



Meeting Agenda

TCBOH Meeting July 22, 2025

12:00	I.	Call To Order	Dr. Christina Moylan, Board President
12:01	II.	Privilege Of the Floor	Anyone may address the Board. 3 minutes per person.
12:04	III.	Approval Of Minutes	Board Members
12:06	IV.	Financial Summary	Jeremy Porter, Fiscal Administrator
12:09	V.	Medical Director's Report	Dr. William Klepack, Medical Director
12:12	VI.	Commissioners Shared Report	Jennie Sutcliffe, Commissioner
12:15	VII.	Division Highlights Reports	<ul style="list-style-type: none">• Community Health (Rachel Buckwalter)• Health Promotion Program (Samantha Hillson)• Children with Special Care Needs (Jessica Clark Manderville)• Environmental Health (Elizabeth Cameron)

12:30 VIII. [New Business](#)

Enforcement Actions

ENVIRONMENTAL HEALTH

1. Draft Resolution # EH-ENF-25-0008 – C-Town Express, LLC, Violation of Adolescent Tobacco Use Prevention Act (ATUPA) (5 mins.)
2. Draft Resolution #EH-ENF-25-0011 - Asteri Ithaca, LLC, Violation of Article IV - Refuse Disposal (5 mins.)

Administrative Actions

COMMUNITY HEALTH SERVICES

1. Approval of revised policy for CHS, “Bag Technique Policy and Procedure.” (10 mins.)

12:50 IX. Adjournment

APPROVAL OF MINUTES

Tompkins County Board of Health
June 24, 2025
12:00 Noon
Rice Conference Room and via Zoom

Present: Christina Moylan, Ph.D., President; Melissa Dhundale, MD, Vice-President; Edward Koppel, MD; Ravinder Kingra; Shawn Black; Samara Touchton; Dr. Andreia de Lima (Zoom); and Frank Cantone

Staff: Jeremy Porter, Interim Commissioner and Fiscal Administrator; Harmony Ayers-Friedlander, Deputy Commissioner of Mental Health Services (Zoom); Samantha Hillson, Director of Health Promotion Program; Elizabeth Cameron, Director of Environmental Health; Jessica Clark Mandeville, Director of Children with Special Care Needs; Rachel Buckwalter, Director of Community Health; Michelle Hall, Holly Mosher, Deputy County Attorney (Zoom); and Karan Palazzo, LGU Administrative Assistant

Excused: Brenda Grinnell Crosby, Deputy Public Health Director; Dr. William Klepack, Medical Director; and Zoe Lincoln, Whole Health Planner

Guests: None

Call to Order: Dr. Moylan called the regular meeting of the Board of Health (BOH) to order at noon.

Privilege of the Floor: None

Approval of May 27, 2025, BOH Minutes: Ms. Black moved to approve the minutes from May 27, 2025, and Mr. Kingra seconded the motion. All were in favor, as written, and the proposal was unanimously approved.

Financial Summary: Mr. Porter referred to the financial report included in the packet, covering the period through May 2025. The administrative staff is processing first-quarter grant claims. The budget was submitted to the legislature last week.

Medical Director's Report: Dr. Klepack was absent from the meeting. Mr. Cantone expressed concern about the impact of the government's reduction in vaccine supply on Tompkins County, referring to the report included in the packet. In response, Ms. Buckwalter shared that the New York State Department of Health is monitoring the situation and exploring various strategies to ensure vaccine accessibility, especially for vulnerable populations who lack private insurance or access to primary care.

Strategies include:

- Maintain a safety net for people without private insurance or primary care options
- Utilize federal programs like VFC (Vaccines for Children) for those with Medicaid, ages 0-18
- The VFA (Vaccine for Adults) program covers adults with no insurance at all
- Potentially request a one-time legislative budget allocation for vaccine coverage for uninsured or low-coverage populations
- Work closely with pediatric offices and state guidance to ensure continued vaccine access; monitor ACIP (Advisory Committee on Immunization Practices) recommendations and New York State's response.

Administration Report: Mr. Porter announced that the new Commissioner, Jennie Sutcliffe, will begin her role on Monday, July 7, 2025. The annual All-Staff event is scheduled for June 25th at Brown Road. Keynote speaker Dr. Laura Bellows, an Associate Professor of Nutritional Sciences at Cornell University, will discuss the principles of Human-Centered Design and service delivery, exploring how to create systems that truly reflect and support genuine human needs.

County Human Resources and Administration will soon be located on the 5th floor of Green Street in the Mental Health Building. As the new county government building is being constructed, a process is expected to take three to six years.

The safety team will begin operations soon at the Green Street location, initially consisting of one staff member and a manager. They aim to deploy a team to Brown Road due to the increased demand for services at that location.

Division for Community Health (DCH) Report: Ms. Buckwalter had no additional comments regarding her written report, which was included in the packet. However, she did note that there has been a decrease in measles cases nationally. WIC Director Michelle Hall was present to discuss a \$40,000 budget cut imposed by New York State, which will affect staffing and caseloads. She expressed her gratitude that a sponsoring agency has agreed to cover the cost of space. After a discussion with Mr. Porter, they decided to revisit the issue in January 2026. The budget is currently balanced, but it will be a challenge to serve the growing caseload. She noted that this time, families seem to be returning due to economic pressures, such as inflation and the rising cost of groceries, adding even more strain to the workload.

Ms. Buckwalter referred to her written report, which noted a threefold increase in rabies exposures, a typical occurrence at this time of year, primarily attributed to bats. There were concerns that the terminology used to report rabies exposure should be clarified to avoid any misinterpretation. She explained the criteria for determining rabies exposure and the challenges involved in confirming the

status of animals. However, there are many different scenarios to consider, and they will work to make the reporting process more transparent.

Health Promotion Program (HPP) Report: Ms. Hillson reports a busy Spring, with staff holding 30 – 40 resource and community events since April. The Community Health Survey results are now available and can be accessed online.

Children with Special Care Needs (CSCN) Report: Ms. Clark Manderville had no additional information to add to her written report. The Early Intervention program has two full-time provider positions available, and they are transitioning to multiple part-time positions to build a more diverse work group for children who are on the waitlist.

Environmental Health (EH) Report: Ms. Cameron noted a change to the agenda and an administrative action for the permit-issuing officials. She referenced her written report of an incident at the Ithaca Water Treatment Plant. Ms. Cameron, Scott Freiburger, Public Engineer and NYS DOH Regional Coordinator, and the City of Ithaca met yesterday to discuss the incident and potential remedies. EH will request a comprehensive report on the after-action, which includes a root cause analysis and recommendations for the future.

Changes were made in response to an incident attributed to operator error, partly due to being short-staffed and lacking physical barriers.

2. Drafted new standard operating procedures that were not previously in writing
3. Developed new forms
4. Installed locks with specific chemical-specific keys on three ports outside the building
5. Improved labeling

The goal was to prevent similar incidents in the future by implementing more structured and secure procedures.

ENVIRONMENTAL HEALTH

Enforcement Actions:

6. Draft Resolution #EH-ENF-24-0004 – Zaza's Exotics, Violation of Adolescent Tobacco Use Prevention Act (ATUPA) (5 mins.) Mr. Kingra moved to accept the resolution as written; seconded by Dr. Dhundale.

Ms. Cameron was happy to report receipt of both payments and a signed stipulation.

All were in favor; the vote to approve the resolution as written was unanimous.

A question was raised regarding the use of enforcement funds to support nicotine cessation programs for youth, as no such funds currently exist. Ms. Cameron mentioned that they have not allocated

ATUPA enforcement funds for any specific activities and that further discussion is necessary, including a budget adjustment. This topic will be added to the agenda at a future Board of Health (BOH) meeting. Additionally, it was suggested that the county develop a specific plan, explore collaboration opportunities with pediatric offices for prescription services, and investigate other healthcare systems.

Ms. Black discussed the New York State marketing campaign aimed at reducing vaping and tobacco use. She also mentioned the potential allocation of settlement funds for support programs to help individuals quit. Ms. Black believes it would be beneficial to place advertisements on platforms like TikTok, Spotify, and Apple Music, which are popular among young people.

Ms. Hillson mentioned that a meeting is scheduled for tomorrow with the Attorney General's Office to discuss tobacco-free communities. Staff members will be attentive to any updates from this meeting. She can also provide documents and information about cessation resources. Additionally, the New York State Department of Health's Advancing Tobacco-Free Communities (ATFC) initiative offers educational tools and health system components to support cessation efforts. Tompkins County is affiliated with the University of Rochester Health System, and we could also inquire about the Youth Cessation Program II.

Mr. Cantone expressed gratitude that penalty funds could support the cessation process.

ADMINISTRATION: (10 MINS)

Other Administrative Actions:

- **2026 Proposed Fees (5 mins.)** Dr. Koppel moved to accept the proposed 2026 fees as written: seconded by Ms. Touchton.

Ms. Cameron noted that operating costs have risen due to the CSEA contract. She also highlighted that the revenue-to-cost ratio for operating fees is 20%, while the state's contribution to plan review costs—which are not eligible for state aid—is 36%. Our county budget must cover these costs.

All were in favor; the vote to support the proposed fees as written was unanimous.

- **Request for Additional Permitting Issuing Officials (5 mins.)** Mr. Kingra moved to accept the request as written, seconded by Mr. Cantone.

Ms. Cameron requested approval to expand the additional staff identified as permit-issuing officials.

All were in favor; the vote to approve the request as written was unanimous.

Ms. Cameron announced her retirement, effective at the end of September 2025. She clarified that the request mentioned is intended to address the interim period, particularly regarding the process for issuing food permits. Furthermore, she explained that only the Commissioner is authorized to issue

these permits; however, the Commissioner may delegate this authority to others in accordance with New York State rules and regulations.

The meeting adjourned at 1:22 pm.

The next meeting is on Tuesday, July 22, 2025, at noon.

FINANCIAL SUMMARY

June 2025 Report | BOH Meeting July 22, 2025

See following page

Tompkins County Financial Report for Public Health

Year: **25**

Month: **6**

Percentage of Year: 50.00%		<u>Expenditures</u>			<u>Revenues</u>			<u>Local Share</u>		
		Budget	Paid YTD	%	Budget	YTD	%	Budget	YTD	%
4010	PH ADMINISTRATION	2,236,363	1,032,789	46.18%	246,624	52,671	21.36%	1,989,739	980,118	49.26%
4012	WOMEN, INFANTS & CHILDREN	642,016	287,190	44.73%	599,900	239,683	39.95%	42,116	47,507	112.80%
4015	VITAL RECORDS	93,411	40,217	43.05%	115,000	57,856	50.31%	-21,589	-17,639	81.70%
4016	COMMUNITY HEALTH	2,097,034	828,749	39.52%	582,517	104,958	18.02%	1,514,517	723,791	47.79%
4018	HEALTHY NEIGHBORHOOD PROG	210,818	102,783	48.75%	199,000	66,705	33.52%	11,818	36,078	305.28%
4047	PLNG. & COORD. OF C.S.N.	2,171,715	867,466	39.94%	842,852	85,121	10.10%	1,328,863	782,344	58.87%
4090	ENVIRONMENTAL HEALTH	2,486,232	1,155,694	46.48%	627,002	254,188	40.54%	1,859,230	901,506	48.49%
4095	PUBLIC HEALTH STATE AID				2,429,594	931,557	38.34%	-2,429,594	-931,557	38.34%
Non-Mandate		9,937,589	4,314,889	43.42%	5,642,489	1,792,740	31.77%	4,295,100	2,522,149	58.72%
2960	PRESCHOOL SPECIAL EDUCATI	4,915,000	2,197,818	44.72%	3,400,000	1,024,265	30.13%	1,515,000	1,173,553	77.46%
4017	MEDICAL EXAMINER PROGRAM	376,820	95,754	25.41%	0	1,350	#VALUE!	376,820	94,404	25.05%
4054	EARLY INTERV (BIRTH-3)	503,000	180,317	35.85%	130,000	42,899	33.00%	373,000	137,418	36.84%
Mandate		5,794,820	2,473,889	42.69%	3,530,000	1,068,514	30.27%	2,264,820	1,405,375	62.05%
Total Public Health		15,732,409	6,788,778	43.15%	9,172,489	2,861,254	31.19%	6,559,920	3,927,524	59.87%

BALANCES (Including Encumbrances)

		<u>Available</u>	<u>Revenues</u>			<u>Available</u>	<u>Revenues</u>
Non Mandate		Budget	Needed	Mandate		Budget	Needed
4010	PH ADMINISTRATION	1,200,350	193,953	2960	PRESCHOOL SPECIAL EDUCATI	2,717,182	2,375,735
4012	WOMEN, INFANTS & CHILDREN	346,577	360,217	4017	MEDICAL EXAMINER PROGRAM	263,566	-1,350
4015	VITAL RECORDS	53,080	57,144	4054	EARLY INTERV (BIRTH-3)	322,683	87,101
4016	COMMUNITY HEALTH	1,262,623	477,559			3,303,431	2,461,486
4018	HEALTHY NEIGHBORHOOD PROG	107,978	132,295				
4047	PLNG. & COORD. OF C.S.N.	1,288,985	757,731				
4090	ENVIRONMENTAL HEALTH	1,326,322	372,814				
4095	PUBLIC HEALTH STATE AID	0	1,498,037				
		5,585,915	3,849,749				
						Total Public Health Balances	
						<u>Available Budget</u>	<u>Revenues Needed</u>
						8,889,346	6,311,235

Comments: This report shows expenses and revenues for June. Payroll is through 6/21/25.

MEDICAL DIRECTOR REPORT

June 2025 Report | BOH Meeting July 22, 2025

Dr. Klepack apologizes for not being able to attend the July Board of Health meeting.

Welcome to Jennie Sutcliffe, our new Commissioner! I look forward to meeting with her and to our collaboration.

Overview

At this time (July 7, 2025), we are uncertain about the full impact of the restructuring of the ACIP (Advisory Committee on Immunization Practices) that occurred in June. However, it is hard to overstate the historical importance of this committee. The CDC has generally accepted the Committee's advice regarding the adoption of vaccines and the recommended vaccine schedule. The ACIP and the CDC have been the "go-to" bodies for we practitioners on immunization matters. NYSDOH and other state health departments have relied upon them in formulating state guidelines. Insurance companies have generally included and covered vaccines that the ACIP approves. And that is the short list.

We are already seeing a shift in this environment. Lay publications like Scientific American are publishing vaccine schedules (likely as a buffer to what they believe will be coming soon). Professional bodies, such as the American Academy of Family Physicians, the American Academy of Pediatrics, and the American Academy of Obstetricians and Gynecologists, are stepping up to promote the science behind vaccines and the development of vaccine schedules.

Public health has a significant role to play, and the task of rededicating itself to. Public perception of vaccines is likely to be strongly influenced by prominent officials casting dispersions about aspects of immunization. Just a few days ago, a highly educated friend of mine asked if there was a need to vaccinate for polio anymore. Comments made by officials are easily generalized and challenging to reverse. Such comments place a burden and daunting task upon the person who is to respond, which is difficult. They are like one being asked, "How long has it been since you stopped beating your wife?" Such comments put the subject completely on the "wrong foot".

But rise to the occasion we must. In my writings and interviews, I strive to strike a balance and provide the public and practitioners with factual information regarding entities such as the ACIP, without delving into overt political ideology. I hope to keep an expanded audience in that way. I try to explain the role these agencies play in our citizens' everyday lives so that more people will hopefully see their value. I try to focus on the impact on a person's daily life of any measures the administration is taking, rather than politics, and why public health is concerned about what is happening. The tricky part is to reaffirm that public health's only interest is the health and safety of each one of us.

Being reasonably proactive is essential, I believe. There will be times when we must be reactive. However, our reaction should be based on sound principles, addressing only the core issue and not the individual's personality or politics. It must avoid rigidity while staying true to science. And it must reaffirm that we are for the people.

ORAL HEALTH PROJECT UPDATE

Collaborating with Sagarika Vemprala and Rachel Buckwalter, we have reached out to identify community partners to gather information about the areas of concern raised by our 2024 study. A Zoom meeting will follow, during which we will summarize what we have learned from our partners and outline strategies to address the areas of concern. Our partners range from dentists to school districts.

COMMUNICABLE DISEASE REPORTS

The following are selected diseases from the Year-to-Date (YTD) report, which is included in its entirety later in your packet. What stands out to me is that reports of ever-increasing tick populations are being reported. However, babesiosis remains low in our region. Anaplasmosis and Lyme are likely to exceed prior years, and in NYS (though not in our area), there has been one death due to Powassan disease.

	2025		2024		2023		2022		Ave (2022-2024)	
Disease	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
ANAPLASMOSIS**	73	72.2	107	105.9	116	114.8	66	65.3	96	95.0
BABESIOSIS**	4	4.0	28	27.7	34	33.6	11	10.9	24	23.7
LYME DISEASE** ****	259	256.3	375	371.1	415	410.7	265	262.2	352	348.3

Statewide, we are seeing an increase in pertussis cases. So far, we are doing well.

PERTUSSIS**	1	1.0	16	15.8	0	0.0	0	0.0	5	4.9
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This is the first complete year for reporting RSV disease, so we will wait to see if a trend emerges. Hopefully, the vaccine and therapies for RSV disease will reduce deaths and cases.

Rocky Mountain Spotted Fever is a tick-borne summer disease that is more common in the East than in the Rocky Mountains.

RESPIRATORY SYNCYTIAL VIRUS	186	184.1	230	227.6	64	63.3	0	0.0	98	97.0
ROCKY MTN SPOT FEVER**	1	1.0	0	0.0	0	0.0	1	1.0	0	0.0

Some other diseases of concern or interest.

MONKEYPOX	0	0.0	0	0.0	0	0.0	3	3.0	1	1.0
LISTERIOSIS	0	0.0	0	0.0	0	0.0	1	1.0	0	0.0

WHCU TOPICS ADDRESSED

- [Ithaca's Morning News Newsmaker Interviews - 607 News Now](#)
- Staying Healthy while Traveling
- What is Science, and how does it differ from everyday experience?
- 10,000 Steps – Is it a fact that it is a good goal for health, or a myth?
- COVID–19 Vaccine – Who Should Get It?
- Medicaid versus Medicare: The Role of Medicaid in Our Health.

COMMISSIONER SHARED REPORT

June 2025 Report | BOH Meeting July 22, 2025

Whole Health Highlights

- Held an all-staff meeting at the end of June that was very well attended and successful.
- Jennie Sutcliffe started in early July and has been meeting with leadership across the department.

Shared Topics Update

Strategic Planning/Merger

INTEGRATION:

Merge the department structures to become one organization and increase our ability to better serve our clients and community.

CULTURE:

Align the organization around our shared mission and values-based culture to create an empowered, engaged, and cohesive team.

COMMUNITY:

Strengthen the collaborative effort within Tompkins County to equitably impact individual and population health.

DATA:

Review and establish effective data collection to measure programmatic, organizational and county progress towards achieving our priorities.

DIVISION FOR COMMUNITY HEALTH

June 2025 Report | BOH Meeting July 22, 2025

tompkinscountyny.gov/health/chs

Highlights

COMMUNICABLE DISEASE

- Our CHN nurses who work in CD, CHNs Karen Whetzel and Emily Baker and SCHN Caryl Silberman, participated in a Vibriosis Training on Zoom sponsored by the NYSDOH.
- **Campylobacteriosis** 3 cases: one case is a pediatric patient whose parent would not interview, one case is a mid-60yo person who had multiple potential exposures and positive through both blood and stool, and one case is a 61yo co-infected with anaplasmosis and had potential exposures from animals, well water, or ingestion of raw eggs.
- **E Coli Shiga Toxin** 1 case: Case pt. is a 78yo with multiple exposures and frequently dines out.
- **Salmonellosis** 2 cases: One case is a 25yo with travel to Jamaica. One case is a 61yo with several co-morbidities who had out of state travel, consumed raw oysters and undercooked chicken.
- **Shigellosis** 1 case: Case pt. is an immunocompromised 53yo receiving chemotherapy, no clear cause for this infection.
- **Vibrio** 1 case: Case pt. is a 25yo who consumed raw seafood in NYC requiring overnight hospitalization.
- **Rocky Mountain Spotted Fever** 1 probable case: A mid-70yo case also co-infected with Lyme Disease after a 2-month travel out West.
- **Tick-borne disease cases** in June have increased dramatically. In June 2025 there were 48 confirmed cases of anaplasmosis compared to 26 confirmed cases in June 2024. Lyme Disease cases (which we do not investigate, NYSDOH does) this June rose to 130 vs 74 in June 2024. Babesiosis cases remained about the same; 3 cases for June 2025 vs 4 cases in June 2024.
- The number of emergency department visits and hospitalizations resulting from anaplasmosis and babesiosis were about 20.

TUBERCULOSIS

- We continue to work with one active TB case through assessment and daily observed therapy 5 days a week.
- We continue to work with B1 class persons who are new arrivals to Tompkins County by providing them with lab testing orders and nurse case management to see if they need latent TB treatment.
- SCHN Caryl Silberman met with CMC staff from the microbiology lab, respiratory therapy, and central scheduling to discuss some of the kinks with the new EPIC system and the importance of timely TB testing including sputum testing.

IMMUNIZATIONS

- Immunization clinics still slow- in June, we vaccinated 2 children and 9 adults for various vaccines.
- We are in the process of reserving both Covid and influenza vaccines for the 2025-2026 respiratory virus season.
- We are continuing to work on setting up mobile Covid and flu clinics in community. Currently, there are 5 tentatively scheduled for October.

ORAL HEALTH

- The first meeting of the Tompkins County oral health committee is planned for July 24th at 6 pm. The group will review data from the oral health survey and discuss next steps for action.

Program Updates

SAFECARE PROGRAM

- We currently have 3 families enrolled in the SafeCare program. There were 6 SafeCare visits completed in June.
- CHN Emily Baker is working towards her SafeCare Provider certification and SCHN Caryl Silberman is working towards her certification to be a SafeCare Coach.

MOMS PLUS+

- We continued our preparation for teaching Childbirth Education classes at CMC starting July 9th. CHNs Gail Birnbaum and Rose Goosen will be co-teaching these classes.
- CHN Moms PLUS+ nurses, CHS Director Rachel Buckwalter and SCHN Caryl Silberman met with two graduate students from Cornell to discuss maternal health needs in our community.
- We held a collaborative meeting with the PICHHC program to discuss maternal/child outcomes.
- We received 7 client satisfaction surveys from clients recently discharged from the Moms PLUS+ program. Clients gave the program high ratings and reported they appreciated the personalized approach and that services are provided in the home.
- Moms PLUS+ home visit data can be found in the appendix. Our referrals were down for June compared to May, as were visits made and new admissions. Our caseload was higher for June than May.

RABIES

- Potential rabies exposures continue to increase which is expected during the summer months. In June we vaccinated 15 people (for a total of 36 vaccines) for post-exposure prevention of rabies, including both full series of RPEP and boosters where individual may have had the series in the past.
- Exposures include a fox, cats, bats, raccoons and dogs.

LEAD

- We are currently following 19 children in Tompkins County with elevated BLL. No new admissions or discharges during the month of June.

HIV/COMMUNITY OUTREACH

- Whole Health nurses were invited to present to TST BOCES students regarding public health topics. On 5/21/25, CHN Emily Baker, our STI nurse, gave a presentation to a class of high school juniors on sexual health and STIs. On 6/9/25, CHS Director Rachel Buckwalter gave a general talk about careers in public health to a class of seniors.
- Two of our CHNs, Liz Lawrence and Emily Baker, attended Pride in the Park on June 15th.

GENERAL CHS UPDATE

- CHNs participated in a 3 hr Field Safety Training Class sponsored by DSS.
- Cornell student Sophie Mertha started a summer internship with CHS on June 20th. Sophie will be assisting with several projects in CHS including childbirth education classes and planning for the community baby shower.

WIC

- Caseload is rising, for the first time in 8 years we have almost reached our target caseload. Early numbers show that we have 1318 participants enrolled and our target is 1320.
- Together WIC, Moms PLUS+ and HiP Tompkins will host a Community Baby Shower for pregnant individuals, August 9th at Cass Park, large pavilion. Registration preferred.

CHS Appendix

- WIC Caseload table
- Moms PLUS+ Caseload table
- NYSDOH Communicable Disease Reports

HEALTH PROMOTION PROGRAM

June 2025 Report | BOH Meeting July 22, 2025

tompkinscountyny.gov/health/hpp

Highlights

- Interviews are underway for a Community Health Worker in the HiP Tompkins Program. We received over 30 applications with many quality applicants.
- Staff have been taking the CHI Tompkins Community Health Survey Results Summary on the road at multiple community outreach opportunities throughout the county. While disseminating survey findings, staff are able to speak with residents about the results and ask if the results resonate, providing some qualitative evaluation of survey participation and applicability of its findings.

STAFFING

- Conducting interviews for Community Health Worker in the HiP Tompkins Program, goal to hire/on-board by mid-July or August.
- Conducting interviews for summer intern to assist with developing education toolkits.
- Open position for a temporary Project Assistant in Health Neighborhoods Program.

Program Updates

HEALTHY NEIGHBORHOODS PROGRAM

- Posted position for a temporary Project Assistant, [Personnel | www.tompkinscountyny.gov](http://www.tompkinscountyny.gov)
- Radon visits are complete for this season and will resume in the late fall.

TOBACCO FREE TOMPKINS COUNTY

- Collaborated with the Community Coalition for Healthy Youth on creating questions for the 2025 CLYDE student survey.
- Attended update meetings about the JUUL Settlement funds. The Attorney General has begun issuing the first payments, but Tompkins County has not yet received.

COMMUNITY HEALTH WORKER (CHW) AND PICHC/HIP TOMPKINS PROGRAMS

- Year 3 of the PICHC grant ended in June.
- Increased referrals and collaboration with Mental Health clinic.

COMMUNITY HEALTH ASSESSMENT (CHA) & COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)

- Met with CCE and County Youth Services about youth mental health existing reports and data.
- Participated in NYSACHO trainings on graphical data and a CHA/CHIP Working Group.
- Review of secondary county-level quantitative data to document health status of the population and identify disparities.

COMMUNICATIONS

- Ads running in the Shopper and in Ithaca Child for “Tick Safety/Awareness”.
- Worked closely with Tompkins County Dept. of Emergency Response regarding Poor Air Quality event in early June and Heat Advisory in late June, reviewing press releases (issued by DOER) sharing social media, and reviewing NYS designated Cooling Center locations. Reviewed and updated our [website page](#) on weather-related preparedness and safety.

HPP Appendix

- Opioids, Monthly overdose calls to 911
- CHWs
- HNP, Monthly Activity table
- COVID-19
- Media
 - [Press releases](#)
- Outreach and Training (all staff)
- Committee and Partnership Meetings

CHILDREN WITH SPECIAL CARE NEEDS

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tompkinscountyny.gov/health/cscn

Highlights

STAFF TRAINING:

- Weekly EI Hub In the loop updates are being emailed from the state which continue to looking at specific topics, these are reviewed and sent out to service coordinators.
- Process for EI Hub has been finalized and billing has gone through with less errors.
- Staff meetings were put on hold as cases increased with having staff out on medical leave. Staff meetings will resume in July.
- The Sr. Community Health Nurse and Administrative Coordinator participated in the E-Cornell Training Becoming a Powerful Leader.
- A chart audit screening tool was created and will start to be implemented for quarterly check-ins and for staff meeting discussions.
- Acuity Form, renamed Case Management Tool, has been created and implemented. We will have all the service coordinators use the tool on the current children to have an accurate list by 8/31/25.

Program Updates

PROGRAM WORK

- Currently 1 Service Coordinator is still out on Medical Leave, a plan was made to equally distribute work amongst the remaining staff. Check-ins are happening with staff to see how the dispersion of work is going.
- Service Coordinators are continuing to attend the Come and Play Cafés that are put on by Racker for children on the therapy needs list.
- Supervisors are reviewing the next grant requirements of the CYSHCN program as the main coordinator is retiring in the fall. Supervisors are also looking at the upcoming renewal of the OTR request for county providers and the provider stipend.
- The current full time vacant provider position has been changed to be part time positions for multiple providers to apply for.

EARLY INTERVENTION

- We currently have an SI Teacher who has picked up children off the therapy needs list but has requested to go down to 20 hours per week. Starting in July she will be only taking 20 children and adding 7 back onto the therapy needs list.
- SI current caseload is 27 children with 27 services per week.

- Stipends per service rendered are being billed and sent out to private providers and agencies, including services for ongoing therapy sessions, core evaluation and supplemental evaluations. Any stipend payments that have not been billed yet are being tracked by support staff.
- Early Intervention experiencing wait lists for all specialties.
- Speech (65) Feeding (6), OT (12), PT (24), SI (14), SW (3)
- New Referrals received June: 25
- EI has made efforts to make relationships with core teams outside of the county. We have established relationships with Liberty Post in Syracuse and have gotten slots for families to travel there for evaluations as needed. We have also created another local eval team at the Groton Elementary with Liberty Post.
- Racker has agreed to have more core slots on Mondays and offer 2 additional core slots per week of PT/ST with an occasional OT/ST slot.
- Currently serving 214 active/qualified children in Early Intervention. 1 Total Child Find Cases.

PRESCHOOL

- Continued Medicaid Consent Documentation Chart review completed for CPSE. Districts notified of students missing consent and encouraged to obtain consent for billing purposes.
- Beginning transportation analyze of cost of parent transport vs. third party transportation company. RFP created and submitted to purchasing for first step review.

[CSCN Appendix](#)

- Statistics based on Calendar Year
- Early Intervention Program statistical highlights
- Preschool Special Education Program statistical highlights

ENVIRONMENTAL HEALTH

June 2025 Report | BOH Meeting July 22, 2025

tompkinscountyny.gov/health/eh

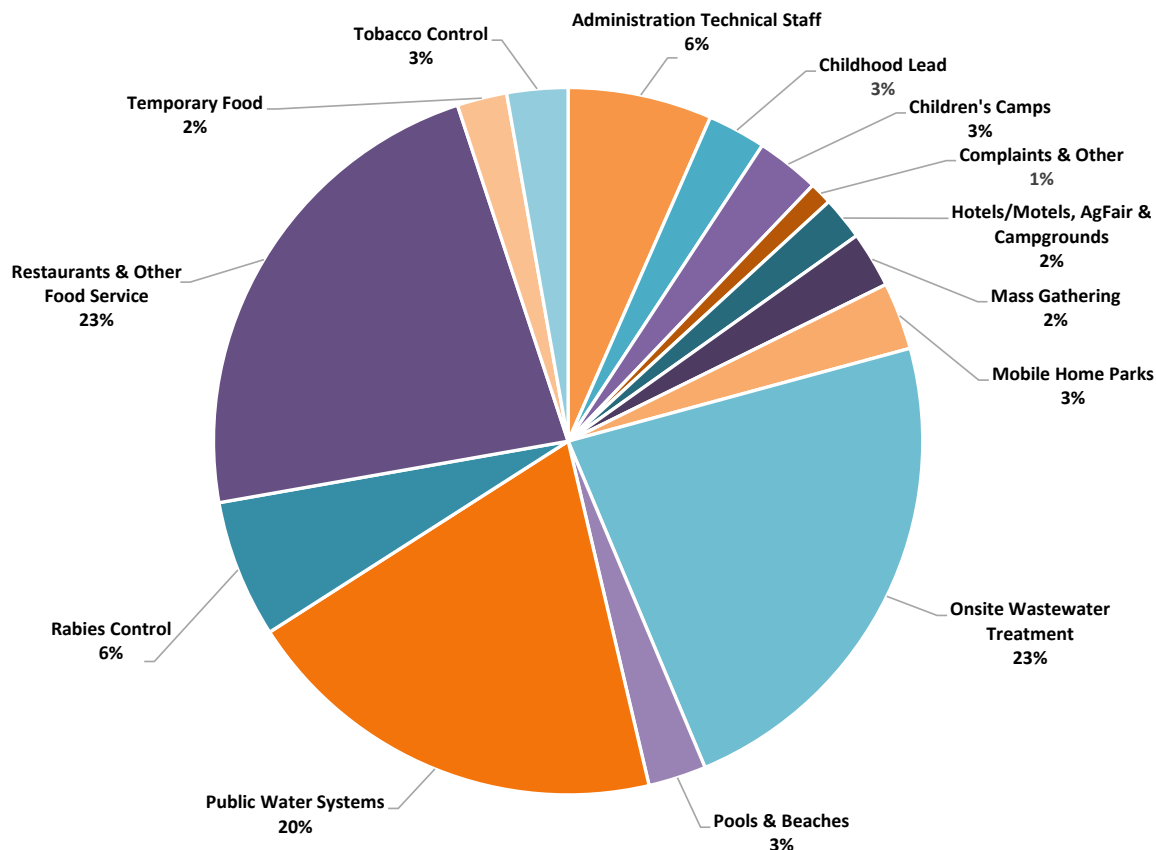
Highlights

STAFFING

Congratulations to Skip Parr! Skip Parr has been selected as the new Environmental Health Director, effective July 7, 2025. Skip has been with Environmental Health for almost 20 years, starting as a Public Health Sanitarian (now called an Environmental Health Specialist) and being promoted to a Sr. Environmental Health Specialist before moving into the position of Environmental Health Director. Skip has direct experience in many Environmental Health programs, has managed complex programs and situations, and also previously managed all enforcement for the Division. Please join us in welcoming Skip to his new position!

Summary of Activity

Staff Time in Environmental Health Programs - June 2025



[Also see appendix](#)

Program Updates

Food Program

FSE INSPECTIONS

The [results of food service establishment inspections](#) conducted in Tompkins County can be viewed directly on the Environmental Health website. Inspections can be sorted to meet the needs of the viewer (by facility, date, etc.) by clicking on the column heading of interest.

PLANS APPROVED THIS PERIOD

- Dairy One Ice Cream, V-Lansing

NEW PERMITS ISSUED

- Cool Cones Hawaiian Ice, Throughout Tompkins
- Flake, Throughout Tompkins
- Hungry Smash, Throughout Tompkins
- JJ's Dogs & More, Throughout Tompkins
- Lisa's Dawg House, Throughout Tompkins
- Mama Lieu's Sugar Cane Juice, Throughout Tompkins
- Silent City Coffee, Throughout Tompkins
- Viva Taqueria & Cantina, C-Ithaca

Boil Water Orders (BWOs)

NEW

Facility Name	BWO Issued	Reason	Corrective Action	Status
None.				

ONGOING

Facility Name	BWO Issued	Reason	Corrective Action	Status
Dollar General North Lansing	02/08/2022	Operating without TCEH approval	Water System Approved	Monitoring System Operation; BOH Action Pending

RELEASED

Facility Name	BWO Issued	Reason	Corrective Action	Status
Stone Bend Farm	06/05/2024	Unsatisfactory sample results	Install sanitary well cap & ensure UV Disinfection System is operating	Satisfactory samples received; BWO released 7/1/25

Summary of Open BOH Enforcement Actions

Date of BOH Action	Facility	Owner/ Operator	Basis for Action	Penalty Assessed	Next BOH Order Deadline	Status
01/28/25	Hanshaw Village MHP (EH-ENF-24-0019)	CNY MHPS, LLC	PWS – Violation of BOH Orders	NA	Draft feasibility study under review	In discussions with NYSDEC and others on options
05/27/25	Empire Commons Market (EH-ENF-25-0007)	Ali Hassan	ATUPA – Sale of flavored vape to a minor	\$2,700	Payment Plan Approved 6/17/25; 1st payment of \$700 due 7/15/25	Payment Pending

EH Appendix

- Summary of Activity

NEW BUSINESS:

June 2025 Report | BOH Meeting July 22, 2025

Actions

Enforcement Actions

ENVIRONMENTAL HEALTH

1. Draft Resolution # EH-ENF-25-0008 – C-Town Express, LLC, Violation of Adolescent Tobacco Use Prevention Act (ATUPA) (5 mins.)
2. Draft Resolution #EH-ENF-25-0011 - Asteri Ithaca, LLC, Violation of Article IV - Refuse Disposal (5 mins.)

Administrative Actions

COMMUNITY HEALTH SERVICES

1. Approval of revised policy for CHS, “Bag Technique Policy and Procedure.” (10 mins.)

Find All Relevant Documents following this page

CERTIFIED, REGULAR, & ELECTRONIC MAIL

July 9, 2025

C-TOWN EXPRESS
C-Town Express, LLC
210 Dryden Rd, Suite 1
Ithaca, NY 14850**Re: Tompkins County Board of Health Draft Resolution # EH-ENF-25-0008
Violation of Adolescent Tobacco Use Prevention Act (ATUPA)
C-TOWN EXPRESS, C-Ithaca**

Dear Musa Sharan:

Thank you for signing the Stipulation Agreement on June 18, 2025, for C-TOWN Express, LLC.
Enclosed is a copy of the Draft Resolution that the Tompkins County Board of Health will consider at
its meeting on **Tuesday, July 22, 2025**.

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 in person or via zoom, please contact Alex Dunn 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,

Skip Parr
Director of Environmental Health

Enclosures: Draft Resolution, Stipulation Agreement and Orders, Case Summary, and Inspection Report

ec: Tompkins County Board of Health (via: SharePoint); CEO C-Ithaca; City of Ithaca Mayor; Rich John, TC
Legislature Name; TCWH: Skip Parr, Director of Environmental Health; Elizabeth Cameron, P.E.; Jennie Sutcliffe,
Whole Health Commissioner; Brenda Crosby, Deputy Public Health Director; Doug Barnes; Alex Dunn; Brenda
Coyle
file: Signed copy to Accela
F:\EH\TOBACCO\ATUPA\Facilities\C-Town Express\Enforcement\ENF 25-0008\Draft Res 25-0008.docx

DRAFT RESOLUTION # ENF-25-0008

**C-TOWN EXPRESS
C-TOWN EXPRESS, LLC
210 Dryden Road, Suite 1
Ithaca, NY 14850**

Whereas, businesses that hold a Certificate of Registration from New York State Department of Taxation and Finance (NYSDTF) for tobacco and/or vapor retail sales must comply with the regulations of Article 13-F of New York State Public Health Law (NYSPHL); **and**

Whereas, Article 13-F, Section 1399-MM-1 of NYSPHL prohibits the offer for sale and the sale of flavored vapor products, other than tobacco flavored vapor products, that contain nicotine; **and**

Whereas, Article 13-F, Section 1399-cc of NYSPHL prohibits the sale of tobacco or vapor products to individuals under 21 years of age; **and**

Whereas, on April 15, 2025, Tompkins County Environmental Health (TCEH) observed the sale of a flavored vapor product containing nicotine to an individual under the age of 21 years old at C-TOWN EXPRESS; **and**

Whereas, Article 13-F, Section 1399-ee of NYSPHL requires that the sale of a vapor product to an individual under 21 results in the assignment of two points to the NYSDTF registration to sell tobacco and/or vapor products, unless it is demonstrated that at the time of the sale that the seller possessed a valid certificate from a State tobacco sales training program, in which case one point will be assigned; **and**

Whereas, C-TOWN EXPRESS has not demonstrated that at the time of the sale the seller possessed a valid certificate from a State tobacco sales training program; **and**

Whereas, TCEH will conduct at least three inspections with an underage individual each year for the next three years at C-TOWN EXPRESS; **and**

Whereas, if C-TOWN EXPRESS is assigned a total of three or more points due to future sales to a person under the age of 21 years or if four or more violations are cited in a three year period, a referral to the NYSDTF will result in the registration for C-TOWN EXPRESS to sell tobacco and/or vapor products, and, if a lottery agent, its lottery license to be suspended and/or revoked for one year; **and**

Whereas, C-TOWN EXPRESS, LLC, signed a Stipulation Agreement with Whole Health Commissioners Orders on June 18, 2025, agreeing that C-TOWN EXPRESS, LLC violated Article 13-F, Section 1399-MM-1, and Section 1399-cc of the New York State Sanitary Code; **now therefore be it**

**Resolved, on recommendation of the Tompkins County Board of Health,
That C-TOWN EXPRESS, Owner/Operator, is ordered to:**

1. Pay a penalty of \$2100 (\$1500 for the sale to a person under 21, \$100 for the flavored vape offered for sale plus a \$500 NYS Surcharge fee) for these two violations by September 15, 2025. *(Do Not submit penalty payment until notified by the Tompkins County Environmental Health Division.); and*
2. Prohibit the sale of tobacco products to people under the age of 21; **and**
3. Prohibit the sale or other provision of prohibited flavored vapor products containing nicotine that are not FDA approved, to anyone; **and**
4. Comply with all requirements of New York State Public Health Law, Article 13F.

STIPULATION AGREEMENT AND ORDERS # ENF-25-0008**C-TOWN EXPRESS
C-TOWN EXPRESS, LLC
210 Dryden Road, Suite 1
Ithaca, NY 14850**

C-Town Express, LLC, agrees that on April 15, 2025, C-Town Express was in violation of New York State Public Health Law (NYSPHL), Article 13F, Section 1399-cc and Section 1399-MM-1 for the sale of a prohibited flavored nicotine product to a person under the age of 21. Additionally, I agree that on April 15, 2025, C-Town Express was in violation of NYSPHL Article 13F, Section 1399-MM-1 for offering the sale of flavored vapor products with nicotine.

C-Town Express, LLC understands that C-Town Express will be assigned two points for the violation of the ATUPA law related to the sale to the minor unless it can be demonstrated that the seller possessed a certificate from a state-certified tobacco sales program at the time of the sale. In that case, C-Town Express will be assigned one point. These points will be removed in three years.

C-Town Express, LLC also understands that at least three inspections will be conducted each year for the next three years. If C-Town Express is assigned a total of three or more points due to future sales to a minor, its registration to sell tobacco products and, if a lottery agent, its lottery license will be suspended for 12 months.

I agree to pay a penalty not to exceed \$1,600 (\$1,500 for sale to a person under 21 and \$100 for having a flavored vapes offered for sale) plus a \$500 NYS Surcharge fee for these two violations following adoption of a resolution by the Board of Health. ***(Do not submit penalty payment until notified by the Tompkins County Environmental Health Division.)***

I also agree to comply with the following Orders when signed by the Tompkins County Interim Whole Health Commissioner:

1. To prohibit the sale of tobacco products to people under the age of 21; **and**
2. To prohibit the sale or other provision of prohibited flavored vapor products containing nicotine that are not FDA approved, to anyone; **and**
3. To comply with all requirements of New York State Public Health Law, Article 13F.

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

Signed: Mary Porter Date: 06-18-25

C-Town Express, LLC, is hereby ordered to comply with these Orders of the Interim Whole Health Commissioner.

Signed: Jeremy Porter Date: 06-18-28
Jeremy Porter
Interim Whole Health Commissioner

CASE SUMMARY – FOR RESOLUTION # ENF-25-0008

C-TOWN EXPRESS
C-TOWN EXPRESS, LLC
210 Dryden Road, Suite 1
Ithaca, NY 14850

Compiled on July 7, 2025

Date	Action
April 7, 2025	TCEH Field Visit: Observation of facility in operation that was not listed in our system. Obtained owner information and entered into active facilities.
April 15, 2025	TCEH Inspection: Violation: Vapor product (Geek Bar Pulse Blue Razz Ice) was purchased during an Underage Sales Compliance Check.
April 17, 2025	Notice of Violation issued for sale of flavored vapor product to a minor.
June 3, 2025	Draft Stipulation Agreement issued.
June 24, 2025	Signed Stipulation Agreement received.

TOMPKINS COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
55 BROWN ROAD
Ithaca, NY 14850-0000
(607) 274-6688
TCEH@tompkins-co.org

Retail Tobacco and Vapor Product Inspection Summary Report

Operation: C-TOWN EXPRESS (ID: 1170267)
Facility Name: C-TOWN EXPRESS
Facility Code: ATUPA
Facility Address: 210 Dryden Road, Ithaca, NY 14850
Facility Type: Tobacco Business

To the Attention of:

Abduljabbar Ahmed
C-TOWN EXPRESS, LLC
210 Dryden Rd, Suite 1
Ithaca, NY 14850

Underage Compliance Check - Purchase Attempt

Date: April 15, 2025 01:50 PM
Inspector: Alexandra Dunn (adunn@tompkins-co.org)
Person in Charge of Establishment: Johnny Moores

Registration Information

Products available for sale: Tobacco and Vapor Products

Tobacco Products	Was DTF Certificate of Registration Information Verified for Tobacco Products? Not Registered
	ID Number: 93-3956394
Vapor Products	Was DTF Certificate of Registration Information Verified for Vapor Products? Not Registered
	ID Number: 93-3956394

Sales Compliance

Was tobacco or vapor products, electronic or herbal cigarettes or other restricted product purchased? Yes
Lottery Agent? No
Bidis/Gutka offered for sale? No
Location/Access of tobacco and vapor products, electronic or herbal cigarettes, and shisha acceptable? Yes
Type of product for which purchase was attempted: Liquid Nicotine or Other Vapor Product
Out of package sale and minimum package size requirements met? Yes
Flavored vapor product restrictions met? No
Distribution without charge/price reduction instrument restrictions met? Yes
Advertisement/paraphernalia display restrictions met? Yes

Underaged Sales Compliance

Gender of person attempting purchase: Male

Date of Birth of person attempting purchase: November 29, 2007

Did sales person ask for identification from minor? No

Was age asked? No

Sale details:

Brand Name: Geek Bar Pulse Blue Razz Ice

Receipt? No

Cost: \$18.00

Held for evidence? Yes

I entered the premises with no proof of age, tobacco or vapor products, herbal cigarettes or other restricted products in my possession. The money I carried was provided by the Department and used to purchase the product as described herein. I returned \$2.00 and all evidence to the Department after leaving the premises.


Initials or Code of Underage Inspector: LL

Description of Person Who Sold the Product

Name (Last, First): Jones, Mackenzie

Gender: Female

Race: White

Age: Age: 21 - 35 Yrs.

Height: 5'6" - 6'0"

Build: Medium Build

Hair Color: Brown

Hair Length: Medium

Signs and Displays

Is sign displayed prohibiting the sale of tobacco and other restricted products to persons less than 21 years-of-age? No

When bidis or gutka are sold in a tobacco business, is the required sign displayed? N/A

Additional Information Collected During Inspection

Comments: DTF Certificate of Registration NOT valid at time of inspection for Tobacco. Reason: Expired: 93-3956394 - 2024
DTF Certificate of Registration NOT valid at time of inspection for Vapor Products. Reason: Expired: 93-3956394 - 2024

TCEH inspector Alexandra Dunn entered premises prior to the underage inspector and observed the sale.

Underage inspector asked for flavored vapes. Operator handed underage inspector a keychain listing flavored vape products. Underage inspector chose an item, and operator went into the back room to retrieve the product. Operator brought out a grocery bag with approximately 25 boxes of flavored vapes, removed one box of Geek Bar Blue Razz Ice (50mg/ml nicotine) and handed it to the underage inspector. Operator did not ask for identification or age. Underage inspector gave the operator a \$20 bill and operator returned \$2 to the underage inspector.


Underage inspector left the premises, followed by the TCEH inspector. TCEH inspectors Alexandra Dunn and Skip Parr returned to the store and notified two clerks that they had sold to an underage person. Operators were provided information regarding the sale to the underage person and notified clerks that selling flavored nicotine vapor products is prohibited. Inspectors informed the operators that TCEH would follow up with written notification of enforcement action.

Inspectors retained the product purchased and labeled the product for evidence in order to be securely stored upon return to the office.

AD/SD

Inspector: Alexandra Dunn (adunn@tompkins-co.org)

Photo	Caption
	DTF
	flavored vape product purchased by underage inspector
	flavored vape product purchased by underage inspector

Photo	Caption
	flavored vape product purchased by underage inspector

CERTIFIED, REGULAR, & ELECTRONIC MAIL

July 10, 2025

Asteri Ithaca LLC
Attention: Jordan Gibson
305 West Commercial St
Springfield, MO 65803

**Re: Tompkins County Board of Health Draft Resolution # ENF-25-0011
Violation of Article IV of Tompkins County Sanitary Code – Refuse Disposal
Asteri Ithaca Apartments, C-Ithaca**

Dear Jordan Gibson:

Thank you for signing the Stipulation Agreement on July 2, 2025, for Asteri Ithaca.
Enclosed is a copy of the Draft Resolution that the Tompkins County Board of Health will consider at
its meeting on **Tuesday, July 22, 2025**.

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 in person or via zoom, please contact Adriel Shea 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,



Skip Parr
Director of Environmental Health

Enclosures: Draft Resolution, Stipulation Agreement and Orders, and Case Summary

ec: Tompkins County Board of Health (via: SharePoint); Rob Fell-DeWalt, Director of Code Enforcement C-Ithaca;
Deb Mohlenhoff, City Manager C-Ithaca; Rich John, TC Legislature; TCWH: Skip Parr, Director of Environmental
Health; Elizabeth Cameron, P.E.; Jennie Sutcliffe, Whole Health Commissioner; Brenda Crosby, Deputy Public
Health Director; Adriel Shea; Brenda Coyle
file: Signed copy to Accela
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DRAFT RESOLUTION # ENF-25-0011

**Asteri Ithaca
Asteri Ithaca LLC
118 E Green St, C-Ithaca
Ithaca, NY 14850**

Whereas, Tompkins County property owners must comply with Article IV of Tompkins County Sanitary Code (TCSC); **and**

Whereas, Asteri Ithaca LLC, is the property owner and the operator of Asteri Ithaca, a 181 housing unit apartment that includes 40 supportive housing units; **and**

Whereas, it is a violation of Article IV, Section 4.01.b of the TCSC which states that on every premise there shall be adequate containers to accumulate refuse and so placed and maintained as to not create a nuisance; **and**

Whereas, on December 13, 2024, Tompkins County Environmental Health (TCEH) issued a Notice of Violation citing improperly stored garbage throughout Asteri Ithaca; **and**

Whereas, on February 19, 2025, TCEH accepted the Asteri Ithaca LLC, Waste Disposal Implementation Plan to address the improperly stored garbage cited on December 13, 2024; **and**

Whereas, on April 14, 2025, TCEH performed a site visit to follow up on implementation of the waste disposal plan and in response to a complaint regarding Ithaca Asteri's trash collection system, and TCEH observed that additional measures would be needed to for waste management at Asteri Ithaca; **and**

Whereas, Jordan Gibson, a representative for Asteri Ithaca LLC, signed a Stipulation Agreement with Whole Health Commissioners Orders on July 2, 2025, agreeing that Asteri Ithaca violated this provision of the Tompkins County Sanitary Code; **now therefore be it**

**Resolved, on recommendation of the Tompkins County Board of Health,
That Asteri Ithaca LLC, Owner/Operator, is ordered to:**

1. **By August 15, 2025**, submit a report from a licensed design professional experienced in waste management systems or a waste management consultant approved by Tompkins County Environmental Health, which includes:
 - a. an evaluation of the adequacy of the current trash management facilities and practices; **and**
 - b. an approvable plan with an implementation schedule to adequately manage the building's waste streams, including volume; **and**
2. Implement the plan as approved by Tompkins County Environmental Health.

STIPULATION AGREEMENT AND ORDERS # ENF-25-0011

**Asteri Ithaca
Asteri Ithaca LLC
118 E Green St, C-Ithaca
Ithaca, NY 14850**

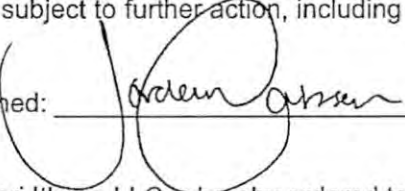
I, Jordan Gibson, as a representative for Asteri Ithaca, agree that on April 16, 2025, Asteri Ithaca was in violation of Article IV – Refuse Disposal, S-4.1b for the accumulation of refuse resulting in a nuisance.

I agree to comply with the following Orders when signed by the Tom-pkins County Whole Health Commissioner:

1. **By August 15, 2025**, submit a report from a licensed design professional experienced in waste management systems or a waste management consultant approved by Tom-pkins County Environmental Health, which includes:
 - a. an evaluation of the adequacy of the current trash management facilities and practices;
and
 - b. an approvable plan with an implementation schedule to adequately manage the building's waste streams, including volume; **and**
2. Implement the plan as approved by Tom-pkins County Environmental Health.

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

Signed: _____

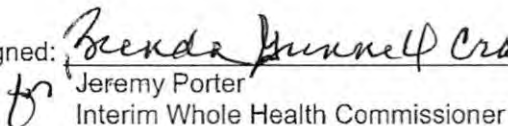


Date: _____

7/2/2025

Asteri Ithaca LLC is hereby ordered to comply with these Orders of the Whole Health Commissioner.

Signed: _____


for Jeremy Porter
Interim Whole Health Commissioner

Date: _____

7/9/2025

Diversity Through Inclusion

CASE SUMMARY – FOR RESOLUTION # ENF-25-0011

**Asteri Ithaca
Asteri Ithaca LLC
118 E Green St, C-Ithaca
Ithaca, NY 14850**

Compiled on July 8, 2025

Date	Action
November - December 2024	TCEH received several complaints regarding the waste handling occurring at Asteri Ithaca including the accumulation of trash outside of the building including videos and photos of hypodermic needles, feces, and blood in stairwells and other locations of the building.
12/6/2024	Joint inspection by TCEH and City of Ithaca Code Enforcement of Asteri Apartments. Multiple trash rooms were observed to contain excessive numbers of trash bags and refuse that blocked access to the trash chutes. The doors to the trash chutes in several rooms were broken and could not close, while others would not close due to refuse stuck in the entrance to the chute. The conditions in some trash rooms create a potential fire hazard as well as potential health and safety concerns to those entering the trash rooms and handling the materials in those rooms.
12/13/2024	TCEH issued a Notice of Violation (NOV) citing Article IV of the Tompkins County Sanitary Code which states: <i>On every premise there shall be adequate containers to accumulate refuse and so placed and maintained as to not create a nuisance.</i> The NOV required Asteri to submit a plan for managing refuse at this property due by 12/30/24.
1/2/2025	Waste Disposal Implementation Plan submitted by Asteri received by TCEH.
1/17/2025	TCEH met with Asteri to discuss plan.
1/24/2025	TCEH sent comments to Asteri on Waste Disposal Implementation Plan and requested a revised plan be submitted by 2/14/25.
2/6/2025	TCEH received Asteri's revised plan.
2/19/2025	TCEH accepted Asteri's revised plan without further comment.
4/16/2025	TCEH performed a site visit at Asteri as follow-up on implementation of the waste disposal plan and in response to a complaint. TCEH observed improvements made by Asteri, but additional measures would be needed because issues such as human waste in stairwells, large amounts of trash clogging chutes, and broken chute doors were observed.
6/3/2025	TCEH sent Stipulation Agreement 25-0011.
7/1/2025	TCEH met with Asteri to discuss stipulation agreement.
7/2/2025	Revised Stipulation Agreement 25-0011 was signed and received by TCEH.

DIVISION FOR COMMUNITY HEALTH

Bag Technique Policy & Procedure

I. Purpose

Use of proper bag technique is important to prevent contamination of the bag and its contents and to prevent transmission of infections to clients and personnel. This policy applies to all Community Health Nurses who do home visits (maternal child, TB DOT, homebound vaccination, lead poisoning prevention).

II. General Guidance

Items that do not ordinarily touch the patient (i.e. nursing bag) or touch only intact skin (i.e. scale, blood pressure cuff, stethoscope, Doppler) are generally not involved in disease transmission. In most cases, these items need only be cleaned when they are visibly soiled.

Agency Preference: Clean Doppler, stethoscope bell and ear pieces with alcohol after each use.

Wipe down blood pressure cuff with disinfectant wipe after use. Baby scales should also be wiped down with a disinfectant wipe after use.

III. Defining the Bag

The nursing bag (referred to in this policy as the “bag”) is used to carry needed equipment and supplies to provide patient care in the home. The bag is transported from patient home to patient home.

A. Clean items

1. Most items in the bag are “clean”, noncritical items (i.e. stethoscope, blood pressure cuff, Doppler, etc). After cleaning with alcohol or disinfectant wipe, “clean” items may be returned to the nursing bag after use provided there is no visible soiling.
2. Items that must be sterile for use (i.e. needles, syringes, and lancets) are protected by individual wrappers. Sterile items are discarded after use in Sharps container.

B. Soiled items

1. For soiled items that cannot be cleaned or disinfected in the home, place in a separate container for transport back to the office for cleaning or replacement.
2. There is no “soiled” or “dirty” side of the nursing bag.
3. Single use items may be discarded after use in client's home: urinalysis strip, cup for urine, gloves, used disinfectant wipe, barrier.

IV. Care of the Bag and Bag Contents

Refer to the agency *Care of Equipment & Appliances Policy*.

A. Care of the Bag

1. When properly cared for, the outside of the bag generally does not pose a risk for transmission of infection.
2. A barrier (i.e. towelette, chux) placed between the bag and the floor of the home is necessary if the bag is a non-wheeled bag (i.e., bag containing baby scales). According to the

Home Care Association of New York State, nursing bags should not be placed directly on the floor. Floor surfaces can be a reservoir for pathogenic organisms (1). Wheeled bags can remain on the floor.

3. The nurse is responsible for maintaining the cleanliness of the bag and its contents. Clean the outside of the bag when visibly soiled.

B. Considerations

1. As homes differ greatly, CHN will need to use judgment in selecting an appropriate work area considering the following: cleanliness of the home; adequate lighting; low traffic area; away from direct currents from windows, heat or air conditioning vents; safe area away from children and pets.

2. The inside and contents of the bag are always considered “clean”.

3. Bag setup: Store hand hygiene supplies (waterless handwashing gel, soap, paper towels) in the outermost pocket of the bag. Having items in the outermost pocket allows for easy accessibility at the point of care. Hand hygiene is the most important and effective activity to prevent infection.

V. When to not bring the nursing bag into the home:

Generally the nursing bag should not be brought into the home in the following situations:

1. The patient is colonized or infected with a multi-drug resistant organism such as MRSA or C. difficile
2. The patient is on transmission precautions
3. The home environment is infested with bedbugs or other pests
4. The home environment is contaminated with human or pet excrement
5. It is the staff member’s judgment

When the nursing bag is not brought into the patient’s care area, the items needed for the patient encounter should be placed in a disposable double bag, with the outer disposable bag left in the patient’s care area, and the equipment carried out after being cleaned and disinfected in the inner disposable bag.

VI. Procedure

1. **Education:** Inform the patient, family and caregivers that bag technique and hand hygiene are used to protect the patient and the home from germs. This can help them understand that the nurse is not being critical of the home’s cleanliness. Encourage questions and answer them as they arise.

2. **Adhere to Universal Precautions in *Universal Precautions Policy*.**

3. **Select a clean dry flat surface for the bag.** If bag is wheeled, it can remain on the floor with no barrier. If bag does not have wheels, a barrier should be used between bag and floor. Keep bag closed when not in use.

3. **Perform hand hygiene.** Preferred method is soap and water. If not available, agency issued waterless hand gel may be used.

4. **Remove needed items from bag and place on clean barrier.** This includes a laptop computer for documentation, blood pressure cuff, Doppler, etc. Baby scales should also be placed on a clean barrier.
5. **Prior to re-entering bag for any reason, perform hand hygiene.**
6. **Following provision of patient care:** clean, reusable items (i.e. blood pressure cuff, stethoscope, Doppler, etc.) are wiped down with disinfectant and returned to the bag. Disposable items, including equipment and bag barriers if used, are discarded. If soiled items cannot be cleaned in the home, bag and label item to transport to agency. Baby scales are wiped down with disinfectant wipe and returned to the bag. Adult scales (used on the floor) may be kept in an exterior pocket of the nursing bag and returned to the exterior pocket of the bag after use.
7. **Perform hand hygiene.**
8. **After exiting the home** and returning to the car, place the nursing bag on a visibly clean, dry surface in the vehicle.
9. **Upon return to the office**, wheeled nursing bags can remain on the floor. Non-wheeled nursing bags should not be stored on the floor.

William Klepack, MD
TCWH Medical Director

Date

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Community Health Quality Improvement Committee approved: 12/20/2016, 6/10/2025
Board of Health approval: 01/24/2017,

F:\DCH Shared\Policies\Management of Environment of Care\Bag Technique Policy & Procedure

1. McGoldrick, Mary MS, RN, CRNI. Best Practices for Home Care “Bag Technique” and the Use of Surface Barriers. Home Healthcare Now 35(9):p 478-484, October 2017. | DOI: 10.1097/NHH.0000000000000611
2. VNS policy: “Supply Bag Technique” provided by VNS director Sue Ellen Stuart, used for reference

Supply Bag Technique

SUMMARY

This skill describes the steps for implementing evidence-based practice when packing and using a nursing or supply bag to carry equipment and supplies into homes.

ALERT

Do not carry a nursing bag into homes known to be infested with insects or rodents or into homes where there is a resistant microorganism requiring equipment to be designated for single-patient use.²

OVERVIEW

The public health bag, better known as the “nursing bag,” has been around since the early 20th century when Lillian Wald made home visits to patients in the Henry Street Settlement. The bag was designed to carry equipment and supplies that may be needed to provide patient care. However, because it is transported from one surface to another, from home to home, and into and out of vehicles, it can transmit microorganisms.² Despite the variety of bags available for use today, proper bag technique, which can prevent, reduce, and control the spread of microorganisms, remains the same.²

EDUCATION

- Inform the patient, family, and caregivers that bag technique and hand hygiene are used to protect the patient and the home from germs. This can help them understand that the nurse is not being critical of the home’s cleanliness.
- Encourage questions and answer them as they arise.

PROCEDURE

PREPARING THE BAG

1. Store hand hygiene supplies (i.e., antimicrobial soap, waterless handwashing gel, paper towels, and barrier) in the outermost pocket of the bag (sometimes referred to as the dirty section).

Rationale: Having items in the outermost pocket allows for easy accessibility at the point of care. Hand hygiene is the most effective and important activity to prevent infection.²

2. Create a dedicated area of the bag for clean, reusable items (e.g., blood pressure cuff).

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3. Create a dedicated area of the bag for clean, sterile, nonreusable items, such as dressings and supplies. Anything removed from this section should not be returned to it following use.
4. Place personal protective equipment (PPE) in an exterior section.

Rationale: Having items in the exterior section allows them to be readily available in case of need.²

5. Place approved sharps containers in the outermost pocket of the bag.²
6. Do not carry personal items, such as cell phones, wallets, keys, or food items, in the bag.
7. Stock the bag with the minimum of necessary supplies to perform patient care as it relates to nursing.
8. Keep the bag away from pets and children.²
9. Do not place the bag directly on the floor unless it is a rolling bag.²
10. Clean and disinfect the bag as a part of regular maintenance. When it is visibly soiled, use a disinfectant.³ During cleaning, inspect the bag for tears and replace it, as necessary.

USING THE BAG

1. Enter the home without the bag first, if time and opportunity allow. Assess the home environment.
2. Return to the car to get the supplies or the bag, depending on the conditions.
 - a. In situations where the home is unsanitary, consider taking supplies into and out of the home in a disposable zip-top plastic bag.²

Do not carry the bag into homes known to be infested with insects or rodents.

- b. In situations where the patient has a resistant microorganism, leave single-use equipment in the home.²

Do not carry the bag into homes where there is a resistant microorganism requiring equipment to be designated for single-patient use.

3. When reentering the home, place the bag on a clean, dry surface with a water-resistant barrier placed between the bag and the surface.²
4. Perform hand hygiene before patient contact and before opening the bag.²
5. Remove containers and all necessary equipment and supplies that will be used during the visit.
6. Keep the bag in view at all times.
7. If retrieving an additional item from the bag during the visit becomes necessary, perform hand hygiene first.²

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8. Discard used supplies in the proper receptacle and perform hand hygiene after providing patient care.

Do not place used or soiled SUPPLIES, such as dressings or used sharps, in the bag.²

9. Return all cleaned items to the proper section of the bag and close the bag.
10. Perform hand hygiene before exiting the home.^{1,4}
11. After leaving the home, store the bag in the designated clean area of the vehicle.³

SUPPLIES

Ensure that all necessary supplies and durable medical equipment are available.

- Multicompartment bag with zipper
- Water-resistant barrier
- Clean zip-top plastic bags, as needed
- Cleaning agents for supply bag surfaces, as needed

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ADDITIONAL READINGS

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* In these skills, a “classic” reference is a widely cited, standard work of established excellence that significantly affects current practice and may also represent the foundational research for practice.

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Best Practices for

HOME CARE

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The nursing bag has been used by home care visiting staff for decades as a means to transport patient care equipment and supplies to patients' homes. For purposes of this article, the term "nursing bag" will be used, but it can also be referred to as a "medical bag," "public health bag," or "supply bag," as they are also used by physical therapists, occupational therapists, home healthcare and hospice aides, and physicians when making home visits. These supply bags can be back packs, "fanny packs," shoulder or hand-carried bags, and wheeled rolling bags that contain vital sign equipment, computer tablets, personal protective equipment, and other supplies needed to provide patient care. What's most important is not the configuration of the bag, but rather how it is managed. By virtue of the bag coming in contact with the staff's hands, the environment of the staff's vehicle and patients' homes (and ground surfaces when wheeled rolling bags are used), pathogenic microorganisms can be brought into the patient's home or transferred from one home to another. This article will establish guidelines for the management of the "nursing bag" used by home care and hospice clinicians, and offer best practice guidance and strategies to prevent and control the transfer of microorganisms through its use.

Preventing the Transmission of Pathogenic Microorganisms Through "Bag Technique"

To prevent the transmission of pathogenic microorganisms, a practice called "bag technique" is

implemented by home care and hospice clinicians, and the methods used will vary depending on the home care and hospice organization's policies, and the patient and their home environment. The principles of "Bag Technique" minimally include:

1. Hand hygiene
2. Bag placement
3. Bag placement during interim storage
4. Cleaning the interior and exterior surfaces of the bag
5. Maintenance of equipment and supplies stored in the bag
6. Management of equipment and supplies removed from the bag

Visually, the bag should always present with a clean "professional" appearance, and be replaced when any vinyl on the bag's trim surfaces crack, especially the handles, and when the bag appears worn from normal wear and tear.

This article will focus on principles 1 through 4. Principles 5 and 6 that address the maintenance and management of equipment and supplies are addressed in depth in several other publications (McGoldrick, 2015a, 2015b, 2016, 2017b).

Currently, there are no data that serve as evidence of a home care or hospice patient developing an infection from a pathogenic microorganism brought into a patient's home via a nursing bag. There is however, evidence that the bag may serve as a reservoir for multidrug-resistant organisms, thereby suggesting a potential risk for indirect transmission of microorganisms from one patient to another via a contaminated nurses' bag. Bakunas-Kenneley and Madigan cultured nursing bags from four different home care agencies and found 84% of the outside of the bags cultured positive for human pathogens (15.9% multidrug-resistant organisms) and 48.4% of the inside of the bags had positive cultures (6.3% multidrug-resistant

"BAG TECHNIQUE"

and the Use of Surface Barriers

Mary McGoldrick, MS, RN, CRNI

October 2017

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organisms) (Bakunas-Kenneley & Madigan, 2009). The presence of pathogens on the outside and inside surfaces of the nursing bag suggests the potential risk for transmission of infection from one patient to another via a contaminated nursing bag.

Reducing the Bioburden on Any Carrying Device Brought Into the Home

The Bakunas-Kenneley and Madigan study reinforces the need for decontaminating and cleaning the nursing bag on a “regular” basis. Currently, there are no evidence-based guidelines that define the frequency with which a nursing bag should be cleaned. Each home care and hospice organization needs to define in policy the frequency with which any carrying device, including the nursing bag, is to be cleaned. To reduce the bioburden, it is suggested that the interior and exterior of the bag be cleaned:

- anytime when visibly soiled; and
- minimally on a monthly basis when a surface barrier is routinely used under the bag; or
- minimally on a weekly basis for the exterior surfaces and monthly for the interior surfaces, when a surface barrier is *not* routinely placed under the bag (McGoldrick, 2017a).

These principles apply to any carrying device brought into the home, such as a tote bag used to

The ideal surface barrier material would be a water-resistant material used on a one-time basis and discarded as household waste in the home.

transport a scale to weigh the patient, or a laptop computer bag. When a monthly time frame is selected, this activity should occur close to the last day of the month to coincide with the date that medical supplies that expire in the same month will need to be disposed of and replaced. A tote or duffel-style bag can be washed in the washing machine and dried in the dryer on high heat for a full cycle (McGoldrick, 2017a). Visually, the bag should always present with a clean “professional” appearance, and be replaced when any vinyl on the bag’s trim surfaces crack, especially the handles, and when the bag appears worn from normal wear and tear.

Bag Surface Material

When choosing a bag to transport patient care equipment and supplies, select a bag that has an exterior surface material that is of a smooth, non-canvas nylon or polyester fabric, or vinyl material for ease in cleaning the bag’s exterior surfaces. Unlike a hard, nonporous surface that can be disinfected, the surface of the nursing bag can only be decontaminated and cleaned to reduce the number of pathogens.

“Clean Side” Versus the “Dirty Side” of the Bag

One of the long-held myths associated with the use of a nursing bag is that there should be a designated “clean side” and “dirty side” of the bag. The term “dirty” implies soiled items should be placed inside the bag. Nothing inside the bag should ever be “dirty” or soiled and as such, there should not need to be a designated “clean” and “dirty” side of the bag. All items in the bag should be visibly “clean” and the exterior surfaces of sterile supplies stored inside the bag should be “clean.” The only true “dirty” item that may be in the home care or hospice clinician’s possession during a home visit is regulated medical waste that was generated by the clinician (not the patient or their caregiver), such as sharps or medical waste (that would need to be stored inside a red biohazard bag). Red-bagged medical waste is rarely, if ever, generated during home visits. When it is, most commonly red-

bagged medical waste is generated during wound care. A red biohazard bag should always be hand carried out of the home (when the waste is generated by the home care or hospice clinician) for transport and final disposal, and should never be placed

inside the nursing bag. An “in-use” sharps container (i.e., a sharps container with used needles or other sharps that is not beyond 2/3 full) may be hand carried into the home or may be stored in an exterior compartment of the nursing bag, if one is available, but not stored *inside* the nursing bag.

Bag Placement in the Home

A nonwheeled bag should be placed on a visibly clean, dry, flat surface in the patient’s environment, when available. If there is no visibly clean, dry, flat surface available, always place a barrier under the bag, or hang it on a doorknob or on a hangar over a door. If a hand-carried bag is placed

on a barrier on the floor, or a wheeled rolling bag is used, the bag should be kept closed when there are pets, there is a visible presence of pests (e.g., roaches), or young children (e.g., toddler and preschool age) are present.

When a wheeled rolling bag is used, the bag should remain on the floor. If the bag has a large front flap, it should be opened in a manner that does not permit the front flap to have direct contact with the floor. Some wheeled rolling bags that remain on the floor are heavily “front loaded” with supplies in the bag so that when the bag handle is fully retracted (i.e., pulled all the way up), the bag leans forward at such a steep angle that the front surface of the bag has direct contact with the floor. When this occurs, either a surface barrier needs to be placed under the bag, or some of the supplies need to be removed so the handle remains upright (at approximately a 90-degree angle) when fully retracted from the bag.

Floor Surfaces and the Risk of Transmission

Floor surfaces can be a reservoir for pathogenic organisms. Rashid et al. (2017) reviewed the literature for possible modes of transmission of pathogenic organisms from the floor to human contact and found methicillin-resistant *Staphylococcus aureus*, *Clostridium difficile*, and multidrug-resistant gram-negative species on the floor that were most likely transmitted via direct contact or aerosolization. Koganti et al. (2016) inoculated the floors in a patient’s room in a hospital with a nonpathogenic virus, and subsequently found the virus on the patient’s hands and high-touch surfaces in the patient’s room. More importantly, the virus was found on high-touch surfaces in adjacent rooms and at nursing stations, which suggests that floors could be a source for the dissemination of pathogens. Deshpande et al. (2017) found floors in patient rooms were frequently contaminated with healthcare-associated pathogens and demonstrated the potential for indirect transfer of pathogens to hands from fomites placed on the floor. This same mode of transmission can occur in the home environment. In these studies, the floor surfaces evaluated were in a healthcare setting where environmental services staff clean

When there is a concern of a bedbug infestation in the home, or the geographical area served by the home care or hospice organization has a higher endemic rate of bedbugs, the nursing bag should be placed in the vehicle inside a large plastic container with high sides.



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and disinfect floor surfaces on a daily basis. In the typical home, it is not common practice to clean and disinfect floor surfaces daily, if at all depending on the patient and their house cleaning practices.

There is currently no research identifying the presence of pathogenic microorganisms on floors or other surfaces that bags may be placed on in the home, but it is likely that the surfaces in the patient’s care area in the home would have the highest burden of potentially pathogenic microorganisms. Even though the bag is a noncritical item and will never have direct contact with the patient, when the bag is placed directly on surfaces in the home without the use of a surface barrier under the bag, there is a risk that the bag will become contaminated with potentially pathogenic microorganisms which could then be transferred to the staff’s vehicle and to the next patient’s home.

A typical home healthcare or hospice clinician makes multiple visits per day bringing the bag’s external surfaces in contact with numerous patient homes throughout the week. It stands to reason that the patient or their caregivers could come in contact with these same environmental surfaces, and the microorganisms can be transferred directly to the patient, or indirectly via the caregivers’ hands. As a result, the patient can develop a healthcare-associated infection with an organism they may never have had contact with were it not for the nursing bag having contact with their environment. Thus, it is of prime importance to perform hand hygiene and clean the nursing bag to reduce the bioburden of pathogenic microorganisms on the external surfaces of the bag.



A common breach in infection prevention and control practice made by home care and hospice clinicians is reentering the bag while wearing gloves that had patient contact.

Surface Barrier Under the Bag and Supplies Versus No Barrier

There has been a long-standing controversy in the home healthcare and hospice field over whether a surface barrier should be placed under a bag and supplies when they are removed. There are no regulatory requirements or evidence-based guidelines to require placing a barrier under the bag or supplies removed from the bag. The purpose of using a surface barrier is to prevent contamination of the external surfaces of the bag and the contents removed from the bag. It is the home care and hospice organization's responsibility to define in policies and procedures if and when a surface barrier is required. Even if it is not an organization's policy to routinely use a surface barrier, it may always be used at the staff member's discretion.

A surface barrier should always be used when a wheeled bag is transferred from the floor to another surface in the home. In addition, a surface barrier should be used if a nursing bag is not taken into a home (for any reason) and items are temporarily removed from the nursing bag to bring into the home. When these items are removed from the bag, they should be placed on a barrier in the home. Lastly, using a barrier under the bag in the home shows respect for the patient's personal property by not placing a potentially contaminated item directly on surfaces in their home.

Anecdotally, over the past few years, there has been a shift in home care and hospice organizations using a barrier under their bag when it is a

nonwheeled bag. There is abundant evidence in the literature of extended survival rates of human pathogens on environmental surfaces (Huslage et al., 2013), and the recent data on the contamination rates of floor surfaces in healthcare facilities provide support for this practice. Patients are going home from acute care facilities colonized or infected with a multidrug-resistant organism or *C. difficile* and their homes often are not as well hygienically maintained with daily cleaning and disinfection, as is performed in a healthcare facility.

Surface Barrier Material and Size

Surface barrier materials can be either disposable, or reusable. The ideal surface barrier material would be a water-resistant material used on a one-time basis and discarded as household waste in the home. Disposable, one-time use surface barrier materials may include, but not be limited to: wax paper, plastic bag, cafeteria tray liner, sheet pan liner, waterproof changing table liner, disposable pads (Chux), or polybacked towels. Surface barrier materials of newspaper, paper towels, or paper hand drying material should be avoided, if possible, as water and moisture from the environmental surface may wick onto the bag and transmit microorganisms to the exterior of the bag's surface. As long as the surface is dry, using a nonwater-resistant material would be acceptable. When a surface barrier is selected, choose a size that will minimally protect the full bottom surface of the bag, and that the barrier's surface size is not smaller than the bottom surface size of the bag. Also, don't allow the shoulder straps to fall off of the barrier when used.

Reusable Surface Barriers

Reusable surface barriers are also available that have antimicrobial additives, such as Microban®, embedded into the barrier during the manufacturing process. Antimicrobial additive protection begins to work as soon as the microorganism comes into contact with the barrier's surface, and is effective against most common bacteria, yeasts, molds, and fungi that cause stains, odors, and product degradation. However, antimicrobial additive technology is *not* designed to protect users from disease-causing microorganisms. Antimicrobial additive technology is not a disinfectant and is not a substitute for normal cleaning practices (Microban International, 2017). Therefore, if an organization reuses a surface barrier with an antimicrobial additive, it should still be cleaned and

this adds to the equipment and supplies that the home care or hospice nurse will need to “manage.”

Bag Placement in the Vehicle

Nursing bags should be placed on a visibly clean, dry surface inside the vehicle. If there are supplies that are not to be stored at temperature extremes, as indicated by the product’s manufacturer (e.g., alcohol-based hand hygiene products, disinfectants, point-of-care testing supplies), and it is expected that these temperature extremes may be met during certain months of the year, the bag should be stored within the temperature-controlled section of the vehicle rather than the trunk of the vehicle (McGoldrick, 2017a).

When there is a concern of a bedbug infestation in the home, or the geographical area served by the home care or hospice organization has a higher endemic rate of bedbugs, the nursing bag should be placed in the vehicle inside a large plastic container with high sides (McGoldrick, 2017b). Bedbugs are notorious “hitchhikers” and when a surface barrier is not used, the bedbug can drop off the nursing bag inside the vehicle. Once bedbugs are inside the vehicle, it may be difficult or impossible to remove them. Bedbugs move by crawling and will not be able to crawl out a plastic container with smooth, high sides.

When Not to Bring the Nursing Bag in the Home

The nursing bag should not be taken into the patient’s care area when:

1. The patient is known to be colonized or infected with a multidrug-resistant organism (e.g., methicillin-resistant *S. aureus* or *C. difficile*), or
2. The patient is on transmission-based precautions, in addition to Standard Precautions, or
3. The home environment is infested with bedbugs or other pests, or
4. The home environment is grossly contaminated with human or pet excrement, or
5. It is the staff member’s judgment. (McGoldrick, 2017a)

When the nursing bag is not brought into the patient’s care area, the items needed for the patient encounter should be placed in a disposable double bag, with the outer disposable bag left in the patient’s care area, and the equipment carried out after being cleaned and disinfected in the inner disposable bag (McGoldrick, 2017a).

Hand Hygiene

The nursing bag is considered a noncritical item and will never (under routine conditions) have direct contact with the patient’s skin. What *will* have direct contact with the patient are the staff’s hands. THE most important infection prevention activity the staff can deploy when implementing “bag technique” is performing hand hygiene. It is strongly suggested, but not required, that hand hygiene be performed before entering the nursing bag. It *is* required based on the Centers for Disease Control and Prevention (CDC) *Guideline for Hand Hygiene in Health-Care Settings* that the staff perform hand hygiene prior to direct contact with the patient (CDC, 2002). Therefore, if the clinician removes supplies from the nursing bag to obtain a patient’s vital signs, hand hygiene is to be performed before direct contact with the patient. Hand hygiene is also required to be performed after contact with the intact patient’s skin (e.g., when taking a pulse or blood pressure with equipment taken from the nursing bag) and after contact with inanimate objects in the immediate vicinity of the patient (e.g., the nursing bag).

The interior of the bag can become contaminated when hand hygiene is not routinely performed prior to entering the nursing bag, and the used patient care equipment is not cleaned before being placed back in the bag. A common breach in infection prevention and control practice made by home care and hospice clinicians is reentering the bag while wearing gloves that had patient contact. This failure to remove the gloves and perform hand hygiene before going back into the nursing bag with “used” gloves on inadvertently contaminates the interior contents of the bag. Never reenter the bag with gloves on. Remove the gloves if worn, perform hand hygiene, and then reenter the bag. It is suggested that the hand hygiene products and supplies be stored in an outer pocket of the bag that can be easily accessed.

Summary

Environmental contamination plays an important role in the transmission of several epidemiologically important pathogens, such as methicillin-resistant *S. aureus* and *C. difficile*. Further research with a large sample size is needed to determine best practice. Until research data are available, these “bag technique” strategies are low-tech, low-cost, and easy-to-implement by home care and home care clinicians to protect our immunocompromised

home care and hospice patients...and keep them out of the hospital and where they most want to be...in their homes. ■

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APPENDIX

- [Community Health Services](#)
- [Health Promotion Program](#)
- [Children with Special Care Needs](#)
- [Environmental Health](#)

Community Health Services

WIC CASELOAD DATA FFY 2025

TCWH WIC Program	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	AVG.
Target Caseload	1320	1320	1320	1320	1320	1320	1320	1320	1320	1320	1320	1320	
Participation	1123	1099	1135	1161	1165	1165	1194	1204	1251				1166
% Caseload Served	85.1%	83.3%	86.0%	88.0%	88.3%	88.3%	90.5%	91.2%	94.8%				88.4%
% Change Per Month	0.0%	-1.8%	2.7%	2.0%	0.3%	0.0%	2.2%	0.8%	3.6%				1.1%
Enrolled	1189	1171	1181	1202	1219	1228	1261	1275	1318				1227
Participation/ Enrollment	94.4%	93.9%	96.1%	96.6%	95.6%	94.9%	94.7%	94.4%	94.9%				95.1%

MOMS PLUS+ CASELOAD DATA CY 2025

Moms PLUS+ 2025	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Caseload	66	69	74	74	61	66						
Visits	76	57	61	50	67	58						
Admissions	23	15	16	10	22	20						
Referrals	51	53	44	59	58	48						

NYSDOH COMMUNICABLE DISEASE REPORTS

- See following pages.

N.Y.S. Department of Health
Division of Epidemiology
Communicable Disease Monthly Report*, DATE: 01JUL25
Rates are defined as: Cases/100,000 population/Month

County=TOMPKINS Month=June

	2025		2024		2023		2022		Ave (2022-2024)	
Disease	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
ANAPLASMOSIS**	48	570.0	26	308.7	29	344.4	23	273.1	26	308.7
BABESIOSIS**	3	35.6	4	47.5	5	59.4	2	23.7	4	47.5
CAMPYLOBACTERIOSIS**	3	35.6	5	59.4	2	23.7	2	23.7	3	35.6
COVID-19	26	308.7	58	688.7	41	486.8	644	7647.1	248	2944.8
CRYPTOSPORIDIOSIS**	0	0.0	0	0.0	0	0.0	2	23.7	1	11.9
DENGUE FEVER**	0	0.0	0	0.0	0	0.0	1	11.9	0	0.0
ECOLI SHIGA TOXIN**	1	11.9	1	11.9	0	0.0	1	11.9	1	11.9
GIARDIASIS	0	0.0	1	11.9	1	11.9	1	11.9	1	11.9
HEPATITIS B,CHRONIC**	0	0.0	0	0.0	0	0.0	3	35.6	1	11.9
HEPATITIS C,ACUTE**	0	0.0	0	0.0	1	11.9	0	0.0	0	0.0
HEPATITIS C,CHRONIC**	0	0.0	0	0.0	1	11.9	3	35.6	1	11.9
INFLUENZA A, LAB CONFIRMED	5	59.4	0	0.0	2	23.7	4	47.5	2	23.7
INFLUENZA B, LAB CONFIRMED	4	47.5	1	11.9	0	0.0	0	0.0	0	0.0
LEGIONELLOSIS	0	0.0	1	11.9	0	0.0	1	11.9	1	11.9
LISTERIOSIS	0	0.0	0	0.0	0	0.0	1	11.9	0	0.0
LYME DISEASE** ****	130	1543.7	74	878.7	67	795.6	36	427.5	59	700.6

	2025		2024		2023		2022		Ave (2022-2024)	
Disease	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
RESPIRATORY SYNCYTIAL VIRUS	0	0.0	1	11.9	0	0.0	0	0.0	0	0.0
ROCKY MTN SPOT FEVER**	1	11.9	0	0.0	0	0.0	0	0.0	0	0.0
SALMONELLOSIS**	2	23.7	1	11.9	0	0.0	1	11.9	1	11.9
SHIGELLOSIS**	1	11.9	0	0.0	0	0.0	0	0.0	0	0.0
STREP, GROUP B INVASIVE	0	0.0	0	0.0	0	0.0	2	23.7	1	11.9
STREP PNEUMONIAE, INVASIVE**	0	0.0	1	11.9	1	11.9	0	0.0	1	11.9
TOXIC SHOCK SYNDROME, STREPTOCOCCAL**	0	0.0	0	0.0	1	11.9	0	0.0	0	0.0
VARICELLA	0	0.0	1	11.9	0	0.0	0	0.0	0	0.0
VIBRIO - NON 01 CHOLERA**	1	11.9	0	0.0	1	11.9	0	0.0	0	0.0
SYPHILIS TOTAL.....	0	0.0	3	35.6	0	0.0	2	23.7	2	23.7
- P&S SYPHILIS	0	0.0	0	0.0	0	0.0	2	23.7	1	11.9
- EARLY LATENT**	0	0.0	3	35.6	0	0.0	0	0.0	1	11.9
GONORRHEA TOTAL.....	4	47.5	8	95.0	5	59.4	7	83.1	7	83.1
- GONORRHEA	4	47.5	8	95.0	5	59.4	7	83.1	7	83.1
CHLAMYDIA	10	118.7	13	154.4	21	249.4	30	356.2	21	249.4
CHLAMYDIA PID	1	11.9	0	0.0	0	0.0	0	0.0	0	0.0

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

**Confirmed and Probable cases counted

***Not official number

**** Beginning in 2022, extrapolated results were no longer used and all confirmed/probable cases are counted.

N.Y.S. Department of Health
Division of Epidemiology
Communicable Disease Monthly Report*, DATE: 01JUL25
Through December
Rates are defined as: Cases/100,000 population/Month

County=TOMPKINS

	2025		2024		2023		2022		Ave (2022-2024)	
Disease	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
AMEBIASIS	0	0.0	0	0.0	0	0.0	1	1.0	0	0.0
ANAPLASMOSIS**	73	72.2	107	105.9	116	114.8	66	65.3	96	95.0
BABESIOSIS**	4	4.0	28	27.7	34	33.6	11	10.9	24	23.7
BLASTOMYCOSIS	0	0.0	0	0.0	1	1.0	0	0.0	0	0.0
CAMPYLOBACTERIOSIS**	19	18.8	39	38.6	26	25.7	28	27.7	31	30.7
CHIKUNGUNYA**	0	0.0	0	0.0	1	1.0	0	0.0	0	0.0
COVID-19	401	396.8	1565	1548.6	2756	2727.1	16048	15880	6790	6718.9
CRYPTOSPORIDIOSIS**	1	1.0	8	7.9	7	6.9	11	10.9	9	8.9
CYCLOSPORA	0	0.0	4	4.0	0	0.0	0	0.0	1	1.0
DENGUE FEVER**	0	0.0	6	5.9	0	0.0	1	1.0	2	2.0
ECOLI SHIGA TOXIN**	1	1.0	2	2.0	4	4.0	3	3.0	3	3.0
EHRlichiosis (CHAFEENSIS)**	0	0.0	0	0.0	0	0.0	1	1.0	0	0.0
EHRlichiosis (EWINGII)**	0	0.0	0	0.0	1	1.0	1	1.0	1	1.0
ENCEPHALITIS, ARBO**	0	0.0	0	0.0	0	0.0	1	1.0	0	0.0
GIARDIASIS	1	1.0	16	15.8	14	13.9	13	12.9	14	13.9

	2025		2024		2023		2022		Ave (2022-2024)	
Disease	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
HAEMOPHILUS INFLUENZAE, NOT TYPE B	0	0.0	4	4.0	1	1.0	4	4.0	3	3.0
HEPATITIS A	0	0.0	0	0.0	0	0.0	1	1.0	0	0.0
HEPATITIS B,ACUTE	0	0.0	0	0.0	1	1.0	0	0.0	0	0.0
HEPATITIS B,CHRONIC**	9	8.9	19	18.8	10	9.9	15	14.8	15	14.8
HEPATITIS C,ACUTE**	4	4.0	3	3.0	5	4.9	4	4.0	4	4.0
HEPATITIS C,CHRONIC**	3	3.0	17	16.8	22	21.8	20	19.8	20	19.8
HERPES INF, INFANT =< 60 DAYS	0	0.0	0	0.0	1	1.0	0	0.0	0	0.0
INFLUENZA A, LAB CONFIRMED	1039	1028.1	1130	1118.2	251	248.4	1341	1327.0	907	897.5
INFLUENZA B, LAB CONFIRMED	281	278.1	125	123.7	31	30.7	11	10.9	56	55.4
INFLUENZA UNSPECIFIED, LAB CONFIRMED	0	0.0	0	0.0	0	0.0	3	3.0	1	1.0
LEGIONELLOSIS	1	1.0	2	2.0	15	14.8	6	5.9	8	7.9
LISTERIOSIS	0	0.0	0	0.0	0	0.0	1	1.0	0	0.0
LYME DISEASE** ****	259	256.3	375	371.1	415	410.7	265	262.2	352	348.3
MALARIA	0	0.0	1	1.0	2	2.0	3	3.0	2	2.0
MENINGITIS, ASEPTIC	0	0.0	1	1.0	0	0.0	0	0.0	0	0.0
MONKEYPOX	0	0.0	0	0.0	0	0.0	3	3.0	1	1.0
PERTUSSIS**	1	1.0	16	15.8	0	0.0	0	0.0	5	4.9
Q FEVER**	0	0.0	1	1.0	0	0.0	0	0.0	0	0.0
RESPIRATORY SYNCYTIAL VIRUS	186	184.1	230	227.6	64	63.3	0	0.0	98	97.0
ROCKY MTN SPOT FEVER**	1	1.0	0	0.0	0	0.0	1	1.0	0	0.0

	2025		2024		2023		2022		Ave (2022-2024)	
Disease	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
SALMONELLOSIS**	6	5.9	22	21.8	12	11.9	20	19.8	18	17.8
S.PARATYPHI	0	0.0	1	1.0	0	0.0	0	0.0	0	0.0
SHIGELLOSIS**	3	3.0	3	3.0	1	1.0	2	2.0	2	2.0
STREP,GROUP A INVASIVE	3	3.0	10	9.9	11	10.9	5	4.9	9	8.9
STREP,GROUP B INVASIVE	3	3.0	3	3.0	1	1.0	6	5.9	3	3.0
STREP PNEUMONIAE,INVASIVE**	0	0.0	6	5.9	3	3.0	8	7.9	6	5.9
TOXIC SHOCK SYNDROME,STREPTOCOCCAL**	0	0.0	0	0.0	1	1.0	0	0.0	0	0.0
TUBERCULOSIS***	0	0.0	0	0.0	1	1.0	1	1.0	1	1.0
TYPHOID FEVER	0	0.0	0	0.0	1	1.0	0	0.0	0	0.0
VARICELLA	2	2.0	1	1.0	0	0.0	0	0.0	0	0.0
VIBRIO - NON 01 CHOLERA**	1	1.0	0	0.0	3	3.0	2	2.0	2	2.0
WESTNILE VIRUS**	0	0.0	1	1.0	0	0.0	0	0.0	0	0.0
YERSINIOSIS**	0	0.0	5	4.9	1	1.0	6	5.9	4	4.0
SYPHILIS TOTAL.....	2	2.0	18	17.8	12	11.9	34	33.6	21	20.8
- P&S SYPHILIS	0	0.0	0	0.0	0	0.0	16	15.8	5	4.9
- EARLY LATENT**	2	2.0	9	8.9	6	5.9	15	14.8	10	9.9
- LATE LATENT**	0	0.0	9	8.9	6	5.9	2	2.0	6	5.9
- CONGENITAL SYPHILIS	0	0.0	0	0.0	0	0.0	1	1.0	0	0.0
GONORRHEA TOTAL.....	31	30.7	107	105.9	120	118.7	109	107.9	112	110.8
- GONORRHEA	31	30.7	107	105.9	120	118.7	109	107.9	112	110.8

	2025		2024		2023		2022		Ave (2022-2024)	
Disease	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
CHLAMYDIA	119	117.8	277	274.1	328	324.6	377	373.1	327	323.6
CHLAMYDIA PID	1	1.0	0	0.0	0	0.0	0	0.0	0	0.0

*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

**** Beginning in 2022, extrapolated results were no longer used and all confirmed/probable cases are counted.

Health Promotion Program

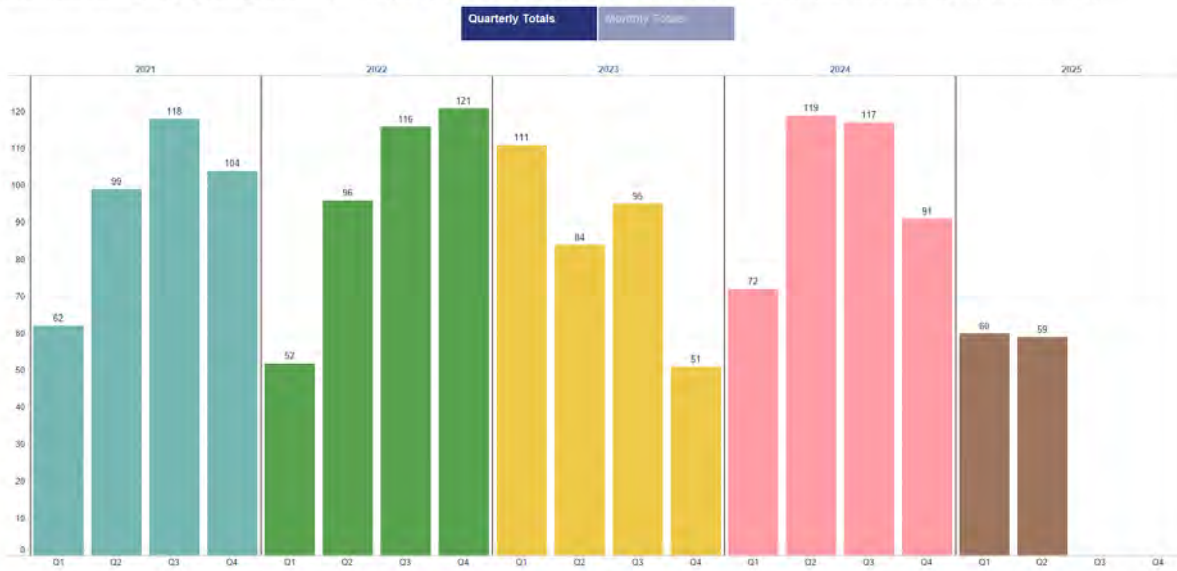
Opioids

911 CALL REPORTS

All calls that come into Tompkins County's 9-1-1 center are coded based on the type of emergency. To help direct the call, the dispatcher assigns each a "Nature." The Department of Emergency Response (DoER) sends the monthly totals to Whole Health for calls coded as "Overdose/Poisoning." The visuals below show call numbers by quarter and by month for years 2021-2025.

911 Calls for Overdose/ Poisoning x Year

Tompkins County, Total number of calls that are coded as "Overdose/Poisoning." Source: Tompkins County Department of Emergency Response (DoER). Note: Most recent quarter may be a total of 1, 2, or 3 months. (Updated 7/10/2025)



911 Calls for Overdose/ Poisoning x Year

Tompkins County, Total number of calls that are coded as "Overdose/Poisoning." Source: Tompkins County Department of Emergency Response (DoER). Note: Most recent quarter may be a total of 1, 2, or 3 months. (Updated 7/10/2025)



[Click here for these and additional opioid and substance use data visuals on the WH website.](#)

CHWs

Enrolled CHW Clients	June 2025	YTD 2025	June 2024	TOTAL 2024
HiP Tompkins	30	36	35	52
General CHW Program	31	31	13	13

OUTREACH

- Groton Resource Hub – June 3rd, 10th, 17th
- Community Action Board- June 3rd
- Tabling at Amici House – June 9th
- Loaves and Fishes – June 9th
- Dryden Dairy Day – June 14th
- Tabling at Magnolia House – June 16th
- Community Street Fair – June 28th

TRAININGS

- The Role of Fathers and Partners in Maternal and Infant Health Equity

HNP

MONTHLY STATS

HEALTHY NEIGHBORHOODS PROGRAM	June 2025	YTD 2025	June 2024	TOTAL Jan-Dec 2024
# of Initial Home Visits (including asthma visits)	34	185	12	129
# of Revisits	1	7	4	18
# of Asthma Homes (initial)	8	29	1	14
# of Homes Approached	1	4	32	102

OUTREACH & TRAINING

- LPPN Meeting
- Outreach at Ithaca Pride in the Park event
- Effective Allyship Training

COVID-19

- Now providing FREE Covid-19 test kits to the public. Pick up at front desk, 55 Brown Road.
- Social media weekly updates have been discontinued for the summer months, to resume with 2025-2026 Respiratory Illness season in October. The COVID-19 tracker continues to be updated weekly on our [website](#).

Media

SOCIAL MEDIA

- Air Quality monitoring, daily updates (June 3-June 8)
- Heat Safety, regular updates (June 20-June 23)
- Event promotion:
- Mammo on the Move Mobile Mammography at 55 Brown Rd (June 4th)
- XX participants
- American Red Cross Blood Drive at 55 Brown Rd (June 21st), coordinated in partnership with TC Dept. of Emergency Response
- **22** units of blood collected (**12** of which were whole blood and **10** units were power red)
- **3** first time donors
- Promotion of CHS' new free "Pregnancy Classes"
- Community Events:
- Southside Community Center's Juneteenth Block Party
- Dryden's Dairy Days
- Ithaca Pride in the Park
- No Mas Lagrimas Community Street Fair in Washington Park
- Highlighting awareness for June:
- Pride Month
- Men's Health Month

PRESS RELEASES

- [Health Alert: Dog Bite on Monkey Run Trail/Varna Cliffs Area](#) (6/10/25)
- [CHI Tompkins Shares Community Health Survey Results](#) (6/11/25)
- [Whole Health Buildings Closed to the Public: Wednesday, June 25, 2025](#) (6/23/25)

Outreach & Training

Conducted by Health Promotion, PH Fellows, CSCN, and Mental Health staff

OUTREACH

- Southside Community Center's Juneteenth Block Party (6/14/25)
- Dryden's Dairy Day (6/14/25)
- Ithaca Pride in the Park, at Dewitt Park (6/15/25)
- No Mas Lagrimas Community Street Fair in Washington Park (6/28/25)

TRAINING

- de Beaumont Foundation webinar: "Media Relations Today: How to Build Trust in Public Health Guidance"
- County sponsored, in-person training, "Effective Allyship" (Paula Ioanide, Rise to Equity LLC)
- Inclusive Facilitation with Erica Marx

Committee and Partnership Meetings

Group, Organization	Activity/Purpose	Date
Health Planning Council	Advisory Board and Executive Committee, Hillson reappointed as Secretary and Co-Chair of Community Health and Access Cte.	Bi-monthly
Community Health and Access Committee	Sub-committee of the HPC. Focus on telehealth, maternal health, etc.	Quarterly
COFA Advisory Board	Updates and Age Friendly	Quarterly
Suicide Prevention Coalition	In partnership with the Sophie Fund	Monthly
Immunization Coalition	Quarterly meeting, updates about COVID-19 vaccine and discussion/feedback, youth vaccination promo	Quarterly
Lead Poisoning Prevention Network	Quarterly meeting, review lead cases, prevention, new regulation	Quarterly
Cayuga Health Data Governance Committee	Oversight/advisory committee for the health equity team at Cayuga Health, focus on data collection for health equity, We Ask Because We Care campaign.	Quarterly
TC Cancer Screening Working Group	Regular meeting	Monthly
Aging Services Network	Regular meeting	Monthly
Homeless & Housing Taskforce	Regular meeting	Bi-monthly
PICHC Partners Meeting	Weekly meeting to discuss community health worker roles, align program design, collaborate w/community partners	Weekly
PICHC State Call	Monthly meeting for PICHC programs in NYS	Monthly
LATCH: Lactation Alliance for Tompkins County Health	Monthly meeting of community partners/stakeholders. Mission: To protect, promote, & support breastfeeding/chestfeeding in Tompkins County, and to protect, promote, & support the rights of families to achieve their infant feeding goals.	Monthly
Health Planning Council	Advisory Board and Executive Committee, Hillson reappointed as Secretary and Co-Chair of Community Health and Access Cte.	Bi-monthly
Community Health and Access Committee	Sub-committee of the HPC. Focus on telehealth, maternal health, etc.	Quarterly

Children with Special Care Needs (CSCN)

STATISTICAL HIGHLIGHTS

- See following pages.

**Children with Special Care Needs Division
Statistical Highlights 2025
EARLY INTERVENTION PROGRAM**

Number of Program Referrals	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2025 Totals	2024 Totals	2023 Totals
Initial Concern/reason for referral:															
-- DSS Founded Case	2	0	1	1	1	0							5	1	0
-- Gestational Age	0	0	0	0	0	0							0	4	2
-- Gestational Age/Gross Motor	0	0	0	0	0	0							0	1	0
-- Global Delays	0	0	0	0	0	0							0	1	0
-- Hearing	0	0	0	0	0	1							1	4	1
-- Physical	0	0	0	0	0	0							0	0	0
-- Feeding	0	1	1	0	1	1							4	10	30
-- Feeding & Gross Motor	1	0	0	1	2	1							5	5	4
-- Feeding & Social Emotional	1	0	0	0	0	0							1	0	1
-- Gross Motor	6	7	3	5	6	2							29	32	48
--Gross Motor & Hearing	0	0	0	0	0	1							1		
--Gross Motor, Feeding & Social/Emotional	0	0	0	0	0	1							1		
-- Gross Motor & Fine Motor	0	0	0	1	0	0							1	1	5
-- Gross Motor, Speech & Social Emotional	0	0	1	0	0	1							2	5	2
Gross Motor, Speech& Hearing	0	0	0	0	0	0							0	4	0
--Fine Motor & Feeding	0	0	0	0	0	1									
-- Fine Motor	0	0	0	0	0	0							0	1	0
-- Social Emotional	0	0	0	0	0	0							0	3	5
-- Social Emotional & Gross Motor	0	0	0	0	0	1							1	0	5
-- Speech	15	12	11	8	10	6							62	102	110
-- Speech & Cognitive	0	0	0	0	0	0							0	1	1
-- Speech & Feeding	1	0	0	1	0	0							2	3	3
-- Speech & Fine Motor	0	1	0	0	0	0							1	1	2
-- Speech & Gross Motor	0	1	0	0	0	0							1	6	13
-- Speech & Hearing	0	0	0	0	1	0							1	3	4
-- Speech & Sensory	1	2	0	0	1	0							4	2	0
-- Speech & Social Emotional	0	1	0	1	0	0							2	6	6
-- Speech, Feeding & Gross Motor	0	0	1	0	0	0							1	0	2
-- Speech, Fine Motor, Social/Emotional, Other	0	0	0	2	0	1							3	3	
-- Adaptive	0	0	0	0	0	0							0	0	0
-- Adaptive/Sensory	0	0	0	0	0	0							0	0	3
-- Adaptive/Fine Motor	0	0	0	0	0	0							0	0	3
-- Qualifying Congenital / Medical Diagnosis	0	2	0	0	0	0							2	0	8
-- Other -- Birth Trauma	0	0	0	0	0	0							0	3	3
-- Overall Development	0	1	1	0	0	0							2	4	
-- Sensory, Safety, Motor	0	0	1	0	0	0							1	1	
-- Child in Foster Care	0	0	0	0	0	0							0	2	
-- Maternal Drug Use	0	1	2	0	1	0							4	1	4
Total # of CYSHCN Referrals	0	2	4	0	2	2							10	10	13
Total # of Information and Referalls (I&R)	15	10	4	2	10	5							46	74	100
Total # of Child Find Referrals	1	0	1	0	1	0							3	3	7
Total Number of CSCN ProgramReferrals	43	41	31	22	36	24	0	0	0	0	0	0	197	297	385

Caseloads															
Total # of clients worked with during this month	183	197	195	201	212	211									
Average # of Cases per Full Time Service Coordinator	26.14	28.14	27.86	33.5	30.3	30.1									

EARLY INTERVENTION PROGRAM

Billable Expenses/Visits	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2025 Totals	2024 Totals	2023 Totals
-- Intake visits	27	18	29	20	21	18							133	175	225
-- IFSP Meetings	0	0	0	0	0	0							0	2	303
-- Initial IFSP	1	0	2	2	0	5							10	22	
-- Core Evaluations	2	4	8	6	6	7							33	83	191
-- Core Evaluations with IFSP	13	12	13	6	13	6							63	88	
-- Supplemental Evaluations	5	1	2	3	4	4							19	33	54
-- Supplemental Evaluations with Amendment	1	2	3	2	3	0							11	16	
-- Observation Visits	18	35	48	27	39	34							201	321	290
-- IFSP Change Visit	3	7	6	11	2	4							33	19	
-- IFSP Review Visit	19	16	14	16	23	15							103	186	
-- CPSE meetings	2	3	7	6	9	5							32	64	63
-- SC Discuss	24	39	51	73	74	31							292	263	88
-- SC Visits	17	11	19	10	13	9							79	131	
--No Show	0	0	0	0	0	1							1		
-- Family Training/Team Meetings	0	0	0	0	0	1							1	0	3
-- Phone Call	167	168	221	212	176	188							1132	1814	
-- OSC-Transfer Chart to OSC	4	16	6	8	7	4							45	68	
-- Transition meetings	8	21	7	1	1	1							39	44	47
-- Home Visit for Signature	3	0	2	1	0	1							7	14	
Services and Evaluations Pending & Completed															
Children with Services Pending(Needs List)															
-- Feeding	7	7	7	7	7	7							42	84	67
-- Nutrition	0	0	0	0	0	0							0	0	0
-- Occupational Therapy	12	12	12	12	12	12							72	136	57
-- Physical Therapy	8	8	8	8	8	8							48	96	0
-- Social Work	4	4	4	4	4	4							24	48	55
-- Special Education	22	22	22	22	22	22							132	263	0
-- Speech Therapy	48	48	48	48	48	48							288	560	478

EARLY INTERVENTION PROGRAM

Early Intervention Discharges	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2025 Totals	2024 Totals	2023 Totals
-- To CPSE	8	0	0	0	3	1							12	59	65
-- Aged out	1	0	2	0	0	0							3	14	30
-- Skilled out	1	1	0	1	1	2							6	22	27
-- Moved	1	1	0	3	2	1							8	9	13
-- Not Eligible/DNQ	3	1	6	8	6	7							31	62	62
-- Family Refused/Unable to Locate	1	4	2	3	0	4							14	26	36
--Child Deceased	0	0	0	0	0	0							0	0	1
Total Number of Discharges	15	7	10	15	12	15	0	0	0	0	0	0	74	192	234
Child Find															
Total # of Referrals	0	0	1	0	1	0							2	4	6
Total # of Children in Child Find	1	0	1	1	1	1							5	6	79
Total # Transferred to Early Intervention	0	0	0	0	0	0							0	3	2
Total # of Discharges	0	1	0	0	1	0							2	5	17

PRESCHOOL SPECIAL EDUCATION PROGRAM

Clients Qualified and Receiving Services	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2025 Totals	2024 Totals	2023 Totals
Children per School District															
-- Ithaca	140	143	152	160	168	166									
-- Dryden	33	33	36	37	38	38									
-- Newfield	22	24	24	24	25	25									
-- Groton	29	29	32	32	32	32									
-- Moravia	0	0	0	0	0	0									
-- Lansing	34	34	34	35	36	36									
-- Trumansburg	12	15	15	15	15	15									
-- Cortland	0	0	0	0	0	0									
-- Homer	0	0	0	0	0	0									
-- Odessa-Montour	1	1	1	1	1	1									
-- Spencer VanEtten	0	0	0	0	0	0									
-- Candor	1	1	1	1	1	1									
-- Newark Valley	0	0	0	0	0	0									
Total # of Qualified and Receiving Services	272	280	295	305	316	314	0	0	0	0	0	0			

Services Provided	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2025	2024	2023
Services /Authorized by Discipline															
-- Speech Therapy (individual)	150	155	161	168	174	174							982		
-- Speech Therapy (group)	10	14	17	18	19	19							97		
-- Occupational Therapy (individual)	68	70	75	79	90	84							466		
-- Occupational Therapy (group)	0	0	0	0	0	2							2		
-- Physical Therapy (individual)	30	32	33	36	40	39							210		
-- Physical Therapy (group)	2	2	2	2	3	3							14		

-- Transportation	70	72	73	72	72	71							430		
-- Birnie Bus	21	22	21	21	21	21							127		
-- Dryden Central School District	7	7	8	8	8	8							46		
-- Ithaca City School District	36	36	37	36	36	35							216		
-- Parent	6	7	7	7	7	7							41		
-- Counseling	31	31	26	27	29	28							172		
-- Parent Counseling	23	21	20	20	21	18							123		
-- Service Coordination	20	18	19	24	28	28							137		
-- Assistive Technology	0	0	0	0	0	0							0		
-- Special Ed Itinerate Teacher (SEIT)	35	37	42	44	46	45							249		
-- 1:1 Tuition Aide (CB)	8	8	9	8	8	8							49		
-- Audiological Services	1	1	1	1	2	2							8		
-- Nutrition (OTHER)	0	0	0	0	0	0							0		
-- Teacher of the Deaf	1	1	1	1	1	2							7		
-- 1:1 Aide	3	3	9	3	4	4							26		
-- 1:1 Teacher Assistant	0	0	0	0	0	0							0		
-- Music Therapy	0	0	0	0	0	0							0		
-- Skilled Nursing	0	0	0	0	0	0							0		
-- Teacher of Visually Impaired	0	0	0	0	0	0							0		
Total # of children rcvg. home based related svcs.	199	203	217	228	239	238	0	0	0	0	0	0	1324		

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	2025	2024	2023
-- Ithaca	38	40	41	41	40	39									
-- Dryden	12	12	12	11	12	12									
-- Newfield	6	6	6	6	6	6									
-- Lansing	7	7	7	7	7	7									
-- Moravia	0	0	0	0	0	0									
--Groton	6	7	7	7	7	7									
-- Cortland	0	0	0	0	0	0									
--Newark Valley	0	0	0	0	0	0									
-- Trumansburg	4	4	4	4	4	4									
-- Homer	0	0	0	0	0	0									
-- Odessa Montour	0	0	0	0	0	0									
-- Spencer -Van Etten	0	0	0	0	0	0									
--Candor	1	1	1	1	1	1									
-- # attending Franziska Racker Centers	38	40	39	39	39	39									
-- # attending Ithaca City School District	28	30	31	30	30	29									
-- # attending Dryden Central School	7	7	8	8	8	8									
-- # attending South Seneca School District	0	0	0	0	0	0									
Total # attending Special Ed Integrated Tuition Progr.	73	77	78	77	77	76	0	0	0	0	0	0	458		

Municipal Representation Committee on Preschool Special Education	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2025 Totals	2024 Totals	2023 Totals
-- Ithaca	18	23	24	34	41	27							167	243	225
-- Candor	0	0	0	1	0	0							1	3	2
-- Dryden	1	3	10	6	0	2							22	57	53
-- Groton	1	3	13	7	4	3							31	44	43
-- Homer	0	0	0	0	0	0							0	0	0
-- Lansing	1	1	2	1	5	7							17	30	22
-- Newfield	2	0	2	3	5	0							12	26	26
-- Trumansburg	0	0	4	3	6	0							13	16	13
-- Spencer VanEtten	0	0	0	0	0	0							0	1	1
-- Moravia	0	0	0	0	0	0							0	0	1
Total CPSE Meetings Attended	23	30	55	55	61	39	0	0	0	0	0	0	263	420	386

Environmental Health

SUMMARY OF ACTIVITY

Division of Environmental Health
Summary of Activity (2025)

	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD	2024 Totals
FOOD PROTECTION PROGRAM - Restaurants & Other Food Service														
Permitted Operations (550 Permitted Operations*)														
Inspections**	27	76	91	98	85	66							443	845
Critical Violations	3	13	24	24	15	15							94	130
Other Violations	27	40	68	56	35	16							242	303
Plans Approved	1	0	2	0	1	1							5	22
Complaints Received	4	1	6	0	4	4							19	32
Temporary FSE (150 Estimated Operations*)														
Permits Issued	2	1	6	5	20	25							59	162
Inspections**	0	0	5	0	11	13							29	79
Critical Violations	0	0	1	0	1	6							8	12
Other Violations	0	1	0	1	0	9							11	7
MOBILE HOME PARKS (38 Permitted Operations, 2019 Lots*)														
Inspections**	0	0	3	3	6	6							18	31
Critical Violations	0	0	0	1	2	2							5	19
Other Violations	0	0	6	18	18	7							49	70
Complaints Received	1	1	5	3	0	1							11	11
TEMPORARY RESIDENCES - Hotels & Motels (35 Permitted Operations, 2241 Rooms*)														
Inspections**	2	1	1	1	3	2							10	38
Critical Violations	0	0	5	2	1	0							8	45
Other Violations	0	0	7	4	0	0							11	36
Complaints Received	0	0	0	1	0	0							1	5
MASS GATHERING (Fingerlakes GrassRoots Festival)														
Inspections**	0	0	0	0	0	0							0	13
Critical Violations	0	0	0	0	0	0							0	10
Other Violations	0	0	0	0	0	0							0	131
Complaints Received	0	0	0	0	0	0							0	0
MIGRANT FARM WORKER HOUSING (1 Operation)														
Inspections**	0	1	0	0	0	0							1	2
Critical Violations	0	0	0	0	0	0							0	0
Other Violations	0	0	0	0	0	0							0	0
Complaint Investigations	0	0	0	0	0	0							0	0
CAMPGROUNDS & AGRICULTURAL FAIRGROUNDS (9 Operations, 598 Sites*)														
Inspections**	0	0	0	5	3	1							9	21
Critical Violations	0	0	0	0	0	0							0	4
Other Violations	0	0	0	0	0	0							0	16
Complaints Received	0	0	0	0	0	0							0	0
CHILDREN'S CAMPS (31 Operations)														
Inspections**	0	0	0	0	0	17							17	47
Critical Violations	0	0	0	0	0	0							0	1
Other Violations	0	0	0	0	0	0							0	1
Injury/Illness Investigations	0	0	0	0	0	0							0	0
Complaints Received	0	0	0	0	0	0							0	0
SWIMMING POOLS & BATHING BEACHES - (50 Operations*)														
Inspections**	10	0	4	1	8	15							38	83
Critical Violations	1	0	0	0	0	0							1	9
Other Violations	6	0	1	0	0	0							7	40
Injury/Illness Investigations	0	0	0	0	0	0							0	0
Complaints Received	0	0	0	0	0	0							0	0
PUBLIC WATER SYSTEMS (PWS) 88 Community PWS, 63 Other PWS*)														
Inspections**	6	7	7	15	11	13							59	131
Boil Water Orders Issued	3	2	3	4	0	0							12	30
Complaints Received	0	0	2	0	0	0							2	5

Division of Environmental Health														
Summary of Activity (2025)														
	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD	2024 Totals
ON-SITE WASTEWATER TREATMENT SYSTEMS (OWTS)														
Permits Issued	7	6	21	30	22	24	0	0	0	0	0	0	110	231
New Construction/Conversions	4	2	11	14	11	10							52	118
Replacements	3	4	10	16	11	14							58	113
Completion Certificates Issued	9	3	9	13	11	15	0	0	0	0	0	0	60	178
New Construction/Conversions	6	2	3	7	5	6							29	70
Replacements	3	1	6	6	6	9							31	108
ENGINEERING PLAN REVIEWS														
Realty Subdivisions	0	0	0	0	0	1							1	1
OWTS	0	1	3	4	3	2							13	41
Collector Sewer	0	1	0	0	0	0							1	0
Public Water Systems	0	0	2	0	0	0							2	3
Water Main Extension	1	1	0	0	1	1							4	0
Cross-Connection Control Devices	0	0	1	0	0	1							2	8
Other Water System Modification	0	0	0	1	0	0							1	5
Other Engineering Reviews	0	0	0	0	0	0							0	0
RABIES CONTROL PROGRAM														
Potential Human Exposure Investigations	41	20	39	44	52	67							263	685
Human Post-X Treatments	8	2	7	5	10	14							46	190
Animal Specimens Tested	12	5	4	8	14	20							63	168
Animals Testing Positive	1	0	0	0	5	0							6	7
Pet Quarantine	0	0	0	0	0	0							0	2
Rabies Clinics Offered	1	0	0	0	1	0							2	4
Dogs Vaccinated	88	0	0	0	72	0							160	380
Cats Vaccinated	53	0	0	0	56	0							109	197
Ferrets Vaccinated	0	0	0	0	0	0							0	2
CHILDHOOD LEAD PROGRAM														
# of Active Cases	16	16	16	17	17	18							18	16
# of Home Assessments Performed	1	0	0	1	0	3							5	2
# of Homes Identified w/ Lead-based Paint	1	0	0	1	0	1							3	2
# of Cases Identified w/ Non Lead-based Paint	0	0	0	0	0	1							1	0
# of Cases Identified due to Workplace Exposure	0	0	0	0	0	0							0	0
# of Notice of Demands Issued	1	0	0	1	0	0							2	1
FOIL REQUESTS														
Total Received	5	5	6	3	13	4							36	59
ADOLESCENT TOBACCO USE PREVENTION ACT (ATUPA) (56 Operations *) & CLEAN INDOOR AIR ACT (CIAA)														
ATUPA (Adult & Minor) Compliance Checks	0	0	70	55	0	1							126	60
Violations	0	0	1	1	0	0							2	4
CIAA Complaints	0	0	0	0	0	0							0	0
COMPLAINTS - General/Nuisance														
Complaint Investigations Opened	5	1	4	3	1	5							19	38
ENFORCEMENT ACTIONS														
Total Cases	1	3	2	1	1	1							9	16
Cases Related to FSE	0	1	1	1	0	0							3	9
BOH Penalties Assessed	\$0	\$1,000	\$800	\$200	\$2,700	\$14,250							\$18,950	\$14,750
BOH Penalties Collected	\$400	\$2,700	\$400	\$1,000	\$800	\$14,250							\$19,550	\$14,650
CUSTOMER SERVICE/SUPPORT														
Calls Received	417	383	532	627	604	722							3285	7002
Walk-In Customers	31	32	48	59	86	94							350	595
TCEH Emails Received	346	328	395	498	433	503							2503	5683
Applications Processed	124	99	202	216	159	142							942	1645
Payment Receipts Processed	46	81	160	173	137	122							719	1340
Renewals/Billings Sent	139	73	212	174	46	67							711	884

* As of 1/1/2025

** Includes Pre-op, Inspection, Re-inspection, HAACP, Sanitary Surveys (Doesn't include Co-Inspector/Field Visits)