporary food conducted this month.

**Critical Violations were found at the following establishments:**

There were no critical violations observed this month.

*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:**

The Rook, C-Ithaca

**Plans Approved:**

There were no plans approved this month.

**New Permits Issued:**

2<sup>nd</sup> Landing, V-Lansing  
The Rook, C-Ithaca

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

**Engineering Plans Approved**

- Lansing Xtramart, 750 gpd replacement sewage system, Lansing-T
- Cayuga Meadows Senior Home, Water Main Extension, Ithaca-T

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

**Problem Alerts/Emergency Responses**

None reported in January.

**Healthy Neighborhoods Program**

HEALTHY NEIGHBORHOODS PROGRAM	MONTH	YTD 2016	YTD 2015	Total 2015*
# of Initial Home Visits	28	28	27	406
# of Revisits	10	10	14	141
# of Asthma Homes (initial)	3	3	4	71
# of Homes Approached	26	26	69	888

\*Covers the calendar year (January through December)

**Outreach**

- On January 4, 7, and 8, Stephanie and Pat distributed Tompkins HNP flyers at 4 locations in Groton.
- On January 8, Pat distributed HNP flyers at 1 location in Ithaca.
- On January 21, Stephanie attended the Coalition for Families meeting. The group had been on a temporary hiatus and now that it is active again, it provided an opportunity to network and form referral partnerships with other agencies and organizations.
- On January 21, Stephanie and Pat met with the Melissa Miller, Clinical Coordinator, at Northeast Pediatrics. This partnership will provide future referrals to Tompkins HNP as well as HNP providing presentations to doctors and staff at Northeast Pediatrics.
- On January 21, Stephanie and Pat attended the Lead Poisoning Prevention Network meeting and receive updates about 2 active cases in Tompkins County. The meeting also provided an opportunity to network and form referral partnerships with update contacts from other agencies and organizations.
- On January 29, Stephanie conducted outreach at the Salvation Army (1 visit, 12 reached).
- On January 28, Stephanie attended a meeting with Richard Bennett from the Rescue Mission (transitioned from American Red Cross in 2014) and received information and updates about their program. This partnership will provide future referrals through targeted work from Case Management staff to Tompkins HNP.
- On January 30, Stephanie conducted outreach at the Southside Community Center food pantry (5 visits, 35 reached).

**Childhood Lead Program**

CHILDHOOD LEAD PROGRAM	MONTH	YTD 2016	YTD 2015	TOTAL 2015
<b>A: Active Cases (total referrals):</b>				
<b>A1: # of Children w/ BLL&gt;19.9ug/dl</b>	0	0	0	1
<b>A2: # of Children w/ BLL 10-19.9ug/dl</b>	0	0	0	3
<b>B: Total Environmental Inspections:</b>				
<b>B1: Due to A1</b>	0	0	0	1
<b>B2: Due to A2</b>	0	0	0	4
<b>C: Hazards Found:</b>				
<b>C1: Due to B1</b>	0	0	0	1
<b>C2: Due to B2</b>	0	0	0	4
<b>D: Abatements Completed:</b>	0	0	0	2
<b>E: Environmental Lead Assessment Sent:</b>	0	0	0	4
<b>F: Interim Controls Completed:</b>	0	0	0	0
<b>G: Complaints/Service Requests (w/o medical referral):</b>	5	5	3	61
<b>H: Samples Collected for Lab Analysis:</b>				
- Paint	0	0	0	1
- Drinking Water	0	0	0	1
- Soil	0	0	2	2
- XRF	0	0	6	3
- Dust Wipes	0	0	6	4
- Other	0	0	1	0

**Summary of Open BOH Enforcement Actions:**

Date of BOH Action	Facility	Owner/ Operator	Basis for Action	Penalty Assessed	Next BOH Order Deadline	Status
1/26/16	2374 Mecklenburg Road	Michael Morris	Discharge of Sewage to the Ground Surface	N/A	Complete replacement of sewage system by 4/15/16.	Monitoring Compliance
9/22/15	GrassRoots World Café	Lissa Farrell	Repeat Critical Violations	\$400	Penalty Payment received.	Monitoring Compliance
12/10/13	Ulysses WD #3	Town of Ulysses	Public Water System Violations – Disinfection Byproducts	N/A	Detailed Construction plan and schedule due 4/15/16.	Monitoring Compliance
12/11/12	Village of Dryden PWS	Village of Dryden	Public Water System Violations – Arsenic and Storage Tank Replacement	N/A	Submit preliminary plans to reduce arsenic below the MCL for the Jay Street Well and for the replacement of the Lee Road Reservoir by 2/15/16.	Monitoring Compliance

ENVIRONMENTAL HEALTH DIVISION  
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## FACT SHEET

on

### Lead Exposures from Drinking Water at Caroline Elementary School Slaterville Springs, N.Y. February 2016

The purpose of this fact sheet is to share information regarding lead exposures and lead sampling results for the Caroline Elementary School water system. Samples collected previously in 2012, 2009 and 2006 had no results exceeding the action level. In late August 2015, when the water system was not being used, five drinking water samples from Caroline were analyzed for Lead. When water stands in the pipes unused for very long periods of time (many days), more lead can dissolve into the drinking water, leading to the elevated August test result. The results for one of the samples exceeded the action level of 15 parts per billion (ppb).

As required by Tompkins County Health Department, ten samples were collected in January of 2016 – 5 from the same locations and 5 from new locations. All results were significantly lower. Only one sample (at 21 ppb) exceeded the action level of 15 ppb. The results from the January sampling are more representative of normal conditions when water is being used on a more regular basis.

<b>Room Tested</b>	<b>January 2016 Results</b>	<b>August 2015 Results</b>
Kitchen	3.3 ppb	4.6 ppb
Nurse 70	3.7 ppb	4.9 ppb
Room A16	6.1 ppb	10 ppb
Room A46	3.7 ppb	3.5 ppb
Room 27	21 ppb	140 ppb
Room 38	7.7 ppb	Not Tested in August
Room 19 DW Fountain	2.8 ppb	Not Tested in August
Room 13 DW Fountain	5.5 ppb	Not Tested in August
Room 53 DW Fountain	15 ppb	Not Tested in August
DW Fountain 58/50	0.1 ppb	Not Tested in August

## **Next Steps**

Because of the elevated August results, state and federal regulations require Caroline Elementary School to conduct lead testing again in 6 months. However, ICSD is committed to testing all water fountains and sinks that are used for drinking or cooking during the next 6 months. The Ithaca City School District has replaced the drinking water fountain near Room 53 (where the result was 15 ppb when tested in January). The fixtures and piping for the sink in Room 27, the other location with a slightly elevated January test result, has also been replaced. Both the drinking fountain and the sink will be re-sampled during the first weeks of February. The Tompkins County Health Department and the Ithaca City School District will be monitoring future sample results to determine if additional action is needed.

## **General Information on Lead**

Lead is regulated in New York State public drinking water supplies through the NYS State Sanitary Code (SSC) and under the federal Safe Drinking Water Act. The Lead and Copper Rule (LCR) was enacted by the EPA to minimize the corrosion of lead and copper in water supplied by public water systems. The LCR established an action level of 15 ppb for lead. When more than 10 percent of the samples from a given set of samples exceed the action level, the regulations require that some form of action must be taken, such as public education, water monitoring, water treatment, or lead service line replacement.

Lead can be found throughout the environment in lead-based paint, air, soil, household dust, food, certain types of pottery, porcelain and pewter, and water. Lead can pose a significant risk to your health if too much of it enters your body. Lead builds up in the body over many years and for people who have had substantial exposure, it can cause damage to the brain, red blood cells and kidneys. The greatest risk is to young children and pregnant women. In addition, a child at play often comes into contact with sources of lead contamination—like dirt and dust—that rarely affect an adult. It is important to wash children's hands and toys often, and to try to make sure they only put food in their mouths.

## **Lead Exposure Risk for Children**

Young children (i.e., under six years of age), and pregnant women are more sensitive than other adults to the health effects from lead exposure. Parents should minimize their child's overall exposure to lead. Paint is by far the primary and most significant source of lead exposure for most children. Although drinking water can contribute to a child's lead burden; it is not likely to cause a substantial increase. Lead in drinking water is primarily a concern for infants whose total daily consumption is formula and juice made with tap water. Parents that use their home water supplies for formula or juice preparation for infants should use cold water for food and beverage preparation and run taps for 30 – 60 seconds after water has been standing in pipes for 6 hours or more. Lead is not absorbed through skin during activities such as hand washing, bathing or showering.

## **Lead in Drinking Water**

Lead is unusual among drinking water contaminants in that it seldom occurs naturally in water supplies like rivers and lakes. Lead enters drinking water primarily as a result of the corrosion, or wearing away, of materials containing lead in the water distribution system and household plumbing. These materials include lead-based solder used to join copper pipe, brass and chrome-plated brass faucets, and in some

cases, pipes made of lead that connect houses and buildings to water mains (service lines). Corrosion is accelerated by water characteristics such as low pH (acidity), low mineral content and high temperature. Corrosion is a continuous process that is affected by the amount of time that water is in contact with plumbing pipes. For example, in a school's water systems, lead levels may increase when water in the plumbing system stands overnight, over the weekend, and throughout term breaks when there are no classes. In 1986, Congress banned the use of solder containing greater than 0.2% lead, and restricted the lead content of faucets, pipes and other plumbing materials to 8.0%.

***Contact Information:***

***Tompkins County Health Department***

*Elizabeth Cameron, P.E.*

*Director of Environmental Health*

607-274-6688

[TCEH@tompkins-co.org](mailto:TCEH@tompkins-co.org)

***Ithaca City School District***

*David Brown*

*Chief Administration Officer*

607-882-9542

[David.Brown@icsd.k12.ny.us](mailto:David.Brown@icsd.k12.ny.us)

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

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

**FACT SHEET**

on

**Lead Exposures from Drinking Water at  
Enfield Elementary School  
Enfield, N.Y.  
February 2016**

The purpose of this fact sheet is to share information regarding lead exposures and lead sampling results for the Enfield Elementary School water system. Samples collected previously in 2012, 2009 and 2006 had no results exceeding the action level. In late August 2015, when the water system was not being used, five drinking water samples from Enfield Elementary School were analyzed for lead. When water stands in the pipes unused for very long periods of time (many days), more lead can dissolve into the drinking water, leading to the high August test results. The results for three of the samples exceeded the action level of 15 parts per billion (ppb).

As required by the Tompkins County Health Department, ten samples were collected in January 2016 – 5 from the same locations and 5 from new locations. All results were significantly lower. Only one of those samples (at 16 ppb) exceeded the action level of 15 ppb. The results from the January sampling are more representative of normal conditions when water is being used on a more regular basis.

<b>Room Tested</b>	<b>January 2016 Results</b>	<b>August 2015 Results</b>
Kitchen	2.2 ppb	4.5 ppb
Room A-13	16 ppb	640 ppb
Room B-9	3.4 ppb	95 ppb
Room 23	4.2 ppb	8.5 ppb
Girl's Lavatory	7.6 ppb	36 ppb
A Wing DW Fountain	4.5 ppb	Not Tested in August
Room B	7.2 ppb	Not Tested in August
Room 2	0.2 ppb	Not Tested in August
Room 13	3.6 ppb	Not Tested in August
Main Office	6 ppb	Not Tested in August

## **Next Steps**

Because of the elevated August results, state and federal regulations require Enfield Elementary School to conduct lead testing again in 6 months. However, ICSD is committed to testing all water fountains and sinks that are used for drinking or cooking during the next 6 months. As recommended by the Tompkins County Health Department, the Ithaca City School District has replaced the fixtures and piping for the sink in Room A-13, the only location that had a slightly elevated test result in January. The sink will be re-sampled during the first week of February. The Tompkins County Health Department and the Ithaca City School District will be monitoring future sample results to determine if additional action is needed.

## **General Information on Lead**

Lead is regulated in New York State public drinking water supplies through the NYS State Sanitary Code (SSC) and under the federal Safe Drinking Water Act. The Lead and Copper Rule (LCR) was enacted by the EPA to minimize the corrosion of lead and copper in water supplied by public water systems. The LCR established an action level of 15 ppb for lead. When more than 10 percent of the samples from a given set of samples exceed the action level, the regulations require that some form of action must be taken, such as public education, water monitoring, water treatment, or lead service line replacement.

Lead can be found throughout the environment in lead-based paint, air, soil, household dust, food, certain types of pottery, porcelain and pewter, and water. Lead can pose a significant risk to your health if too much of it enters your body. Lead builds up in the body over many years and for people who have had substantial exposure, it can cause damage to the brain, red blood cells and kidneys. The greatest risk is to young children and pregnant women. In addition, a child at play often comes into contact with sources of lead contamination—like dirt and dust—that rarely affect an adult. It is important to wash children's hands and toys often, and to try to make sure they only put food in their mouths.

## **Lead Exposure Risk for Children**

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## **Lead in Drinking Water**

Lead is unusual among drinking water contaminants in that it seldom occurs naturally in water supplies like rivers and lakes. Lead enters drinking water primarily as a result of the corrosion, or wearing away, of materials containing lead in the water distribution system and household plumbing. These materials include lead-based solder used to join copper pipe, brass and chrome-plated brass faucets, and in some cases, pipes made of lead that connect houses and buildings to water mains (service lines). Corrosion is

accelerated by water characteristics such as low pH (acidity), low mineral content and high temperature. Corrosion is a continuous process that is affected by the amount of time that water is in contact with plumbing pipes. For example, in a school's water systems, lead levels may increase when water in the plumbing system stands overnight, over the weekend, and throughout term breaks when there are no classes. In 1986, Congress banned the use of solder containing greater than 0.2% lead, and restricted the lead content of faucets, pipes and other plumbing materials to 8.0%.

***Contact Information:***

***Tompkins County Health Department***

*Elizabeth Cameron, P.E.*

*Director of Environmental Health*

607-274-6688

[TCEH@tompkins-co.org](mailto:TCEH@tompkins-co.org)

***Ithaca City School District***

*David Brown*

*Chief Administration Officer*

607-882-9542

[David.Brown@icsd.k12.ny.us](mailto:David.Brown@icsd.k12.ny.us)



## NYS Conference of Environmental Health Directors

"Working Together to Promote Healthy Communities"

January 29, 2016

Katherine Ceroalo  
NYSDOH  
Corning Tower Building, Room 2438  
Empire State Plaza  
Albany, NY 12237

To Whom It May Concern:

The New York State Conference of Environmental Health Directors is opposed to the proposed amendments to Subpart 7-2 of Title 10 NYCRR (Children's Camps) in regards to the additional requirements placed on camps not defined as Camps for Children with Developmental Disabilities.

While we support providing children with developmental disabilities additional protections at children's camps that currently cater to this population (where there are 20% or more children with developmental disabilities), we are very concerned with the unintended consequences of requiring **EVERY** children's camp to comply with these onerous requirements.

The proposed amendments would place an extreme financial hardship on camps that currently do not accommodate campers with developmental disabilities in order to comply with the amendment's many structural, procedural, and supervisory requirements. We are concerned that these onerous requirements may result in some camps deciding to close rather than attempt to meet these additional obligations.

According to information provided by the NYSDOH, these requirements would impact approximately 2,450 children's camps in NYS that currently do not accommodate 20% or more campers with developmental disabilities. We question this far reaching regulatory imposition in light of the lack of any data substantiating its need.

In addition, the proposed amendments would place an added burden on local health departments (LHD) in their enforcement of these additional requirements on these children's camps. The fees that a LHD can charge a children's camp is determined by the NYSDOH and there is not any accommodation made to allow an LHD to increase the permit fee to cover these additional expenses that would be incurred.

Thank you for your review and consideration of these comments.

Sincerely,

Eileen A. O'Connor, Chair  
Conference of Environmental Health Directors

### Executive Board

Eileen O'Connor - Chair Eric Wohlers - Vice Chair Anita Gabalski - Secretary Mark Stow - Treasurer  
Elizabeth Cameron Dan Gilmore Sherri Palmer Ed Sims



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

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**CERTIFIED, REGULAR & ELECTRONIC MAIL**

February 10, 2016

Village of Dryden  
Reba Taylor, Mayor  
PO Box 820  
Dryden, NY 13053

**Re: Tompkins County Board of Health Draft Revised Resolution # EH-ENF-15-007  
Revision #4**

Dear Mayor Taylor:

In response to your request dated January 12, 2015, enclosed is a copy of the Draft Revised Resolution that the Tompkins County Board of Health will consider at its meeting on **Tuesday, February 23, 2016**. You or your 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 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).

If you have any questions, please contact me at the Environmental Health Division at (607) 274-6688.

Thank you for your cooperation in this matter.

Sincerely,



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

Enclosures – Draft Resolution and Time Table of Compliance; Dryden Request dated 1/12/2016

pc: Ron Moore (V) Dryden; F:\EH\WATER (SW)\Public Water (SW)\Facilities (SW-4)\Dryden (V) PWS\Enforcement\Dryden  
Final Revised Res #12.1.25-rev #3.docx  
ec: Reba Taylor, Mayor; Dryden Village Clerk; Bill Davis, MRB Group; Richard DeGuida, MRB Group; Michael Lane, TC  
Legislature; John Strepelis, P.E., NYSDOH; TCHD: Elizabeth Cameron, P.E.; Frank Kruppa, Public Health Director; Skip  
Parr, Brenda Coyle, Adriel Shea  
scan: Signed copy to Accela (Record #EH-ENF-15-007)

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

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

**DRAFT REVISED RESOLUTION # EH-ENF-15-007 (Rev #4) FOR**

**Village of Dryden, PWS  
Reba Taylor, Mayor, Village of Dryden Representative  
PO Box 820  
Dryden, New York 13053**

**Whereas**, the Jay Street Well exceeds the maximum contaminant level for arsenic of 10 ug/l, which is a violation of Subpart 5-1.52 of the New York State Sanitary Code; **and**

**Whereas**, on December 11, 2012, the Board of Health adopted Resolution #12.1.25 (now referenced as #EH-ENF-15-007) with tasks and deadlines established in the Time Table of Compliance dated November 30, 2012; **and**

**Whereas**, in response to requests from the Village of Dryden, on August 26, 2014, January 27, 2015, and May 26, 2015, the Board of Health modified Resolution #12.1.25; **and**

**Whereas**, the Village of Dryden has evaluated a centralized treatment facility, connection to the Southern Cayuga Lake Intermunicipal Water Commission (SCLIWC) water supply, and construction of new drinking water supply wells and have determined that the construction of new wells near Dryden Lake is the best option for remediating this violation; **and**

**Whereas**, the proposed project involves coordination and review and/or approvals from the Village of Dryden, the Town of Dryden, the New York State Department of Environmental Conservation, the New York State Department of Health, the New York State Environmental Facilities Corporation, and the Tompkins County Department of Health, among others; **and**

**Whereas**, on January 12, 2106, the Village of Dryden requested modification of the resolution to accommodate the environmental, technical, and financial review required by the involved agencies; **and**

**Whereas**, if additional delays or changes occur, the Village of Dryden Public Water System must notify the Tompkins County Health Department a minimum of 45 days in advance of the deadline or additional enforcement may occur; **now therefore be it**

**Resolved, on recommendation of the Tompkins County Board of Health, that the Village of Dryden, is ordered to:**

1. Meet the requirements of the attached Revised Time Table of Compliance dated February 8, 2016.

## Dryden Village Public Water System Time Table of Compliance # EH-ENF-15-007

11/30/2012, rev #4 2/8/2016 REVIEW DRAFT

System Modifications	To be Completed By	Notes
Submit the updated engineering study report to the TCHD.	12/30/2012 (COMPLETE)	<i>The updated report shall include a recommended alternative for resolving the arsenic violation, and replacement of the Lee Road Reservoir and the Ferguson Road water storage tank, and proper abandonment of the old Jay Street well.</i>
Inspect the Ferguson Road water storage tank and submit the report to the TCHD.	5/15/2013 (COMPLETE)	<i>Interim repairs will also be needed.</i>
Submit a revised engineering study to the TCHD containing an evaluation of the options for resolving the arsenic violation, and replacement of the Lee Road Reservoir and the Ferguson Road water storage tank, and proper abandonment of the old Jay Street well.	6/15/2015 (COMPLETE)	The revised engineering report shall evaluate use of the two wells located south of the Village as a source of water for the Village and the option for connecting to SCLIWC PWS. The revised report must identify the preferred option, consider phased implementation of parts of the project (such as earlier replacement of water storage tanks) and contain a preliminary schedule.
<del>Submit the Map, Plan and Report (MPR) as prepared by the Town of Dryden for the potential formation of a water district in the Town for connection to SCLIWC PWS.</del>	<del>To Be Determined</del>	
<b>Complete Test Wells and Monitoring Wells</b>	<b>4/15/2016</b>	
Submit preliminary plans to the TCHD for the Jay Street well to reduce arsenic below the MCL of 10 ppb and for replacement of the Lee Road reservoir.	<del>2/15/2016</del> <b>8/15/2016</b>	<i>Options to reduce arsenic include treatment, blending, and/or replacement of the source with new wells and/or connection to the SCLIWC PWS.</i>
Submit the final plans to the TCHD for the Jay Street well to reduce arsenic below the MCL of 10 ppb and for replacement of the Lee Road reservoir.	<del>6/15/2016</del> <b>12/15/16</b>	
Submit certification that the bid for construction has been awarded	<del>12/15/2016</del> <b>3/30/2017</b>	
Submit certification that construction has commenced.	<del>4/1/2017</del> <b>5/1/2017</b>	
<b>Complete New TC3 and Ferguson Road Water Storage Tanks</b>	<b>9/1/2017</b>	
<b>Complete Dryden Lake Wells, Wells Houses, and Transmission Main</b>	<b>1/15/2018</b>	
Complete construction of the arsenic reduction project and replacement storage tank.	<b>4/1/2018</b>	

## Dryden Village Public Water System Time Table of Compliance # EH-ENF-15-007

11/30/2012, rev #4 2/8/2016 REVIEW **DRAFT**

Progress Reports	To be Completed By	Notes
Submit quarterly progress reports to the TCHD that summarize progress made to remediating the violations, including the status of funding, Village Board reviews and approvals, environmental documents, and preliminary and final design documents.	<b>Beginning 1/15/13 and then every three months until the project is completed</b>	<i>Progress reports must address compliance with the TTOC schedule and identify any schedule issues.</i>

Lee Road Reservoir	To be Completed By	Notes
Inspect the Lee Road structure weekly. Openings shall be repaired/remedied within 24 hours. Document the inspections, findings, and repairs in the monthly operating report (MOR).	<b>Monthly with the MOR</b>	<i>The inspector shall identify any holes and openings and shall verify the chlorine residual in the tank.</i>

Arsenic Violation	To be Completed By	Notes
Conduct quarterly monitoring of the Jay Street well as long as the running annual average for arsenic concentrations in the well exceeds the MCL of 10 ppb.	<b>Quarterly</b>	
Provide notification of the arsenic violation and to all users in compliance with Tier 2 public notification requirements.	<b>Quarterly beginning 9/25/2012</b>	<i>Annual due dates: 1/15; 4/15; 7/15; and 10/15</i>

January 12, 2016

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

**RE: TOMPKINS COUNTY BOARD OF HEALTH FINAL REVISED RESOLUTION #12.1.25 – REV #3  
REQUESTED REVISION TO DRYDEN VILLAGE PUBLIC WATER SYSTEM TIME TABLE OF COMPLIANCE  
MRB GROUP PROJECT NO. 0425.15001.000**

Dear Ms. Cameron:

On behalf of the Village of Dryden, MRB Group is requesting revision to the completion dates contained in the Dryden Village Public Water System Time Table of Compliance for submittal of the preliminary plans and final plans "to the TCHD for the Jay Street well to reduce arsenic below the MCL of 10 ppb and for replacement of the Lee Road reservoir".

As discussed yesterday in our Water Committee meeting held at the Village of Dryden Offices, the Village has made a significant amount of progress recently on this project. The Revised Project Engineering Report was submitted for review and approval to the regulatory and funding agencies on November 16, 2015. The Village has chosen a single option to pursue and has begun implementing a strategy to complete the project. The Village has also coordinated with NYS EFC for the modification of the funding into a single project in order to help simplify the project administration. The Village has approved the proposals from both Deuel Archaeology for the Phase IA/IB Cultural Resources Investigation and from Moody and Associates for the New Groundwater Source Development work at Dryden Lake. The TC3 Board of Trustees has scheduled a meeting on January 21, 2016 to approve construction of the new Lee Road water storage tank location on TC3 college property. The Village Board reviewed the environmental status of the project and issued a Negative Declaration at the 12/17/15 Board meeting, with the Negative Declaration being published by the NYSDEC in the Environmental Notices Bulletin (ENB) on 1/6/2016.

Even though we have recently made significant progress on the project, a significant amount of time was utilized prior to this for the Village to further investigate other

alternatives, solidify the option of drilling wells in the Dryden Lake area, and in dealing with the planning of the project and the environmental review. At this time, it appears the Village has a much clearer understanding of the project scope and we are on track to move this project forward in a more expeditious manner. However, more time will be needed from here to provide the required milestone submissions. According to the most recent Time Table of Compliance, preliminary plans are to be submitted to the TCHD by 2/15/16 and final plans are to be submitted to the TCHD by 6/15/16. Unfortunately, MRB Group will need additional time to complete these tasks.

It is also essential that we receive approval of the Section 233 permit required from the NYS Education Department to conduct archaeological investigations on State owned lands. The permit application was submitted back on November 16, 2015 and we are still waiting for approval. It is our understanding that the NYS Education Department forwarded the information to the NYSDEC, but has not received approval from the NYSDEC yet. We are being told that NYSDEC approval will be received in the near future.

As noted, we would like to discuss the proposed schedule with the Village of Dryden and get back to you with realistic dates for completion of the preliminary and final plans. We may also discuss with the Village some strategies that may help move portions of the project along if we become delayed again for any other specific project components.

Please let me know if you have any questions or would like to discuss this matter.

Sincerely,



Richard N. DeGuida, P.E., BCEE  
Project Manager

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c: Mayor Reba Taylor – Village of Dryden  
Village of Dryden Board  
Terry Deuel - NYSEFC  
Bill Davis – MRB Group



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

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

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

**CERTIFIED, REGULAR, & ELECTRONIC MAIL**

February 3, 2016

Rongovian Embassy  
Jessica Giles  
West Main Street  
Trumansburg, NY 14886

**Re: Tompkins County Board of Health Draft Resolution # ENF-16-0002  
Rongovian Embassy, Food Service Establishment, V-Trumansburg**

Dear Ms. Giles:

Thank you for signing the Stipulation Agreement on January 26, 2016, for the Rongovian Embassy.

Enclosed is a copy of the Draft Resolution that the Tompkins County Board of Health will consider at its meeting on **Tuesday, February 23, 2016**. 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,

A handwritten signature in blue ink that reads "C. Elizabeth Cameron".

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)\Rongovian Embassy\Enforcement\Draft Res 16-0002.docx  
ec: Tompkins County Board of Health (via; Shelley Comisi, TCHD)  
CEO V-Trumansburg; Mayor V-Trumansburg; James Dennis, 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  
<http://www.tompkins-co.org/health/eh>

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

**DRAFT RESOLUTION # ENF-16-0002 FOR**

**Rongovian Embassy  
Rongo Main St Partners LLC/Jessica Giles, Owner/Operator  
1 West Main Street  
Trumansburg, NY 14886**

**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**, this code section requires a Food Service Establishment Permit to operate a Food Service Establishment; **and**

**Whereas**, on January 5, 2016, the Tompkins County Health Department found a violation of Part 14-1 of the New York State Sanitary code for operating the Rongovian Embassy food service without a permit; **and**

**Whereas**, Jessica Giles, Operator, signed a Stipulation Agreement with Public Health Director's Orders on January 26, 2016, agreeing that the Rongovian Embassy 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 Jessica Giles, Operator, is ordered to:**

1. Pay a penalty of \$400 for these violations, **due April 15, 2016**. (**Do Not** submit penalty payment until notified by the Tompkins County Health Department.); **and**
2. Submit a renewal application to obtain a Permit to Operate a Food Service Establishment at least 21 days before expiration of the existing permit during each year of operation; **and**
3. Comply with all the requirements of Subpart 14-1 of the New York State Code for Food Service Establishments

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

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

**STIPULATION AGREEMENT AND ORDERS # ENF-16-0002**

**Rongovian Embassy  
Rongo Main St Partners LLC/Jessica Giles, Owner/Operator  
1 West Main Street  
Trumansburg, NY 14886**

I, Jessica Giles, as a representative for Rongovian Embassy, agree that on January 5, 2016, the Rongovian Embassy was in violation of Subpart 14-1 for operating without a valid food service permit.

I agree to pay a penalty not to exceed \$400 for this violation 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. Submit a renewal application to obtain a Permit to Operate a Food Service Establishment at least 21 days before expiration of the existing permit during each year of operation; **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: Jessica Giles Date: 1/26/16

Jessica Giles is hereby ordered to comply with these Orders of the Public Health Director.

Signed: Brenda J. Kruppa Date: 1/27/16  
for Frank Kruppa  
Public Health Director

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

Ph: (607) 274-6688  
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**CASE SUMMARY – FOR RESOLUTION # ENF-16-0002**

**Rongovian Embassy  
Rongo Main St Partners LLC/ Jessica Giles, Owner/Operator  
1 West Main Street  
Trumansburg, NY  
14886**

**January 2016**

<b>Date</b>	<b>Action</b>
1/27/2016	Signed stipulation received by TCHD via email.
1/12/2016	Stipulation agreement sent to Rongovian Embassy. Office conference scheduled for 1/27/16.
1/5/2016	Field visit by TCHD: Facility was observed to be open to the public for food service.
12/31/2015	Message left by TCHD staff regarding the need to submit permit application.
12/28/2015	Message left by TCHD staff regarding the need to submit permit application.
12/23/2015	Message left by TCHD staff regarding the need to submit permit application.
12/18/2015	Email received by TCHD from Jessica Giles (General Manager) acknowledging receipt of the email and the need to submit the renewal application.
12/15/2015	Late notice mailed and emailed requiring completed application, permit fee and late filing fee to be submitted by December 31, 2015. Notice stated that facility must remain closed until a permit is obtained.
12/15/2015	Inspection by TCHD: No critical violations observed.
10/29/2015	Renewal notice sent requiring completed application and permit fee to be submitted by December 1, 2015.
6/18/2015	Inspection by TCHD: No critical violations observed.
12/3/2014	Re-inspection by TCHD: No violations observed.
11/5/2014	Inspection by TCHD: <b>Violation:</b> Potentially hazardous foods were not kept at or below 45 degrees during cold holding.
10/12/2014	Permit to operate Rongovian Embassy Restaurant issued to Rongo Main St Partners LLC.



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

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

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

**CERTIFIED AND REGULAR MAIL**

February 10, 2016

Mr. Franklin Wells  
Fraternal Order of Eagles  
Ithaca, NY 14850

**Re: Tompkins County Board of Health Draft Resolution # EH-16-0003  
Fraternal Order of Eagles #1253; CIAA Waiver Request**

Dear Mr. Wells:

The request for a waiver renewal from Section 1399 of New York State Public Health Law Section and Chapter 72 of Tompkins County Local Law, for the Fraternal Order of Eagles #1253 has been received.

Enclosed is a copy of the Draft Resolution that the Tompkins County Board of Health will consider at its meeting on **Tuesday, February 23, 2016**. 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,

A handwritten signature in blue ink that reads "C. Elizabeth Cameron".

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

Enclosures – Draft Resolution, Additional Information Regarding CIAA Waiver

pc: F:\EH\TOBACCO\CIAA\Facilities (CIAA-4)\Fraternal Order of Eagles\Waivers\2016\Eagles Draft Res EH-16-0003.docx  
ec: Tompkins County Board of Health (via; Shelley Comisi, TCHD)  
Ithaca Building Department; Mayor Myrick Ithaca- City; Leslyn McBean-Clairborne, TC Legislature; TCHD: Elizabeth Cameron, P.E., Director of Environmental Health; Frank Kruppa, Public Health Director; Skip Parr; Rene Borgella; Brenda Coyle  
scan: Signed copy to Accela (#EH-ENF-16-0003)



Your Partner for a Healthy Community

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

ENVIRONMENTAL HEALTH DIVISION

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

Ph: (607) 274-6688

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**DRAFT RESOLUTION # EH-16-0003 FOR**

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

**Waiver Requested:** From the New York State Public Health Law Section 1399-o, which states "*Smoking shall not be permitted and no person shall smoke in the following indoor areas: 1. Places of employment; 2. Bars; 3. Food service establishments...*" and Tompkins County Local Law Section 72-7, which states "*Smoking shall not be permitted and no persons shall smoke in the following areas: (1.) Places of employment; (2.) Bars; (3.) Food service establishments*" to allow smoking in one room adjacent to the bar area.

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

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

**Whereas,** the waiver was renewed annually for a period of 365 days; the last time effective March 25, 2015; **now therefore be it**

**Resolved,** that the Tompkins County Board of Health hereby issues a waiver from the New York State Clean Indoor Air Act and Chapter 72-7 of Tompkins County Local Law for a period of 365 days effective March 25, 2016, to allow smoking in a separate room adjacent to the bar area of the Eagles Club, with the stipulations of the original Board of Health action of February 8, 2005, effective March 25, 2016 through March 24, 2017.

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

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

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