



Meeting Agenda

DR. CHRISTINA MOYLAN, BOARD PRESIDENT

JENNIE SUTCLIFFE, WHOLE HEALTH COMMISSIONER
WILLIAM KLEPACK, M.D., MEDICAL DIRECTOR

January 27, 2026

<i>Call to Order</i>	<i>12 Noon</i>
I. <u>Privilege of the Floor</u>	Open to anyone, 3-minute limit
II. <u>Approval Of Minutes</u>	October 28, 2025
III. <u>New Business</u>	EH enforcement (8) and administrative actions (2)
IV. <u>Monthly Reports</u>	Division and program reports for November & December 2025
V. <u>Adjournment (1:25 p.m.)</u>	<i>A video recording of this meeting will be posted on the BOH YouTube Playlist.</i>

Summary of New Business

ENVIRONMENTAL HEALTH DIVISION ENFORCEMENT ACTIONS (40 MINS)

- Draft Resolution # EH-ENF-25-0016 – Ithaca Suzuki Institute, Operating without a Permit, Violation of Subpart 7-2 of the New York State Sanitary Code (Children's Camps) (5mins.)
- Draft Resolution # EH-ENF-25-0024 – Lev Kitchen, Violations of Subpart 14-1 of the New York State Sanitary Code (Food Service) (5 mins.)
- Draft Resolution # EH-ENF-25-0023 – John Joseph Inn, Violations of Subpart 7-1 & 5-1 of the New York State Sanitary Code (Temporary Residence & Public Water) (5mins.)
- Draft Resolution # EH-ENF-25-0025 – Fall Creek House, Violations of Subpart 14-1 of the New York State Sanitary Code (Food Service) (5 mins.)
- Draft Resolution # EH-ENF-25-0026 – Newfield Estates MHP, Operating without a Permit, Violation of Board of Health Orders and Part 17 of the New York State Sanitary Code (Mobile Home Parks) (5 min)
- Draft Resolution # EH-ENF-25-0027 – Casper's Kitchen, Violations of Subpart 14-1 of the New York State Sanitary Code (Food Service) (5 mins.)
- Draft Resolution # EH-ENF-25-0029 – The Dorm Hotel, Violations of Subpart 7-1 of the New York

- State Sanitary Code (Temporary Residence (5 mins.)
- Draft Resolution # ENF-26-002 – Hanshaw Village Mobile Home Park, Violation of Board of Health Orders and Part 17 of the New York State Sanitary Code (Mobile Home Parks) (5 min)

OTHER ACTIONS (15 MINS)

- Approval to reappoint William Klepack, MD, to a two-year position (2026-2028) as the Tompkins County Health Department's Medical Director (5 mins)
- Review of Community Health Services Emergency Response Plan (10 mins)

APPROVAL OF MINUTES

**Tompkins County Board of Health
October 28, 2025
12:00 Noon
Rice Conference Room**

Present: Christina Moylan, Ph.D., President; Melissa Dhundale, MD, Vice-President; Edward Koppel, MD; Samara Touchton; Shawna Black; Ravinder Kingra; and Frank Cantone

Staff: Jennie Sutcliffe, Whole Health Commissioner; Brenda Grinnell Crosby, Deputy Public Health Director; Jessica Clark Mandeville, Director of Children with Special Care Needs; Rachel Buckwalter, Director of Community Health; Skip Parr, Director of Environmental Health; Dr. William Klepack, Medical Director; Elizabeth Cameron, Director of Environmental Health; Samantha Hillson, Director of Health Promotion Program; and Zoe Lincoln, Whole Health Planner; Jeremy Porter, Fiscal Administrator; and Karan Palazzo, LGU Administrative Assistant

Excused: Dr. Andreia de Lima; and Harmony Ayers-Friedlander, Deputy Commissioner of Mental Health Services

Guests:

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

Privilege of the Floor:

Approval of September 23, 2025, BOH Minutes: Mr. Kingra moved to approve the minutes from September 23, 2025, and Mr. Cantone seconded the motion. All were in favor of approving the minutes of September 23, 2025, as written; it was unanimous.

Dr. Moylan announced a change to the agenda to prioritize enforcement and administrative actions first because of the large number of enforcement actions.

ENVIRONMENTAL HEALTH (EH)

Enforcement Actions:

- 1. Draft Resolution # EH-ENF-25-0019 – Trumansburg Fairgrounds, Violations of Subpart 7-5 of the New York State Sanitary Code (Agricultural Fairgrounds/Sewage) (5 mins.)** Dr. Koppel moved to accept the resolution as written; seconded by Ms. Touchton.

Mr. Parr noted that the handout is a request from the Trumansburg Fairgrounds to waive the penalty.

Mr. Parr explains that this resolution addresses repeated violations in which wastewater was found to have been discharged onto the ground surface. Although the fair organizers had made prior attempts to rectify the problem, inspectors documented ongoing violations in recent years. As a response, EH required the fairgrounds to submit a detailed plan by December 1, 2025. This plan must outline the installation of holding tanks to properly collect and manage wastewater, ensuring compliance going forward and preventing further discharges to the ground. While EH appreciates cooperation, they expect the fairgrounds to resolve these issues permanently. Environmental Health supports the request to waive penalties on the fairgrounds.

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

2. Draft Resolution # EH-ENF-25-0020 – Bookies Sports Bar & Lounge, Violations of Subpart 14-1 of the New York State Sanitary Code (Food Service) (5 mins.) Mr. Kingra moved to accept the resolution as written; seconded by Dr. Dhundale.

Mr. Parr explains that the bar was operating without a permit and was reached through social media. EH proposes a \$500 fine.

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

3. Draft Resolution # EH-ENF-25-0021 – Lansing Harbor, Operating without a Permit, Violation of Subpart 7-3 of the New York State Sanitary Code (Children's Camps) (5min.) Ms. Touchton moved to accept the resolution as written; seconded by Dr. Koppel. Ms. Blackburn and Mr. Kingra recused themselves.

Mr. Parr explains that during a routine inspection, Lansing Harbor was found to be operating without a permit and to have cross-connections in its public water system plumbing, violating the campground regulations. EH proposes a \$500 fine.

All were in favor; the vote to approve the resolution as written was unanimous, except for the recusals.

Draft Resolution # EH-ENF-25-0022 – Empire State Special Needs Experience, Violations of Subpart 6-1 of the New York State Sanitary Code (Pools) (5mins.) Mr. Kingra moved to accept the revised resolution as written; seconded by Ms. Touchton.

Mr. Parr explains that Empire State Special Needs Experience failed to maintain minimum chlorine levels in the pool. EH proposes a penalty of \$400.

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

Administration Report: Ms. Sutcliffe reports:

- Announcement of a ribbon-cutting event for the new mental health clinic, scheduled for November 7.
- Positive feedback from the recent Whole Health budget presentation, with recognition of the department's strong reputation and good standing with legislators.
- Staffing updates: Although a request for a new water sanitarian was not approved, the department will add an epidemiologist next year.
- Recent engagement sessions with community and mental health partners identified:
 - Availability and frequency—some wished there were more opportunities to see clinicians and fewer waitlists.
 - Collaboration—stakeholders wanted more coordinated efforts among different service providers and partner organizations. Notably, participants were very satisfied with the quality of services but saw a need for expanded capacity and improved access.
 - Physical access to services—clients and partners expressed a need for easier ways to get to appointments and service locations.

Financial Summary: Mr. Porter reports that both revenues and expenses are on track with expectations for the year. He noted there were no significant changes or issues to report for this period. Due to the steady financial status and minimal month-to-month variation.

Ms. Sutcliffe recommends providing the Board with fiscal updates twice annually instead of at every meeting. The Board had no objections to a fiscal report twice annually.

Medical Director's Report: Dr. Klepack's reports on several important public health topics:

- COVID-19: Cases remain present in the community, with wastewater data showing a natural decline. He emphasized the importance of respiratory hygiene, testing, and vaccination (COVID, influenza, RSV) during the respiratory season.
- Measles: Dr. Klepack reported ongoing measles cases in the U.S., with young children (especially under five) at the highest risk of hospitalization and complications. He emphasized the measles vaccine's effectiveness and safety. Staying up to date with recommended vaccinations, especially for young children and other at-risk vaccinations, most important strategy to prevent measles, reduce hospitalization risk, and protect public health.
- Other infectious diseases: He noted a recent isolated chickenpox case on Long Island and reminded everyone that tick-borne illnesses remain a risk if temperatures are above freezing.
- Public messaging: The department continues to disseminate up-to-date information about vaccine availability and public health recommendations, especially focused on high-risk groups and clarity amidst changing guidance.

Division for Community Health Services (CHS) Report: Ms. Buckwalter reports on community health activities. She highlighted an event in which community members used an ERF device to test lead in pottery, glassware, and housewares. This event helped educate the community about lead exposure and prevention, especially during home renovations or when using older food and drinkware.

Mr. Parr responds to questions. Regulated federal water systems are typically required to sample lead and copper every three years. Schools that operate their own water supplies must sample for lead and copper at least once a year, with additional testing if any high results are detected or if regulations require it. Other testing frequencies may apply for different contaminants or under specific state regulations.

Well water can be tested in Tompkins County. Homeowners with private wells are encouraged to have their water tested for contaminants (such as lead) by submitting samples to certified laboratories—often with guidance from the health department. However, routine testing is not automatically provided by the county for all private wells; it is typically the well owner's responsibility to initiate testing. Regulated public water systems, including wells serving multiple residences or facilities, follow stricter, mandated testing schedules.

Health Promotion Program (HPP) Report: Ms. Hillson reports:

- Two community partner meetings took place in September and October, featuring in-person collaboration with 30–50 organization representatives to brainstorm on strategic public health solutions.
- In October, during Breast Cancer Awareness Month, the department organized an outreach event featuring a mobile mammography van to increase breast cancer screening.
- The previous week marked Lead Poisoning Prevention Week, and events were held to provide education and outreach about lead hazards.

Ms. Sutcliffe added that the health department has been working closely with the Department of Social Services (DSS) to prepare for changes affecting able-bodied adults without dependents (ABAWDs) regarding SNAP benefits. Their efforts include:

- Collaborating with DSS to understand and plan for new federal regulations that could limit SNAP eligibility for ABAWDs.
- Ensuring that clinicians and providers know how to document clients' mental health or substance use conditions that may qualify them for exemptions from stricter work requirements.
- Engaging in ongoing communication with DSS and providing updates to staff and clients as policy details change.

The WIC program is still active and operating normally. The health department's WIC clinic has been in close communication with clients to clarify that WIC eligibility remains unchanged and benefits continue. While future changes are possible, there were no disruptions to the WIC program at the time.

Children with Special Care Needs (CSCN) Report: Ms. Clark Manderville had nothing to add to her written report included in the packet.

Environmental Health (EH) Report: Mr. Parr provided an update on the water testing at Enfield Elementary School. Routine water testing revealed elevated lead levels in two locations—between 22 and 25 parts per billion, exceeding the regulatory threshold of 15 ppb. In response, the school immediately stopped using the water for drinking and provided water coolers for students and staff. The health department is working with the school to identify sources of contamination (likely lead solder in plumbing) and to develop and implement a remediation plan, which may involve corrosion control, point-of-use filters, or fixture replacement. Ongoing monitoring and communication with families are part of the response.

Ms. Sutcliffe emphasized that the bigger public health concern with lead is exposure from lead-based paint and lead dust in the home, particularly in older buildings. While lead in drinking water can pose risks and is carefully monitored, the department views lead paint and dust as the main sources of potentially harmful exposure—especially for children. Efforts focus on addressing these sources, educating families, and providing guidance for safer home environments.

Executive Session: At 12:43 Ms. Black moved to adjourn to Executive Session, to discuss a follow-up on tobacco and usage, seconded by Ms. Touchton; the motion carried unanimously.

The meeting adjourned at 12:43 pm.

The next meeting is on Tuesday, December 2, 2025, at noon.

NEW BUSINESS

Reports for November & December 2025 | Meeting Date, January 27, 2026

Actions

Enforcement Actions

ENVIRONMENTAL HEALTH

- Draft Resolution # EH-ENF-25-0016 – Ithaca Suzuki Institute, Operating without a Permit, Violation of Subpart 7-2 of the New York State Sanitary Code (Children's Camps) (5mins.)
- Draft Resolution # EH-ENF-25-0024 – Lev Kitchen, Violations of Subpart 14-1 of the New York State Sanitary Code (Food Service) (5 mins.)
- Draft Resolution # EH-ENF-25-0023 – John Joseph Inn, Violations of Subpart 7-1 & 5-1 of the New York State Sanitary Code (Temporary Residence & Public Water) (5mins.)
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- Draft Resolution # EH-ENF-25-0026 – Newfield Estates MHP, Operating without a Permit, Violation of Board of Health Orders and Part 17 of the New York State Sanitary Code (Mobile Home Parks) (5 min)
- Draft Resolution # EH-ENF-25-0027 – Casper's Kitchen, Violations of Subpart 14-1 of the New York State Sanitary Code (Food Service) (5 mins.)
- Draft Resolution # EH-ENF-25-0029 – The Dorm Hotel, Violations of Subpart 7-1 of the New York State Sanitary Code (Temporary Residence (5 mins.)
- Draft Resolution # ENF-26-002 – Hanshaw Village Mobile Home Park, Violation of Board of Health Orders and Part 17 of the New York State Sanitary Code (Mobile Home Parks) (5 min)

Administrative Actions

ADMINISTRATION

- Approval to reappoint William Klepack, MD, to a two-year position (2026-2028) as the Tompkins County Health Department's Medical Director (5 mins)

COMMUNITY HEALTH SERVICES

- Review of Community Health Services Emergency Response Plan (10 mins)
 - Plan
 - Appendix A
 - Appendix B
 - Appendix C
 - Appendix D

CERTIFIED, REGULAR, & ELECTRONIC MAIL

10/29/2025

Natalie Coots
Ithaca College Suzuki Institute
1106 N. Cayuga Street
Ithaca, NY 14850

**Re: Tompkins County Board of Health Draft Resolution # EH-ENF-25-0016
Operating without a Valid Permit
Ithaca College Suzuki Institute, T-Ithaca**

Dear Natalie Coots:

Thank you for signing the Stipulation Agreement on October 23, 2025, for Ithaca College Suzuki Institute. Enclosed is a copy of the Draft Resolution that the Tompkins County Board of Health will consider at its meeting on **Tuesday, December 2, 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, please contact Kate Walker 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,



Cyril Parr
Director of Environmental Health

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

ec: TCWH: Cyril (Skip) Parr, Director of Environmental Health; Kristee Morgan; Kate Walker; Brenda Coyle
fw: Tompkins County Board of Health (via: SharePoint); CEO T-Ithaca: TC Legislature: Amanda Champion; Jennie Sutcliffe, Whole Health Commissioner; Brenda Crosby, Deputy Public Health Director, Ithaca College: Peter Alario, Jeffrey Golden
file: Signed copy to Accela and F:Drive;
F:\EH\CHILDRENS CAMPS (CC)\Facilities (CC-4)\IC Suzuki Institute\Enforcement\Draft Resolution 25-0016.docx

DRAFT RESOLUTION # ENF-25-0016

**Ithaca College Suzuki Institute
Ithaca College/Natalie Coots, Owner/Operator
953 Danby Road, T-Ithaca
Ithaca, NY 14850**

Whereas, owners and operators of children's camps in New York State are required to comply with Subpart 7-2 of the New York State Sanitary Code (NYSSC); **and**

Whereas, Subpart 7-2 of the NYSSC states no person shall operate a children's camp without a permit to do so from the permit-issuing official and that an application for a permit to operate a children's camp shall be made at least 60 days before the first day of operation; **and**

Whereas, on June 6, 2025, a safety plan and other application items were submitted to Environmental Health as part of an application for the operation of a children's camp. Many of the items were incomplete or needed revised and the safety plan did not represent the camp being applied for. The items were not resolved prior to June 28, 2025, when camp started and TCEH was unable to issue an operating permit to Ithaca College Suzuki Institute; **and**

Whereas, July 1, 2025, TCEH staff performed a field visit to Ithaca College and verified that the program was operating on campus without a permit; **and**

Whereas, Natalie Coots, Operator, signed a Stipulation Agreement with Whole Health Commissioners Orders on October 23, 2025, agreeing that Ithaca College Suzuki Institute violated this provision of the New York State Sanitary Code; **now therefore be it**

Resolved, on recommendation of the Tompkins County Board of Health,
That Ithaca College Suzuki Institute, Owner, is ordered to:

1. Pay a penalty of \$500 for these violations, due by **January 15, 2026**. (Do Not submit penalty payment until notified by the Tompkins County Environmental Health Division.); **and**
2. Submit an application for a permit to operate a children's camp, and all required supporting documents **at least 60 days prior to opening**; **and**
3. Schedule and complete a pre-operational inspection of the children's camp at least two weeks prior to the start of the camp; **and**
4. Comply with all the requirements of Subpart 7-2 of the NYSSC.

STIPULATION AGREEMENT AND ORDERS # EH-ENF-25-0016

Ithaca College Suzuki Institute
Ithaca College/Natalie Coots, Owner/Operator
953 Danby Road, T-Ithaca
Ithaca, NY 14850

I, Natalie Coots, as a representative for IC Suzuki Institute, agree that the IC Suzuki Institute was in violation of Subpart 7-2.4 and (of the New York State Sanitary Code (NYSSC) for not submitting an application for a permit to operate a children's camp at least 60 days prior to opening, and for operating a children's camp without a permit.

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

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

1. Submit an application for a permit to operate a children's camp, and all required supporting documents **at least 60 days prior to opening**; and
2. Schedule and complete a pre-operational inspection of the children's camp at least two weeks prior to the start of the camp; and
3. Comply with all the requirements of Subpart 7-2 of the NYSSC.

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: Natalie Coots Date: 10/23/2025

Ithaca College Suzuki Institute is hereby ordered to comply with these Orders of the Whole Health Commissioner.

Signed: Jennie Sutcliffe Date: 10/24/25
Jennie Sutcliffe
Whole Health Commissioner

CASE SUMMARY – FOR RESOLUTION # ENF-25-0016

**Ithaca College Suzuki Institute
 Ithaca College/Natalie Coots, Owner/Operator
 953 Danby Road, T-Ithaca
 Ithaca, NY 14850**

Compiled on August 15, 2025

Date	Action
July 10, 2024	TCWH children's camp program staff have zoom meeting with Ithaca College Risk Management (and associated IC staff) at the request of Ithaca College. The purpose of the meeting is to explain children's camp permitting requirements in order for IC to provide guidance to program directors operating on campus.
October 17, 2024	TCWH children's camp program staff have second meeting with Ithaca College Risk Management (and associated IC staff) at the request of Ithaca College. The purpose of the meeting is to answer additional questions regarding children's camp permitting requirements and exemptions in preparation for 2026 children's camps.
October 17, 2024	Children's camp guidance documents and detailed information regarding criteria for exemption of certain children's camp programs sent from TCWH to IC Risk Management via email.
January 14, 2025- January 24, 2025	Representative for the Suzuki Institute contacts TCWH for determination regarding permit requirements for the proposed children's camp program. After additional information is collected via email, it is determined that a TCWH permit is needed for camp operations and representative is notified of requirements on January 24, 2025. Ithaca College Risk Management representative is included in email notification.
January 30, 2025	Children's camp Safety Plan template and link to required staff qualifications sent to operator to allow for extra time for review and completion of required materials.
February 28, 2025	Children's camp application packets sent to all camps, including Suzuki Institute.
April 10, 2025	Suzuki Institute submits partial application by email.
April 11, 2025	Suzuki Institute notified via email that submitted documents were not correctly completed and that revision and resubmission are required.
April 21, 2025	Suzuki Institute representative identifies Ithaca College as the program owner/operator, not the Institute and states that IC is unclear if they need a TCWH permit for the program. Representative is referred back to determination made on January 24, 2025, where it was determined that a permit was required.
April 21, 2025	Facility provides proof of workers' comp, all other permit items outstanding.
April 28, 2025	Deadline for submission of completed children's camp application packet.

May 28, 2025	Facility notified via email that multiple documents are incomplete or missing from application. Safety Plan not yet received.
June 6, 2025	Safety Plan (V1) and other application items submitted by facility.
June 16, 2025	Safety Plan first review conducted. Safety plan does not appear to be specific to program and references youth sports program. Multiple deficiencies, inconsistencies and inaccuracies noted. Operator notified by phone that Safety Plan is not approvable and that all safety plans must be detailed, accurate and specifically created for each operation.
June 16, 2025	Operator submitted revised Safety Plan (V2).
June 25, 2025	Safety Plan second review conducted. Operator notified via email that Safety Plan is not approvable due to unclear/conflicting information, particularly in medical section. Template for medical section sent to assist with further revision. Operator notified that numerous other application items remain outstanding or in need of revision.
June 26, 2025	Operator submitted revised Safety Plan (V3).
June 26, 2025	Safety Plan third review conducted. Operator provided with the following feedback/information by email: "Document contains numerous inconsistencies, references to personnel not included in the chain of command and outlines a number of practices which are not permitted by current Department of Health regulations for this program. In order to issue a permit, in addition to other previously mentioned requirements, we will need a clear and consistent document which provides a detailed and specific outline of your program's operational plan." Template for safety plan sent to assist operator with further revision.
June 27, 2025	Email sent to operator stating the following: "The Tompkins County Environmental Health Division is unable to issue a permit to operate a Children's Camp to you prior to your anticipated start date of 6/29/2025. The application submitted for your camp does not meet the code requirements for a children's camp operating in NY State. We are unable to approve the safety plan submitted to us and were unable to conduct a pre-operational inspection prior to the start of camp. As a reminder, applications for a children's camp in NY State are due 60 days prior to the start of camp. Unfortunately, I am not able to do a detailed review of a plan submitted today due to other scheduled inspections and issuance of camp permits. Please send over your revised safety plan and any questions that you may have and I will set aside some time early next week to conduct a review. Once all items have been submitted and approved we can set up an appointment for a pre-operational inspection."
June 28, 2025	Camp begins operating without a permit.
June 30, 2025	Operator submitted revised Safety plan (V4). Ithaca College representative identifies Ithaca College as the camp operator via email to TCEH and states they were initially unaware that a permit would be needed for 2025 operations.
June 30, 2025	Facility notified by email that multiple documents are in need of revision, in addition to Safety Plan.
July 1, 2025	Field visit to campus verifies that Suzuki Institute program is operating on IC campus without required permit.

July 2, 2025	Safety Plan fourth review conducted. Operator provided comments via email. Notably, first aid and CPR trainings have not been received as required. proposed first aid/CPR response plan in Safety Plan is not in compliance with code requirements.
July 3, 2025	Operator submitted revised safety plan (V5)
July 8, 2025	Safety plan fifth review conducted. Proposed first aid/CPR response plan in Safety Plan is not in compliance with code requirements. Several additional application items outstanding. Pre-operational inspection not conducted.
July 11, 2025	Camp operation ends.

CERTIFIED, REGULAR, & ELECTRONIC MAIL

October 30, 2025

Benjamin Plotke
Lev Kitchen Co.
155 Filbert St.
Hamden, NY 06517

**Re: Tompkins County Board of Health Draft Resolution # EH-ENF-25-0024
Lev Kitchen, C-Ithaca – Violation of Board of Health Orders**

Dear Benjamin Plotke:

On December 5, 2023, the Tompkins County Board of Health adopted resolution #EH-ENF-23-0021 requiring you to maintain temperatures of potentially hazardous foods at or below 45°F during cold holding, and at or above 140°F at all times during hot holding.

On August 14 and August 21, 2025, Tompkins County Environmental Health Division staff observed critical violations of Subpart 14-1 of the NYSSC. These are violations of Board of Health Orders.

Enclosed is a copy of the Draft Resolution that the Tompkins County Board of Health will consider at its meeting on **Tuesday, December 2, 2025**. It is recommended that you contact this office if you would like to set up a meeting to discuss the enclosed draft resolution prior to the scheduled Board meeting.

You or a representative has the right to speak to the Board for a few minutes prior to them taking action. If you wish to speak to the Board, please contact Kristee Morgan 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,



Cyril Parr
Director of Environmental Health

Enclosures: Draft Resolution, Resolution #EH-ENF-23-0021, Inspection Report, and Case Summary

ec: TCWH: Cyril (Skip) Parr, Director of Environmental Health; Kristee Morgan; Joan Pike; Brenda Coyle
fw: Tompkins County Board of Health (via: SharePoint); CEO C-Ithaca; TC Legislature: Rich John; Jennie Sutcliffe, Whole Health Commissioner; Brenda Crosby, Deputy Public Health Director
file: Signed copy to Accela and/or F:Drive;
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DRAFT RESOLUTION # ENF-25-0024

Lev Kitchen
Benjamin Plotke, Lev Kitchen Co., Owner/Operator
222 E. State Street, City of Ithaca
Ithaca, NY 14850

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

Whereas, it is a critical violation of Part 14-1 of the NYSSC to fail to maintain refrigerated storage equipment so that potentially hazardous foods are stored below 45°F during cold holding; **and**

Whereas, on December 5, 2023, the Tompkins County Board of Health Resolution #ENF-23-0021 ordered Lev Kitchen to maintain potentially hazardous foods at temperatures below 45°F during cold holding; **and**

Whereas, on August 14 and August 21, 2025, the Environmental Health Division (EHD) observed critical violations of Subpart 14-1 of the NYSSC where potentially hazardous foods were observed at temperatures between 50-62°F, 50-55°F and 50-55°F; **and**

Whereas, on August 14 and August 21, 2025, Lev Kitchen violated these provisions of the New York State Sanitary Code and the provisions of Board of Health Resolution #ENF-23-0021 were not met; **now therefore be it**

Resolved, on recommendation of the Tompkins County Board of Health,
That Benjamin Plotke, Owner/Operator, is ordered to:

1. Pay a penalty of \$600 for these violations, due by **January 15, 2026**. (Do Not submit penalty payment until notified by the Tompkins County Environmental Health Division.); **and**
2. Provide receipt showing proof of repair or replacement of flip top cooler by **December 15, 2025**; **and**
3. Maintain potentially hazardous foods at temperatures below 45°F in cold holding; **and**
4. Maintain temperatures of potentially hazardous foods above 140°F in hot holding; **and**
5. Comply with all the requirements of Subpart 14-1 of the New York State Code for Food Service Establishments.

RESOLUTION # ENF-23-0021

Lev Kitchen
Benjamin Plotke, Operator; Lev Kitchen Co., Owner
22 E. State St., C-Ithaca
Ithaca, NY 14850

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

Whereas, it is a critical violation of Part 14-1 of the NYSSC to fail to maintain potentially hazardous foods below 45°F during cold holding and above 140°F during hot holding; and

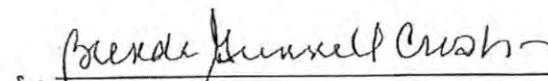
Whereas, on September 6, and September 19, 2023, the Environmental Health Division (EH) observed critical violations of Subpart 14-1 of the NYSSC where potentially hazardous foods were observed at temperatures of 54°F and 47-52°F in cold holding, and of 84°F and 82°F in hot holding; and

Whereas, Benjamin Plotke, Operator, signed a Stipulation Agreement with Public Health Directors Orders on November 10, 2023, agreeing that Lev Kitchen violated these provisions of subpart 14-1 of the New York State Sanitary Code; **now therefore be it**

Resolved, on recommendation of the Tompkins County Board of Health,
That Benjamin Plotke, Operator, is ordered to:

1. Pay a penalty of \$400 for these violations, due by **January 15, 2024**; and
2. Maintain potentially hazardous foods at temperatures below 45°F in cold holding; and
3. Maintain temperatures of potentially hazardous foods above 140°F in hot holding; and
4. Comply with all the requirements of Subpart 14-1 of the New York State Code for Food Service Establishments.

This action was adopted by the Tompkins County Board of Health at its regular meeting on December 5, 2023.


Frank Kruppa
Whole Health Commissioner

12/15/23

Date

CASE SUMMARY – FOR RESOLUTION # EH-ENF-25-0024

Lev Kitchen
Benjamin Plotke, Operator; Lev Kitchen Co., Owner
22 E. State St., C-Ithaca
Ithaca, NY 14850

Compiled October 2025

Date	Action
01/01/2022	Permit to Operate Lev Kitchen issued by TCEH.
04/19/2022	Inspection by TCEH. No critical violations observed.
03/29/2023	Inspection by TCEH following a fire at the facility and prior to reopening. No critical violations observed.
09/06/2023	Inspection by TCEH. Violations: Potentially hazardous foods not kept at or below 45°F during cold holding. Potentially hazardous foods not kept at or above 140°F during hot holding.
09/19/2023	Re-inspection by TCEH. Violations: Potentially hazardous foods not kept at or below 45°F during cold holding. Potentially hazardous foods not kept at or above 140°F during hot holding.
11/14/2023	Signed stipulation agreement received by Environmental Health.
12/05/2023	Tompkins County Board of Health adopted resolution #EH-ENF-23-0021
03/27/2024	Inspection by TCEH. Violation: Accurate thermometer not available or used to evaluate potentially hazardous food temperatures during cooking, cooling, reheating and holding.
04/19/2024	Re-inspection by TCEH. No critical violations observed. Violation sited on 3/27/2024 was corrected.
08/15/2024	Inspection by TCEH. Violations: Refrigerated storage equipment not maintained or operated so that all potentially hazardous foods are stored below 45°F in cold holding.
03/17/2025	Inspection by TCEH. No critical violations observed. Violation sited at previous inspection was corrected.
08/14/2025	Inspection by TCEH. Violations: See attached report.
08/21/2025	Re-inspection by TCEH. Violations: See attached report.

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

Food Service Establishment Inspection Summary Report

Operation: LEV KITCHEN (ID: 1074609)
Facility Name: LEV KITCHEN
Facility Code: 54-AM09 Facility Email: ben@levkitchen.com
Facility Address: 222 East State Street, Ithaca, NY 14850

To the Attention of:

Benjamin Plotke
LEV KITCHEN CO
155 Filbert St
Hamden, CT 06517
Email: ben@levkitchen.com

Inspection

Date: August 14, 2025 01:05 PM
Inspector: Joan Pike (jpike@tompkins-co.org)
Responsible Person: Patrick Fields
Additional Email(s): kmorgan@tompkins-co.org

Summary

Number of Public Health Hazards Found: 1
Number of Public Health Hazards NOT Corrected: 0
Number of Other Violations Found: 3

Reinspection is Required

Each item found in violation is reported below along with the code requirement.

IMPROPER COOLING AND REFRIGERATED STORAGE OF POTENTIALLY HAZARDOUS FOODS.

ITEM # 5E WAS FOUND IN VIOLATION 1 TIME(S). CRITICAL VIOLATION

Part or parts of the item were observed to be in violation which were corrected at the time of inspection.

Code Requirements: Enough refrigerated storage equipment is not present, properly designed, maintained or operated so that all potentially hazardous foods are cooled properly and stored below 45°F as required.

Inspector Findings: Observed that both flip top coolers are down.
1. The flip top across from the grill is temping at 68°F. Operator seems to be aware because there were melted ice packs sitting in the bottom of the flip top. The proteins 2 eggs, 1 quart pan with seasoned raw ground beef were discarded. The other items were uncooked chopped vegetables were moved to another working cooler.
2. In the 2nd flip top cooler, (falafel station) the temperature of the cooler ranged from 50 to 62°F.

The following items were in the cooler in 1/6 pans:

mushrooms
feta
walnuts
salad greens
cooked onions
boiled eggs (recently cooked) per the operator

Corrective Action: operator went to get ice during inspection. The ice will be used for storing the 1/6 pans.

Operator does not seem to get the seriousness of potential food borne illness related to poor handling of potentially hazardous foods.

POOR HYGIENE AND ACTIVITIES OF FOOD WORKERS.

ITEM # 9C WAS FOUND IN VIOLATION 1 TIME(S).

All or parts of the item are violations.

Code Requirements: Hair is improperly restrained

Inspector Findings: Observed that the lady on the falafel station had loose uncovered hair.

Action: while preparing food, hair must be restrained to prevent contamination.

IMPROPER SANITARY FACILITIES AND CONTROLS.

ITEM #12E WAS FOUND IN VIOLATION 1 TIME(S).

All or parts of the item are violations.

Code Requirements: Handwashing facilities inaccessible, improperly located, dirty, in disrepair, improper fixtures, soap, and single service towels or hand drying devices missing

Inspector Findings: Observed that hand wash sink was not set up fully. No paper towels and sink had containers. Cook said that he washes his hands in the bathroom. Educated about mandatory hand washing in the kitchen hand wash sink.

Correction: Hand wash cleared and paper towels procured

Action: Hand washing is one of the most critical components for preventing food borne illness. Employees should wash their hands after completing tasks that could have contaminated their hands, such as taking out the garbage and handling money. This also includes if they touch their face or hair. In addition, hand washing should be done before putting on a new pair of gloves.

IMPROPER CONSTRUCTION AND MAINTENANCE OF PHYSICAL FACILITIES.

ITEM #15C WAS FOUND IN VIOLATION 1 TIME(S).

All or parts of the item are violations.

Code Requirements: Premises littered, unnecessary equipment and article present, living quarters no completely separated for food service operations, live animals, birds and pets not excluded

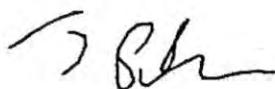
Inspector Findings: Observed a dog at the counter and then sitting in the restaurant with the owner.

Action: dogs are not allowed inside the restaurant. They are allowed in outside eating areas.

Additional Information Collected During Inspection

Comments: Part I - One violation observed
Part II - Three violations observed

Re inspection is required



Inspector: Joan Pike (jpike@tompkins-co.org)



Received by: Patrick Fields



8/15/2025

Photo	Caption
	Dog in restaurant

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

Food Service Establishment Inspection Summary Report

Operation: LEV KITCHEN (ID: 1074609)
Facility Name: LEV KITCHEN
Facility Code: 54-AM09 Facility Email: ben@levkitchen.com
Facility Address: 222 East State Street, Ithaca, NY 14850

To the Attention of:

Benjamin Plotke
LEV KITCHEN CO
155 Filbert St
Hamden, CT 06517
Email: ben@levkitchen.com

Re-Inspection

Date: August 21, 2025 02:21 PM
Inspector: Alexandra Dunn (adunn@tompkins-co.org)
Responsible Person: Ben Plotke
Additional Email(s): kmorgan@tompkins-co.org; jpike@tompkins-co.org

Summary

Number of Public Health Hazards Found: 1
Number of Public Health Hazards NOT Corrected: 0
Number of Other Violations Found: 3

Reinspection is Required

Each item found in violation is reported below along with the code requirement.

IMPROPER COOLING AND REFRIGERATED STORAGE OF POTENTIALLY HAZARDOUS FOODS.

ITEM # 5E WAS FOUND IN VIOLATION 1 TIME(S). CRITICAL VIOLATION

Part or parts of the item were observed to be in violation which were corrected at the time of inspection.

Code Requirements: Enough refrigerated storage equipment is not present, properly designed, maintained or operated so that all potentially hazardous foods are cooled properly and stored below 45°F as required.

Inspector Findings: Observed potentially hazardous food items in the flip top cooler by the grill measuring temperatures between 50-55F. Items include raw meats, raw eggs, cooked potatoes. Operator stated the cooler had received maintenance.

Corrective action: Items were moved to a working cooler.

Correction: Potentially hazardous food items must be stored under refrigeration at or below 45F.

FOOD NOT PROTECTED IN GENERAL

ITEM # 8E WAS FOUND IN VIOLATION 1 TIME(S).

All or parts of the item are violations.

Code Requirements: Accurate thermometers not available or used to evaluate refrigerated or heated storage temperatures

Inspector Findings: Observed no thermometers inside the two coolers that were inspected. These were the two coolers that were failing to keep food items at or below 45F.

Correction: Internal cooler temperature must be continually monitored.

POOR HYGIENE AND ACTIVITIES OF FOOD WORKERS.

ITEM # 9B WAS FOUND IN VIOLATION 1 TIME(S).

All or parts of the item are violations.

Code Requirements: Tobacco is used; eating, drinking in food preparation, dishwashing food storage areas

Inspector Findings: Observed multiple personal beverages on prep areas.

Correction: In order to prevent contamination, personal items must be stored separately from commercial prep areas.

IMPROPER SANITARY FACILITIES AND CONTROLS.

ITEM #12E WAS FOUND IN VIOLATION 1 TIME(S).

All or parts of the item are violations.

Code Requirements: Handwashing facilities inaccessible, improperly located, dirty, in disrepair, improper fixtures, soap, and single service towels or hand drying devices missing

Inspector Findings: Observed handwash sink to be filled with pans, without hand soap. Operator retrieved soap from the dish sink. Another operator stated they were washing hands in the bathroom.

Correction: Handwash sink must be fully equipped and accessible. Staff must be using the handwash sink to wash hands, not the bathroom, in order to ensure timely handwashing and to prevent contamination.

Additional Information Collected During Inspection

Comments: The previous violation item #5E was observed again during re-inspection. The flip top across from the grill was measuring temperatures between 50-55F and contained potentially hazardous foods. The falafel station flip top cooler was measuring temperatures between 46-48F and contained potentially hazardous foods. There were no internal thermometers observed in the coolers.

Enforcement to follow.

Additionally, there have been subsequent observances of inadequate handwash facilities with operators stating they wash hands in the bathroom. If this is observed during future inspections, it will be escalated to a critical violation. Staff must be able to wash their hands inside the kitchen area in order to allow for timely handwashing and prevention of contamination from bathroom doors, etc.



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



Received by: Ben Plotke



8/21/2025

CERTIFIED, REGULAR, & ELECTRONIC MAIL

January 8, 2026

John Joseph Inn
C/O John Hamilton
813 Auburn Road
Groton, NY 13073

**Re: Tompkins County Board of Health Draft Resolution # EH-ENF-25-0023
John Joseph Inn, Temporary Residence, T-Lansing**

Dear John Hamilton:

Thank you for submitting a copy of the signed Stipulation Agreement on December 19, 2025, for The John Joseph Inn. Enclosed is a copy of the Draft Resolution that the Tompkins County Board of Health will consider at its meeting on **Tuesday, January 27, 2026**.

You or a representative has the right to speak to the Board for a few minutes prior to them taking action. If you wish to speak to the Board, please contact 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,



Cyril Parr
Director of Environmental Health

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

ec: TCWH: Cyril (Skip) Parr, Director of Environmental Health; Dillon Shults; Adriel Shea; Kate Walker; Annamarie Joyce; Allyson Castellani; Mik Kern; Brenda Coyle
fw: Tompkins County Board of Health (via: SharePoint); CEO T-Lansing; Supervisor T-Lansing; Mike Sigler, TC Legislature; Jennie Sutcliffe, Whole Health Commissioner; Brenda Crosby, Deputy Public Health Director
file: Signed copy to Accela and F:Drive;

DRAFT RESOLUTION # EH-ENF-25-0023

**John Joseph Inn
John Hamilton, Owner/Operator
813 Auburn Road, (T) Lansing
Groton, NY 13073**

Whereas, the owner/operator of a Temporary Residence must comply with the regulations established under Subpart 7-1 of the New York State Sanitary Code (NYSSC); **and**

Whereas, the owner/operator of a public water system must comply with the regulations established under Subpart 5-1 of the NYSSC; **and**

Whereas, it is a violation of Subpart 7-1.4(b)(12) to improperly store flammables, volatile liquids or hazardous materials; **and**

Whereas, on August 28, 2025 and September 11, 2025, the John Joseph Inn was found to be in violation of Subpart 7-1.4(b)(12) for the storage of flammable paints and stains outside of a flammables storage cabinet in the basement of the temporary residence; **and**

Whereas, it is a violation of Subpart 5-1.51(b) of the NYSSC if a public water system fails to meet its minimum monitoring requirements for contaminants; **and**

Whereas, it is a violation of Subpart 5-1.72(c)(1) if a public water system fails to submit operational records of all required tests, measurements or analyses by the 10th day of the next monitoring period; **and**

Whereas, the John Joseph Inn has not submitted operational records of the water treatment system's daily chlorine readings for every month since February 2023; **and**

Whereas, the John Joseph Inn has not submitted total coliform results for the calendar quarters 1 and 2 of both 2024 and 2025; **and**

Whereas, John Hamilton, Owner/Operator, submitted a signed Stipulation Agreement with Whole Health Commissioners Orders on December 19, 2025, agreeing that The John Joseph Inn violated these provisions of the New York State Sanitary Code; **now therefore be it**

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

1. Pay a penalty of \$800 for these violations, due by **March 15, 2026 (Do Not submit penalty payment until notified by the Tompkins County Environmental Health Division.)**; **and**
2. Verify that all flammable, volatile liquids and other hazardous material are adequately stored so as not to pose a hazard to facility occupants and/or the general public; **and**
3. **By February 10, 2026**, submit copies of any missing total coliform results and monthly operational reports of daily free chlorine residuals (MORs) you may retain but haven't provided; **and**

4. Submit total coliform sample test results for each quarter of operation **by the 10th day of the following month; and**
5. Submit completed monthly operation reports of daily free chlorine residual readings **by the 10th day of the following month** for every month; **and**
6. Submit the annual nitrate sample result by **January 10th of the following year; and**
7. Comply with all the requirements of Subpart 5-1 for Drinking Water Supplies and Subpart 7-1 for Temporary Residences of the NYSSC.

STIPULATION AGREEMENT AND ORDERS # ENF-25-0023

John Joseph Inn
John Hamilton, Owner/Operator
813 Auburn Rd, T-Lansing
Groton, NY 13073

I, John Hamilton, as a representative for the John Joseph Inn, agree that on August 28, 2025, and September 11, 2025, the John Joseph Inn was in violation of Subpart 7-1.4(b)(12) of the New York State Sanitary Code (NYSSC) for the improper storage of flammable, volatile or hazardous materials. I also agree that the John Joseph Inn is in violation of Subpart 5-1.51(b) of the NYSSC for not submitting required total coliform sampling results for the 1st and 2nd quarters of 2024 and 2025.

I agree to pay a penalty not to exceed \$800 for these violations (\$400 for improper storage of flammables and \$400 for water reporting 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 Whole Health Commissioner:

1. Verify that all flammable, volatile liquids and other hazardous material are adequately stored so as not to pose a hazard to facility occupants and/or the general public; and
2. Before November 3, 2025, submit copies of any missing total coliform results and monthly operational reports of daily free chlorine residuals (MORs) you may retain but haven't provided; and
3. Submit total coliform sample test results for each quarter of operation by the 10th day of the following month; and
4. Submit completed monthly operation reports of daily free chlorine residual readings by the 10th day of the following month for every month; and
5. Submit the annual nitrate sample result by January 10th of the following year; and
6. Comply with all the requirements of Subpart 5-1 for Drinking Water Supplies and Subpart 7-1 for Temporary Residences of the NYSSC.

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.

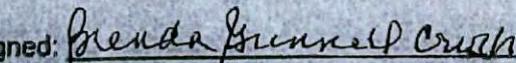
Signed:



Date: 12/10/25

John Hamilton is hereby ordered to comply with these Orders of the Whole Health Commissioner

Signed:

 *Brenda Grunell-Crush*
D
Jennie Sutcliffe
Whole Health Commissioner

Date: 12/22/25

CASE SUMMARY – FOR RESOLUTION # ENF-25-0023

**John Joseph Inn
John Hamilton, Owner/Operator
813 Auburn Road, (T) Lansing
Groton, NY 13073**

Compiled on 1/8/2026

Date	Action
5/2007	Facility began operating under current owner.
9/5/2023	TCEH Temporary Residence Inspection and Sanitary Survey. No violations observed. Coliform sample taken. No coliform present.
8/8/2024	TCEH Temporary Residence Inspection and Sanitary Survey. No violations observed. Coliform sample taken. No coliform present.
8/30/2024	TCEH mails applications to renew Permits to Operate Temporary Residences.
11/2/2024	Deadline for applications to renew Permits to Operate Temporary Residences.
12/23/2024	Renewal application received without required proof of insurances.
12/31/2024	Temporary permit to operate issued through January 14, 2025, to provide operator additional time to obtain and submit required proof of insurances.
1/15/2025	Temporary permit to operate expires, as proof of insurances not received.
1/22/2025	Notice of Violation issued via email and regular mail for operating without a permit.
1/24/2025	TCEH issues Permit to Operate a Food Service Establishment and a Temporary Residence through the remainder of 2025 after operator provides proof of Workers Compensation and Disability insurances.
4/22/2025	Notice of violation issued via email for failure to submit 1 st quarter 2025 total coliform sample results.
7/21/2025	TCEH issues owner a notice of violation via email for failure to submit 2 nd quarter 2025 total coliform sample results.
8/28/2025	TCEH staff conduct Temporary Residence Inspection and Sanitary Survey. Violations cited: No Carbon Monoxide detector in room containing fireplace. Flammable items stored unsecured in building containing sleeping units. Deficiency: High Chlorine level.
9/11/2025	TCEH staff conduct Temporary Residence and Water reinspections. Violation cited: Flammable items stored unsecured in building containing sleeping units. This is a repeat violation. Coliform sample taken. No coliform present.
9/22/2025	TCEH mails Temporary Residence applications to renew operational permits. According to code, applications are due 60 days prior to permit expiration. Temporary Residence permits expire December 31 each year. Applications due by November 1, 2025.
9/30/2025	TCEH issues a Stipulation Agreement for the improper storage of volatile and flammable materials in a Temporary Residence. October 15, 2025 provided as date for an office conference and deadline to sign the agreement.
10/15/2025	Owner/Operator does not appear at office conference and does not respond to TCEH's attempts to contact him.
10/20/2025	TCEH attempts to contact operator. Leaves voicemail message requesting a callback and notifying operator that an Administrative Hearing will be required if the Stipulation Agreement is not signed and returned.

12/19/2025	A copy of the Stipulation Agreement, signed by the owner/operator and dated 12/10/2025, is received by TCEH.
12/23/2025	Owner/Operator delivers Temporary Residence and Food Service Establishment renewal application and pays all fees due, including late fees. Application does not include proof of Worker's Compensation and Disability Benefits insurances. Owner/Operator reminded that application is incomplete and the facility's permit to operate cannot be renewed until proof of insurances is received.
1/1/2026	Proof of insurances not received. Facility in operation without a valid permit.

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

Temporary Residence Inspection Summary Report

Operation: JOHN JOSEPH INN (ID: 565113)
Facility Name: JOHN JOSEPH INN
Facility Code: 54-2504 Facility Email: john@johnjosephinn.com
Facility Address: 813 Auburn Road, Groton, NY 13073

To the Attention of:

John Hamilton
JOHN JOSEPH INN INC.
813 Auburn Rd
Groton, NY 13073
Email: john@johnjosephinn.com

Inspection

Date: August 28, 2025 11:00 AM
Inspector: Katherine Walker (kwalker@tompkins-co.org)
Responsible Person: John Hamilton

Summary

Number of Public Health Hazards Found:	2
Number of Public Health Hazards NOT Corrected:	0
Number of Other Violations Found:	1

Each item found in violation is reported below along with the code requirement.

PUBLIC HEALTH HAZARDS

ITEM # 9 WAS FOUND IN VIOLATION 1 TIME(S). PUBLIC HEALTH HAZARD

Part or parts of the item were observed to be in violation which were corrected at the time of inspection.

Code Requirements: Adequate operation and maintenance of fire alarm and fire suppression systems {7-1.4b(9)}

Inspector Findings: Observed one violation of this Item. In room #3, which contains a gas fireplace unit, no carbon monoxide unit was found to be present. All units containing gas combusting appliances must contain carbon monoxide detectors.

Item corrected at time of inspection.

PUBLIC HEALTH HAZARDS

ITEM #12 WAS FOUND IN VIOLATION 1 TIME(S). PUBLIC HEALTH HAZARD

Part or parts of the item were observed to be in violation which were corrected at the time of inspection.

Code Requirements: Adequate storage of flammable, volatile liquids, hazardous materials {7-1.4b(12)}

Inspector Findings: Observed one critical violation of this Item. In basement, approximately 30 highly flammable/combustible items were present in storage area. Items consisted of cans of spray paint, flex seal and numerous gallons and quarts of oil based stain.

Correction: Highly flammable/combustible items must be stored in approved flammables cabinet and must not be stored in buildings containing sleeping units.

FIRE SAFETY

ITEM #27 WAS FOUND IN VIOLATION 1 TIME(S).

All or parts of the item are violations.

Code Requirements: Exit signs/emergency lighting readily visible, operational, safe path of travel identified {7-1.8(d)}

Inspector Findings: Observed one violation of this Item. Emergency exit sign in lobby was observed to illuminate weakly upon test indicating that battery backups of unit may not be functional. Replace battery backup or repair/replace unit as necessary to ensure proper illumination in the event of an emergency.

Additional Information Collected During Inspection

Permitted Capacity: 6 Rooms / Units

Comments: Part 1: Critical violations of Items #9, and 12 observed.
Part 2: Non-critical violation of Item #27 observed.

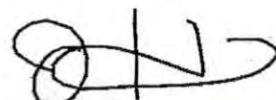
FSE and sanitary survey conducted concurrently.

General comments: Fire exit on second floor, opening directly to the outside, leading to wooden stairs at back of building not self closing, which can lead to increased airflow in a fire emergency. Observed exterior fire door at bottom of stairwell to be self closing but not fully self-latching.

In lobby area, observed two doors to be missing interior handles. All exits must be maintained to allow for unobstructed egress. Operator stated that doors are maintained as designed and approved. Will verify with Code Enforcement.



Inspector: Katherine Walker (kwalker@tompkins-co.org)



Received by: John Hamilton

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

Temporary Residence Inspection Summary Report

Operation: JOHN JOSEPH INN (ID: 565113)
Facility Name: JOHN JOSEPH INN
Facility Code: 54-2504 Facility Email: john@johnjosephinn.com
Facility Address: 813 Auburn Road, Groton, NY 13073

To the Attention of:

John Hamilton
JOHN JOSEPH INN INC.
813 Auburn Rd
Groton, NY 13073
Email: john@johnjosephinn.com

Re-Inspection

Date: September 11, 2025 09:30 AM
Inspector: Mikhail Kern (mkern@tompkins-co.org)
Responsible Person: John Hamilton

Summary

Number of Public Health Hazards Found: 1
Number of Public Health Hazards NOT Corrected: 0
Number of Other Violations Found: 0

Reinspection is Required

Each item found in violation is reported below along with the code requirement.

PUBLIC HEALTH HAZARDS

ITEM #12 WAS FOUND IN VIOLATION 1 TIME(S). PUBLIC HEALTH HAZARD

Part or parts of the item were observed to be in violation which were corrected at the time of inspection.

Code Requirements: Adequate storage of flammable, volatile liquids, hazardous materials {7-1.4b(12)}

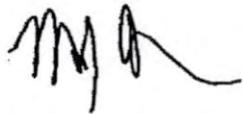
Inspector Findings: Observed approximately 1 dozen cans of flammable paints and stains under stairs in basement of main building.
Correction: Flammable items must not be stored in buildings with overnight occupancy unless contained within a flammables storage container.
Operator moved each container of oil-based paint and stain outside during inspection. Operator explained that they moved the aerosol containers after the previous inspection, but were unaware that oil-based products are also flammable. Education was provided.
This is a repeat violation.

NO NON-PUBLIC HEALTH HAZARDS REPORTED

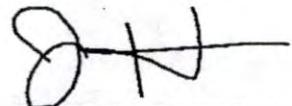
Additional Information Collected During Inspection

Permitted Capacity: 6 Rooms / Units

Comments: Part 1: Critical violation observed of Item #12.
Part 2: No violations observed.
Reinspection required.
Enforcement to follow.



Inspector: Mikhail Kern (mkern@tompkins-co.org)



Received by: John Hamilton

CERTIFIED, REGULAR, & ELECTRONIC MAIL

December 15, 2025

Frank Welch
Fall Creek House, Inc.
302 Lake Street
Ithaca, NY 14850

**Re: Tompkins County Board of Health Draft Resolution # EH-ENF-25-0025
Adulterated food on premises
Fall Creek House, C-Ithaca**

Dear Frank Welch:

Thank you for signing the Stipulation Agreement on December 9, 2025, for Fall Creek House. Enclosed is a copy of the Draft Resolution that the Tompkins County Board of Health will consider at its meeting on **Tuesday, January 27, 2026**.

You or a representative has the right to speak to the Board for a few minutes prior to them taking action. If you wish to speak to the Board, please contact Kristee Morgan 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,



Cyril Parr
Director of Environmental Health

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

ec: TCWH: Cyril (Skip) Parr, Director of Environmental Health; Kristee Morgan; Joan Pike; Brenda Coyle
fw: Tompkins County Board of Health (via: SharePoint); CEO C-Ithaca; TC Legislature: Veronica Pillar; Jennie Sutcliffe, Whole Health Commissioner; Brenda Crosby, Deputy Public Health Director
file: Signed copy to Accela and/or F:Drive;
F:\EH\FOOD (SF)\FSE (SF)\Facilities (SF-4)\Fall Creek House\Enforcement\Draft Resolution 25-0025.docx

DRAFT RESOLUTION # ENF-25-0025

**Fall Creek House
Fall Creek House, Inc./Frank Welch, Owner/Operator
302 Lake Street, C-Ithaca
Ithaca, NY 14850**

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

Whereas, it is a critical violation of Part 14-1 of the NYSSC to have adulterated food within a food service establishment; **and**

Whereas, on September 22, and October 21, 2025, the Environmental Health Division (EHD) observed critical violations of Subpart 14-1 of the NYSSC where adulterated food was observed on premises at the facility; **and**

Whereas, Frank Welch, Operator, signed a Stipulation Agreement with Whole Health Commissioners Orders on December 9, 2025, agreeing that Fall Creek House was in violation of Subpart 14-1 of the New York State Sanitary Code; **now therefore be it**

**Resolved, on recommendation of the Tompkins County Board of Health,
that Frank Welch, Owner/Operator, is ordered to:**

1. Pay a penalty of \$200 for these violations, due by **March 15, 2026**. (**Do Not** submit penalty payment until notified by the Tompkins County Environmental Health Division.); **and**
2. Monitor for food that is spoiled and/or adulterated and properly discard spoiled/adulterated foods immediately; **and**
3. Comply with all the requirements of Subpart 14-1 of the New York State Code for Food Service Establishments.

STIPULATION AGREEMENT AND ORDERS # ENF-25-0025

Fall Creek House
Fall Creek House, Inc./Frank Welch, Owner/Operator
302 Lake Street, C-Ithaca
Ithaca, NY 14850

I, Frank Welch, as a representative for Fall Creek House Inc., agree that on September 22 and October 21, 2025, Fall Creek House was in violation of Subpart 14-1 of the New York State Sanitary Code for having adulterated food on premises at the facility.

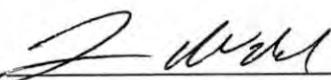
I agree to pay a penalty not to exceed \$200 for these violations following adoption of a resolution by the Board of Health. (***Do not submit penalty payment until notified by the Tompkins County Environmental Health Division.***)

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

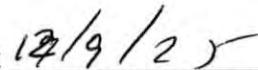
1. Monitor for food that is spoiled and/or adulterated and remove from the premise immediately;
and
2. Comply with all the requirements of Subpart 14-1 of the New York State Code for Food Service Establishments.

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

Signed:

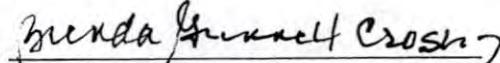


Date:

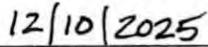


Fall Creek House, Inc. is hereby ordered to comply with these Orders of the Whole Health Commissioner.

Signed:



Date:



Jennie Sutcliffe

Whole Health Commissioner

Diversity Through Inclusion

CASE SUMMARY – FOR RESOLUTION # ENF-25-0025

Fall Creek House
Fall Creek House, Inc./Frank Welch, Owner/Operator
302 Lake Street, C-Ithaca
Ithaca, NY 14850

Compiled on December 11, 2025

Date	Action
10/1995	Permit to Operate a Food Service Establishment prior to October, 1995.
08/18/2021	TCEH - Inspection. No critical violations observed
12/29/2022	TCEH Inspection. Violation: Adulterated food was observed to be on premises.
12/29/2022	TCEH Re-inspection. Violation cited on 10/26/2022 was observed to be corrected.
03/22/2023	TCEH Inspection. Violation: Adulterated food was observed to be on premises.
04/19/2023	TCEH Re-inspection. Violation cited on 3/22/2023 was observed to be corrected.
06/11/2024	TCEH Inspection. No critical violations observed.
09/22/2025	TCEH Re-Inspection. Violations: See attached inspection report
10/21/2025	TCEH Re-Inspection. Violation: See attached inspection report

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

Food Service Establishment Inspection Summary Report

Operation: FALL CREEK HOUSE (ID: 312682)
Facility Name: FALL CREEK HOUSE
Facility Code: 54-AB02 Facility Email: fbwelch14@gmail.com
Facility Address: 302 Lake Street, Ithaca, NY 14850

To the Attention of:

Frank B Welch
FALL CREEK HOUSE, INC
302 Lake St
Ithaca, NY 14850
Email: fbwelch14@gmail.com

Re-Inspection

Date: October 21, 2025 03:48 PM
Inspector: Sarah Strapach (heath) (sheath@tompkins-co.org)
Responsible Person: Derek Overstrom
Additional Email(s): kmorgan@tompkins-co.org

Summary

Number of Public Health Hazards Found:	1
Number of Public Health Hazards NOT Corrected:	0
Number of Other Violations Found:	1

Reinspection is Required

Each item found in violation is reported below along with the code requirement.

FOODS ADULTERATED OR RECEIVED FROM UNAPPROVED SOURCES.

ITEM # 1H WAS FOUND IN VIOLATION 1 TIME(S). CRITICAL VIOLATION

Part or parts of the item were observed to be in violation which were corrected at the time of inspection.

Code Requirements: Food from unapproved source, spoiled, adulterated on premises.

Inspector Findings: In the reach-in cooler, observed two cartons of sliced mushrooms that were spoiled. Mushrooms appeared rotten and were sitting in their own liquid spoilage. Mushrooms were dated "Best by October 5th". See photo below.

Correction: Food must not be spoiled on the premises.

Action: Operator voluntarily discarded containers of sliced mushrooms.

FOOD NOT PROTECTED IN GENERAL

ITEM # 8A WAS FOUND IN VIOLATION 1 TIME(S).

All or parts of the item are violations.

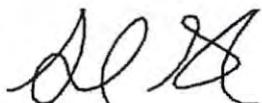
Code Requirements: Food not protected during storage, preparation, display, transportation and service, from potential sources of contamination (e.g., food uncovered, mislabeled, stored on floor, missing or inadequate sneeze guards, food containers double stacked)

Inspector Findings: Observed unopened box of raw sausage links stored on a shelf above ready-to-eat foods in the reach in cooler. Sausage was sealed in plastic wrap and was in its original box.

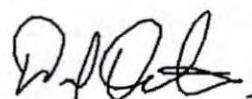
Action: Operator moved the box of sausage to the bottom shelf.

Additional Information Collected During Inspection

Comments: Part 1: Observed one instance of Item 1H. This is a repeat violation from a previous inspection.
Part 2: Observed one instance of Item 8A.
Reinspection required. Enforcement to follow.



Inspector: Sarah Strapach (heath) (sheath@tompkins-co.org)



Received by: Derek Overstrom



11/19/2025

Photo	Caption
	Rotten mushrooms

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

Food Service Establishment Inspection Summary Report

Operation: FALL CREEK HOUSE (ID: 312682)
Facility Name: FALL CREEK HOUSE
Facility Code: 54-AB02 Facility Email: fbwelch14@gmail.com
Facility Address: 302 Lake Street, Ithaca, NY 14850

To the Attention of:

Frank B Welch
FALL CREEK HOUSE, INC
302 Lake St
Ithaca, NY 14850
Email: fbwelch14@gmail.com

Inspection

Date: September 22, 2025 11:44 AM
Inspector: Alexandra Dunn (adunn@tompkins-co.org)
Responsible Person: Frank Welch
Additional Email(s): kmorgan@tompkins-co.org

Summary

Number of Public Health Hazards Found: 1
Number of Public Health Hazards NOT Corrected: 0
Number of Other Violations Found: 1

Reinspection is Required

Each item found in violation is reported below along with the code requirement.

FOODS ADULTERATED OR RECEIVED FROM UNAPPROVED SOURCES.

ITEM # 1H WAS FOUND IN VIOLATION 1 TIME(S). CRITICAL VIOLATION

Part or parts of the item were observed to be in violation which were corrected at the time of inspection.

Code Requirements: Food from unapproved source, spoiled, adulterated on premises.

Inspector Findings: Observed a spoiled half head of lettuce in the reach in cooler. Operator was throwing away multiple items from this cooler while the inspector was approaching.

Corrective action: Operator discarded spoiled food item.

Correction: All food items must be free from spoilage.

FOOD NOT PROTECTED IN GENERAL

ITEM # 8A WAS FOUND IN VIOLATION 1 TIME(S).

All or parts of the item are violations.

Code Requirements: Food not protected during storage, preparation, display, transportation and service, from potential sources of contamination (e.g., food uncovered, mislabeled, stored on floor, missing or inadequate sneeze guards, food containers double stacked)

Inspector Findings: Observed all processed food, outside their original packaging, to be stored in containers/bags without labels and dates. Discussed with operator the importance of dating food items, especially given the history of this facility lacking labeling habits and the extensive history of spoiled food. Discussed how this violation could escalate if continued to be observed in future inspections.

Correction: Food must be labeled and dated.

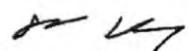
Additional Information Collected During Inspection

Comments: (1) Part 1 Critical Item Violations: 1H
(1) Part 2 Blue Item Violations: 8A

Re-inspection is required.



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



Received by: Frank Welch

CERTIFIED, REGULAR, & ELECTRONIC MAIL

December 17, 2025

Newfield Estates MHP, LLC
C/O Keith Hoffman
425 Douglas Rd
Newfield, NY 14867

**Re: Tompkins County Board of Health Draft Resolution # ENF-25-0026
Newfield Estates MHP, T-Newfield – Violation of Board of Health Orders**

Dear Keith Hoffman:

Newfield Estates mobile home park is currently operating without a permit. Tompkins County Environmental Health has been unable to renew your operating permit, as you have failed to comply with Board of Health Resolution and Orders # ENF-25-0013, including payment of the \$400 penalty fee, and completion of a renewal application that was due on October 1, 2025.

Enclosed is a copy of the Draft Resolution that the Tompkins County Board of Health will consider at its meeting on **Tuesday, January 27, 2026**. You or a representative has the right to speak to the Board for a few minutes prior to them taking action. If you wish to speak to the Board, please contact 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,



Cyril Parr
Director of Environmental Health

Enclosures: Draft Resolution # ENF-25-0026, Resolution # ENF-25-0013 and Case Summary

ec: Nicole Hoffman (nhoffman85@icloud.com); TCWH: Cyril (Skip) Parr, Director of Environmental Health; Adriel Shea; Adam Ace; Dillon Shults, Brenda Coyle
fw: Tompkins County Board of Health (via: SharePoint); CEO T-Newfield; Supervisor T-Newfield; Randy B. Brown, TC Legislature; Jennie Sutcliffe, Whole Health Commissioner; Brenda Crosby, Deputy Public Health Director
file: Signed copy to Accela and/or F:Drive;
F:\EH\MOBILE HOME PARKS (MHP)\Facilities (MHP-4)\Newfield Estates\Enforcement\2025\Draft Resolution 25-0026.docx

DRAFT RESOLUTION # ENF-25-0026

**Newfield Estates
Newfield Estates MHP LLC, Owner
424 Douglas Rd, T-Newfield
Newfield, NY 14867**

Whereas, the owner/operator of a Mobile Home Park must comply with the regulations established under Part 17 of the New York State Sanitary Code (NYSSC); **and**

Whereas, it is a violation of Part 17 of the NYSSC to operate a mobile home park without a permit to do so from the permit-issuing official; **and**

Whereas, Part 17.4(b) requires a complete renewal application to operate at least 30 days before the current permit expires; **and**

Whereas, Board of Health Resolution # ENF-25-0013 adopted on September 23, 2025, ordered Newfield Estates MHP, LLC to:

- Submit acceptable documentation demonstrating proof of current Workers' Compensation and Disability Insurance coverage by October 1, 2025; **and**
- Submit a complete renewal application to operate at least 30 days before expiration of the existing permit during each year of operation; **and**
- Pay a penalty of \$400 for these violations, due by November 15, 2025; **and**

Whereas, the operator of Newfield Estates, as of December 1, 2025, has not submitted a renewal application including the required insurance documents and has not paid the penalty of \$400; **and**

Whereas, Part 17.11(e)(1) requires the operator to provide a suitable and responsible individual who shall oversee management of the property and shall be readily available; **and**

Whereas, on multiple occasions TCEH has been unable either to reach an individual in charge of Newfield Estates, or when reached, have the individual execute or provide agreed upon actions or deliverables; **and**

Whereas, Newfield Estates MHP, LLC, has operated without a valid permit issued by TCEH since June 10, 2025, when its temporary permit expired; **and**

Whereas, Newfield Estates LLC is informed that if the operation of a mobile home park continues without a valid permit, TCEH may seek penalties up to \$2,000 per day; **and**

Whereas, Newfield Estates MHP, LLC, Owner, violated these provisions of the New York State Sanitary Code and Board of Health Orders # ENF-25-0013 adopted on September 23, 2025; **now therefore be it**

**Resolved, on recommendation of the Tompkins County Board of Health,
That Newfield Estates MHP, LLC, Owner, is ordered to:**

1. Submit a *complete* renewal application to obtain a Permit to Operate a Mobile Home, including permitting fees (\$512) and acceptable documentation demonstrating proof of current Workers' Compensation and Disability Insurance coverage, by **February 6, 2026; and**
2. Provide a suitable and responsible individual to oversee management of the property and who shall be readily available while the property is occupied. The name, contact phone number, and email address of the individual responsible-in-charge must be provided on the renewal application submitted to TCEH; **and**
3. Pay a penalty of \$1900 for these violations and for the unpaid penalty fee levied in Resolution # ENF-25-0013, due by **March 15, 2026**. (Do Not submit penalty payment until notified by the Tompkins County Environmental Health Division.); **and**
4. Each subsequent year of operation, submit a *complete* renewal application to obtain a Permit to Operate a Mobile Home Park at least 30 days before expiration of the existing permit; **and**
5. Comply with all parts of Part 17 Mobile Home Parks of the New York State Sanitary Code.

RESOLUTION # ENF-25-0013

**Newfield Estates
Newfield Estates MHP LLC, Owner
424 Douglas Rd, T-Newfield
Newfield, NY 14867**

Whereas, the owner/operator of a Mobile Home Park must comply with the regulations established under Part 17 of the New York State Sanitary Code (NYSSC); **and**

Whereas, it is a violation of Part 17 of the NYSSC to operate a mobile home park without a permit to do so from the permit-issuing official; **and**

Whereas, Part 17.4b requires a complete renewal application to operate at least 30 days before the current permit expires; **and**

Whereas, the operators of Newfield Estates did not submit a renewal application with the requisite certifications for current Worker's Compensation insurance prior to the expiration of the previous permit on October 31, 2024; **and**

Whereas, on November 4, 2024, a temporary permit to operate Newfield Estates from November 1, 2024, through December 30, 2024, was issued to provide the operator additional time to submit the certification; **and**

Whereas, on March 13, 2025, a second temporary permit to operate a mobile home park was issued to Newfield Estates to allow the operator time to resolve an issue with the Worker's Compensation Board, to secure and submit the Worker's Compensation insurance information; **and**

Whereas, on July 24, 2025, after multiple unsuccessful attempts to contact the operator and resolve the Worker's Compensation insurance issue, TCEH issued a Stipulation Agreement to Newfield Estates for operating a mobile home park without a permit; **and**

Whereas, on August 28, 2025, Keith Hoffman, Operator, signed a Stipulation Agreement with Whole Health Commissioners Orders, agreeing that Newfield Estates MHP LLC violated this provision of the New York State Sanitary Code; **now therefore be it**

Resolved, on recommendation of the Tompkins County Board of Health,
That Newfield Estates MHP LLC, Owner, is ordered to:

1. Pay a penalty of \$400 for these violations, due by **November 15, 2025**; **and**
2. Submit acceptable documentation demonstrating proof of current Workers' Compensation and Disability Insurance coverage **by October 1, 2025**; **and**
3. Submit payment for outstanding 2025 annual water fee in the amount of \$275 **by August 30, 2025 (completed)**; **and**
4. Submit a *complete* renewal application to obtain a Permit to Operate a Mobile Home Park at least 30 days before expiration of the existing permit during each year of operation; **and**
5. Comply with all parts of Part 17 Mobile Home Parks of the New York State Sanitary Code.

This action was adopted by the Tompkins County Board of Health at its regular meeting on September 23, 2025.

Brenda Hennell-Crashay
Dr. Jennie Sutcliffe
Whole Health Commissioner

9/24/25

Date

CASE SUMMARY – FOR RESOLUTION # EH-ENF-25-0026

**Newfield Estates Mobile Home Park
Newfield Estates MHP LLC, Owner
424 DOUGLAS Rd, T-Newfield
NEWFIELD, NY 14867**

Compiled on 9/3/2025 (revised 12/16/2025)

Date	Action
08/12/2024	Mobile home park renewal application packets for permits to operate were sent to all facilities.
11/01/2024	Newfield Estates' permit to operate expires because the renewal application did not include proof of current Worker's Compensation insurance.
12/11/2024	TCEH contacted Nicole Hoffman (owner's daughter and park office manager) about missing paperwork for insurance coverage for MHP. Provided an electronic copy of instructions on how to obtain CE-200. No response.
12/19/2024	Ms. Hoffman again contacted about missing insurance documentation; no response.
12/23/2024	Ms. Hoffman responded that she had sent a request to the insurance agent. She provided an image of the response from the insurance agent, but it did not include the appropriate forms. Ms. Hoffman was informed that the image didn't include the necessary proof of insurance and it was requested that she resend it. Ms. Hoffman stated she was dealing with frozen water lines at the park and would provide it as soon as she was back.
12/31/2024	Still no documentation received. TCEH left a voicemail requesting the documents again.
01/08/2025	No response as of this date. TCEH made a follow-up request for the missing documentation. Ms. Hoffman responded that she was ill and not able to work currently, but she would resend the documentation as soon as she was feeling better.
01/10/2025	TCEH contacted Ms. Hoffman and asked if it would be easier to stop at the park and pick up the documentation. No response.
01/22/2025	NOV#25-0006 sent by TCEH to Keith Hoffman (park owner) about missing insurance documentation.

Date	Action
02/19/2025	TCEH reached out to Ms. Hoffman about submitting the missing insurance documents. She responded that she would contact their insurance company for the updated documents.
02/20/2025	Ms. Hoffman told TCEH she would follow up with insurance company for needed documents. No documentation received.
03/10/2025	TCEH called and spoke with Ms. Hoffman. She stated that she was unable to provide a copy of a CE-200 (exemption from worker's compensation and disability insurance), because of a bookkeeping error that required a determination from the Worker's Compensation Board before it could be rectified.
03/13/2025	TCEH issued a second temporary permit to operate in order to provide Newfield Estates sufficient time to receive their determination from the Worker's Compensation Board, file for and provide a CE-200.
04/17/2025	TCEH sent postal letter to Keith Hoffman informing him of MHP impending permit expiration due to missing proof of insurance.
05/21/2025	TCEH contacted Ms. Hoffman and informed her that the MHP permit expires on 6/10/2025.
06/10/2025	Newfield Estate's permit to operate expires.
07/24/2025	TCEH sends stipulation to Newfield Estates for operating a mobile home park without a permit to do so.
08/15/2025	TCEH contacted Ms. Hoffman by phone, discussed missing the office conference for the stipulation agreement and let her know that without a signed stipulation agreement TCEH would be required to arrange an administrative hearing. Ms. Hoffman stated she would have her dad (Keith Hoffman) sign the agreement if it could be located. Following the call, TCEH again emailed an unsigned copy of the agreement.
08/19/2025	After not receiving signed stipulation agreement, TCEH attempted to call Ms. Hoffman, but was unable to leave a VM due to a full mailbox. Sent a follow-up email asking Ms. Hoffman to confirm she had received the 8/15/25 email and requesting she call TCEH. No response.
08/25/2025	After not having received response to 8/19/25 email, TCEH called Ms. Hoffman. She stated that she had sent a signed agreement on 8/22/25. Not finding it, TCEH asked she resend the file.

Date	Action
08/28/2025	TCEH tried calling Ms. Hoffman twice to let her know that an email with the stipulation agreement had not been received. Unable to leave VM. Followed up with an email.
08/28/2025	Ms. Hoffman emails signed copy of stipulation agreement.
10/22/2025	TCEH called Keith Hoffman about permit. He stated he or his daughter would follow up with us by end of day. No follow-up occurred.
10/30/2025	TCEH reached out to Nicole Hoffman regarding the annual permit renewal and left a message. Did not receive a call back.
11/05/2025	TCEH attempted to reach Keith Hoffman by phone. Unable to leave a message at business number or personal number (voice mailboxes full).
11/05/2025	TCEH attempted to reach Nicole Hoffman by phone.
11/07/2025	TCEH spoke with Ms. Hoffman by phone. Ms. Hoffman agreed to submit a complete permit renewal application without further delay. No renewal application received.
12/05/2025	TCEH visited the Newfield MHP office/supply BLDG in person but found no one there.

CERTIFIED, REGULAR, & ELECTRONIC MAIL

January 12, 2026

Kevin Griffin
Casper's Kitchen
118 Main Street
Groton, NY 13073

**Re: Tompkins County Board of Health Draft Resolution # EH-ENF-25-0027
Failure to cool potentially hazardous foods using an approved method
Casper's Kitchen, V-Groton**

Dear Kevin Griffin:

Thank you for signing the Stipulation Agreement on December 23, 2025, for Casper's Kitchen. Enclosed is a copy of the Draft Resolution that the Tompkins County Board of Health will consider at its meeting on **Tuesday, January 27, 2026**.

You or a representative has the right to speak to the Board for a few minutes prior to them taking action. If you wish to speak to the Board, please contact Kristee Morgan 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,



Cyril Parr
Director of Environmental Health

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

ec: TCWH: Cyril (Skip) Parr, Director of Environmental Health; Kristee Morgan; Joan Pike; Brenda Coyle
fw: Tompkins County Board of Health (via: SharePoint); CEO V-Groton; TC Legislature: Lee Shurtleff; Jennie Sutcliffe, Whole Health Commissioner; Brenda Crosby, Deputy Public Health Director
file: Signed copy to Accela and/or F:Drive;
F:\EH\FOOD (SF)\FSE (SF)\Facilities (SF-4)\Caspers\Enforcement\2025\Draft Resolution 25-0027.docx

DRAFT RESOLUTION # ENF-25-0027

**Casper's Kitchen
Kevin Griffin, Owner/Operator
118 Main Street, V-Groton
Groton, NY 13073**

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

Whereas, it is a critical violation of Part 14-1 of the NYSSC to fail to cool potentially hazardous foods using an approved method; **and**

Whereas, on November 4, 2025 and November 18, 2025, the Environmental Health Division (EH) observed critical violations of Subpart 14-1 of the NYSSC where potentially hazardous foods were not cooled using an approved method and held at improper temperatures; **and**

Whereas, Kevin Griffin, Owner/Operator, signed a Stipulation Agreement with Whole Health Commissioners Orders on December 23, 2025, agreeing that Casper's Kitchen violated this provision of the New York State Sanitary Code; **now therefore be it**

Resolved, on recommendation of the Tompkins County Board of Health,
That Kevin Griffin, Owner/Operator, is ordered to:

1. Pay a penalty of \$200 for these violations, due by **March 15, 2026**. (**Do Not** submit penalty payment until notified by the Tompkins County Environmental Health Division.); **and**
1. Properly cool potentially hazardous foods using an approved method so that potentially hazardous food temperatures are reduced to appropriate levels within appropriate amounts of time; **and**
2. Properly store potentially hazardous foods in refrigeration so that cold foods are kept below 45°F in cold holding, **and**
3. Properly store trash in covered cans when inside facility and move immediately to outdoor garbage collection area when cans are full, **and**
4. Comply with all the requirements of Subpart 14-1 of the New York State Code for Food Service Establishments.

STIPULATION AGREEMENT AND ORDERS # ENF-25-0027

Casper's Kitchen
Kevin Griffin, Owner/Operator
118 Main Street, V-Groton
Groton, NY 13073

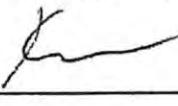
I, Kevin Griffin, as a representative for Casper's Kitchen, agree that on November 4 and November 18, 2025, Casper's Kitchen was in violation of Subpart 14-1 of the New York State Sanitary Code for failure to cool potentially hazardous foods using an approved method, and failure to properly store and dispose of garbage.

I agree to pay a penalty not to exceed \$200 for these 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 Whole Health Commissioner:

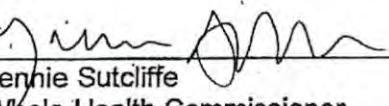
1. Properly cool potentially hazardous foods using an approved method so that potentially hazardous food temperatures are reduced to appropriate levels within appropriate amounts of time; **and**
2. Properly store potentially hazardous foods in refrigeration so that cold foods are kept below 45°F in cold holding, **and**
3. Properly store trash in covered cans when inside facility and move immediately to outdoor garbage collection area when cans are full, **and**
4. Comply with all the requirements of Subpart 14-1 of the New York State Code for Food Service Establishments.

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

Signed: 

Date: 12/23/2025

Kevin Griffin is hereby ordered to comply with these Orders of the Whole Health Commissioner.

Signed: 

Date: 12/20/2025

Jennie Sutcliffe
Whole Health Commissioner

Received

DEC 23 2025

Diversity Through Inclusion

**Tompkins County
Environmental Health**

CASE SUMMARY – FOR RESOLUTION # ENF-25-0027

Casper's Kitchen
Kevin Griffin, Owner/Operator
118 Main Street, V-Groton
Groton, NY 13073

Compiled on January 8, 2026

Date	Action
11/05/2015	Permit to Operate a Food Service Establishment issued.
02/28/2017	BOH adopts Resolution # EH-ENF-17-0001 for operating without a permit.
04/24/2018	Resolution EH-ENF-18-009 adopted by the BOH for operating without a permit following revocation of permit due to bounced check.
08/06/2020	TCEH Inspection. No critical violations observed.
03/16/2021	TCEH Inspection. No critical violations observed.
05/24/2022	TCEH Inspection. Violations: Adulterated food found in establishment. Potentially hazardous foods were not stored under refrigeration.
08/20/2022	TCEH Re-inspection. Violations: Adulterated food found in establishment. Potentially hazardous foods were not stored under refrigeration.
12/06/2022	Resolution EH-ENF-22-0035 adopted by BOH.
01/31/2023	TCEH Inspection. No critical violations observed.
03/12/2024	TCEH Inspection. No critical violations observed.
09/30/2025	TCEH Inspection. Potentially hazardous foods not stored under refrigeration. Improper storage of garbage bags observed.
11/4/2025	TCEH Re-Inspection. Violations: See attached inspection report. Violation cited on 9/30/2025 was corrected. New violations observed.
11/18/2025	TCEH Re-Inspection. Violation: See attached inspection report

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

Food Service Establishment Inspection Summary Report

Operation: CASPER'S (ID: 911323)
Facility Name: CASPER'S KITCHEN
Facility Code: 54-AC66 Facility Email: unwind14850@gmail.com
Facility Address: 118 Main Street, Groton, NY 13073

To the Attention of:

Kevin Griffin
CASPER'S KITCHEN
118 Main St
Groton, NY 13073
Email: unwind14850@gmail.com

Re-Inspection

Date: November 4, 2025 11:30 AM
Inspector: Katherine Walker (kwalker@tompkins-co.org)
Responsible Person: Lynsey Haner
Additional Email(s): kmorgan@tompkins-co.org;

Summary

Number of Public Health Hazards Found:	2
Number of Public Health Hazards NOT Corrected:	0
Number of Other Violations Found:	0

Reinspection is Required

Each item found in violation is reported below along with the code requirement.

FOODS NOT PROTECTED FROM CONTAMINATION, TEMPERATURES NOT MEASURED.

ITEM # 2C WAS FOUND IN VIOLATION 1 TIME(S). CRITICAL VIOLATION

Part or parts of the item were observed to be in violation which were corrected at the time of inspection.

Code Requirements: Cooked or prepared foods are subject to cross-contamination from raw foods.

Inspector Findings: Observed on top shelf of reach-in cooler, approximately four raw chicken breasts stored in a plastic container without a lid, and a serving plate with approximately one pound of breaded raw chicken which was also uncovered. Both items were noted to be stored above ready-to eat foods. Prepared items in cooler were observed to be uncovered and unprotected from raw foods above.

Correction: Raw meats must be stored in a way as to prevent contamination of all other items, especially foods which will be served as ready-to eat.

Action: Signs of contamination by raw items not observed. Items directly below will be fully heated before service. Operator moved raw meat to lowest shelf of refrigeration

unit and covered items to prevent cross contamination of other items.

IMPROPER COOLING AND REFRIGERATED STORAGE OF POTENTIALLY HAZARDOUS FOODS.

ITEM # 5B WAS FOUND IN VIOLATION 1 TIME(S). CRITICAL VIOLATION

Part or parts of the item were observed to be in violation which were corrected at the time of inspection.

Code Requirements: Potentially hazardous foods are not cooled by an approved method where the food temperature can be reduced from 120°F to 70°F or less within two hours and 70°F to 45°F within four hours.

Inspector Findings: On stovetop burner, observed approximately three quarts of cooked cream-based, potato bacon soup cooling using an unapproved method. Interview with operator found that item had been previously cooked approximately one hour earlier and left to cool at room temperature. Item was found to be at 110 degrees F at the start of the inspection. 30 minutes later, item was found to be at 111 degrees F. This change in temperature was likely due to residual heat from other items actively cooking on other burners of the stove. Temperatures were not observed being monitored by the operator.

Correction: Potentially hazardous foods must be cooled by an adequate method so that every part of the product is reduced from 120 degrees F to 70 degrees F within two hours. Temperatures must be continuously monitored and strategies enacted to ensure proper cooling.

Action: Item moved to reach-in cooler and will be temperature monitored to ensure rapid cooling. Discussed cooling strategies such as using an ice bath or ice wand and placing items promptly under refrigeration. Also discussed necessity of monitoring temperatures continuously to ensure that rapid cooling is occurring.

Provided handouts: TCEH Heating & Cooling Diagram and NYSDOH Cooling & Reheating of Potentially Hazardous Foods.

NO ADDITIONAL VIOLATIONS REPORTED

Additional Information Collected During Inspection

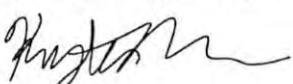
Comments: Part 1: Two critical violations observed of Items #2C and #5B
Part 2: Not included in this reinspection

Reinspection required.

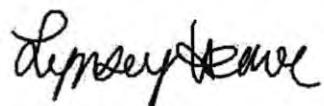
Item #5C found during inspection on 9/30/25 has been corrected.



Inspector: Katherine Walker (kwalker@tompkins-co.org)



11/5/2025



Received by: Lynsey Haner

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

Food Service Establishment Inspection Summary Report

Operation: CASPER'S (ID: 911323)
Facility Name: CASPER'S KITCHEN
Facility Code: 54-AC66 Facility Email: unwind14850@gmail.com
Facility Address: 118 Main Street, Groton, NY 13073

To the Attention of:

Kevin Griffin
CASPER'S KITCHEN
118 Main St
Groton, NY 13073
Email: unwind14850@gmail.com

Re-Inspection

Date: November 18, 2025 10:19 AM
Inspector: Sarah Strapach (heath) (sheath@tompkins-co.org)
Responsible Person: Kevin Griffin
Additional Email(s): kmorgan@tompkins-co.org

Summary

Number of Public Health Hazards Found: 1
Number of Public Health Hazards NOT Corrected: 0
Number of Other Violations Found: 0

Reinspection is Required

Each item found in violation is reported below along with the code requirement.

IMPROPER COOLING AND REFRIGERATED STORAGE OF POTENTIALLY HAZARDOUS FOODS.

ITEM # 5B WAS FOUND IN VIOLATION 1 TIME(S). CRITICAL VIOLATION

Part or parts of the item were observed to be in violation which were corrected at the time of inspection.

Code Requirements: Potentially hazardous foods are not cooled by an approved method where the food temperature can be reduced from 120°F to 70°F or less within two hours and 70°F to 45°F within four hours.

Inspector Findings: On stove top, observed one dutch oven full of cream of broccoli soup that measured at 94 degrees F. Operator stated that the soup was made about an hour and a half ago and was cooling, and will be served at lunch time. Stove was off, and no approved method of cooling was observed. Soup had a "crust" on top of it that indicated that it was not being stirred. Also observed two turkey necks that measured at 71 degrees F that operator stated were cooked about an hour and a half ago. Per previous inspection report from November 4th, 2025, handouts were provided that outlined approved cooling methods.

Correction: Potentially hazardous food items must be cooled using an approved method where they will reach an internal temperature of 70 degrees in two hours and then down to 45 degrees F in an additional four hours.

Action: Operator removed soup from stove top and placed it in a crockpot to reheat to 165 degrees F. Operator voluntarily discarded turkey necks. Discussed proper cooling methods.

NO ADDITIONAL VIOLATIONS REPORTED

Additional Information Collected During Inspection

Comments: Part 1: One instance of Item 5B observed. This is a repeat violation from a previous inspection.
Part 2: No non-critical violations observed.
Reinspection required. Enforcement to follow.

Comments: Observed several full large black garbage bags on floor by back entrance of kitchen. Operator removed them from the kitchen during the inspection.



Inspector: Sarah Strapach (heath) (sheath@tompkins-co.org)

Received by: Kevin Griffin



11/19/2025

CERTIFIED, REGULAR, & ELECTRONIC MAIL

January 16, 2026

Dorm Hotels Inc
Robert Poprawski
10523 Greencrest Drive
Tampa, FL 33626

**Re: Tompkins County Board of Health Draft Resolution # ENF-25-0029
The Dorm Hotel, Temporary Residence, C-Ithaca**

Dear Robert Poprawski:

Thank you for having your representative sign the Stipulation Agreement on January 13, 2026, for The Dorm Hotel.

Enclosed is a copy of the Draft Resolution that the Tompkins County Board of Health will consider at its meeting on **Tuesday, January 27, 2026**.

You or a representative has the right to speak to the Board for a few minutes prior to them taking action. If you wish to speak to the Board, please contact 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,



Cyril Parr
Director of Environmental Health

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

ec: Joanne Yaeger (jdyaege19@gmail.com); TCWH: Cyril (Skip) Parr, Director of Environmental Health; Adriel Shea; Kate Walker; Kristee Morgan; Brenda Coyle
fw: CEO C-Ithaca; Fire Marshall, Ithaca Fire Dept.; Veronica Pillar, TC Legislature; Jennie Sutcliffe, Whole Health Commissioner; Brenda Crosby, Deputy Public Health Director
file: Signed copy to: F:\EH\TEMPORARY RESIDENCE (TR)\Facilities (TR-4)\Dorm Hotel\Enforcement\Stip-25-0029.docx

DRAFT RESOLUTION # ENF-26-0029

**The Dorm Hotel
Dorm Hotels Inc, Owner
518 Stewart Ave, C-Ithaca
Ithaca, NY 14850**

Whereas, the owner/operator of a Temporary Residence must comply with the regulations established under Subpart 7-1 of the of the New York State Sanitary Code (NYSSC); **and**

Whereas, Subpart 7-1.4(b)(11) of the NYSSC states that all emergency lights and exit signs must be maintained and failure to do so is a public health hazard that requires immediate corrective or remedial action; **and**

Whereas, on October 24, 2025, during a routine inspection by TCEH, The Dorm Hotel was found to be in violation of section 7-1.4(b)(11) of the NYSSC for its failure to maintain four emergency exit/emergency light combination units; **and**

Whereas, during reinspections on November 21, 2025 and December 11, 2025, TCEH found one of the four previously cited emergency exit/emergency light combination units had not been replaced or adequately repaired; **and**

Whereas, Joanne Yeager, Operator, signed a Stipulation Agreement with Whole Health Commissioners Orders on January 13, 2026, agreeing that The Dorm Hotel violated this provision of the New York State Sanitary Code; **now therefore be it**

**Resolved, on recommendation of the Tompkins County Board of Health,
That Dorm Hotels Inc, Owner, is ordered to:**

1. Pay a penalty of \$400 for these violations, due by **March 15, 2024 (Do Not submit penalty payment until notified by the Tompkins County Environmental Health Division.)**; **and**
2. Replace the battery back-up of the emergency light/exit sign in the hallway outside of the lower-level maintenance room **as soon as possible and no later than January 29, 2026**; **and**
3. Maintain all emergency lights and exit signs, as required by NYSSC Subpart 7-1.4(b)(11); **and**
4. Comply with all requirements of Subpart 7-1 of the NYSSC for Temporary Residences.

STIPULATION AGREEMENT AND ORDERS # ENF-25-0029

The Dorm Hotel
Dorm Hotel Inc, Owner
518 Stewart Ave, C-Ithaca
Ithaca, NY 14850

I, Robert Poprawski, as a representative for Dorm Hotels Inc, agree that on October 24, 2025, November 21, 2025, and December 11, 2025, The Dorm Hotel was in violation of New York State Sanitary Code (NYSSC) Subpart 7-1.4(b)(11).

I agree to pay a penalty not to exceed \$400 for these 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 Whole Health Commissioner:

1. Replace the battery back-up of the emergency light/exit sign in the hallway outside of the lower-level maintenance room **as soon as possible and no later than January 29, 2026**; and
2. Maintain all emergency lights and exit signs, as required by NYSSC Subpart 7-1.4(b)(11); and
3. Comply with all requirements of Subpart 7-1 of the NYSSC for Temporary Residences.

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: Janine Haeger Date: 01-13-26

The Dorm Hotel Inc is hereby ordered to comply with these Orders of the Whole Health Commissioner.

Signed: Jennie Sutcliffe Date: 1/13/26
Jennie Sutcliffe
Whole Health Commissioner

CASE SUMMARY – FOR RESOLUTION # ENF-26-0029

The Dorm Hotel
Dorm Hotels Inc, Owner
518 Stewart Ave, C-Ithaca
Ithaca, NY 14850

Date	Action
07/01/2021	Facility begins operation as The Dorm Hotel.
10/24/2025	Violations of Subpart 7-1.4(b)(11) for failure to maintain emergency exit/emergency light combination units (4 total). Cited by TCEH during routine inspection.
11/21/2025	Violation of Subpart 7-1.4(b)(11) for failure to maintain emergency exit/emergency light combination unit (1 total). During reinspection by TCEH, three of four previously cited units found to have been repaired or replaced.
12/11/2025	Violation of Subpart 7-1.4(b)(11) for failure to maintain emergency exit/emergency light combination unit (1 total). During 2 nd reinspection by TCEH, combination unit previously cited twice, still not functioning as designed.
12/23/2025	Stipulation Agreement and Orders # ENF-26-0029 issued for repeated violations of Subpart 7-1.4(b)(11).
1/13/2026	Stipulation Agreement and Orders # ENF-26-0029 signed by operator at scheduled office conference.

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

Temporary Residence Inspection Summary Report

Operation: DORM HOTEL (ID: 1058499)
Facility Name: DORM HOTEL
Facility Code: 54-1223 Facility Email: rob@thedormhotel.com
Facility Address: 518 Stewart Avenue, Ithaca, NY 14850

To the Attention of:

Robert Poprawski
DORM HOTELS INC
10523 Greencrest Drive
Tampa, FL 33626
Email: rob@thedormhotel.com

Inspection

Date: October 24, 2025 11:30 AM
Inspector: Katherine Walker (kwalker@tompkins-co.org)
Responsible Person: Joanne Yaeger
Additional Email(s): jdyaeger19@gmail.com;

Summary

Number of Public Health Hazards Found:	4
Number of Public Health Hazards NOT Corrected:	4
Number of Other Violations Found:	0

ReInspection is Required

Each item found in violation is reported below along with the code requirement.

PUBLIC HEALTH HAZARDS

ITEM #11 WAS FOUND IN VIOLATION 4 TIME(S). PUBLIC HEALTH HAZARD

All or parts of the item are violations.

Code Requirements: Required exit/ smoke barrier doors, emergency lights, exit signs maintained {7-1.4b(11)}

Inspector Findings: Observed four emergency exit / emergency light combo units which failed to fully illuminate upon test. Units were located: outside of room #106; at top of stairwell between lower level and ground floor; at bottom of stairwell between ground floor and lower level and by lower level maintenance room. Replace battery backups or repair replace units to ensure function in the event of an emergency.

Please note that this item requires prompt corrective action.

NO NON-PUBLIC HEALTH HAZARDS REPORTED

Additional Information Collected During Inspection

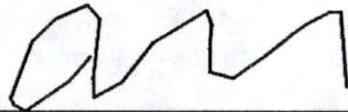
Permitted Capacity: 31 Rooms / Units

Comments: Part 1: Observed four violations of Item #11
Part 2: No non-critical violations observed.

Reinspection required.



Inspector: Katherine Walker (kwalker@tompkins-co.org)



Received by: Joanne Yaeger

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

Temporary Residence Inspection Summary Report

Operation: DORM HOTEL (ID: 1058499)
Facility Name: DORM HOTEL
Facility Code: 54-1223 Facility Email: rob@thedormhotel.com
Facility Address: 518 Stewart Avenue, Ithaca, NY 14850

To the Attention of:

Robert Poprawski
DORM HOTELS INC
10523 Greencrest Drive
Tampa, FL 33626
Email: rob@thedormhotel.com

Re-Inspection

Date: November 21, 2025 01:30 PM
Inspector: Katherine Walker (kwalker@tompkins-co.org)
Responsible Person: Lucero Robles

Summary

Number of Public Health Hazards Found: 1
Number of Public Health Hazards NOT Corrected: 0
Number of Other Violations Found: 0

Reinspection is Required

Each item found in violation is reported below along with the code requirement.

PUBLIC HEALTH HAZARDS

ITEM #11 WAS FOUND IN VIOLATION 1 TIME(S). PUBLIC HEALTH HAZARD

Part or parts of the item were observed to be in violation which were corrected at the time of inspection.

Code Requirements: Required exit/ smoke barrier doors, emergency lights, exit signs maintained {7-1.4b(11)}

Inspector Findings: Observed one emergency exit/emergency light combo unit which failed to fully illuminate upon test. Unit was located in hallway outside of lower level maintenance room. Replace battery backup to ensure function in the event of an emergency.

NO NON-PUBLIC HEALTH HAZARDS REPORTED

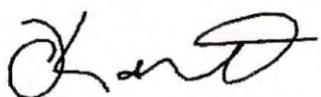
Additional Information Collected During Inspection

Permitted Capacity: 31 Rooms / Units

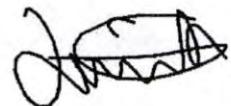
Comments: Part 1: One violation of Item #11 remains uncorrected
Part 2: No violations observed

Reinspection required. Failure to correct this item may result in Board Of Health action.

Three of four critical violations observed during inspection on 10/24/2025 were observed to be corrected. One violation was found to remain uncorrected or to have reoccurred.



Inspector: Katherine Walker (kwalker@tompkins-co.org)



Received by: Lucero Robles

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

Temporary Residence Inspection Summary Report

Operation: DORM HOTEL (ID: 1058499)
Facility Name: DORM HOTEL
Facility Code: 54-1223 Facility Email: rob@thedormhotel.com
Facility Address: 518 Stewart Avenue, Ithaca, NY 14850

To the Attention of:

Robert Poprawski
DORM HOTELS INC
10523 Greencrest Drive
Tampa, FL 33626
Email: rob@thedormhotel.com

Re-Inspection

Date: December 11, 2025 03:30 PM
Inspector: Katherine Walker (kwalker@tompkins-co.org)
Responsible Person: David Gouldthorpe
Additional Email(s): jdyaeger19@gmail.com; ashea@tompkins-co.org

Summary

Number of Public Health Hazards Found: 1
Number of Public Health Hazards NOT Corrected: 1
Number of Other Violations Found: 0

Reinspection is Required

Each item found in violation is reported below along with the code requirement.

PUBLIC HEALTH HAZARDS

ITEM #11 WAS FOUND IN VIOLATION 1 TIME(S). PUBLIC HEALTH HAZARD

All or parts of the item are violations.

Code Requirements: Required exit/ smoke barrier doors, emergency lights, exit signs maintained {7-1.4b(11)}

Inspector Findings: Observed one emergency exit/emergency light combo unit which failed to fully illuminate upon test. Unit was located in hallway outside of lower level maintenance room. Replace battery backup to ensure function in the event of an emergency.

NO NON-PUBLIC HEALTH HAZARDS REPORTED

Additional Information Collected During Inspection

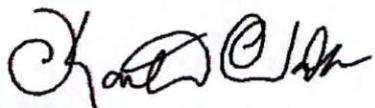
Permitted Capacity: 31 Rooms / Units

Comments: Part 1: One critical violation of Item #11 observed
Part 2: Not included in this inspection.

Critical violation was observed initially during inspection on 10/24/25 and during re-inspection on 11/21/25 and was found to remain uncorrected during this inspection on 12/11/25.

Board of Health action to follow.

Reinspection required.



Inspector: Katherine Walker (kwalker@tompkins-co.org)

CERTIFIED, REGULAR, & ELECTRONIC MAIL

January 16, 2026

CNY MHPS, LLC
Attention: Katie Inkin
90 Airport Drive, Suite 400
Rochester, NY 14624

**Re: Tompkins County Board of Health Draft Resolution # ENF-26-002
Violation of Board of Health Orders # ENF-25-0002 and ENF-25-0012
Hanshaw Village mobile home park, (T) Dryden**

Dear Katie Inkin:

In response to violations cited for the discharge of sewage to the surface of the ground, the Tompkins County Board of Health adopted Resolutions #ENF-25-0002 and #ENF-25-0012 on February 25, 2025, and September 23, 2025, respectively. Among the orders included in each of these resolutions were orders to adhere to State and local sanitary codes and to prevent sewage discharges in the future.

On December 29, 2025, in response to a tenant's complaint, Tompkins County Environmental Health (TCEH) staff observed raw sewage overflowing a pump chamber on lower Schwan Drive and entering a nearby creek. After TCEH contacted your office, you shared the corrective actions underway. This discharge was a violation of above referenced Board of Health Resolution # 25-0012, as well as Section 17.6(b)(6) of the New York State Sanitary Code (NYSSC) and Article VI, S-6.02(b) of the Tompkins County Sanitary Code. Additionally, the NYSSC requires you to notify our office immediately of any improper sewage discharges.

Enclosed is a copy of the Draft Resolution that the Tompkins County Board of Health will consider at its meeting on **January 27, 2026**. You or a representative has the right to speak to the Board for a few minutes prior to them taking action. If you wish to speak to the Board, please contact 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,



Cyril Parr
Director of Environmental Health

Enclosures: Draft Resolution, Resolutions #EH-ENF-25-0002 and #EH-ENF-25-0012, and Case Summary

ec: TCWH: Cyril Parr, Director of Environmental Health; Scott Freyburger, P.E., Public Health Engineer; Adriel Shea; Adam Ace; Brenda Coyle
cc: CEO T-Dryden; Supervisor T-Dryden; Greg N. Mezey, TC Legislature; NYSDEC: Matthew Russo, P.E.; Jennie Sutcliffe, Whole Health Commissioner; Brenda Crosby, Deputy Public Health Director
file: F:\EHWMOBILE HOME PARKS (MHP)\Facilities (MHP-4)\Hanshaw\Enforcement\2026\Draft Res-26-002.docx

Diversity Through Inclusion

DRAFT RESOLUTION # ENF-26-002

**Hanshaw Village Mobile Home Park
CNY MHPS, LLC, Owner/Operator
1871 Hanshaw Road, T-Dryden
Dryden, NY 13068**

Whereas, the owner/operator of a Mobile Home Park must comply with the regulations established under Part 17 of the New York State Sanitary Code (NYSSC) and Article VI of the Tompkins County Sanitary Code (TCSC); **and**

Whereas, Section 17.6(b)(6) of the NYSSC and Article VI, S-6.02(b) of the TCSC prohibit discharges of inadequately treated sewage to the surface of the ground or into any water course; **and**

Whereas, Section 17.11(e)(4) of NYS Sanitary Code requires the owner/operator of a Mobile Home Park to immediately report to the permit-issuing official any occurrence of sewage discharged to the surface of the ground; **and**

Whereas, on February 25, 2025, and September 23, 2025, the Tompkins County Board of Health adopted Resolutions #EH-ENF-25-0002 and #EH-ENF-25-0012, respectively, for violations of sewage on the ground within Hanshaw Village mobile home park; **and**

Whereas, both resolutions ordered CNY MHPS, LLC, owner of Hanshaw Village mobile home park to adhere to Part 17 of the NYSSC and Article VI of the TCSC; **and**

Whereas, on December 29, 2025, TCEH staff confirmed the discharge of sewage from a pump chamber to the ground surface and to a water course (later corrected) near Schwan Drive; **and**

Whereas, TCEH was not notified by the park's owner/operator of the discharge; **and**

Whereas, CNY MHP, LLC, violated 17.6(b)(6) and 17.11(e)(4) of the NYSSC, Article VI, S-6.02(b) of the TCSC, Board of Health Resolution #EH-ENF-25-0002 and Board of Health Resolution #EH-ENF-25-0012; **now therefore be it**

Resolved, on recommendation of the Tompkins County Board of Health,
That CNY MHP, LLC, Owner, is ordered to:

1. Pay a penalty of \$500 for these violations, due by **March 15, 2026** (**Do Not** submit penalty payment until notified by the Tompkins County Environmental Health Division.); **and**
2. **Immediately** notify TCEH upon learning of the discharge of any sewage to the surface of the ground within the park; **and**
3. **By February 15, 2026**, have a NYS licensed design professional or a contractor familiar with wastewater treatment and conveyance systems determine the functionality of the alarm system, the size and the condition of the sewage pump chamber near lower Schwan Drive and report this determination to TCEH; **and**
4. If it is determined that the existing pump chamber and alarm system do not comply with current design parameters, **by April 1, 2026**, and **under TCEH permit**, repair, replace or modify these facilities to bring them into compliance; **and**

5. Comply with all provisions of Part 17 of the New York State Code for Mobile Home Parks; **and**
6. Comply with all provisions of Article VI of the Tompkins County Sanitary Code for Sewage Holding, Treatment and Disposal.

RESOLUTION # EH-ENF-25-0002

**Hanshaw Village Mobile Home Park
CNY MHPS, LLC, Owner/Operator
1871 Hanshaw Road, T-Dryden
Dryden, NY 13068**

Whereas, the owner/operator of a Mobile Home Park must comply with the regulations established under Part 17 of the New York State Sanitary Code (NYSSC) and Article VI of the Tompkins County Sanitary Code (TCSC); **and**

Whereas, Section 17.6(b)(6) of the NYSSC states, *"Inadequately treated sewage on the surface of the ground shall be prohibited"*; **and**

Whereas, Article VI, S-6.02(b) of the TCSC states, *"No person shall expose or discharge human wastes or sewage to the atmosphere, or to the surface of the ground, or into any storm sewer or drain or into any water course or body of water..."*; **and**

Whereas, on December 13, 2024, Tompkins County Environmental Health (TCEH) staff observed sewage on the ground at 15 Harbor Circle, Hanshaw Village; **and**

Whereas, following the site visit on December 13, 2024, TCEH staff provided Hanshaw Village's operator, Olivia Ditko, with an inspection report citing the violation and providing instructions to abate the violation by December 20, 2024; **and**

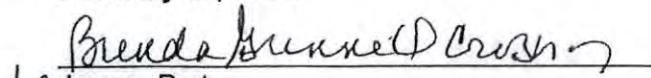
Whereas, on January 3, 2025, TCEH staff observed that the violation had not been abated; **and**

Whereas, CNY MHPS, LLC, Owner, signed a Stipulation Agreement with Whole Health Commissioners Orders on January 13, 2025, agreeing that on December 13, 2024 and on January 3, 2025, Hanshaw Village violated both 17.6(b)(6) of the NYSSC and Article VI, S-6.02(b) of the TCSC; **now therefore be it**

Resolved, on recommendation of the Tompkins County Board of Health,
That CNY MHPS, LLC, Owner, is ordered to:

1. Pay a penalty of \$400 for these violations, due by **April 15, 2025**; **and**
2. Immediately erect temporary fencing and lime the area where sewage has discharged to the ground surface *(completed)*; **and**
3. No later than **February 5, 2025**, and in compliance with all applicable State, local and municipal codes and regulations, abate the violation through maintenance and/or repair *(completed)*; **and**
4. Comply with all provisions of Part 17 of the New York State Code for Mobile Home Parks; **and**
5. Comply with all provisions of Article VI of the Tompkins County Sanitary Code for Sewage Holding, Treatment and Disposal.

This action was adopted by the Tompkins County Board of Health at its regular meeting on February 25, 2025.


Jeremy Porter
Interim Whole Health Commissioner

2/28/25

Date

RESOLUTION # ENF-25-0012

**Hanshaw Village Mobile Home Park
CNY MHPS, LLC, Owner/Operator
1871 Hanshaw Road, T-Dryden
Dryden, NY 13068**

Whereas, the owner/operator of a Mobile Home Park must comply with the regulations established under Part 17 of the New York State Sanitary Code (NYSSC) and Article VI of the Tompkins County Sanitary Code (TCSC); **and**

Whereas, Section 17.6(b)(6) of the NYSSC states, *"Inadequately treated sewage on the surface of the ground shall be prohibited"*; **and**

Whereas, Article VI, S-6.02(b) of the TCSC states, *"No person shall expose or discharge human wastes or sewage to the atmosphere, or to the surface of the ground, or into any storm sewer or drain or into any water course or body of water..."*; **and**

Whereas, on February 25, 2025, the Tompkins County Board of Health adopted Resolution #EH-ENF-25-0002 for a violation of sewage on the ground at 15 Harbor Circle, Hanshaw Village, which was later abated; **and**

Whereas, on June 13, 2025, while investigating a complaint of sewage odors in the park, TCEH staff again observed sewage on the ground at 15 Harbor Circle and notified the operator (*violation subsequently corrected*); **and**

Whereas, on June 27, 2025, in response to a complaint, TCEH staff observed a cracked sewer main discharging raw sewage into an intermittent stream and notified the operator and the DEC (*violation subsequently corrected*); **and**

Whereas, on August 20, 2025, after notification provided by the Town of Dryden Code Enforcement Officer, TCEH staff confirmed sewage on the ground behind 24 Shore Drive (*violation subsequently corrected*); **and**

Whereas, on September 4, 2025, while doing a routine inspection of the mobile home park, TCEH staff observed surfacing sewage outside of 14 Delong Ave and 10 Lake Country Ave; **and**

Whereas, CNY MHP LLC, violated 17.6(b)(6) of the NYSSC, Article VI, S-6.02(b) of the TCSC, and Board of Health Resolution #EH-ENF-25-0002; **now therefore be it**

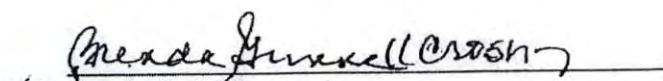
**Resolved, on recommendation of the Tompkins County Board of Health,
That CNY MHPS, LLC, Owner, is ordered to:**

1. Pay a penalty of \$2500 for these violations, due by **November 14, 2025**; **and**
2. Immediately erect temporary fencing and lime areas where sewage has been or is discharging to the ground surface until such time the sewage has been properly cleaned up; **and**
3. Begin corrective actions immediately after future notifications of sewage discharges and no later than 24 hours after receipt of notification. These violations must be abated through maintenance

and/or repair and in compliance with all applicable State, local and municipal codes and regulations; **and**

4. Comply with all provisions of Part 17 of the New York State Code for Mobile Home Parks; **and**
5. Comply with all provisions of Article VI of the Tompkins County Sanitary Code for Sewage Holding, Treatment and Disposal.

This action was adopted by the Tompkins County Board of Health at its regular meeting on September 23, 2025.


Jennie Sutcliffe
Whole Health Commissioner

9/26/25

Date

CASE SUMMARY – FOR RESOLUTION # ENF-26-002

**Hanshaw Village Mobile Home Park
 CNY MHPS, LLC, Owner/Operator
 1871 Hanshaw Road, T-Dryden
 Dryden, NY 13068**

Date	Action
November 1, 2021	Mobile Park Permit issued to CNY MHPS, LLC
December 13, 2024	Environmental Health (EH) staff visited the home at 15 Harbor Circle in Hanshaw mobile home park due to a complaint about untreated sewage. They confirmed the presence of sewage and documented it in an inspection report, providing a 7-day compliance deadline.
December 24, 2024	TCEH staff returned to site but couldn't determine compliance due to snowfall.
January 3, 2025	Sewage was again observed discharging to the ground surface during a reinspection.
January 13, 2025	TCEH issued stipulation agreement and orders to park owner, CNY MHPS, LLC.
January 13, 2025	CNY MHPS, LLC signed and returned the stipulation agreement to TCEH.
January 16, 2025	MHP owner claimed the issue was fixed, but a later visit found the riser pipe had popped off, causing another discharge.
January 21, 2025	MHP owner claimed the issue was fixed again, but water was shut off, preventing testing. A visit that day confirmed the issue appeared resolved.
February 25, 2025	Resolution #ENF-25-0012 adopted by BOH – sewage violation appeared corrected on 1/21/25
June 13, 2025	While investigating a complaint at an adjacent lot, TCEH observed sewage on the ground at 15 Harbor Circle.
June 27, 2025	In response to a complaint, TCEH staff observed sewage discharging from a sewer force main into an intermittent creek near 30 Schwan Dr. Operators were notified of violation.
July 1, 2025	A follow-up inspection by TCEH confirmed that a repair had been made to the force main by 30 Schwan Dr.
July 2, 2025	TCEH revisited 15 Harbor Circle. No active sewage discharge was observed; however, remnants from a previous discharge remained unaddressed.
August 12, 2025	TCEH again visited 15 Harbor Circle. No active discharge observed, but previous discharge still visible and unaddressed.
August 20, 2025	EH staff responded to a complaint at 22-24 Shore Dr, Hanshaw MHP, and confirmed the presence of sewage. Findings were documented in an inspection report, with a 7-day deadline issued for compliance.
August 25, 2025	EH staff received confirmation that the issue at 22-24 Shore Dr, Hanshaw MHP, has been resolved.
September 4, 2025	During a routine inspection of the mobile home park, EH staff observed sewage surfacing to the ground outside of 14 Delong Ave and 10 Lake Country Ave.

September 10, 2025	EH received email determining that a broken pipe under the resident owned home at 10 Lake Country Ave was determined to be the issue and that a broken pump was the result of discharge 14 Delong Ave. Pictures were included showing areas had been limed and fenced.
December 29, 2025	EH staff received a complaint of raw sewage discharging onto the ground at 32 Schwan Drive and entering a nearby stream. Staff visited the site and verified the discharge. The operator of the mobile home park was contacted to address and correct the issue. As an immediate temporary measure, the operator installed an electrical cord to power the pump and restore its function.
December 30, 2025	EH confirmed the pump chamber wasn't discharging sewage onto the ground. It was running on an extension cord for power, and the alarm and indicator light weren't connected or working.
January 7, 2026	EH visited the site and observed no sewage discharge. The pump was still powered by an extension cord, and the alarm indicators were not operational.
January 9, 2026	EH visited the site and observed no sewage discharge. The pump was now connected to a proper electrical outlet, but no alarms were installed or operational.

Division for Community Health
Emergency Response Plan

Policy

1. In the event of an emergency, the Division for Community Health will strive to maintain continuity of care, ensure client and staff safety, ensure the appropriate utilization of resources, and ensure an orderly response to emergency situations.
2. Every emergency presents unique concerns; no single response method is expected to fit all needs. This plan is designed to provide guidance, a flexible framework and up-to-date resources to ensure a quick and appropriate response plan can be developed.
3. Division staff will be:
 - Oriented on the Emergency Response Plan relevant to their program and potential roles and responsibilities in compliance with NYS Department of Health Licensed Home Health Services Agencies (LHCSA), WIC and Diagnostic & Treatment Center (D&TC) requirements,
 - Trained regarding emergency preparedness topics as arranged by the TCWH Public Health Preparedness Coordinator, and
 - Participate in TCWH and community emergency drills including quarterly call-down drills using the SIREN alert system, exercises and actual events as appropriate to their position, skills and licensure or with Just-In-Time Training (JITT).
4. This policy and referenced emergency contact information will be reviewed and updated annually or sooner as appropriate.

Definition – An emergency refers to weather (ice, snow, heat, flood or electrical storm); biological (communicable disease epidemic); accidental (toxic environmental spill); or purposeful event (e.g. anthrax exposure).

Pre-planning Preparation and Resources

1. The Division assures a Community Health Nurse is On-Call (Nurse On-Call) available 24 hrs., seven days week to address critical client needs.
2. The Director of Community Health (DCH) and Senior Community Health Nurse in Community Health Services (CHS) are responsible for posting the Nurse On-Call calendar and ensuring staff coverage for On-Call.
3. The Nurse On-Call calendar is posted monthly, emailed to Finger Lakes Answering Service and distributed to administrative staff, EH staff and CHS nursing staff.
4. The Nurse On-Call has access to a OneDrive folder of on-call resources which includes:
 - Contact information for all DCH staff,
 - Communicable disease response information,

- Emergency contact numbers for emergency medical services, county emergency management and law enforcement, community partners specific to the program needs,
- Current lists for LHCSA and D&TC clients including priority codes (acuity, transportation assistance level (TAL)) and clients on life-sustaining equipment (lists are updated weekly on last business day). For TAL scale, go to Appendix A.

5. Tompkins County Department of Emergency Response (DOER) maintains a list of contacts with their private sector partners. This list includes regulated entities (including hospitals and nursing homes) that the County regularly interacts with during responses. Agency emergency contact information is maintained through regular contact with external partners. This list is available to Whole Health/Division for Community Health upon request from DOER.
6. Tompkins County Whole Health employees are added to an internal employee SIREN list upon hire. Agency emergency contact information is also updated and available via the Health Commerce System (see Division HCS Policy & Procedure).
7. Public Information and communication plans are reviewed and PIOs are updated. Communications planning will occur with oversight from Director of Health Promotion.
8. The Nurse On-Call responds to critical client related calls received by the answering service after-hours, weekends or holidays and/or during business hour emergencies.
9. For anticipated emergencies such as an impending snowstorm, CHS staff will contact clients as time and circumstances allow to reschedule appointments as needed and to notify clients how to contact TCWH if needed.
10. An Office To-Go Kit is available in the DCH office stocked with essential paper documentation forms and clerical supplies such as pads, a stapler, pens, pencils and paper clips in case of computer failure.
11. Upon hire, all Division staff will be provided an orientation on:
 - Personal Preparedness
 - TCWH Public Health Response Plan
 - TCWH Medical Countermeasures Plan
 - TCWH Point of Dispensing Plans, as applicable
 - Division for Community Health Emergency Response Plan
 - All CHS employees will be required to complete ICS training from FEMA (IS-100 and IS-700, with supervisors required to take IS-200 and IS-800), Psychological First Aid and Field Safety

Emergency Response Procedure

1. In the event of an emergency the Director of Community Health (DCH) or designee will notify, or be notified, by the Commissioner of Tompkins County Whole Health (TCWH) or designee. SIREN alerts will be used to communicate with DCH staff during an emergency.
2. TCWH Medical Director will be informed of the emergency by the DCH. If Medical Director is in the office, email and office phone will be used to communicate. If Medical Director is not in the office, please contact via cell phone.
3. The DCH will consult with the Community Health Services (CHS) Senior Community Health Nurse (SCHN) to assess scheduled clinic and home visit needs and staffing levels. Based on this review the SCHN and DCH will develop an action plan to address if and how to continue to provide ongoing services during an emergency if appropriate. DCH will report same to Commissioner of Whole Health/Deputy Public Health Director as appropriate.
4. The WIC Director will work with the DCH to develop an action plan to determine the need to cancel, postpone or reschedule a WIC clinic. The WIC Director will notify the NYSDOH Regional Office and the

DCH or designee of the WIC action plan. Staff may be directed to work remotely or from home so that WIC services are not interrupted, i.e. impending weather or WIC staff are unable to access the building. WIC Director will seek guidance from DCH & TCWHC. (reference WIC remote appointment guidelines)

- At least two staff must participate in the certification of each applicant: one staff member to determine residential and income eligibility, and one qualified nutrition staff to assess nutritional risk and assign a food package.
- DCH or designee is responsible for informing PHD and PIO of clinic cancellations.

5. The Commissioner of Whole Health will determine if the emergency warrants the need for staff to use a National Incident Management System (NIMS)/Incident Command System (ICS) response system, as outlined in the TCWH Public Health Emergency Response Plan.
6. If calls are numerous or could be handled more effectively in the office, the DCH/SCHN will move operations to TCWH office as able and appropriate.
7. If the Health Department is not accessible, the DCH/SCHN will work with the Deputy Public Health Director to determine an alternative location outlined in the TCWH Continuity of Operations Plan (COOP).
8. The DCH/SCHN will assign staff to assist with client calls and/or Priority 1 clinic or home visits and TAL level 1 clients.
9. Should additional staff be needed beyond the Division's capacity during an emergency response the DCH/SCHN will consult with Deputy Public Health Director or designee for additional resources within TCWH and/or County.

Communication Systems

1. Depending on the type of emergency the DCH or PHD/Designee will contact the TCWH Public Information Officer (PIO) to provide guidance on public information and media inquiries. The PIO team will write and disseminate press releases and other public information as needed regarding access to client care. The PIO will obtain situational updates and provide information on safety precautions or actions relevant to the situation to the media and partner agencies. TCWH Communications team will be responsible for updating the website, posting on multiple social media platforms and using other communications tools such as local list servs and govDelivery email/text lists. TCWH Communications team will develop SIREN alert messages to be sent to the community by DOER.
2. In WIC, an automated phone/text system is used to contact WIC participants of WIC clinic closure, cancellation or other pertinent brief message. This automated system is one way communication to WIC participants.
3. The Nurse On-Call will use work cellular telephones if available. If none are available, staff will be reimbursed for extra telephone expenses they may incur as a result of work conducted on a personal home or cellular telephone.
4. If the emergency causes a loss of telephone and cellular service, the Division recommends staff stay tuned to emergency radio broadcasts.
5. If CHS nurses are in the field when an emergency occurs, SIREN alerts will be used to communicate pertinent information regarding sheltering in place or returning to the office. As a backup to the SIREN system, the DCH and Senior Community Health Nurses can implement a call down list. Contact information for all CHS employees is maintained by the Director of Community Health and can be found in the OneDrive folder of on-call resources.

Assessment, Review, Planning During an Emergent Event

1. Staff to periodically update the DCH/SCHN who in turn will update the Commissioner, Deputy PHD, and PIO on the continuity of care.

2. DCH in consultation with the Senior Community Health Nurse will assess anticipated client needs, staff levels and needed resources for the first one to three days and develop a short-term action plan. DCH will consult with Commissioner and Deputy PHD to review plan and determine if further assistance and/or resources will be needed.
3. If the emergency warrants, the DCH will discuss long-term planning with Senior Community Health Nurse to assess client, staffing and resources needed to meet long-term needs. DCH will consult with Commissioner and Deputy PHD to review plan and determine if further assistance and/or resources will be needed.
4. Regardless of the length of the emergency, a continual process of assessment, review, planning and evaluation will occur every twelve (12) hours to ensure continuity of client care.

Evacuation

1. The decision to evacuate an area will be made by the Tompkins County Department of Emergency Response.
2. Communication: all LHCSA clients will be encouraged to sign up for SIREN alerts for communication during an emergency. If there is an evacuation order, clients in the identified evacuation area will be contacted by their nurse for follow up within 48-72 hours.
3. If a client refuses to follow an evacuation order, DCH staff will continue to educate the client regarding the risks and will work to support client needs with available resources. DCH staff will inform the Department of Emergency Response or the Emergency Operations Center regarding client needs if there is a client refusing evacuation.

Client Education – Priority Assessment – Census Reports

1. All LHCSA clients are assessed and assigned a priority code (Appendix D) and transportation assistance level (TAL) (Appendix A) on admission. Client priority code and TAL are reassessed every certification period (60 days) or sooner if client status change occurs.
2. All newly admitted clients will be educated on contacting 911 for emergency services and receive the agency's Emergency Preparedness Recommendations Letter (Appendix B). Clients will also be educated on how to reach TCWH should there be an urgent concern using our 24-hour on call answering service.
3. Support staff maintain ability to generate a hard copy of CHS census report of all clients via the electronic health record system.
4. A list of clients will be printed on the last business day each week. Report will be filed securely in the CHS OneDrive On Call Documents folder and a paper copy will be kept in an Emergency Preparedness binder in the DCH's office.
5. LHCSA Census report is shared weekly with Visiting Nurse Service of Tompkins County as the Certified Home Health Care Agency with oversight of the LHCSA. Census report includes client specific information as follows:
 - Priority code, name, address, phone numbers and primary diagnoses,
 - Identification of any clients dependent on electricity to sustain life,
 - Emergency contact telephone numbers of family/caregivers and any other specific information that may be critical to first responders.
 - TAL designation

Staff Home Emergency Preparedness

The Division recommends Community Health staff have a:

1. Home emergency plan with food, water and medications needed per person and per pet for 3 days.
2. Landline or cellular phone with back-up batteries,

3. Flashlights with back-up batteries,
4. Battery powered and/or solar radio to hear emergency broadcasts (with back-up batteries).

When the emergency is declared over by DOER/Commissioner of Whole Health, after action review will occur with input from the DCH, Deputy Public Health Director, Commissioner of Whole Health, Whole Health Communications team and Public Health Preparedness Coordinator. Lessons learned will be incorporated into planning for future emergencies.

William Klepack, MD, Medical Director for Public Health
Tompkins County Whole Health
NYS license #126544-01

Date

Appendix A: Transportation Assistance Levels (TAL) Classifications
Appendix B: Client Letter: Emergency Preparedness Recommendations
Appendix C: Family Disaster Plan
Appendix D: CHS Client Priority Definitions and Services

References

- Title 10 Health NYCRR section 766.9 (c) Governing Authority (5/15/13)
- WIC Policy manual section 1408 and the LA policy
- DCH Health Commerce System Policy (DCH Policy Manual)
- Tompkins County – Comprehensive Emergency Management Plan and Continuation of Operations Plan (COOP)
- DCH Nurse On-Call Policy (DCH Policy Manual)
- DAL – NYSDOH Dear Administrator Letter 25-11, 9/26/25

Original: 9/25/12

Reviewed: 12/13, 11/18/15, 4/25/16

Revised: 3/6/14, 5/20/14, 11/18/15, 4/25/16, 12/11/25

NYSDOH LHCSC Approval: 11/14/12

Community Health Quality Assurance Committee Approval: 12/16/2025

Board of Health Approval: *pending*

Community Health Services

Transportation Assistance Levels (TAL) Classifications

TAL classification is a state wide standardized tool to rapidly identify LHCSA clients in need of transportation assistance during a **planned evacuation** and to ensure appropriate transportation resources are deployed.

Upon admission, a TAL level will be assigned to the LHCSA client and documented in the EHR. TAL level will be re-evaluated throughout the client treatment plan of care and modified as needed to accurately reflect mobility status. TAL level is included in the weekly client roster for On-Call nurse and Visiting Nurse Service.

TAL1: Non-Ambulatory

Definition – Non-Ambulatory clients are those who require transport by stretcher. For emergency movement down stairs, they may be transferred to backboards, basket litters or other appropriate devices. These clients are clinically unable to be moved in a seated position, and may require medical equipment to accompany them. Ambulance transport is required and in special circumstances (i.e. severe flooding) helicopter transport may be needed. These clients will be identified as TAL-1 upon admission or when their mobility status changes during their treatment plan with the health department. These clients must be accompanied by a clinical provider appropriate to their condition (i.e. EMT, paramedic, nurse).

TAL 1 subcategories for ambulance transport

TAL 1-S Non-ambulatory-Stretcher = clinically unable to be moved in a seated position, and may require equipment including but not limited to oxygen, cardiac monitors, or other biomedical devices to accompany them during transport.

TAL 1-V Non-ambulatory-Vent = clinically unable to be moved in a seated position, and require equipment including but not limited to mechanical ventilators, oxygen, cardiac monitors, or other biomedical devices to accompany them during transport.

TAL 1-B Non-ambulatory-Bariatric = clinically unable to be moved in a seated position, and may require equipment including but not limited to oxygen, mechanical ventilators, cardiac monitors, or other biomedical devices to accompany them during transport. **Require a wider stretcher for transport.**

TAL2: Wheelchair

Definition – Wheelchair clients are those who are unable to walk due to physical or medical condition. They are stable, without any likelihood of resulting harm or impairment from wheelchair transport or prolonged periods of sitting, and do not require attached medical equipment (not including oxygen) during relocation or evacuation. They can be safely managed by a single non-clinical staff member. They may be transported as a group in a wheelchair-appropriate vehicle with a single staff member or designated person accompanying them. These clients will be identified as TAL-2 upon admission or when their mobility status changes during their treatment plan with the health department.

TAL-2 further guidance regarding transport of individuals with intravenous (IV) infusion lines.

- IV infusion lines should be converted to saline locks or discontinued for transport. These clients may be escorted by a non-clinical person.
- Clients with continued IV infusion must be escorted by a nurse or paramedic during transport.

TAL3: Ambulatory

Definition – Ambulatory clients are those who are able to walk at a reasonable pace the distance from their home to their car or designated loading area without physical assistance, and without any likelihood of resulting harm or impairment. These clients will be identified as TAL-3 upon admission or when their mobility status changes during their treatment plan with the health department.

Examples: (most LHCSA clients) Moms PLUS+ clients, infant/child carried by an adult, ambulating pediatric client

Reference – NYSDOH Dear Administrator letter (DAL) DHCBS 25-11, 9/26/25

Dear Tompkins County Whole Health Client and Family:

We are fortunate to live in a region that rarely experiences major weather events and natural disasters. However, it's important to be prepared for a snow, ice, wind or rain storm that is more typical here when electrical power, food or medical supplies may be temporarily disrupted.

With this in mind we recommend you and your family:

- Develop a communication plan to pre-plan where you'll meet in the event of an emergency, and
- Prepare an emergency supply kit and stock of essential food, water and medicine for each person and pet for **3 days**.
- Sign up for Tompkins County SIREN alerts. This system is used to send alerts to the public with critical information during emergencies. More information can be found here: www.tompkinsready.org
- If you are unable to reach us at 607-274-6604 for any reason, please call our answering service at 1-800-875-6686 and leave a message. A nurse will return your call.

Sincerely,



Rachel Buckwalter, BSN, RN
Director of Community Health

Inclusion Through Diversity

BE IN CONTROL!

Think and plan ahead.

If a disaster were to strike,
what would you do?

Being prepared **before** a disaster strikes is one of the best ways to keep your family and home safe. It's not just about a checklist or having an emergency kit. Think about the risks you and your family will face and what you can all do to help your family prepare.

THINK ABOUT

- Where will your family be when disaster strikes? They could be anywhere – at work, school, with friends.
- What kind of disasters could affect the area where you live (hurricanes, earthquakes, tornadoes, flooding)?

PLAN AHEAD

- Using the guidelines inside, make sure to create a simple plan for your home, work, and school.
- Make a list of the items you want to collect.

TALK ABOUT IT!

Having a plan is important. Sharing it is just as important. Get together. Have a family meeting and talk about your disaster plan!

Work together as a team

Disasters can strike quickly and without warning. Families CAN and DO cope with disasters by thinking and planning ahead.



**Children's
Health Fund**

www.childrenshealthfund.org

National Center for
Disaster Preparedness
EARTH INSTITUTE | COLUMBIA UNIVERSITY
www.ncdp.columbia.edu

The Children's Health Fund (CHF) produces low-literacy, culturally relevant education booklets and brochures to simplify complex issues affecting families and children. The materials make vital information accessible to children, teenagers, parents and other caregivers. They are created by subject experts and undergo an extensive review process. Materials adhere to low-literacy writing and design conventions and are tested for appropriate reading levels.

The National Center for Disaster Preparedness (NCDP) at Columbia University's Earth Institute is an academically-based resource center dedicated to the study, analysis and enhancement of the nation's ability to prepare for and respond to major disasters, including terrorism. The NCDP has a wide-ranging research, training and education, and advocacy agenda, with a special interest in mega-disasters.

My Family Disaster Plan is supported by a grant from American Idol "Idol Gives Back."

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National Center for
Disaster Preparedness
EARTH INSTITUTE | COLUMBIA UNIVERSITY

My Family Disaster Plan

Be Prepared:
How to Help Your Family in any Disaster



My Family Disaster Plan

1. Water & Food

Think About:

- Your drinkable water supply. It should be your number one priority. Without water, a person can only survive for a few days.
- Storing or purifying water in case your normal supply is shut off or polluted.
- The other local sources that are available to you, such as rivers, lakes, or hot water tanks.
- How much food you will need and who you will need food for.
- Grocery stores. They might be closed for long periods of time.
- Whether you will need water or heat to prepare food.

Plan Ahead:

- Have one gallon of purified water per person, per day, for at least 3 days for drinking and sanitation.
- Have at least a three day supply of non-perishable food.
- Buy inexpensive, healthy shelf stable food to store. Bulk items could spoil once opened.



Food is important, but only if you've figured out your water needs first!

How to purify water

- Boil water for at least one full minute, then cool; or
- Use plain, unscented bleach: Add 16 drops per gallon of water, let sit 30 minutes.



2. Shelter & Supplies

Think About:

- What you will do and what you will need if you stay home during a disaster.
- What you would take with you if you are evacuated from your home (including important papers).
- What you will do with your pet(s).

Plan Ahead:

- Speak to your doctor to help you plan for family members with special health care needs.
- Have a handy emergency kit ready that can go with you.
- Eyeglasses and a sufficient supply of personal medications must stay with you. Bring them with you if you evacuate.
- Have a smart collection of other emergency equipment. Be sure to include:
 - Flashlight
 - battery or crank operated radio
 - money
 - spare batteries
 - bathroom and hygiene supplies



Creating an emergency kit doesn't have to be expensive. You may already have the items in your home. Be sure to check the supplies you already have.



Working Together to Prepare for a Disaster

A simple plan can prepare you and your family members. An important part of being prepared is thinking about the following 4 important areas. Planning ahead gives you the best chance to make it through ANY disaster.



3. Communication

Think About:

- How you will find your family if you are separated during a disaster.
- Selecting a meeting place and choosing a phone number to call into so you can reconnect. Make sure everyone has the information.



Plan Ahead:

- Talk to your family – everyone should have a plan of action. Have a family meeting and develop the plan together!
- Create a plan that you can use in all kinds of disasters.



Make sure everyone's safe and plan to meet up or call in. Make the call count!

4. Your Community

Think About:

- People in your neighborhood who will need help in a disaster (elderly people, handicapped).
- Your child's school's disaster and evacuation plans.

Plan Ahead:

- Get to know your neighbors and talk about how you can help each other in a disaster.
- Join community groups and volunteer to help with disaster preparedness.
- Learn CPR and first aid.



Work with your local emergency officials to spread the word about preparation with your community.



Community Health Services Client Priority Definitions and Services

Level 1: High Priority

Definition – Critical services must be received within 24-48 hours of an emergency. Clients in this priority level need uninterrupted services. The client must have care. In cases of a disaster or emergency, every possible effort must be made to see this client. The client's condition is highly unstable and deterioration or inpatient admission is highly probable if the client is not seen. Examples include clients requiring life sustaining equipment or medication, those needing highly skilled wound care, and unstable clients with no caregiver or informal supports to provide care.

Level 1, High Priority Client Services include the following examples:

- Communicable Disease investigations (only red letter diseases) including TB
- Direct Observe Therapy (DOT) visits (these can be done virtually)
- Emergency/disaster mass immunization clinics or Point of Dispensing (POD)
- Mass prophylaxis clinics or PODS
- Evaluations of blood lead levels ≥ 40 ug/dL
- Rabies post-exposure vaccinations
- High-risk Moms PLUS+/Maternal Child referrals will not be accepted if inability to respond within 24 – 72 hours

Level 2: Moderate Priority

Definition – Non-critical services which can wait 3 or more days. Services for clients at this priority level may be postponed with telephone contact. A caregiver can provide basic care until the emergency situation improves. The client's condition is somewhat unstable and requires care that should be provided that day but could be postponed without harm to the client.

Level 2, Moderate Priority Client Services include the following examples:

- Moms PLUS+ intake office visits
- High risk Moms PLUS+ & Maternal Child admissions or subsequent home visits
- Blood lead levels $\geq 20-39$ ug/dL

Level 3: Low Priority

Definition – Services which can be postponed for a week or more. The client may be stable and has access to informal resources to help them. The client can safely miss a scheduled visit with basic care provided safely by family or other informal support or by the client personally.

Level 3, Low Priority Client Services include the following examples:

- Routine & medium risk Moms PLUS+/Maternal Child home visits
- Blood lead levels $\geq 15-19$ ug/dL
- HIV anonymous counseling and testing
- Routine immunization clinics
- Rabies pre-exposure vaccinations
- Child Birth Education Classes
- Community Health Fairs and/or Educational Presentations
- Community Networking meetings i.e. Lead Poisoning Prevention Network, Immunization Coalition, CH Quality Advisory Committee, etc.

Reference – NYSDOH Home Care Services DAL, Alert, 8/26/11

Original: KB, Revised: 7/3/12, 9/25/12, 01/03/14, 12/11/25 RB

MONTHLY REPORT PACKET

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FINANCIAL SUMMARY

JEREMY PORTER, FISCAL ADMINISTRATOR

Reports for November & December 2025 | Meeting Date, January 27, 2026

See following page

Tompkins County Financial Report for Public Health

Year: 25

Month: 12

Percentage of Year:	100.00%	Expenditures			Revenues			Local Share		
		Budget	Paid YTD	%	Budget	YTD	%	Budget	YTD	%
4010	PH ADMINISTRATION	2,248,863	1,914,015	85.11%	259,124	194,913	75.22%	1,989,739	1,719,103	86.40%
4012	WOMEN, INFANTS & CHILDREN	642,016	586,900	91.42%	599,900	538,775	89.81%	42,116	48,125	114.27%
4015	VITAL RECORDS	93,411	84,029	89.96%	115,000	119,209	103.66%	-21,589	-35,180	162.96%
4016	COMMUNITY HEALTH	2,097,277	1,940,145	92.51%	582,517	438,913	75.35%	1,514,760	1,501,232	99.11%
4018	HEALTHY NEIGHBORHOOD PROG	210,818	205,577	97.51%	199,000	145,644	73.19%	11,818	59,933	507.14%
4047	PLNG. & COORD. OF C.S.N.	2,171,715	1,738,321	80.04%	842,852	389,950	46.27%	1,328,863	1,348,371	101.47%
4090	ENVIRONMENTAL HEALTH	2,486,232	2,348,855	94.47%	627,002	571,216	91.10%	1,859,230	1,777,639	95.61%
4095	PUBLIC HEALTH STATE AID				2,429,594	1,761,921	72.52%	-2,429,594	-1,761,921	72.52%
Non-Mandate		9,950,332	8,817,842	88.62%	5,654,989	4,160,541	73.57%	4,295,343	4,657,301	108.43%
2960	PRESCHOOL SPECIAL EDUCATI	4,915,000	4,888,445	99.46%	3,400,000	2,323,770	68.35%	1,515,000	2,564,675	169.29%
4017	MEDICAL EXAMINER PROGRAM	376,820	259,002	68.73%	0	1,350	#VALUE!	376,820	257,652	68.38%
4054	EARLY INTERV (BIRTH-3)	503,000	359,181	71.41%	130,000	147,100	113.15%	373,000	212,080	56.86%
Mandate		5,794,820	5,506,627	95.03%	3,530,000	2,472,220	70.03%	2,264,820	3,034,407	133.98%
Total Public Health		15,745,152	14,324,469	90.98%	9,184,989	6,632,761	72.21%	6,560,163	7,691,708	117.25%

BALANCES (Including Encumbrances)

Non Mandate	Available Budget	Revenues		Mandate	Available Budget	Revenues	
		Needed				Needed	
4010 PH ADMINISTRATION	334,174	64,211		2960 PRESCHOOL SPECIAL EDUCATI		-1,182,989	1,076,230
4012 WOMEN, INFANTS & CHILDREN	53,034	61,125		4017 MEDICAL EXAMINER PROGRAM		32,103	-1,350
4015 VITAL RECORDS	9,352	-4,209		4054 EARLY INTERV (BIRTH-3)		143,592	-17,100
4016 COMMUNITY HEALTH	147,836	143,604				-1,007,294	1,057,780
4018 HEALTHY NEIGHBORHOOD PROG	5,212	53,356					
4047 PLNG. & COORD. OF C.S.N.	383,887	452,902					
4090 ENVIRONMENTAL HEALTH	124,593	55,786					
4095 PUBLIC HEALTH STATE AID	0	667,673					
	1,058,089	1,494,448					
Total Public Health Balances							
					Available Budget	Revenues Needed	
					50,796	2,552,228	

Comments: Expenses include payroll through 12/20/25. This is not final report for 2025. Remaining 2025 expenses being processed in 13th period. Grant and State Aid claims for period ending 12/31/25 will be generated January/February 2026.

MEDICAL DIRECTOR'S REPORT

WILLIAM KLEPACK, M.D., MEDICAL DIRECTOR

Reports for November & December 2025 | Meeting Date, January 27, 2026

In 2025, we will remember the year as the one in which we in healthcare had to turn away from federal agencies as sources of scientific data and guidelines. We are at a point where we are well advised to turn to our state and local health departments and our professional societies for guidance and standards of care.

Vaccines are endangered without scientific cause

The HHS secretary, CDC, and FDA have revised the US vaccination schedule. Thankfully, there was no change to the VFC—all vaccines will continue to be offered through the VFC program.

INSURANCE COVERAGE

- All immunizations recommended by the CDC as of December 31, 2025, will continue to be fully covered by Affordable Care Act insurance plans and federal insurance programs, including Medicaid, the Children's Health Insurance Program, and the Vaccines for Children program. Families will not have to purchase them out of pocket.
- This means that insurance will continue to cover more vaccines for children in the U.S. than in peer nations, where insurance generally only pays for recommended vaccines.

For anyone who has not seen the official HHS proclamation, here it is:

After a scientific review of the underlying science, comparing the U.S. child and adolescent immunization schedule with those of peer nations, Centers for Disease Control and Prevention Acting Director Jim O'Neill has updated the U.S. childhood immunization schedule. The CDC will continue to recommend that all children be immunized against 10 diseases for which there is international consensus, as well as varicella (chickenpox). For other diseases, the CDC will recommend immunization for high-risk groups and populations, or through shared clinical decision making when it is not possible for public health authorities to clearly define who will benefit from an immunization. The updated schedule contrasts with the CDC child and adolescent schedule at the end of 2024, which recommended 17 immunizations for all children. [Fact Sheet: CDC Childhood Immunization Recommendations | HHS.gov](#)

Besides inappropriately claiming a “scientific review,” the proclamation then goes on to charge our vaccine program with “coercion” and promote “double-blind placebo-controlled randomized trials” of established vaccines. Such studies are highly likely to be unethical.

Equating the US and Denmark as peer countries ignores the profound differences in our healthcare and public health systems. Denmark's health and social system is well organized, well-funded, and built for consistency, seamless integration for patients, and to provide a safety net for every family. Prenatal care is reliable. Nearly every child receives care on schedule. Follow-up is immaculate. And families have 46 paid weeks of maternity leave. It's like a smooth, meticulously maintained highway where a sports car can thrive.

- For example, in Denmark, only high-risk kids get the flu and Hepatitis B vaccine, and it works because of their system. Denmark screens nearly 100% of pregnant women for Hep B and follows up reliably to help prevent transmission. Medical records are also fully connected, so a patient's complete health history is always available, enabling clinicians across the system to quickly identify risks and care gaps. Care is reliable, follow-up is consistent, and families rarely miss appointments.
- The U.S. health system is more like off-road trails in Utah. It's fragmented, uneven, expensive, and wildly variable depending on where you live. Access depends on insurance, geography, clinic capacity, transportation, and state policy. This needs a 4-Runner built to handle potholes, steep drop-offs, and unpredictable conditions [source Your Local Epidemiologist]

In public and in my bulletins, these actions have left me no choice but to advise practitioners against following HHS and CDC vaccination guidelines. I will advise that they follow NYSDOH and their specialty society guidelines. If there is a conflict between them, I will be willing to help. I know of no substantive discrepancies between NYSDOH, AAFP, AAP, and ACP. My messaging will be in line with my prior style of avoiding personalities and ideologies while promoting science, vaccine safety, and efficacy, and speaking about the principles underlying public health approaches.

Unfortunately, our professional bodies are now facing the same mode of attack from the federal government that other institutions have. As I write this, it is being reported that the American Academy of Pediatrics is being threatened with the loss of federal funding. Connecting the dots, this would seem to be linked to the AAP's refusal to modify its vaccine guidelines and its stance on gender care. We can expect to see attacks on our other professional bodies. HHS cuts millions in grants to the American Academy of Pediatrics.

Hopefully, the networks that employ most of you will resist pressure. The expression of scientific reasoning in our practice of medicine is at risk. Without the scientific compass to guide us, we would be back to purging and bleeding, figuratively speaking.

Measles

As of December 17, 2025, 18 cases have occurred downstate, plus in the boroughs. An additional 2 measles cases [not related and associated with travel] and contacts have been investigated. Total contacts investigated now are 103. Many of these have had to be quarantined for up to 2 weeks each. A few have had back-to-back isolations due to repeated contact. This emphasizes the disruptive and severe impact of measles exposures.

The economic and resource expenses of case management and contact tracing are depicted in a recent study: [While Scientists Race To Study Spread of Measles in US, Kennedy Unravels Hard-Won Gains - KFF Health News](#) From the Kaiser report of the study:

"The new study — not yet published in a scientific journal — estimates that the public health response to outbreaks with only a couple of cases costs about \$244,000. When a patient requires hospital care, the average cost per case is \$58,600. The study's estimates suggest that an outbreak the size of the one in West Texas earlier this year, with 762 cases and 99 hospitalizations, costs about \$12.6 million." The cost of the 20 total cases in NY, plus the more than 100 contacts tested and monitored, is not trivial.

MAJOR SOURCE OF CASES

The **major source of measles cases continues** to be travel to Israel, where it is endemic. Travelers to that country import measles to NYS when they return. There is a “ton” of work to be done by public health practitioners, the healthcare system, and others when a case is imported. Now, however, (despite the diligent efforts of public health), we must deal with secondary cases also.

SAFE & EFFECTIVE VACCINE

The measles vaccine is safe and effective: Only [4% of more than 1,800](#) confirmed U.S. cases of measles this year have been in people who had received two doses. Further regarding the U.S. cases – “Rather than act fast to limit the size of the Texas outbreak, the Trump administration [impeded the CDC's ability](#) to communicate quickly with Texas officials and [slowed the release](#) of federal emergency funds, according to investigations by KFF Health News. Meanwhile, Kennedy [broadcast mixed messages](#) on vaccines [and touted unproven treatments.](#)”

Here is a snapshot of the current situation: ([cdc.gov/measles/data-research/index.html](https://www.cdc.gov/measles/data-research/index.html))

- South Carolina has 434 cases since July (over 400 people in quarantine).
- In Utah, there are 200 cases.
- Arizona has 191 cases, mostly in one county.
- In Canada, there are over 5,000 cases, many in the past 2 months.

For the full year of 2025, a total of 2,242 confirmed measles cases were reported in the United States. There have been 49 outbreaks reported in 2025, and 89% of confirmed cases (1,994 of 2,242) are outbreak-associated. For comparison, 16 outbreaks were reported in 2024, and 69% of cases (198 of 285) were outbreak-associated.

The common theme is that the vast majority of those infected are not vaccinated. Hospitalization rate in the US is 11%. <https://epi.utah.gov/measles-response/>

LOSING MEASLES-ELIMINATION STATUS

It is sad to report that the Americas, led by Canada, have lost their status as free of endemic measles. The pattern in Canada was the trigger for this loss of the designation. The U.S. is on the cusp of a similar pattern and of losing our designation. In the past, measles cases were linked to importation into the Americas, and secondary cases were few. Now (although Canada started with an imported case), sustained transmission has occurred, indicating that measles is now endemic.

Loss of the designation as free of endemic measles means that travelers to the Americas must take the risk of acquiring measles seriously. It also means that considerable public health resources will be needed to control outbreaks and to achieve the 95% vaccination goal for the population that prevents endemic spread.

What other vaccine-preventable communicable diseases will we see beginning to spread in a manner not seen since before the introduction of vaccination?

I have been in communication with the medical directors of Guthrie and Cayuga Medical Associates to encourage the provision of all vaccines for adults and children. Guthrie assures me they provide every vaccine. CMA has said

Vaccines and the ACIP

Note, I have watched much of the last two ACIP meetings. My observations appear below.

ACIP met on Dec. 4 and 5, and the rest is history. In my opinion, with respect to Hep B, ACIP wants us to turn back the clock to 1991. It promotes unsubstantiated claims and advises practitioners to perform lab testing as part of its vaccination scheme. That strategy has no scientific support.

In addition, by strongly recommending no vaccination without an informed consent conversation with a practitioner, pharmacist, or qualified healthcare professional, the administration is sowing doubt in the public's mind about the safety and efficacy of vaccines. Experience shows this will decrease the number of people vaccinated and increase the risk of acquiring an infection. Vaccine-preventable diseases are not trivial infections. They carry the risk of life-changing disabilities and death. Data also indicates that these preventable infections contribute to dementia, heart attacks, and strokes, perhaps by affecting an individual's immune system.

Fortunately, we and the NYS Dept of Health took steps to ensure that the federal government's actions do not take away our citizens' choice. For example, for all those who wish to receive the hepatitis B vaccine, it will still be available to protect their newborn in the nursery – their choice will be protected – as long as hospitals hold their ground.

CDC formally adopted the ACIP recommendations. Usually, this has implications for insurance coverage. However, we are told that no change in insurance coverage or to the VFC program is expected. That is good news.

Cutting out the ACIP. Early in January, the CDC and FDA unilaterally revised the childhood immunization schedule. For the first time, the ACIP was not part of the process, nor were any immunization and infectious disease or public health experts involved. Instead, administrators and lawyers made this important medical decision. Immediately, professional groups (like the American Public Health Association, American Academy of Pediatrics, and many others) condemned the move and the way it was done. These groups have issued their own guidance advocating adherence to the September 2025 childhood immunization schedule. We are supporting this in Tompkins County.

WHAT TO WATCH FOR IN 2026:

2026 could see the CDC and FDA attacking the use of adjuvants in vaccines. Aluminum is particularly in their sights. Adjuvants are key to efficacy. Should action be taken to deny their use, certain vaccines would go off the market. The Vaccine Injury Compensation system (VAERS) is also vulnerable. Should it be tinkered with, vaccine manufacturers might stop production. VAERS was created in the 1980s when vaccine manufacturers started to stop production due to the high number of liability suits, many of which were frivolous.

I have urged practitioners not to be “neutral” on the issue of vaccination. In my view, it is not sufficient to state the pros and cons and then back away. The science that informed our vaccine schedules and the Hep B birth dose is clear. Regarding Hep B, we know that horizontal transmission occurs in infants and children, as well as vertical transmission. Informed consent (or, if you like, “individual decision-making”) does not mean the practitioner has no opinion. It means they present their recommendation, outline the pros and cons, including the risks of not following their recommendation, and answer any questions the adult or parent/caregiver has to their satisfaction. I urged them to be pro-vaccine and finish their presentation with the statement “And my recommendation is that you ...”

PEER COUNTRIES

The federal administration and ACIP want to equate us with Denmark and are making extrapolations that are unfounded. Demographically and in terms of their healthcare system, there is no comparison. President Trump is advocating that our vaccination schedules align with “peer countries.”

What RFK and the President do not acknowledge is that we do not have a coordinated healthcare system integrated with a public health system. Many countries he is calling “peer” do. The tracking of healthcare interventions they use gives them the opportunity to refine their interventions in ways we cannot. We have limited opportunities to vaccinate our patients, we suffer from poor data systems that don’t integrate well with healthcare at the point of service at all levels, and we don’t emphasize preventive care as much as needed.

The ACIP will next meet Feb. 22nd.

FUTURE THREATS TO VACCINATION

Will the Supreme Court mandate states to allow religious exemptions to vaccination? The school vaccination case, [Miller v. McDonald](https://www.edweek.org/policy-politics/supreme-court-orders-new-review-of-religious-exemptions-to-school-vaccines/2025/12), involves New York state's 2019 decision to remove long-standing religious-based exemptions to required school vaccinations following a severe measles outbreak.

Details here: <https://www.edweek.org/policy-politics/supreme-court-orders-new-review-of-religious-exemptions-to-school-vaccines/2025/12>

Respiratory Virus Vaccination Season –

Covid, influenza, RSV - clusters are being seen along with many measles rule-outs across the state.

SEASONAL INFLUENZA

The week of Dec 20th, we set a record for the most flu-related hospitalizations in a week.

Week Ending	Previously Reported Total Cases	Updated Total Cases	Updated Number of Cases Added	Percent Increase With Additional Lab Reporting	OVERALL DECREASE IN CASES WEEK OVER WEEK	Notes
December 20	72411	72424	13	0.02%		Most weekly reported cases ever
December 27	40850	53100	2240	70%	Down 26,504	

The following data has yet to be fully explained – the very sharp drop-off in influenza cases in subsequent weeks was unexpected and is being investigated. Confounding factors include the holidays and their impact on people testing and labs reporting. Possible reasons are

1. A bona fide drop in cases and passes this year's flu peak
2. Labs not reporting
3. Practitioners are not testing as much and are focusing more on clinical presentation and not needing confirmatory testing.

Could it be that we have seen the peak in this season's flu cases? Often, we see a second peak later in the season – that could happen. Every flu season is different and cannot be predicted. One thing is certain – there will be more flu cases, and people should be vaccinated – it will keep you out of the hospital. The pediatric deaths we have had have been in unvaccinated, healthy youngsters.

Week Ending	Previously Reported Total Cases	Updated Total Cases	Updated Number of Cases Added	Percent Increase With Additional Lab Reporting	OVERALL DECREASE IN CASES WEEK OVER WEEK
December 20	72411	72424	13	0.02%	
December 27	49850	53199	3349	7%	Down 26.5%
January 3	28554	35024	6470	23%	Down 34.2%
January 10		21086			Down 39.8%

Here are some 3-year data of interest (starting after the seasonal influenza season returned to normal). The 2019-20 and 2020-21 seasons were influenced by social distancing, remote work, and business closures. Data shows:

- Hospitalizations of Covid roughly about those of influenza – both are significant
- Deaths from COVID greatly exceed those from influenza, e.g., 2024-25 season, 1,086 to 642 in NYS excluding NYC, and even more in prior years.

EFFECTIVENESS OF INFLUENZA VACCINATION IN ADULTS:

Conclusions: Vaccination reduced the incidence of symptomatic but not asymptomatic influenza virus infection, suggesting that influenza vaccination attenuates progression from infection to illness.

[Influenza Vaccine Effectiveness Against Illness and Asymptomatic Infection in 2022-2023: A Prospective Cohort Study - PubMed](#)

For children 6 mos. to 8 years, this study evaluated the effectiveness of 1 or 2 doses at preventing influenza. Two doses of the vaccine should be given when a child is between 6 months and 8 years and is receiving the flu vaccine for the first time. After that, children older than 8 years need only one dose:

Conclusions and relevance: Consistent with US influenza vaccine policy, receipt of the recommended number of doses resulted in higher VE [vaccine effectiveness] than partial vaccination in 4 influenza seasons. Efforts to improve 2-dose coverage among previously unvaccinated children may reduce the

burden of influenza in this population. Patterns of Influenza Vaccination and Vaccine Effectiveness Among Young US Children Who Receive Outpatient Care for Acute Respiratory Tract Illness - PubMed

We know that if vaccinated and infected, the child is far less likely to develop severe illness. Even 1 dose confers some protection.

Additional Thoughts

We applaud the Tobacco Control Program – 25th anniversary – special kudos to Ambra Munlyn and Ted Schiele.

CDC WEBSITE

Another travesty - CDC Updates Website on Vaccine Safety to Promote Claims of Potential Vaccines-Autism Link, Essentially Holding Science to Absolute Proof of A “Null” Hypothesis.

The AP (11/20, Stobbe) reports that the CDC updated its “Vaccine Safety” webpage on Wednesday to contradict the longtime scientific conclusion that vaccines do not cause autism, spurring outrage among a number of public health and autism experts.”

According to the New York Times (11/20, Yoon), a previous version of the CDC webpage “said that studies had shown ‘no link between receiving vaccines and developing autism spectrum disorder.’” The agency “cited a 2012 National Academy of Medicine review of scientific papers and a CDC study from 2013.” On Thursday, the current version of the page stated: “The claim ‘vaccines do not cause autism’ is not an evidence-based claim because studies have not ruled out the possibility that infant vaccines cause autism.” The Times reports that the update “also claimed that the health authorities have ‘ignored’ studies supporting a link and said that the Department of Health and Human Services was conducting a ‘comprehensive assessment’ of the causes of autism.”

ACIP MEETING – MY OBSERVATIONS

I was disappointed and quite unimpressed with how the meetings were run. It seemed to me that the decisions had already been made, and what was presented was an attempt to establish the committee's legitimacy and its operations.

Dr. Goldman put it quite well when he said, “In my opinion, Secretary Kennedy’s vaccine committee is political theater without any concern for true scientific inquiry or evidence review. Their decisions are dangerous and will cause generational harm to our public health system and trust in vaccines.” Unless directed by the New York State Department of Health, I will not change any of our standing orders regarding vaccine eligibility, and I have no interest in drawing serology on infants after a first dose of the hepatitis B vaccine. (The committee passed the resolution stating that parents should consider blood tests for children to assess their immunity to hepatitis B before determining the need for additional vaccine doses.)

Following the ACIP meetings, the NYSDOH took the unusual step of issuing bulletins for the public and practitioners, cautioning against believing false claims about vaccines and reaffirming the value of vaccinating all newborns at birth for hepatitis B.

COMMUNICABLE DISEASE END OF YEAR REPORT – NOTABLE FINDINGS

I have selected several year-end numbers for your information. The first indicates a continuing upward trend in two tick-borne diseases, anaplasmosis and babesiosis. Fortunately, Lyme is not showing a continued rise.

While our TB cases are up, these are all cases arising in newcomers to our country and are not due to exposures within our country. The lack of secondary cases shows that public health is working. Regarding vaccine-preventable illnesses, the data on Mpox and pertussis are encouraging. Remember that a zero for Mpox does not mean no one in the county has been infected.

Similarly, the data on STDs are encouraging, while the lack of a more rapid downward trend is unfortunate.

SYPHILIS TOTAL.....	8	7.9	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**	4	4.0	9	8.9	6	5.9	15	14.8	10	9.9
- LATE LATENT**	4	4.0	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.....	74	73.2	107	105.9	120	118.7	109	107.9	112	110.8
- GONORRHEA	74	73.2	107	105.9	120	118.7	109	107.9	112	110.8
CHLAMYDIA	251	248.4	277	274.1	328	324.6	377	373.1	327	323.6
CHLAMYDIA PID	2	2.0	0	0.0	0	0.0	0	0.0	0	0.0

Tick season continues as long as the temp is =>34 deg F

ORAL HEALTH PROJECT

A great deal of progress has been made. Conversations have been held with the Guthrie outpatient and Cayuga Medical Associates medical directors regarding our initiative. Additional data have been obtained from the Bassett healthcare system, which has been working in this area for more than 20 years. A white paper is in progress to support the TC project with the TC legislature and funders, and we are urging the adoption of fluoride varnish application in all primary care offices that care for children. The varnish is highly effective in preventing caries in permanent and primary teeth. One issue is who can apply the varnish (a very simple and safe procedure). NYS Medicaid confirms that they currently do NOT allow medical office assistants to do it. This is a key issue because: 1) office RNs and LPNs are

overworked; 2) CMAs and other offices are hiring medical office assistants due to lower costs and shortages of RNs and LPNs; and 3) MDs, PAs, and NPs are also very busy. This situation is driven by the NYS Office of the Professions, which has carved fluoride varnish out of the scope of practice of an office assistant.

In my opinion, there is no reason a medical office assistant should not be able to do this. We have put this on our agenda for 1 urging Office of the Professions reform, 2 Commissioner Jennie Sutcliffe to raise at NYSACHO, and 3 pointing this issue out to our state representatives when appropriate.

WHCU INTERVIEWS

available at: Ithaca's Morning Newsmaker Interviews - 607 News Now):

- Lead and protein supplements
- Infant formulas, botulism, and food safety for the holidays
- Pneumonia – why is it fatal for some?
- Youth and social media
- Osteoporosis in men and women, part two
-

2025 PUBLIC HEALTH SUCCESSES AND CHALLENGES:

- New CDC, FDA, HHS vaccination schedule for young people – What to make of it.
- Healthy resolutions for the new year
- Loneliness/ depression in this time of year
- Hepatitis B, vaccination at birth: why it matters
- Food safety in the holidays
- A year in public health (a two-part interview over two weeks)

COMMISSIONER'S REPORT

JENNIE SUTCLIFFE, COMMISSIONER OF WHOLE HEALTH

Reports for November & December 2025 / Meeting Date, January 27, 2026

Highlights

- Held the ribbon cutting for the Mental Health Clinic at Brown Road. It was a great event, with several local legislators serving as speakers, including Congressman Josh Reily. The clinic staff gave tours after the event, and I overheard several great community connections being made.
- Our Public Health Services have recently embarked on a collaborative process to review and realign its existing programs and initiatives across all four divisions (EH, CSCN, HPP, CHS). This effort—referred to as program alignment—is designed to strengthen how we work together by grouping similar programs, improving coordination, and reducing structural barriers that may limit access to shared resources.
- This moment of reflection and realignment is driven by both opportunity and necessity. While our programs are strong and our staff deeply committed, we've recognized that some of our structures still reflect legacy systems that no longer serve us—or the community—as effectively as they could. Programs that serve similar populations are often housed in different divisions, and shared resources like data, communications, and preparedness are not always easily accessible across teams. At the same time, we are in a position of strength: we have new leadership, minimal vacancies, and a shared passion for collaboration and equity. These conditions make now the right time to realign our work in a way that better supports our mission and the people of Tompkins County.
- We are in the first phase of this work, identify opportunities, and expect this process to take several months.

Commissioner's Appendix

- Public Health Services Program Realignment Q&A
- 2024 Data Impact Report (1 page handout at the Ribbon Cutting event)

DIVISION OF COMMUNITY HEALTH

RACHEL BUCKWALTER, DIRECTOR

Reports for November & December 2025 | Meeting Date, January 27, 2026

tompkinscountyny.gov/health/chs

Highlights

Communicable disease

NOVEMBER 2025

- **Campylobacteriosis** 5 cases: One case is a 22 yo who consumed a meal in NYC, at a later date dined on leftovers which might have been improperly stored, and spent an overnight in the ER. One case is a 29 yo who is healthy with no clear cause of infection. One case is a 51 yo who has a backyard chicken flock, but no clear source of infection noted. One case is a 58 yo who had multiple potential food exposures and spent an overnight in the ER. One case is an 84 yo who succumbed to this infection for the second time this year and with no clear source of infection.
- **Cryptosporidiosis** 3 cases: All those infected are veterinarian students with exposure to dairy cows and calves during their large animal rotation.
- **Ecoli Shiga Toxin** 1 case: The case is an 88yo nursing home resident and required no hospitalization.
- **Giardia** 2 cases: One case is a 20 yo veterinarian student with exposure to calves and cattle coinfected with cryptosporidiosis. One case is a 36 yo with multiple potential exposures and no clear source of infection.
- **Legionellosis** 1 case: The case is an 82 yo requiring hospitalization for 5 days. The source of infection may have been leaky indoor plumbing.
- **Pertussis** 1 case: The case is a 19 yo college student, up to date on vaccination.
- **Strep, Group B Invasive** 1 case: The case is an 88 yo nursing home resident with chronic health issues and requiring a 5-day hospitalization.
- **Yersiniosis** 1 case: The case is an otherwise healthy 75yo with no obvious source of infection.
- **Tick-Borne Illnesses:** Anaplasmosis - 23 cases in November 2025 vs 13 cases in November 2024 and 11 cases in November 2023. Babesiosis - 2 cases for November 2025 vs 1 case in 2024 and 0 cases in November 2023. Lyme Disease -100 cases in November 2025 vs 26 cases in November 2024 and 19 cases in November 2023.

DECEMBER 2025

- **Campylobacteriosis** 2 cases: One case is a 7 yo with severe immunocompromise and requiring an overnight hospital stay. The other case is a 63 yo with chronic GI issues, coinfected with shigellosis and with travel out of state. The likely source of these infections is linked to close personal contact while there.

- **Ecoli Shiga Toxin 1** case: The case is a 21 yo with travel out of state and with multiple potential exposure sources during Thanksgiving.
- **Influenza A** 372 lab confirmed cases in December 2025 vs 211 cases in December 2024.
- **Influenza B** 21 lab confirmed cases in December 2025 vs 2 cases in December 2024.
- **Salmonellosis** 2 cases: One case is a 30 yo with multiple potential exposures during Thanksgiving travel out of state. The other case is an 82 yo with no GI symptoms, only urinary symptoms, and has many co-morbidities. This is his second infection within one year.
- **Shigellosis** 1 case: See Campylobacteriosis for 63 yo case.
- **Tuberculosis*** 2 active cases: One case is 28 yo and deemed an extrapulmonary case, foreign-born, residing in NYS for about 2-3 years. Our TB team does not need to follow this client at this time. Our other active case is a 42 yo foreign-born person residing in NYS less than 1 year and sustaining 2 hospitalizations. DOT was initiated for this case and is ongoing.
- Communicable Disease meetings/trainings:
- CD CHNs remotely attended the bi-monthly NYSDOH Hepatitis Call in November.
- CD CHNs remotely attended the Central NY Regional LHD CD call in November and December. Senior CHN Caryl Silberman presented for Tompkins County re: a pertussis case attending a day care center.
- CD CHNs remotely attended the NE Epi Conference held in November.
- CD CHNs remotely attended the GI Enterics NYSDOH meeting in November and December.

TUBERCULOSIS*

- Our TB team continued care for our one active TB case during November and received a new referral for a new active case in December. Our nurses are now doing DOT for both active cases. We continue to work with supporting testing for close contacts as well as working with our latent TB population.

ORAL HEALTH

- The Tompkins County Oral Health Coalition met virtually on November 19th to discuss options for expanding preventative dental care in Tompkins County to underserved populations. The group would like to explore a school-based dental hygienist model of care.
- Rachel Buckwalter, Director of Community Health, met with ICSD elementary school nurses on December 18th to hear from them on dental issues/oral health in the school aged population and how to address these issues most effectively.
- Tompkins County will be participating in NYSDOH's local health department incentive program in 2026 which involves training and support to primary care offices to provide fluoride varnish at well visits for children aged 0-6. Rachel Buckwalter, Sagarika Vemprala and Dr. Klepack will be working together to implement this program.

STI

- STI CHNs remotely attended an EPT (expedited partner treatment) training in December.
- STI CHNs remotely attended the STI NYSDOH call in December.

IMMS

- In November and December, our CHS nurses vaccinated 37 adults and 16 children with various

vaccines at our in-house clinics.

- 2 final mobile clinics were completed at Ellis Hollow Apartments (Senior Center) and Lakeview SRO. 25 people were vaccinated for Influenza and/or Covid between the 2 sites.
- 3 Homebound individuals were vaccinated during November and December for Influenza and/or Covid.

WIC

- In November, the team established the following goals for 2026:
 1. Community Baby Shower- Collaborate with CHS staff to plan and host another Community Baby Shower in the spring.
 - Referral Compliance and Competence: Develop strategies to improve staff compliance and competence in making referrals and connecting families to community agencies by: Attending the NYSDOH training *“Referrals Are a Two-Way Street.”*
 - Inviting at least one new community agency to our office to provide an in-service training.
 - Outreach and Community Engagement: Explore new outreach locations to engage populations not currently participating in WIC and expand program reach.
- December, WIC staff celebrate a year filled with significant program wins for 2025:
 1. The caseload participation rate for FFY 2025 began at 85% and closed the fiscal year strong at 98%, On September 30, 2025. (Unfortunately, our participation rate is declining Oct-December.)
 2. No-show rates remained consistently low, ranging between 2–5%. We continue to serve approximately 450-500 people each month.
 3. Appointments were scheduled within federal guidelines, maintaining a 10–20 day window, although we are often scheduling new applicants within the week, if not the same day.
 4. To support continuity of care, WIC participants are now scheduled with the same nutritionist whenever possible for each visit.

Program Updates

SAFECARE PROGRAM

- Our SafeCare nurse providers made 4 visits in November and 7 visits in December, compared to 11 visits in October. There were no new admits for November or December while there was 1 new admit in October. We continue to support and work with 4 families throughout November and December.
- Our Team meets monthly to discuss the complex nature of our cases and how to best deliver the SafeCare material to the caregivers.

MOMS PLUS+

- During November Gail Birnbaum CHN and Caryl Silberman SCHN met with Kait Towner who specializes in perinatal mental health and will be moving her practice to Tompkins Co in January.
- All held in December, the Moms PLUS+ nurse team met with Jenn Forte from the Mental Health Team to discuss Safety Planning for our clients if needed, met with Katie Peters from the Mental Health Team to discuss partnering our clients with Katie who had recently gotten certified in maternal care and mental health, and met with Emily Cool from the Mental Health team to talk about the Open Access process and what that might mean for clients who prefer to go to Brown Rd location.
- Caryl Silberman SCHN participated in the PICHCHC monthly call update.
- CHS held a QI meeting on December 16th to discuss our chart audits as well as the excellent feedback from our clients re: the Moms PLUS+ Program. The QI committee approved an update to the Community Health Services Emergency Response Plan. This plan goes next to the Board of Health for approval.
- Please refer to the tables in the Appendix for referrals, admits, visits and caseload for November and December. Simply put, the numbers in the matrix decreased in November compared to October but rebounded in December. Still, these did not reach October totals.

RABIES

- 51 Rabies vaccines were administered during November and December to 44 people potentially exposed to rabies. Animals involved were still mostly bats in bedroom exposures but also included cats, dogs, raccoons and one skunk that did test positive for rabies.

LEAD

- There are currently 18 children receiving case management in our lead program. There was one new admission during the month of November. No discharges for November or December.

HIV

- Liz Lawrence CHN and Caryl Silberman SCHN went to Broome County Health Department on Dec 18th for a meeting with their community partners as well as surrounding LHD staff to discuss Broome's recent increase of new HIV cases as well as other CD infections. Liz and Caryl are planning to host a meeting in January to discuss HIV testing accessibility in our county as well as updates from NYS.
- There were no rapid HIV tests performed in November or December during community outreach. Community Health Nurse Liz Lawrence did outreach at Loaves and Fishes, Amici House and Asteri Apartments in November and December. Liz provided information on community resources and general health guidance and checked 16 people's blood pressures during outreach.

CHS Appendix

- NYSDOH Communicable Disease Reports
- WIC Caseload table

- Moms PLUS+ Caseload table

DIVISION OF HEALTH PROMOTION

SAMANTHA HILLSON, DIRECTOR

tompkinscountyny.gov/health/hpp

Reports for November & December 2025 | Meeting Date, January 27, 2026

Highlights

- In November, HPP staff hosted/coordinated one-year anniversary Ribbon Cutting Ceremony/press event for the Brown Rd Mental Health Clinic, with state and local officials attending/speaking. [Photos](#)
- The Community Health Assessment (CHA) and draft Community Health Improvement Plan (CHIP) were submitted to the State in late December 2025. We will be issuing a press release, and the report will be available on the website in January. The Whole Health team wants to thank the partner organizations who participated in the planning process and informed the final report.
- HPP Staff participated in an informative presentation by Emilee Cool about the Open Access and Intake process for TCWH Mental Health Services.

STAFFING

- Ambra Munlyn, Health Educator for HNP and Tobacco, will be leaving Whole Health in mid-January to pursue a nursing career.
- Sarah Curless, CHW, will be leaving Whole Health in early January to pursue a Master's Degree in Planning
- Jasmine Myrick will be starting as an intern in mid-January to fulfill her practicum requirement for her MPH at University of Albany.

Program Updates

HEALTHY NEIGHBORHOODS PROGRAM

- HNP staff made attempts to contact all individuals who originally expressed interest in receiving an induction cooktop through the partnership with the Planning Department and NYSEG. Staff will continue to offer cooktops to any HNP participants who currently cook with a gas appliance. To date, HNP has given out 117 induction cooktops.

TOBACCO FREE TOMPKINS COUNTY

- Facilitated health class presentations at Ithaca High School and Lehman Alternative Community School on the health risks of vaping. Provided students with cessation and mental health resources
- Hosted Landmark Illumination event celebrating 25 years of the Tobacco Control Program. Illuminated both Whole Health locations (Brown Rd. and Green St.) and local partners, including

Tompkins County Public Library and Hotel Ithaca

- Participated in live interview with Cayuga Radio Group to mark 25 years of Tobacco Control, highlighting vaping's health risks and sharing cessation resources
-

COMMUNITY HEALTH WORKER (CHW) AND PICH C PROGRAMS

- Kristina Shuhan, PICH C CHW, finished training and has started to see first clients.
- PICH C Program applied and was accepted into Thrive After Birth: Improving Postpartum Engagement Learning Community, a learning collaborative with other PICH C programs in NYS. This learning community is to enhance the quality improvement project related to increasing postpartum follow-up visits with medical providers. The charter for this project was submitted to the State at the end of November 2025.
- PICH C needs assessment was conducted and submitted to the State at the end of December 2025. The areas of focus include: 1) lack of available and affordable housing and 2) Lack of supports for parents and families.
- Supervisors and CHWS participated in Listening Sessions with the State-contracted technical support consultant.

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

- The Community Health Assessment was written and reviewed to prepare for submission to the State by December 31, 2025.
- Planning and drafting of the CHIP with Cayuga Health to prepare for submission to the State by December 31, 2025 to meet IRS requirements. The CHIP will continue to be finalized in winter/spring 2026, to be submitted to the State by June 2026.
- Continued participation in the NYSACHO monthly CHA/CHIP workgroup. This is an excellent opportunity for Tompkins to hear from other counties facilitating the CHA process and get updates from the NYS Office of Local Health Services.
- Anushka Bhargave, Public Health Fellow, presented an overview of her projects at the HHS Committee meeting.
- Participated in a feedback session with the NYS DOH Regional Office to review the Year 12 Performance Incentive, which was focused on Promoting Physical Activity: Employing the Active Communities Toolkit. This was an exercise HPP conducted with Dryden Planning Department to utilize the toolkit.
- HPP supported the submission of a Climate Adaptation grant from NYSACHO to expand our outreach and education about HABs.

COMMUNICATIONS

- Participated in three-part training series: Mid Atlantic Regional Public Health Center Risk Communications for Public Health
- Coordinated with county partners for 9th biennial Healthcare Careers Expo for regional high school students, hosted at Ithaca College. Highlighted public health careers, including community health nursing, environmental health specialists, Children with Special Care needs, and mental health roles. Over 500 students attended the event this year, which incorporates educational workshops and a hands-on, interactive exhibit hall.

- Began work on promotional video media project with CHS' Moms PLUS+; expected completion February 2026

[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

DIVISION OF CHILDREN WITH SPECIAL CARE NEEDS

JESSICA CLARK MANDERVILLE, DIRECTOR

tompkinscountyny.gov/health/cscn

Reports for November & December 2025 / Meeting Date, January 27, 2026

Highlights

Staff Training:

- Weekly *Regulation Refreshers* have been sent out weekly to review State regulations for the EIP.
- A chart audit screening tool is being used for all chart discharges and to track errors.
- Acuity Form, renamed Case Management Tool, has been created and implemented to be able to assign cases equally.
- Monthly Stat chart has been created and will be monitored and reviewed with staff at the quarterly check-ins.
- All Nurses attended the Psychological First Aid on 11/20/25

- Weekly Regulation Refreshers have been sent out weekly to review State regulations for the EIP.
- A chart audit screening tool is being used for all chart discharges and to track errors.
- Acuity Form, renamed Case Management Tool, has been created and implemented to be able to assign cases equally.
- Monthly Stat chart has been created and will be monitored and reviewed with staff at the quarterly check-ins.
- All Nurses attended the Psychological First Aid on 12/2/25

Program Work:

- Service Coordinators are continuing to attend the Come and Play Cafés that are put on by Racker for children on the therapy needs list.
- CYSHCN: Has been transferred to the CHW's.
- APR Findings: NYDOH BEI sent out Annual Performance Reports for 2023-2024. Tompkins County did not achieve 100% compliance on three indicators and will have to follow up with a non-compliance plan.

- Service Coordinators are continuing to attend the Come and Play Cafés that are put on by Racker for children on the therapy needs list.
- CYSHCN: Has been transferred to the CHW's.
- APR Findings: NYDOH BEI sent out Annual Performance Reports for 2023-2024. Tompkins County did not achieve 100% compliance on three indicators and will have to follow up with a non-compliance plan.

Program Updates

EARLY INTERVENTION

- 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- **Post 12/1/25** Speech (37) Feeding (4), OT (10), PT (15), SI (8), SW (2)
- New Referrals received **October: 13**
- EI Core Eval Teams are back down to 4 Racker slots per week and eval in Syracuse at Liberty Post
- Currently serving **161** active/qualified children in Early Intervention. 0 Total Child Find Cases
- 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- **Post 12/31/25**
- Speech (30) Feeding (3), OT (12), PT (21), SI (8), SW (2)
- New Referrals received **December: 24**
- EI Core Eval Teams are back down to 4 Racker slots per week and eval in Syracuse at Liberty Post
- Currently serving **157** active/qualified children in Early Intervention. 0 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.
- RFP for Preschool Transportation was awarded to Birnie Bus. Contracting process has begun.
- Continued Medicaid Consent Documentation Chart review completed for CPSE. Districts notified of students missing consent and encouraged to obtain consent for billing purposes.
- RFP for Preschool Transportation was awarded to Birnie Bus. Contracting process has begun.

CYSHCN

- Has been transferred to Community Health Workers (CHWs).

CSCN Appendix

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

ENVIRONMENTAL HEALTH DIVISION

SKIP PARR, DIRECTOR

tompkinscountyny.gov/health/eh

Reports for November & December 2025 | Meeting Date, January 27, 2026

Highlights

No November narrative.

December

PERMIT MANAGEMENT SYSTEM UPDATE:

Environmental Health (EH) is no longer using Accela to issue permits or manage workflows. While the transition to our new software, Clariti Connect, is still in progress, EH began issuing Food Service Establishment (FSE) and Onsite Wastewater Treatment System (OWTS) permits at the end of December. Currently, workflows are in place for FSE, Temporary FSE, and OWTS permits. We anticipate that workflows for additional permitted facilities will be operational by the end of January.

The transfer of data from Accela to Clariti has also begun. Portions of the OWTS records have already been migrated, and we expect all records to be successfully transferred by the end of January. Work is ongoing to integrate Clariti with our new payment processor, Point and Pay. Testing is underway, and we anticipate that online payments will be available before the end of January.

Beginning in February, additional components will be developed in Clariti, including workflows to track enforcement actions, notices of violation, complaints, engineering plan reviews, and permits for holding tanks and enhanced treatment units (ETUs). In the interim, we have set up alternative short-term tracking systems for enforcement, NOVs, and complaints. Liz Cameron will continue to assist with the development process for eight hours per week through the end of March.

OWTS REPLACEMENT GRANT FUNDING UPDATE:

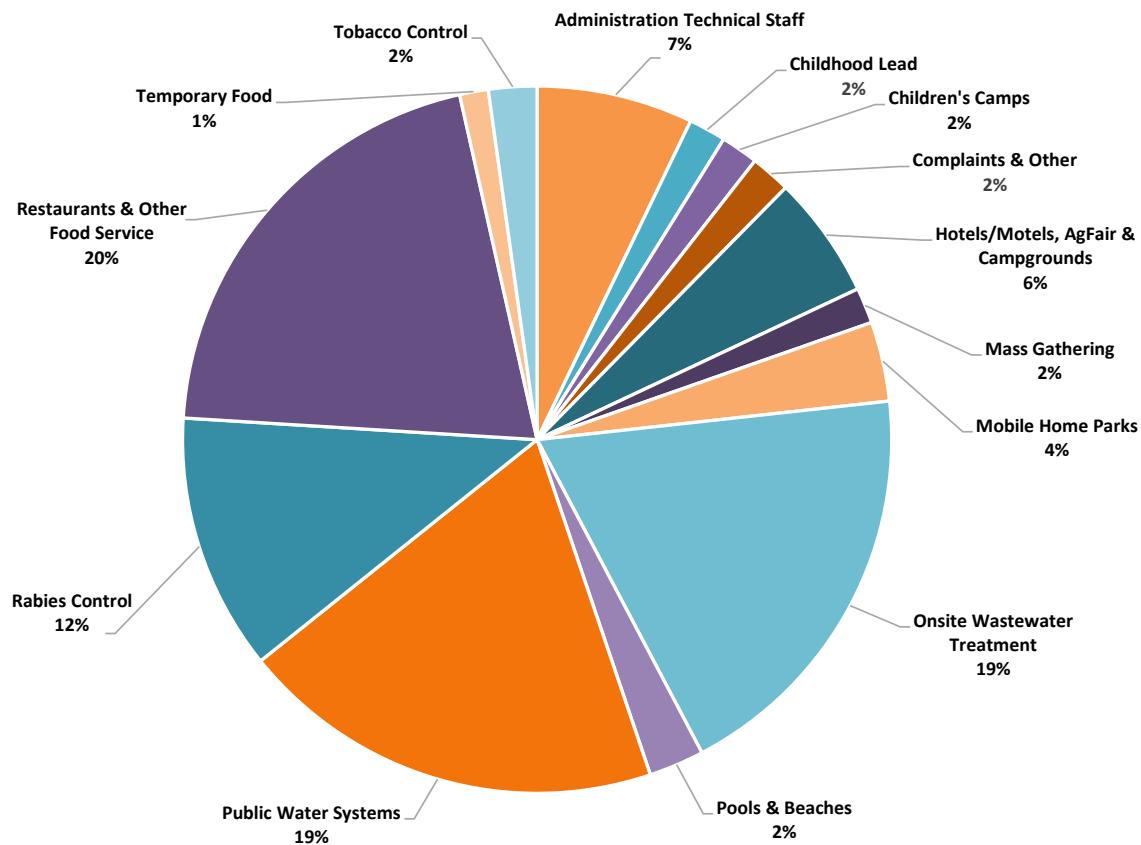
In September, Environmental Health (EH) submitted a **Community Development Block Grant (CDBG)** application to continue the County Septic System Replacement Program. The grant, administered by the **New York State Office of Community Renewal**, was developed with contracted assistance from **INHS**. Unfortunately, we were notified in December that EH was not awarded funding. This program would have supported low- to moderate-income households in replacing OWTS systems. A meeting has been scheduled with the Office of Community Renewal to review our application and identify ways to strengthen future proposals.

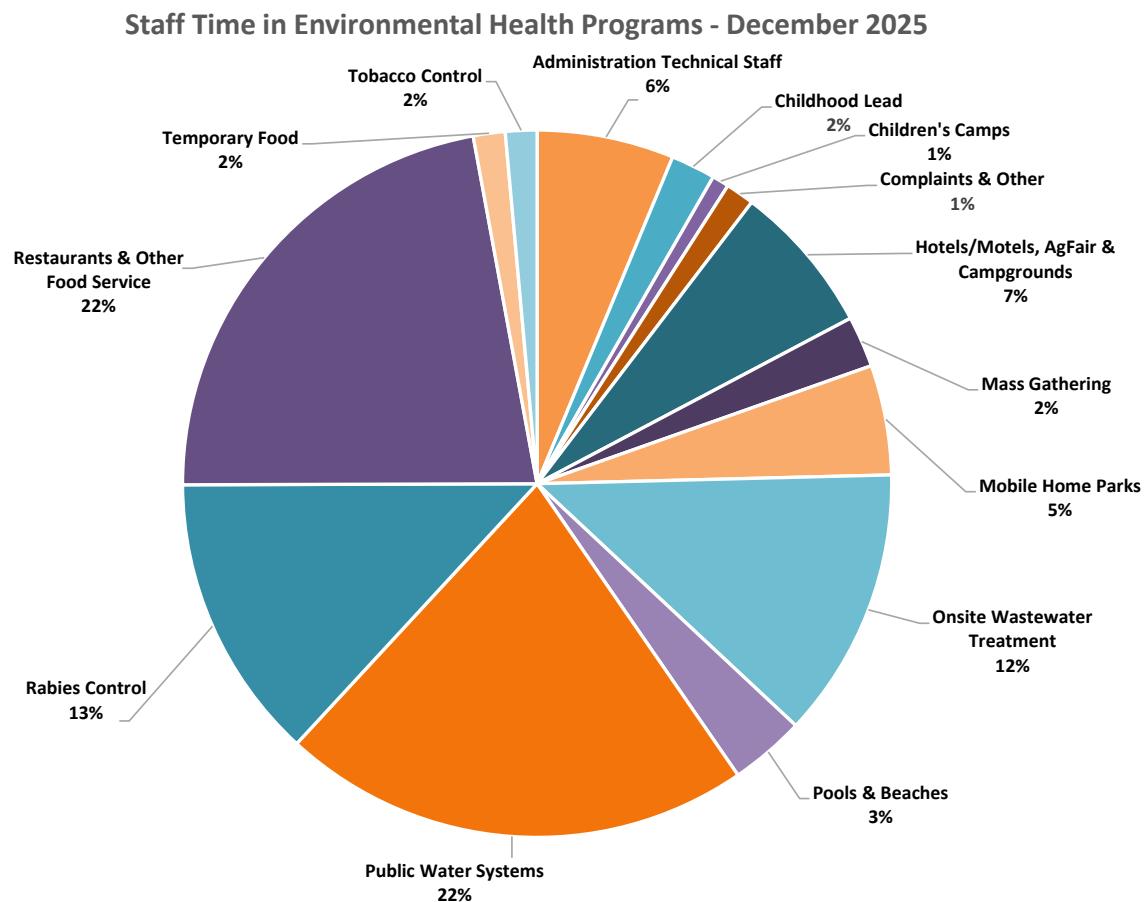
On a positive note, EH has been recently notified of its eligibility to participate in **Round 5 of the State Septic System Replacement Fund Program**. Through this program, EH will assist homeowners near

eligible waterbodies in obtaining grant funding to replace OWTS systems that may negatively impact water quality. Further details regarding the amount of funding the County will receive will be shared as they become available.

Summary of Activity

Staff Time in Environmental Health Programs - November 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

- NONE.

NEW PERMITS ISSUED

November

- Boatyard Grill, C-Ithaca
- DSS Code Blue Shelter, C-Ithaca

- Morning Moon Coffee & Bakery, T-Newfield
- Tamarind, C-Ithaca

December

- McDonalds - Elmira Rd., C-Ithaca
- McDonalds - Triphammer Rd., V-Lansing
- Molly's Pub, V-Groton

Boil Water Orders (BWOs)**NEW**

Facility Name	BWO Issued	Reason	Corrective Action	Status
Willow Hill Mobile Court	11/24/2025	Inadequate Disinfection	Restore adequate disinfection & submit satisfactory samples	Awaiting Sample Results
<i>December Report</i>				
Longhouse Coop	12/08/25	Inadequate Disinfection	Restore adequate disinfection & submit satisfactory samples	Satisfactory samples received; BWO released 12/23/25
Hanshaw Village MHP	12/19/25	Inadequate Pressure	Restore adequate pressure & submit satisfactory samples	Satisfactory samples received; BWO released 12/24/25
Dollar General Dryden	01/06/26	Inadequate Disinfection	Restore adequate disinfection & submit satisfactory samples	Awaiting Sample Results

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
Glenwood Apartments	11/6/2025	Unapproved Source	Submit plans for EH review	NOV issued; Monitoring Compliance
<i>December Report</i>				
Dollar General North Lansing	02/08/22	Operating without TCEH approval	Water System Approved	Monitoring System Operation; BOH Action Pending
Glenwood Apartments	11/06/25	Unapproved Source	Submit plans for EH review	NOV issued; Monitoring Compliance

RELEASED

Facility Name	BWO Issued	Reason	Corrective Action	Status
Elm Tree Inn	11/13/2025	Inadequate Disinfection	Restore adequate disinfection & submit satisfactory samples	Satisfactory samples received; BWO released 11/24/25
Hillside Apartments	11/17/2025	Inadequate Disinfection	Restore adequate disinfection & submit satisfactory samples	Satisfactory samples received; BWO released 11/21/25
Iacovelli Apartments	11/18/2025	Inadequate Disinfection	Restore adequate disinfection & submit satisfactory samples	Satisfactory samples received; BWO released 11/26/25
<i>December Report</i>				
Willow Hill Mobile Court	11/24/25	Inadequate Disinfection	Restore adequate disinfection & submit satisfactory samples	Satisfactory samples received; BWO released 01/07/26

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 (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 (balance due: \$800)	Payment Plan Approved 6/17/25; 6 th payment of \$400 due 12/15/25	Payment pending
9/23/25	Newfield Estates MHP (ENF-25-0013)	Newfield Estates MHP, LLC	MHP – Operating without a permit	\$400	Penalty due 11/15/25	Violation of Board of Health Orders; Draft Resolution Pending
9/23/25	Little Venice Ristorante (ENF-25-0015)	Jessica Gardner, Stevearenozz, Inc	FSE – Repeat critical violations; foods not kept below 45°	\$200	Penalty due 11/14/25	Payment pending

10/28/25	Bookies Sports Bar (ENF-25-0020)	Kyle Spencer, Bookies Sports Bar & Lounge, LLC	FSE – Operating without a permit	\$500	Penalty due 12/15/25	Payment pending
10/28/25	Lansing Harbor (ENF-25-0021)	Gregory Mezey, Marina One Holdings, LLC	Campground – Operating without a permit; PWS – with potential cross-connections	\$500	Penalty due 12/15/25	Payment pending
10/28/25	Empire State Special Needs (ENF-25-0022)	Cynthia Reuter, ESSNE	Pool – Failure to maintain disinfection	\$400 (Paid 11/25/25)	Repair/Replace pool disinfection system 5/31/26	Proof or repair/replacement pending

December Report

01/28/25	Hanshaw Village MHP (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
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[EH Appendix](#)

- Summary of Activity

APPENDIX

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

Commissioner's Report

- See following pages



Whole Health by the Numbers

**20
24** **Data
Impact
Report**



300+

social media posts



70+

community events
attended

ENVIRONMENTAL HEALTH

924

food establishment inspections

579

animals vaccinated
for rabies

131

public water supply
inspections

IMMUNIZATIONS

233

child immunizations given

347

adult immunizations given

MENTAL HEALTH SERVICES

217

clients received
personalized
recovery services

511

youth received
mental health
support

27,745

mental health clinic
appointments

FAMILY AND CHILD HEALTH

1,360

women, infant, children
(WIC) nutrition program
participants

132

pregnant people
supported through
pregnancy and
postpartum

415

children birth to five
received developmental
support





PUBLIC HEALTH SERVICES PROGRAM ALIGNMENT Q&A

Public Health Services has recently embarked on a collaborative process to review and realign existing programs and initiatives across all four divisions (EH, CSCN, HPP, CHS). This effort—referred to as program alignment—is designed to strengthen how we work together by grouping similar programs, improving coordination, and reducing structural barriers that may limit access to shared resources.

This moment of reflection and realignment is driven by both opportunity and necessity. While our programs are strong and our staff deeply committed, we've recognized that some of our structures still reflect legacy systems that no longer serve us, or the community, as effectively as they could. Programs that serve similar populations are often housed in different divisions, and shared resources like data, communications, and preparedness are not always easily accessible across teams. At the same time, we are in a position of strength: we have new leadership, minimal vacancies, and a shared passion for collaboration and equity. These conditions make now the right time to realign our work in a way that better supports our mission and the people of Tompkins County. We're excited for you to join us on this journey!

What is program alignment?

When we refer to program alignment, we are talking about a reorganization of programs and initiatives within the four divisions that make up Public Health Services to group similar programs together, so that we can work in a more intentional and impactful way. For example, we currently have several programs that focus on similar populations but are situated in different divisions. We also have resources that support the entire department but are nested within specific divisions which may create unintentional barriers to access.

Program alignment will help us address these structural issues, reset organizational habits, break down silos, streamline services, and advance health equity in Tompkins County. **Public Health Services staff will have a chance to provide input into how best to align our work.**

Why do we need to align programs in PHS?

Following the recent merger to focus on Whole Health, we have an opportunity to further the integration and work toward TCWH's mission of building a healthy and equitable community by creating an **integrated and empowered** team. We want to build on our strengths and opportunities to realign programs to better meet departmental and community needs.

What changes might this realignment involve and how will it affect your position?

Any reorganization within program areas will be driven by a collaborative reimagining of how we are structured. **This is not about staff losing their jobs, changing their role, or being asked to do significantly different things within their current role.** There may be some shifts around divisional leadership responsibility. This alignment is about moving around programs within Public Health Services to more collaboratively meet community needs. It could mean that some staff will report to different supervisors than previously to better align our structure to how we serve the community. Again, we do not anticipate any major changes in job responsibilities and everyone will have an opportunity to share their thoughts during this process.

How will this help us better serve the community?

Better program alignment will allow us to solve problems at a systems level, reduce inefficiencies, strengthen services and special initiatives with more focused attention, and ensure that Tompkins County residents, families, and children interact with us in a streamlined way. We will also look for the best ways to integrate cross-program resources such as data, communications, and preparedness so that they are available and fully utilized across TCWH.

What does this process look like and what role do you play?

Discussions have begun with executive leadership and Public Health division directors, as well as directors on the billing team within Operational Support Services. These sessions are helping to uncover what is currently working well and what opportunities exist to strengthen alignment and coordination. **On December 10, 2025, division staff will be invited to a similar workshop, to identify opportunities for alignment and co-design the future of Public Health Services.** This workshop will be highly interactive, providing an environment for all staff members to share their perspectives and hear from their colleagues.

We have brought in consultants from TYTHEdesign and A Good Question to support this process. They specialize in collaborative decision making, to ensure that all perspectives are included in this process. Once we have completed this part of the process, executive leadership and Public Health Services directors, with additional staff input, will co-develop a program alignment plan. **We are at the beginning of a thoughtful, participatory process; these changes will not happen overnight.**

What if I have additional questions?

Please reach out to your division director or to Brenda Grinnell Crosby.

What is the timeline for this process?

- 1** **Part 1 | Now**
Opportunity identification with Public Health Services staff across programs
- 2** **Part 2 | Winter 2026**
Co-development of a program alignment plan based on the findings from Part 1
- 3** **Part 3 | Spring 2026**
Implementation of the plan, with reassignment of programs

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	1289	1272	1251										1271
% Caseload Served	97.65%	96.36%	94.77%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	24.07%
% Change Per Month	0.00%	-1.29%	-1.59%	-94.77%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-8.14%
Enrolled	1340	1355	1338										1344
Participation/ Enrollment	96.19%	93.87%	93.50%										94.52%

MOMS PLUS+ CASELOAD DATA CY 2025

MOMS Data 2025	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Caseload	66	69	74	74	61	66	55	63	68	63	61	62	782
Visits	76	57	61	50	67	58	57	79	75	68	36	49	733
Admissions	23	15	16	10	22	20	12	23	18	22	14	17	212
Referrals	51	53	44	59	58	48	41	45	57	66	45	52	619

NYSDOH COMMUNICABLE DISEASE REPORTS

- See following pages.

N.Y.S. Department of Health
 Division of Epidemiology
 Communicable Disease Monthly Report*, DATE: 01DEC25
 Rates are defined as: Cases/100,000 population/Month

County=TOMPKINS Month=November

	2025		2024		2023		2022		Ave (2022-2024)	
Disease	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
ANAPLASMOSIS**	23	273.1	13	154.4	11	130.6	5	59.4	10	118.7
BABESIOSIS**	2	23.7	1	11.9	0	0.0	1	11.9	1	11.9
CAMPYLOBACTERIOSIS**	5	59.4	6	71.2	2	23.7	1	11.9	3	35.6
COVID-19	40	475.0	37	439.4	156	1852.4	418	4963.5	204	2422.4
CRYPTOSPORIDIOSIS**	3	35.6	0	0.0	1	11.9	2	23.7	1	11.9
ECOLI SHIGA TOXIN**	1	11.9	0	0.0	0	0.0	0	0.0	0	0.0
EHRLICHIOSIS (EWINGII)**	0	0.0	0	0.0	0	0.0	1	11.9	0	0.0
GIARDIASIS	2	23.7	0	0.0	2	23.7	1	11.9	1	11.9
HAEMOPHILUS INFLUENZAE, NOT TYPE B	0	0.0	0	0.0	0	0.0	1	11.9	0	0.0
HEPATITIS B,CHRONIC**	1	11.9	4	47.5	0	0.0	0	0.0	1	11.9
HEPATITIS C,CHRONIC**	0	0.0	4	47.5	0	0.0	0	0.0	1	11.9
INFLUENZA A, LAB CONFIRMED	20	237.5	10	118.7	12	142.5	369	4381.6	130	1543.7
INFLUENZA B, LAB CONFIRMED	1	11.9	2	23.7	9	106.9	2	23.7	4	47.5
LEGIONELLOSIS	1	11.9	0	0.0	0	0.0	0	0.0	0	0.0
LYME DISEASE** ****	100	1187.4	26	308.7	19	225.6	13	154.4	19	225.6
MALARIA	0	0.0	0	0.0	0	0.0	1	11.9	0	0.0
MONKEYPOX	0	0.0	0	0.0	0	0.0	1	11.9	0	0.0
PERTUSSIS**	1	11.9	2	23.7	0	0.0	0	0.0	1	11.9
Q FEVER**	0	0.0	1	11.9	0	0.0	0	0.0	0	0.0

	2025		2024		2023		2022		Ave (2022-2024)	
Disease	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
RESPIRATORY SYNCYTIAL VIRUS	1	11.9	3	35.6	0	0.0	0	0.0	1	11.9
ROCKY MTN SPOT FEVER**	0	0.0	0	0.0	0	0.0	1	11.9	0	0.0
SALMONELLOSIS**	0	0.0	2	23.7	0	0.0	0	0.0	1	11.9
SHIGELLOSIS**	0	0.0	0	0.0	1	11.9	0	0.0	0	0.0
STREP, GROUP A INVASIVE	0	0.0	0	0.0	1	11.9	1	11.9	1	11.9
STREP, GROUP B INVASIVE	1	11.9	0	0.0	0	0.0	0	0.0	0	0.0
STREP PNEUMONIAE, INVASIVE**	0	0.0	0	0.0	1	11.9	1	11.9	1	11.9
YERSINIOSIS**	1	11.9	0	0.0	0	0.0	0	0.0	0	0.0
SYPHILIS TOTAL.....	1	11.9	2	23.7	3	35.6	4	47.5	3	35.6
- P&S SYPHILIS	0	0.0	0	0.0	0	0.0	2	23.7	1	11.9
- EARLY LATENT**	0	0.0	0	0.0	2	23.7	2	23.7	1	11.9
- LATE LATENT**	1	11.9	2	23.7	1	11.9	0	0.0	1	11.9
GONORRHEA TOTAL.....	4	47.5	8	95.0	17	201.9	11	130.6	12	142.5
- GONORRHEA	4	47.5	8	95.0	17	201.9	11	130.6	12	142.5
CHLAMYDIA	19	225.6	34	403.7	27	320.6	16	190.0	26	308.7

*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: 01DEC25
 Through December
 Rates are defined as: Cases/100,000 population/Month

County=TOMPKINS

Disease	2025		2024		2023		2022		Ave (2022-2024)	
	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**	245	242.4	107	105.9	116	114.8	66	65.3	96	95.0
BABESIOSIS**	62	61.4	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**	35	34.6	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	669	662.0	1565	1548.6	2748	2719.2	16048	15880	6787	6715.9
CRYPTOSPORIDIOSIS**	6	5.9	8	7.9	7	6.9	11	10.9	9	8.9
CYCLOSPORA	1	1.0	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**	5	4.9	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	11	10.9	16	15.8	14	13.9	13	12.9	14	13.9
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**	12	11.9	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**	6	5.9	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	1116	1104.3	1130	1118.2	251	248.4	1341	1327.0	907	897.5

	2025		2024		2023		2022		Ave (2022-2024)	
Disease	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
INFLUENZA B, LAB CONFIRMED	282	279.0	125	123.7	30	29.7	11	10.9	55	54.4
INFLUENZA UNSPECIFIED, LAB CONFIRMED	0	0.0	0	0.0	0	0.0	3	3.0	1	1.0
LEGIONELLOSIS	2	2.0	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** ****	669	662.0	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**	5	4.9	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	188	186.0	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
SALMONELLOSIS**	14	13.9	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**	4	4.0	3	3.0	1	1.0	2	2.0	2	2.0
STREP, GROUP A INVASIVE	4	4.0	10	9.9	11	10.9	5	4.9	9	8.9
STREP, GROUP B INVASIVE	11	10.9	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***	2	2.0	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	4	4.0	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**	2	2.0	5	4.9	1	1.0	6	5.9	4	4.0
SYPHILIS TOTAL.....	7	6.9	18	17.8	12	11.9	34	33.6	21	20.8

	2025		2024		2023		2022		Ave (2022-2024)	
Disease	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
- P&S SYPHILIS	0	0.0	0	0.0	0	0.0	16	15.8	5	4.9
- EARLY LATENT**	4	4.0	9	8.9	6	5.9	15	14.8	10	9.9
- LATE LATENT**	3	3.0	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.....	66	65.3	107	105.9	120	118.7	109	107.9	112	110.8
- GONORRHEA	66	65.3	107	105.9	120	118.7	109	107.9	112	110.8
CHLAMYDIA	232	229.6	277	274.1	328	324.6	377	373.1	327	323.6
CHLAMYDIA PID	2	2.0	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.

N.Y.S. Department of Health
 Division of Epidemiology
 Communicable Disease Monthly Report*, DATE: 02JAN26
 Rates are defined as: Cases/100,000 population/Month

County=TOMPKINS Month=December

	2025		2024		2023		2022		Ave (2022-2024)	
Disease	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
ANAPLASMOSIS**	1	11.9	5	59.4	2	23.7	2	23.7	3	35.6
BABESIOSIS**	0	0.0	1	11.9	1	11.9	0	0.0	1	11.9
BLASTOMYCOSIS	0	0.0	0	0.0	1	11.9	0	0.0	0	0.0
CAMPYLOBACTERIOSIS**	2	23.7	4	47.5	5	59.4	5	59.4	5	59.4
COVID-19	81	961.8	84	997.4	329	3906.7	511	6067.8	308	3657.3
CRYPTOSPORIDIOSIS**	0	0.0	0	0.0	1	11.9	1	11.9	1	11.9
ECOLI SHIGA TOXIN**	1	11.9	0	0.0	0	0.0	0	0.0	0	0.0
EHRLICHIOSIS (EWINGII)**	0	0.0	0	0.0	1	11.9	0	0.0	0	0.0
GIARDIASIS	0	0.0	0	0.0	1	11.9	1	11.9	1	11.9
HAEMOPHILUS INFLUENZAE, NOT TYPE B	0	0.0	1	11.9	1	11.9	1	11.9	1	11.9
HEPATITIS B,CHRONIC**	2	23.7	1	11.9	1	11.9	2	23.7	1	11.9
HEPATITIS C,ACUTE**	0	0.0	1	11.9	0	0.0	1	11.9	1	11.9
HEPATITIS C,CHRONIC**	2	23.7	2	23.7	2	23.7	4	47.5	3	35.6
INFLUENZA A, LAB CONFIRMED	372	4417.3	211	2505.5	129	1531.8	599	7112.7	313	3716.7
INFLUENZA B, LAB CONFIRMED	21	249.4	2	23.7	7	83.1	5	59.4	5	59.4
INFLUENZA UNSPECIFIED, LAB CONFIRMED	1	11.9	0	0.0	0	0.0	0	0.0	0	0.0
LEGIONELLOSIS	0	0.0	0	0.0	0	0.0	1	11.9	0	0.0
LYME DISEASE** ****	56	665.0	17	201.9	14	166.2	10	118.7	14	166.2
MALARIA	0	0.0	0	0.0	0	0.0	1	11.9	0	0.0
PERTUSSIS**	0	0.0	1	11.9	0	0.0	0	0.0	0	0.0

	2025		2024		2023		2022		Ave (2022-2024)	
Disease	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
RESPIRATORY SYNCYTIAL VIRUS	13	154.4	64	760.0	64	760.0	0	0.0	43	510.6
SALMONELLOSIS**	2	23.7	1	11.9	0	0.0	2	23.7	1	11.9
SHIGELLOSIS**	1	11.9	0	0.0	0	0.0	1	11.9	0	0.0
STREP, GROUP A INVASIVE	0	0.0	1	11.9	2	23.7	1	11.9	1	11.9
STREP, GROUP B INVASIVE	0	0.0	0	0.0	0	0.0	1	11.9	0	0.0
STREP PNEUMONIAE, INVASIVE**	0	0.0	2	23.7	0	0.0	4	47.5	2	23.7
TUBERCULOSIS***	2	23.7	0	0.0	1	11.9	0	0.0	0	0.0
SYPHILIS TOTAL.....	1	11.9	4	47.5	2	23.7	0	0.0	2	23.7
- EARLY LATENT**	0	0.0	2	23.7	2	23.7	0	0.0	1	11.9
- LATE LATENT**	1	11.9	2	23.7	0	0.0	0	0.0	1	11.9
GONORRHEA TOTAL.....	8	95.0	6	71.2	5	59.4	10	118.7	7	83.1
- GONORRHEA	8	95.0	6	71.2	5	59.4	10	118.7	7	83.1
CHLAMYDIA	19	225.6	20	237.5	30	356.2	31	368.1	27	320.6

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

**Confirmed and Probable cases counted

***Not official number

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N.Y.S. Department of Health
 Division of Epidemiology
 Communicable Disease Monthly Report*, DATE: 02JAN26
 Through December
 Rates are defined as: Cases/100,000 population/Month

County=TOMPKINS

Disease	2025		2024		2023		2022		Ave (2022-2024)	
	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**	245	242.4	107	105.9	116	114.8	66	65.3	96	95.0
BABESIOSIS**	62	61.4	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**	37	36.6	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	749	741.2	1565	1548.6	2748	2719.2	16048	15880	6787	6715.9
CRYPTOSPORIDIOSIS**	6	5.9	8	7.9	7	6.9	11	10.9	9	8.9
CYCLOSPORA	1	1.0	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**	6	5.9	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	11	10.9	16	15.8	14	13.9	13	12.9	14	13.9
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**	14	13.9	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**	8	7.9	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	1489	1473.4	1130	1118.2	251	248.4	1341	1327.0	907	897.5

	2025		2024		2023		2022		Ave (2022-2024)	
Disease	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
INFLUENZA B, LAB CONFIRMED	303	299.8	125	123.7	30	29.7	11	10.9	55	54.4
INFLUENZA UNSPECIFIED, LAB CONFIRMED	1	1.0	0	0.0	0	0.0	3	3.0	1	1.0
LEGIONELLOSIS	2	2.0	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** ****	368	364.1	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**	5	4.9	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	201	198.9	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
SALMONELLOSIS**	16	15.8	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**	5	4.9	3	3.0	1	1.0	2	2.0	2	2.0
STREP, GROUP A INVASIVE	4	4.0	10	9.9	11	10.9	5	4.9	9	8.9
STREP, GROUP B INVASIVE	11	10.9	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***	4	4.0	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	4	4.0	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**	2	2.0	5	4.9	1	1.0	6	5.9	4	4.0
SYphilis TOTAL.....	8	7.9	18	17.8	12	11.9	34	33.6	21	20.8

	2025		2024		2023		2022		Ave (2022-2024)	
Disease	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
- P&S SYPHILIS	0	0.0	0	0.0	0	0.0	16	15.8	5	4.9
- EARLY LATENT**	4	4.0	9	8.9	6	5.9	15	14.8	10	9.9
- LATE LATENT**	4	4.0	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.....	74	73.2	107	105.9	120	118.7	109	107.9	112	110.8
- GONORRHEA	74	73.2	107	105.9	120	118.7	109	107.9	112	110.8
CHLAMYDIA	251	248.4	277	274.1	328	324.6	377	373.1	327	323.6
CHLAMYDIA PID	2	2.0	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.



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.



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

CHWs

MONTHLY STATS

Enrolled CHW Clients	November 2025	YTD 2025	November 2024	TOTAL 2024
HiP Tompkins	31	41	30	64
General CHW Program	36	36	13	13
Enrolled CHW Clients	December 2025	YTD 2025	December 2024	TOTAL 2024
HiP Tompkins	32	43	30	64
General CHW Program	36	36	13	13

OUTREACH AND TRAININGS

- Perinatal Mental Health: A Continuum of Care – 11/3
- Community Action Board – 11/3
- Veterans Resource Fair – 11/14
- Groton Resource Hub – 11/4, 11/18, 11/25, 12/2, 12/16, 12/23, 12/30
- Loaves and Fishes – 11/10, 11/24, 12/8
- Trumansburg Winter Festival – 12/7

HNP

MONTHLY STATS

HEALTHY NEIGHBORHOODS PROGRAM	November 2025	YTD 2025	November 2024	TOTAL Jan-Dec 2024
# of Initial Home Visits (including asthma visits)	23	362	18	241
# of Revisits	1	11	0	24
# of Asthma Homes (initial)	23	75	4	5
# of Homes Approached	0	7	0	152
HEALTHY NEIGHBORHOODS PROGRAM	December 2025	YTD 2025	December 2024	TOTAL Jan-Dec 2024
# of Initial Home Visits (including asthma visits)	31	393	20	241
# of Revisits	2	13	0	24
# of Asthma Homes (initial)	31	106	5	38
# of Homes Approached	1	8	1	152

OUTREACH & TRAINING

- Item.

COVID-19

- Respiratory Illness Season – focus on flu, covid, rsv
- Share weekly disease prevalence charts on social media, began November
- Vaccination promotion continues
- Free at-home COVID test kits available to the public at both TCWH offices, while supplies last.

Media

SOCIAL MEDIA

NOVEMBER

- Began weekly reporting of Tompkins Co. Respiratory illness disease prevalence
- COPD Awareness Month
- Transgender Awareness Day (11/20)
- Great American Smoke Out – purple lights display

DECEMBER

- World Aids Day (12/1)
- National Influenza Vaccination Awareness Week (Dec 1-5)
- Mental Health Clinic promotion; 988 promotion; promotion of local substance use resources
- TCWH “A Year in Review” Series:
- Mental Health Services
- Environmental Health
- CHS Immunization Clinic
- Family & Child Health

PRESS RELEASES

NOVEMBER

- [Health Alert: Chickenpox Exposure at Ithaca Sciencenter](#) (11/19/25)
- [NYS & Tompkins County Celebrate 25 Years of Driving Down Smoking Rates](#) (11/25/25)

DECEMBER

- [TCWH Celebrates One-Year Anniversary of New Mental Health Clinic Space](#) (12/01/25)
- [Health Alert: National Influenza Vaccination Week; Flu Prevalent in NY](#) (12/04/25)
- [Holiday Mental Health Well-Being, Substance Use Resources and Supports](#) (12/11/25)
- [EH Seeks Info About a Dog Bite in Fields Near Hanshaw Rd at Freese Rd.](#) (12/16/25)

Outreach & Training

Conducted by Health Promotion staff

OUTREACH

NOVEMBER

- Veterans Services Resource Fair (11/14), at the Shops at Ithaca Mall

DECEMBER

- Trumansburg Winterfest (12/6), Main St., Trumansburg

TRAINING

NOVEMBER

- Completed 3-part webinar training series: Mid Atlantic Regional Public Health Center, “Risk Communications for Public Health”
- SIREN Refresher training

DECEMBER

- NYSDOH webinar: “What’s New with the Flu? COVID & RSV too!”
- Completed Health Leads: Communications Training Series for Community Leaders
- Began 4-part series, Cornell University (Dr. Greiner Safi): Strategic Approaches for Communication, Engagement, and Trust Building
- NYSACHO: Strategies for Success in Working in with Community Partners

Committee and Partnership Meetings

Planning	Advisory	Days
Health Planning Council	Advisory Board and Executive Committee, Hillson reappointed as Secretary and Co-Chair, Community Health and Access Committee	Bi-monthly
Community Health and Access Committee	Sub-committee of the HPC. Focus on telehealth, maternal health, etc.	annual
Child Abuse Board	quadrennial	annual
Child Protection in Community	In partnership with the Sophie Fund	annual
Teen Pregnancy Coalition	Quarterly meeting, updates about COVID-19 vaccine and discussion/feedback, youth vaccination promo	annual
Lead Poisoning Prevention	Quarterly meeting, review lead cases, prevention, new legislation	annual
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.	annual
TC Cancer Screening Working Group	Regular meeting	Monthly
Alzheimer's	quarterly	Monthly
Homeless & Housing	quarterly	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. Community Health and Access Committee	Bi-monthly
Community Health and Access Committee	Sub-committee of the HPC. Focus on telehealth, maternal health, etc	as needed

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	0	0	0	0	0	1	0	1	0
-- Gestational Age	0	0	0	0	0	0	2	0	0	1	0	0	3	4	2
-- Gestational Age/Gross Motor	0	0	0	0	0	0	0	0	1	0	0	0	1	1	0
-- Global Delays	0	0	0	0	0	0	0	2	0	0	0	0	2	1	0
-- Hearing	0	0	0	0	0	1	0	0	0	0	0	0	1	4	1
-- Physical	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
-- Feeding	0	1	1	0	1	1	0	0	0	0	2	0	6	10	30
-- Feeding & Gross Motor	1	0	0	1	2	1	0	1	2	0	0	2	10	5	4
-- Feeding & Social Emotional	1	0	0	0	0	0	0	0	0	0	0	0	1	0	1
-- Gross Motor	6	7	3	5	6	2	1	2	1	3	0	5	41	32	48
-- Gross Motor & Hearing	0	0	0	0	0	1	0	0	0	0	0	0	1		
-- Gross Motor, Feeding & Social/Emotional	0	0	0	0	0	1	0	0	0	0	0	0	1		
-- Gross Motor & Fine Motor	0	0	0	1	0	0	0	1	2	0	1	0	5	1	5
-- Gross Motor, Speech & Social Emotional	0	0	1	0	0	1	0	0	0	0	0	1	3	5	2
Gross Motor, Speech& Hearing	0	0	0	0	0	0	0	0	0	0	0	0	0	4	0
--Fine Motor & Feeding	0	0	0	0	0	1	0	0	0	0	0	0	0	1	
-- Fine Motor	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
-- Social Emotional	0	0	0	0	0	0	0	0	0	0	0	0	0	3	5
-- Social Emotional & Gross Motor	0	0	0	0	0	1	0	0	0	1	0	0	2	0	5
-- Speech	15	12	11	8	10	6	6	9	12	8	6	12	115	102	110
-- Speech & Cognitive	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
-- Speech & Feeding	1	0	0	1	0	0	0	1	0	0	0	0	3	3	3
-- Speech & Fine Motor	0	1	0	0	0	0	0	0	0	0	1	0	2	1	2
-- Speech & Gross Motor	0	1	0	0	0	0	1	0	0	0	0	1	3	6	13
-- Speech & Hearing	0	0	0	0	1	0	0	0	2	0	0	0	3	3	4
-- Speech & Sensory	1	2	0	0	1	0	0	0	0	0	0	0	4	2	0
-- Speech & Social Emotional	0	1	0	1	0	0	0	0	1	0	0	0	3	6	6
-- Speech, Feeding & Gross Motor	0	0	1	0	0	0	0	0	0	0	0	0	1	0	2
-- Speech, Fine Motor, Social/Emotional, Other	0	0	0	2	0	1	2	0	0	0	0	1	6	3	
-- Adaptive	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
-- Adaptive/Sensory	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
-- Adapative/Fine Motor	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
-- Qualifying Congenital / Medical Diagnosis	0	2	0	0	0	0	0	0	0	0	0	0	2	0	8
-- Other -- Birth Trauma	0	0	0	0	0	0	0	0	0	0	0	0	0	3	3
-- Overall Development	0	1	1	0	0	0	0	0	0	0	0	0	2	4	
-- Sensory, Safety, Motor	0	0	1	0	0	0	0	0	0	0	0	0	1	1	
-- Child in Foster Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
-- Maternal Drug Use	0	1	2	0	1	0	0	0	0	0	0	0	4	1	4
Total # of CYSHCN Referrals	0	2	4	0	2	2	0	0	0	0	0	0	10	10	13
Total # of Information and Referrals (I&R)	15	10	4	2	10	5	2	2	9	2	2	0	63	74	100
Total # of Child Find Referrals	1	0	1	0	1	0	0	0	0	0	0	0	3	3	7

Total Number of CSCN Program Referrals	43	41	31	22	36	24	14	18	30	15	12	23	309	297	385
Caseloads															
Total # of clients worked with during this month	183	197	195	201	212	211	216	191	164	158	161	157			
Average # of Cases per Full Time Service Coordinator	26.14	28.14	27.86	33.5	30.3	30.1	30.9	27.3	27.3	26.3	26.8	26.2			

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	11	16	21	16	12	13	222	175	225
-- IFSP Meetings	0	0	0	0	0	0	0	1	0	0	0	0	1	2	303
-- Initial IFSP	1	0	2	2	0	5	0	0	1	2	2	1	16	22	
-- Core Evaluations	2	4	8	6	6	7	9	4	3	5	3	5	62	83	191
-- Core Evaluations with IFSP	13	12	13	6	13	6	15	6	2	10	7	7	110	88	
-- Supplemental Evaluations	5	1	2	3	4	4	5	5	2	2	4	3	40	33	54
-- Supplemental Evaluations with Amendment	1	2	3	2	3	0	1	5	4	7	3	1	32	16	
-- Observation Visits	18	35	48	27	39	34	31	9	32	45	32	38	388	321	290
-- IFSP Change Visit	3	7	6	11	2	4	3	0	7	5	2	3	53	19	
-- IFSP Review Visit	19	16	14	16	23	15	18	16	13	18	17	19	204	186	
-- CPSE meetings	2	3	7	6	9	5	3	5	4	6	4	1	55	64	63
-- SC Discuss	24	39	51	73	74	31	32	68	33	43	17	33	518	263	88
-- SC Visits	17	11	19	10	13	9	8	13	5	6	11	15	137	131	
--No Show	0	0	0	0	0	1	2	2	1	3	0	3	12		
-- Family Training/Team Meetings	0	0	0	0	0	1	0	0	0	0	0	0	1	0	3
-- Phone Call	167	168	221	212	176	188	222	162	268	239	139	253	2415	1814	
-- OSC-Transfer Chart to OSC	4	16	6	8	7	4	7	5	5	2	9	10	83	68	
-- Transition meetings	8	21	7	1	1	1	1	2	20	4	1	2	69	44	47
-- Home Visit for Signature	3	0	2	1	0	1	0	2	4	3	1	0	17	14	
Services and Evaluations Pending & Completed															
Children with Services Pending(Needs List)															
-- Feeding	7	7	7	7	7	8	10	4	6	5	4	3	75	84	67
-- Nutrition	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
-- Occupational Therapy	12	12	12	12	12	13	18	6	3	9	14	12	135	136	57
-- Physical Therapy	8	8	8	8	8	24	20	14	17	18	15	21	169	96	0
-- Social Work	4	4	4	4	4	3	3	3	3	3	2	2	39	48	55
-- Special Education	22	22	22	22	22	16	16	3	5	9	8	8	175	263	0
-- Speech Therapy	48	48	48	48	48	66	59	56	41	38	37	32	569	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	6	36	4	3	0	8	69	59	65
-- Aged out	1	0	2	0	0	2	4	3	2	0	0	0	14	14	30
-- Skilled out	1	1	0	1	1	2	0	2	5	1	0	0	14	22	27
-- Moved	1	1	0	3	2	1	1	1	1	1	0	1	13	9	13
-- Not Eligible/DNQ	3	1	6	8	6	7	6	3	6	9	6	7	68	62	62
-- Family Refused/Unable to Locate	1	4	2	3	0	4	2	7	8	2	2	5	40	26	36
--Child Deceased	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Total Number of Discharges	15	7	10	15	12	17	19	52	26	16	8	21	218	192	234
Child Find															
Total # of Referrals	0	0	1	0	1	0	0	0	0	0	0	0	2	4	6
Total # of Children in Child Find	1	0	1	1	1	1	1	1	0	0	0	0	7	6	79
Total # Transferred to Early Intervention	0	0	0	0	0	0	0	0	0	0	0	0	0	3	2
Total # of Discharges	0	1	0	0	1	0	0	0	1	0	0	0	3	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	126	124	101	105	109	114			
-- Dryden	33	33	36	37	38	38	22	23	34	33	34	34			
-- Newfield	22	24	24	24	25	25	18	18	14	17	18	20			
-- Groton	29	29	32	32	32	32	12	12	22	23	25	28			
-- Moravia	0	0	0	0	0	0	0	0	0	0	0	0			
-- Lansing	34	34	34	35	36	36	29	29	20	22	21	21			
-- Trumansburg	12	15	15	15	15	15	11	11	10	10	11	11			
-- Cortland	0	0	0	0	0	0	0	0	0	0	0	0			
-- Homer	0	0	0	0	0	0	0	0	0	0	0	0			
-- Odessa-Montour	1	1	1	1	1	1	0	0	0	0	0	0			
-- Spencer VanEtten	0	0	0	0	0	0	0	0	0	0	0	0			
-- Candor	1	1	1	1	1	1	1	1	0	0	0	0			
-- Newark Valley	0	0	0	0	0	0	0	0	0	0	0	0			
Total # of Qualified and Receiving Services	272	280	295	305	316	314	219	218	201	210	218	228			

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	96	96	111	111	118	126	1640		
-- Speech Therapy (group)	10	14	17	18	19	19	0	0	4	4	6	8	119		

-- Occupational Therapy (individual)	68	70	75	79	90	84	42	42	43	54	55	58	760		
-- Occupational Therapy (group)	0	0	0	0	0	2	0	0	0	0	1	1	4		
-- Physical Therapy (individual)	30	32	33	36	40	39	22	22	32	32	33	33	384		
-- Physical Therapy (group)	2	2	2	2	3	3	0	0	0	0	0	0	14		
-- Transportation	70	72	73	72	72	71	63	64	60	62	64	64	807		
-- Birnie Bus	21	22	21	21	21	21	21	22	14	14	13	13	224		
-- Dryden Central School District	7	7	8	8	8	8	0	0	7	7	7	7	74		
-- Ithaca City School District	36	36	37	36	36	35	39	36	34	35	36	36	432		
-- Parent	6	7	7	7	7	7	3	6	5	6	8	8	77		
-- Counseling	31	31	26	27	29	28	16	16	14	16	18	23	275		
-- Parent Counseling	23	21	20	20	21	18	7	7	5	8	10	14	174		
-- Service Coordination	20	18	19	24	28	28	11	11	10	12	14	17	212		
-- Assistive Technology	0	0	0	0	0	0	0	0	0	0	0	0	0		
-- Special Ed Itinerate Teacher (SEIT)	35	37	42	44	46	45	31	30	29	30	30	32	431		
-- 1:1 Tuition Aide (CB)	8	8	9	8	8	8	6	6	7	11	10	10	99		
-- Audiological Services	1	1	1	1	2	2	2	2	2	2	2	2	20		
-- Nutrition (OTHER)	0	0	0	0	0	0	0	0	0	0	0	0	0		
-- Teacher of the Deaf	1	1	1	1	1	2	2	2	2	2	2	2	19		
-- 1:1 Aide	3	3	9	3	4	4	2	2	2	3	2	2	39		
-- 1:1 Teacher Assistant	0	0	0	0	0	0	0	0	0	0	0	0	0		
-- Music Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0		
-- Skilled Nursing	0	0	0	0	0	0	0	0	0	1	1	1	3		
-- Teacher of Visually Impaired	0	0	0	0	0	0	0	0	0	0	0	0	0		
Total # of children rcvg. home based related svcs.	199	203	217	228	239	238	151	152	136	142	150	160	2215		

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	39	37	37	38	38	38			
-- Dryden	12	12	12	11	12	12	4	5	10	11	11	11			
-- Newfield	6	6	6	6	6	6	6	6	8	8	8	8			
-- Lansing	7	7	7	7	7	7	7	7	5	5	4	4			
-- Moravia	0	0	0	0	0	0	0	0	0	0	0	0			
-- Groton	6	7	7	7	7	7	7	7	4	5	6	6			
-- Cortland	0	0	0	0	0	0	0	0	0	0	0	0			
-- Newark Valley	0	0	0	0	0	0	0	0	0	0	0	0			
-- Trumansburg	4	4	4	4	4	4	4	4	1	1	1	1			
-- Homer	0	0	0	0	0	0	0	0	0	0	0	0			
-- Odessa Montour	0	0	0	0	0	0	0	0	0	0	0	0			
-- Spencer -Van Etten	0	0	0	0	0	0	0	0	0	0	0	0			
-- Candor	1	1	1	1	1	1	1	1	0	0	0	0			
-- # attending Franziska Racker Centers	38	40	39	39	39	39	39	38	30	33	32	32			
-- # attending Ithaca City School District	28	30	31	30	30	29	29	28	26	27	28	28			
-- # attending Dryden Central School	7	7	8	8	8	8	0	0	8	7	7	7			
-- # attending Newfield Central School District	0	0	0	0	0	0	0	0	1	1	1	1			

Total # attending Special Ed Integrated Tuition Progr.	73	77	78	77	77	76	68	66	65	68	68	68	861		
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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	3	0	6	19	3	2	200	243	225
-- Candor	0	0	0	1	0	0	0	0	0	0	0	0	1	3	2
-- Dryden	1	3	10	6	0	2	8	0	1	1	2	1	35	57	53
-- Groton	1	3	13	7	4	3	2	0	1	1	3	2	40	44	43
-- Homer	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
-- Lansing	1	1	2	1	5	7	2	0	0	0	0	1	20	30	22
-- Newfield	2	0	2	3	5	0	0	0	0	2	0	0	14	26	26
-- Trumansburg	0	0	4	3	6	0	0	0	0	1	0	0	14	16	13
-- Spencer VanEtten	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
-- Moravia	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Total CPSE Meetings Attended	23	30	55	55	61	39	15	0	8	24	8	6	324	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	112	77	81	91	47	46	897	845
Critical Violations	3	13	24	24	15	15	29	14	6	12	6	5	166	130
Other Violations	27	40	68	56	35	16	34	46	33	41	5	3	404	303
Plans Approved	1	0	2	0	1	1	2	2	0	3	0	0	12	22
Complaints Received	4	1	6	0	4	4	6	6	11	2	3	4	51	32
Temporary FSE (150 Estimated Operations*)														
Permits Issued	2	1	6	5	20	25	18	33	18	9	0	4	141	162
Inspections**	0	0	5	0	11	13	12	23	15	0	0	0	79	79
Critical Violations	0	0	1	0	1	4	2	0	2	0	0	0	10	12
Other Violations	0	1	0	1	0	1	3	1	1	0	0	0	8	7
MOBILE HOME PARKS (38 Permitted Operations, 2019 Lots*)														
Inspections**	0	0	3	3	6	6	2	3	4	1	0	2	30	31
Critical Violations	0	0	0	1	2	2	0	4	2	0	0	0	11	19
Other Violations	0	0	6	18	18	7	0	3	22	9	0	17	100	70
Complaints Received	1	1	5	3	0	1	1	0	0	0	0	0	12	11
TEMPORARY RESIDENCES - Hotels & Motels (35 Permitted Operations, 2241 Rooms*)														
Inspections**	2	1	1	1	3	2	2	1	5	13	12	6	49	38
Critical Violations	0	0	5	2	1	0	0	0	2	24	1	0	35	45
Other Violations	0	0	7	4	0	0	0	0	3	12	5	4	35	36
Complaints Received	0	0	0	1	0	0	3	0	0	0	0	0	4	5
MASS GATHERING (Fingerlakes GrassRoots Festival)														
Inspections**	0	0	0	0	0	0	5	0	0	0	0	0	5	13
Critical Violations	0	0	0	0	0	0	1	0	0	0	0	0	1	10
Other Violations	0	0	0	0	0	0	34	0	0	0	0	0	34	131
Complaints Received	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MIGRANT FARM WORKER HOUSING (1 Operation)														
Inspections**	0	1	0	0	0	0	0	1	0	0	0	0	2	2
Critical Violations	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Violations	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Complaint Investigations	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CAMPGROUNDS & AGRICULTURAL FAIRGROUNDS (9 Operations, 598 Sites*)														
Inspections**	0	0	0	5	3	1	12	2	0	0	0	0	23	21
Critical Violations	0	0	0	0	0	0	0	6	0	0	0	0	6	4
Other Violations	0	0	0	0	0	0	12	0	0	0	0	0	12	16
Complaints Received	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CHILDREN'S CAMPS (31 Operations)														
Inspections**	0	0	0	0	0	17	21	10	0	0	0	0	48	47
Critical Violations	0	0	0	0	0	0	2	0	0	0	0	0	2	1
Other Violations	0	0	0	0	0	0	0	2	0	0	0	0	2	1
Injury/Illness Investigations	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Complaints Received	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SWIMMING POOLS & BATHING BEACHES - (50 Operations*)														
Inspections**	10	0	4	1	8	15	15	12	0	0	9	11	85	83
Critical Violations	1	0	0	0	0	0	3	1	0	2	1	2	10	9
Other Violations	6	0	1	0	0	0	4	5	0	6	6	8	36	40
Injury/Illness Investigations	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Complaints Received	0	0	0	0	0	0	1	0	0	0	0	0	1	0
PUBLIC WATER SYSTEMS (PWS) 88 Community PWS, 63 Other PWS*														
Inspections**	6	7	7	15	11	13	10	12	14	15	15	8	133	131
Boil Water Orders Issued	3	2	3	4	0	0	0	4	3	1	5	2	27	30
Complaints Received	0	0	2	0	0	0	0	0	1	1	0	0	4	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	29	22	24	21	19	33	15	16	10	223	231
New Construction/Conversions	4	2	11	14	11	10	8	11	18	7	12	6	114	118
Replacements	3	4	10	15	11	14	13	8	15	8	4	4	109	113
Completion Certificates Issued	9	3	9	13	11	16	23	17	18	28	16	8	171	178
New Construction/Conversions	6	2	3	7	5	7	13	6	4	10	8	3	74	70
Replacements	3	1	6	6	6	9	10	11	14	18	8	5	97	108
ENGINEERING PLAN REVIEWS														
Realty Subdivisions	0	0	0	0	0	1	0	0	0	0	0	0	1	1
OWTS	0	1	3	5	3	2	3	4	3	1	3	2	30	41
Collector Sewer	0	1	0	0	0	0	0	0	0	0	0	0	1	0
Public Water Systems	0	0	2	0	0	0	0	0	1	0	0	0	3	3
Water Main Extension	1	1	0	0	1	1	0	0	0	0	0	0	4	0
Cross-Connection Control Devices	0	0	1	0	0	1	2	3	0	2	0	0	9	8
Other Water System Modification	0	0	0	1	0	0	0	0	0	0	1	1	3	5
Other Engineering Reviews	0	0	0	0	0	0	0	0	0	1	1	1	3	0
RABIES CONTROL PROGRAM														
Potential Human Exposure Investigations	41	20	39	44	52	69	64	143	37	34	49	50	642	685
Human Post-X Treatments	8	2	7	5	11	15	19	70	10	7	12	18	184	190
Animal Specimens Tested	12	5	4	8	14	20	21	45	3	5	8	6	151	168
Animals Testing Positive	1	0	0	0	5	0	4	2	1	1	1	0	15	7
Pet Quarantine	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Rabies Clinics Offered	1	0	0	0	1	0	0	0	1	0	0	1	4	4
Dogs Vaccinated	88	0	0	0	72	0	0	0	75	0	0	66	301	380
Cats Vaccinated	53	0	0	0	56	0	0	0	71	0	0	62	242	197
Ferrets Vaccinated	0	0	0	0	0	0	0	0	0	0	0	0	0	2
CHILDHOOD LEAD PROGRAM														
# of Active Cases	16	16	16	17	17	18	18	18	18	19	20	20	20	16
# of Home Assessments Performed	1	0	0	1	0	3	0	1	0	1	0	1	8	2
# of Homes Identified w/ Lead-based Paint	1	0	0	1	0	1	0	1	0	1	0	1	6	2
# of Cases Identified w/ Non Lead-based Paint	0	0	0	0	0	1	0	0	0	1	0	0	2	0
# of Cases Identified due to Workplace Exposure	0	0	0	0	0	0	0	0	0	0	0	0	0	0
# of Notice of Demands Issued	1	0	0	1	0	0	1	1	0	0	0	1	5	1
FOIL REQUESTS														
Total Received	5	5	6	3	13	4	8	10	7	13	6	10	90	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	0	1	0	2	2	13	144	60
Violations	0	0	1	1	0	0	0	0	0	2	0	0	4	4
CIAA Complaints	0	0	0	0	0	0	1	0	0	2	1	0	4	0
COMPLAINTS - General/Nuisance														
Complaint Investigations Opened	5	1	4	3	1	5	9	1	2	5	0	0	36	38
ENFORCEMENT ACTIONS														
Total Cases	1	3	2	1	1	1	2	0	6	4	0	2	23	16
Cases Related to FSE	0	1	1	1	0	0	0	0	4	1	0	1	9	9
BOH Penalties Assessed	\$0	\$1,000	\$800	\$200	\$2,700	\$14,250	\$2,100	\$0	\$4,200	\$1,800	\$0	\$1,100	\$28,150	\$14,750
BOH Penalties Collected	\$400	\$2,700	\$400	\$1,000	\$800	\$14,250	\$700	\$400	\$2,500	\$1,500	\$3,300	\$1,800	\$29,750	\$14,650
CUSTOMER SERVICE/SUPPORT														
Calls Received	417	383	532	627	604	722	685	738	594	578	365	462	6707	7002
Walk-In Customers	31	32	48	59	86	94	76	91	62	42	38	57	716	595
TCEH Emails Received	346	328	395	498	433	503	562	445	422	454	370	390	5146	5683
Applications Processed	124	99	202	216	159	142	148	126	149	150	91	79	1685	1645
Payment Receipts Processed	46	81	160	173	137	122	103	91	106	126	80	81	1306	1340
Renewals/Billings Sent	139	73	212	174	46	67	123	58	106	149	27	32	1206	884

* As of 1/1/2025

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