

AGENDA
Tompkins County Board of Health
Rice Conference Room
Tuesday, October 25, 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 September 27, 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*** (10 mins.)

Enforcement Action:

1. Resolution #ENF-16-0023 –City of Ithaca Public Water System, C-Ithaca, Violations of Subpart 5-1 of the New York State Sanitary Code (Water) (5 mins.)
2. Resolution #ENF-16-0025 – Macarollin Food Truck, C-Ithaca, Violation of BOH Orders #ENF-16-0012 and Subpart 14-4 of the New York State Sanitary Code (Food) (5 mins.)

12:40 ***Adjournment***

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MINUTES
Tompkins County Board of Health
September 27, 2016
12:00 Noon
Rice Conference Room

Present: Will Burbank; Edward Koppel, MD; 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; Frank Kruppa, Public Health Director; Deb Thomas, Senior Community Health Nurse in CSCN; Jonathan Wood, County Attorney; and Shelley Comisi, Administrative Assistant II

Excused: Brooke Greenhouse, Board of Health Member; and David Evelyn, MD, MPH, Board of Health Member

Guests: Skip Parr, Senior Public Health Sanitarian

Call to Order: Dr. Macmillan called the regular meeting of the Board of Health (BOH) to order at 12:02 p.m.

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

Approval of July 26, 2016 Minutes: Ms. Merkel moved to approve the minutes of the July 26, 2016 meeting as written; seconded by Mr. Burbank. The minutes carried with Mr. McLaughlin and Dr. Morgan abstaining.

Financial Summary: Ms. Grinnell Crosby reported the 2017 budget for Public Health was submitted to County Administrator Joe Mareane. The over-target-request (OTR) for a half-time public health sanitarian was not recommended to the Legislature. Although the OTR was high on his list, Mr. Mareane did not have room to authorize any additional funding at this time. During Mr. Kruppa's budget presentation to the Legislature, there were several questions pertaining to the fees for vital records. It is unclear what the Legislature will decide regarding those fees. Their voting meetings will begin soon.

She is working to replace the former financial dashboard with a one-page summary report that will be useful to Division managers and Board members. As for current finances, there is nothing outstanding to report. Community Health Services (CHS) is billing on a timely basis. This has resulted in increased revenue; however, a potential deficit still exists in that area. Environmental Health (EH) and Children with Special Care Needs (CSCN) are satisfactory. Staff will start looking closely at mandates.

Administration Report: Mr. Kruppa announced he will be a representative for the New York State Association of County Health Officials (NYSACHO) at a meeting with the

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Governor's health budget staff to discuss next year's budget. NYSACHO is continuing its advocacy efforts around increasing State Aid to county health departments that face emerging issues with drinking water, Ebola, Zika virus, etc. There is always some issue needing a public health response, and county health departments need to have the infrastructure in place to respond. If it becomes a challenge to respond effectively at the county level, then a greater burden is placed on the State to respond.

Medical Director's Report: Dr. Klepack provided an update on the Zika virus. In the most recent report, the total number of Zika cases in New York State – 749; the number of pregnant women – 39. All of those cases remain travel-associated. Since no new Zika cases have been reported for 45 days in the Wynwood area of Miami, the Centers for Disease Control and Prevention (CDC) changed its recommendations regarding travel to that area. However, Miami Beach is still a problem area.

Dr. Klepack reported there have been 23 post-exposure treatment courses given to people for bat exposures in the past two months because the bats were not captured. Bats can have rabies but it is a minority of them. Thousands of dollars in healthcare costs could have been prevented if the public understood the importance of capturing those bats. There is information along with a video on the Tompkins County Health Department (TCHD) website that shows how to safely capture a bat. He encourages people to take every opportunity to communicate that message to others.

Comments/questions from Board members regarding Dr. Klepack's report:

- Mr. Burbank shared that he has learned how to capture bats. He also hired an expert to bat-proof his house by looking for points of entry and putting up a bat trap. So far, he has not heard any sounds in his attic.
- Dr. Koppel asked if healthcare practitioners should be utilizing the New York State Department of Health (NYSDOH) Wadsworth laboratory rather than commercial laboratories for Zika virus testing. Ms. Bishop will check with her Communicable Disease staff to find out what information they have on the laboratories.

Division for Community Health Report: Ms. Bishop reported:

- Two new staff members have been hired: Celeste Rakovich is a nurse in CHS; and Brooke Bucinell is a nutritionist in the Women, Infants and Children (WIC) program. The search continues to find a Director for the WIC program.
- There has been an uptick in the number of rabies post-exposure cases in the month of August. The 42 individuals seen during that one month represent 56% of the total number of cases seen by staff this year.
- Three suspect mumps cases have been reported. Two cases are college aged students (both PCR negative). The third case is a high school aged student. All three had been vaccinated previously. Staff is waiting for the follow-up blood work. Although these cases have not been confirmed yet, all appropriate public health measures were put into place. Once a suspect case is reported to TCHD, the individual is placed in isolation for five days and lab tests are ordered. PCR is usually indicative so it will be surprising if either one of the college student cases comes back positive. The mumps outbreak in other areas of New York has

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medical providers thinking about mumps when a patient presents with swelling along the jaw line. In our contact investigations, none of the three suspect cases have been related to each other or related to the outbreaks happening outside our community. Staff has been keeping local health care providers updated as the alerts come out.

- A suspect tuberculosis (TB) case has been reported. The foreign-born individual attends college in the area. Although TB has not been confirmed yet, the case is clinically suspicious so the individual has been isolated and started on drug therapy. Dr. Douglas MacQueen, our TB consultant, is managing the treatment course in conjunction with providers on campus. This is a good example of a combined public health effort with our partners.

Questions from Board members:

- Ms. Merkel asked what causes an outbreak when the population is heavily vaccinated. Ms. Bishop said the Measles, Mumps, and Rubella (MMR) vaccine has a good track record but is not 100%. She emphasized staff is waiting for test results. It may not be mumps. Dr. Klepack added he recently read a report that two doses of MMR have an efficacy rate of 88%.
- As the search continues for a WIC Director, Dr. Morgan wondered how much time is required to manage the program. Ms. Bishop said she spends about half of her time on the program as she is trying to effect some positive changes. She also has been orienting and mentoring the new WIC nutritionist.

Children with Special Care Needs Report: Ms. Thomas reported a staff nurse in her Division has resigned. Interviews to fill the position are scheduled to begin.

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

Environmental Health Report: Ms. Cameron pointed out the meeting packet contained a fairly extensive narrative on the drought and several other EH issues.

Topic 1: The drought situation remains fairly constant with the area receiving enough rain to delay having to declare an emergency. Six Mile Creek has been slightly more stable than expected. According to experts, the water table will rise this fall once the trees shed their leaves and reduce their water intake.

Topic 2: In response to recent legislation, NYSDOH issued emergency regulations requiring school districts to test for lead in their drinking water systems. Information to interpret those regulations is unclear or unavailable so NYSDOH is quickly pulling guidance together. Nevertheless, all elementary schools need their water sampled by the end of September. The Ithaca City School District (ICSD) and Trumansburg Central School District each have unique situations to be addressed in order to meet the requirements of the law. EH staff has been working with both districts on their sampling plans. Other schools in Tompkins County will be submitting waivers for this round of testing. Prior to the law, TCHD had been working with local school districts on sampling; communication has been good.

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Topic 3: There is concern that hydrilla was discovered in northern Cayuga Lake. The treatment effort is managed at the local level with the State providing input by participating in conference calls, assisting with the identification/confirmation of hydrilla, and offering grants for treatment.

Topic 4: The City of Ithaca's problems with its water quality were drought-induced and enhanced by treatment plans. Violations for color in the water supply were for manganese and turbidity. Recently, the City also had a disinfection byproducts violation at the Cliff Park Road water storage tank. The City distributed the required public notices and posted the notice on its website. TCHD will be taking enforcement action because there have been multiple violations for water quality issues. With the drought and trying to keep water higher in the tanks, Bolton Point also had concerns about water quality. They lowered the water level in their tanks to allow more turnover and prevent disinfection byproduct violations.

Discussion on the water quality in the City of Ithaca:

- Mr. McLaughlin commented the City has stated the water is safe to drink; however, there are times when his water is the color of dark tea. Ms. Cameron responded that discoloration, often caused by iron, is generally an aesthetic concern. The City has had elevated iron and manganese in its system. Our main concern with discolored water is bacteria. In this situation, the City's chlorine levels and bacteriological tests have been satisfactory.
- Mr. McLaughlin expressed his concern about the public's view of TCHD to keep them informed and the community protected. Mr. Kruppa described actions that have been taken. EH staff issued a Notice of Violation for manganese and turbidity and is putting together a Stipulation Agreement and Orders for manganese, turbidity and trihalomethanes (the disinfection byproduct violation). Staff also met with the City to work on required public notices. The notices consisted of letters, information posted on the City's website, and press releases.
- Ms. Cameron noted the City is back in compliance with manganese and turbidity. While the discolored water issue was at its peak, NYSDOH looked at metadata to see if there were any increased illnesses. No reports came back indicating there were concerns.

Question pertaining to Nate's Mobile Home Park:

- Mr. Burbank was interested in hearing why air quality testing results at Nate's Mobile Home Park were being compared to Pinnacles State Park. Ms. Cameron replied that New York State Department of Environmental Conservation (NYSDEC) uses Pinnacles State Park as the background sample representing pristine air quality. It also uses a local background sampling location. Results from one sample were above background but there is no public health concern. There will be additional sampling at the park.

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Resolution #ENF-16-0016 – Ithaca Bakery, V-Lansing, Violation of Subpart 14-1 of the New York State Sanitary Code (Food):

Resolution #ENF-16-0018 – GrassRoots World Café, T-Ulysses, Violation of BOH Orders #ENF-15-0019 and Subpart 14-2 of the New York State Sanitary Code (Temporary Food):

Resolution #ENF-16-0017 – Quik Shoppe, C-Ithaca, Violation of Adolescent Tobacco Use Prevention Act (ATUPA):

Resolution #ENF-16-0019 – Saigon Kitchen, C-Ithaca, Violation of Part 14-1 of the New York State Sanitary Code (Food):

Resolution #ENF-16-0020 – Lao Village, T-Ulysses, Violation of Part 14-2 of the New York State Sanitary Code (Temporary Food):

Resolution #ENF-16-0021 – Macro Mamas, C-Ithaca, Violation of Part 14-1 of the New York State Sanitary Code (Food):

Ms. Cameron briefed the Board on the six aforementioned resolutions. Three of the food out-of-temperature violations occurred with food vendors at GrassRoots Festival and two were observed at restaurants. Prior to the meeting, *revised* draft resolutions for the Ithaca Bakery (Attachment 1) and GrassRoots World Café (Attachment 2) were distributed to Board members. Both enforcement actions were on the Board's agenda for August. When that meeting was cancelled, due dates for the penalty payments were revised to coincide with the current meeting.

Quik Shoppe was in violation of ATUPA for an underage tobacco sale. A tobacco brochure was distributed to provide information on the fines and point system for ATUPA.

Mr. McLaughlin moved to accept the six aforementioned resolutions as written; seconded by Dr. Morgan.

There was discussion about the number of food out-of-temperature violations occurring at GrassRoots this past summer. Ms. Cameron remarked that the hot weather had an impact. She believes additional education may help the vendors. EH staff is working with GrassRoots staff and pulling together some visuals to help food vendors avoid food safety issues. Sometimes there is a language barrier, so creating visuals would be helpful. Dr. Klepack suggested using vignettes to illustrate the various regulations along with the pitfalls. Dr. Morgan thought those vignettes could be converted into pictures. One example would be to show the sun beating down on a cooler. Ms. Cameron commented those suggestions work with the concept behind creating the visuals – to identify problems and show how to correct them.

Ms. Merkel asked whether these traveling food vendors monitor refrigerated storage temperatures on a log sheet. Ms. Cameron said all vendors need to know their food is safe but do not necessarily have to maintain log sheets. Normally, they are ordered to maintain log sheets when they come to enforcement.

The vote to approve the six aforementioned resolutions, as written, carried unanimously.

PSA from Mr. Kruppa: If anyone participates in an organization or attends a public event where food is served, please ask the food vendors if they have checked with TCHD

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regarding a food permit. EH staff members are continually finding events that are advertised but the vendors do not have a permit to operate.

Review and Approval of Low-Risk Food Service Establishment Fee Policy for Non-Profit Organizations: Ms. Cameron explained this policy would apply to non-profits looking to start a low-risk food service that would be beneficial to some segment of the population. The fees would be waived for one year allowing the non-profit to assess the viability of the operation. If the non-profit organization decided to renew the permit after the first year, then it would pay the permit fees.

Dr. Morgan moved to approve the policy, as written; seconded by Dr. Macmillan.

In response to questions, Ms. Cameron mentioned there are exclusions written into the food code for religious and fraternal organizations; however, those groups are encouraged to contact EH staff who can provide them with educational information. Food items considered to be low-risk would include popcorn, pre-packaged food or any other items that are not temperature controlled. She will find out whether pizza is considered a low-risk food. Dr. Macmillan requested feedback after the first year to assess how the policy worked.

The vote to approve the *2017 Proposed Temporary Waiver of Fees for Low-Risk Not-for-Profit Food Service Establishments* policy, as written, carried unanimously.

Adjournment: At 1:25 p.m. Dr. Macmillan moved to adjourn the meeting.

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

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

REVISED DRAFT RESOLUTION # EH-ENF-16-0016 FOR

**Ithaca Bakery
Collegetown Bagels Inc./Ramsey Brous, Owner/Operator
2255 North Triphammer Road, V-Lansing
Ithaca, NY 14850**

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

Whereas, it is a critical violation of Part 14-1 of NYSSC to fail to maintain potentially hazardous foods at or below 45°F during cold holding; **and**

Whereas, it is a critical violation of Part 14-1 of NYSSC to fail to use pre-chilled ingredients when preparing potentially hazardous foods; **and**

Whereas on June 21, 2016, the Tompkins County Health Department (TCHD) observed approximately three pounds of cheddar cheese on top of a sandwich prep unit opposite the toaster at temperatures between 49-51°F. Also, cubed melons and approximately 20 prepared salads containing meats, cheeses and grain were observed at temperatures between 49-53 °F in the grab and go unit.; **and**

Whereas on July 11, 2016, the TCHD observed approximately five pounds of sliced American, pepper jack and provolone cheeses on top of a sandwich prep unit opposite the toaster at temperatures between 51-54 °F. Also, cubed melons and approximately 30 prepared salads containing chicken, meatballs, tuna, cheese, grain and potatoes were observed at temperatures between 48-53 °F in the grab and go unit.; **and**

Whereas, Ramsey Brous, Owner/Operator, signed a Stipulation Agreement with Public Health Director's Orders on July 29, 2016, agreeing that Ithaca Bakery violated these provisions of the New York State Sanitary Code; **now therefore be it**

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

1. Pay a penalty of \$400 for these violations, due by **November 15, 2016**. (**Do Not** submit penalty payment until notified by the Tompkins County Health Department.); **and**
2. Maintain potentially hazardous food at or below 45°F during cold holding; **and**
3. Prepare all potentially hazardous food using pre-chilled ingredients to 45°F or below prior to placing into service; **and**
4. Maintain temperature logs as prescribed by the Tompkins County Health Department; **and**
5. Comply with all the requirements of Subpart 14-1 of the New York State Code for Food Service Establishments.

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

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

REVISED DRAFT RESOLUTION # EH-ENF-16-0018 FOR

**GrassRoots World Café
Fingerlakes GrassRoots Festival, Owner/Operator
Trumansburg Road, T-Ulysses
Trumansburg, NY 14886**

Whereas, it is a violation of Part 14-2 of New York State Sanitary Code (NYSSC) to store potentially hazardous foods at improper temperatures; **and**

Whereas, on July 21, 2016, while operating at the Finger Lakes Grassroots Festival, the Tompkins County Health Department (TCHD) observed critical violations which included potentially hazardous foods stored at improper temperatures between 45°F and 140°F. Approximately ten pounds of shredded soft cheese was observed at 56°F and assorted milk products were observed at temperatures between 50°F and 61°F; **and**

Whereas, on July 22, 2016, while operating at the Finger Lakes Grassroots Festival, the TCHD observed additional critical violations where assorted milk products available for service were observed at temperatures between 49°F and 57°F; **and**

Whereas, on July 21 and July 22, 2016, TCHD observed that temperature logs were not maintained at the refrigeration trailer; **and**

Whereas, on September 29, 2015, the Tompkins County Board of Health Resolution #ENF-15-0019 ordered Lissa Farrell to maintain all potentially hazardous food at or below 45°F or at or above 140°F at all times during hot holding, cold holding, and storage and to monitor refrigerated storage temperatures on a log sheet twice a day during operation; **and**

Whereas, on July 21 and 22, 2016, the provisions of Board of Health Resolution #ENF-15-0019 were not met; **now therefore be it**

**Resolved, on recommendation of the Tompkins County Board of Health,
That Lissa Farrell, Operator, is ordered to:**

1. Pay a penalty of \$800 for these violations, due **November 15, 2016**. (**Do Not** submit penalty payment until notified by the Tompkins County Health Department.); **and**
2. Provide an adequate amount of refrigerated storage to maintain Potentially Hazardous Food at or below 45°F at all times during cold storage; **and**
3. Monitor refrigerated storage temperatures on a log sheet twice a day during operation. The temperature log shall contain the name of the storage unit checked, the temperature of the storage unit, the person's initials taking the temperatures, and the time the temperature is taken. The temperature logs shall be available at all times; **and**
4. Maintain all potentially hazardous food temperatures at or below 45°F or at or above 140°F at all times during hot holding, cold holding, and storage and comply with all the requirements of Subpart 14-2 of the NYSSC.

Medical Director's Report
Board of Health
October 2016

Activities:

Interviewed by WENY News in Elmira to discuss: NYS Academy of Family Physicians sending a letter of support to NYSDOH regarding supervised injection facility pilot programs across New York State. In the interview, I gave reasons why the organization made the decision that it did. I also discussed the collaborative efforts in our region to work with partners on tackling the drug problem and the reasons why physicians and health departments would be interested in this issue. I extensively discussed the need for rehab resources as well as medically assisted treatments such as suboxone and methadone and the extensiveness of the opioid problem in all socioeconomic groups. I reviewed the 23 years of experience with supervised injection facilities worldwide and the high marks given to such a facility in Vancouver, B.C. by law enforcement, the medical community, the mental health community, and the community in general. I emphasized that it is a challenge to scale an injection facility concept to smaller communities since most are in urban settings – a challenge that will be assessed as part of the process.

Attended Webinar on Gun Violence: This lecture was given by Dr. Daniel Webster in Syracuse as the 28th Annual Herbert Lourie Memorial Lecture on Health Policy entitled "A Roadmap for Reducing Gun Violence in America". He is professor of Health Policy and Management at the Johns Hopkins Bloomberg School of Public Health where he also serves as Director of the Johns Hopkins Center for Gun Policy and Research, Deputy Director for Research for the Johns Hopkins Center for the Prevention of Youth Violence, and core faculty of the Johns Hopkins Center for Injury Research and Policy.

Some of his main points were:

1. About 40 pct of homicides involving a handgun are by persons not eligible to possess a handgun by today's standards. Another 30 pct are by persons who would not be eligible if standards across the country were brought to the level of the most restrictive states. Therein lies an opportunity.

2. Of handguns purchased through dealers, only about 5 pct of dealers account for 90 pct of the illegal sales. These dealers can be identified and many are already known. Effective control of these illegal dealers can be brought about by more resources being put into enforcement, and by openly publicizing their illegal activities. Therein lies another opportunity.
3. Public health needs to approach gun violence in the same manner that we do other issues which involve cultural differences. That is to say, we need to be culturally competent as we dialogue with our target audiences. Just as we need to be culturally competent when discussing STDs, TB, childcare with ethnic groups of every type, we need to be culturally competent when discussing injury and death from firearms with dealers, owners, non owners, and organizations on all sides of the issue. Common themes that research indicates most all individuals will support are the need to improve safety, the need to keep guns out of the hands of dangerous individuals (those with a history of violence, those who have issues with alcohol (a stronger correlate than issues with drugs!)), and the need to improve background checks. By using existing research that has identified common ground public health can increase consensus for action.
4. He basically agreed with the theme often stated that guns don't kill people; people kill people. In light of points 1-3 above, you can see that the research he quoted identified the people to be kept from guns rather than the guns to be kept from people. While he acknowledged that magazine capacity and automaticity have an impact on the number of people killed, he placed more importance on the person with the gun.
5. He spoke at some length about supports needed for young people as a factor in curbing violence. He stated most gun violent youths drop out of school. Supporting youth in achieving better self esteem and helping them stay in school are factors deserving intervention.

The full text of his remarks will be available at:

[https://www.maxwell.syr.edu/cpr/events/cpr_lectures/Herbert Lourie Memorial Lecture on Health Policy/](https://www.maxwell.syr.edu/cpr/events/cpr_lectures/Herbert_Lourie_Memorial_Lecture_on_Health_Policy/)

This site lists past lectures with links to their texts. The current lecture text will probably be available in the coming month.

Other Activities: Attended to miscellaneous orders and administrative details

HEALTH PROMOTION PROGRAM – September 2016

Ted Schiele, Planner/ Evaluator
Susan Dunlop, Community Health Nurse

Community Outreach

- [TC Worksite Wellness Coalition](#):
 - Planned and promoted bi-monthly coalition meeting, Sept. 8 at TCHD (Schiele)
 - Attended bi-monthly meeting (Schiele, Dunlop, 9/8)
- Kendal at Ithaca: Met with program director to discuss educational outreach for residents (Dunlop, 9/15)
- Asthma/ COPD education:
 - Presented to Longview residents and staff; 16 participants (Dunlop, 9/19)
 - Presented at Lifelong; 8 participants (Dunlop, 9/27)
 - Steering Committee held at CMC (Dunlop- member, 9/28)
 - Brochure review and update, in progress (Dunlop, Schiele)
- Greater TC Municipal Health Insurance Consortium ([Consortium](#)),
 - Owning Your Own Health Committee, monthly meeting, (Schiele- chair, 9/21)
 - Joint Committee on Plan Structure and Design, monthly meeting (Schiele- attendee, 9/1)

TCHD Participation and Support

- Staff Satisfaction Task Force:
 - Monthly meeting (Dunlop-Chair, 9/20)
 - Prepared staff satisfaction survey data trend chart, PowerPoint slides, & handout for all staff meeting (Schiele)
- All staff meeting (Dunlop & Schiele attended, 9/29)

Diabetes Prevention Program (DPP) (Dunlop, *CDC Certified Lifestyle Coach*)

- Taught DPP class (1 hour, weekly) to 7 participants (9/6, 9/14, 9/21)

Community Health Improvement Plan (CHIP) (Schiele)

- Collaborative Solutions Network: Attended the full meeting to ask for input on activities, interventions, and process measures that could be considered for including in the CHIP (9/20)
- Health Planning Council meeting: Provided CHIP update (9/12)
- Met with 2 CSCN nurses who are trained in SafeCare, in order to develop an understanding about how this evidence-based intervention might be included in the CHIP (9/15)
- Met with CSCN Senior Leader Debbie Thomas to exchange information and ideas about the CHIP (9/26)

Tobacco Control Program (Schiele)

- Ithaca Times story about current tobacco control program activities in Tompkins County: Interview with reporter (9/27). The story, "[Unadvertising Cigarettes: Continuing the campaign to reduce smoking](#)," ran Oct. 5.

- Tobacco 21 and local licensing of tobacco retailers
 - Educational meetings with Anna Kelles (9/8), and Mike Lane (9/8) to provide evidence that supports these interventions and answer questions about implementation in other NYS counties.
 - Meetings with EH staff to learn about and respond to potential impacts on the division should these evidence-based solutions to reduce youth smoking initiation and support adults who want to quit be implemented.
- Tobacco-Free College Campuses
 - Cornell's University Assembly (UA) general meeting (9/20): attended by invitation and participated in discussions about a tobacco-free campus.
 - Cornell's Employee Assembly (EA) general meeting (9/21): attended by invitation, provided reference materials, and participated in discussions about a tobacco-free campus.
 - Cornell Daily Sun: correspondence with reporter regarding the EA meeting. Story published Sept. 22, [Employee Assembly Takes Up Talk of Making Cornell Campus 'Tobacco-Free'](#).
 - Cornell Campus Welfare Committee of the UA regular meeting (9/27): attended by invitation and participated in discussions about a tobacco-free campus.
 - Ithaca College, meeting with student who is leading the tobacco-free campus initiative (9/14).
 - Ithaca College weekly newspaper, The Ithacan: interviewed by a reporter about the tobacco-free initiative. Story published Oct. 6: [Up in the air: Students consider smoke-free policy on campus](#)
 - NYS Tobacco Free Campus Initiative conference call (9/14)
- Reality Check youth action program: presentation meeting with youth group at the William George Agency (9/19)
- Community Coalition for Healthy Youth (CCHY)
 - Town Hall event on media literacy, October 4: event planning team, design and production of promotional poster, email promotion to schools and target audiences.
 - Board meeting (9/8)

Web site postings (Schiele)

- Hydrilla reporting updates
- BOH packet and minutes
- WIC clinic calendars for Q-4
- Flu page updates and press releases
- Various updates

Meetings and Trainings

- Live Training: Mental Health First Aid. 8-hour course given at Mental Health Association in Tompkins County leads to a 3-year certification (Dunlop, 9/6-7)
- Live workshop: *Measuring the Impact of Services*, 3 hours (Schiele, 9/19)
- Online: Acetaminophen Safety for Children with Asthma, Medscape (Dunlop, 9/22, 0.25 CE credits)
- Webinar: American Journal of Health Promotion, *A Framework to Foster Comprehensive Workplace Wellness* (Schiele, 9/20)

Division for Community Health
October 25, 2016 Board of Health Meeting

Karen Bishop, Director of Community Health
September Report

Policy Review & Approval – None

Administration –

- Served as interim WIC Program Director since July 25.
- Met weekly with WIC staff to facilitate team building.
- Completed all required program reports to regional and state WIC.
- Developed and implemented an orientation plan for new Nutritionist Brooke Bucinell who started September 26.
- Interviewed candidates for WIC Program Director. Position not filled as of September 30.
- Met bi-weekly with CHS managers to review program billing processes, workloads and staff needs/concerns.
- Met with representatives from Excellus Blue Cross Blue Shield on September 19 to review reimbursement rates for clinic and home visit services.

Statistical Reports –

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

WIC –

- Temporary increase in staff hours up to 40 hours per week extended until October 31 due to staff vacancies.
- Cornell intern Yuan Ru completed administering a participant survey regarding reasons why checks were not redeemed. Survey results pending.

October 2016 BOH Report

Community Health Services

By Melissa Gatch, Supervising Community Health Nurse

CHS staffing-

- We were pleased to welcome Community Health Nurse (CHN) Ms. Celeste Rakovich to Community Health Services (CHS) on September 26. Ms. Rakovich is completing her orientation with focus areas in rabies case management, immunizations and education and outreach.

Continuing Education-

- CHS nurses completed weekly trainings on the Vaccines Pink Book webinar series during September.
- CHN Nanette Scogin attended the 2016 National STD Prevention Conference in Atlanta, Georgia from September 20-23.

Lead Poisoning Prevention- (3 cases) Lead nurse Gail Birnbaum is case managing 3 children with elevated Blood Lead Levels. (BLL) The case summaries are as follows:

Case #1: Ongoing case of a two year old with initial BLL 35.1 mcg/dL on 11/23/15. Environmental assessment completed in November 2015 identified a kitchen door that lead upstairs that was positive for lead paint and in deteriorated condition. Report included that the child spent a significant amount of time at this doorway/landing and was in contact with the door daily. The parents removed the door 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. Repeat BLL on 11/27/15 30.9mcg/dL, 12/7/15 29.5 mcg/dL, 12/23/15 28.1mcg/dL, 1/13/16 22.2mcg/dL, 3/24/16 17.6 mcg/dL and on 7/12/16 13.3. Next draw scheduled for January 2017 as child is not eligible for medical discharge until another venous blood draw is less than 15mcg/dl six months from the 7/12/16 blood draw.

Case #2: New case of a 2 year old with initial BLL 12 mcg/dl on 7/21/16. Joint home visit made with EH staff on 7/26/16. The rental home was constructed in 1971. XRF paint Analyzer was scheduled for 8/05/16. Preliminary examination of the home revealed an outdoor door to a chicken coop to have peeling lead based paint. Child spends a great deal of time near the door. Parents were instructed to immediately remedy. The two younger children in the household have BLL <5 mcg/dl. Pregnant woman in the household was also tested with BLL results <1mcg/dl. Family was provided with nutritional instructions, cleaning protocol, especially hand washing. Notice and Demand was issued by EH to the landlord of the home on 9/19/16. The parents of the child also received a letter issued 8/31/16 outlining areas of lead exposure and risk reduction methods. The lead dust wipe sampling results were the most concerning with levels exceeding the Department of Housing and Urban Development standards in 4 locations in the living room and shop. Bare soil samples taken in the shop well exceeded acceptable levels.

Risk reduction methods were clearly outlined to the landlord and the parents. Repeat BLL in 3 months. Keep case open to ensure repeat testing done.

Case #3: New case of a ten month old with initial BLL 9.7 mcg/dl on 8/11/16. Lead nurse and EH staff elected to do this home visit despite being slightly under 10mcg/dl due to age of child and age of home- built in 1800's with many areas of potential lead based paint. Joint visit made with EH staff and EcoSpec on 8/30/16. Full report from Ecospect is pending. Home was found to be in good repair. Education provided to parents. Child's growth and development was found to be within normal limits. Repeat BLL in 3 months. Keep case open to ensure repeat testing done.

Communicable Disease-

- **Zika Virus:** To date, testing has been authorized for 26 Tompkins County residents. All travelled, or their partner travelled, to a country with reported Zika Virus. To date, we have had 3 positive cases. None were pregnant.
- **Suspect Mumps:** During September CD staff investigated 4 suspect Mumps cases; 3 college age and one high school. 3 students were fully vaccinated with 2 MMR's, one college student had just one valid MMR. All had parotid swelling, were appropriately isolated for 5 days from symptom onset and were negative by PCR for Mumps. IgM and IgG serology testing were ambiguous for each student with the need for convalescent serology tests to completely rule out Mumps. To date, one college student has been ruled out; the other 3 students case status is suspect pending convalescent serology results. All have recovered.
- **Pertussis:** One new case during September; 2 year old unvaccinated female. Close contacts included a 5 year old unvaccinated sibling, parents and grandparents- all received prophylaxis. Case's pregnant mother received Tdap on 8/29. Teaching provided to parents on importance of vaccination especially with newborn baby in the home in the next month. Parents will review literature given. 5 year old has religious exemption for school immunization requirements.
- **Salmonella:** Four cases identified during September have no common connection of transmission. Serotypes included Newport, Norwich, Dublin and Group I Non-typhi.
- **Influenza:** During the month September, we saw our first positive Influenza cases of the season; 1 Influenza A and 2 Influenza B. CHS began providing flu clinics on September 27 to senior facilities, fire departments and weekly at the Health Department. We plan to offer a full day Family Flu Clinic on Friday October 21 at the Health Department as this is a day off from school for area students. The NYSDOH weekly flu report will be posted on the Health Commerce System starting the first week of October and will be blast faxed to community partners each week through May 2017.
- **HIV Testing/Counseling:** During the month of September, CHS offered 11 clinic dates at 3 testing sites (TCHD, Loaves & Fishes and Tompkins County Jail). 7 people were tested. Of the 7 tested, 1 had a preliminary positive result, confirmatory lab work was obtained and sent to Wadsworth Lab with results confirmed as negative.
- **Health Advisories and Informational Messages Blast Faxed to Providers:**
 - Testing and Reporting of Mosquito and Tick-Borne Illnesses
 - Mumps Outbreak (Downstate), Mumps Diagnosis, Testing and Reporting

- Procaine Penicillin G Shortage
- Harmful Algal Blooms Confirmed Locally

Tuberculosis- (one new suspect active case)

- **Active TB:** 23 year old foreign born college student entering US in August 2016. Case seen initially at college health center at the end of August for new student TB screening. Case was asymptomatic; had positive QFT; chest x-ray and CT completed 8/26 and 9/1 respectively, showed infiltrate in the right upper lobe. Suspect case reported exposure to a family member with active TB within the last year. Three sputa specimens ordered by the college health center at the end of August were AFB smear negative but were not sent to Wadsworth Lab for PCR testing. Case was referred to TB consultant on 9/12 for follow up; scheduled evaluation at Health Department negative pressure room on 9/13. TB consultant ordered 2 additional sputa specimens sent to Wadsworth for PCR testing 9/20 and 9/21. Case was isolated at home by the Health Department until PCR results returned. AFB smear negative and PCR negative for MTB as of 9/23 and awaiting culture results. 4-drug treatment initiated on September 21 given history of exposure to active TB, appearance of chest x-ray and CT scan and with strong suspicion of active pulmonary disease. Plan to treat case with 4 drug therapy for 2 months, repeat CT scan and evaluate case at that time for continued therapy based on results.
- **Latent TB (LTBI):** There were 6 Tuberculin Screening Tests (TST) placed during the month of September. Of the 6 tested, one test was positive; 22 year old foreign born asymptomatic female with a 15mm response; and normal chest x-ray. Client will defer LTBI treatment for now.

N.Y.S. Department of Health
 Division of Epidemiology
 Communicable Disease Monthly Report*, DATE: 03OCT16
 Rates are defined as: Cases/100,000 population/Month

County=TOMPKINS Month=September

| Disease | 2016 | | 2015 | | 2014 | | 2013 | | Ave (2013-2015) | |
|--|------|------|------|------|------|------|------|------|--------------------|------|
| | Freq | Rate | Freq | Rate | Freq | Rate | Freq | Rate | Freq | Rate |
| AMEBIASIS | 0 | 0.0 | 0 | 0.0 | 1 | 11.5 | 0 | 0.0 | 0 | 0.0 |
| ANAPLASMOSIS** | 0 | 0.0 | 1 | 11.5 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| CAMPYLOBACTERIOSIS** | 2 | 22.9 | 1 | 11.5 | 5 | 57.3 | 2 | 22.9 | 3 | 34.4 |
| CRYPTOSPORIDIOSIS** | 1 | 11.5 | 4 | 45.8 | 0 | 0.0 | 3 | 34.4 | 2 | 22.9 |
| EHRlichiosis (CHAFEENSIS)** | 0 | 0.0 | 1 | 11.5 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| GIARDIASIS | 3 | 34.4 | 4 | 45.8 | 4 | 45.8 | 5 | 57.3 | 4 | 45.8 |
| HAEMOPHILUS INFLUENZAE, NOT TYPE B | 0 | 0.0 | 0 | 0.0 | 1 | 11.5 | 0 | 0.0 | 0 | 0.0 |
| HEPATITIS B,ACUTE | 0 | 0.0 | 0 | 0.0 | 2 | 22.9 | 0 | 0.0 | 1 | 11.5 |
| HEPATITIS B,CHRONIC | 1 | 11.5 | 0 | 0.0 | 2 | 22.9 | 2 | 22.9 | 1 | 11.5 |
| HEPATITIS C,ACUTE | 2 | 22.9 | 1 | 11.5 | 0 | 0.0 | 2 | 22.9 | 1 | 11.5 |
| HEPATITIS C,CHRONIC | 2 | 22.9 | 7 | 80.2 | 8 | 91.7 | 3 | 34.4 | 6 | 68.8 |
| INFLUENZA A, LAB CONFIRMED | 1 | 11.5 | 3 | 34.4 | 2 | 22.9 | 0 | 0.0 | 2 | 22.9 |
| INFLUENZA B, LAB CONFIRMED | 2 | 22.9 | 1 | 11.5 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| LEGIONELLOSIS | 0 | 0.0 | 0 | 0.0 | 1 | 11.5 | 0 | 0.0 | 0 | 0.0 |
| LYME DISEASE** **** | 1 | 11.5 | 3 | 34.4 | 2 | 22.9 | 5 | 57.3 | 3 | 34.4 |
| MENINGITIS, ASEPTIC | 0 | 0.0 | 1 | 11.5 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| PERTUSSIS** | 1 | 11.5 | 1 | 11.5 | 2 | 22.9 | 0 | 0.0 | 1 | 11.5 |

| Disease | 2016 | | 2015 | | 2014 | | 2013 | | Ave (2013-2015) | |
|------------------------------|------|-------|------|-------|------|-------|------|-------|--------------------|-------|
| | Freq | Rate | Freq | Rate | Freq | Rate | Freq | Rate | Freq | Rate |
| SALMONELLOSIS | 4 | 45.8 | 1 | 11.5 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| STREP,GROUP A INVASIVE | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 1 | 11.5 | 0 | 0.0 |
| STREP,GROUP B INVASIVE | 1 | 11.5 | 2 | 22.9 | 0 | 0.0 | 0 | 0.0 | 1 | 11.5 |
| STREP PNEUMONIAE,INVASIVE | 0 | 0.0 | 0 | 0.0 | 1 | 11.5 | 0 | 0.0 | 0 | 0.0 |
| ZIKA VIRUS | 1 | 11.5 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| SYPHILIS TOTAL..... | 1 | 11.5 | 1 | 11.5 | 2 | 22.9 | 0 | 0.0 | 1 | 11.5 |
| - P&S SYPHILIS | 0 | 0.0 | 0 | 0.0 | 1 | 11.5 | 0 | 0.0 | 0 | 0.0 |
| - EARLY LATENT | 1 | 11.5 | 1 | 11.5 | 1 | 11.5 | 0 | 0.0 | 1 | 11.5 |
| GONORRHEA TOTAL..... | 4 | 45.8 | 3 | 34.4 | 20 | 229.2 | 5 | 57.3 | 9 | 103.2 |
| - GONORRHEA | 4 | 45.8 | 3 | 34.4 | 20 | 229.2 | 5 | 57.3 | 9 | 103.2 |
| CHLAMYDIA | 44 | 504.3 | 32 | 366.8 | 39 | 447.0 | 21 | 240.7 | 31 | 355.3 |

*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.

N.Y.S. Department of Health
 Division of Epidemiology
 Communicable Disease Monthly Report*, DATE: 03OCT16
 Through September

Rates are defined as: Cases/100,000 population/Month

County=TOMPKINS

| Disease | 2016 | | 2015 | | 2014 | | 2013 | | Ave (2013-2015) | |
|--|------|------|------|------|------|------|------|------|--------------------|------|
| | Freq | Rate | Freq | Rate | Freq | Rate | Freq | Rate | Freq | Rate |
| AMEBIASIS | 1 | 1.3 | 0 | 0.0 | 2 | 2.5 | 1 | 1.3 | 1 | 1.3 |
| ANAPLASMOSIS** | 0 | 0.0 | 1 | 1.3 | 1 | 1.3 | 1 | 1.3 | 1 | 1.3 |
| BABESIOSIS** | 1 | 1.3 | 1 | 1.3 | 1 | 1.3 | 0 | 0.0 | 1 | 1.3 |
| CAMPYLOBACTERIOSIS** | 15 | 19.1 | 15 | 19.1 | 21 | 26.7 | 14 | 17.8 | 17 | 21.7 |
| CHIKUNGUNYA** | 0 | 0.0 | 0 | 0.0 | 1 | 1.3 | 0 | 0.0 | 0 | 0.0 |
| CRYPTOSPORIDIOSIS** | 7 | 8.9 | 6 | 7.6 | 10 | 12.7 | 13 | 16.6 | 10 | 12.7 |
| E.COLI 0157:H7 | 0 | 0.0 | 1 | 1.3 | 1 | 1.3 | 0 | 0.0 | 1 | 1.3 |
| EHEC, SEROGROUP NON-O157 | 2 | 2.5 | 5 | 6.4 | 3 | 3.8 | 3 | 3.8 | 4 | 5.1 |
| EHRlichiosis (CHAFEENSIS)** | 0 | 0.0 | 1 | 1.3 | 1 | 1.3 | 0 | 0.0 | 1 | 1.3 |
| EHRlichiosis (UNDETERMINED)** | 0 | 0.0 | 1 | 1.3 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| ENCEPHALITIS, OTHER | 1 | 1.3 | 0 | 0.0 | 0 | 0.0 | 1 | 1.3 | 0 | 0.0 |
| ENCEPHALITIS, POST | 1 | 1.3 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| GIARDIASIS | 13 | 16.6 | 9 | 11.5 | 22 | 28.0 | 9 | 11.5 | 13 | 16.6 |
| HAEMOPHILUS INFLUENZAE, NOT TYPE B | 2 | 2.5 | 3 | 3.8 | 1 | 1.3 | 0 | 0.0 | 1 | 1.3 |
| HEPATITIS A | 0 | 0.0 | 0 | 0.0 | 1 | 1.3 | 0 | 0.0 | 0 | 0.0 |
| HEPATITIS B,ACUTE | 0 | 0.0 | 0 | 0.0 | 2 | 2.5 | 0 | 0.0 | 1 | 1.3 |

| Disease | 2016 | | 2015 | | 2014 | | 2013 | | Ave (2013-2015) | |
|--|------|-------|------|-------|------|-------|------|-------|--------------------|-------|
| | Freq | Rate | Freq | Rate | Freq | Rate | Freq | Rate | Freq | Rate |
| HEPATITIS B,CHRONIC | 5 | 6.4 | 6 | 7.6 | 6 | 7.6 | 5 | 6.4 | 6 | 7.6 |
| HEPATITIS C,ACUTE | 6 | 7.6 | 2 | 2.5 | 3 | 3.8 | 3 | 3.8 | 3 | 3.8 |
| HEPATITIS C,CHRONIC | 32 | 40.8 | 68 | 86.6 | 74 | 94.2 | 52 | 66.2 | 65 | 82.8 |
| INFLUENZA A, LAB CONFIRMED | 332 | 422.8 | 293 | 373.2 | 172 | 219.1 | 88 | 112.1 | 184 | 234.3 |
| INFLUENZA B, LAB CONFIRMED | 82 | 104.4 | 68 | 86.6 | 27 | 34.4 | 66 | 84.1 | 54 | 68.8 |
| INFLUENZA UNSPECIFIED, LAB CONFIRMED | 2 | 2.5 | 0 | 0.0 | 0 | 0.0 | 1 | 1.3 | 0 | 0.0 |
| LEGIONELLOSIS | 2 | 2.5 | 1 | 1.3 | 2 | 2.5 | 2 | 2.5 | 2 | 2.5 |
| LISTERIOSIS | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 1 | 1.3 | 0 | 0.0 |
| LYME DISEASE** ***** | 39 | 49.7 | 29 | 36.9 | 24 | 30.6 | 41 | 52.2 | 31 | 39.5 |
| MALARIA | 1 | 1.3 | 1 | 1.3 | 0 | 0.0 | 2 | 2.5 | 1 | 1.3 |
| MENINGITIS, ASEPTIC | 0 | 0.0 | 1 | 1.3 | 0 | 0.0 | 1 | 1.3 | 1 | 1.3 |
| MENINGOCOCCAL** | 1 | 1.3 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| PERTUSSIS** | 1 | 1.3 | 2 | 2.5 | 6 | 7.6 | 5 | 6.4 | 4 | 5.1 |
| ROCKY MTN SPOT FEVER** | 2 | 2.5 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| SALMONELLOSIS | 12 | 15.3 | 9 | 11.5 | 5 | 6.4 | 14 | 17.8 | 9 | 11.5 |
| SHIGELLOSIS | 7 | 8.9 | 1 | 1.3 | 1 | 1.3 | 1 | 1.3 | 1 | 1.3 |
| STREP,GROUP A INVASIVE | 3 | 3.8 | 3 | 3.8 | 2 | 2.5 | 1 | 1.3 | 2 | 2.5 |
| STREP,GROUP B INVASIVE | 7 | 8.9 | 6 | 7.6 | 10 | 12.7 | 4 | 5.1 | 7 | 8.9 |
| STREP,GROUP B INV,EARLY/LATE ONSET | 0 | 0.0 | 0 | 0.0 | 1 | 1.3 | 1 | 1.3 | 1 | 1.3 |

| Disease | 2016 | | 2015 | | 2014 | | 2013 | | Ave (2013-2015) | |
|------------------------------|------|-------|------|-------|------|-------|------|-------|--------------------|-------|
| | Freq | Rate | Freq | Rate | Freq | Rate | Freq | Rate | Freq | Rate |
| STREP PNEUMONIAE,INVASIVE | 8 | 10.2 | 2 | 2.5 | 4 | 5.1 | 6 | 7.6 | 4 | 5.1 |
| TUBERCULOSIS*** | 0 | 0.0 | 2 | 2.5 | 3 | 3.8 | 1 | 1.3 | 2 | 2.5 |
| TYPHOID FEVER | 0 | 0.0 | 1 | 1.3 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| VIBRIO - NON 01 CHOLERA | 0 | 0.0 | 1 | 1.3 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| WESTNILE VIRUS** | 0 | 0.0 | 0 | 0.0 | 1 | 1.3 | 0 | 0.0 | 0 | 0.0 |
| YERSINIOSIS | 0 | 0.0 | 0 | 0.0 | 3 | 3.8 | 1 | 1.3 | 1 | 1.3 |
| ZIKA VIRUS | 3 | 3.8 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| SYPHILIS TOTAL..... | 9 | 11.5 | 5 | 6.4 | 9 | 11.5 | 1 | 1.3 | 5 | 6.4 |
| - LATE LATENT | 2 | 2.5 | 1 | 1.3 | 1 | 1.3 | 1 | 1.3 | 1 | 1.3 |
| - P&S SYPHILIS | 2 | 2.5 | 3 | 3.8 | 7 | 8.9 | 0 | 0.0 | 3 | 3.8 |
| - EARLY LATENT | 5 | 6.4 | 1 | 1.3 | 1 | 1.3 | 0 | 0.0 | 1 | 1.3 |
| GONORRHEA TOTAL..... | 45 | 57.3 | 44 | 56.0 | 40 | 50.9 | 24 | 30.6 | 36 | 45.8 |
| - GONORRHEA | 45 | 57.3 | 44 | 56.0 | 40 | 50.9 | 24 | 30.6 | 36 | 45.8 |
| CHLAMYDIA | 276 | 351.5 | 257 | 327.3 | 238 | 303.1 | 189 | 240.7 | 228 | 290.4 |

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

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

***Not official number

**** From 2013-2014,18 counties investigated a sample of positive laboratory results; 2015-2016, 25 counties sampled.

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

| Community Health Services Clinical Statistics | Jan | Feb | Mar | April | May | June | July | Aug | Sept | Oct | Nov | Dec | YTD 2016 | Total 2015 | Total 2014 |
|---|-----|-----|-----|-------|-----|------|------|-----|------|-----|-----|-----|----------|------------|------------|
| Maternal Child / MOMS Services | | | | | | | | | | | | | | | |
| Client Caseload | 118 | 111 | 115 | 109 | 115 | 115 | 123 | 134 | 128 | | | | | | |
| # of Client Admissions | 22 | 20 | 25 | 18 | 21 | 21 | 26 | 25 | 20 | | | | 198 | 295 | 321 |
| # of Client Discharges | 27 | 22 | 23 | 15 | 20 | 16 | 14 | 24 | 21 | | | | 182 | 337 | 357 |
| Maternal & Infant Clinic Visit** | 23 | 19 | 19 | 11 | 20 | 22 | 11 | 10 | 17 | | | | 152 | 209 | 355 |
| Maternal & Infant Home Visit | 57 | 54 | 77 | 58 | 74 | 74 | 78 | 92 | 93 | | | | 657 | 862 | 758 |
| Total Home & Clinic Visits | 80 | 73 | 96 | 69 | 94 | 96 | 89 | 102 | 110 | 0 | 0 | 0 | 809 | 1071 | 1113 |

| On-Call (Weekend) Nursing Visits to Patients | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|----|---|---|----|---|---|---|----|----|----|
| Maternal & Infant On Call Visits | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | 0 | 0 | 0 |
| Rabies On Call Vaccinations | 0 | 0 | 0 | 0 | 0 | 10 | 1 | 9 | 8 | | | | 28 | 28 | 37 |
| TB DOT On Call Visits | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | | | | 2 | 9 | 11 |
| Total # On-Call Visits | 0 | 0 | 0 | 0 | 0 | 10 | 1 | 9 | 10 | 0 | 0 | 0 | 30 | 37 | 48 |

| | | | | | | | | | | | | | | | |
|---|----|----|----|----|----|-----|----|-----|-----|---|---|---|-----|------|------|
| Total Home, Clinic, On-Call Visits | 80 | 73 | 96 | 69 | 94 | 106 | 90 | 111 | 120 | 0 | 0 | 0 | 839 | 1161 | 1161 |
|---|----|----|----|----|----|-----|----|-----|-----|---|---|---|-----|------|------|

| Childbirth Education | | | | | | | | | | | | | | | |
|-----------------------------------|---|---|---|---|---|---|---|---|---|--|--|--|----|----|----|
| # of Childbirth Education Classes | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | | | | 3 | 10 | 16 |
| # of Childbirth Education Moms* | 0 | 6 | 0 | 0 | 5 | 0 | 0 | 2 | 0 | | | | 13 | 32 | 54 |

* CBE Total is duplicated count

DOT = Direct Observe Therapy Visits

MOMS = Medicaid Obstetrical and Maternal Services

** Clinic visit revised to include intake visits

Shaded areas indicate revisions from the previous report

| Community Health Services Clinical Statistics | Jan | Feb | Mar | April | May | June | July | Aug | Sept | Oct | Nov | Dec | YTD 2016 | Total 2015 | Total 2014 |
|--|-----|-----|-----|-------|-----|------|------|-----|------|-----|-----|-----|----------|------------|------------|
| # of Immunization Clients | 34 | 18 | 23 | 28 | 31 | 26 | 29 | 44 | 77 | | | | 310 | 429 | 319 |
| # of Immunizations Administered | 38 | 33 | 37 | 50 | 58 | 50 | 51 | 95 | 134 | | | | 546 | 761 | 534 |
| Children 0 thru 18 years, 364 days | 19 | 11 | 13 | 18 | 15 | 8 | 9 | 12 | 33 | | | | 138 | 319 | 423 |
| Adults 19 years and older | 15 | 7 | 10 | 10 | 16 | 18 | 20 | 32 | 44 | | | | 172 | 205 | 111 |
| # of Influenza Immunizations | 10 | 2 | 2 | 6 | 5 | 1 | 0 | 0 | 18 | | | | 44 | 579 | 917 |

| Rabies Vaccination Program (Internal Data, Reporting to NYSIIS May Be Ongoing) | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|----|----|----|----|--|--|--|-----|-----|-----|
| Post-Exposure Clients | 0 | 0 | 1 | 0 | 3 | 17 | 12 | 42 | 18 | | | | 93 | 107 | 106 |
| Post-Exposure Clinic Vaccinations | 0 | 0 | 2 | 0 | 9 | 45 | 21 | 91 | 42 | | | | 210 | 258 | 267 |

| Tuberculosis Program | | | | | | | | | | | | | | | |
|---------------------------------------|----|----|----|----|----|----|----|----|----|--|--|--|-----|-----|-----|
| Cumulative TB clients | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | | | | 0 | 2 | 4 |
| Active TB Admissions | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | | | | 1 | 2 | 4 |
| Active TB Discharges | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | | | | 1 | 4 | 2 |
| TB Direct Observe Therapy Home Visits | 7 | 7 | 3 | 0 | 0 | 0 | 0 | 0 | 10 | | | | 27 | 274 | 269 |
| # of Tuberculosis Screening Tests* | 30 | 19 | 28 | 30 | 14 | 27 | 16 | 14 | 6 | | | | 184 | 283 | 421 |

| Anonymous HIV Counseling & Testing Clinics | | | | | | | | | | | | | | | |
|---|----|----|----|----|----|----|---|----|----|---|---|---|----|-----|----|
| # of HIV Clinics - including Walk-Ins | 10 | 9 | 12 | 11 | 11 | 9 | 9 | 11 | 11 | | | | 93 | 109 | 99 |
| # of Clients Counseled & Tested | 4 | 11 | 11 | 14 | 10 | 11 | 9 | 5 | 9 | | | | 84 | 91 | 96 |
| HIV Positive Eliza & Western Bloc | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 |

| Women, Infants, Children Clinic | | | | | | | | | | | | | | | |
|---|--------|--------|--------|--------|-------|--------|-------|-------|-------|--|--|--|-------------|------|-------|
| Monthly New Enrollments | 68 | 55 | 56 | 61 | 48 | 50 | 47 | 77 | 66 | | | | 528 | 676 | 430 |
| Total Participants Served | 560 | 486 | 563 | 558 | 497 | 540 | 501 | 557 | 550 | | | | 4812 | 6417 | 4889 |
| Participants w/Active Checks | 1322 | 1312 | 1327 | 1332 | 1295 | 1247 | 1237 | 1273 | 1286 | | | | 1292 | 1338 | 1386 |
| Total Enrolled (summary is an Average) | 1559 | 1563 | 1520 | 1515 | 1499 | 1500 | 1483 | 1492 | 1497 | | | | 1514 | 1564 | 1689 |
| % No-Show | 15.9% | 16.1% | 12.7% | 12.1% | 13.6% | 15.9% | 16.6% | 14.7% | 14.1% | | | | | | 18.3% |
| % Active Participation | 87.4% | 87.5% | 88.5% | 88.8% | 85.7% | 83.1% | 82.5% | 84.9% | 85.7% | | | | | | 69.3% |
| % Caseload Target (FY15 Target = 1500)*** | 103.9% | 104.2% | 101.3% | 101.0% | 99.9% | 100.0% | 98.9% | 99.5% | 99.8% | | | | | | 84.4% |

123 Red numbers indicate preliminary data; subject to revision

** # of Immunizations administered may understate actual activity if Rabies activity updates to NYSIIS are pending

UA = Unavailable at this time

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

Children with Special Care Needs Division — (607) 274-6644

Children with Special Care Needs Highlights

September 2016 Report

Staff Activities

Staff Committees

- Debbie Thomas attended the Early Childhood Direction Center (ECDC) Committee Meeting on 9/12/16

Staff Training

- Margo Polikoff and Diane Olden attended 'Celebrate Recovery' presented by the Health Planning Council on 9/12/16

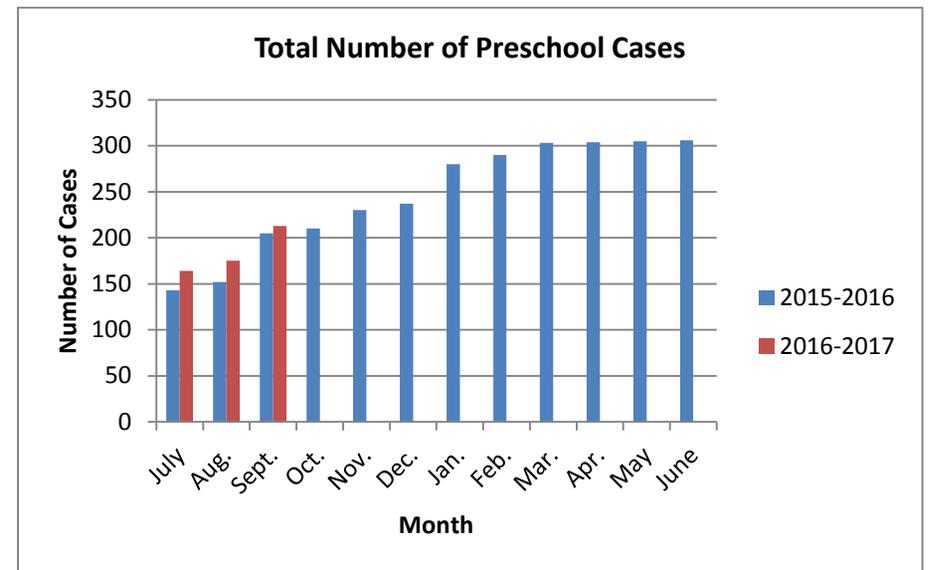
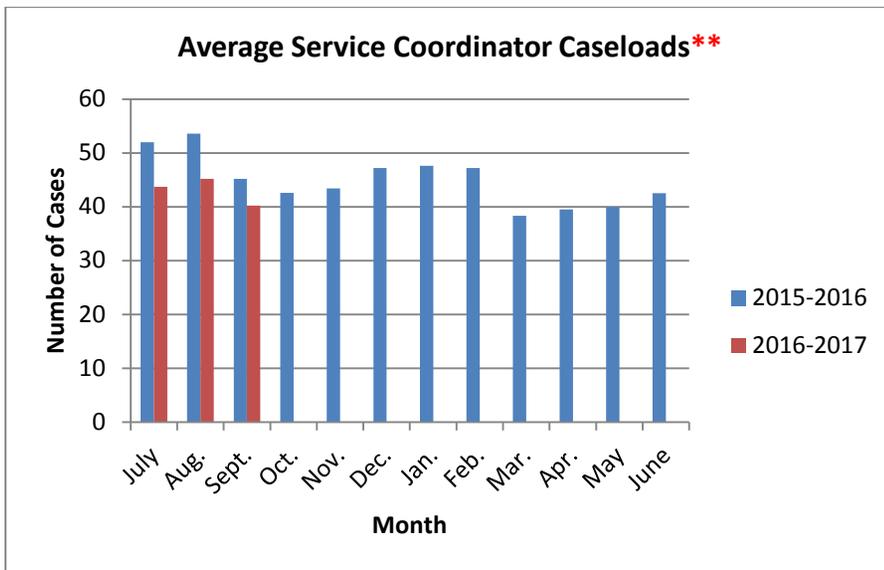
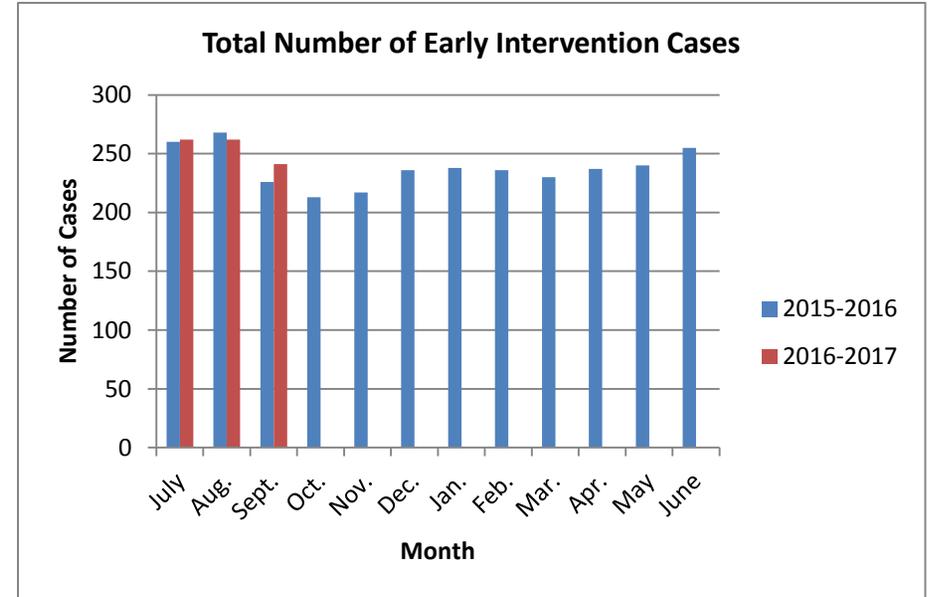
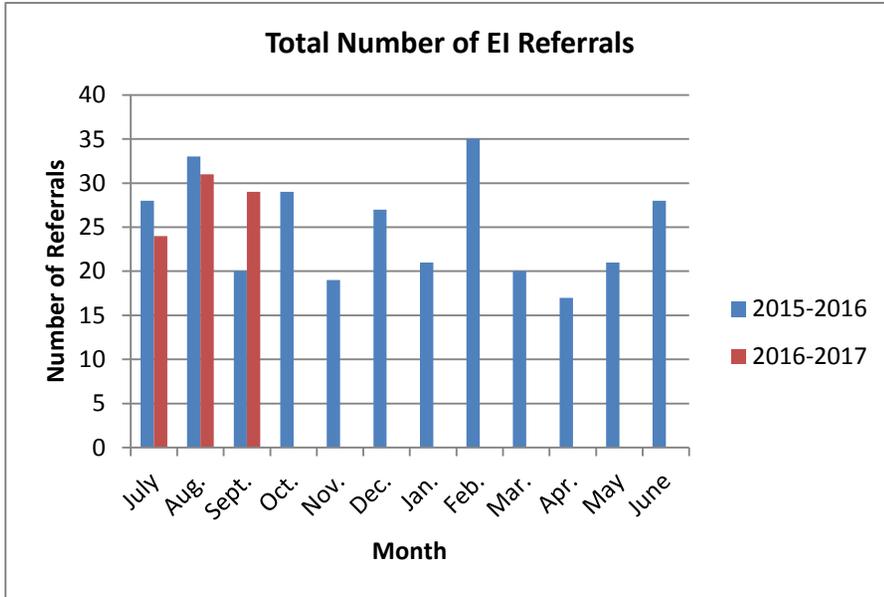
Division Managers

- Debbie Thomas met with Birnie Bus staff on 9/12/16
- Deb Thomas attended a meeting with ECDC on 9/12/16
- Debbie attended and Early Childhood Coalition Committee Meeting in PennYan on 9/15/16
- Debbie attended the Parent-to-Parent Meeting for CSHCN planning on 9/16/16
- Debbie and Barb Wright attended the CPSE Chairs meeting on 9/23/16
- Debbie and Barb attended the Management Meeting on 9/13/16
- Debbie attended the Board of Health Meeting on 9/27/16
- Debbie met with Ted Schiele from Health Promotion regarding CHIP
- Debbie attended Senior Leadership Meetings on 9/13, 9/21 and 9/30/16
- Debbie and Barb interviewed candidates for the vacant Community Health Nurse position on 9/28/16
- Debbie and Barb met with Frank Kruppa on 9/6 & 9/21/16

Other

- Mary Gitlin, Community Health Nurse/Early Intervention Service Coordinator resigned. Her last day was September 9, 2016.
- Safe Care Team Meeting attended by Margo Polikoff and Diane Olden on 9/21/16
- Parent to Parent Meeting for CSHCN Program with Margo Polikoff and Debbie Thomas on 9/16/16
- Diane Olden and Julie Smith participated in interviews with candidates for the vacant Community Health Nurse position on 9/28/16
- Continuing Orientation with one Community Health Nurse/Early Intervention Service Coordinator

Children with Special Care Needs Statistics Based on Program School Year



****Beginning March 2016, the number of full-time Service Coordinators increased from 5 to 6.**

**Children with Special Care Needs Division
Statistical Highlights 2016**

EARLY INTERVENTION PROGRAM

| Number of Program Referrals | Jan | Feb | March | April | May | June | July | Aug | Sept | Oct | Nov | Dec | 2016 Totals | 2015 Totals |
|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|----------|----------|----------|-------------|-------------|
| Initial Concern/reason for referral: | | | | | | | | | | | | | | |
| -- DSS Founded Case | 3 | 1 | 1 | 1 | | 1 | | 3 | 1 | | | | 11 | 19 |
| -- Gestational Age | | 1 | 1 | | 1 | 1 | 1 | 1 | 1 | | | | 7 | 3 |
| -- Gestational Age/Gross Motor | | | | | | | | | 4 | | | | 4 | 0 |
| -- Cognitive Delay | | | | | | | 1 | | | | | | 1 | 0 |
| -- Global Delays | | | | 1 | | 1 | | | | | | | 2 | 6 |
| -- Hearing | | | | | | 1 | | | | | | | 1 | 0 |
| -- Physical | | | | | | | | | | | | | 0 | 0 |
| -- Feeding | 1 | 3 | 1 | 1 | | | 1 | | 2 | | | | 9 | 16 |
| -- Feeding & Gross Motor | | | | | | | | 1 | | | | | 1 | 0 |
| -- Feeding & Hearing | | | | | | | | | | | | | 0 | 1 |
| -- Feeding & Social Emotional | | 1 | | | | | | | | | | | 1 | 0 |
| -- Gross Motor | 5 | 7 | 3 | 4 | 4 | 10 | 8 | 5 | 9 | | | | 55 | 58 |
| -- Gross Motor & Feeding | | | | 1 | | 2 | | | 1 | | | | 4 | 2 |
| -- Gross Motor & Fine Motor | | | | | | | | | | | | | 0 | 2 |
| -- Gross Motor & Social Emotional | | 1 | | | | | | | | | | | 1 | 0 |
| -- Fine Motor | | | | | | | | | | | | | 0 | 0 |
| -- Social Emotional | | 1 | | | | 1 | 1 | | | | | | 3 | 10 |
| -- Social Emotional & Adaptive | | | | | | | | | | | | | 0 | 1 |
| -- Speech | 8 | 16 | 12 | 6 | 14 | 11 | 7 | 13 | 9 | | | | 96 | 153 |
| -- Speech & Adaptive | | | | | | | | | | | | | 0 | 0 |
| -- Speech & Cognitive | | | | | | | | | | | | | 0 | 2 |
| -- Speech & Feeding | | | | 1 | | | 1 | | 1 | | | | 3 | 2 |
| -- Speech & Fine Motor | | | | | | | | | | | | | 0 | 3 |
| -- Speech & Hearing | | | | | | | | | | | | | 0 | 0 |
| -- Speech & Gross Motor | | 3 | | | | | | 4 | | | | | 7 | 10 |
| -- Speech & Sensory | | | | 1 | 1 | | | | | | | | 2 | 2 |
| -- Speech & Social Emotional | 2 | | 2 | | | | | 2 | | | | | 6 | 10 |
| -- Adaptive | | | | | | | | | | | | | 0 | 0 |
| -- Adaptive/Feeding | | | | | | | | | | | | | 0 | 0 |
| -- Adaptive/Sensory | | | | | | | | | 1 | | | | 1 | 2 |
| -- Vision | | | | | | | | | | | | | 0 | 0 |
| -- Qualifying Congenital / Medical Diagnosis | 2 | | | 1 | 1 | | 2 | 1 | | | | | 7 | 3 |
| -- Child Find (At Risk) | | 1 | | | | | 2 | 1 | | | | | 4 | 8 |
| Total Number of Early Intervention Referrals | 21 | 35 | 20 | 17 | 21 | 28 | 24 | 31 | 29 | 0 | 0 | 0 | 226 | 313 |

| Caseloads | | | | | | | | | | | | | | |
|---|------|------|------|------|------|------|------|------|------|-----|-----|-----|--|--|
| Total # of clients qualified and receiving svcs | 201 | 187 | 200 | 218 | 217 | 230 | 225 | 223 | 198 | | | | | |
| Total # of clients pending intake/qualification | 37 | 49 | 30 | 19 | 23 | 25 | 37 | 48 | 43 | | | | | |
| Total # qualified and pending | 238 | 236 | 230 | 237 | 240 | 255 | 262 | 271 | 241 | 0 | 0 | 0 | | |
| Average # of Cases per Service Coordinator | 47.6 | 47.2 | 38.3 | 39.5 | 40.0 | 42.5 | 43.7 | 45.2 | 40.2 | 0.0 | 0.0 | 0.0 | | |

**Children with Special Care Needs Division
Statistical Highlights 2016**

EARLY INTERVENTION PROGRAM

| Family/Client visits | Jan | Feb | March | April | May | June | July | Aug | Sept | Oct | Nov | Dec | 2016 Totals | 2015 Totals |
|--|-----|-----|-------|-------|-----|------|------|-----|------|-----|-----|-----|-------------|-------------|
| -- Intake visits | 20 | 34 | 17 | 13 | 17 | 39 | 17 | 28 | 28 | | | | 213 | 272 |
| -- IFSP Meetings | 42 | 27 | 49 | 40 | 43 | 46 | 32 | 30 | 50 | | | | 359 | 523 |
| -- Amendments | 33 | 12 | 12 | 13 | 10 | 12 | 9 | 10 | 13 | | | | 124 | 175 |
| -- Core Evaluations | 24 | 15 | 31 | 21 | 12 | 19 | 17 | 17 | 21 | | | | 177 | 278 |
| -- Supplemental Evaluations | 4 | 3 | 10 | 6 | 4 | 3 | 9 | 3 | 5 | | | | 47 | 66 |
| -- DSS Visit | 1 | 0 | 2 | 4 | 0 | 0 | 0 | 0 | 0 | | | | 7 | 25 |
| -- EIOD visits | 9 | 1 | 9 | 3 | 4 | 13 | 16 | 10 | 5 | | | | 70 | 79 |
| -- Observation Visits | 39 | 27 | 40 | 45 | 47 | 20 | 35 | 44 | 23 | | | | 320 | 314 |
| -- CPSE meetings | 8 | 4 | 5 | 5 | 4 | 9 | 12 | 9 | 8 | | | | 64 | 79 |
| -- Program Visit | 0 | 0 | 2 | 0 | 1 | 1 | 0 | 0 | 0 | | | | 4 | 8 |
| -- Family Training/Team Meetings | 0 | 0 | 0 | 1 | 0 | 1 | 1 | 0 | 0 | | | | 3 | 6 |
| -- Transition meetings | 18 | 4 | 8 | 5 | 17 | 14 | 19 | 8 | 9 | | | | 102 | 92 |
| -- Safe Care Visits | 9 | 7 | 1 | 2 | 2 | 2 | 1 | 2 | 0 | | | | 26 | |
| -- Other Visits | 2 | 0 | 0 | 0 | 3 | 2 | 2 | 4 | 1 | | | | 14 | 24 |
| IFSPs and Amendments | | | | | | | | | | | | | | |
| # of Individualized Family Service Plans Completed | 42 | 27 | 49 | 37 | 43 | 46 | 32 | 30 | 27 | | | | 333 | 523 |
| # of Amendments to IFSPs Completed | 46 | 14 | 16 | 22 | 15 | 15 | 9 | 25 | 24 | | | | 186 | 217 |

| Services and Evaluations Pending & Completed | Jan | Feb | March | April | May | June | July | Aug | Sept | Oct | Nov | Dec | 2016 Totals | 2015 Totals |
|--|-----|-----|-------|-------|-----|------|------|-----|------|-----|-----|-----|-------------|-------------|
| Children with Services Pending | | | | | | | | | | | | | | |
| -- Audiological | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | | | | | |
| -- Feeding | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| -- Nutrition | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| -- Occupational Therapy | 3 | 3 | 5 | 6 | 5 | 4 | 6 | 3 | 1 | | | | | |
| -- Physical Therapy | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 2 | | | | | |
| -- Social Work | 1 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | | | | | |
| -- Special Education | 0 | 2 | 1 | 1 | 1 | 0 | 0 | 0 | 1 | | | | | |
| -- Speech Therapy | 5 | 13 | 11 | 10 | 9 | 1 | 0 | 2 | 1 | | | | | |
| # of Supplemental Evaluations Pending | 7 | 17 | 7 | 8 | 6 | 9 | 5 | 8 | 13 | | | | | |
| Type: | | | | | | | | | | | | | | |
| -- Audiological | 4 | 7 | 2 | 1 | 2 | 3 | 0 | 4 | 5 | | | | | |
| -- Developmental Pediatrician | 0 | 1 | 0 | 4 | 1 | 1 | 1 | 1 | 0 | | | | | |
| -- Diagnostic Psychological | 1 | 1 | 1 | 1 | 0 | 1 | 0 | 0 | 0 | | | | | |
| -- Feeding | 1 | 2 | 1 | 0 | 0 | 0 | 0 | 1 | 3 | | | | | |
| -- Physical Therapy | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 1 | | | | | |
| -- Speech | 1 | 2 | 1 | 0 | 1 | 1 | 3 | 0 | 1 | | | | | |
| -- Occupational Therapy | 0 | 4 | 1 | 1 | 2 | 3 | 1 | 2 | 3 | | | | | |
| -- Vision | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| -- Other | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |

**Children with Special Care Needs Division
Statistical Highlights 2016**

EARLY INTERVENTION PROGRAM

| Services and Evaluations Pending & Completed (continued) | Jan | Feb | March | April | May | June | July | Aug | Sept | Oct | Nov | Dec | 2016 Totals | 2015 Totals |
|---|-----|-----|-------|-------|-----|------|------|-----|------|-----|-----|-----|----------------|----------------|
| # of Supplemental Evaluations Completed | 4 | 3 | 11 | 7 | 5 | 4 | 12 | 6 | 6 | | | | 58 | 98 |
| Type: | | | | | | | | | | | | | | |
| -- Audiological | 0 | 2 | 5 | 0 | 0 | 1 | 0 | 2 | 1 | | | | 11 | 13 |
| -- Diagnostic Psychological | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | | | | 1 | 9 |
| -- Developmental Pediatrician | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | | | | 1 | 2 |
| -- Feeding | 0 | 0 | 2 | 1 | 0 | 0 | 0 | 0 | 1 | | | | 4 | 9 |
| -- Occupational Therapy | 3 | 1 | 2 | 3 | 3 | 3 | 8 | 2 | 1 | | | | 26 | 39 |
| -- Physical Therapy | 0 | 0 | 0 | 0 | 2 | 0 | 2 | 1 | 1 | | | | 6 | 7 |
| -- Speech Therapy | 1 | 0 | 2 | 2 | 0 | 0 | 1 | 1 | 2 | | | | 9 | 19 |
| -- Vision | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | 0 | 0 |
| -- Other | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | 0 | 0 |
| Diagnosed Conditions | | | | | | | | | | | | | | |
| Autism Spectrum | | | | | | | | | | | | | | |
| -- Children currently diagnosed: | 3 | 3 | 3 | 4 | 5 | 4 | 4 | 4 | 1 | | | | | |
| -- Children currently suspect: | 16 | 15 | 18 | 19 | 19 | 21 | 22 | 23 | 19 | | | | | |
| Children with 'Other' Diagnosis | | | | | | | | | | | | | | |
| -- Arthrogyrosis | 1 | 1 | 1 | 1 | 1 | 0 | 1 | 1 | 1 | | | | | |
| -- Brain Anomalies | 2 | 2 | 2 | 1 | 1 | 1 | 1 | 1 | 0 | | | | | |
| -- Bronchopulmonary Displasia (BPD) | 2 | 3 | 2 | 1 | 2 | 2 | 2 | 2 | 2 | | | | | |
| -- Cardiac Anomaly | 1 | 2 | 1 | 3 | 2 | 2 | 2 | 2 | 2 | | | | | |
| -- Cerebral Palsy (CP) | 2 | 1 | 2 | 3 | 3 | 4 | 4 | 3 | 3 | | | | | |
| -- Chromosome Abnormality | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 0 | | | | | |
| -- Cleft Lip/Palate | 2 | 3 | 3 | 3 | 3 | 3 | 2 | 2 | 2 | | | | | |
| -- Congenital Scoliosis | 1 | 1 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | | | | | |
| --Crouzon Syndrome | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | | | | | |
| -- Cystic Hygroma | 0 | 1 | 1 | 1 | 1 | 1 | 0 | 0 | 0 | | | | | |
| -- Down Syndrome | 2 | 2 | 2 | 4 | 3 | 3 | 3 | 5 | 7 | | | | | |
| -- Epilepsy | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | | | | | |
| -- Erb's Palsy | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| -- Exotropia | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | | | | | |
| -- Eye Disorder | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | | | | | |
| -- Failure to Thrive | 1 | 0 | 1 | 1 | 1 | 2 | 1 | 2 | 2 | | | | | |
| -- Feeding Difficulties | 2 | 3 | 1 | 16 | 16 | 15 | 14 | 15 | 14 | | | | | |
| -- Hearing Loss | 2 | 3 | 3 | 5 | 4 | 5 | 5 | 4 | 6 | | | | | |
| -- Hydrocephalus | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| -- Hydronephrosis | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 3 | 3 | | | | | |
| -- Hypotonia | 1 | 1 | 0 | 6 | 2 | 2 | 3 | 2 | 2 | | | | | |
| -- Macrocephaly | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| -- Microcephaly | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | | | | | |
| -- Pierre Robin Syndrome | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| -- Plagiocephaly | 1 | 1 | 0 | 1 | 1 | 1 | 1 | 2 | 4 | | | | | |
| -- Prematurity | 20 | 16 | 15 | 25 | 25 | 29 | 26 | 27 | 22 | | | | | |
| -- Reflux | 0 | 0 | 0 | 3 | 3 | 0 | 0 | 0 | 0 | | | | | |
| -- Sleep Apnea | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | | | | | |
| -- Spina Bifida | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | | | | | |
| -- Torticollis | 3 | 2 | 3 | 7 | 5 | 5 | 6 | 7 | 8 | | | | | |
| -- Transposition of Great Arteries (TGA) | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | | | | | |

**Children with Special Care Needs Division
Statistical Highlights 2016**

EARLY INTERVENTION PROGRAM

| Early Intervention Discharges | | | | | | | | | | | | | | |
|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|----------|----------|----------|------------|------------|
| -- To CPSE | 21 | 2 | 0 | 1 | 0 | 0 | 1 | 46 | 8 | | | | 79 | 78 |
| -- Aged out | 2 | 1 | 1 | 0 | 1 | 0 | 1 | 1 | 1 | | | | 8 | 12 |
| -- Declined | 1 | 1 | 3 | 3 | 1 | 2 | 1 | 2 | 2 | | | | 16 | 22 |
| -- Skilled out | 0 | 3 | 1 | 6 | 3 | 5 | 5 | 3 | 2 | | | | 28 | 44 |
| -- Moved | 1 | 0 | 2 | 2 | 2 | 2 | 4 | 4 | 2 | | | | 19 | 31 |
| -- Not Eligible | 4 | 9 | 6 | 11 | 4 | 4 | 4 | 3 | 6 | | | | 51 | 92 |
| -- Other | 0 | 4 | 1 | 3 | 1 | 2 | 3 | 0 | 6 | | | | 20 | 9 |
| Total Number of Discharges | 29 | 20 | 14 | 26 | 12 | 15 | 19 | 59 | 27 | 0 | 0 | 0 | 221 | 288 |
| Child Find | | | | | | | | | | | | | | |
| Total # of Referrals | 0 | 1 | 0 | 0 | 1 | 0 | 2 | 2 | 0 | | | | 6 | 15 |
| Total # of Children in Child Find | 12 | 13 | 12 | 12 | 13 | 8 | 9 | 7 | 6 | | | | | |
| Total # Transferred to Early Intervention | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 1 | | | | 4 | 3 |
| Total # of Discharges | 3 | 0 | 0 | 0 | 0 | 6 | 1 | 3 | 1 | | | | 14 | 6 |

**Children with Special Care Needs Division
Statistical Highlights 2016**

PRESCHOOL SPECIAL EDUCATION PROGRAM

| Clients Qualified and Receiving Services | Jan | Feb | March | April | May | June | July | Aug | Sept | Oct | Nov | Dec | 2016 Totals | 2015 Totals |
|--|------------|------------|--------------|--------------|------------|-------------|-------------|------------|-------------|------------|------------|------------|------------------------|------------------------|
| Children per School District | | | | | | | | | | | | | | |
| -- Ithaca | 154 | 162 | 165 | 162 | 161 | 157 | 95 | 96 | 110 | | | | | |
| -- Dryden | 38 | 40 | 41 | 45 | 46 | 49 | 23 | 29 | 35 | | | | | |
| -- Groton | 26 | 25 | 23 | 23 | 23 | 23 | 10 | 10 | 21 | | | | | |
| -- Lansing | 30 | 30 | 31 | 31 | 32 | 32 | 15 | 15 | 18 | | | | | |
| -- Newfield | 22 | 23 | 29 | 31 | 31 | 31 | 13 | 15 | 22 | | | | | |
| -- Trumansburg | 6 | 6 | 10 | 8 | 8 | 10 | 6 | 8 | 3 | | | | | |
| -- Spencer VanEtten | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | | | | | |
| -- Newark Valley | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| -- Odessa-Montour | 1 | 1 | 1 | 1 | 1 | 1 | 0 | 0 | 2 | | | | | |
| -- Candor | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | | | | | |
| -- Moravia | 1 | 1 | 1 | 0 | 1 | 1 | 1 | 1 | 1 | | | | | |
| -- Cortland | 1 | 1 | 1 | 1 | 1 | 1 | 0 | 0 | 0 | | | | | |
| Total # of Qualified and Receiving Services | 280 | 290 | 303 | 304 | 305 | 306 | 164 | 175 | 213 | 0 | 0 | 0 | | |

| Services Provided | Jan | Feb | March | April | May | June | July | Aug | Sept | Oct | Nov | Dec | Totals | Totals |
|--|------------|------------|--------------|--------------|------------|-------------|-------------|------------|-------------|------------|------------|------------|---------------|---------------|
| Services Received by Discipline | | | | | | | | | | | | | | |
| -- Speech Therapy (individual) | 174 | 179 | 185 | 184 | 185 | 185 | 70 | 76 | 122 | | | | | |
| -- Speech Therapy (group) | 5 | 11 | 12 | 11 | 11 | 10 | 0 | 0 | 4 | | | | | |
| -- Occupational Therapy (individual) | 60 | 64 | 66 | 68 | 71 | 69 | 40 | 43 | 40 | | | | | |
| -- Occupational Therapy (group) | 1 | 1 | 3 | 2 | 2 | 2 | 2 | 2 | 0 | | | | | |
| -- Physical Therapy (individual) | 32 | 32 | 33 | 34 | 34 | 34 | 10 | 10 | 22 | | | | | |
| -- Physical Therapy (group) | 2 | 2 | 2 | 2 | 2 | 2 | 0 | 0 | 1 | | | | | |
| -- Transportation | | | | | | | | | | | | | | |
| -- Birnie Bus | 25 | 24 | 25 | 25 | 25 | 25 | 19 | 21 | 27 | | | | | |
| -- Ithaca City School District | 43 | 43 | 43 | 43 | 42 | 41 | 41 | 40 | 37 | | | | | |
| -- Parent | 1 | 1 | 2 | 2 | 2 | 2 | 0 | 0 | 0 | | | | | |
| -- Service Coordination | 33 | 34 | 33 | 33 | 34 | 35 | 17 | 17 | 24 | | | | | |
| -- Counseling (individual) | 49 | 51 | 55 | 54 | 57 | 55 | 31 | 31 | 28 | | | | | |
| -- Counseling (group) | 0 | 0 | 0 | 0 | 0 | 3 | 0 | 0 | 0 | | | | | |
| -- 1:1 (Tuition Program) Aide | 7 | 7 | 8 | 9 | 9 | 9 | 9 | 9 | 0 | | | | | |
| -- Special Education Itinerate Teacher | 20 | 19 | 28 | 25 | 26 | 27 | 15 | 17 | 8 | | | | | |
| -- Parent Counseling | 19 | 21 | 22 | 21 | 22 | 24 | 8 | 9 | 14 | | | | | |
| -- Program Aide | 3 | 3 | 3 | 3 | 4 | 4 | 0 | 0 | 0 | | | | | |
| -- Teaching Assistant | 5 | 5 | 5 | 5 | 5 | 5 | 4 | 4 | 3 | | | | | |
| -- Psychological Services | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| -- ASL Interpreter | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| -- Audiological Services | 2 | 2 | 2 | 1 | 1 | 1 | 0 | 0 | 1 | | | | | |
| -- Teacher of the Deaf | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | | | | | |
| -- Auditory Verbal Therapy | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| -- Teacher of the Visually Impaired | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| -- Nutrition | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 3 | | | | | |
| -- Assistive Technology Services | 1 | 2 | 3 | 5 | 5 | 6 | 0 | 0 | 0 | | | | | |
| -- Skilled Nursing | 2 | 2 | 2 | 3 | 3 | 3 | 2 | 2 | 0 | | | | | |
| -- Vision | 1 | 1 | 1 | 1 | 1 | 1 | 0 | 0 | 0 | | | | | |
| Total # of children rcvng. home based related svcs. | 211 | 221 | 233 | 234 | 236 | 238 | 103 | 113 | 148 | | | | | |

**Children with Special Care Needs Division
Statistical Highlights 2016**

PRESCHOOL SPECIAL EDUCATION PROGRAM

| Number of Children Served Per School District Attending Tuition Based Programs | Jan | Feb | March | April | May | June | July | Aug | Sept | Oct | Nov | Dec | 2016 Totals | 2015 Totals |
|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|----------|----------|----------|----------------|----------------|
| -- Ithaca | 43 | 44 | 44 | 44 | 43 | 42 | 41 | 40 | 37 | | | | | |
| -- Cortland | 1 | 1 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | | | | | |
| -- Dryden | 10 | 9 | 9 | 9 | 9 | 9 | 6 | 7 | 11 | | | | | |
| -- Groton | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 5 | | | | | |
| -- Lansing | 6 | 6 | 6 | 6 | 6 | 6 | 5 | 5 | 5 | | | | | |
| -- Newfield | 4 | 4 | 4 | 4 | 4 | 4 | 3 | 4 | 6 | | | | | |
| -- Trumansburg | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 0 | | | | | |
| -- Odessa-Montour | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| -- Spencer VanEtten | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| -- Moravia | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | | | | | |
| -- # attending Franziska Racker Centers | 39 | 37 | 38 | 37 | 37 | 36 | 30 | 32 | 37 | | | | | |
| -- # attending Ithaca City School District | 30 | 32 | 32 | 33 | 32 | 32 | 31 | 30 | 28 | | | | | |
| Total # attending Special Ed Integrated Tuition Progr. | 69 | 69 | 70 | 70 | 69 | 68 | 61 | 62 | 65 | 0 | 0 | 0 | | |

| Municipal Representation Committee on Preschool Special Education | | | | | | | | | | | | | | |
|--|---|--|---|--|--|--|--|---|--|--|--|--|---|----|
| -- Ithaca | 1 | | | | | | | 1 | | | | | 2 | 42 |
| -- Dryden | | | | | | | | | | | | | 0 | 18 |
| -- Groton | | | 1 | | | | | | | | | | 1 | 0 |
| -- Lansing | | | | | | | | | | | | | 0 | 3 |
| -- Newark Valley | | | | | | | | | | | | | 0 | 0 |
| -- Newfield | 5 | | | | | | | | | | | | 5 | 4 |
| -- Odessa | | | | | | | | | | | | | 0 | 0 |
| --Trumansburg | | | | | | | | | | | | | 0 | 3 |

ENVIRONMENTAL HEALTH DIVISION

<http://www.tompkinscountyny.gov>

Ph: (607) 274-6688

Fx: (607) 274-6695

ENVIRONMENTAL HEALTH HIGHLIGHTS

September 2016

Outreach and Division News

The Drought: Tompkins County continues to be in a severe to extreme drought as classified by the US Drought Monitor. The stream flow situation may be starting to stabilize, but not at a comfortable level.

Bolton Point is at or slightly below normal water use and has returned to normal operations (essentially dropping water storage tank levels back to normal instead of keeping them at higher levels in case Cornell or Ithaca needed water). Ithaca College has returned to normal operations.

Cornell noted record low flow record in Fall Creek in late September, but the stream flows do not drop as quickly as they had been and the stream flow may be tending to stabilize at a level that more than meets demand. Cornell is considering rescinding mandatory water conservation requirements.

The Ithaca Water Treatment Plant is at full capacity now with all membrane-filtration units operational. They are no longer obtaining water from Bolton Point for part of their service area. There is little water flowing over the water supply dam and the situation is being monitored. The Newman Municipal Golf Course is no longer using non-potable water for irrigation but their water demand has been minimal.

Environmental Health is receiving more calls from individuals on wells with either no water or detrimental changes to water quality. As expected, we are hearing reports of backlogs with well drillers.

On October 3, Liz Cameron participated in a drought panel at a meeting hosted by the Tompkins County Chamber of Commerce. The panel included representatives from NYS Parks, Cornell Water Supply, the City of Ithaca, Bolton Point, the Chamber of Commerce and a farm/agriculture.

Legionella: Tompkins County had its first report of a cooling tower testing positive for legionella above the 1000 colony forming units (CFU) limit. Ithaca College notified Environmental Health as required within 24 hours of receiving a preliminary report from the laboratory that their Park Communications Building exceeded the maximum limits and they were in the process of disinfecting and resampling. As of September 1, 2016, NYS requires all cooling towers to be registered and have a completed legionella testing and disinfection plan, including first year testing at intervals not to exceed 90 days. Cooling tower testing plans must be implemented by December 1, 2016.

Hydrilla: Anne Wildman and Chris Laverack attended the monthly Local Task Force meeting and participated in the Statewide Conference Call. On September 21, it was announced that aquatic plant fragments found near Aurora, NY (on September 13), had been positively identified as hydrilla. Liz Cameron, Anne Wildman and Chris Laverack participated in a North-South Cayuga Lake conference call to formulate next steps required to delineate the infestation. The fluridone treatment in the southern part of the Lake was terminated at the end of September. Water quality sampling will continue at all monitoring points until the concentration reaches less than 1 ppb.

Electronic Rabies Clinics: The Fall Rabies Clinics have concluded with attendance up over 160 pets from the 2015 Fall Clinics and an increase of over 200 pets for all of 2016 compared to 2015. This was also the first time Environmental Health used the electronic Point Of Dispensing (POD) system to issue rabies certificates. The first two clinics proceeded somewhat slower than previous years due to learning the new system and making adjustments and the Caroline Clinic could not utilize the system due to lack of internet access. The two final clinics were able to process certificates at nearly the same pace as the old, paper system. Advantages are already being seen in regards to updating certificates when an owner did not bring prior proof of vaccination to the clinics, as well as generating reports for the Town Clerks so that they have updated vaccination information. The electronic

system will also be useful within Environmental Health when we need to search for a rabies certificate, for example, in the case of a dog bite.

Accela: Through our Accela Permit Management Program, EH Administrative Staff now have the capability to generate reports for expiring On-Site Wastewater Treatment System Construction Applications and Permits.

Notices will be generated 30 days prior to expiration and sent to all applicants and owners giving them the option to renew for an additional 1 year for an application or 2 years for a permit at a reduced fee. This also allows our Sanitarians to track renewals through the workflow and automatically send email notices to the applicants.

Seasonal Bathing Facilities: During the period May through September 2016, 21 outdoor pools and 5 bathing beaches operated at various times. Primary permits were issued to 16 swimming pools (Subpart 6-1) and 2 bathing beaches (Subpart 6-2). Temporary Residence facilities operated the remaining five outdoor pools and three bathing beaches.

Pre-operational inspections were performed at all 26 bathing operations. In addition, at least one unannounced inspection was performed at each operation. During the inspections five public health hazards were observed; all were corrected during the inspections. A total of 58 inspections (including pre-operational inspections and field visits) were performed at these seasonal operations.

Training:

René Borgella attended *Lead Inspector* and *Lead Risk Assessor Training* in Buffalo from September 19 to 23 and now has a temporary Lead Risk Assessor Certification. His certification will become permanent after taking the required EPA certification test.

Joel Scogin, Adriel Shea and Chris Laverack attended the *NYSDOH Sanitary Surveys of Groundwater Systems* in Cortland on October 4 and 5.

Steve Maybee and Liz Cameron attended the American Water Works Association (AWWA) Annual Tiffit Symposium in Buffalo on September 21 and 22. The symposium's agenda included many topics of current interest including lead in drinking water, disinfection byproducts, and rehabilitation and upgrading of aging water supply infrastructure.

Chris Laverack and Steve Maybee toured the Town of Manchester Water Treatment Plant on September 20 to observe their dry calcium hypochlorite feeding system. The Village of Dryden is considering a similar system as part of their water system improvements.

Cynthia Mosher attended the *Basic Environmental Health Course* in Batavia on September 13-15 and September 25-27. The training provides a basic overview of a variety of the programs the Environmental Health Department is responsible for overseeing. Topics included a *Public Health Overview, Public Health Laws and Ethics, Microbiology, Outbreak Investigation, Food and Water Bourne Disease, Vector Bourne Disease, Rabies, Indoor Air Quality, Emergency Spill Response, Communicable Disease, Pest Management, and Public Water Supply Protection.*

Clayton Maybee participated in the NYSDOH Risk-Based Inspection Methods at Retail Establishments in Latham from September 13 to 15.

Kristee Morgan participated in the first sessions of *Supervising for Success I* on September 29 and October 12. These sessions addressed *Making the Transition - Your Role in Supervising, Managing and Leading others, The Leader as Listener* and *Embracing Differences: Developing Confidence and Competence in Managing Diversity.*

Chris Laverack, Adriel Shea and Liz Cameron participated in an EPA webinar on September 27 on *Perfluorinated Chemicals (PFOAs): Analytics, Occurrence, and Treatment.*

Pete Coats attended the training session *"How to Tell Anyone Anything: The Power of Strengths Based Communication"* at TC3 on September 22.

Skip Parr, Maya Puleo, Pat Jebbett, and Samantha Hillson participated in the Radon Stakeholders teleconference with the NY State Radon Office on September 14.

Rabies Control Program

There were three confirmed cases of rabies in skunks in Tompkins County during September 2016. A dog with a vaccine waiver attacked a skunk in the owners' yard, a skunk was found in a barn with unvaccinated calves, and a skunk was acting aggressive to people and sheep at a farm. The sheep were current on rabies vaccinations, and only required boosters. Modified quarantines were issued for the two other cases.

Fall rabies clinics were held in the last week of September and the first two weeks in October for Newfield, Groton, Caroline, Trumansburg, and Ithaca.

| Key Data Overview | | | | |
|--|-------------------|-----------------|-----------------|-------------------|
| | This Month | YTD 2016 | YTD 2015 | TOTAL 2015 |
| Bites¹ | 24 | 188 | 180 | 230 |
| Non Bites² | 8 | 140 | 72* | 72* |
| Referrals to Other Counties | 4 | 38 | 17 | 26 |
| Submissions to the Rabies Lab | 22 | 182 | 190 | 207 |
| Human Post-Ex Treatments | 5 | 76 | 88 | 93 |
| Unvaccinated Pets 6-Month Quarantined³ | 1 | 4 | 2 | 2 |
| Unvaccinated Pets Destroyed⁴ | 0 | 10 | 1 | 1 |
| Rabid Animals (Laboratory Confirmed) | 3 | 11 | 11 | 13 |

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

²"Non-bites" include human exposures to saliva of potentially rabid animals. This also includes bats in rooms with sleeping people or young children. *2015 data only included non-bites where the bat was unavailable for testing.

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

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

| Reports by Animal Type | | | | | | | | | | | | |
|-------------------------------|--------------|-----------------|-----------------|-------------------|--|-------------------|---------------|------------|----------------------|-----------------|-----------------|-------------------|
| | Bites | | | | Animals sent to the NYS Rabies Laboratory | | | | Rabid Animals | | | |
| | Mo | YTD 2016 | YTD 2015 | Total 2015 | By TCHD | By Cornell | Totals | | Mo | YTD 2016 | YTD 2015 | Total 2015 |
| | | | | | | | Mo | YTD | | | | |
| Cat | 8 | 63 | 70 | 96 | 2 | 1 | 3 | 13 | 0 | 0 | 0 | 1 |
| Dog | 14 | 114 | 103 | 125 | 1 | 1 | 2 | 8 | 0 | 0 | 0 | 0 |
| Cattle | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| Horse/Mule | 0 | 0 | 0 | 0 | 0 | 2 | 2 | 3 | 0 | 0 | 0 | 0 |
| Sheep/Goat | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 2 | 0 | 0 | 0 | 0 |
| Domestic | 0 | 1 | 2 | 2 | 0 | 1 | 1 | 6 | 0 | 0 | 0 | 0 |
| Raccoon | 1 | 2 | 1 | 2 | 1 | 1 | 2 | 10 | 0 | 3 | 2 | 3 |
| Bats | 0 | 0 | 2 | 3 | 5 | 2 | 7 | 122 | 0 | 3 | 7 | 7 |
| Skunks | 1 | 2 | 0 | 0 | 3 | 1 | 4 | 5 | 3 | 4 | 0 | 0 |
| Foxes | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 1 | 1 |
| Other Wild | 0 | 6 | 2 | 2 | 0 | 0 | 0 | 10 | 0 | 1 | 1 | 1 |
| Totals | 24 | 188 | 180 | 230 | 12 | 10 | 22 | 182 | 3 | 11 | 11 | 13 |

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:

| | |
|--|---|
| AGAVA, T-Ithaca | ICSD – Dewitt Middle School, T-Ithaca |
| Casablanca Mediterranean Cuisine & Pizzeria, C-Ithaca | ICSD – Fall Creek Elementary School, C-Ithaca |
| Ithaca | ICSD – Northeast Elementary, T-Ithaca |
| Cinnamon Shoppe & Deli, T-Lansing | Ithaca Zen Center, T-Danby |
| Cornell Cooperative Extension of Tompkins County, C-Ithaca | Jimmy John's Gourmet Sandwiches, C-Ithaca |
| CU – Amit Bhatia, C-Ithaca | LCSD – Lansing High School, T-Lansing |
| CU – Dairy Bar, T-Ithaca | LCSD-Lansing Middle School, T-Lansing |
| CU – Klarman Hall Café, C-Ithaca | LCSD – R.C. Buckley Elementary, T-Lansing |
| CU-Willard Straight Dining, C-Ithaca | Mahogany Grill, C-Ithaca |
| Dryden Community Center Café, V-Dryden | Mama Teresa Pizzeria, C-Ithaca |
| Empire Livestock Marketing, V-Dryden | McGraw House, C-Ithaca |
| Fork & Gavel, C-Ithaca | Newfield Elementary School, V-Newfield |
| Franny's Food Truck, Throughout Tompkins | Newfield Middle/High School, V-Newfield |
| Franziska Racker Center, T-Ulysses | Rose's Home Dish, Throughout Tompkins |
| Frozen Moments, Throughout Tompkins | Sangam Indian Curry & Spice, C-Ithaca |
| Hawi Ethiopian, C-Ithaca | Seneca Place Kilpatricks, C-Ithaca |
| Hotel Ithaca – Max's, C-Ithaca | TC Action Casey Center Head Start, V-Dryden |
| IC – Café at Park School, T-Ithaca | Tokyo Hibachi, Sushi & Asian Restaurant, C-Ithaca |
| IC – Food Court, T-Ithaca | Varna Community Center, T-Dryden |
| IC – Grand Central, T-Ithaca | Viva Taqueria, C-Ithaca |
| ICSD – Caroline Elementary, T-Caroline | |
| ICSD – Cayuga Heights Elementary, V-Cayuga Heights | |

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

No HACCP inspections were conducted this month.

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

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

| | |
|--|-------------------------|
| Collegetown Bagels – Aurora Street, C-Ithaca | Jade Garden, C-Ithaca |
| Collegetown Bagels – East Hill, T-Ithaca | Red's Place, C-Ithaca |
| Country Inn & Suites, T-Ithaca | Sunset Grill, T-Ithaca |
| Gateway Kitchen, C-Ithaca | Waffle Frolic, C-Ithaca |
| Hal's Deli, 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:

Old Mexico, C-Ithaca

Potentially hazardous foods were not kept at or below 45°F during cold holding. Product in cold holding was observed to be at 50-54°F. The product was removed from service and rapidly chilled to 45°F or below before use.

Arby's Roast Beef, V-Lansing

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

Potentially hazardous foods were not kept at or below 45°F during cold holding. Product in a refrigerated storage unit was observed to be at 57°F. The product was removed from service and rapidly chilled to 45°F or less before use.

ZaZa's Cucina, C-Ithaca

Potentially hazardous foods were not kept at or below 45°F during cold holding. Products in a cold holding unit were observed to be at 53-55°F. The products were removed from service and rapidly chilled to 45°F or less before use.

Pontillo's Pizzeria, V-Groton

Potentially hazardous foods were stored at room temperature. Products in a display area were observed to be at 86°F. The facility has a waiver for time as a public health control for the product, however, temperature logs were not maintained. The product was discarded during the inspection.

Bella Pizza, C-Ithaca

Potentially hazardous foods were stored at room temperature. Products in a display area were observed to be at 84°F. The facility has a waiver for time as a public health control for the product, however, temperature logs were not maintained. Temperature log sheets were completed prior to the end of the inspection.

15 Below Ice Cream, C-Ithaca

Potentially hazardous foods were not kept at or below 45°F during cold holding. Product in a cold holding unit was observed to be at 50°F. The product was discarded during the inspection.

Cornell Vet School, C-Ithaca

Potentially hazardous foods are not kept at or below 45°F during cold holding. Products in two separate cold holding units were observed at 51-52°F and 50-54°F. The products from both units were removed from service and rapidly chilled to 45°F or less before use.

Mitsuba Hibachi Sushi Restaurant, V-Lansing

Potentially hazardous foods were not stored under refrigeration. Product on a counter was observed to be at 78°F. The product was rapidly reheated to 165°F or greater during the inspection.

Tompkins Cortland Community College, T-Dryden

Enough refrigerated storage equipment was not maintained so that potentially hazardous foods were stored below 45°F. Products in a grab and go cooler were observed to be at 50-54°F. The products were moved to the walk-in to be rapidly chilled to 45°F or less before use.

Ithaca Ale House, C-Ithaca

Enough refrigerated storage equipment was not maintained so that potentially hazardous foods were stored below 45°F. Products in a walk-in cooler were observed to be at 49-54°F. The products were rapidly chilled to 45°F or less before use.

ICSD – Beverly J Martin Elementary School, C-Ithaca

Enough hot holding equipment was not maintained to keep potentially hazardous foods above 140°F. Product in a steam table was observed to be at 108°F. The product was rapidly reheated to 165°F or above before use.

Benn Conger Inn, V-Groton

Enough refrigerated storage equipment was not maintained so that all potentially hazardous foods were stored below 45°F. Products in a side by side cooler were observed to be at 50-61°F. The products were discarded during the inspection.

Uncle Joe's Grill and Sports Bar, C-Ithaca

Enough refrigerated storage equipment was not maintained so that potentially hazardous foods were stored below 45°F. Products in a sandwich unit were observed to be at 51-70°F. The products were discarded during the inspection.

IC – Sandella's Café, T-Ithaca

Enough hot holding equipment was not operated to keep hot foods above 140°F. Product in a hot holding unit was observed to be at 129°F. The product was rapidly reheated to greater than 165°F before being returned to service.

Manndible Café, C-Ithaca

Potentially hazardous foods were not pre-chilled to 45°F or less before service. Products in a grab and go cooler for customer service were observed to be at 48-52°F. The products were removed from service and rapidly chilled to 45°F or less before use.

Maxie's Supper Club & Oyster Bar, C-Ithaca

Enough refrigerated storage equipment was not maintained so that all potentially hazardous foods were stored below 45°F. Product in a refrigerated storage unit was observed to be at 50-52°F. The product was discarded during the inspection.

Macarollin, Throughout Tompkins

Potentially hazardous food was held for an improper period of time at an unacceptable temperature. Cooked product in hot holding was observed to be at 114°F. The product was rapidly reheated to 165°F or above before use. This was a violation of Board of Health Orders from July of 2016.

Temporary Food Service Operation Permits are issued for single events at one location. The Food Protection Program issued 28 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:

B&B Kettlecorn – Ithaca Apple Festival, C-Ithaca
 Creamcycle – Ithaca Apple Festival, C-Ithaca
 Crooked Carrot Farm / Whalecat Doughnuts – Ithaca Apple Festival, C-Ithaca
 Ellis Hollow Community Center Chicken BBQ –Ellis Hollow Fair, T-Dryden
 Ellis Hollow Community Center Fair Hamburgers & Hot Dogs, T-Dryden
 Ellis Hollow Community Center Fair Buttered Corn, T-Dryden
 Ellis Hollow Community Center Fair Salads, T-Dryden
 Gourmet Caramel Apples – Ithaca Apple Festival, C-Ithaca
 Kettle Corn Shop – Ithaca Apple Festival, C-Ithaca
 Lao Village – Ithaca Apple Festival, C-Ithaca
 Let's Roll Gourmet Egg Rolls – Ithaca Apple Festival, C-Ithaca
 Creamcycle – Ithaca Apple Festival, C-Ithaca
 Signature Marketing Group – Ithaca Apple Festival, C-Ithaca

Tompkins County Democratic Committee BBQ, C-Ithaca

Critical Violations were found at the following establishments:

Trini Style – Ithaca Apple Festival, C-Ithaca

Potentially hazardous food was held at an improper temperature. Product in hot holding was observed to be at 125°F. The product was rapidly reheated to greater than 165°F before return to service.

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

The following pre-operational inspections were conducted:

There were no pre-operational inspections performed this month.

Plans Approved:

How Sweet it is Dessert Café, V-Trumansburg

New Permits Issued:

Chatty Cathy, C-Ithaca
 Easy Wok, V-Lansing
 The Range, C-Ithaca
 Seed Born Foods, Throughout Tompkins

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

Engineering Plans Approved

- Deyhim, East Shore Drive, 440 GPD Sewage System, Lansing-T
- Morgan, 609-611 Bone Plain Road, 2 – 440 GPD Sewage Systems, Dryden-T
- Warren, 11 Captains Walk, 440 GPD Sewage System, Lansing-T
- Adams, 22 Station Road, 440 GPD Sewage System, Danby-T

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

Problem Alerts/Emergency Responses

There were none reported for the month.

Healthy Neighborhoods Program

| HEALTHY NEIGHBORHOODS PROGRAM | MONTH | YTD 2016 | YTD 2015 | Total 2015* |
|-------------------------------|-------|----------|----------|-------------|
| # of Initial Home Visits | 43 | 285 | 305 | 406 |
| # of Revisits | 11 | 89 | 105 | 141 |
| # of Asthma Homes (initial) | 4 | 39 | 50 | 71 |
| # of Homes Approached | 310 | 1060 | 392 | 888 |

*Covers the calendar year (January through December)

Updates:

No new updates for the month.

Outreach:

- On September 2, Maya Puleo conducted outreach at the Loaves and Fishes food pantry (60 reached, 3 visits).
- On September 7, Maya Puleo provided information at the WIC Clinic (10 reached, 1 visit), and on September 14, Pat Jebbett conducted outreach at the WIC clinic (19 reached, 6 visits).
- Pat Jebbett conducted outreach at Salvation Army on September 14 (reached 12, 0 visits) and September 26 (16 reached, 0 visits).
- On September 17, Maya Puleo tabled at the Significant Elements Old House Fair (80 reached, 4 visits).
- On September 20, Maya Puleo conducted outreach at the Immaculate Conception Food Pantry (50 reached, 2 visits).
- On September 28, Maya Puleo conducted outreach at the Newfield Rabies Clinic (50 reached, 6 visits).
- On September 10, Samantha Hillson presented at Longview Senior Living as part of the COPD presentation (15 reached, 0 visits).
- On September 27, Maya Puleo presented at Lifelong Senior Center as part of the COPD presentation (1 visit, 5 reached).
- On September 28, Maya Puleo and Samantha Hillson attended the Tompkins County Healthy Lungs Coalition meeting.

Childhood Lead Program

| CHILDHOOD LEAD PROGRAM | MONTH | YTD 2016 | YTD 2015 | TOTAL 2015 |
|---|-------|----------|----------|------------|
| A: Active Cases (total referrals): | 0 | 0 | 0 | 1 |
| A1: # of Children w/ BLL>19.9ug/dl | 0 | 2 | 3 | 3 |
| A2: # of Children w/ BLL 10-19.9ug/dl | | | | |
| B: Total Environmental Inspections: | 0 | 0 | 0 | 1 |
| B1: Due to A1 | 0 | 2 | 4 | 4 |
| B2: Due to A2 | | | | |
| C: Hazards Found: | 0 | 0 | 0 | 1 |
| C1: Due to B1 | 0 | 2 | 4 | 4 |
| C2: Due to B2 | 0 | 0 | 1 | 2 |
| D: Abatements Completed: | 1 | 2 | 3 | 4 |
| E: Environmental Lead Assessment Sent: | 0 | 0 | 0 | 0 |
| F: Interim Controls Completed: | 8 | 103 | 45 | 61 |
| G: Complaints/Service Requests (w/o medical referral): | | | | |
| H: Samples Collected for Lab Analysis: | 0 | 2 | 1 | 1 |
| - Paint | 0 | 1 | 0 | 1 |
| - Drinking Water | 0 | 3 | 2 | 2 |
| - Soil | 0 | 3 | 3 | 3 |
| - XRF | 0 | 4 | 4 | 4 |
| - Dust Wipes | 0 | 0 | 0 | 0 |
| - Other | 0 | 0 | 0 | 1 |

Summary of Open BOH Enforcement Actions:

| Date of BOH Action | Facility | Owner/ Operator | Basis for Action | Penalty Assessed | Next BOH Order Deadline | Status |
|---------------------------|--|------------------------|---|-------------------------|--|--|
| 9/27/16 | Macro Mamas | Peggy Akers | Food Service Violations – Food out of Temperature | \$400 | Penalty Payment due 11/15/16. | Awaiting Payment |
| 9/27/16 | Lao Village | Vicky Sisombath | Temp Food Service Violations – Food out of Temperature | \$400 | Penalty Payment due 11/15/16. | Awaiting Payment |
| 9/27/16 | GrassRoots World Cafe | Lissa Farrell | Violation of BOH Orders – Temp Food Service Violations | \$800 | Penalty Payment due 11/15/16. | Awaiting Payment |
| 9/27/16 | Quik Shoppe | Deep Patel | ATUPA Violation – Tobacco Sale to a Minor | \$500 | Penalty Payment due 11/15/16. | Awaiting Payment |
| 9/27/16 | Ithaca Bakery | Ramsey Brous | Food Service Violations – Food out of Temperature | \$400 | Penalty Payment due 11/15/16. | Awaiting Payment |
| 6/28/16 | John Joseph Inn & Elizabeth Restaurant | John Hamilton | Violation of BOH Orders – Public Water System Violations | \$1800 (rec'd 8/4/16) | Submit as-built plans and chlorine contact time calculations | TCHD is working with operator to determine tank set-up and contact time. |
| 6/28/16 | Traveler's Kitchen | Eric Bean | Violation of BOH Orders | \$1000 | Penalty Payment due 8/15/16. | Awaiting Payment |
| 12/10/13 | Ulysses WD #3 | Town of Ulysses | Public Water System Violations – Disinfection Byproducts | N/A | Evaluate the effects of the aerator in Ithaca's "Trumansburg" tank Fall 2016 through Summer 2017 | Monitoring Compliance |
| 12/11/12 | Village of Dryden PWS | Village of Dryden | Public Water System Violations – Arsenic and Storage Tank Replacement | N/A | Submit Final Plans for the Jay Street Well and Lee Road Reservoir by 12/15/16. | Monitoring Compliance |



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

October 14, 2016

Mayor Svante Myrick
City of Ithaca Public Water System
108 East Green Street
Ithaca, New York 14850

**Re: Tompkins County Board of Health Draft Resolution #EH-ENF-16-0023
City of Ithaca Public Water System - Repetitive Violations of Drinking Water Quality Standards**

Dear Mayor Myrick:

We appreciate Dan Cogan, your representative, signing the Stipulation Agreement on October 11, 2016, for the City of Ithaca Public Water System.

Enclosed is a copy of the Draft Resolution that the Tompkins County Board of Health will consider at its meeting on **Tuesday, October 25, 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 Steve Maybee or me at (607) 274-6688 at least one day before the meeting. If you plan to attend, please arrive by 12:00 p.m. (noon).

Sincerely,

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

Enclosures: Draft Resolution, Stipulation Agreement and Orders

pc: F:\EH\WATER (SW)\Public Water (SW)\Facilities (SW-4)\Ithaca City PWS\Enforcement\Ithaca Draft Resolution 16-0023.docx
ec: Tompkins County Board of Health (via; Shelley Comisi, TCHD)
City of Ithaca: Dan Cogan, Chief of Staff; Mike Thorne, P.E., Superintendent of Public Works; Erik Whitney, Assistant Superintendent of Public Works; Charles Baker, Chief Water Plant Operator;
John Strepelis, P.E., Regional Director, NYSDOH Syracuse;
TCHD: Frank Kruppa, Tompkins County Public Director; Steve Maybee, P.E., Public Health Engineer; Skip Parr, SPHS;
Adriel Shea, SPHS; Brenda Coyle, TCHD
scan: Signed copy to Accela

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

Ph: (607) 274-6688
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DRAFT RESOLUTION #EH-ENF-16-0023 FOR

**City of Ithaca Public Water System
Mayor Svante Myrick, City of Ithaca Representative
108 East Green Street
Ithaca, New York 14850**

Whereas, the City of Ithaca Public Water System (the City) exceeded the Maximum Contaminant Level (MCL) for color, manganese and turbidity at the entry point to the distribution system and for total trihalomethanes (TTHMs) at the Cliff Park water storage tank, which are violations of Subpart 5-1.52 of the New York State Sanitary Code (NYSSC); **and**

Whereas, in our letter dated July 8, 2016, and as further clarified in the Notice of Violation dated August 19, 2016, the Tompkins County Health Department (TCHD) required the City to conduct additional monitoring for iron, manganese, turbidity, orthophosphate, color and temperature in each of the four pressure zones on a weekly basis and to submit in-house results within 24 hours of their availability. Raw water monitoring for iron and manganese and finished water/entry point monitoring for iron, manganese, orthophosphate and color was also required; **and**

Whereas, the City failed to provide to provide all of the required information in the specified time frame and did not request alternative arrangements; **and**

Whereas, by failing to provide this information as required, the City violated Subpart 5-1.51(g) of the NYSSC which allows the TCHD to establish monitoring and reporting frequencies whenever the potential exists for an MCL or Maximum Residual Disinfectant Level (MRDL) violation or if a contaminant may present a risk to public health; **and**

Whereas, Dan Cogan, authorized representative for the City of Ithaca, signed a Stipulation Agreement with Public Health Director's Orders on October 11, 2016, agreeing that the City of Ithaca Public Water System violated these provisions of the New York State Sanitary Code; **now therefore be it**

**Resolved, on recommendation of the Tompkins County Board of Health,
That Mayor Svante Myrick, Owner/Operator, is ordered to:**

1. Pay a penalty of \$500 for these violations, due by **December 15, 2016**. (**Do Not** submit penalty payment until notified by the Tompkins County Health Department.); **and**
2. Meet the requirements of the attached Time Table of Compliance dated October 11, 2016.

City of Ithaca Public Water System Time Table of Compliance

10/11/2016

| Required Action | To be Completed By | Notes |
|--|---|--|
| Certify compliance with Public Notification requirements for the TTHM MCL violation at Cliff Park Tank | 10/6/2016 | TTHM public notice was due 9/25/2016. The public water system must include with this certification a representative copy of each type of notice distributed, published, posted, and made available to the persons served by the system and to the media. Copies of public notices and certificates issued pursuant to this paragraph must be kept by the supplier of water for three years after issuance. |
| Certify compliance with Public Notification requirements for the manganese and turbidity MCL violations | 10/6/2016 | Manganese and turbidity public notice was due 9/12/2016. Certification meeting the requirements noted above must be submitted. |
| Include public notification of the color violations in the Annual Water Quality Report (AWQR) | 5/30/2017 | The City must submit the draft AWQR to the TCHD for review prior to distribution. |
| The additional monitoring for iron, manganese, turbidity, orthophosphate, color and temperature required in our July 8, 2016, letter must continue in each of the four pressure zones on a weekly basis. The raw water monitoring for iron and manganese and finished water/entry point monitoring for iron, manganese and orthophosphate must also continue. Submit in-house results within 7 days of their availability. | on-going until notified otherwise by TCHD | |
| For the sampling outlined above, submit a report for approval by the Tompkins County Health Department detailing which samples will be analyzed in-house and which samples will be sent to an external laboratory for analysis. | 10/31/2016 | |
| For the sampling outlined above, submit a current summary spreadsheet of analytical results and then provide weekly updates. | 10/31/2016 and then weekly | Results should be designated as in-house or from an external laboratory. |
| Submit an engineering report to the Tompkins County Health Department outlining the cause and proposed mitigation of the TTHM violation. | 12/31/2016 | |
| Submit an engineering report to the Tompkins County Health Department outlining the cause and mitigation of the manganese violations. Include a monitoring plan and procedures for adjusting the permanganate feed as needed. | 12/31/2016 | |
| Initial monitoring for lead and copper in accordance with the Lead and Copper Rule is required due to changes in the water treatment process. This includes 60 samples taken in each of 2 consecutive 6 month monitoring periods beginning on July 1, 2016, and prior to October 18, 2016. | First set of 60 lead and copper samples were due to be taken before October 18, 2016; then every 6 months (Jan 1 to June 30 and July 1 to Dec 31) | Submit from the first round of sampling within one week of receipt. Reduced sampling could be granted at a later date by the Tompkins County Health Department depending on the laboratory results. |
| Collect all water quality samples as required in Subpart 5-1 of the NYSSC, including quarterly monitoring for TTHMs and haloacetic acids (HAA5s), during the time period in which they are required to be sampled | on-going | |
| Notify the Tompkins County Health Department of all major water main breaks or other system disturbances (such as hydrant flushing, water main replacement, etc.) that may cause water quality issues in the City distribution system. | on-going | Notification must be provided as soon as possible and within 24 hours of the initial occurrence. |
| Comply with all Subpart 5-1 requirements of the NYSSC, including public notification requirements for any violations | on-going | |



Your Partner for a Healthy Community

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

ENVIRONMENTAL HEALTH DIVISION
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STIPULATION AGREEMENT AND ORDERS #EH-ENF-16-0023

**City of Ithaca Public Water System
Mayor Svante Myrick, City of Ithaca Representative
108 East Green Street
Ithaca, New York 14850**

I, Mayor Svante Myrick, as a representative for City of Ithaca, agree that the City of Ithaca Public Water System exceeded the Maximum Contaminant Level (MCL) for total trihalomethanes (TTHM), color, manganese and turbidity which are violations of Subpart 5-1.52 of the New York State Sanitary Code (NYSSC).

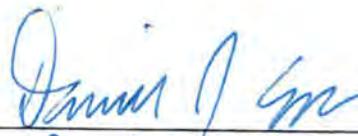
I further agree that the City of Ithaca Public Water Supply was in violation of Subpart 5-1.51 of the NYSSC.

I agree to pay a penalty not to exceed \$500 for these violations following adoption of a resolution by the Board of Health. (**Do not** submit penalty payment until notified by the Tompkins County Health Department.)

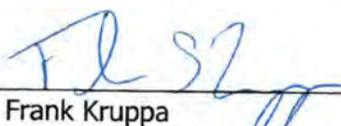
I also agree to comply with the following Orders when signed by the Tompkins County Public Health Director:

1. Meet the requirements of the attached Time Table of Compliance dated October 11, 2016.

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

Signed:  Date: 10/11/16
for Mayor Svante Myrick

Mayor Svante Myrick, as a representative for City of Ithaca Public Water is hereby ordered to comply with these Orders of the Public Health Director.

Signed:  Date: 10/11/16
Frank Kruppa
Public Health Director



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

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CERTIFIED, REGULAR, & ELECTRONIC MAIL

October 13, 2016

C & C Creations of Rochester Inc.
Chuck Andrews
1249 Ridgeway Ave, Suite S
Rochester, NY 14615

**Re: Tompkins County Board of Health Draft Resolution # EH-ENF-16-0025
Macarollin Food Truck, Mobile Food Service Establishment, Apple Harvest Festival, C-Ithaca**

Dear Mr. Andrews:

Enclosed is a copy of the Draft Resolution that the Tompkins County Board of Health will consider at its meeting on **Tuesday, October 25, 2016**. On July 26, 2016, the Tompkins County Board of Health adopted Resolution EH-ENF-16-0012 requiring you to maintain potentially hazardous food at temperatures of less than 45°F during cold holding and at temperatures greater than 140°F during hot holding.

On September 30, 2016, the Tompkins County Health Department observed a critical violation of Subpart 14-4 of New York State Sanitary Code where potentially hazardous foods was observed at an improper temperature during hot holding. Approximately one and one-half pounds of cooked macaroni and cheese that was available for service was observed at a temperature of 114°F. This is also a violation of Board of Health Orders.

You or a representative has the right to speak to the Board for a few minutes prior to them taking action. If you wish to speak to the Board, please contact Skip Parr or me at (607) 274-6688 at least one day before the meeting. If you plan to attend, please arrive by 12:00 p.m. (noon).

Sincerely,

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

Enclosures – Draft Resolution, Resolution #EH-ENF-0012, and Case Summary

pc: F:\EH\FOOD (SF)\FSE (SF)\Facilities (SF-4)\Macarollin\2016 Apple Festival\Draft Resolution 16-0025.docx
ec: Tompkins County Board of Health (via; Shelley Comisi, TCHD)
Ithaca Building Department; Mayor Myrick C-Ithaca; Leslyn McBean-Clairborne, TC Legislature; TCHD: Elizabeth Cameron, P.E., Director of Environmental Health; Frank Kruppa, Public Health Director; Kristee Morgan, René Borgella; Skip Parr; Brenda Coyle
scan: Signed copy to Accela

ENVIRONMENTAL HEALTH DIVISION
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DRAFT RESOLUTION # EH-ENF-16-0025 FOR

**Macarollin Food Truck
C&C Creations of Rochester, Chuck Andrews; Operator
1249 Ridgeway Ave, Suite S
Rochester, NY 14615**

Whereas, the owner/operator of a Mobile Food Service Establishment must comply with the regulations established under Subpart 14-4 of the New York State Sanitary Code (NYSSC);

Whereas, it is a critical violation of Part 14-4 of NYSSC to maintain potentially hazardous foods at unacceptable temperatures (greater than 45°F or less than 140°F) for a period of time longer than that necessary for preparation or service; **and**

Whereas, on September 30, 2016, while operating at the Apple Harvest Festival, the Tompkins County Health Department (TCHD) observed cooked macaroni and cheese in hot holding at 114°F; **and**

Whereas, no violations were observed by the Tompkins County Health Department (TCHD) during a re-inspection on October 1, 2016, while operating at the Apple Harvest Festival; **and**

Whereas, on July 26, 2016, the Tompkins County Board of Health Resolution #ENF-16-0012 ordered Chuck Andrews to maintain all potentially hazardous food at or below 45°F during cold holding and at or above 140°F during hot holding; **and**

Whereas, on September 30, 2016, the provisions of Board of Health Resolution #ENF-16-0012 were not met; **now therefore be it**

**Resolved, on recommendation of the Tompkins County Board of Health,
That Chuck Andrews, Operator, is ordered to:**

1. Pay a penalty of \$800 for these violations, due by **December 15, 2016**. (**Do Not** submit penalty payment until notified by the Tompkins County Health Department.); **and**
2. Maintain potentially hazardous food at temperatures of less than 45°F during cold holding and at temperatures greater than 140°F during hot holding; **and**
3. Monitor potentially hazardous food temperatures during cooking, cooling, storage, and holding. Temperatures must be recorded on a log sheet twice a day during business hours when providing food service in Tompkins County. The temperature log shall contain the name of the food checked, the temperature of the food, the person's initials taking the temperatures, and the time the temperature is taken. The temperature logs shall be available at all times; **and**
4. Comply with all the requirements of Subpart 14-4 of the New York State Code for Mobile Food Service Establishments.



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

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RESOLUTION # EH-ENF-16-0012 FOR

**Macarollin Food Truck
C&C Creations of Rochester, Chuck Andrews; Operator
1249 Ridgeway Ave, Suite S
Rochester, NY 14615**

Whereas, the owner/operator of a Mobile Food Service Establishment must comply with the regulations established under Subpart 14-4 of the New York State Sanitary Code (NYSSC);

Whereas, it is a critical violation of Part 14-4 of NYSSC to maintain potentially hazardous foods at unacceptable temperatures (greater than 45°F or less than 140°F) for a period of time longer than that necessary for preparation or service; **and**

Whereas, on June 3, 2016, while operating at the Ithaca Festival, the Tompkins County Health Department (TCHD) observed cooked lobster in hot holding at 125°F; **and**

Whereas, on June 4, 2016, while operating at the Ithaca Festival, the TCHD observed approximately two pounds of meat in sauce at 128°F; **and**

Whereas, Chuck Andrews, Operator, signed a Stipulation Agreement with Public Health Director's Orders on July 6, 2016, agreeing that Macarollin Food Truck 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 Chuck Andrews, Operator, is ordered to:**

1. Pay a penalty of \$400 for these violations, due by **September 15, 2016; and**
2. Maintain potentially hazardous food at temperatures of less than 45°F during cold holding and at temperatures greater than 140°F during hot holding; **and**
3. Comply with all the requirements of Subpart 14-4 of the New York State Code for Mobile Food Service Establishments.

This action was adopted by the Tompkins County Board of Health at its regular meeting on July 26, 2016.


Frank Kruppa
Public Health Director

7/27/16
Date

ENVIRONMENTAL HEALTH DIVISION
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CASE SUMMARY – FOR RESOLUTION # EH-ENF-16-0025

**Macarollin Food Truck
C&C Creations of Rochester, Chuck Andrews; Operator
1249 Ridgeway Ave, Suite S
Rochester, NY 14615**

October 2016

| Date | Action |
|------------|--|
| 10/01/2016 | Re-inspection at Ithaca Apple Festival: Violation cited on 9/30/16 was corrected. |
| 09/30/2016 | Inspection at Ithaca Festival: Potentially hazardous food was held for an improper period of time at an unacceptable temperature. Cooked product in hot holding was observed to be at 114°F. Violation of Board of Health Orders from |
| 07/26/2016 | BOH adopts resolution requiring \$400 penalty and hot/cold holding temperatures to be properly maintained. |
| 07/06/2016 | Signed stipulation received by TCHD. |
| 06/04/2016 | Re-Inspection at Ithaca Festival: Potentially hazardous food was held for an improper period of time at an unacceptable temperature. Cooked product in hot holding was observed to be at 128°F. |
| 06/03/2016 | Inspection at Ithaca Festival: Potentially hazardous food was held for an improper period of time at an unacceptable temperature. Cooked product in hot holding was observed to be at 125°F. |
| 11/1/2015 | Permit to operate Mobile Food Service Establishment issued by TCHD. |
| 10/02/2015 | Inspection at Ithaca Apple Festival: No violations observed. |
| 05/29/2015 | Inspection at Ithaca Festival: No violations observed. |