



Meeting Agenda

DR. CHRISTINA MOYLAN, BOARD PRESIDENT

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

May 26, 2026

<i>Call to Order</i>	12 Noon
I. Privilege of the Floor	Open to anyone, 3-minute limit
II. Approval Of Minutes	Postponed
III. New Business	EH enforcement (2) and administrative (2) actions
IV. Focus Topic	Oral Health Proposal: A Portable Hygienist Model <i>Sagarika Vemprala & Rachel Buckwalter</i>
V. Monthly Reports	Division and program reports for April 2026
VI. Executive Session	Closed to the public
VII. Adjournment	<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

1. Draft Resolution # ENF-26-011 - Cayuga Smoke Shop - Violations of New York State Public Health Law, Article 13F, Section 1399-CC (ATUPA) (5 mins.)
2. Draft Resolution # ENF-26-014 - Casper's Kitchen - Violation of Board of Health Orders - Violations of Subpart 14-1 of the New York State Sanitary Code (Food Service) (5 mins.)

ENVIRONMENTAL HEALTH DIVISION ADMINISTRATIVE ACTIONS

1. Request for Approval: Refund Policy Revision
2. Recommended Environmental Health Division Fees for 2027

APPROVAL OF MINUTES

**Tompkins County Board of Health
April 28, 2026
12:00 Noon
Rice Conference Room**

Approval Postponed

NEW BUSINESS:

April 2026 Report | Meeting Date, May 26, 2026

Actions

Enforcement Actions

ENVIRONMENTAL HEALTH:

1. Draft Resolution # ENF-26-011 - Cayuga Smoke Shop - Violations of New York State Public Health Law, Article 13F, Section 1399-CC (ATUPA) (5 mins.)
2. Draft Resolution # ENF-26-014 - Casper's Kitchen - Violation of Board of Health Orders - Violations of Subpart 14-1 of the New York State Sanitary Code (Food Service) (5 mins.)

Administrative Actions

ENVIRONMENTAL HEALTH:

1. Request for Approval: Refund Policy Revision
2. Recommended Environmental Health Division Fees for 2027

Find All Relevant Documents following this page

CERTIFIED, REGULAR, & ELECTRONIC MAIL

May 11, 2026

Hassan Ali
Cayuga Smoke Shop Inc
207 N Aurora St
Ithaca, NY 14850

**Re: Tompkins County Board of Health Draft Resolution # ENF-26-011
Violations of Adolescent Tobacco Use Prevention Act (ATUPA)
CAYUGA SMOKE SHOP INC, C-Ithaca**

Dear Hassan Ali:

Thank you for signing the Stipulation Agreement on April 22, 2026, for CAYUGA SMOKE SHOP INC. Enclosed is a copy of the Draft Resolution that the Tompkins County Board of Health will consider at its meeting on **Tuesday, May 26, 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 Doug Barnes 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, Penalty Table

ec: TCWH: Cyril (Skip) Parr, Director of Environmental Health; Doug Barnes, SR EH Specialist; Alex Dunn, EH Specialist; Brenda Coyle, Administrative Coordinator
fw: Tompkins County Board of Health (via: SharePoint); CEO C-Ithaca; City of Ithaca Mayor; Veronica Pillar, TC Legislator; Jennie Sutcliffe, Whole Health Commissioner; Brenda Crosby, Deputy Public Health Director
file: Signed copy to F:Drive;
"F:\EH\TOBACCO\ATUPA\Facilities\Cayuga Smoke Shop & Plus\Enforcement\ENF-26-011"

DRAFT RESOLUTION # ENF-26-011

**CAYUGA SMOKE SHOP INC
Hassan Ali, Owner/Operator
207 N Aurora St, C-Ithaca
Ithaca, NY 14850**

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

Whereas, Article 13-F, Section 1399-CC of NYSPHL prohibits the sale of tobacco and vapor products to people under the age of 21; **and**

Whereas, Article 13-F, Section 1399-MM-1 of NYSPHL prohibits the sale or other provision of prohibited nicotine flavored vapor products; **and**

Whereas, Article 13-F, Section 1399-CC of NYSPHL prohibits the storage and display of age-restricted tobacco and/or vapor products in a way that is directly accessible to the public; **and**

Whereas, On October 30, 2025, TCEH observed age-restricted tobacco products stored in a manner that was directly accessible to the public at CAYUGA SMOKE SHOP & PLUS; **and**

Whereas, On March 20, 2026, TCEH observed the sale of a prohibited nicotine flavored vapor product to a person under the age of 21 at CAYUGA SMOKE SHOP & PLUS; **and**

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

Whereas, CAYUGA SMOKE SHOP INC has not demonstrated that at the time of the sale the seller possessed a valid certificate from a State Tobacco Sales Training Program; **and**

Whereas, TCEH will conduct at least three inspections with an underage individual each year for the next three years at CAYUGA SMOKE SHOP & PLUS; **and**

Whereas, CAYUGA SMOKE SHOP INC will have been cited for three ATUPA violations within a three-year period; **and**

Whereas, CAYUGA SMOKE SHOP INC has been notified that under Article 13-F, Section 1399-EE of NYSPHL, a facility assigned a total of three or more points due to future sales to a person under the age of 21 years and/or a facility cited for four or more ATUPA violations in a three-year period will be referred to the NYSDTF for revocation of the tobacco and/or vapor registration for a one-year period, and if a lottery agent, its lottery license to be suspended and/or revoked for a one-year period; **and**

Whereas, CAYUGA SMOKE SHOP INC violated Article 13-F, Section 1399-CC of the NYSPHL and Article 13-F, Section 1399-MM-1 of the NYSPHL; **now therefore be it**

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

1. Pay a penalty of \$2,650 (\$1,500 for the sale to an underage person + \$100 for one flavored vapor unit + \$300 for improper access + \$750 NYS surcharge for these three violations) for these violations, due by **July 15, 2026**. (**Do Not** submit penalty payment until notified by the Tompkins County Environmental Health Division.); **and**
2. Prohibit the sale of tobacco and vapor products to people under the age of 21; **and**
3. Prohibit the sale or other provision of prohibited flavored vapor products containing nicotine that are not FDA approved, to anyone; **and**
4. Display tobacco and vapor products in an area accessible only to the personnel of the business; **and**
5. Comply with all requirements of New York State Public Health Law, Article 13F.

STIPULATION AGREEMENT AND ORDERS # ENF-26-011**CAYUGA SMOKE SHOP & PLUS
Cayuga Smoke Shop Inc, Hassan Ali
207 N Aurora St
Ithaca, NY 14850**

I, Hassan Ali, as a representative for Cayuga Smoke Shop Inc, agree that on March 20, 2026, Cayuga Smoke Shop & Plus was in violation of New York State Public Health Law, Article 13F, Section 1399-CC for the sale of tobacco products to an individual under the age of 21. I also agree that on March 20, 2026, Cayuga Smoke Shop & Plus was in violation of New York State Public Health Law, Article 13F, Section 1399-MM-1 for offering the sale of flavored vapor products containing nicotine. I also agree that on October 30, 2025, Cayuga Smoke Shop & Plus was in violation of New York State Public Health Law, Article 13F, Section 1399-CC for the storage of age-restricted tobacco products accessible to the public.

I, Hassan Ali, understand that Cayuga Smoke Shop & Plus will be assigned two points for the violation of the ATUPA law related to the sale to the minor unless it can be demonstrated that the seller possessed a certificate from a state-certified tobacco sales program at the time of the sale. In that case, Cayuga Smoke Shop & Plus will be assigned one point. These points will be removed in three years.

I, Hassan Ali, also understand that at least three inspections will be conducted each year for the next three years. If Cayuga Smoke Shop & Plus is assigned a total of three or more points due to future sales to a minor, its registration to sell tobacco products and, if a lottery agent, its lottery license will be suspended for 12 months.

I, Hassan Ali, also understand that Cayuga Smoke Shop & Plus will have been cited for three ATUPA violations within a three-year period. I understand that a fourth ATUPA violation within a three-year period will, following adoption of a resolution, be referred to the appropriate agencies for revocation of Cayuga Smoke Shop & Plus's tobacco and/or vapor registrations for a one-year period. If applicable, a referral will also be made to the NYS Gaming Commission to suspend the Cayuga Smoke Shop & Plus's Lottery Agent license for one year.

I agree to pay a penalty not to exceed \$2,650 (\$1,500 for the sale to an underage person + \$100 for one flavored vapor unit + \$300 for improper access + \$750 NYS surcharge for these three violations) 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. To prohibit the sale of tobacco and vapor products to people under the age of 21; and
2. To prohibit the sale or other provision of prohibited flavored vapor products containing nicotine that are not FDA approved, to anyone; and
3. To display tobacco and vapor products in an area accessible only to the personnel of the business; and
4. To comply with all requirements of New York State Public Health Law, Article 13F.

Diversity Through Inclusion

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: Hassan Date: 4-22-26

Hassan Ali, for Cayuga Smoke Shop Inc, is hereby ordered to comply with these Orders of the Whole Health Commissioner.

Signed: Brenda Suttell Cross Date: 5/8/2026
for Jennie Sutcliffe
Whole Health Commissioner

Received
MAY 05 2026
Tompkins County
Environmental Health

CASE SUMMARY – FOR RESOLUTION # ENF-26-011

CAYUGA SMOKE SHOP INC
Hassan Ali, Owner/Operator
207 N Aurora St – C-Ithaca
Ithaca, NY 14850

Compiled on May 7, 2026

Date	Action
October 30, 2025	TCEH Inspection: Violation: TCEH observed the display of tobacco products in a manner that was directly accessible to the public.
March 20, 2026	TCEH Inspection: 2 Violations: TCEH observed the sale of a prohibited nicotine flavored vapor product to a person under the age of 21.
March 25, 2026	Notice of Violation #NOV-26-008 issued.
March 27, 2026	Draft Stipulation Agreement #ENF-26-011 issued.
May 5, 2026	Signed Stipulation Agreement #ENF-26-011 received by TCEH, signed by Hassan Ali and dated April 22, 2026.

Summary of Recommended Enforcement Civil Penalties - ATUPA

ENF-26-011
CAYUGA SMOKE SHOP, INC
207 N Aurora St, Ithaca NY 14850

Article 13F Violation	Penalty Amount	Surcharge
Section 1399-CC: Sale to underage person	\$ 1,500.00	\$ 250.00
Section 1399-MM-1: Prohibited flavored vapes	\$ 100.00	\$ 250.00
Section 1399-CC: Improper access	\$ 300.00	\$ 250.00
Total recommended penalties:	\$	2,650.00

New York State Public Health Law Article 13F, Section 1399-EE, Subparts 2 and 3(f)

CERTIFIED, REGULAR, & ELECTRONIC MAIL

May 18, 2026

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

**Re: Tompkins County Board of Health Draft Resolution # EH-ENF-26-014
Potentially hazardous foods not cooled by an approved method
Casper's Kitchen, V-Groton**

Dear Kevin Griffin:

On January 27, 2026, the Tompkins County Board of Health adopted resolution #EH-ENF-25-0027 requiring Casper's Kitchen to properly cool potentially hazardous foods using an approved method; properly store potentially hazardous foods in refrigeration so that temperatures remain below 45°F in cold holding, and properly store trash in covered cans when inside the facility and move immediately to outdoor garbage collection area when those cans are full.

On April 9, 2026, Tompkins County Environmental Health (TCEH) Division staff observed critical violations of Subpart 14-1 of the New York State Sanitary Code (NYSSC). These are also 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, May 26, 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, Resolution EH-ENF-25-0027, Case Summary, and Recommended Penalty Calculation

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 F:Drive;
F:\EH\FOOD (SF)\FSE (SF)\Facilities (SF-4)\Caspers\Enforcement\2026\Draft Resolution 26-014

DRAFT RESOLUTION # ENF-26-014

**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;
- Maintain spoiled, unadulterated, or unapproved food sources on premises;
- Fail to maintain an accurate thermometer to evaluate potentially hazardous food temperatures;
- Improperly store toxic chemicals so that contamination of food sources can occur;
- Store cooked or prepared foods where they are subject to cross-contamination from raw foods; **and**

Whereas, on January 27, 2026, Tompkins County Board of Health Resolution #ENF-25-0027 ordered Kevin Griffin to:

- Pay a penalty of \$200 due by March 15, 2026;
- Properly cool potentially hazardous foods using an approved method;
- Properly store trash in covered cans when in the facility and move immediately to the outdoor garbage collection area when cans are filled; **and**

Whereas, on April 9, 2026, the Tompkins County Environmental Health Division (TCEH) observed critical violations where:

- Potentially hazardous foods were not cooled using an approved method and garbage was observed to be stored in an unsanitary manner;
- Food items were stored in a cooler covered in what appeared to be mold;
- Cooked food items were stored in a cooler underneath and beside raw meat and eggs;
- An accurate thermometer could not be easily located to evaluate food in hot holding;
- Bottles of medication were intermixed with spice jars and dry storage items in the kitchen; **and**

Whereas, on April 9, 2026, TCEH observed eight other sanitary violations including improper storage of garbage within the kitchen and other storage areas inside the facility; **and**

Whereas, the penalty amount of \$200 required by Resolution #ENF-25-0027 has not been paid as of May 15, 2026; **and**

Whereas, on April 9, 2026, Casper's Kitchen violated these provisions of the NYSSC and the provisions of Board of Health Resolution #ENF-25-0027 were not met; **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 \$2,000 for these violations, due by **July 15, 2026**. (**Do Not** submit penalty payment until notified by the Tompkins County Environmental Health Division.); **and**
2. Pay the outstanding penalty of \$200 as required by Resolution #ENF-25-0027 by **July 15, 2026**; **and**
3. Submit all payments made to the TCEH in the form of cash, money order, or credit card payment. **Checks will not be accepted by TCEH** as a form of future payments; **and**
4. Ensure that at least two food service workers attend and successfully complete a food safety training course approved by TCEH. The current certificates documenting successful completion of the course must be submitted to TCEH by **June 30, 2026**; **and**
5. Ensure that at least one employee who has successfully completed the food safety training is on-site during all hours of operation. If a trained employee separates from employment, then another employee must successfully complete an approved food safety course within 90 days. Training certificates must be made available during an inspection; **and**
6. Provide a plan to TCEH detailing how trash will be handled both daily and weekly including information on garbage hauling company by **June 30, 2026**. Once approved, the plan must be implemented immediately, **and**
7. Properly cool potentially hazardous foods using an approved method so potentially hazardous food temperatures are reduced to appropriate levels within appropriate amounts of time; **and**
8. Properly store potentially hazardous foods in refrigeration so that cold foods are kept below 45°F in cold holding, **and**
9. Store cooked/prepared foods to prevent cross-contamination from raw foods; **and**
10. Ensure medication and other toxic chemicals are not stored properly and not in the kitchen preparation area to prevent the possible contamination of food; **and**
11. Monitor for food that is spoiled and/or adulterated and properly discard spoiled/adulterated foods immediately; **and**
12. Comply with all the requirements of Subpart 14-1 of the New York State Code for Food Service Establishments.

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**; **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.

This action was adopted by the Tompkins County Board of Health at its regular meeting on January 27, 2026.


Jennie Sutcliffe
Whole Health Commissioner

1/29/26
Date

CASE SUMMARY – FOR RESOLUTION # ENF-26-014

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

Compiled on May 11, 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: Cooked or prepared foods were subject to cross-contamination from raw foods. Potentially hazardous foods were not cooled by an approved method.
11/18/2025	TCEH Re-Inspection. Violation: Potentially hazardous foods were not cooled by an approved method.
01/27/2026	BOH adopts Resolution EH-ENF-25-0027.
04/09/2026	TCEH Inspection. Violation: See attached inspection report.

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

Inspection

Date: April 9, 2026 11:32 AM
Inspector: Alexandra Dunn (adunn@tom-pkins-co.org)
Responsible Person: Bradley Grey
Additional Email(s): kmorgan@tom-pkins-co.org

Summary

Number of Public Health Hazards Found: 5
Number of Public Health Hazards NOT Corrected: 0
Number of Other Violations Found: 8

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 approximately 8 jars containing olives and other condiments stored in the cooler covered with what appeared to be mold. Operator stated that he rarely touches that section of the cooler and did not know how long the items had been there.

Corrective action: The cooler was cleaned out during inspection, with all questionable food items being discarded.

Correction: Food items must be free from spoilage.

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 cooked food items stored on the lowest level of the cooler, underneath and beside raw meat and raw eggs. Cooked food items included an open quart container of cooked potatoes, a 5qt crockpot with an open lid containing chili, another 5qt crockpot containing what appeared to be a cooked turkey or chicken. Discussed with operator the appropriate organization of the cooler.

Corrective action: Cooler was cleaned out and items were rearranged during inspection. Cooked food items will be reheated to 165F before serving.

Correction: In order to prevent contamination, cooked and ready-to-eat foods must be stored above raw meats/eggs.

FOODS NOT PROTECTED FROM CONTAMINATION, TEMPERATURES NOT MEASURED.

ITEM # 2E 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: Accurate thermometers not available or used to evaluate potentially hazardous food temperatures during cooking, cooling, reheating and holding.

Inspector Findings: Observed no probe thermometer being used in the kitchen upon arrival to inspection. Operator stated that a probe thermometer is usually around, but could not easily locate one. Discussed the importance of keeping the probe thermometer nearby at all times in order to regularly measure food temperatures, especially given that cooked potatoes were being hot held on the stove top for an extended period of time.

Corrective action: By the end of inspection, a probe thermometer was located and placed near the stove.

Correction: Accurate probe thermometer must be present and available for use.

FOODS NOT PROTECTED FROM CONTAMINATION BY OTHER SOURCES.

ITEM # 4A 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: Toxic chemicals are improperly labeled, stored or used so that contamination of food can occur.

Inspector Findings: Observed several bottles of personal medication intermixed with spice jars and dry storage items in the kitchen. Discussed with operator the importance of keeping medicine out of food prep/storage areas.

Corrective action: Medicine bottles were removed from the food storage areas.

Correction: In order to prevent contamination, medication must be stored separately from food 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: Observed a 5qt crockpot of chili and a 5qt crockpot with a cooked large chicken or turkey, both stored in the cooler. While the temperatures of both items were below 45F, based on their size and based on them being stored in the vessel in which they were cooked, these items would not have been able to cool from 120F-70F within two hours and from 70F-45F within another four hours. It was not clear how long these items had been in the cooler.

Corrective action: Items will be cooked to 165F before serving.

Correction: Potentially hazardous foods must be cooled by an appropriate method that ensures the temperature decreases by the time frame described above.

POOR SANITARY DESIGN, CONSTRUCTION, INSTALLATION OF EQUIPMENT AND UTENSILS.

ITEM #10A WAS FOUND IN VIOLATION 1 TIME(S).

All or parts of the item are violations.

Code Requirements: Food (ice) contact surfaces are improperly designed, constructed, installed, located (cracks, open seams, pitted surfaces, tin cans reused, uncleanable or corroded food contact surfaces)

Inspector Findings: Observed approximately 30 plates that were used to serve food being stored on a shelf directly underneath the prep table and directly beside the open trash bin. Discussed the importance of keeping these plates free from sources of contamination, since the plates were going directly to customers without further cleaning.

Corrective action: Serving plates were moved to another area above the trash and prep table.

Correction: As serving plates are considered food contact surfaces, they must be stored in an appropriate manner and location, in order to prevent contamination.

POOR SANITARY DESIGN, CONSTRUCTION, INSTALLATION OF EQUIPMENT AND UTENSILS.

ITEM #10B WAS FOUND IN VIOLATION 1 TIME(S).

All or parts of the item are violations.

Code Requirements: Non-food contact surfaces and equipment are improperly designed, constructed, installed, maintained (equipment not readily accessible for cleaning, surface not smooth finish)

Inspector Findings: Observed pooling water on the lowest shelf of the cooler, with food items resting in the pooled water. Operator stated the drain must be clogged. Discussed the importance of maintaining the cooler in a way that prevents pooling water and potential contamination.

Corrective action: Cooler was cleaned out during inspection.

Correction: The inside of the cooler must be appropriately maintained and cleaned.

IMPROPER CLEANING, WASHING AND SANITIZING OF EQUIPMENT AND UTENSILS.

ITEM #11B WAS FOUND IN VIOLATION 1 TIME(S).

All or parts of the item are violations.

Code Requirements: Wiping cloths dirty, not stored properly in sanitizing solutions

Inspector Findings: Observed numerous wiping clothes around the kitchen and no bucket with sanitizing solution. Operator stated that they don't typically use a sanitation bucket. The 3-bay sink was set up with appropriately.

Corrective action: Sanitation bucket was set up and wiping clothes were immersed.

Correction: Sanitizing bucket must be available to use for wet or contaminated wiping cloths, in order to ensure proper sanitation of kitchen.

IMPROPER SANITARY FACILITIES AND CONTROLS.

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

All or parts of the item are violations.

Code Requirements: Plumbing and sinks not properly sized, installed, maintained; equipment and floors not properly drained

Inspector Findings: Observed no air-gap in the plumbing underneath the 3-bay sink.

Correction: In order to prevent backflow and contamination, an air gap must be installed under all sinks used for washing dishes and utensils.

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 full of unused equipment. Operators were washing hands in the 3-bay sink and there was no hand soap or paper towels.

Corrective action: Paper towels were brought to the 3-bay sink.

Correction: Handwash station must be accessible and available for use at all times of prep and service.

IMPROPER GARBAGE AND RUBBISH DISPOSAL

ITEM #13B WAS FOUND IN VIOLATION 1 TIME(S).

All or parts of the item are violations.

Code Requirements: Garbage storage areas not properly constructed or maintained, creating a nuisance

Inspector Findings: Observed three open and spilling trash bags on the floor of the kitchen. Observed one open trash bag just outside the back door, along with a bucket of meat juice stored on the roof. Observed several more trash bags down the steps on a landing. Observed multiple clusters of flies throughout the kitchen and inside the meat juice bucket. Operator stated that he hadn't been out back yet that day and didn't know the trash was out there. Discussed with operators the importance of immediately removing trash and taking it to the dumpster, especially since the buildup of trash had become a nuisance with the level of fly activity.

Also observed one closet that had multiple open trash bags on the floor with other unidentifiable litter. Operator stated he didn't know the trash was in that closet.

The grease trap appeared to have been overflowing.

There were numerous disagreeable odors throughout the facility, attributed to the observations above.

Corrective action: Trash was being taken out during inspection.

Correction: Trash must be adequately disposed of in order to prevent nuisances.

INADEQUATE INSECT/RODENT CONTROL

ITEM #14A WAS FOUND IN VIOLATION 1 TIME(S).

All or parts of the item are violations.

Code Requirements: Insects, rodents present

Inspector Findings: Observed multiple clusters of flies scattered throughout the kitchen, in the back hallway, and outside the back door. Observed countless dead bugs on all floor spaces and corners. Observed no traps or efforts to mitigate the pest presence. Operator stated that the pest control company comes once per month.

Correction: Pest presence must be adequately managed.

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 two closets full of unidentifiable miscellaneous items, one of which had a litter box with a significant amount of feces. In that same closet was a bag of litter. Observed countless unnecessary equipment, dog food, trash and unidentifiable debris throughout the facility. Discussed with operator the importance of keeping the kitchen free from unnecessary items and especially items destined for the dumpster.

Correction: Facility must maintain at least a basic level of tidiness and cleanliness that ensures food safety and prevent of pests and spoilage.

Additional Information Collected During Inspection

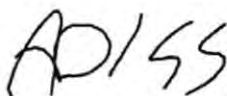
Comments: (5) Part 1 Critical Item Violations: 1H, 2C, 2E, 4A, 5B
(8) Part 2 Blue Item Violations: 10A, 10B, 11B, 12C, 12E, 13B, 14A, 15C

Enforcement to follow.

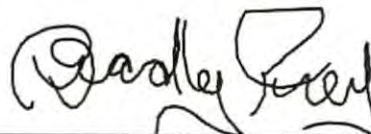
Note: The buildup of grease and grime on the electrical components will be referred to the appropriate agencies.

Note: Regarding a section of the public complaint, the women's bathroom was closed to the public and under repair.

Note: Additional photos in the facility's folder.



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



Received by: Bradley Grey



5/8/2026






Photo	Caption
	<p>15C: closet with litter box</p>
	<p>2C: cooked foods under/beside raw meat/eggs</p>
	<p>13B: trash</p>

Photo	Caption
	<p>13B, 15C: closet with trash</p>
	<p>2C, 5B: crockpots</p>

Summary of Recommended Enforcement Penalty - FSE

Food Service Establishment Summary

Facility Name: Casper's	FSE - Violation of BOH	
Inspection Date:		4/9/2026
Inspection Risk Factor Score		36
# of BOH Actions:		2
# of Inspections w/o Critical Violation since last action:		0

Food Penalty Calculation

<u>Inspection Risk Factor Score</u>	<u>Penalty Amount</u>
5-7	\$200
8-14	\$400
15-21	\$600
22-28	\$800
29+	case-by-case


Multiplied By

<u># of BOH Actions</u>	<u>Factor Assessed</u>
1	1
2	2
3	3
3+	4

Recommended Food Penalty Determination

Food Penalty Amount	Inspection Credit Amount*	Recommended Penalty
(\$200 * 5 violations) * 2	\$0	\$2,000

*\$200 credit/ inspection for no critical violation since last BOH Order

Date: May 15, 2026
Memo to: Members of the Tompkins County Board of Health
From: Skip Parr, Director of Environmental Health 

Subject: Request for Approval: Refund Policy Revision

On June 25, 2024, Environmental Health (EH) adopted a revised refund policy, approved by the Board of Health. The revision removed the \$25 processing fee and allowed applicants to request a refund within six months of a permit's issue date.

EH is now proposing to shorten the refund request period from six months to three months. Because most of our permits are valid for one year, a six-month window provides an overly long grace period. Operators and applicants should be able to determine within a shorter timeframe whether they intend to proceed, and the policy already allows exceptions for extenuating circumstances. In addition, implementation of the new permit management system and integration with a new payment provider has made issuing refunds more administratively challenging. Clarifying language has also been added to better distinguish refund eligibility based on when payments are made versus when permits are issued.

Based on these considerations, EH requests the Board's approval of the attached revised refund policy.

Environmental Health Division
Policy for Refunds of Permit, Application and Plan Review Fees
Approved by BOH ~~June 2024~~ May 2026

Background:

The Tompkins County Environmental Health Division receives fees from the public for water system operations, onsite wastewater system applications, realty subdivision developments, permits to operate, plan reviews, and other services. This policy addresses those instances when the Division receives a request for a refund of these fees.

Policy:

1. Refunds may take 2 - 4 weeks to process.
2. For operating and facility permit fees, refunds will be issued to the applicant upon request if the request is received within ~~6-3~~ months of the payment date and no permit has been issued. If a permit has been issued date of the permit and if and the facility has not operated and ~~if~~ the permit has not expired, a refund may be issued if the request is received withing 3 months of the payment date and division staff has not conducted a field visit or spent more than 1 hour on a facility review & permit issuance.
3. For other application and plan review fees, refunds will be issued upon request if the request is received within ~~6-3~~ months of the payment date ~~submittal date of the application or plan~~ and if the Division technical staff has not conducted a field visit or spent more than 1 hour reviewing the submittal.
4. Requests for fee refunds received within ~~6-3~~ months from the date of ~~permit issuance or application or plan submittal~~ payment may be issued for extenuating circumstances (e.g., in case of death or serious emergencies) with the approval of the Environmental Health Director.
5. Applicants that are denied a refund may submit a written statement or speak during privilege of the floor at a regularly scheduled Board of Health meeting to ask the Board to consider their request.

Approved by the Tompkins County Board of Health at its regular meeting on ~~June 25, 2024~~ May 26, 2026.

Jennie Sutcliffe
Whole Health Commissioner

Date

Diversity Through Inclusion

Date: May 18, 2026
Memo to: Members of the Tompkins County Board of Health
From: Skip Parr, Director of Environmental Health

Subject: Recommended Environmental Health Division Fees for 2027

The information in this packet addresses our proposed facility operating and plan review fees and other revenue projections for 2027. We have traditionally tried to recover approximately 20% of the cost for staff time for operating permits. Plan reviews costs are not eligible for State Aid, so we try to recover a higher percentage of our costs for plan reviews.

We are proposing the following changes to our fees as noted in the attached tables:

- **Onsite Wastewater Treatment System (OWTS) Fees:**
 - **OWTS Application or Permit Renewal or Transfer:** To reduce the renewal or transfer fee from \$80 to \$50 to align with the OWTS Holding Tank or ETU permit renewal.
- **Other Fees:**
 - **Late Application/Additional Expedited Permit Processing fee:** To reduce the late fee from \$75 to \$50 and increase the expedited permit fee from \$50 to \$75.

The financial information used to prepare the attached tables is based on 2025 information. Based on the proposed fees, the sources of estimated revenue for 2027 are:

Estimated Revenue (* Does not include revenue from Grants and State Aid):

Operating/permit fees	\$ 375,744
Plan review/other fees	\$ 24,915
<u>Fines/penalties/late fees/other</u>	<u>\$ 35,825</u>

Total Estimated EH Revenue*: **\$ 436,514**

The following information is attached for your review:

- Table 1 – Proposed Environmental Health Fee Schedule 2027
- Table 2 – Proposed Operating and Permit Fees Detail Sheet 2027
- Table 3 – Proposed Plan Review Fees Detail Sheet 2027
- Table 4 – Estimated Revenue from Other Fees 2027

Diversity Through Inclusion



Table 1 - Proposed Environmental Health Fee Schedule 2027

2027 OPERATING PERMIT, PLAN REVIEW & OTHER FEES	
Agricultural Fairground Operating Permit	\$400 <input type="checkbox"/>
Campground Operating Permit \$150 plus \$2.75 per unit/site	<input type="checkbox"/>
Campground Plan Review	\$200 <input type="checkbox"/>
Children's Camp Operating Permit	\$200 <input type="checkbox"/>
2) Mass Gathering Operating Permit	\$4,100 <input type="checkbox"/>
Mass Gathering Plan Review	
New Event; 1st 2 Submissions	\$15,000 <input type="checkbox"/>
Existing Event; 1st 2 Submissions	\$7,500 <input type="checkbox"/>
Additional Submissions; New/Existing	\$3,750 <input type="checkbox"/>
Migrant Farmworker Housing Operating Permit	No Fee <input type="checkbox"/>
Mobile Home Park Operating Permit \$150 plus \$3.50 per unit/lot	<input type="checkbox"/>
Mobile Home Park Plan Review \$460 plus \$30 per unit/lot	<input type="checkbox"/>
Recreational Aquatic Facility Operating Permit	
Swimming Pool/Bathing Beach	\$335 <input type="checkbox"/>
Slide & Wave Pool/Spray Park/Other Aquatic Facility	\$360 <input type="checkbox"/>
Recreational Aquatic Facility Plan Review	
Swimming Pool/Bathing Beach/Other Aquatic Facility ≤ 5,000 sqft	\$360 <input type="checkbox"/>
Slide & Wave Pool/Spray Park/Other Aquatic Facility > 5,000 sqft	\$770 <input type="checkbox"/>
Temporary Residence Operating Permit \$225 plus \$3.75 per unit/site	<input type="checkbox"/>
Food Service Establishment Operating Permit	
High Risk	\$475 <input type="checkbox"/>
Medium Risk	\$375 <input type="checkbox"/>
Low Risk	\$210 <input type="checkbox"/>
Additional Mobile Unit	\$100 <input type="checkbox"/>
Additional Push Cart/Vending Machine	\$85 <input type="checkbox"/>
Food Service Establishment Plan Review	
High Risk	\$250 <input type="checkbox"/>
Medium Risk	\$225 <input type="checkbox"/>
Low Risk	\$150 <input type="checkbox"/>
Push Cart	\$100 <input type="checkbox"/>
Temporary Food Service Establishment - Simple Menu	
1 Day Event	\$65 <input type="checkbox"/>
Multiple Events; Consecutive or Non-Consecutive Days <i>(up to 8 days in 120 days)</i>	\$100 <input type="checkbox"/>
Temporary Food Service Establishment - Complex Menu	
1 Day or Multiple Days; Single Event	\$150 <input type="checkbox"/>
1) Late Application - Received less than 2 weeks before event	\$25 <input type="checkbox"/>
1) Additional Expedited Permit Processing Fee - 3 days or less	\$25 <input type="checkbox"/>
<u>OTHER FEES</u>	
1) Late Application/Water Fee	\$50 <input type="checkbox"/>
1) Additional Expedited Permit Processing Fee - 7 days or less:	\$75 <input type="checkbox"/>
Waiver/Variance Request <i>(Requiring Board of Health Action)</i>	\$75 <input type="checkbox"/>
Waiver from NYS Appendix 75-A <i>(Unless due to TCHD Referral)</i>	\$75 <input type="checkbox"/>
Environmental Impact Statement Review <i>(Where Tompkins County is the lead Agency fee assessed as allowed by 6NYCRR 617.7)</i>	<input type="checkbox"/>

Total Fees - Page 1	<input type="checkbox"/>
Total Fees - Page 2	<input type="checkbox"/>
TOTAL FEES DUE - Page 1 & 2	<input type="checkbox"/>

Preparer/Date: _____
 cc: Support Staff

- Notes:**
- A check mark indicates fee applies to your facility/project. Fees are added for all operating permits.
 - Checks should be made payable to: Tompkins County Health Department.
 - There will be a \$20 service charge on all returned checks.
 - Payment methods: check, cash, money order, or online w/ debit/credit card.
 - ¹⁾ Fee may be waived at TC Environmental Health discretion.
 - ²⁾ Plus \$80 per staff/hr for incident response, if needed.



Table 1 - Proposed Environmental Health Fee Schedule 2027

2027 WATER SYSTEM OPERATING, ON-SITE WASTEWATER TREATMENT & DEVELOPMENT FEES	
On-Site Wastewater Treatment System (OWTS) Construction Permit	
New Construction/Conversion Permit	\$475 <input type="checkbox"/>
New/Conversion Permit w/ Engineer Plans; no Site Eva	\$375 <input type="checkbox"/>
Replacement System Permit	\$335 <input type="checkbox"/>
Replacement Permit w/ Engineer Plans; no Site Evaluat	\$175 <input type="checkbox"/>
¹⁾ Permit Re-Design; New/Conversion/Replacement	\$100 <input type="checkbox"/>
Septic Tank/Pump Chamber Replacement	\$110 <input type="checkbox"/>
¹⁾ Holding Tank or ETU Permit Renewal	\$50 <input type="checkbox"/>
OWTS Plan Review Submitted by Design Professional	
0 – 499 gpd design rate	\$200 <input type="checkbox"/>
500 – 999 gpd design rate	\$250 <input type="checkbox"/>
1,000 – 1,999 gpd design rate	\$400 <input type="checkbox"/>
2,000+ gpd design rate	\$600 <input type="checkbox"/>
Other OWTS Modifications/Multiple Submissions	\$175 <input type="checkbox"/>
Holding Tank Initial Permit & Plan Review	\$160 <input type="checkbox"/>
OWTS Application or Permit - Renewal or Transfer	
¹⁾ Application or Permit Renewal (<i>1x prior to expiration</i>)	\$50 <input type="checkbox"/>
¹⁾ Application or Permit Transfer (<i>prior to expiration</i>)	\$50 <input type="checkbox"/>
Collector Sewer - 6" & larger (DEC & Health Dept Projects)	
< 5,000'	\$150 <input type="checkbox"/>
≥ 5,000'	\$250 <input type="checkbox"/>
Preliminary Development Review (<i>where soil testing is required</i>)	
\$400 <input type="checkbox"/>	
<i>(Preliminary Development fees are applied to the Realty Subdivision fee upon full plan submittal when submitted within 12 months)</i>	
Realty Subdivision Development Review	
\$800 <input type="checkbox"/>	
Plus \$12.50 per lot NYS filing fee	<input type="checkbox"/>
Add \$35 per lot with individual water	<input type="checkbox"/>
Add \$55 per lot with individual sewage	<input type="checkbox"/>
<i>(Subtract Preliminary Development fees paid)</i>	<input type="checkbox"/>
Realty Subdivision Approval Renewal	\$200 <input type="checkbox"/>
¹⁾ Other Engineering Review	\$175 <input type="checkbox"/>
Total Fess - Page 2	

Preparer/Date: _____
 cc: Support Staff

Water System Operating Fee	
Community Water System (<i>with sources</i>)	
Groundwater System	\$200 <input type="checkbox"/>
Surface Water System	\$1,800 <input type="checkbox"/>
Non-Community Water System (<i>with sources</i>)	\$105 <input type="checkbox"/>
Bottled/Bulk Haulers, Ice Plants	\$360 <input type="checkbox"/>
Water System Construction Permit & Plan Review	
Community Water System (<i>Part 5, NYSSC</i>) < 100,000 gpa	\$450 <input type="checkbox"/>
Community Water System (<i>Part 5, NYSSC</i>) ≥ 100,000 gpa	\$1,000 <input type="checkbox"/>
Non-Community Public Water System	\$210 <input type="checkbox"/>
Distribution Water Main - 6" or larger	
< 5,000'	\$300 <input type="checkbox"/>
≥ 5,000'	\$400 <input type="checkbox"/>
Cross-Connection Control	
\$200 plus \$50/device	<input type="checkbox"/>
Water Storage Tank > 500,000 gal	
	\$500 <input type="checkbox"/>
¹⁾ Other Water System Modification or Project	\$175 <input type="checkbox"/>

OTHER FEES

¹⁾ Late Application/Water Fee	\$50 <input type="checkbox"/>
¹⁾ Additional Expedited Permit Processing Fee - 7 days or less	\$75 <input type="checkbox"/>
Waiver/Variance Request (<i>Requiring Board of Health Action</i>)	\$75 <input type="checkbox"/>
Waiver from NYS Appendix 75-A (<i>Unless due to TCHD Referral</i>)	\$75 <input type="checkbox"/>
Environmental Impact Statement Review	<input type="checkbox"/>

(Where Tompkins County is the lead Agency fee assessed as allowed by 6NYCRR 617.7)

Notes:

- A check mark indicates fee applies to your facility/project. Fees are added for all operati
- Checks should be made payable to: Tompkins County Health Department.
- There will be a \$20 service charge on all returned checks.
- Payment methods: check, cash, money order, or online w/ debit/credit card.
- ¹⁾ Fee may be waived at TC Environmental Health discretion.
- ²⁾ Plus \$80 per staff/hr for incident response, if needed.

Draft for BOH Review - May 2026

Table 2 - Environmental Health Division
Proposed Operating and Permit Fees Detail Sheet 2027

PROGRAM	FEES			# FACILITIES				STAFF TIME (days)		COST PER FACILITY			PROGRAM COST		REVENUE		REVENUE / PROGRAM COST	
	2027 PROPOSED	2026 FINAL	2025 FINAL	2027-EST TOTAL	2027-EST INVOICED	2025 TOTAL	2025 INVOICED	2027 ESTIMATE	2025 FINAL	2027-EST TOTAL	2027-EST INVOICED	2025 FINAL	2027 ESTIMATE	2025 FINAL	2027 ESTIMATE	2025 FINAL	2027 ESTIMATE	2025 FINAL
FOOD SERVICE ESTABLISHMENTS (FSE)				620	520	618	515	711	706	\$954	\$1,138	\$1,080	\$591,507	\$556,329	\$188,875	\$183,455	0.32	0.33
High Risk	\$475	\$475	\$450	170	145	167	143	343	337	\$1,680	\$1,969	\$1,857	\$285,526	\$265,495	\$68,875	\$64,350	0.24	0.24
Medium Risk	\$375	\$375	\$375	320	260	320	259	279	279	\$727	\$895	\$850	\$232,574	\$220,143	\$97,500	\$97,125	0.42	0.44
Low Risk	\$210	\$210	\$210	115	100	117	99	88	90	\$638	\$734	\$714	\$73,407	\$70,691	\$21,000	\$20,790	0.29	0.29
Additional Mobile Unit/Truck	\$100	\$100	\$85	15	15	14	14								\$1,500	\$1,190		
Additional Push Cart/Vending Machine	\$85	\$85	\$85	0	0	0	0								\$0	\$0		
TEMPORARY FOOD SERVICE				140	95	141	95	66	67	\$394	\$580	\$553	\$55,110	\$52,537	\$9,650	\$9,625	0.18	0.18
Simple Menu 1 Day Event	\$65	\$65	\$65	65	35	64	35	31	30	\$394	\$731	\$681	\$25,587	\$23,847	\$2,275	\$2,275	0.09	0.10
Simple Menu Multiple Events	\$100	\$100	\$100	75	60	77	60	35	36	\$394	\$492	\$478	\$29,523	\$28,691	\$6,000	\$6,000	0.20	0.21
Complex Menu Single Event	\$150	\$150	\$150	0	0	0	0								\$0	\$0		
Late Application < 2 weeks, > 3 days	\$25	\$25	\$25	45	45	39	45								\$1,125	\$1,125		
Late Application 3 days or <	\$25	\$25	\$25	10	10	9	9								\$250	\$225		
TEMPORARY RESIDENCE	\$225	\$225	\$175	34	34	34	36	135	135	\$3,305	\$3,305	\$2,954	\$112,358	\$106,352	\$15,656	\$13,976	0.14	0.13
Per unit/site	\$3.75	\$3.75	\$3.50	2,135	2,135	2,144	2,193								\$8,006	\$7,676		
CAMPGROUNDS	\$150	\$150	\$150	9	9	10	10	35	39	\$3,235	\$3,235	\$3,062	\$29,113	\$30,619	\$2,986	\$3,158	0.10	0.10
Per unit/site	\$2.75	\$2.75	\$2.75	595	595	595	603								\$1,636	\$1,658		
MOBILE HOME PARKS	\$150	\$150	\$150	39	39	39	38	134	134	\$2,851	\$2,851	\$2,770	\$111,196	\$105,252	\$12,917	\$12,480	0.12	0.12
Per unit/lot	\$3.50	\$3.50	\$3.50	2,019	2,019	2,019	1,937								\$7,067	\$6,780		
AGRICULTURAL FAIRGROUND	\$400	\$400	\$400	1	1	1	1	7	7	\$5,581	\$5,581	\$5,283	\$5,581	\$5,283	\$400	\$400	0.07	0.08
MASS GATHERING (New & Existing)	\$4,100	\$4,100	\$4,100	1	1	1	1	57	57	\$47,807	\$47,807	\$45,252	\$47,807	\$45,252	\$4,100	\$4,100	0.09	0.09
CHILDREN'S CAMPS	\$200	\$200	\$200	27	9	27	9	231	231	\$7,122	\$21,366	\$20,224	\$192,291	\$182,012	\$1,800	\$1,800	0.01	0.01
SWIMMING POOLS/BATHING BEACHES	\$335	\$335	\$335	50	50	51	51	85	87	\$1,417	\$1,417	\$1,341	\$70,831	\$68,386	\$16,750	\$17,085	0.24	0.25
PUBLIC WATER SYSTEMS				150	150	150	150	615	615	\$2,325	\$2,325	\$2,325	\$348,750	\$348,750	\$28,815	\$28,815	0.08	0.08
Community Groundwater System	\$200	\$200	\$200	84	84	84	84	465	465	\$3,136	\$3,136	\$3,136	\$263,434	\$263,434	\$16,800	\$16,800		
Community Surface Water System	\$1,800	\$1,800	\$1,800	3	3	3	3	64	64	\$12,065	\$12,065	\$12,065	\$36,195	\$36,195	\$5,400	\$5,400		
Non-Community Water System	\$105	\$105	\$105	63	63	63	63	87	87	\$780	\$780	\$780	\$49,121	\$49,121	\$6,615	\$6,615		
ON-SITE WASTEWATER SYSTEMS (OWTS)				241	241	228	251	675	639	\$2,331	\$2,331	\$2,005	\$561,708	\$503,185	\$93,825	\$93,575	0.17	0.19
New Construction/Conversion Permit	\$475	\$475	\$450	100	100	96	103	265	254	\$2,204	\$2,204	\$1,944	\$220,352	\$200,231	\$47,500	\$46,350	0.22	0.23
New/Conv Permit w/ Plans; no Site Evaluation	\$375	\$375	\$325	20	20	17	20	88	75	\$3,666	\$3,666	\$2,950	\$73,324	\$58,994	\$7,500	\$6,500	0.10	0.11
Replacement System Permit	\$335	\$335	\$335	105	105	97	108	278	257	\$2,204	\$2,204	\$1,873	\$231,370	\$202,317	\$35,175	\$36,180	0.15	0.18
Replacement Permit w/ Plans; no Site Evaluation	\$175	\$175	\$175	10	10	12	13	44	53	\$3,666	\$3,666	\$0	\$36,662	\$41,643	\$1,750	\$2,275	0.05	0.05
Permit Re-Design; New/Conversion/Replacement	\$100	\$100	\$100	1	1	1	1								\$100	\$100		
Septic Tank/Pump Chamber Replacement	\$110	\$110	\$105	5	5	5	6								\$550	\$630		
Holding Tank or ETU Permit Renewal	\$50	\$50	\$50	10	10	10	2								\$500	\$100		
Application/Permit Transfer/Renewal	\$50	\$80	\$80	15	15	18	18								\$750	\$1,440		
OPERATING PERMITS								2750.13	2715.50				\$2,126,252	\$2,003,958	\$375,774	\$368,468	0.18	0.18
PLAN REVIEWS															\$24,915	\$25,258		
OTHER REVENUE															\$35,825	\$42,123		
TOTAL OPERATING, PERMIT, PLAN REVIEW & OTHER FEES															\$436,514	\$435,849	0.21	0.22

NOTES:

2025 EH Annual Cost & Staff Time	\$2,980,903.00	3580.7	Staff Cost =	\$832.48	per day	\$118.93	per hr	5.65%
2024 EH Annual Cost & Staff Time	\$2,822,896.00	3582.4	Staff Cost =	\$787.99	per day	\$112.57	per hr	18.02%
2023 EH Annual Cost & Staff Time	\$2,302,198.00	3448.2	Staff Cost =	\$667.65	per day	\$95.38	per hr	7.11%
2022 EH Annual Cost & Staff Time (based on 2021)	\$2,033,178.00	3261.8	Staff Cost =	\$623.33	per day	\$89.05	per hr	0.00%
2021 EH Annual Cost & Staff Time	\$2,033,178.00	3261.8	Staff Cost =	\$623.33	per day	\$89.05	per hr	5.88%

PWS - Surface Water Staff Time is calculated by facility only. This is an underestimate of the total program costs.

Draft for BOH Review - May 2026
Table 3 - Environmental Health Division
Proposed Plan Review Fees Detail Sheet 2027

PROGRAM	FEES			# PLANS			LAST YEAR PLANS REVIEWED	TOTAL PROGRAM HOURS 2025	ESTIMATED HOURS PER PLAN	COST PER PLAN REVIEW	PROGRAM COST		REVENUE		REVENUE / PROGRAM COST	
	2027 PROPOSED	2026 FINAL	2025 FINAL	2027-EST INVOICED	2025 APPROVED	2025 INVOICED					2025 or ESTIMATE	2027 ESTIMATE	2025 FINAL	2027 ESTIMATE		2025 FINAL
PUBLIC WATER SYSTEMS								65.0			\$8,087	\$7,730	\$5,620	\$5,310	0.69	
Community Water System Facility < 100,000 gpd	\$450	\$450	\$450	1	1	1	2025	6.0	6.0	\$714	\$714	\$714	\$450	\$450	0.63	
Community Water System Facility ≥ 100,000 gpd	\$1,000	\$1,000	\$1,000	0	0	0	na	0.0	20.0	\$2,379	\$0	\$0	\$0	\$0		
Water Main Ext < 5,000'	\$300	\$300	\$300	3	3	3	2025	12.0	4.0	\$476	\$1,427	\$1,427	\$900	\$900	0.63	
≥ 5,000'	\$400	\$400	\$400	1	1	1	2025	6.0	6.0	\$714	\$714	\$714	\$400	\$400	0.00	
Cross-Connection Control	\$200	\$200	\$200	10	9	9	2025	27.0	3.0	\$357	\$3,568	\$3,211	\$2,000	\$1,800	0.56	
Add per device	\$50	\$50	\$50	15		14	2025	0.0					\$750	\$700		
Non-Community Water System	\$210	\$210	\$210	2	2	2	2025	6.0	3.0	\$357	\$714	\$714	\$420	\$420	0.59	
Water Storage Tank	\$500	\$500	\$500	0	0	0	2018	0.0	8.0	\$951	\$0	\$0	\$0	\$0	0.00	
Other Water System Modification or Project	\$175	\$175	\$160	4	4	4	2025	8.0	2.0	\$238	\$951	\$951	\$700	\$640	0.74	
FOOD SERVICE ESTABLISHMENTS											\$3,508	\$3,389	\$2,225	\$1,840	0.63	
High Risk	\$250	\$250	\$210	1	1	0	2024	3.5	3.5	\$416	\$416	\$416	\$250	\$0	0.60	
Medium Risk	\$225	\$225	\$210	5	4	4	2025	12.0	3.0	\$357	\$1,784	\$1,427	\$1,125	\$840	0.63	
Low Risk	\$150	\$150	\$150	5	6	6	2025	12.0	2.0	\$238	\$1,189	\$1,427	\$750	\$900	0.63	
Push Cart Medium/Low Risk	\$100	\$100	\$100	1	1	1	2025	1.0	1.0	\$119	\$119	\$119	\$100	\$100		
MOBILE HOME PARKS	\$460	\$460	\$460	0	0	0	2022	0.0			\$0	\$0	\$0	\$0		
Add per unit/lot	\$30	\$30	\$30	0	0	0	2007	0.0			\$0	\$0	\$0	\$0		
CAMPGROUNDS	\$200	\$200	\$200	0	1	1	2025	0.0	5.0	\$595	\$0	\$595	\$0	\$200		
SWIMMING POOLS/BATHING BEACHES ≤ 5,000 sqft	\$360	\$360	\$360	0	3	3	2025	0.0	6.0	\$714	\$0	\$2,141	\$0	\$1,080		
Swimming Pools > 5,000 sqft	\$770	\$770	\$770	0	0	0	2008	0.0	12.0	\$1,427	\$0	\$0	\$0	\$0		
MASS GATHERING (NEW; 1st 2 Submissions)	\$15,000	\$15,000	\$15,000	0	0	0	na		900.0	\$107,034	\$0	\$0	\$0	\$0		
MASS GATHERING (EXISTING; 1st 2 Submissions)	\$7,500	\$7,500	\$7,500	1	1	1	2025	440.8	440.8	\$52,417	\$52,417	\$52,417	\$7,500	\$7,500	0.14	
MASS GATHERING Multiple Submissions New/Existing	\$3,750	\$3,750	\$3,750	0	0	0	na		450.0	\$53,517	\$0	\$0	\$0	\$0		
ON-SITE WASTEWATER TREATMENT SYSTEMS								135.0			\$17,244	\$16,055	\$9,220	\$8,290	0.53	
0 - 499 gpd Design Rate	\$200	\$200	\$190	30	31	31	2025	93.0	3.0	\$357	\$10,703	\$11,060	\$6,000	\$5,890	0.56	
500 - 999 gpd Design Rate	\$250	\$250	\$230	5	4	4	2025	20.0	5.0	\$595	\$2,973	\$2,379	\$1,250	\$920	0.42	
1,000 - 1,999 gpd Design Rate	\$400	\$400	\$375	1	0	0	2024	0.0	8.0	\$951	\$951	\$0	\$400	\$0	0.42	
2,000+ gpd Design Rate	\$600	\$600	\$590	1	1	1	2025	10.0	10.0	\$1,189	\$1,189	\$1,189	\$600	\$590	0.50	
Other OWTS Modifications/Multiple Submissions	\$175	\$175	\$160	2	2	2	2025	4.0	2.0	\$238	\$476	\$476	\$350	\$320	0.74	
Holding Tank Plan Review & Initial Permit	\$160	\$160	\$160	2	2	2	2025	4.0	2.0	\$238	\$476	\$476	\$320	\$320	0.67	
Collector Sewer < 5,000'	\$150	\$150	\$150	2	2	2	2025	4.0	2.0	\$238	\$476	\$476	\$300	\$250		
≥ 5,000'	\$250	\$250	\$250	0	0	0	2022	0.0	3.0	\$357	\$0	\$0	\$0	\$0		
REALTY SUBDIVISION TOTAL								8.0			\$0	\$951	\$0	\$1,038	0.00	
REALTY SUBDIVISIONS *	\$800	\$800	\$800	0	1	1	2025	8.0	8.0	\$951	\$0	\$951	\$0	\$800		
Add per lot NYS filing fee	\$12.50	\$12.50	\$12.50	0	19	19	2025	0.0					\$0	\$238		
with Individual Water	\$35	\$35	\$35	0	0	0	2022	0.0	2.0	\$238	\$0	\$0	\$0	\$0		
with Individual OWTS	\$55	\$55	\$55	0	0	0	2023	0.0	2.0	\$238	\$0	\$0	\$0	\$0		
Subdivision Renewal	\$200	\$200	\$200	0	0	0	2020	0.0	2.0	\$238	\$0	\$0	\$0	\$0		
Preliminary Development Review	\$400	\$400	\$400	0	0	0	2014	0.0	4.0	\$476	\$0	\$0	\$0	\$0		
OTHER PLAN REVIEW	\$175	\$175	\$160	2	0	0	2022	0.0	2.0	\$238	\$476	\$0	\$350	\$0	0.74	
TOTAL PLAN REVIEW FEES												\$81,732	\$83,278	\$24,915	\$25,258	0.30

NOTES:

2025 EH Annual Cost & Staff Time	\$2,980,903.00	3580.7	Staff Cost =	\$832.48	per day	\$118.93	per hr	5.65%
2024 EH Annual Cost & Staff Time	\$2,822,896.00	3582.4	Staff Cost =	\$787.99	per day	\$112.57	per hr	18.02%
2023 EH Annual Cost & Staff Time	\$2,302,198.00	3448.2	Staff Cost =	\$667.65	per day	\$95.38	per hr	7.11%
2022 EH Annual Cost & Staff Time (based on 2021)	\$2,033,178.00	3261.8	Staff Cost =	\$623.33	per day	\$89.05	per hr	0.00%
2021 EH Annual Cost & Staff Time	\$2,033,178.00	3261.8	Staff Cost =	\$623.33	per day	\$89.05	per hr	5.88%

Hours per plan are estimated - actual time for each submittal varies significantly.

Draft for BOH Review - May 2026

Table 4 - Environmental Health Division Estimated Revenue from Other Fees 2027

Other Fees	2027 Proposed	5 Year Average	2025	2024	2023	2022	2021	2020
Late Fees	\$5,000.00	\$7,390.00	\$9,225.00	\$7,875.00	\$7,950.00	\$7,950.00	\$3,950.00	\$3,550.00
Expedited Permit 7 days or less	\$2,250.00	\$1,270.00	\$1,950.00	\$1,900.00	\$950.00	\$750.00	\$800.00	\$700.00
Penalties/Fines	\$28,000.00	\$29,430.00	\$30,350.00	\$14,250.00	\$54,050.00	\$40,500.00	\$8,000.00	\$10,500.00
Rabies Donations	\$500.00	\$1,078.37	\$523.00	\$970.10	\$1,002.00	\$1,075.00	\$1,821.75	\$1,847.00
Waivers	\$75.00	\$90.00	\$75.00	\$75.00	\$150.00	\$0.00	\$150.00	\$225.00
Waiver from NYS Appendix 75-A (OWTS)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Other Fees	\$35,825.00	\$39,333.37	\$42,123.00	\$25,145.10	\$64,202.00	\$50,375.00	\$14,821.75	\$16,922.00

Notes:

Late Application (May be waived at TCEH discretion)	\$50	\$3,750	\$5,000	<i>Est. 75-100 per year</i>
Expedited Permit 7 days or less (May be waived at TCEH discretion)	\$75	\$1,875	\$3,750	<i>Est. 25-50 per year</i>
Waiver from NYS Appendix 75-A OWTS (Est. 5 or less per year)	\$75	\$75	\$375	<i>Est. 1-5 per year</i>

FOCUS TOPIC

April 2026 Report | Meeting Date, May 26, 2026

Oral Health Proposal: A Portable Hygienist Model

ORAL HEALTH WHITEPAPER ABSTRACT

Oral health is an essential component of overall health and well-being, yet it is often overlooked and undervalued. Oral diseases have long been described as a “neglected epidemic” in the U.S. Despite the occurrence of significant complications, they receive relatively low priority in healthcare. Disparities in oral health are also prevalent in Tompkins County. Access is limited for many due to income, race, geography, and insurance status. Collectively, workforce shortages, inadequate Medicaid and CHIP reimbursement to dental professionals, family knowledge gaps, and geographic barriers prevent children ages 1–18 from obtaining timely preventive and restorative dental care. Our comprehensive review of state and county-level data, anecdotal evidence from dentists, school nurses, and parents, and consultation with regional partners indicate that Tompkins County faces a measurable pediatric dental access gap—particularly for Medicaid, CHIP, and low-income families. Based on our extensive review and stakeholder consultations, a mobile dental hygienist model emerges as a practical, scalable, and equity-driven solution to improve preventive care access and reduce disparities.

Presentation slides follow this page and [online](#).

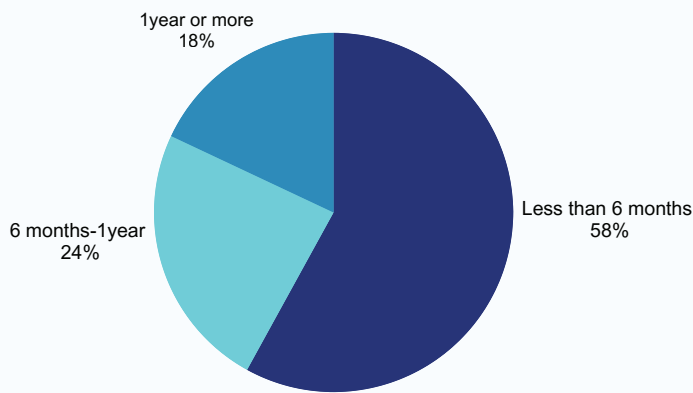
Read the [full White Paper in the Appendix](#).

ORAL HEALTH PROPOSAL

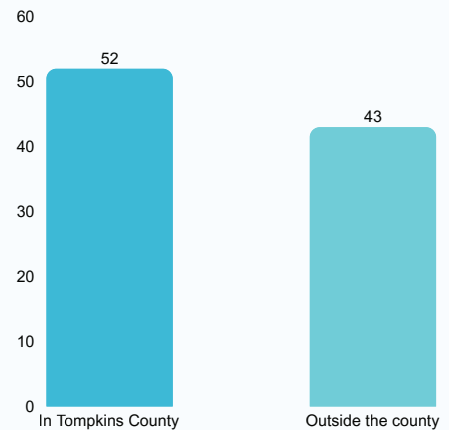
A PORTABLE HYGIENIST MODEL



ORAL HEALTH SURVEY



Percentage of children's last dental visits



Percentage of children's dental visits by location

VOICES FROM THE COMMUNITY

Barriers to Care

"we've always had to go to... dental places outside of town, which is stressful, it's like, I don't have enough paid time off to get her the pediatric... I mean, we do it, but it's just, like, I end up... stressing and suffering financially"

"Yeah, I feel like just having a choice, just having a dentist in the area that will accept our insurance is really the biggest obstacle. Luckily, I do have a car, so I can go an hour away, but that means I have to take a day off of work and my kid has to lose a day off of school because it's not close by. So yeah, it's like scheduling, insurance, transportation, finances."

Data source - Cornell University and Tompkins County Whole Health Oral Health Qualitative Study, 2026 (In Progress)

Mobile/Portable Dental Hygienist Model

“

I have not, but [at a library in a large metropolitan city], they did bring a mobile clinic, and it was highly effective for immigrant, non-English-speaking, sometimes transient population that were very scared of going to a doctor or a dentist at all. So it was hugely popular [in that city]. I would absolutely welcome having it come to my public library.

I think it's phenomenal if they're able to come to families, or come to the schools, because I would say probably half of the families I had at school got their dental care through the mobile clinic that came on campus, like, every 6 months or so. ”

HISTORICAL OVERVIEW OF TOMPKINS COUNTY SCHOOL-BASED HYGIENIST PROGRAM

- The Health Promotions Program (HPP) re-established the dental screening program in 2002.
- A registered dental hygienist was on staff from January until the end of the school year in June.
- During that time she held dental education sessions for 886 Pre-K, K, and 1st grade students in three school districts; 452 students received a visual screening.
- Budget constraints put the program on hold when the new academic year started in September.

EXISTING RESOURCES IN THE COUNTY



- Private dental offices in Tompkins County
- Dental offices that accept Medicaid
 1. Wilson Dental
 2. Tompkins Dental

- Federally Qualified Health Center
- Schools-based program
 1. Groton Central
 2. Newfield Central
 3. Trumansburg Elementary and Middle School
 4. TST BOCES



TIOGA COUNTY MOBILE DENTAL VAN

- Established in 2003, Tioga County's mobile dental van began preventive fluoride and sealant services.
- Subsequently expanded to include cleaning, restorations, and extractions.
- Services are delivered to school aged children during school hours and to the public before and after school hours.
- In 2024, Tioga Smiles dental program conducted 1,227 dental examinations, placed 548 sealants, and enrolled 325 new dental clients.



	Tioga Smiles	Finger Lakes Community Health
Dental Models	<ul style="list-style-type: none"> • Mobile dental services • School-based programs 	<ul style="list-style-type: none"> • Mobile dental services • School-based programs • Brick and mortar • FQHC
Budget and Funding	<ul style="list-style-type: none"> • Total expenses - \$248,840 • Revenue - \$133,244 • County share - \$115,636 • County Funding • Community development block grants • Smaller grants from Excellus BCBS • Revenue 	<ul style="list-style-type: none"> • Revenue • Grants - equipment purchases and administrative costs) • Medicaid enhancement rates

	Tioga Smiles	Finger Lakes Community Health
Population served	<ul style="list-style-type: none"> • School-aged children during school hours • All other age groups (before and after school hours) 	<ul style="list-style-type: none"> • Mobile dental services - agricultural workers • School-based programs - ABCD and Head Start • Brick and Mortar - All age groups
Staffing	<ul style="list-style-type: none"> • Hygienist - 1 full-time and 1 part-time • Dentist - 1 part-time • Manager • Receptionist 	<ul style="list-style-type: none"> • Hygienists • Dentist

*Strategies to overcome workforce challenges: Competitive salary, sign-on bonus, tailored benefit packages

PROPOSAL: MOBILE DENTAL HYGIENIST MODEL

Goal: To improve oral health among children aged 1 to 18 years who are not receiving adequate preventive care at home and/or from a dental professional.

1

Implementation of a mobile dental hygienist model focused on children ages 1–18 who are not receiving adequate preventive treatment at home or from a dental professional is the model of choice.

2

Its startup costs, operational costs, ability to locate services as close as possible to potential clients, and its scalability all recommended it.

3

Core services would include examinations, cleanings, fluoride applications, sealants, routine X-rays, oral health education, and referral coordination.

DISCUSSION



01 Potential sources of funding

02 Ideas to strengthen the proposal



THANK YOU



MONTHLY REPORT PACKET

April 2026 Report | Meeting Date, May 26, 2026

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MEDICAL DIRECTOR REPORT

WILLIAM KLEPACK, M.D., MEDICAL DIRECTOR

April 2026 Report | Meeting Date, May 26, 2026

I regret that I will not be able to attend this month's board meeting – Dr. Klepack

Communicable Disease

MEASLES

Measles cases continue to arise in New York State (NYS) – generally in downstate areas. So far, secondary cases are rare.

THE ANDES HANTAVIRUS

Hantavirus cases on an “adventure cruise” and cruise ship

Note: that the data and conclusions in this report are time sensitive. They were current as of 5/13. At the time of the Board meeting, they will likely have changed

This particular cruise ship was not the usual. It is called an Adventure Cruise. It uses a smaller ship and fewer passengers. Off-ship activities can include getting deeply into the woods and local environment. The strain identified is “Andes” and has been known to transmit between persons. This trip had extensive bird watching, including in locations where refuse and garbage was dumped (where birds collect). Andes is not the strain we see in NYS.

In the past 15 years, we have had a handful of non-Andes hantavirus cases (7). These occurred in individuals working or cleaning in enclosed spaces where rodents had been present (one in a camper sleeping on a platform above a heavily contaminated area, with their face close to an opening in the platform floor). Advice to our residents is:

If you are cleaning up an area suspicious for rodent excrement or urine:

- Wet it down before cleaning it up (10% bleach works well)
- Increase ventilation as you are working
- Use a mask

In New York State, human hantavirus infection remains quite rare.

BACKGROUND ON HANTAVIRUSES

- US hantaviruses spread to humans from contact with rodents like rats and mice, especially when exposed to their urine, droppings, and saliva.
- Causes a flu-like illness and can progress to fatal respiratory failure and death
- Strain associated with the cruise ship outbreak, called **Andes hantavirus**, is found in rodents in Argentina and Chile; it is not found in the United States.
 - Unlike hantaviruses found in the US, the Andes hantavirus can spread from person to person via close contact, including through respiratory droplets. There is unclear evidence of asymptomatic transmission.
 - The two index cases spent extensive time in the field in Argentina before joining the cruise.



BACKGROUND ON HANTAVIRUSES CONT.

- The incubation period can be up to 42 days from exposure.
- There is no specific treatment for hantavirus infection; treatment is supportive.
- New York has had cases of locally-acquired hantavirus, none of which are Andes strain, and all with extensive rodent exposure. There have been 7 cases since 2011.

MV HONDIUS

- There were 147 individuals on board, including crew.
 - 9 total have been ill, including 3 who died.
 - Two cases were among a group of approximately 40 individuals who departed the cruise early at a port of call following the first reported death.
 - To date, all confirmed as cases have been among ship passengers.
 - There are 45 identified USA contacts, including three New Yorkers.
 - The three New Yorkers are currently in Nebraska and remain asymptomatic.
 - One each from Manhattan, Westchester County, and Orange County.



All 3 NYS residents are in good health. They reside downstate. They are in Nebraska, where they are being monitored and cared for at a dedicated health facility on a military base with the expertise to handle such diseases.

There may be a 4th individual from a southern-tier county in NYS.

WHAT HAPPENS NEXT?

- Individuals who were on the ship, or on a plane, with ill individuals are all considered “high risk” and are subject to monitoring.
- Guidance from CDC and WHO continues to evolve as more information becomes available.
- Current “high risk” guidance is symptom monitoring and movement limitations for 42 days.
- The federal government is deciding whether to legally mandate that **all** individuals stay in Nebraska for the 42-day incubation period.
- NYS DOH is in contact with the three NYS residents to discuss monitoring options.

The term “quarantine” is not being used (but essentially it is quarantine). Staying at the facility in Nebraska has many advantages. These include, but are not limited to, efficient monitoring, quick intervention for a highly fatal disease, controlled contacts, ensured safe food and housing, and control of the paparazzi problem.

Here, in another form, are the preliminary numbers (“unofficial”)— numbers are fluid and subject to change daily. These numbers are as of late in day Tuesday May 13.

These numbers have been provided, though they don’t completely add up:

- There are 45 total US contacts
 - 41 in US
 - 28 ship passengers
 - 16 at Nebraska
 - 1 is being medically evaluated.
 - 2 at Emory
 - These are a couple. One is the symptomatic person who has now been determined to be negative, and the other went for emotional support.
 - 7 arrived earlier via early disembarkation and then flights
 - 3 ?—this is where the math doesn’t add up
 - 17 were on two flights with ill passengers
 - 4 are in other countries

- The 17 were not on the ship. They were passengers on a flight with symptomatic individuals from the ship (2 of those are in N.J.). There were 2 people on a flight with contagious individuals. The passengers on those flights are being monitored.
- Some ship passengers disembarked before the ship was quarantined. They traveled by various means, and thus the contacts public health is dealing with.
- *The fatality rate is 25-40 percent historically.*
- *The risk to the general public is very low. A pandemic is not an issue despite media coverage and speculation. The Ro number is <1.0, and public health monitoring, contact tracing, and isolation are mitigating the situation.*
- At least 7 passengers are not at the Nebraska facility (none in NYS). They had left the ship before the final event.
- The reproduction number for Andes Hantavirus is less than 1 (for context, measles is above 20, and COVID is between 1 and 2).

- Testing- Commercial testing is not the most reliable, with false results. CDC testing is used to confirm positives.
- One is highly viremic as one develops symptoms.

BOTTOM LINE ADVICE FOR THE PUBLIC:

1. At this time, there is no risk to your patients who do not report travel history consistent with contact with any of the individuals from the ship or an identified plane. The definition of a contact is subject to change, so keep abreast of what the WHO is saying. NYSDOH has not issued a formal statement at this time, and WHO is what we are using at Whole Health (while remaining cognizant of what CDC is saying).
2. Commercial testing can produce false positives. A positive test requires confirmation before it is considered valid.
3. People do not need to fear a pandemic (note the low R_0 number above - <1.0)
4. These people were infected by a virus not endemic to the U S by taking a trip which brought them into extensive contact with environments in which rodents and their droppings were present.
5. Although rodent droppings in NYS are unlikely to have hantavirus, we do have the rare (non-Andes) case in NY (7 in the past 15 years). When cleaning out areas in which rodent droppings, urine, and saliva are present, NYS residents should:
 - Put on a mask (a KN95 if you have one) and gloves
 - Wet down the area preferably with 10% bleach solution
 - Proceed to clean it up (certainly at least here, use 10% bleach or other disinfectant)
 - Dispose of the waste in garbage in sealed plastic bags (to limit any aerosolization as the material dries out again)
 - Wash gloves and hands

For a reference which is quite exhaustive and covers multiple situations (cabins, cars, etc.) go to [You Can Prevent Hantavirus—How to Protect Yourself and Your Family from Hantavirus Pulmonary Syndrome in the United States](#).

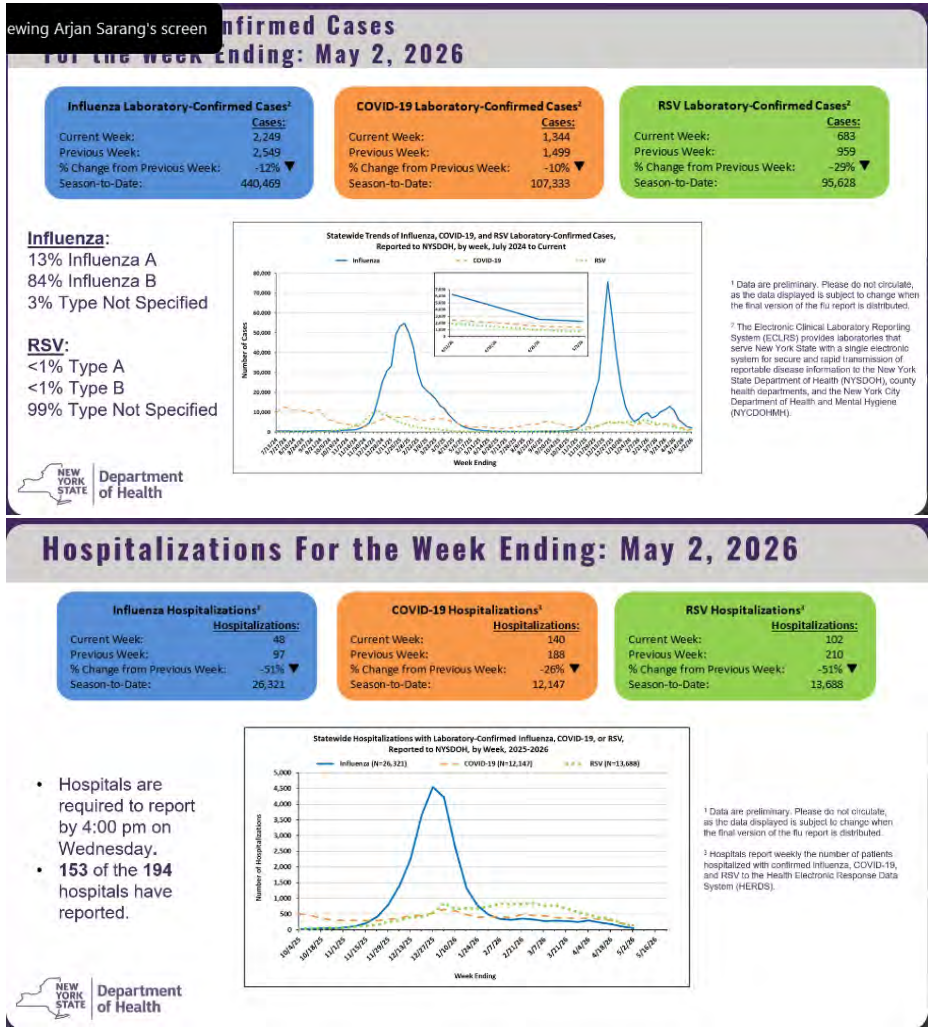
The 5 points I listed above are consistent with this link. For a current picture of the situation, go to a current WHO situation report.

A recent NY Times article, “Hantavirus Exposes How Cuts Damaged U.S. Preparedness” (NYTimes, Friday, May 8, 2026), explains why I preface the link the way I do. The delays in CDC action on this issue offer a real-world glimpse into how we have gone backward in resources and systems for responding to a pandemic or lesser health threat. We not only have not instituted reforms after the pandemic but have also taken steps to dismantle cooperation across the public and private health care spectrum, cripple data systems, limit supplies, etc.

Respiratory Disease –

INFLUENZA, COVID, AND RSV CONTINUE THEIR DECLINE

Mandated masking in NYS has ended. The advisory sent out late 4/23 declared that flu is no longer prevalent in NY, and the masking requirement for unvaccinated workers in healthcare facilities is no longer in effect. You should be able to find the advisory on Commerce.



Medical Disinformation

RABIES

The National Association of State Public Health Veterinarians has crafted a statement advocating the continued vaccination of all dogs and cats against rabies to counter the current anti-vax climate, which has even stretched to pets.

VITAMIN K

The percentage of parents refusing the birth dose of vitamin K to prevent hemorrhagic disease of the newborn has increased ... and so has the morbidity and mortality.

Parents Increasingly Reject Vitamin K Shots for Newborns, Hospitals Report — ProPublica

<https://www.propublica.org/article/more-parents-decline-vitamin-k-shot-newborns>

We can no longer talk only about vaccines or COVID disinformation but must broaden our outlook to include medical disinformation.

One modus operandi used by those wishing to sow doubt: *On social media, on blog pages, and in podcasts created by “influencers,” the modus operandi seems to be:*

1. Choose an area to “dis”
2. Pose the question, “Why are so many people getting this ... (Vaccine, medication, treatment, etc.)?”
3. Then pose the question, “Is it safe to use this stuff?”
4. Then ask, “Have you done your own research on this?”
5. And then cite the potential downside without doing a true risk/benefit analysis

The result is distrust, suspicion, and a turning away from bona fide health interventions.

Psychotropic Medication – not immune to disinformation

Without mentioning that conscientious practitioners monitor and, when indicated, suggest weaning off psychotropics, Mr. Kennedy has cast dispersions on these important medications while irresponsibly refusing to put his thoughts into context (with one important risk being that fragile patients will take action without coordinating with their practitioner):

HHS SECRETARY ANNOUNCES INITIATIVES INTENDED TO REIN IN PRESCRIPTION OF SELECTIVE SEROTONIN REUPTAKE INHIBITORS

The New York Times (5/4, Barry) reports that on Monday, HHS Secretary Robert F. Kennedy Jr. “announced several initiatives intended to rein in the prescription of selective serotonin reuptake inhibitors, the most widely prescribed class of antidepressants, which he has described as exceptionally difficult to quit.” The Times adds, “The changes – new training, reimbursement mechanisms and clinical guidelines – nudge clinicians to help patients get off medications and to consider nonpharmaceutical interventions, such as therapy, nutrition and exercise.”

The [Wall Street Journal](#) (5/4, Essley Whyte, McKay, Subscription Publication) also covers the story.

Meanwhile, the destruction process being undertaken has had to take some (albeit few) pauses:

CDC VACCINE PANEL REPORTEDLY HALTS PLAN TO WITHDRAW COVID-19 MRNA VACCINE RECOMMENDATIONS.

The [Washington Post](#) (3/11, A1, Sun, Roubein) reports the Advisory Committee on Immunization Practices (ACIP) “has abandoned an attack on the COVID-19 mRNA vaccines.” Some committee members “have publicly questioned the safety and manufacturing of the shots,” and sources indicate “one option under consideration was a potential vote to withdraw the federal recommendation for COVID-19 mRNA vaccines altogether because of those objections.” However, “that plan is no longer moving forward, according to two people familiar with the matter.” According to the Post, the panel is “slated to meet next week after postponing a late February meeting.” The agenda for the meeting “has not been released,” and a federal judge “could rule as soon as Wednesday on a request by medical groups to block changes to the childhood vaccine schedule and prevent the panel from convening.”

The full potential of mRNA to address conditions such as cancer is being hobbled by an ideology that blocks further research.

Despite federal efforts to suppress positive vaccine information, publication continues:

FLU VACCINES EFFECTIVE AT PREVENTING HOSPITALIZATIONS, OUTPATIENT VISITS AMONG US CHILDREN IN RECENT YEARS, STUDIES SHOW

[MedPage Today](#) (4/6, Henderson) reports a [study](#) published in Pediatrics found that “influenza vaccines were effective at preventing hospitalizations and outpatient visits among U.S. kids in recent years, but uptake remained low and fell further in the years since the COVID-19 pandemic.” Researchers observed that “vaccine effectiveness against hospitalization ranged from 28% during the 2021-2022 flu season to 67% in the 2023-2024 season and against outpatient visits ranged from 28% in 2021-2022 to 56% in 2023-2024.” In addition, a second [study](#) published in Pediatrics “found vaccine effectiveness against primary care visits was 68% during the 2022-2023 season and 71% in the 2023-2024 season.” Researchers concluded the studies “add to a large body of research consistently demonstrating the effectiveness of influenza vaccination in preventing severe outcomes.”

SUBSTANCE USE AND ADDICTION

Further evidence that THC primes the brain for later trouble

Teenage Cannabis Use May Disrupt Brain Development, Study Suggests

[Health Day](#) (4/20, Thompson) reports a study found that teenagers who started using cannabis saw reduced “brain development across a range of skills, including memory, attention, language, and processing speed.” The research team “tracked more than 11,000 children from 9 to 10 years of age until they were 16 and 17, following both their brain development and their substance use.” Results indicated that “teens who used weed had restricted development over time. In some cases, weed users performed just as well as – or even better than – others when they were younger, but fell behind as they grew older. Their progress leveled off, while their peers continued to improve. Researchers also found that THC levels in teenagers were related to worse memory over time, but not CBD levels.” The [study](#) was published in Neuropsychopharmacology.

Celebrating Nurses

A HISTORICAL PERSPECTIVE AND AN IMPORTANT NEW YORKER

Locally, our villages, towns, and cities were ravaged by poor sanitation, foodborne disease, and poor hygiene. Typhoid, cholera, tuberculosis, and intestinal infections were common, and epidemics killed hundreds. Public health nurses (and physicians) early on recognized the root causes – it was the nurses who went into homes, taught classes, and went into schools.

- Lillian Wald (1867–1940), who coined the term district nurse or public health nurse.
- This became the basis for public prenatal, postnatal, and well-childcare, as well as school health supervision.



[New York History's Most Famous Nurse? – New York Almanack](#)

This section is [continued in the Appendix.](#)

WHCU Interviews-

To access my archived weekly Wednesday morning interviews on WHCU covering public health topics, go to: [607 This Morning - 607 News Now](#) and scroll back through the weeks.

- 05/13/26 #189 Mental Health Month is May
- 05/06/26 #188 Nurses' Week
- 04/29/26 #187 Hypertension part two screening and treatment
- 04/22/26 #186 National Infant Immunization Week and World Immunization Week 2026 – April 24 to 30, 2026
- 04/15/26 #185 Black Maternal Health Week.

COMMISSIONER SHARED REPORT

JENNIE SUTCLIFFE, COMMISSIONER OF WHOLE HEALTH

April 2026 Report | Meeting Date, May 26, 2026

Highlights

- Celebrating National Mental Health Month. I'd like to highlight some comments from our mental health colleagues who have been expanding services out into the community.
- Two clinicians had been talking about doing an offsite group for clients who have barriers accessing care and ended up doing two Mental Health Wellness Group 10-week cycles at Titus Towers.

"Our topics included setting boundaries, coping tools, grief, communication skills with each other and family, avoiding scammers, avoiding gossip, and many more. The clients were receptive to the material, but mostly we were excited to see that group members started to stay after group to talk to each other. Many of them check-in with each other outside of group, attend more social activities, and have developed friendships. We have taken on several group members for individual counseling and head to Titus once a month to offer psychotherapy sessions. It's clear there is a huge need for low resourced older adults in our community, and we hope to get out more to meet clients where they're at. A mental health community health nurse and I are working on offering a similar style group upcoming at Ellis Hollow Apartments as well and hope for the same outcomes."

"I have really enjoyed incorporating offsite individual psychotherapy visits for clients into my schedule. The impact has been steadily clear; clients really benefit from meeting in their own comfortable and safe spaces. I notice a difference in the way that they present to sessions and are more open and at ease because they are comfortable in their home. It has also eliminated barriers such as transportation, finances, and the general anxiety of coming down to Green St for sessions. A client once told me that it would take 4 hours out of their day to come downtown for a session by bus, while it only took me 5 minutes to drive there. I think this has been a very powerful intervention for our clients who really struggle with coming to the clinic and has allowed clinicians to continue to provide quality care in our community."

DIVISION FOR COMMUNITY HEALTH

RACHEL BUCKWALTER, DIRECTOR

April 2026 Report | Meeting Date, May 26, 2026

tompkinscountyny.gov/health/chs

Highlights

COMMUNICABLE DISEASE

- **Campylobacteriosis** 2 cases -One case patient is in their 70s and had no clear source of infection and the other case patient is in their 60s, made a visit to the ED and has a few potential sources of infection (undercooked chicken and/or drinking water from a spring); both were treated with antibiotics for this illness.
- **Salmonellosis** 1 case - The case patient is in their early 20s and had an Emergency Room visit once back in NY after consuming undercooked chicken at an all-inclusive resort in the Caribbean.
- **Anaplasmosis:** 11 cases this April versus 6 cases in April 2025. This reflects reports suggesting that this is a particularly bad and early start for high numbers of cases resulting in higher-than-normal numbers of outpatient and urgent care visits.
- **Lyme disease:** 56 cases this April versus 4 cases in April 2025. Although local health departments do not investigate these cases, again, this is just indicative of the early start to the tick season and the numbers of infections they are causing.
- CD nurses remotely attended the CNY Regional LHD Meeting on April 2nd.
- All CHNs participated in required infection control and barrier precautions training on April 29th.

CONFERENCE

- CHS Director Rachel Buckwalter attended the New York State Public Health Partnership Conference held in Lake Placid, NY on April 22-24, along with several colleagues from TCWH. This was a valuable time of networking with other local health departments and sharing challenges and successes with others working in public health.

TUBERCULOSIS

- Our TB nurse continues to care for our two active cases, one of which requires close case management.

ORAL HEALTH

- The qualitative study on oral health in Tompkins County is in its final stages. This study is a partnership between TCWH and the Cornell MPH program and is being led by Dr. Elizabeth Fox. Study findings will be shared with the BOH when finalized.

- Rachel Buckwalter, Director of Community Health Services, and Sagarika Vemprala, graduate public health fellow, will be attending the fluoride varnish training for local health departments which is scheduled for May 5th. This is a required training for the NYSDOH performance incentive project for LHDs in 2026. Outreach and education on fluoride varnish continues with local primary care offices to encourage the use of fluoride varnish at well visits for children ages 0-6.

STI

- CD/STI nurses attended the STI bimonthly remote meeting for local health departments held on April 13th.

IMMUNIZATIONS

- In April, 7 children and 7 adults were vaccinated with various vaccines.
- Healthy Kids Day was held at the YMCA in Ithaca on Saturday, April 18. As planned, CHN Liz Lawrence tabled at the event and handed out 50 teddy bears at the teddy bear “vaccine clinic.” Kids had the opportunity to “vaccinate” their teddy bear. The goal of the activity was to decrease fear and anxiety about immunizations. Liz stated that the event was very popular with families and plans are in the making for a second event in partnership with Vaccine Conversations with Scientists.
- Influenza vaccinations for next season have been preordered.

WIC

- WIC, Moms PLUS+, and HiP Tompkins partnered with Healthy Families Schuyler/Tompkins and Fidelis to host a community baby shower at GIAC on May 2. The event included 20 community agencies from Tompkins County that provided resources and items for pregnant participants. Of the 55 individuals registered, 20 attended, along with 8 walk-ins. Donations included diapers, wipes, and raffle items such as a car seat/stroller combo, Pack ‘n Play, quilts, infant feeding seat, and infant photo sessions. A prenatal yoga session was also offered during the event, which was held from 11:00-11:30.
- Due to decreased Farmer Market Nutrition program (FMNP) funding, initial allocations of booklets will be less. Our Agency received 300 fewer booklets this season. Benefits will be distributed on a first-come, first-served basis, with announcements shared through text messaging and social media. Current redemption rates range from 28–35%. The WIC Director will work with staff to develop consistent messaging and equitable distribution strategies related to the limited availability of benefits.

SAFECARE PROGRAM

- Our SafeCare Nurse Providers made 4 visits in April 2026 versus 3 in March and continue to work with and support 4 families. We received two new referrals in April versus no referrals during March for SafeCare.

MOMS PLUS+

- Members of WIC, Moms PLUS+ nurses, and our community lactation partners all joined in our bi-monthly LATCH meeting held on April 8th. The purpose of this group is to coordinate care and support all providers working to promote breastfeeding in Tompkins County. Plans are being made to have a LATCH booth at the Ithaca Festival coming up at the end of May.
- Caryl Silberman SCHN tabled the Lansing Jubilee 0-3 event at Lansing Town Hall in April.
- Overall, the caseload and admissions for Moms PLUS+ clients was about the same for April 2026 and March 2026. Moms PLUS+ nurses completed 87 home visits during April 2026 which is a new high record for monthly visits. Our Moms PLUS+ referrals significantly dropped during April. Please refer to the table in the Appendix for all April 2026 numbers.

RABIES

- 13 vaccinations were administered to 8 people for potential rabies exposures in the month of April. Animals included were dogs, cats and one bat.

LEAD

- There are currently 24 children receiving case management services in our Lead Poisoning Prevention program. There were two new admissions during the month of April.

HIV

- 5 HIV tests were performed by CHNs from CHS at STAP in the month of April.

[CHS Appendix](#)

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

DIVISION OF HEALTH PROMOTION

SAMANTHA HILLSON, DIRECTOR

tompskinscountyny.gov/health/hpp

April 2026 Report | Meeting Date, May 26, 2026

Highlights

- Open House with Senator Lea Webb’s team on April 14 was a success with representation from all divisions across Whole Health.
- Collaborated with PROs to hang artwork in the Brown Rd. Building first floor public areas.
- Jasmine Myrick, intern, presented her projects as a final requirement for her MPH from University of Albany. Jasmine contributed significantly to initiatives at TCWH during this semester including supporting social media for National Public Health Week and Black Maternal Health Week, creating an interview protocol and operating procedures for CHWs, and planning the Community Baby Shower.

STAFFING

- CHW HIP Tompkins interview process
- Revising job description for Health Educator to focus on Advancing Tobacco-Free Communities and JUUL Settlement Funds

Program Updates

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

- PICHC Thrive Learning Community – action plan developed
- Community Action Board reviewed doula applications for community birth doula training that will happen at the beginning of May.

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

- CHIP survey results reviewed and incorporated into implementation plan.
- Met with Civic Ensemble to review housing data as part of development phase of play about housing insecurity.
- Health Planning Council meeting discussed CHIP priorities to focus on for their workplan.

HEALTHY NEIGHBORHOODS PROGRAM

- Tompkins County HNP was featured in presentation with NYSACHO about return on investment at the NYSPHA Partnership Conference in Lake Placid.

TOBACCO FREE TOMPKINS

- Revising job description for Health Educator to focus on Advancing Tobacco-Free Communities and JUUL Settlement Funds.

COMMUNICATIONS

- Ran weeklong social media campaign for National Public Health Week (April 6-12th) and hosted Senator Lea Webb's office for a public health themed Community Open House event (April 14th)
- Video for Moms PLUS+ program completed; [Posted on website.](#)
- Staff receiving ongoing training with County Administration for improving website and document accessibility for ADA compliance
- Staff participating in event coordination with community partners for events in May, "Better Together for Mental Health" (5/9) and "Intellectual/Developmental Disabilities Resource Fair" (5/19); planning begins for September's annual Preparedness Expo (in collaboration with Ithaca's Airport for Airport Day), coordination with TC Dept of Emergency Response
- Supported proposal for NYSACHO mini-grant Immunization Action Plan to develop a communications campaign focused on immunizations schedule for 18-36 month children. Partnered with Cortland County.

HPP Appendix

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

CHILDREN WITH SPECIAL CARE NEEDS

JESSICA CLARK MANDERVILLE, DIRECTOR

tompkinscountyny.gov/health/cscn

April 2026 Report | Meeting Date, May 26, 2026

Highlights

Staff Training:

- 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 Stats and Productivity are being monitored and reviewed with staff at quarterly check-ins.
- The EI Guidance Document for Billing of Initial and Ongoing Service Coordination was reviewed by all Service coordinators, a Billable Activities Document was created and reviewed by all, and macros were updated to reflect the standards for service coordination.
- Infection Control training taken by all nurses.

Program Work:

- Per-diem Service Provider positions are still available and posted for SI, SLP, and PT in Early Intervention.
- Staff attended the Lea Webb Open House and presented a booth talking with community members and partners about the EIP.
- Sr Community Health Nurse attended Preschool Special Education Training in Syracuse.

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 5/1/26*

Speech (38) Feeding (7), OT (17), PT (29), SI (22), SW (2)

- New Referrals received *March: 33*
- EI Core Eval Teams are back down to 4 Racker slots per week and eval in Syracuse at Liberty Post

- Currently serving 202 active (and/or) qualified children in Early Intervention. 0 Total Child Find Cases

PRECHOOL

- Continued Medicaid Consent Documentation Chart review completed for CPSE. Districts notified of students missing consent and encouraged to obtain consent for billing purposes.
- Continued follow-up with districts regarding timely submission of reimbursement for services documents.
- Small County workgroup established with Steuben, Cayuga, Schuler and Tioga to share knowledge, workflows and discussion around shared barriers.

[CSCN Appendix](#)

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

ENVIRONMENTAL HEALTH

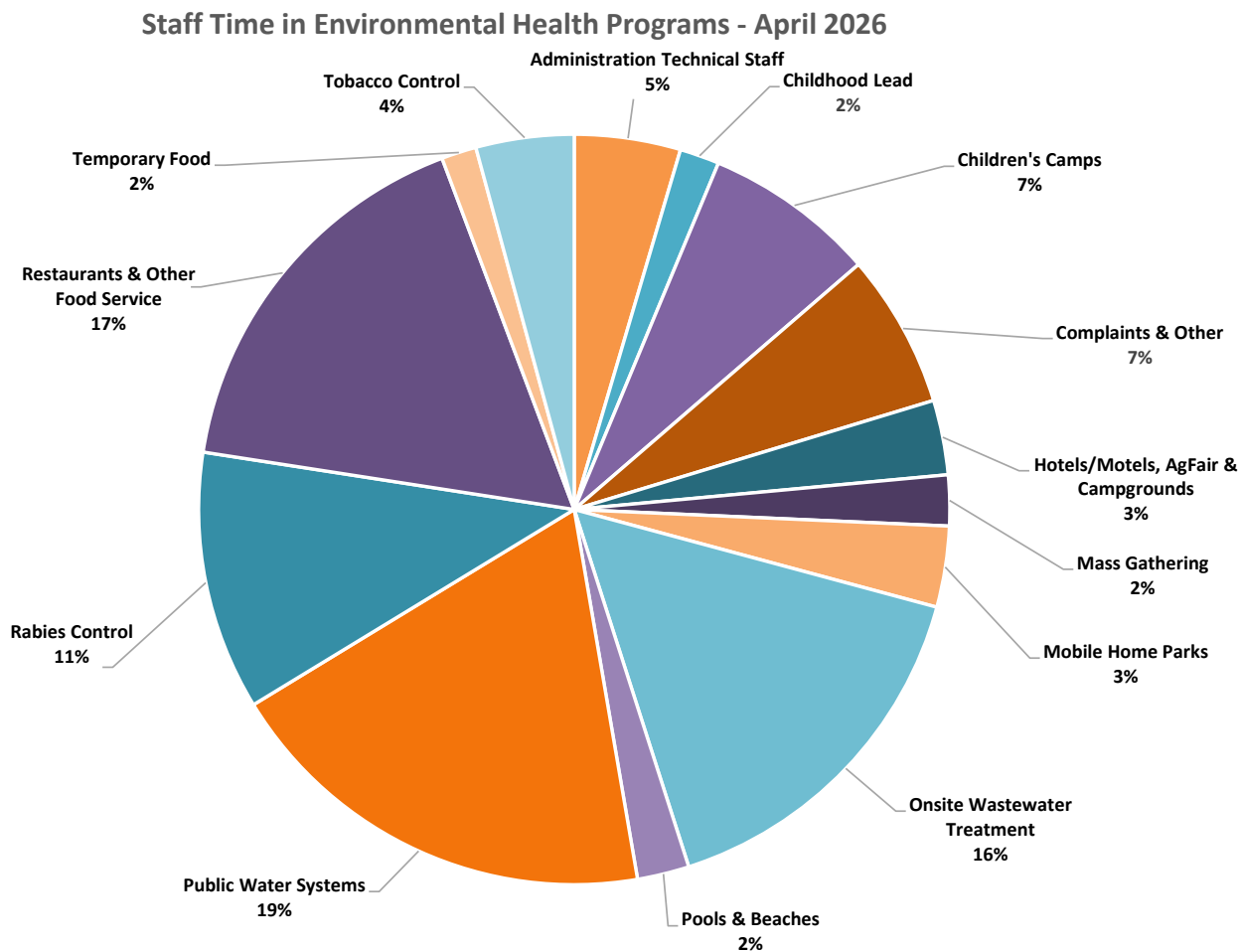
SKIP PARR, DIRECTOR

tompkinscountyny.gov/health/eh

April 2026 Report | Meeting Date, May 26, 2026

Highlights

Summary of Activity



[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

- Asempe Kitchen, Throughout Tompkins
- Atabey Restaurant & Lounge, C-Ithaca
- Babes Burger Commissary, T-Ithaca
- Dryden Center for Community, V-Dryden
- Mingalarba Burma, Throughout Tompkins
- Nounou's Authentic Lao-Thai, V-Lansing
- Oscars Kitchen, Throughout Tompkins
- Sichuan Braise House, Throughout Tompkins
- Tuttle's Hot Diggity Dogs, Throughout Tompkins

Boil Water Orders (BWOs)

NEW

Facility Name	BWO Issued	Reason	Corrective Action	Status
Ithaca Estates	04/16/26	Inadequate Pressure	Restore adequate pressure & submit satisfactory samples	Satisfactory samples pending
Dollar General Enfield	04/16/26	Inadequate Disinfection	Restore adequate disinfection & submit satisfactory samples	Satisfactory samples received; BWO released 04/28/26

ONGOING

Facility Name	BWO Issued	Reason	Corrective Action	Status
Dollar General North Lansing	02/08/22	Operating without TCEH approval	Water System Approved	Monitoring System Operation; BOH Action Pending

RELEASED

Facility Name	BWO Issued	Reason	Corrective Action	Status
NONE				

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	Awaiting results of ESD grant application for funding
09/23/25	Little Venice Ristorante – ENF-25-0015	Jessica Gardner, Stevearen ozz, Inc	FSE – repeat critical violations; foods not kept at or below 45°	\$200	11/14/25 Penalty due	Late penalty notice sent 04/16/26
10/28/25	Empire State Special Needs – ENF-25-0022	Cynthia Reuter, ESSNE	Pool – failure to maintain disinfection	\$400; Paid 11/25/25	05/31/26 Repair/Replace pool disinfection system	Proof or repair/replacement pending
01/27/26	John Joseph Inn – ENF-25-0023	John Hamilton	TR – improper storage of flammables; PWS – failure to meet monitoring requirements	\$800 due 03/15/26	02/10/26 Submit sampling/operational reports	Reports pending; Late penalty notice sent 4/16/26
01/27/26	Newfield Estates MHP – ENF-25-0026	Newfield Estates MHP, LLC	MHP – Violation of BOH Orders; operating without a permit	\$1,900 due 03/15/26	02/26/26 Submit complete renewal application & fee	Application pending; Late penalty notice sent 4/16/26
01/27/26	Casper’s Kitchen – ENF-25-0027	Kevin Griffin	FSE – foods not cooled using approved method	\$200 due 03/15/26	03/15/26 Penalty due	Late penalty notice sent 04/16/26
01/27/26	Hanshaw Village MHP – ENF-26-002	CNY MHPS, LLC	MHP – Violation of BOH Orders; discharge of sewage	\$500 due 03/15/26; Paid 02/10/26	02/15/26 Submit engineer report	Report received 04/13/26 under review

03/24/26	Ithaca Beer Company – EH-ENF-25-0030	Ithaca Beer Company, Inc	FSE – foods not stored under refrigeration	\$200 due 05/15/26	05/15/26 Penalty due	Payment pending
03/24/26	The Lotus – EH-ENF-25-0031	Namu-Pinetree, LLC	FSE – Failure to provide and use accurate thermometer	\$400 due 05/15/26	05/15/26 Penalty due	Payment pending
04/28/26	Bailey Park MHP – ENF-26-006	1395 Danby, LLC	MHP & PWS – failure to adequate water quality, quantity & pressure	No Penalty	05/15/26 Submit engineers report	Report pending
04/28/26	Ithaca Estates MPH – ENF-26-007	Ithaca Estates, LLC	MHP & TCSC – discharge of sewage	\$400 due 06/15/26	06/15/26 Penalty due	Payment pending
04/28/26	Hanshaw Village MHP – ENF-26-010	CNY MHPS, LLC	MHP & TCSC – Violation of BOH Orders; discharge of sewage	\$1,500 due 06/15/26	05/16/26 Submit engineers report	Report pending

[EH Appendix](#)

- Summary of Activity

APPENDIX

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

Focus Topic: Oral Health Proposal: A Portable Hygienist Model

A comprehensive review of state and county-level data, anecdotal evidence from dentists, school nurses, and parents, and consultation with regional partners indicate that Tompkins County faces a measurable pediatric dental access gap—particularly for Medicaid, CHIP, and low-income families.

Complete Oral Health Proposal document follows this page.



Also [available online](#).



Find the complete (full size) [PowerPoint PDF on our website](#).

[Oral Health page on the Whole Health website](#).

Oral Health Proposal

A Portable Hygienist Model

Sagarika Vemprala, William Klepack, MD, Rachel Buckwalter
May 26, 2026

Executive Summary

Oral health is an essential component of overall health and well-being, yet it is often overlooked and undervalued.¹ Oral diseases have long been described as a “neglected epidemic” in the U.S.² Despite the occurrence of significant complications, they receive relatively low priority in healthcare.¹ Disparities in oral health are also prevalent in Tompkins County.³ Access is limited for many due to income, race, geography, and insurance status.³ Collectively, workforce shortages, inadequate Medicaid and CHIP reimbursement to dental professionals, family knowledge gaps, and geographic barriers prevent children ages 1–18 from obtaining timely preventive and restorative dental care. Our comprehensive review of state and county-level data, anecdotal evidence from dentists, school nurses, and parents, and consultation with regional partners indicate that Tompkins County faces a measurable pediatric dental access gap—particularly for Medicaid, CHIP, and low-income families. Based on our extensive review and stakeholder consultations, a mobile dental hygienist model emerges as a practical, scalable, and equity-driven solution to improve preventive care access and reduce disparities.

Oral Health in New York

Oral health in New York reflects significant disparities across populations. According to data from the 2017–2018 National Health and Nutrition Examination Survey (NHANES), 13.2% of children aged 2–11 had untreated caries in their primary teeth.⁴ Like many other diseases, untreated caries varies in prevalence among racial and ethnic groups. Approximately 21% of Asian non-Hispanic children, 18% of Hispanic children, and 13.2% of Black non-Hispanic children experienced untreated caries, compared with 9.7% of White non-Hispanic children.⁴

Disparities are also evident in access to preventive dental care. From 2019–2020, 77.2% of New York children and adolescents aged 1–17 had a dental visit in the past year.⁴ However, rates were lower for younger children, with only 51% of those aged 1–5 receiving preventive care, highlighting a critical oral health gap in early childhood.⁴

Oral Health in Tompkins County: Current Challenges and Trends

The situation in Tompkins County is similar to the trends across New York State, with notable gaps in pediatric dental access. The Tompkins County Oral Health Survey shows that more than half of families (55%) have difficulty finding a local dentist, and 36% cannot locate a pediatric dentist in the county.³ Among children who receive dental care, only 52% are seen within Tompkins County, while 43% travel outside the county for

services.³ Of those who go elsewhere, 78.5% go to dentists in Broome County, most commonly to Dinosaur Dental practice.³

As a result of these barriers, many children do not visit the dentist as frequently as recommended. While 57% of children in the county visited a dentist less than 6 months ago, 18% have not had a dental visit in the past year, and around 11% of children have never visited a dentist.³

Access to care is closely linked to children’s insurance coverage. In Tompkins County, while majority of children have some form of coverage (54% of children are privately insured, 24% are enrolled in Medicaid, 13% in Child Health Plus, and 8% are uninsured), 40% of families have difficulty finding providers who accept their child’s insurance.³

In addition to access barriers, gaps in preventive practices persist. About 38% of children brush once a day or less, and roughly half of them do not floss or use interdental cleaning brushes.³ Knowledge of preventive oral health measures, including the benefits of fluoride, varies. About 80% of residents believe fluoride is beneficial and 20% remain unsure or do not believe it provides any benefit.³ Together, these findings point to ongoing gaps in both prevention and oral health education within the county.

To better understand these gaps and family experiences, ongoing research efforts include a collaboration with Cornell University to conduct semi-structured interviews in March and April 2026 with parents of children aged 1–18 years, with findings expected in May 2026. These efforts aim to provide deeper insight into beliefs, practices, and barriers related to pediatric oral health in Tompkins County, informing and guiding our education and outreach efforts. This work aligns with the New York State Prevention Agenda for 2025–2030, which identifies oral health as a priority area, reinforcing the county’s commitment to improving access and preventive care for children.⁴

Lived Experience: Voices from the Community

School Nurses

Anecdotal experiences from school nurses and parents further illustrate the depth of the problem. During an oral health meeting with ICSD elementary school nurses, a nurse at BJM school said, “Majority of kids in this school do not get preventative dental care. Some children have severe decay including abscesses. For severe decay, the wait list is over 1 year to have sedation and extraction (have to go to Rochester). Many children do not get any education from their parents on how to care for their teeth. Teeth problems can lead to speech issues, problems with chewing, sensory issues with food.” Another nurse from Cayuga Heights School said, “There is a misperception among many families that baby teeth will just rot and fall out so they don’t need to be taken care of.” These anecdotal experiences from school nurses highlight that access to dental care, especially for elementary school children, remains a significant issue.

Note: These observations were gathered during a conversation with ICSD elementary school nurses in December 2025. They reflect individual experiences and are presented as anecdotal evidence. Identifying details have been removed to protect privacy.

Parents

Based on data gathered from mothers in Tompkins County through Facebook groups, respondents shared the following experiences regarding oral health access. One mother said, “Right now, many Ithaca parents drive way out of town to find participating dentists that aren't crooks (both for pediatric and adult dentistry) — who don't overcharge, upsell, and try to get people to do expensive unneeded dental work that can actually harm actual teeth to make money. Other Ithacans end up paying significant amounts out-of-pocket because good local

dentists don't participate in dental plans because its not worth their while.”

Another mother shared, “I take my kid to Dinosaur Dental in Endicott, and I have not been convinced to take them anywhere closer so far. As for me and my fiancé’s dental procedures, it is cheaper to travel to Mexico and get the procedures done than it is to get an appointment here. You can get a local dentist with Medicaid here, but I’ve not been too ready to share their name because I don’t think the procedure they did on me was worth recommending them and there’s not a single maxillofacial surgeon in town that will take Medicaid to save your life. If you break a tooth, you might as well travel internationally to get it taken out or you can wait two years for someone to take it out here.”

Note: These observations are based on anecdotal experiences shared by members of Facebook groups discussing oral health access issues. The posts are informal and not independently verified.

Health and Societal Consequences of Oral Health

Systemic health consequences

The consequences of untreated oral diseases are substantial. Untreated dental caries can lead to chronic pain, dental abscess, tooth loss, weight loss, and stunted growth.⁵ Severe caries has been associated with a 26% increased risk of all-cause mortality and a 48% higher risk of heart disease mortality.⁵ Psychosocial effects of dental caries among children include difficulty eating (55%), sleep disturbances (40%), and avoiding smiling due to appearance (27%).⁶

Gingivitis is another common oral condition that, if left untreated, can progress to bone loss and tooth loss, and in severe cases, develop into acute necrotizing ulcerative gingivitis.⁷ It is also linked to a higher risk of systemic diseases, particularly cardiovascular disease and stroke.⁷

Societal Consequences

Oral health is closely tied to social determinants of health.

1. Children with dental issues are nearly four times more likely to have lower GPAs, higher school absenteeism, and difficulty concentrating due to pain.⁸
2. Individuals with lower educational attainment are more likely to seek care only in emergencies or for treatment rather than for routine dental check-ups or preventive examinations.⁹
3. Higher parental education correlates with better child oral health outcomes because of greater knowledge of preventive care.⁹
4. Poor oral health also affects long-term economic potential. Over one-third of low-income adults nationally report that the condition of their mouth and teeth affects their ability to interview for a job.¹⁰
5. Untreated oral disease contributes to an estimated \$46 billion in lost productivity annually in the United States.¹¹
6. Housing instability compounds oral health risks. Children experiencing homelessness are less likely to receive dental care, often lack access to hygiene supplies, and may experience embarrassment, eating and speaking difficulties, and school absenteeism.¹² Although most qualify for Medicaid, not all receive care.¹²

7. Uniform Data System reports indicate that few Health Care for the Homeless programs provide onsite dental services at shelters, and mobile or portable units often operate limited hours and provide only preventive care and basic restorations.¹³

Workforce and Structural Barriers

Workforce shortages significantly contribute to oral health challenges. In 2025, Tompkins County had 1 dentist for every 1,730 residents, which is fewer than the national average of 1 dentist per 1,340 residents, suggesting limited access to dental care locally.¹⁴ Additionally, estimates from 2019 indicate that nearly four additional full-time dentists who accept Medicaid would be needed to meet community demand.¹⁵ Currently, only two dental providers in the county accept Medicaid managed care: Wilson Dental and Tompkins Dental (which accepts Fidelis).

The New York State Community Health Indicator Reports show that oral health indicators for Medicaid enrollees (aged 2-20 years who had at least one dental visit within the last year) worsened between 2021 and 2023*and are categorized at a moderate level of concern, indicating a significant access gap for Medicaid populations.¹⁶ But Medicaid (and CHIP) populations are not our only concern. Families underinsured with limited ability to pay are equally at risk.

** According to the Community Health Indicator Reports published by the New York State Department of Health, the oral health indicator data are available through 2023, which represents the most recent year reported at the time of analysis.*

In response to identified gaps, Tompkins County Whole Health formed an Oral Health Coalition to review local data and develop strategies. The coalition includes community members, local dentists, public health representatives, school professionals, the Sixth District Dental Society, Finger Lakes Community Health, and representatives from the New York State Department of Health. Local dentists participating in the coalition have reported that Medicaid reimbursement rates are too low to sustain their participation. This fact coupled with paperwork and administrative procedures that are felt to be burdensome leads to limited access to care and long wait times, particularly for young children. A private dentist, who is not enrolled in Medicaid, but provides services to Head Start programs, noted that while many children do receive needed dental care, barriers still exist. For example, Medicaid does not cover medications prescribed by providers who are not enrolled in the program.

Existing Resources in Tompkins County

Current resources in Tompkins County include private practices and school-based programs operated by Finger Lakes Community Health (FLCH). FLCH is a federally qualified health center, which provides services at Groton Central, Newfield Central, Trumansburg Elementary and Middle School, and TST BOCES.¹⁷ Services include dental examinations, cleanings, fluoride treatments, sealant applications, routine X-rays, free dental screenings, and oral hygiene instruction.¹⁷

Conversations with a community dental health coordinator revealed that, in addition to brick-and-mortar sites and a mobile hygienist model, the program operates a mobile van that provides emergency exams and referrals for migrant farm workers.

Mobile Dental Services Model

Dental services in many regions are provided through mobile vans and portable clinics.¹⁸ These programs focus on providing care to residents in isolated and rural communities, reducing the need for patients to travel long distances to access essential dental services.¹⁸ The mobile dental services model improves access to care by providing a wide range of services, including screening, diagnostic, and preventive care.^{18,19} Many programs also offer treatment services such as restorations, extractions, and dentures; however, the availability of these services depends on whether a dentist is part of the care team.^{18,19} Programs staffed solely by dental hygienists typically focus on oral health education and preventive services.¹⁹ Mobile dental vans are typically equipped with fully functional treatment areas, including X-ray units, sterilization systems, and digital equipment for processing claims, updating medical records, and scheduling appointments.¹⁸ By bringing high-quality dental services to patients where they live, these models expand access, improve health outcomes, and help reshape the traditional approach to dental care delivery.¹⁹

A Regional Model: Tioga County Mobile Dental Van

Established in 2003, Tioga County's mobile dental van began offering preventive fluoride and sealant services and subsequently expanded to include cleaning, restorations, and extractions.²⁰ Services are delivered to school-aged children during school hours and to the public before and after school hours. In 2024, Tioga Smiles dental program conducted 1,227 dental examinations, placed 548 sealants, and enrolled 325 new dental clients.²¹ During the 2024–2025 school year, Spencer–Van Etten School District (served by Tioga Smiles) reported 92 participating students (53 elementary, 26 middle, and 13 high school students) in the program.²² In fall 2025, the Whole Health Oral Health team interviewed them and toured the Tioga van to become familiar with this model. The program recoups costs by billing insurances for services when possible. This plus whatever donations/grants they receive make up about half their cost. The rest comes from taxpayer support through the county.

Proposal: Mobile Dental Hygienist Model

Goal: To improve oral health among children aged 1 to 18 years who are not receiving adequate preventive care at home and/or from a dental professional.

After reviewing national and local data, receiving stakeholder input, evaluating regional models, considering workforce limitations, and funding considerations, the Whole Health oral health team concluded that **implementation of a mobile dental hygienist model focused on children ages 1–18 who are not receiving adequate preventive treatment at home or from a dental professional is the model of choice. Its startup costs, operational costs, ability to locate services as close as possible to potential clients, and its scalability all recommended it.** Core services would include examinations, cleanings, fluoride applications, sealants, routine X-rays, oral health education, and referral coordination.

Potential startup funding sources include state prevention grants, HRSA grants, the New York Health Foundation, county public health allocations, and the Park Foundation, while operating revenue could be generated through Medicaid and Child Health Plus billing, sliding-scale payments, and supplemental grants.

In addition to establishing a mobile hygienist program, Whole Health will encourage primary care practices to deliver fluoride varnish applications in their offices. Fluoride varnish is safe, effective in preventing caries, and feasible for offices to include their application in their services.

Conclusion

Given current documented workforce shortages, worsening Medicaid oral health indicators, geographic travel burdens, preventive care gaps, and significant educational and economic consequences of untreated dental disease, investment in a mobile hygienist model represents a practical, feasible, and equity-driven strategy capable of meaningfully improving oral health outcomes for children in Tompkins County.

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Medical Director's Report

Celebrating Nurses

A HISTORICAL PERSPECTIVE AND AN IMPORTANT NEW YORKER

Locally, our villages, towns, and cities were ravaged by poor sanitation, foodborne disease, and poor hygiene. Typhoid, cholera, tuberculosis, and intestinal infections were common, and epidemics killed hundreds. Public health nurses (and physicians) early on recognized the root causes – it was the nurses who went into homes, taught classes, and went into schools.

- Lillian Wald (1867–1940), who coined the term district nurse or public health nurse.
- This became the basis for public prenatal, postnatal, and well-childcare, as well as school health supervision.

[New York History's Most Famous Nurse? – New York Almanack](#)



In about 1889 she began working as a visiting nurse. She began describing herself as a “public health nurse”, giving herself the freedom to focus on health care as a community centric activity rather than a private relationship between a health care professional and an individual patient.

This was in the day when care was chiefly available only to those who could pay individually.

Recognition of the Determinants of Health: To further facilitate her ability to provide public health care in the Lower East Side, Wald founded the [Henry Street Settlement](#). Though its services were primarily focused on health care and health education, it also provided a number of social services for the immigrant population, such as English lessons and vocational training for women. The organization quickly caught the attention of numerous benefactors.

As part of her public health nurse approach to community-based healthcare, her ideas led to the adoption of placing nurses in the public school system, which would eventually be adopted throughout the U.S. She was also an outspoken advocate of labor law reform, which led to her leadership positions.

She died in 1940 and was recognized by the likes of Governor Herbert Lehman and President Franklin D. Roosevelt for her “unselfish labor to promote the happiness and well-being of others.”

The Henry Street Settlement continues to provide services for New Yorkers, as does its offshoot organization, the [Visiting Nurse Service of New York](#). Between these two, more than 110,000 New

Yorkers a year receive healthcare and community services vital to promoting their welfare, and with it the welfare of the entire city.

The 1903 typhoid epidemic in Ithaca prompted a renewed call for more public health nurses

The [American Nurses Association](#) (ANA) has compiled several facts about the history of Nurses Week:

- 1953: The first effort to establish a recognition day for nurses was when Dorothy Parker of the US Department of Health, Education, and Welfare sent a proclamation to then-President Eisenhower. He never signed the proclamation.
- 1954: A National Nurse Week was observed October 11-16 in recognition of the 100th anniversary of Florence Nightingale's work during the Crimean War.
- From the 1950s to the 1970s, several bills were introduced to Congress, but none made it through the legislative process.
- 1974: The International Council of Nurses declared May 12 International Nurses Day. In the US, President Nixon signed a proclamation recognizing National Nurses Week.
- 1982: The ANA declared May 6 as National Nurses Day, which Ronald Reagan signed as an official proclamation
- 1990: The ANA extended the celebration to "Nurses Week," and the dates May 6-12 became permanent as of 1994.

And if you want to read another interesting account ...

- [How Florence Nightingale Used Data Visualization to Save Lives | Office for Science and Society - McGill University](#)

Community Health Services

WIC CASELOAD DATA FFY 2026

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	1255	1236	1238	1223						1252
% Caseload Served	97.65%	96.36%	94.77%	95.08%	93.64%	93.79%	92.65%						94.85%
% Change Per Month	-1.06%	-1.29%	-1.59%	0.30%	-1.44%	0.15%	-1.14%						-0.87%
Enrolled	1340	1355	1338	1328	1312	1299	1303						1325
Participation/ Enrollment	96.19%	93.87%	93.50%	94.50%	94.21%	95.30%	93.86%						94.49%

MOMS PLUS+ CASELOAD DATA CY 2026

MOMS Data 2025	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Caseload	69	74	71	74								
Visits	74	60	67	87								
Admissions	24	21	19	19								
Referrals	45	54	71	40								

ATTACHMENTS

- NYSDOH Communicable Disease Reports.

N.Y.S. Department of Health
 Division of Epidemiology
 Communicable Disease Monthly Report*, DATE: 05MAY26
 Rates are defined as: Cases/100,000 population/Month

County=TOMPKINS Month=April

Disease	2026		2025		2024		2023		Ave (2023-2025)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
ANAPLASMOSIS**	11	124.7	6	68.0	5	56.7	2	22.7	4	45.4
CAMPYLOBACTERIOSIS**	2	22.7	4	45.4	3	34.0	2	22.7	3	34.0
COVID-19	18	204.1	60	680.4	36	408.2	135	1530.8	77	873.1
CRYPTOSPORIDIOSIS**	0	0	0	0.0	0	0.0	1	11.3	0	0.0
DENGUE FEVER**	0	0	0	0.0	2	22.7	0	0.0	1	11.3
ECOLI SHIGA TOXIN**	0	0	0	0.0	0	0.0	3	34.0	1	11.3
GIARDIASIS	0	0	0	0.0	0	0.0	1	11.3	0	0.0
HEPATITIS B,CHRONIC**	1	11.3	2	22.7	5	56.7	0	0.0	2	22.7
HEPATITIS C,ACUTE**	0	0	1	11.3	0	0.0	0	0.0	0	0.0
HEPATITIS C,CHRONIC**	3	34.0	2	22.7	2	22.7	3	34.0	2	22.7
INFLUENZA A, LAB CONFIRMED	7	79.4	94	1065.9	58	657.7	4	45.4	52	589.6
INFLUENZA B, LAB CONFIRMED	63	714.4	110	1247.3	18	204.1	1	11.3	43	487.6
LYME DISEASE** *****	56	635.0	4	45.4	12	136.1	10	113.4	9	102.1
PERTUSSIS**	0	0	1	11.3	1	11.3	0	0.0	1	11.3
RESPIRATORY SYNCYTIAL VIRUS	55	623.7	13	147.4	7	79.4	0	0.0	7	79.4
SALMONELLOSIS**	1	11.3	1	11.3	2	22.7	2	22.7	2	22.7
STREP,GROUP A INVASIVE	0	0	1	11.3	2	22.7	2	22.7	2	22.7
STREP PNEUMONIAE,INVASIVE**	0	0	0	0.0	1	11.3	0	0.0	0	0.0
SYPHILIS TOTAL.....	1	11.3	0	0.0	0	0.0	1	11.3	0	0.0

	2026		2025		2024		2023		Ave (2023-2025)	
Disease	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
- EARLY LATENT**	0	0	0	0.0	0	0.0	1	11.3	0	0.0
- LATE LATENT**	1	11.3	0	0.0	0	0.0	0	0.0	0	0.0
GONORRHEA TOTAL.....	7	79.4	5	56.7	15	170.1	8	90.7	9	102.1
- GONORRHEA	7	79.4	5	56.7	15	170.1	8	90.7	9	102.1
CHLAMYDIA	20	226.8	26	294.8	22	249.5	25	283.5	24	272.1

*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, exptropolated 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: 05MAY26
Through April
Rates are defined as: Cases/100,000 population/Month

County=TOMPKINS

Disease	2026		2025		2024		2023		Ave (2023-2025)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
ANAPLASMOSIS**	15	170.1	244	2766.8	107	1213.3	116	1315.4	156	1768.9
BABESIOSIS**	1	11.3	61	691.7	28	317.5	34	385.5	41	464.9
BLASTOMYCOSIS	0	0	0	0.0	0	0.0	1	11.3	0	0.0
CAMPYLOBACTERIOSIS**	13	147.4	37	419.6	39	442.2	26	294.8	34	385.5
CHIKUNGUNYA**	0	0	0	0.0	0	0.0	1	11.3	0	0.0
COVID-19	349	3957.4	764	8663.2	1565	17746	2748	31160	1692	19186
CRYPTOSPORIDIOSIS**	4	45.4	6	68.0	8	90.7	7	79.4	7	79.4
CYCLOSPORA	0	0	1	11.3	4	45.4	0	0.0	2	22.7
DENGUE FEVER**	0	0	0	0.0	6	68.0	0	0.0	2	22.7
ECOLI SHIGA TOXIN**	2	22.7	5	56.7	2	22.7	4	45.4	4	45.4
EHRlichiosis (EWINGII)**	0	0	0	0.0	0	0.0	1	11.3	0	0.0
GIARDIASIS	2	22.7	13	147.4	16	181.4	14	158.7	14	158.7
HAEMOPHILUS INFLUENZAE, NOT TYPE B	0	0	0	0.0	4	45.4	1	11.3	2	22.7
HEPATITIS B,ACUTE	0	0	0	0.0	0	0.0	1	11.3	0	0.0
HEPATITIS B,CHRONIC**	4	45.4	14	158.7	19	215.4	10	113.4	14	158.7
HEPATITIS C,ACUTE**	0	0	4	45.4	3	34.0	5	56.7	4	45.4
HEPATITIS C,CHRONIC**	5	56.7	8	90.7	17	192.8	22	249.5	16	181.4
HERPES INF, INFANT =< 60 DAYS	0	0	0	0.0	0	0.0	1	11.3	0	0.0
INFLUENZA A, LAB CONFIRMED	574	6508.7	1539	17451	1130	12813	251	2846.2	973	11033
INFLUENZA B, LAB CONFIRMED	439	4977.9	296	3356.4	125	1417.4	30	340.2	150	1700.9
INFLUENZA UNSPECIFIED, LAB CONFIRMED	0	0	1	11.3	0	0.0	0	0.0	0	0.0
LEGIONELLOSIS	0	0	2	22.7	2	22.7	15	170.1	6	68.0

Disease	2026		2025		2024		2023		Ave (2023-2025)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
LYME DISEASE** ****	170	1927.7	205	2324.5	375	4252.2	415	4705.8	332	3764.6
MALARIA	0	0	0	0.0	1	11.3	2	22.7	1	11.3
MENINGITIS, ASEPTIC	0	0	0	0.0	1	11.3	0	0.0	0	0.0
PERTUSSIS**	0	0	5	56.7	16	181.4	0	0.0	7	79.4
Q FEVER**	0	0	0	0.0	1	11.3	0	0.0	0	0.0
RESPIRATORY SYNCYTIAL VIRUS	239	2710.1	199	2256.5	230	2608.0	64	725.7	164	1859.6
SALMONELLOSIS**	1	11.3	16	181.4	22	249.5	12	136.1	17	192.8
S.PARATYPHI	0	0	0	0.0	1	11.3	0	0.0	0	0.0
SHIGELLOSIS**	2	22.7	5	56.7	3	34.0	1	11.3	3	34.0
STREP,GROUP A INVASIVE	4	45.4	4	45.4	10	113.4	11	124.7	8	90.7
STREP,GROUP B INVASIVE	1	11.3	12	136.1	3	34.0	1	11.3	5	56.7
STREP PNEUMONIAE,INVASIVE**	1	11.3	0	0.0	6	68.0	3	34.0	3	34.0
TOXIC SHOCK SYNDROME,STREPTOCOCCAL**	0	0	0	0.0	0	0.0	1	11.3	0	0.0
TUBERCULOSIS***	0	0	4	45.4	0	0.0	1	11.3	2	22.7
TYPHOID FEVER	0	0	0	0.0	0	0.0	1	11.3	0	0.0
VARICELLA	0	0	4	45.4	1	11.3	0	0.0	2	22.7
VIBRIO - NON 01 CHOLERA**	0	0	1	11.3	0	0.0	3	34.0	1	11.3
WESTNILE VIRUS**	0	0	0	0.0	1	11.3	0	0.0	0	0.0
YERSINIOSIS**	2	22.7	2	22.7	5	56.7	1	11.3	3	34.0
SYPHILIS TOTAL.....	4	45.4	8	90.7	18	204.1	12	136.1	13	147.4
- EARLY LATENT**	1	11.3	4	45.4	9	102.1	6	68.0	6	68.0
- LATE LATENT**	3	34.0	4	45.4	9	102.1	6	68.0	6	68.0
GONORRHEA TOTAL.....	27	306.2	74	839.1	107	1213.3	120	1360.7	100	1133.9
- GONORRHEA	27	306.2	74	839.1	107	1213.3	120	1360.7	100	1133.9
CHLAMYDIA	69	782.4	256	2902.9	277	3141.0	328	3719.3	287	3254.4
CHLAMYDIA PID	0	0	2	22.7	0	0.0	0	0.0	1	11.3

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

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

***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 2022-2026.

911 Calls coded Overdose/ Poisoning X Year

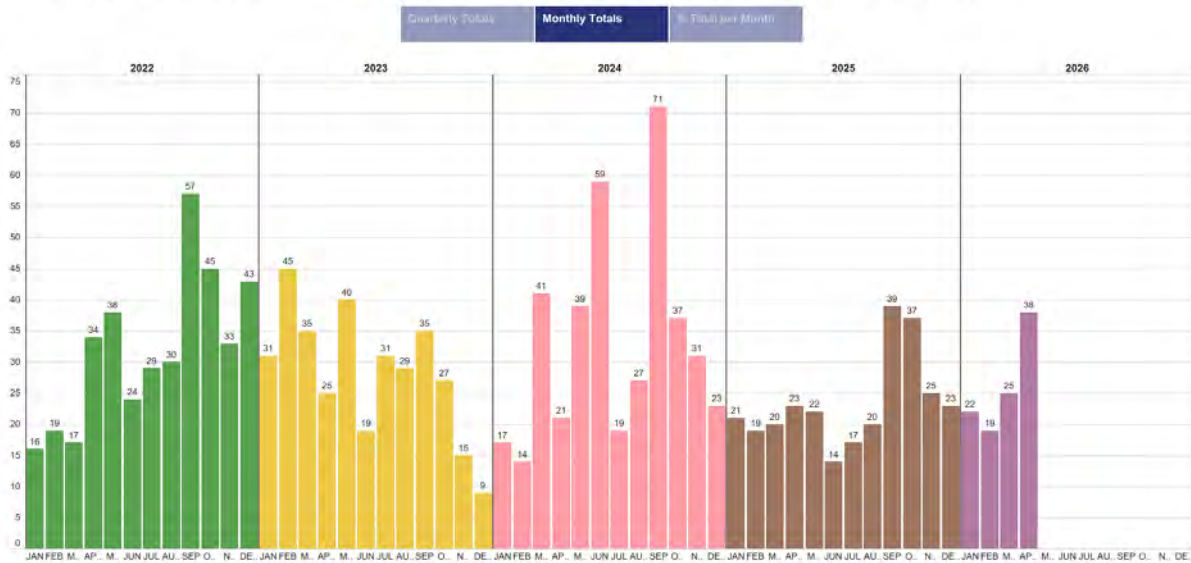
Tompkins County, Total number of calls that are coded as "Overdose/Poisoning." Source: Tompkins County Department of Emergency Response (DoER). Note: Most recent quarter may be a total of 1, 2, or 3 months.



Note: Q2 2026 includes only 1 month of the quarter.

911 Calls coded 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	April 2026	YTD 2026	April 2025	TOTAL 2025
HiP Tompkins	37	39	30	43
General CHW Program	38	38	37	36

OUTREACH

- Loaves and Fishes – 4/13, 4/20
- Open House with Senator Lea Webb – 4/14
- Magnolia – 4/20
- Asteri – 4/27
- Groton Resource Hub 4/28

TRAININGS

- Motivational Interviewing Skills Lab – 4/1
- PICHC Supervisory Skills Meeting 4/13
- PICHC Provider State Summit – 4/14, 4/15
- CYSHCN Regional Meeting – 4/16
- Public Health Perseverance: Learning from Past Challenges to Inform the Future – 4/21
- Debriefing after a Traumatic Perinatal Event: A Practice for Improved Patient and Provider Outcomes – 4/23
- THRIVE Learning Community: Session 2 – 4/30

HNP

MONTHLY STATS

HEALTHY NEIGHBORHOODS PROGRAM	April 2026	YTD 2026	April 2025	TOTAL Jan-Dec 2025
# of Initial Home Visits (including asthma visits)	19	75	30	393
# of Revisits	0	4	1	13
# of Asthma Homes (initial)	5	19	5	106
# of Homes Approached	0	1	3	8

OUTREACH & TRAINING

- Homeless & Housing Task Force
- CNY Coalition for Indoor Air Quality Board Meeting
- Outreach at TCWH Open House with Senator Lea Webb’s team
- Safety & Security Advisory Board Meeting
- Interview with Cornell Sun Regarding Radon
- Trauma Informed Care Committee Meeting

COVID-19

- Respiratory Illness Season reporting will be coming to a close in May 2026, resumes October 2026.

Media

SOCIAL MEDIA

- Child Abuse Prevention Month
- Autism Awareness Day (4/2/26); promotion of CSCN services
- National Public Health Week (4/6 - 4/12); theme “Ready, Set, Action!”
- Black Maternal Health Week (4/11 - 4/17); promotion of WIC, HiP Tompkins, Moms PLUS+
- National Infant Immunization Awareness Week (4/20 - 4/27); promotion of VFC program
- Event Promotion: 0-3 Jubilee; YMCA Healthy Kids Day; Community Open House with Senator Webb; Community Baby Shower; FoodNet Mac n’ Cheese Bowl; Better Together for Mental Health

PRESS RELEASES

- [Health Alert: TCWH EH Seeks Information About a Dog Bite on Cherry St \(Ithaca\)](#) (4/1/26)
- [Health Alert: TCWH EH Seeks Information About a Dog Bite on West Seneca St. \(Ithaca\)](#) (4/13/26)
- [Join TCWH in Recognition of Black Maternal Health Week \(April 11-17\)](#) (4/13/26)
- [TCWH Announces Opportunity to Serve on Board of Health](#) (4/16/26)
- [Tompkins County BOH Issues Penalty to Asteri Ithaca LLC; Violation of Health Orders](#) (4/20/26)
- [Whole Health Buildings Closed to the Public: Wednesday, April 29, 2026](#) (4/27/26)
- [Health Alert: TCWH EH Seeks Information About a Dog Bite on Monkey Run Trail \(Freese Road, Varna\)](#) (4/30/26)

Outreach & Training

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

OUTREACH

- 0-3 Jubilee with Lansing Loves to Read, at Lansing Town Hall (4/11/26)
- Community Open House with Senator Webb’s office, at TCWH Brown Rd office (4/14/26)
- YMCA’s Healthy Kids Day, at YMCA (4/18/26)

TRAINING

- Completed 4-part virtual seminar series led by Dr. Amelia Greiner Safi of Cornell University's Department of Public & Ecosystem Health: Strategic Approaches for Communication, Engagement, and Trust Building

- Attended NYSPHA Partnership Conference in Lake Placid: Climate Communications Through the Arts: Sparking Community Engagement pre-conference workshop, and several community engagement breakout sessions.
- HPP Team participated in a workshop with Sue Mann on the Inward/Outward Mindset framework developed by the Arbinger Institute during our April Development Day.

Committee and Partnership Meetings

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

Children with Special Care Needs (CSCN)

STATISTICAL HIGHLIGHTS

- *See following pages.*

**Children with Special Care Needs Division
Statistical Highlights 2026
EARLY INTERVENTION PROGRAM**

Number of Program Referrals	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2026 Totals	2025 Totals	2024 Totals
Initial Concern/reason for referral:															
-- DSS Founded Case	0	0	0	1									1	0	1
-- Gestational Age	0	0	1	1									2	3	4
-- Gestational Age/Gross Motor	0	0	0	0									0	1	1
-- Global Delays	0	0	0	0									0	2	1
-- Hearing	0	0	0	0									0	1	4
-- Physical	0	0	3	0									3	0	0
-- Feeding	0	0	0	2									2	6	10
-- Feeding & Gross Motor	1	0	1	0									2	10	5
-- Feeding & Social Emotional	0	0	0	0									0	1	0
-- Gross Motor	5	5	5	5									20	41	32
--Gross Motor & Hearing	0	0	0	0									0	1	
--Gross Motor, Feeding & Social/Emotional	1	0	1	0									2	1	
-- Gross Motor & Fine Motor	1	0	1	0									2	5	1
-- Gross Motor, Speech & Social Emotional	1	0	0	0									1	3	5
Gross Motor, Speech& Hearing	0	0	0	0									0	0	4
Gross Motor, Speech& Feeding	0	0	1	0											
--Fine Motor & Feeding	0	0	0	0									0	1	
-- Fine Motor	0	0	0	0									0	0	1
-- Social Emotional	0	0	0	1									1	0	3
-- Social Emotional & Gross Motor	1	1	0	0									2	2	0
-- Speech	9	9	8	8									34	115	102
-- Speech & Cognitive	1	0	0	0									1	0	1
-- Speech & Feeding	0	0	0	2									2	3	3
-- Speech & Fine Motor	0	0	0	0									0	2	1
-- Speech & Gross Motor	0	0	1	2									3	3	6
-- Speech & Hearing	0	0	0	0									0	3	3
-- Speech & Sensory	1	0	0	0									1	4	2
-- Speech & Social Emotional	0	0	1	1									2	3	6
-- Speech, Feeding & Gross Motor	0	0	1	0									1	1	0
-- Speech, Fine Motor, Social/Emotional, Other	0	1	1	1									3	6	3
-- Adaptive	0	0	0	0									0	0	0
-- Adaptive/Sensory	0	1	0	0									1	0	0
-- Adapative/Fine Motor	0	0	0	0									0	0	0
-- Qualifying Congenital / Medical Diagnosis	0	1	2	0									3	2	0
-- Other -- Birth Trauma	0	0	0	0									0	0	3
-- Overall Development	0	0	0	0									0	2	4
-- Sensory, Safety, Motor	0	0	0	0									0	1	1
-- Child in Foster Care	0	0	0	0									0	0	2
-- Maternal Drug Use	0	0	0	1									1	4	1

EARLY INTERVENTION PROGRAM

Early Intervention Discharges	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2026 Totals	2025 Totals	2024 Totals
-- To CPSE	5	0	1	0									6	69	59
-- Aged out	0	1	0	3									4	14	14
-- Skilled out	0	1	2	3									6	14	22
-- Moved	0	1	0	0									1	13	9
-- Not Eligible/DNQ	9	3	5	1									18	68	62
-- Family Refused/Unable to Locate	4	3	2	4									13	40	26
--Child Deceased	0	0	0	0									0	0	0
Total Number of Discharges	18	9	10	11	0	0	0	0	0	0	0	0	48	218	192
Child Find															
Total # of Referrals	0	0	1	0									1	2	4
Total # of Children in Child Find	0	0	1	1									2	7	6
Total # Transferred to Early Intervention	0	0	0	0									0	0	3
Total # of Discharges	0	0	0	0									0	3	5

PRESCHOOL SPECIAL EDUCATION PROGRAM

Clients Qualified and Receiving Services	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2026 Totals	2025 Totals	2024 Totals
Children per School District															
-- Ithaca	125	133	136	146											
-- Dryden	36	37	41	43											
-- Newfield	21	23	24	24											
-- Groton	33	32	35	36											
-- Moravia	0	0	0	0											
-- Lansing	23	24	31	31											
-- Trumansburg	11	11	13	14											
-- Cortland	0	0	0	0											
-- Homer	0	0	0	0											
-- Odessa-Montour	0	0	0	0											
-- Spencer VanEtten	0	0	0	0											
-- Candor	0	0	0	0											
-- Newark Valley	0	0	0	0											
Total # of Qualified and Receiving Services	249	260	280	294	0	0	0	0	0	0	0	0			

Services Provided	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2026	2025	2024
Services /Authorized by Discipline															
-- Speech Therapy (individual)	139	141	160	165									605	1640	
-- Speech Therapy (group)	12	12	20	22									66	119	
-- Occupational Therapy (individual)	69	70	74	81									294	760	
-- Occupational Therapy (group)	3	3	3	3									12	4	
-- Physical Therapy (individual)	41	40	45	48									174	384	
-- Physical Therapy (group)	0	1	2	2									5	14	
-- Transportation	65	66	66	67									264	807	
-- Birnie Bus	13	14	14	13									54	224	
-- Dryden Central School District	7	7	7	7									28	74	
-- Ithaca City School District	36	36	36	37									145	432	
-- Parent	9	9	9	10									37	77	
-- Counseling	28	27	31	33									119	275	
-- Parent Counseling	13	11	12	13									49	174	
-- Service Coordination	20	20	20	21									81	212	
-- Assistive Technology	0	0	0	0									0	0	
-- Special Ed Itinerate Teacher (SEIT)	37	43	44	46									170	431	
-- 1:1 Tuition Aide (CB)	10	10	11	12									43	99	
-- Audiological Services	2	2	2	2									8	20	
-- Nutrition (OTHER)	0	0	0	0									0	0	
-- Teacher of the Deaf	0	2	2	2									6	19	
-- 1:1 Aide	2	3	4	4									13	39	
-- 1:1 Teacher Assistant	0	0	0	0									0	0	
-- Music Therapy	0	0	0	0									0	0	
-- Skilled Nursing	1	1	1	1									4	3	
-- Teacher of Visually Impaired	0	0	0	0									0	0	
Total # of children rcvng. home based related svcs.	180	189	208	221	0	0	0	0	0	0	0	0	798		

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	2026		
-- Ithaca	39	39	39	40											
-- Dryden	11	11	11	11											
-- Newfield	8	9	10	10											
-- Lansing	4	5	5	5											
-- Moravia	0	0	0	0											
--Groton	6	6	6	6											
-- Cortland	0	0	0	0											
--Newark Valley	0	0	0	0											
-- Trumansburg	1	1	1	1											
-- Homer	0	0	0	0											
-- Odessa Montour	0	0	0	0											
-- Spencer -Van Etten	0	0	0	0											
--Candor															

-- # attending Franziska Racker Centers	32	33	33	33											
-- # attending Ithaca City School District	29	29	29	30											
-- # attending Dryden Central School	7	7	7	7											
-- # attending Newfield Central School District	1	2	3	3											
Total # attending Special Ed Integrated Tuition Progr.	69	71	72	73	0	0	0	0	0	0	0	0	0	285	

Municipal Representation Committee on Preschool Special Education	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2026 Totals	2025 Totals	2024 Totals
-- Ithaca	6	1	3	3									13	200	243
-- Candor	0	0	0	0									0	1	3
-- Dryden	0	1	0	1									2	35	57
-- Groton	1	2	0	3									6	40	44
-- Homer	0	0	0	0									0	0	0
-- Lansing	0	3	0	0									3	20	30
-- Newfield	0	1	1	0									2	14	26
-- Trumansburg	0	1	0	0									1	14	16
-- Spencer VanEtten	0	0	0	0									0	0	1
-- Moravia	0	0	0	0									0	0	0
Total CPSE Meetings Attended	7	9	4	7	0	0	0	0	0	0	0	0	27	324	420

Environmental Health

Division of Environmental Health														
Summary of Activity (2026)														
	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD	2025 Totals
FOOD PROTECTION PROGRAM - Restaurants & Other Food Service														
Permitted Operations (550 Permitted Operations*)														
Inspections**	57	81	74	57									269	897
Critical Violations	17	17	24	9									67	166
Other Violations	43	55	39	17									154	404
Plans Approved	2	0	1	0									3	12
Complaints Received	5	2	5	0									12	51
Temporary FSE (140 Estimated Operations*)														
Permits Issued	0	0	5	6									11	141
Inspections**	0	0	2	0									2	76
Critical Violations	0	4	0	0									4	10
Other Violations	0	1	0	0									1	8
MOBILE HOME PARKS (39 Permitted Operations, 2019 Lots*)														
Inspections**	0	0	0	7									7	30
Critical Violations	0	0	0	0									0	11
Other Violations	0	0	0	5									5	100
Complaints Received	0	7	1	1									9	12
TEMPORARY RESIDENCES - Hotels & Motels (34 Permitted Operations, 2411 Rooms*)														
Inspections**	0	1	1	0									2	49
Critical Violations	0	0	1	3									4	35
Other Violations	0	0	1	4									5	35
Complaints Received	0	0	0	0									0	4
MASS GATHERING (Fingerlakes GrassRoots Festival)														
Inspections**	0	0	0	0									0	5
Critical Violations	0	0	0	0									0	1
Other Violations	0	0	0	0									0	34
Complaints Received	0	0	0	0									0	0
MIGRANT FARM WORKER HOUSING (2 Operation)														
Inspections**	1	0	0	0									1	2
Critical Violations	0	0	0	0									0	0
Other Violations	0	0	0	0									0	0
Complaint Investigations	0	0	0	0									0	0
CAMPGROUNDS & AGRICULTURAL FAIRGROUNDS (10 Operations, 645 Sites*)														
Inspections**	0	0	0	4									4	23
Critical Violations	0	0	0	0									0	6
Other Violations	0	0	0	0									0	12
Complaints Received	0	0	0	0									0	0
CHILDREN'S CAMPS (27 Operations)														
Inspections**	0	0	0	0									0	48
Critical Violations	0	0	0	0									0	2
Other Violations	0	0	0	0									0	2
Injury/Illness Investigations	0	0	0	0									0	0
Complaints Received	0	0	0	0									0	0
SWIMMING POOLS & BATHING BEACHES - (51 Operations*)														
Inspections**	2	7	7	2									18	85
Critical Violations	1	1	0	0									2	10
Other Violations	5	6	2	0									13	36
Injury/Illness Investigations	0	0	0	0									0	0
Complaints Received	0	0	0	0									0	1
PUBLIC WATER SYSTEMS (PWS) 88 Community PWS, 62 Other PWS*)														
Inspections**	5	4	20	9									38	133
Boil Water Orders Issued	3	1	2	2									8	27
Complaints Received	0	0	0	0									0	4

Division of Environmental Health														
Summary of Activity (2026)														
	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD	2025 Totals
ON-SITE WASTEWATER TREATMENT SYSTEMS (OWTS)														
Permits Issued	3	2	10	22	0	0	0	0	0	0	0	0	37	223
New Construction/Conversions	2	1	5	15									23	114
Replacements	1	1	5	7									14	109
Completion Certificates Issued	6	7	9	6	0	0	0	0	0	0	0	0	28	171
New Construction/Conversions	2	3	7	2									14	74
Replacements	4	4	2	4									14	97
ENGINEERING PLAN REVIEWS														
Really Subdivisions	0	0	0	0									0	1
OWTS	1	3	3	3									10	30
Collector Sewer	0	0	0	1									1	1
Public Water Systems	0	0	0	0									0	3
Water Main Extension	0	0	0	1									1	4
Cross-Connection Control Devices	0	2	1	0									3	9
Other Water System Modification	0	1	2	0									3	3
Other Engineering Reviews	0	0	0	0									0	3
RABIES CONTROL PROGRAM														
Potential Human Exposure Investigations	36	37	34	41									148	642
Human Post-X Treatments	13	12	9	8									42	184
Animal Specimens Tested	10	8	6	2									26	151
Animals Testing Positive	0	0	0	0									0	15
Pet Quarantine	0	0	1	0									1	0
Rabies Clinics Offered	1	1	0	0									2	4
Dogs Vaccinated	73	50	0	0									123	301
Cats Vaccinated	75	29	0	0									104	242
Ferrets Vaccinated	0	0	0	0									0	0
CHILDHOOD LEAD PROGRAM														
# of Active Cases	20	20	22	24									24	20
# of Home Assessments Performed	0	0	2	1									3	8
# of Homes Identified w/ Lead-based Paint	0	0	1	0									1	6
# of Cases Identified w/ Non Lead-based Paint	0	0	1	1									2	2
# of Cases Identified due to Workplace Exposure	0	0	0	0									0	0
# of Notice of Demands Issued	0	0	1	0									1	5
FOIL REQUESTS														
Total Received	6	9	3	9									27	90
ADOLESCENT TOBACCO USE PREVENTION ACT (ATUPA) (56 Operations *) & CLEAN INDOOR AIR ACT (CIAA)														
ATUPA (Adult & Minor) Compliance Checks	3	31	8	32									74	144
Total Violations	11	5	6	2									24	4
CIAA Complaints	0	1	0	0									1	4
COMPLAINTS - General/Nuisance														
Complaint Investigations Opened	1	5	1	0									7	36
ENFORCEMENT ACTIONS														
Total Cases	8	3	6	4									21	23
Cases Related to FSE	3	2	5	0									10	9
BOH Penalties Assessed	\$5,100	\$600	\$1,900	\$41,900									\$49,500	\$28,150
BOH Penalties Collected	\$0	\$1,300	\$600	\$1,200									\$3,100	\$29,750
CUSTOMER SERVICE/SUPPORT														
Calls Received	337	339	500	502									1678	6707
Walk-In Customers	23	63	39	35									160	716
TCEH Emails Received	360	296	218	302									1176	5146
Applications Processed	28	87	152	210									477	1685
Payment Receipts Processed	16	65	151	136									368	1306
Renewals/Billings/Info Requests Sent	151	28	184	183									546	1206

* As of 1/1/2025

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