

**AGENDA  
Tompkins County Board of Health  
Rice Conference Room  
Tuesday, August 28, 2018  
12:00 Noon**

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

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

**12:04** III. Approval of June 26, 2018 Minutes (2 mins.)

**12:06** IV. Financial Summary (9 mins.)

**12:15** V. Reports (15 mins.)

Administration	Children with Special Care Needs
Health Promotion Program	County Attorney's Report
Medical Director's Report	Environmental Health
Division for Community Health	CSB Report

**12:30** VI. New Business

**12:30** ***Environmental Health*** (30 mins.)

**Enforcement Action:**

1. Resolution # EH-ENF-18-0021 – Jimmy John's Gourmet Sandwiches, C-Ithaca, Violation of Subpart 14-1 of the New York State Sanitary Code (Food) (5 mins.)
2. Resolution # EH-ENF-18-0022 – Ko Ko Restaurant, C-Ithaca, Violations of BOH Orders #EH-ENF-18-0012 and Subpart 14-1 of the New York State Sanitary Code (Food) (5 mins.)
3. Resolution # EH-ENF-18-0023 – Nicharee Traditional Thai, C-Ithaca, Violation of Subpart 14-1 of the New York State Sanitary Code (Food) (5 mins.)
4. Resolution # EH-ENF-18-0024 – 7-Eleven Store #35255H, C-Ithaca, Violation of BOH Orders # EH-ENF-17-0002 and Violation of Adolescent Tobacco Use Prevention Act (ATUPA) (10 mins.)
5. Resolution # EH-ENF-15-0007, Revision #6 – Village of Dryden Public Water System, V-Dryden, Time Table of Compliance Extension Request (Water) (5 mins.)

**AGENDA**  
**Tompkins County Board of Health**  
**Tuesday, August 28, 2018**

**1:00**     ***Division for Community Health (30 mins.)***

**Discussion/Approval:**

1. *Human Trafficking Policy & Procedure (5 mins.)*
2. *Informed Consent Policy & Procedure (5 mins.)*
3. *Surprise Bill Policy & Procedure (5 mins.)*
4. *Referral for Services Not Available Policy & Procedure (5 mins.)*
5. *Clinic Infection Control Policy & Procedure (5 mins.)*
6. *Credentialing for Licensed Health Care Providers Policy & Procedure (5 mins.)*

**1:30**     ***Administration (20 mins.)***

**Discussion/Action:**

1. Approval to reappoint William Klepack, MD, to a two-year position (2018-2020) as Tompkins County Health Department Medical Director (5 mins.)

**Discussion:**

1. Tompkins County Legislature's Proposed Resolution in Support of Marijuana Legalization in New York State (15 mins.)

**1:50**     ***Adjournment***

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**MINUTES**  
**Tompkins County Board of Health**  
**June 26, 2018**  
**12:00 Noon**  
**Rice Conference Room**

**Present:** Shawna Black; David Evelyn, MD, MPH; Edward Koppel, MD; James Macmillan, MD, President; and Janet Morgan, PhD

**Staff:** Karen Bishop, Director of Community Health; Liz Cameron, Director of Environmental Health; Brenda Grinnell Crosby, Public Health Administrator; Samantha Hillson, Director of Health Promotion Program; William Klepack, MD, Medical Director; Frank Kruppa, Public Health Director; Deb Thomas, Director of Children with Special Care Needs; Jonathan Wood, County Attorney; and Shelley Comisi, Administrative Assistant II

**Excused:** Michael McLaughlin, Jr., Board of Health Member; Susan Merkel, Board of Health Member; and Christina Moylan, PhD, Board of Health Member

**Guests:** Temi Adeoye, Public Health Preparedness Intern; Frank Amato, Owner/Partner of Sicilian Delight Pizzeria; Kristee Morgan, Senior Public Health Sanitarian; and Ted Schiele, Planner/Evaluator, Health Promotion Program

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

**Privilege of the Floor:** Frank Amato introduced himself as a partner/owner in Sicilian Delight Pizzeria. When he became a partner, he was unaware of the temperature problems with the cooling unit. Unfortunately, the previous manager had not fixed the problem with the unit. Once Mr. Amato learned about the situation, he replaced the unit the same day. It has been running smoothly since that time. Business is challenging with fewer stores and lack of customers at the mall. If possible, he would like this action dismissed. He concluded by saying he appreciated the Board's time.

Mr. Amato responded to questions from Board members:

- The violations that led to the BOH Orders occurred before he became a partner on March 16th.
- Improvements to prevent problems in the future include signing a deal with SureTemp for a timely response to refrigeration issues, maintaining pizza charts and temperature logs and discarding pizza at the appropriate times.

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**Approval of May 22, 2018 Minutes:** Dr. Evelyn moved to approve the minutes of the May 22, 2018 meeting as written; seconded by Ms. Black; and carried unanimously.

**Financial Summary:** Ms. Grinnell Crosby mentioned the last summary report for 2017 is in the packet. She did not have anything to add to the May report. Currently, County Administration is busy with the 2019 budget process.

Dr. Macmillan noticed the revenues for Community Health Services were 89% in 2017. According to Ms. Bishop, a delay in home care visit reimbursements through Visiting Nurse Service of Ithaca and Tompkins County (VNS) affected the numbers. Ms. Grinnell Crosby added the contract with VNS is for reimbursement of our Medicaid Obstetrical and Maternal Services (MOMS) home visits.

**Administration Report:** Mr. Kruppa had nothing to add to his written report but he welcomed questions. Dr. Koppel was interested in hearing about the Wadsworth Laboratory/Regeneron partnership mentioned in the report. Mr. Kruppa noted there has been significant pressure on the New York State Department of Health (NYSDOH) to improve the ways Lyme disease is addressed. At the direction of the Governor, the tick task force was created. It is comprised of 21 members from academia, laboratories and the private sector. Ten million dollars will be invested into the agreement with Regeneron to improve diagnostic tests for Lyme disease.

**Health Promotion Program Report:** Ms. Hillson reported:

- A special thanks to Tompkins County Health Department (TCHD) staff for contributing articles and information to the 2017 Annual Report. The report is available online at:  
[http://www.tompkinscountyny.gov/files2/health/pnc/annual/AnnualReport\\_TCHD2017.pdf](http://www.tompkinscountyny.gov/files2/health/pnc/annual/AnnualReport_TCHD2017.pdf)
- In May, the Diabetes Prevention Program (DPP) started with five enthusiastic participants. It is a yearlong program with 16 weekly meetings followed by six monthly meetings. Susan Dunlop, our Community Health Nurse who teaches the program, has numbers showing about 80% of the participants lose and maintain their weight loss throughout the year.
- The Harmonicas for Health program is in the planning stages for the fall session. Several people are on the wait list.

**Medical Director's Report:** Dr. Klepack updated Board members about a State Senate bill opposed to supervised injection facilities. The bill is online but it does not provide much information other than the text and a brief rationale for the bill. It might be worthwhile pursuing more information with the bill's sponsor.

**Division for Community Health Report:** Ms. Bishop reported the incidence of syphilis and gonorrhea cases has gone up in Tompkins County and throughout central New York. The Peace of Mind Community Partnership will be meeting July 20th to come up with an outreach plan to address the situation.

Questions/comments from Board members:

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- Dr. Koppel inquired about the procedure for following up with contact partners in STI cases. Ms. Bishop explained contact investigation is through the STI investigator in the regional office of the NYSDOH. TCHD's role is surveillance.
- Dr. Macmillan expressed his ongoing concern about the importance of taking cultures and uncovering drug resistance. He pointed out there are strains of gonorrhea resistant to drugs.

**Children with Special Care Needs Report:** Ms. Thomas reported there was a Medicaid preschool audit last month. She and another staff member carefully reviewed all 100 claims. The results from the audit have not been received yet.

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

**Environmental Health Report:** Ms. Cameron shared the happy announcement from staff member Becky Sims who welcomed a baby girl into her family.

**Report on the Community Services Board (CSB) Meeting:** The BOH did not have a representative at the CSB meeting so there was no report. Dr. Macmillan volunteered to attend the July 2nd meeting.

**Resolution #EH-ENF-18-0014 – Hope's Events and Catering, V-Cayuga Heights, Violations of BOH Orders #EH-ENF-17-0012 and Subpart 14-1 of the New York State Sanitary Code (Food):** Ms. Cameron noted the owner was operating without a permit because she did not submit the permit application on time. There was a subsequent temperature violation which was added to the resolution. Ms. Rich has made payments for the permit and the penalties. A permit has been issued for the remainder of the permit year.

During a brief discussion about the payment plan worked out with the owner, Ms. Cameron indicated these arrangements are made on a case by case basis. A payment plan is a better option than closing the business or referring the party to a collection agency.

Dr. Koppel moved to accept the resolution as written; seconded by Ms. Black; and carried unanimously.

**Resolution #EH-ENF-18-0016 – Corelife Eatery, C-Ithaca, Violation of Subpart 14-1 of the New York State Sanitary Code (Food):** Ms. Cameron reported the restaurant had violations for not maintaining food at the proper temperatures.

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

**Resolution #EH-ENF-18-0017 – Sicilian Delight Pizzeria, V-Lansing, Violations of BOH Orders #EH-ENF-18-0007 and Subpart 14-1 of the New York State Sanitary Code (Food):** Mr. Amato, representing Sicilian Delight Pizzeria, appeared before the BOH earlier in the meeting. Ms. Cameron explained the violations observed in January 2018 resulted in BOH Orders in March. Mr. Amato received the BOH Orders eleven days after he took ownership. Until recently, the restaurant had a good history.

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Dr. Morgan moved to accept the resolution as written; seconded by Dr. Koppel. The vote: Aye – 4; No – 1 (Ms. Black). The motion carried.

**Resolution #EH-ENF-18-0018 – Tamarind, C-Ithaca, Violations of BOH Orders #EH-ENF-18-0002 and Subpart 14-1 of the New York State Sanitary Code (Food):**

Ms. Cameron summarized the situation with Tamarind. There were violations for food being out of temperature. In addition, only one certificate for ServSafe training was submitted and the penalty was partially paid. There have been multiple conversations with the owner to work out the payments and clear up any confusion about procedures for cooling food. Although the owner does speak and understand English, there seems to be some language issues. Her food service staff speak English and Thai so they are able to communicate with TCHD staff during inspections. The owner originally planned to attend the BOH meeting, however, her plan changed. She called this morning to request a reduction in the penalty because the violations were not intentional. She is willing to do whatever the BOH decides.

Several Board members suggested providing a translator for interactions with the owner. Ms. Cameron assured them the offer was extended to the owner but she has not accepted. Since she is not at the restaurant, the main concern is whether the food service staff who are on-site comprehend the food handling requirements. The owner does understand the violation but it is unclear she understands the reasoning behind it.

Dr. Koppel moved to accept the resolution as written; seconded by Dr. Macmillan; and carried unanimously.

**Resolution #EH-ENF-18-0019 – Country Inn & Suites, T-Ithaca, Violations of BOH Orders #EH-ENF-17-0046 and Subpart 14-1 of the New York State Sanitary Code (Food):** Ms. Cameron noted the violations occurred in the hotel's food service operation. Their current food service permit will be revoked if they have another violation during the year.

Ms. Black moved to accept the resolution as written; seconded by Dr. Macmillan; and carried unanimously.

**Resolution #EH-ENF-18-0020 – Lao Village, C-Ithaca, Violations of BOH Orders #EH-ENF-17-0032 and Subpart 14-2 of the New York State Sanitary Code (Food):**

Ms. Cameron explained Lao Village's food out of temperature violation occurred at the Ithaca Festival. The food service staff was keeping a temperature log that showed there was an hour between testing and the inspection when the tofu was found to be out of temperature. It is not clear whether they did not test the tofu or whether the tofu cooled quickly within that hour. The penalty is \$1,000 because there is a violation of BOH Orders in addition to the violation for having food out of temperature.

Ms. Black asked whether there was any question regarding the documentation from either TCHD or the food establishment. She does not feel there is evidence to prove the tofu was not cooled properly. Ms. Cameron replied she does not know of any lack of documentation by any party. The tofu was out of temperature which is a violation. The tofu could have been in temperature when tested for the temperature log but warmed up within the hour.

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Dr. Koppel moved to accept the resolution as written; seconded by Dr. Morgan. The vote: Aye – 4; No – 1 (Ms. Black).

**Approval of *Standing Orders for Administering Kinrix (DTaP-IPV) Vaccine:*** Ms. Bishop presented this new policy allowing TCHD nurses to administer Kinrix to children ages four through six. Kinrix is a combination vaccine that protects children against diphtheria, tetanus, acellular pertussis and polio. This new vaccine is meant to be a booster shot before children enter kindergarten. An added benefit is the ability to administer one shot instead of two.

Ms. Black initiated a conversation about whether parents still could choose to have DTaP and IPV vaccines administered separately. Ms. Bishop responded that option still exists. However, Dr. Evelyn noted the standard will change as it becomes difficult to obtain the vaccines separately in part due to production and the preference of providers. Dr. Klepack added combination vaccines have shown to be effective. Scientifically there is no need to separate vaccines.

Dr. Morgan moved to approve the *Standing Orders for Administering Kinrix (DTaP-IPV) Vaccine* policy, as written; seconded by Dr. Koppel; and carried unanimously.

**Juuling and the Increased Use of the JUUL Vaping Device in Schools:** Ted Schiele thanked Mr. Kruppa for allowing him to address the Board. He wanted to make sure Board members were informed about the popularity of JUUL electronic cigarettes among young people. As part of his presentation, he distributed a handout (Attachment 1) with basic information from the American Academy of Pediatrics and statistical information from the NYSDOH.

Mr. Schiele shared the following regarding JUULs:

- JUUL is an Electronic Nicotine Delivery System (ENDS) or vaping device developed by two Stanford engineers who wanted to stop smoking. They designed the device to mimic a conventional cigarette more accurately than other electronic cigarettes or vaping devices. The product is sleek, rechargeable, discreet and filled with sweet, fruit-flavored juice (the liquid containing the nicotine).
- The use of JUULs has skyrocketed among youth aged 12 to 17. In November 2017, awareness of these devices among high school students nationally was 21%; this past April it was 43%. A study from the Truth Initiative suggests the increased awareness may be the result of heavy marketing on social media. School officials in Tompkins County and across the country have been impacted with juuling in classes, hallways, restrooms and buses.
- JUUL uses a different derivation of nicotine than traditional vaping juices called nicotine salts. This allows a higher nicotine concentration in the juice and a faster absorption rate into the bloodstream. It also accounts for a lower volume of vapor trail. For anyone interested in reading more about nicotine salts, he has an interesting article to share.
- JUUL is designed to be a closed system so the user should not be able to fill the device with juice. However, 30% of JUUL ever users have found a way to add marijuana to their JUULs.

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Mr. Schiele provided updates on ENDS in general:

- Tompkins County was one of the leaders in recognizing ENDS should not be used in public spaces. In 2014, the County Legislature added ENDS to the Clean Indoor Air Act (CIAA) because emissions from ENDS and secondhand vapor pose a public health risk. Studies are starting to break down the idea that ENDS are safer.
- Evidence shows that limiting access to tobacco products and vape products is important for reducing youth initiation to tobacco use. Last year, Tompkins County took a significant step for reducing access by raising the legal age to purchase tobacco products to 21. Retailers who sell tobacco must register with the New York State Department of Taxation and Finance, however, retailers selling ENDS or smoking paraphernalia are not required to register. Consequently, monitoring who is selling vaping devices and supplies is challenging. A bill to require state registration for ENDS retailers passed the New York State Legislature last year but was vetoed by the Governor.

Mr. Schiele's responses to questions:

- To protect young people, the U.S. Food and Drug Administration has taken action against the marketing practices and manufacturing process of JUUL devices. JUUL developers insist their goal is solely to switch adult tobacco users from combustible cigarettes to JUULs.
- Studies indicate concern that the exhale vapor from ENDS products is not safe for bystanders. There is evidence the vapor contains a significant amount of nicotine. In addition, there is concern about heavy metals in the vapor because of the heating unit.
- There is a question about whether teenagers know they are absorbing nicotine and whether they are aware of the addictive impacts. Because the teen brain is still developing, potential long-term addiction is concerning. There is an upfront cost. In some cases, the expense or lack of access to the JUUL may drive adolescents to buy conventional cigarettes for the nicotine. Dual use is more the norm than the exception.

Regarding enforcement to ensure these products are not sold to young people under 21, Ms. Cameron reported TCHD will be incorporating inspections into the Adolescent Tobacco Use Prevention Act (ATUPA) program. The vape shops are not registered to sell tobacco so their existence may be unknown. Currently, checks on vape shops will be handled on a complaint basis.

Mr. Schiele thanked Board members for their time and interest in the topic. On behalf of the group, Dr. Macmillan thanked Mr. Schiele for the information.

**2019 Proposed Budget:** Mr. Kruppa referred to the draft budget (Attachment 2) that was emailed and distributed to members prior to the meeting. When the 2019 budget process began, the Legislature approved spending targets and a small increase in the County tax levy to allow for wage growth and other mandated costs. The directive from the County Administrator was to create a maintenance-of-effort budget. Although the



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draft budget is not quite finished, TCHD will be able to meet the directive while maintaining all our services and current staffing levels. There is a \$4,000 difference to close before the proposed budget is submitted on July 18th. Among the recurring expenses eliminated in leaner years, computer replacements are being built back into the budget. This year, the department does not have any over target requests (OTRs).

In addition, Mr. Kruppa pointed out there was an effort to right size revenues in this budget. Revenue numbers are unpredictable so educated guesses were based on looking at trend data over the past five years. In recent years, rollover funds were available to use with Legislative approval. With the possibility rolling funds from one year to the next might not continue, it is important to look carefully at the current year and make sure spending is appropriate. Over the years, the department has used rollover funds for large electronic projects in Environmental Health, Community Health Services and Children with Special Care Needs divisions. If approved, current rollover funds will be used to replace our older vehicles with electric vehicles in the next couple of months.

Regarding OTRs, Ms. Grinnell Crosby mentioned County Administration is considering a countywide OTR related to ergonomic equipment. The County provides ergonomic assessments for employees through an arrangement with a group that receives grant funding from the Department of Labor. An OTR in the amount of \$20-25 thousand would assist departments with the necessary costs for making ergonomic improvements for their employees.

Technically, the BOH does not have budget approval or authority; however, Mr. Kruppa advised members the BOH does have program and policy authority. The proposed budget is brought to the BOH in this format because changes or cuts in the budget would affect programs or policies. TCHD is looking for the BOH's general approval of the budget. There was no opposition to the proposed budget from Board members.

**New County Administrator:** Dr. Morgan inquired about the possibility of meeting new County Administrator Jason Molino. Mr. Kruppa noted Mr. Molino has been visiting the numerous County departments, advisory boards, and legislative committees with plans to come to a BOH meeting as soon as possible.

**Adjournment:** At 1:26 p.m. Dr. Macmillan adjourned the meeting.

## JUULing: What Pediatricians and Families Need to Know

### What is a JUUL?

JUUL (pronounced “jewel”) is a brand of e-cigarette made by JUUL Labs Inc.

JUUL has grown quickly in popularity since introduction to the market in 2015, fueled by a serious following among youth and young adults.

JUUL’s popularity among youth raises significant concerns for pediatric health.



### JUUL Characteristics:

JUUL is a sleek, small e-cigarette that resembles a flash drive. Unlike other types of e-cigarettes, JUUL does not look like a traditional cigarette and thus may not be immediately identifiable as a vaping device. Due to their size, JUUL devices are discrete and can be easily concealed in a fist or a pocket.

JUUL operates by heating a “pod” of e-liquid containing nicotine, flavorings and other substances. When heated, the e-liquid creates an aerosol which is inhaled by the user.

JUUL has spawned its own terminology: use of these devices is called “juuling.”

### Public Health Concerns:

JUUL comes in youth-friendly flavors, including mango, mint and fruit-medley. For decades, the tobacco industry has used flavors to attract youth to their products.<sup>1</sup> Youth cite flavors as a common reason for e-cigarette use.<sup>2</sup>

JUUL is highly addictive. The concentration of nicotine in JUUL is more than double the concentration found in other e-cigarettes. This high concentration is a serious concern for youth, who are already uniquely susceptible to nicotine addiction. The addictive potential is so high that the US Surgeon General has declared that youth use of nicotine in any form is unsafe.<sup>3</sup>

JUUL users have a significant risk of becoming cigarette smokers. Youth who use e-cigarettes are more likely to progress to smoking traditional cigarettes.<sup>3,4</sup>

JUULing is increasingly common in high school and college campuses. Educators report that youth are using JUUL in classrooms, hallways and restrooms, and are sharing devices with their peers. This social use encourages non-users to try JUUL, and enables students who are too young to purchase these products, or who could not otherwise afford them, to access them through peers.

### References:

1. U.S. Department of Health and Human Services. *Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General*. Atlanta (GA): U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2012.
2. Tsai J, Walton K, Coleman BN, et al. *Reasons for Electronic Cigarette Use Among Middle and High School Students—National Youth Tobacco Survey, United States, 2016*. *MMWR* 2018;67:196-200.
3. U.S. Department of Health and Human Services. *E-Cigarette Use Among Youth and Young Adults. A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2016.
4. National Academies of Sciences, Engineering and Medicine. 2018. *Public Health Consequences of E-Cigarettes*. Washington, DC: The National Academies Press.

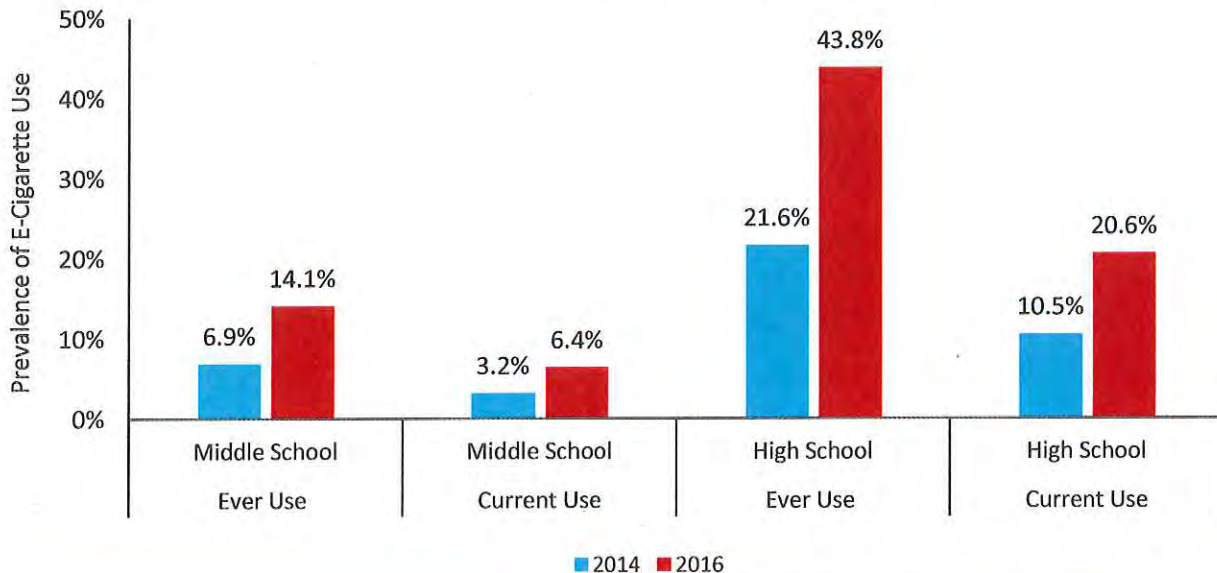


Use of Electronic Cigarettes and Similar Devices among NYS Youth, 2014-2016

Electronic cigarettes and similar devices are the most frequently used tobacco products among NYS youth.<sup>1</sup> According to data from the New York State Youth Tobacco Survey (NY-YTS), the percent of youth who have ever tried electronic cigarettes and similar devices (also referred to as e-cigarettes, Electronic Nicotine Delivery Systems or ENDS) doubled from 2014 to 2016: among middle school students, the rate increased from 6.9% to 14.1%, and among high school students, the rate increased from 21.6% to 43.8%. The percent of youth who currently use e-cigarettes and similar devices, defined as past-30-day use, also doubled from 2014 to 2016: among middle school students, the rate increased from 3.2% to 6.4%, and among high school students it increased from 10.5% to 20.6%.

E-cigarette use among youth is a major public health concern. It is well established that nicotine is addictive and has lasting consequences for youth brain development including impaired cognitive functioning and the development of addiction pathways in the brain.<sup>2,3</sup> Almost all e-cigarette products sold in convenience stores and similar retail outlets contain nicotine.<sup>4</sup> With or without nicotine, e-cigarettes are not hazard-free and the inhaled emission may contain heavy metals, volatile organic compounds, and other toxic chemicals. Lastly, studies confirm that e-cigarette use among youth is associated with both intention to smoke cigarettes and subsequent cigarette smoking among adolescents and young adults.<sup>5,6</sup>

Ever and Current Use of E-Cigarettes and Similar Devices among NYS Middle and High School Youth, NY-YTS 2014-2016



1. New York State Department of Health (2016). StatShot Vol. 10, No. 1/Mar 2017. Youth Cigarette Use at All-Time Low, ENDS Use Doubles.  
 2. US Department of Health and Human Services. (2014). The health consequences of smoking – 50 years of progress: A report of the Surgeon General. Atlanta, GA: US Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.  
 3. Yuan M; Cross SJ; Loughlin SE; et al. (2015). Nicotine and the Adolescent Brain. The Journal of Physiology, 593, 16 (2015) pp 3397-3412.  
 4. Marynak KL; Gammon DG; Rogers T.; et al. (2017). Sales of Nicotine-Containing Electronic Cigarette Products: United States, 2015. American Journal of Public Health.  
 5. Park JY, Seo DC, Lin HC. (2016). E-cigarette use and Intention to initiate or quit smoking among U.S. youths. American Journal of Public Health. 106(4):672-678.  
 6. Soneji, S; Barrington-Trimis, JL; Willis TA; et al. (2017). Association Between Initial Use of e-Cigarettes and Subsequent Cigarette Smoking Among Adolescents and Young Adults. A Systematic Review and Meta-analysis. JAMA Pediatrics.

## BOH Minutes - June 26, 2018 - Attachment 2

### DEPARTMENTAL SUMMARY - PUBLIC HEALTH - 2019 DRAFT

6/22/2018

	PreSchool Special Ed (3-5)	CSN Planning & Coord	PHC Treatment	Early Intervention (0-2)	Environ. Health	Healthy Neighborhoods Program	Occup'l Health & Safety	Medical Examiner	Vital Records	WIC	Community Health	Administration	Public Hlth State Aid	BUDGETING UNIT TOTAL
<b>REQUESTED BASE (TARGET)</b>														
Appropriation	4,996,060	1,433,037	8,000	655,000	1,721,952	172,368	109,434	205,500	74,924	530,783	1,685,474	1,164,154		12,756,686
Revenue	2,968,051	386,973	4,000	318,500	623,478	172,368	-	-	108,000	530,783	395,221	137,575	1,231,163	6,876,112
Local Share	2,028,009	1,046,064	4,000	336,500	1,098,474	0	109,434	205,500	(33,076)	-	1,290,253	1,026,579	(1,231,163)	5,880,574
<b>REQUESTED NEW (OTR--Over Target Request)</b>														
Appropriation		-			-		-		-		-	-		-
Revenue		-			-		-		-		-	-		-
Rollover		-			-		-		-		-	-		-
Local Share	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>REQUESTED TOTAL</b>														
Appropriation	4,996,060	1,433,037	8,000	655,000	1,721,952	172,368	109,434	205,500	74,924	530,783	1,685,474	1,164,154	-	12,756,686
Revenue	2,968,051	386,973	4,000	318,500	623,478	172,368	-	-	108,000	530,783	395,221	137,575	1,231,163	6,876,112
Rollover	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Local Share	2,028,009	1,046,064	4,000	336,500	1,098,474	0	109,434	205,500	(33,076)	-	1,290,253	1,026,579	(1,231,163)	5,880,574
	<i>Class 'A'</i>			<i>Class 'A'</i>				<i>Class 'A'</i>						

<i>Fiscal Target for Health Department</i>	\$ 3,306,403
<i>Target Request</i>	\$ 3,310,565
<i>Difference (Fiscal Target - Target Request)</i>	\$ (4,162)
<i>Class 'A' Mandates</i>	\$ 2,570,009
<i>Requested Base</i>	\$ 5,880,574

Board of Health  
August 28, 2018  
Financial Report

July 2018 / Month 7

Grants ending September 30 are in review and final spending. We expect budget adjustments to be made by County Administration/Legislature for the recently approved white collar agreement and management salaries.

Shortages in revenue (accounts 4010, 4012, 4016, 4018, and 4090) are due to timing of filing grant claims. In 4090 (Environmental Health) we are awaiting final approvals on our Tobacco Enforcement Grant and Drinking Water Enhancement Grant.

Revenues reflected for the Preschool Special Education Program (2960) are claimed based on a schedule established by NYS. Recent claims submitted total approximately \$625,000.

Second quarter state aid claim (Public Health Work/Article 6) is in process.

Tompkins County Financial Report for Public Health

Percentage of Year 58.33%

	Expenditures			Revenues			Local Share		
	Budget	Paid YTD	%	Budget	YTD	%	Budget	YTD	%
4010 PH ADMINISTRATION	1,125,343	552,417	49.09%	137,848	49,989	36.26%	987,495	502,428	51.13%
4012 WOMEN, INFANTS & CHILDREN	547,818	260,540	47.56%	547,818	220,009	40.16%		40,531	
4013 OCCUPATIONAL HLTH.& SFTY.	106,467	30,156	28.32%	0	0	0.00%	106,467	30,156	28.32%
4014 MEDICAL EXAMINER	19,237	18,987	98.70%	0	0	0.00%	19,237	18,987	98.70%
4015 VITAL RECORDS	72,374	36,110	49.89%	108,000	67,292	62.31%	-35,626	-31,181	84.47%
4016 COMMUNITY HEALTH	1,577,612	756,127	47.93%	371,330	176,330	47.49%	1,206,282	579,796	54.38%
4018 HEALTHY NEIGHBORHOOD PROG	187,319	75,450	40.28%	187,319	63,832	34.08%		11,618	
4047 PLNG. & COORD. OF C.S.N.	1,364,138	686,445	50.32%	396,520	178,749	45.08%	967,618	507,696	52.61%
4048 PHYS.HANDIC.CHIL.TREATMNT	8,000	0	0.00%	4,000	0	0.00%	4,000	0	
4090 ENVIRONMENTAL HEALTH	1,606,103	811,634	50.53%	577,925	275,036	47.59%	1,028,178	536,598	54.20%
4095 PUBLIC HEALTH STATE AID	0	0	0.00%	1,162,409	473,688	40.75%	-1,162,409	-473,688	40.75%
<b>Total Non-Mandate</b>	<b>6,614,411</b>	<b>3,227,866</b>	<b>48.80%</b>	<b>3,493,169</b>	<b>1,504,924</b>	<b>43.08%</b>	<b>3,121,242</b>	<b>1,722,942</b>	<b>55.20%</b>
2960 PRESCHOOL SPECIAL EDUCATI	5,181,203	2,569,807	49.60%	2,885,000	670,154	23.23%	2,296,203	1,899,653	100.71%
4017 MEDICAL EXAMINER PROGRAM	247,092	86,947	35.19%	0	0	0.00%	247,092	86,947	35.19%
4054 EARLY INTERV (BIRTH-3)	655,000	272,574	41.61%	318,500	264,963	83.19%	336,500	7,611	2.26%
<b>Total Mandate</b>	<b>6,083,295</b>	<b>2,929,329</b>	<b>48.15%</b>	<b>3,203,500</b>	<b>935,117</b>	<b>29.19%</b>	<b>2,879,795</b>	<b>1,994,211</b>	<b>69.25%</b>
<b>Total Public Health</b>	<b>12,697,706</b>	<b>6,157,195</b>	<b>48.49%</b>	<b>6,696,669</b>	<b>2,440,042</b>	<b>36.44%</b>	<b>6,001,037</b>	<b>3,717,153</b>	<b>61.94%</b>

BALANCES (Includes Encumbrances)

	Available Budget	Revenues Needed		Available Budget	Revenues Needed
<b>NON-MANDATE</b>			<b>MANDATE</b>		
4010 Administration	570,409	87,859	2960 Preschool	2,198,526	2,214,846
4012 WIC	279,838	327,809	4054 Early Intervention	382,426	53,537
4013 Health & Safety	76,311	0	4017 Medical Examiner	70,569	0
4014 Medical Examiner	250	0		<u>2,651,521</u>	<u>2,268,383</u>
4015 Vitals	35,176	40,709			
4016 Community Health	745,283	195,000			
4018 Healthy Neighborhood	102,096	123,487			
4047 CSCN	676,367	217,771			
4048 PHCP	8,000	4,000			
4090 Environmental Health	773,828	302,889			
4095 State Aid	0	688,721			
	<u>3,267,558</u>	<u>1,988,245</u>			

Total Public Health Balances	
Available Budget	Revenues Needed
<u>5,919,078</u>	<u>4,256,627</u>

**DEPARTMENTAL SUMMARY - PUBLIC HEALTH - 2019 REQUEST**

7/12/2018

	PreSchool Special Ed (3-5)	CSN Planning & Coord	PHC Treatment	Early Intervention (0-2)	Environ. Health	Healthy Neighborhoods Program	Occup'l Health & Safety	Medical Examiner	Vital Records	WIC	Community Health	Administration	Public Hlth State Aid	BUDGETING UNIT TOTAL
<b>REQUESTED BASE (TARGET)</b>														
Appropriation	4,996,060	1,433,845	8,000	655,000	1,721,987	172,368	109,434	205,500	74,924	530,783	1,686,474	1,161,347		12,755,722
Revenue	2,968,051	388,551	4,000	318,500	625,478	172,368	-	-	108,000	530,783	395,805	137,575	1,230,199	6,879,310
Local Share	2,028,009	1,045,294	4,000	336,500	1,096,509	0	109,434	205,500	(33,076)	-	1,290,669	1,023,772	(1,230,199)	5,876,412
<b>REQUESTED NEW (OTR--Over Target Request)</b>														
Appropriation		-			-		-		-		-	-		-
Revenue		-			-		-		-		-	-	-	-
Rollover		-			-		-		-		-	-	-	-
Local Share	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>REQUESTED TOTAL</b>														
Appropriation	4,996,060	1,433,845	8,000	655,000	1,721,987	172,368	109,434	205,500	74,924	530,783	1,686,474	1,161,347	-	12,755,722
Revenue	2,968,051	388,551	4,000	318,500	625,478	172,368	-	-	108,000	530,783	395,805	137,575	1,230,199	6,879,310
Rollover	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Local Share	2,028,009	1,045,294	4,000	336,500	1,096,509	0	109,434	205,500	(33,076)	-	1,290,669	1,023,772	(1,230,199)	5,876,412
	<i>Class 'A'</i>			<i>Class 'A'</i>				<i>Class 'A'</i>						

<i>Fiscal Target for Health Department</i>	\$ 3,306,403
<i>Target Request</i>	\$ 3,306,403
<i>Difference (Fiscal Target - Target Request)</i>	<b>\$ 0</b>
<i>Class 'A' Mandates</i>	<u>\$ 2,570,009</u>
<i>Requested Base</i>	<u>\$ 5,876,412</u>

**Public Health Director  
Report  
July/August 2018**

- The Kresge foundation selected Samantha Hillson and I to participate, as one of twenty local health departments nationwide, in Cohort III of the Emerging Leaders in Public Health program. The program seeks to have local health departments define a new role in their community to ensure the future of public health infrastructure. There is a \$125,000 grant as part of the program. The money will be spent in three main categories: leadership training for Sam and me, training for the department leadership and staff, and building community leadership. The new role we are trying to develop is “Population Health Strategist to align resources to positively affect Social Determinants of Health.”  
<https://kresge.org/ELPH>  
  
<https://kresge.org/news/20-new-leadership-teams-selected-kresges-emerging-leaders-public-health-initiative>
- I have been participating on the NYSDOH Well-Being, MSUD Disorder Prevention Priority Action Plan Workgroup to help develop the next State Prevention Agenda. There has been a focus on well-being and both OMH and OASAS are leading the workgroup. It has been encouraging to see the state departments work together on the plan.
- I met with the County Administrator about our submitted budget. There will be two OTRs associated with our budget. One will be a use of rollover funds for five new electric vehicles to update our fleet and the other for an ergonomics fund to allow county departments to have access to funds if they need to buy equipment. The Health Department will be administering the fund.



## HEALTH PROMOTION PROGRAM – June 2018

Samantha Hillson, Director, PIO  
Ted Schiele, Planner/ Evaluator  
Susan Dunlop, Community Health Nurse  
Maya Puleo, Healthy Neighborhoods Education Coordinator  
Pat Jebbett, Public Health Sanitarian

### HIGHLIGHTS

- TCHD was accepted to participate in The Kresge Foundation's [Emerging Leaders in Public Health](#) (ELPH) program. Frank Kruppa and Samantha Hillson will be the leadership team participating in the ELPH during the next 13 months.
- TCHD is participating on the NYS team for the States of Solutions grant through NYS DOH and facilitated by the Institute for Healthcare Initiatives [100 Million Healthier Lives](#) campaign.
- TCHD is now on Twitter [@TompkinsHealth](#)

### Community Outreach and Collaboration

- Caregivers Celebration at COFA, with Cancer Resource Center. Susan spoke on panel (SD, SH, 6/9)
- Juneteenth, Southside Community Center, outreach with County table (SH, 6/16)
- COFA Fall Prevention Taskforce: planning for fall prevention screenings starting Fall 2018. (SH, PJ, 6/1)
- Childhood Nutrition Collaborative (CNC): Letter was sent to ICSD Superintendent and School Board introducing the CNC (6/13); meeting was conducted with Superintendent Brown and 3 school board members on 6/21 to discuss the school food program and how the district and CNC can work together to improve access to food for all students. (SH, 6/21); CNC planning meeting (SH, 6/6, 6/22); interview with Cornell PhD student researching collective impact process (SH, 6/29)
- Health Planning Council Board (SH, 6/11)
- Health Planning Council presentation on transportation (SH, TS, 6/11)
- Conversation for Healthy Youth – Youth Services (TS, SH, 6/12)
- Collective Impact – presentation about Trauma-Informed Care (SH, 6/12)
- Atkinson Venture Fund initial planning meeting after bring awarded grant – “Opening the Door to Nature Based Engagement,” a partnership between Cornell MPH, Cornell Center for Health Equity, and TCHD. Read more about the awarded projects [here](#).
- Meeting with COFA outreach workers to discuss ways for the two departments to collaborate. (PJ, SH, 6/19)
- Attended Universal Design presentation, sponsored by COFA. (SH, PJ, 6/19)
- Attended full-day training for Design Thinking, presented by CCE and Youth Services (SH, 6/20)
- Discharge Planners meeting: discussion about lack of palliative care in TC. (SH, 6/27)
- Informational meeting with Ultimate Re-entry Opportunity: discussion about collaboration, education, and including re-entry objectives in updated CHIP. (SH, 6/27)

## **TCHD Program Support**

- Annual Report 2017 finalized and sent to the printer. [Webpage updated](#). (SH, TS, 6/8)
- Tick Education planning meeting (SH, 6/14)
- Results Based Accountability initial training (SH, TS, 6/15)

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

- DPP course, 5 clients (SD, 6/5,12,16)
- Panelist at the Caregiver Celebration presented by COFA and the Cancer Resource Center of the Finger Lakes. Panel topic: How to stay healthy when caring long term for a loved one. (SD, 6/9, 40 attendees)
- Participant in annual Blood Borne Pathogen meeting. Presented update of 2017 BPP trainings throughout the county (SD, 6/12)
- Continuing Education
  - Tailoring Statin Therapy in Women (6/7, Medscape, 0.5 C.E. credits)
  - U.S. Trends and Life Expectancy (6/14, Medscape, 0.25 C.E. credits)

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

- Two Cornell MPH students, Qin and Emily, are conducting initial work for the upcoming CHA process – review of existing local plans, best practices, compiling data sources, and recommendations (SH, 6/28)
- Webinar: NYS DOH [Leading Causes of Death](#) (TS, SH, 6/14)
- Planning meeting with Frank (TS, SH, 6/21)
- States of Solutions webinars and NYS specific meetings (SH, TS, 6/6, 6/7, 6/19, 6/21). See [Robert Wood Johnson press release](#) for program background.

## **Healthy Lungs for Tompkins County**

- Harmonicas for Health (H4H):
  - Internal planning for the Fall 2018

## **Healthy Neighborhoods Program**

- Project Assistant interviews were conducted and a new Project Assistant was hired to start July 2, Kimberly Skinner.
- Outreach
  - WIC and Salvation Army (PJ, 6/6, reached 14)
  - Newfield WIC Clinic (PJ, 6/7, reached 14)
  - Immaculate conception food pantry (MP, 6/12, reached 75)
  - Salvation Army food pantry outreach (MP, 6/14, reached 10)
  - Newfield mobile food pantry (MP, 6/26, reached 50)
- Meetings, trainings, presentations
  - Southern Tier Care Coordination presentation (6/8)
  - Defensive driving class (PJ, 6/18)
  - COFA meeting (PJ, SH)
  - Universal design for elderly (PJ, SH, 6/19)

## June 2018

HEALTHY NEIGHBORHOODS PROGRAM	MONTH	YTD 2018	YTD 2017	TOTAL 2017*
# of Initial Home Visits (including asthma visits)	39	192	171	438
# of Revisits	10	86	76	122
# of Asthma Homes (initial)	4	24	19	49
# of Homes Approached	101	469	469	1,126

- \*Covers the calendar year (January through December), the HNP grant year is April-March.

## Tobacco Control Program

- Smoke-Free Housing
  - Ellis Hollow Road Apartments: Ongoing meetings with tenants in search of a resolution to excessive exposure to secondhand smoke that drifts from smoker apartments into hallways and nonsmoker apartments
  - Groton Housing Authority: Met with property manager to discuss tenant complaint about drift from outdoor designated smoking area through open windows and into nonsmoker apartments. Worked out relocation of the designated area.
  - Ithaca Housing Authority: Ongoing promotional support.
- A law prohibiting the sale of tobacco products in pharmacies and stores that contain a pharmacy has [passed in Albany County](#). Implementation will be this fall.
  - The Tompkins County Board of Health and [Legislature passed a resolution](#) in support of ending tobacco sales in pharmacies in Spring 2014.

## Media, Website, Social Media

- [Press Releases](#): Green St. Dog (6/21), Rabies Alert – wildlife (6/6), Heat Advisory (6/18, 6/29), National HIV Testing (6/27)
- Facebook: supported CSCN to set up a Facebook group
- TCHD is now on Twitter [@TompkinsHealth](#)
- Follow us on [Facebook](#) for ongoing updates
- [Lead paint](#) info page updated
- [HABs](#) page updated

## Emerging Leaders in Public Health (ELPH) Cohort III – Kresge Foundation

- Informational webinar (SH, FK, 6/26)

## HEALTH PROMOTION PROGRAM – July 2018

Samantha Hillson, Director, PIO  
Ted Schiele, Planner/ Evaluator  
Susan Dunlop, Community Health Nurse  
Maya Puleo, Healthy Neighborhoods Education Coordinator  
Pat Jebbett, Public Health Sanitarian  
Kimberly Skinner, HNP Project Assistant

### HIGHLIGHTS

A new class of the Diabetes Prevention Program began in July with 5 clients. Susan Dunlop is the coach for the class, which is being held Tuesday afternoons at TCHD.

### Community Outreach

- Collaborative Solutions Network: Be the One campaign meeting (TS, 7/19). Follow up with editing support for NYS OMH grant application.
- Greater TC Municipal Health Insurance Consortium ([Consortium](#))
  - Owing Your Own Health Committee, monthly meeting, (TS, chair; 6/18)
  - Executive Committee (TS, 7/12)
- Bike Walk Tompkins: Future planning/funding meeting (SH, 7/11); Senior Bike Day with GIAC Senior Group at Stewart Park (SH, 7/17)
- Youth Services – Youth Survey meeting (TS, SH, 7/12)
- TIPs (Tick-Infection Prevention) presentation at BOCES ESL program (SH, MP, 7/18)
- Collective Impact: Childhood Nutrition (SH, 7/20); Universal School Breakfast ICSD Roll-out Planning meeting (SH, 7/20); Call with Hunger Solutions about school breakfast strategy (SH, 7/26); BJM Farm to Table program, attended breakfast preparation (SH, 7/27); attended Belle Sherman Farm to Table dinner at CCE (SH, 7/31)

### TCHD Participation and Support

- Staff Satisfaction Committee meeting to plan the 3rd Annual Staff Reunion Luncheon (SD, 7/15)
- Lead Poisoning Prevention Network meeting (SH, PJ, MP, KS, 7/12)
- TIPs (Tick-Infection Prevention) planning meeting (SH, MP, 7/3)

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

- DPP course, 5 clients (SD, 7/9,17,24,26)
- Phone conference with QTAC to review CDC DPP data for annual report (SD, 7/19,26)
- Smoothie demonstration (SD, SH, 7/17)

### Community Health Assessment (CHA) & Community Health Improvement Plan (CHIP)

- Planning meeting with John Mazzeo, PHIP Coordinator, to discuss data and support availability for CHA development (SH, TS, 7/23)
- Planning meetings with Cornell MPH students to review and discuss 2019 CHA support activities they are providing (SH, TS, 7/2, 7/3, 7/13,19,26)
- Planning meeting with Cornell MPH associate director Gen Meredith & Frank Kruppa to review timeline and MPH involvement in 2019 CHA development (SH, TS, 7/17)

- Met with Coordinator of City of Ithaca Hospitality Workforce Program about community wealth building, efforts to survey community members (SH, 7/16)
- States of Solutions: Community Wealth Building webinar (TS, 7/18)

### Healthy Lungs for Tompkins County

- Meeting with members of the League of Women Voters health committee to plan COPD Awareness Month event scheduled for Nov. 14, 2018 (SD, SH, 7/11)
- Harmonicas for Health (H4H):
  - Phone conference with the COPD Foundation to discuss upcoming site visit to Ithaca (7/24)
  - Meeting with Case Manager at Titus Towers to continue program with residents

### Healthy Neighborhoods Program

- New project assistant, Kim Skinner, was hired. Kim will be working with the HNP staff to conduct home visits and canvassing through the end of August.
- Outreach
  - Outreach at Immaculate Conception Food Pantry (MP, KS, 7/10, reached 75)
  - Salvation Army Food Pantry (MP, KS, 7/10, reached 10)
  - Loaves and Fishes tabling (MP, KS, 7/18, reached 75)
  - Salvation Army Food Pantry Outreach (KS, 7/24, reached 20)
  - Delivered flyers to the Rescue Mission (7/24)
- Meetings/Training/Presentations:
  - TC3 soccer summer camp, presented on ticks and tick prevention (MP, KS, 7/24, reached 50)

### July 2018

HEALTHY NEIGHBORHOODS PROGRAM	MONTH	YTD 2018	YTD 2017	TOTAL 2017*
# of Initial Home Visits (including asthma visits)	33	225	211	438
# of Revisits	12	98	79	122
# of Asthma Homes (initial)	6	30	23	49
# of Homes Approached	412	881	605	1,126

- \*Covers the calendar year (January through December), the HNP grant year is April-March.

### Tobacco Control Program (TS)

- Smoke-Free Housing
  - Worked with Groton Housing Authority property manager to settle dissatisfaction among non-smoking tenants with the location of the designated outdoor smoking area.
  - Scheduled a meeting with the administrative director of the TC Industrial Development Agency to discuss requiring a smoke-free property policy for any developer seeking a local tax abatement.

- Tobacco-Free Outdoors
  - Continued efforts related to advocating for tobacco-free campus at CU and IC.
  - NYS has now included public libraries in the law that prohibits smoking on and within 25 feet of the property. Corresponded with the director of the Finger Lakes Library System to offer assistance with transitioning FLLS libraries that do not already have their own policy.
  - The Tompkins County Chamber of Commerce is creating a website called “Live in Ithaca.” I provided information about Tobacco Free Tompkins and the T-Free Zone program for smoke-free outdoor public areas with hope that the website would include the community’s support for the program as a positive incentive for families to come live in Tompkins County.

### **Media, Website, Social Media**

- Web traffic data for Q2 compiled (attached) (TS)
- New additions: Board of Health minutes, WIC Q3 clinic calendars, Fall rabies vaccination clinics (TS)
- Page Updates: [Lyme Disease page](#), [HABs page](#), [Opioid Quarterly Report](#), [Homepage](#) (TS)
- [Press Releases: PrEP to Help End the HIV Epidemic 2018-07-24](#), [Use Caution during extreme heat 2018-06-29](#)
- Radio: PrEP on WHCU (SH, 7/26)
- Social Media meeting (SH, 7/27)
- TCHD on Twitter @TompkinsHealth
- Follow us on [Facebook](#) for ongoing updates

### **Meetings and Trainings**

- HPP Staff Meeting (all, 7/25)
- Public Media Data webinar (TS, 7/10)
- Design Thinking (SH, 7/30)

### **Emerging Leaders in Public Health (ELPH) Cohort III – Kresge Foundation**

- Revision of grant proposal and preparation for first in-person convening in August (FK, SH, 7/3, 7/10, 7/11, 7/12, 7/27).

	<b>2018 Q2</b>	<b>4/1/2018</b>	<b>6/30/2018</b>	
	Web Stats	Total Days	89	
	<i>Page path level 1</i>	<i>Pageviews</i>	<i>Unique Pageviews</i>	<i>Avg. Time on</i>
	<b>/health/ (pages 1-50)</b>	<b>15,117</b>	<b>11,762</b>	<b>0:02:10</b>
1	/eh/	5,339 (35.32%)	3,959 (33.66%)	0:02:35
2	/vitals/	1,972 (13.04%)	1,470 (12.50%)	0:02:09
3	/dch/	1,400 (9.26%)	1,137 (9.67%)	0:01:51
4	/eh	1,050 (6.95%)	742 (6.31%)	0:00:57
5	/summer/	547 (3.62%)	469 (3.99%)	0:03:24
6	/wic/	380 (2.51%)	315 (2.68%)	0:02:09
7	/pnc/	359 (2.37%)	285 (2.42%)	0:02:30
8	/boh	356 (2.35%)	282 (2.40%)	0:04:42
9	/az	343 (2.27%)	271 (2.30%)	0:00:30
10	/boh/	248 (1.64%)	191 (1.62%)	0:02:02
11	/cscn	241 (1.59%)	189 (1.61%)	0:01:12
12	/opioid	234 (1.55%)	205 (1.74%)	0:09:23
13	/lead/	226 (1.50%)	194 (1.65%)	0:02:41
14	/seeking-dog-jun-21-2018	190 (1.26%)	182 (1.55%)	0:00:48
15	/directory	175 (1.16%)	132 (1.12%)	0:00:56
16	/T21	175 (1.16%)	165 (1.40%)	0:03:20
17	/std	167 (1.10%)	134 (1.14%)	0:02:56
18	/email	119 (0.79%)	98 (0.83%)	0:02:36
19	/prepare/	116 (0.77%)	94 (0.80%)	0:02:35
20	/overview	115 (0.76%)	89 (0.76%)	0:01:29
21	/std/	105 (0.69%)	95 (0.81%)	0:03:15
22	/asthma/	83 (0.55%)	74 (0.63%)	0:01:58
23	/factsheets/	83 (0.55%)	69 (0.59%)	0:02:21
24	/flu/	74 (0.49%)	60 (0.51%)	0:02:16
25	/hiv	72 (0.48%)	56 (0.48%)	0:01:35
26	/hiv/	66 (0.44%)	48 (0.41%)	0:01:50
27	/pnc	59 (0.39%)	44 (0.37%)	0:00:28
28	/prepare	59 (0.39%)	47 (0.40%)	0:00:36
29	/press/	59 (0.39%)	48 (0.41%)	0:00:26
30	/factsheets	54 (0.36%)	38 (0.32%)	0:00:44
31	/press	40 (0.26%)	33 (0.28%)	0:01:39
32	/rabid-fox-found-2018-05-15	38 (0.25%)	34 (0.29%)	0:01:02
33	/free-rabies-vaccination-clinic-pets-	33 (0.22%)	27 (0.23%)	0:00:28
34	/frank-kruppa-appointed-public-	30 (0.20%)	27 (0.23%)	0:02:07
35	/tick-borne-disease-prevention-2018-	28 (0.19%)	27 (0.23%)	0:01:40
36	/safecare	27 (0.18%)	24 (0.20%)	0:01:56
37	/breathe	26 (0.17%)	23 (0.20%)	0:10:49
38	/rabies-awareness-avoid-	25 (0.17%)	24 (0.20%)	0:00:55
39	/2012-changes-onsite-sewage-	21 (0.14%)	17 (0.14%)	0:01:35
40	/free-lead-testing-program	21 (0.14%)	21 (0.18%)	0:04:35
41	/schooldrinkingwater	21 (0.14%)	20 (0.17%)	0:16:33
42	/worksite	19 (0.13%)	18 (0.15%)	0:05:37
43	/free-rabies-clinics-2017-01-09	18 (0.12%)	17 (0.14%)	0:00:34

44	/rabies-immunization-clinics-dogs-	16 (0.11%)	16 (0.14%)	0:00:45
45	/seeking-dog-may-22-2018	16 (0.11%)	12 (0.10%)	0:00:33
46	/tompkins-county-health-	16 (0.11%)	15 (0.13%)	0:01:18
47	/use-caution-during-extreme-heat-	14 (0.09%)	12 (0.10%)	0:04:27
48	/emergency	13 (0.09%)	13 (0.11%)	0:17:27
49	/worksite/	12 (0.08%)	11 (0.09%)	0:05:03
50	/catch-bat-rabies-alert	11 (0.07%)	11 (0.09%)	0:02:39
	<i>Page path level 2</i>	<i>Pageviews</i>	<i>Unique Pageviews</i>	<i>Avg. Time on</i>
<b>13</b>	<b>/lead/</b>	<b>226</b>	<b>194</b>	<b>0:02:41</b>
1	/drinkingwater	95 (42.04%)	83 (42.78%)	0:03:48
2	/index	95 (42.04%)	77 (39.69%)	0:01:59
3	/recalls	33 (14.60%)	31 (15.98%)	0:04:40
4	/unusual	3 (1.33%)	3 (1.55%)	0:00:00
17	/std	167 (1.10%)	134 (1.14%)	0:02:56
<b>21</b>	<b>/std/</b>	<b>105 (0.69%)</b>	<b>95 (0.81%)</b>	<b>0:03:15</b>
1	/gonorrhea	42 (40.00%)	37 (38.95%)	0:02:18
2	/syphilis	24 (22.86%)	22 (23.16%)	0:05:48
3	/chlamydia	12 (11.43%)	11 (11.58%)	0:01:16
4	/hbv	11 (10.48%)	10 (10.53%)	0:05:17
5	/hpv	6 (5.71%)	5 (5.26%)	0:05:25
6	/trich	4 (3.81%)	4 (4.21%)	0:01:31
7	/chancroid	3 (2.86%)	3 (3.16%)	0:00:19
8	/herpes2	2 (1.90%)	2 (2.11%)	0:00:00
9	/hcv	1 (0.95%)	1 (1.05%)	0:01:34
<b>3</b>	<b>/dch/</b>	<b>1,400 (9.26%)</b>	<b>1,137 (9.67%)</b>	<b>0:01:51</b>
1	/moms	421 (30.07%)	359 (31.57%)	0:03:26
2	/immunizations	326 (23.29%)	253 (22.25%)	0:01:46
3	/chs	243 (17.36%)	177 (15.57%)	0:00:53
4	/hpp/	170 (12.14%)	142 (12.49%)	0:01:22
5	/sharps-collect	122 (8.71%)	101 (8.88%)	0:02:11
6	/sharps-faq	40 (2.86%)	39 (3.43%)	0:00:48
7	/cdc-immz/	30 (2.14%)	24 (2.11%)	0:01:52
8	/immunizations/	24 (1.71%)	21 (1.85%)	0:06:57
9	/immu-info	9 (0.64%)	8 (0.70%)	0:02:31
10	/index	8 (0.57%)	6 (0.53%)	0:00:19
11	/hpp-holiday-tips	4 (0.29%)	4 (0.35%)	0:00:00
12	/email	2 (0.14%)	2 (0.18%)	0:00:11
13	/homecare	1 (0.07%)	1 (0.09%)	0:00:00
<b>8</b>	<b>/dch/immunizations/</b>	<b>24 (1.71%)</b>	<b>21 (1.85%)</b>	<b>0:06:57</b>
1	/mening	24 (100.00%)	21 (100.00%)	0:06:57



<b>6</b>	<b>/wic/</b>	<b>380 (2.51%)</b>	<b>315 (2.68%)</b>	<b>0:02:09</b>
1	/index	282 (74.21%)	230 (73.02%)	0:02:16
2	/calendars	57 (15.00%)	50 (15.87%)	0:00:55
3	/clinicdates	19 (5.00%)	18 (5.71%)	0:00:57
4	/email	17 (4.47%)	12 (3.81%)	0:04:07
5	/nocalendar	4 (1.05%)	4 (1.27%)	0:01:15
6	/maps	1 (0.26%)	1 (0.32%)	0:00:00
	<i>Page path level 2</i>	<i>Pageviews</i>	<i>Unique Pageviews</i>	<i>Avg. Time on</i>
4	/eh	1,050 (6.95%)	742 (6.31%)	0:00:57
<b>1</b>	<b>/eh/</b>	<b>5,339 (35.32%)</b>	<b>3,959 (33.66%)</b>	<b>0:02:35</b>
1	/neighborhood/	1,805 (33.81%)	1,467 (37.05%)	0:03:27
2	/food/	1,604 (30.04%)	1,039 (26.24%)	0:02:08
3	/owts/	737 (13.80%)	520 (13.13%)	0:02:17
4	/water/	440 (8.24%)	368 (9.30%)	0:03:02
5	/camps/	226 (4.23%)	145 (3.66%)	0:03:16
6	/neighborhood	180 (3.37%)	152 (3.84%)	0:02:28
7	/camps	135 (2.53%)	93 (2.35%)	0:02:28
8	/water	73 (1.37%)	57 (1.44%)	0:01:15
9	/email	57 (1.07%)	48 (1.21%)	0:01:54
10	/code/	45 (0.84%)	42 (1.06%)	0:04:31
11	/atupa	18 (0.34%)	17 (0.43%)	0:06:44
12	/ciaa	13 (0.24%)	8 (0.20%)	0:01:21
13	/citizenaccess	6 (0.11%)	3 (0.08%)	0:00:21
<b>2</b>	<b>/food/</b>	<b>1,604 (30.04%)</b>	<b>1,039 (26.24%)</b>	<b>0:02:08</b>
1	/tempinfo	432 (26.93%)	255 (24.54%)	0:01:05
2	/tempfoodpermit	369 (23.00%)	205 (19.73%)	0:02:29
3	/index	360 (22.44%)	217 (20.89%)	0:01:41
4	/tempfood_faq	206 (12.84%)	166 (15.98%)	0:03:25
5	/tempfoodtraining	112 (6.98%)	99 (9.53%)	0:10:39
6	/servsafe-course	61 (3.80%)	45 (4.33%)	0:01:21
7	/restaurant-manual	32 (2.00%)	24 (2.31%)	0:01:18
8	/safetytips	21 (1.31%)	17 (1.64%)	0:00:35
9	/afterafire	4 (0.25%)	4 (0.38%)	0:00:19
10	/poweroutage	3 (0.19%)	3 (0.29%)	0:00:25
11	/salad	2 (0.12%)	2 (0.19%)	0:00:07
12	/waterinterrupt	2 (0.12%)	2 (0.19%)	0:00:29
13	/selfinsp	4 (0.25%)	4 (0.39%)	0:00:00
14	/picnic	2 (0.12%)	2 (0.20%)	0:00:03

6	/neighborhood	180 (3.37%)	152 (3.84%)	0:02:28
<b>1</b>	<b>/neighborhood/</b>	<b>1,805(33.81%)</b>	<b>1,467(37.05%)</b>	<b>0:03:27</b>
1	/rabies	1,242 (68.81%)	995 (67.83%)	0:04:09
2	/rabiesfacts	333 (18.45%)	284 (19.36%)	0:02:17
3	/leadpaint	69 (3.82%)	50 (3.41%)	0:02:02
4	/openburn	43 (2.38%)	37 (2.52%)	0:01:47
5	/nnl	28 (1.55%)	24 (1.64%)	0:05:22
6	/bedbugs	27 (1.50%)	20 (1.36%)	0:01:08
7	/email	19 (1.05%)	18 (1.23%)	0:01:17
8	/mold	18 (1.00%)	17 (1.16%)	0:04:34
9	/westnile	13 (0.72%)	12 (0.82%)	0:00:17
10	/carbonmonoxide	8 (0.44%)	6 (0.41%)	0:00:42
11	/petsafety	5 (0.28%)	4 (0.27%)	0:12:34
<b>3</b>	<b>/owts/</b>	<b>737(13.80%)</b>	<b>520(13.13%)</b>	<b>0:02:17</b>
1	/index	278 (37.72%)	163 (31.35%)	0:01:25
2	/procedure	248 (33.65%)	186 (35.77%)	0:03:29
3	/requirements	128 (17.37%)	103 (19.81%)	0:02:15
4	/maintenance	83 (11.26%)	68 (13.08%)	0:02:52
8	/water	73 (1.37%)	57 (1.44%)	0:01:15
<b>4</b>	<b>/water/</b>	<b>440 (8.24%)</b>	<b>368 (9.30%)</b>	<b>0:03:02</b>
1	/shockdis	139 (31.59%)	118 (32.07%)	0:07:34
2	/privatewell	100 (22.73%)	82 (22.28%)	0:02:41
3	/hydrilla	69 (15.68%)	58 (15.76%)	0:00:20
4	/coliform	39 (8.86%)	32 (8.70%)	0:01:11
5	/waterwk	19 (4.32%)	12 (3.26%)	0:03:38
6	/drinking	18 (4.09%)	17 (4.62%)	0:00:32
7	/algae	10 (2.27%)	8 (2.17%)	0:05:15
8	/drought	10 (2.27%)	7 (1.90%)	0:01:11
9	/flood	10 (2.27%)	9 (2.45%)	0:01:35
10	/hydrilla/2017	8 (1.82%)	8 (2.17%)	0:05:25
11	/lead	6 (1.36%)	6 (1.63%)	0:00:00
12	/waterwk-more	4 (0.91%)	4 (1.09%)	0:01:13
13	/hydrilla/2015	3 (0.68%)	2 (0.54%)	0:00:13
14	/email	2 (0.45%)	2 (0.54%)	0:00:07
15	/hydrilla/2014	2 (0.45%)	2 (0.54%)	0:00:00
16	/hydrilla/2016	1 (0.23%)	1 (0.27%)	0:00:00

	<i>Page path level 2</i>	<i>Pageviews</i>	<i>Unique Pageviews</i>	<i>Avg. Time on</i>
30	/factsheets	54 (0.36%)	38 (0.32%)	0:00:44
<b>23</b>	<b>/factsheets/</b>	<b>83 (0.55%)</b>	<b>69 (0.59%)</b>	<b>0:02:21</b>
1	/parapertussis	10 (12.05%)	7 (10.14%)	0:03:06
2	/hvp-vaccine	9 (10.84%)	7 (10.14%)	0:02:26
3	/thimerosal	9 (10.84%)	9 (13.04%)	0:05:02
4	/tuberculosis	9 (10.84%)	8 (11.59%)	0:00:37
5	/zika	9 (10.84%)	9 (13.04%)	0:05:20
6	/zika18	9 (10.84%)	5 (7.25%)	0:00:28
7	/giardia	6 (7.23%)	6 (8.70%)	0:00:00
8	/meningitis	5 (6.02%)	5 (7.25%)	0:00:52
9	/pertussis	4 (4.82%)	3 (4.35%)	0:06:24
10	/hepatitis	2 (2.41%)	1 (1.45%)	0:01:23
11	/legionellosis	2 (2.41%)	2 (2.90%)	0:00:00
12	/measles	2 (2.41%)	1 (1.45%)	0:03:39
13	/mers	2 (2.41%)	2 (2.90%)	0:00:27
14	/mrsa	2 (2.41%)	1 (1.45%)	0:00:50
15	/ebola	1 (1.20%)	1 (1.45%)	0:00:00
16	/mrsa-ca	1 (1.20%)	1 (1.45%)	0:00:14
17	/salmonella	1 (1.20%)	1 (1.45%)	0:00:00
<b>4</b>	<b>/hpp/</b>	<b>170 (12.14%)</b>	<b>142 (12.49%)</b>	<b>0:01:22</b>
1	/index	106 (62.35%)	86 (60.56%)	0:00:48
2	/prediabetes	56 (32.94%)	51 (35.92%)	0:04:57
3	/diabetes	5 (2.94%)	3 (2.11%)	0:00:33
4	/sleep-awareness	2 (1.18%)	1 (0.70%)	0:00:22
5	/diabetes/email	1 (0.59%)	1 (0.70%)	0:00:03
27	/pnc	59 (0.39%)	44 (0.37%)	0:00:28
<b>7</b>	<b>/pnc/</b>	<b>359 (2.37%)</b>	<b>285 (2.42%)</b>	<b>0:02:30</b>
1	/cha	141 (39.28%)	103 (36.14%)	0:02:51
2	/map	97 (27.02%)	83 (29.12%)	0:02:16
3	/annual	60 (16.71%)	51 (17.89%)	0:04:25
4	/annual/	33 (9.19%)	24 (8.42%)	0:00:32
5	/prepare	13 (3.62%)	11 (3.86%)	0:03:14
6	/privacy	11 (3.06%)	9 (3.16%)	0:00:57
7	/prepare/	2 (0.56%)	2 (0.70%)	0:00:09
8	/anthrax	1 (0.28%)	1 (0.35%)	0:01:47
9	/legals	1 (0.28%)	1 (0.35%)	0:00:14

3	/annual	60 (16.71%)	51 (17.89%)	0:04:25
<b>4</b>	<b>/annual/</b>	<b>33 (9.19%)</b>	<b>24 (8.42%)</b>	<b>0:00:32</b>
1	/2014	16 (48.48%)	11 (45.83%)	0:00:10
2	/2014/deaths	6 (18.18%)	5 (20.83%)	0:01:29
3	/2014/chs	5 (15.15%)	3 (12.50%)	0:00:25
4	/2014/births	4 (12.12%)	3 (12.50%)	0:01:03
5	/2012/financial	1 (3.03%)	1 (4.17%)	0:00:31
6	/2013	1 (3.03%)	1 (4.17%)	0:00:07
	<i>Page path level 1</i>	<i>Pageviews</i>	<i>Unique Pageviews</i>	<i>Avg. Time on</i>
	<b>tompkinscountyny.gov</b>	<b>449,101</b>	<b>321,032</b>	<b>0:01:50</b>
1	/civilservice/	60,212 (13.41%)	44,468 (13.85%)	0:01:28
2	/	53,284 (11.86%)	33,948 (10.57%)	0:03:34
3	/assessment/	40,607 (9.04%)	26,844 (8.36%)	0:02:13
4	/sheriff/	23,630 (5.26%)	18,271 (5.69%)	0:00:55
5	/personnel/	16,975 (3.78%)	11,773 (3.67%)	0:03:07
6	/youth/	15,195 (3.38%)	9,904 (3.09%)	0:00:41
7	/health/	15,117 (3.37%)	11,762 (3.66%)	0:02:10
8	/departments	14,943 (3.33%)	11,079 (3.45%)	0:00:30
9	/sheriff	11,655 (2.60%)	7,210 (2.25%)	0:02:42
10	/boe/	11,611 (2.59%)	8,519 (2.65%)	0:01:10
11	/assessment	11,234 (2.50%)	7,430 (2.31%)	0:01:34
12	/account	9,854 (2.19%)	6,201 (1.93%)	0:01:32
13	/cclerk	8,032 (1.79%)	5,922 (1.84%)	0:02:54
14	/summercamps/	7,789 (1.73%)	6,799 (2.12%)	0:01:59
15	/onlineservices	6,842 (1.52%)	5,237 (1.63%)	0:01:06
16	/search/	6,801 (1.51%)	4,942 (1.54%)	0:00:32
17	/personnel	6,719 (1.50%)	5,313 (1.65%)	0:02:40
18	/boe	6,198 (1.38%)	3,818 (1.19%)	0:01:46
19	/cclerk/	5,608 (1.25%)	4,061 (1.26%)	0:01:53
20	/bid/	5,403 (1.20%)	3,422 (1.07%)	0:00:56
21	/ctyadmin/	3,944 (0.88%)	3,106 (0.97%)	0:02:02
22	/news/	3,622 (0.81%)	3,229 (1.01%)	0:02:19
23	/dss/	3,606 (0.80%)	2,748 (0.86%)	0:01:35
24	/health	3,379 (0.75%)	2,452 (0.76%)	0:01:01
25	/gis/	3,364 (0.75%)	2,639 (0.82%)	0:02:25
26	/wfnny	3,197 (0.71%)	2,458 (0.77%)	0:02:02
27	/tompkinsatoz	3,147 (0.70%)	2,480 (0.77%)	0:00:45
28	/cofa	2,999 (0.67%)	2,110 (0.66%)	0:03:25
29	/legislature	2,903 (0.65%)	2,084 (0.65%)	0:02:50
30	/da/	2,772 (0.62%)	2,281 (0.71%)	0:02:23
31	/cofa/	2,676 (0.60%)	1,934 (0.60%)	0:01:36
32	/legislature/	2,660 (0.59%)	2,179 (0.68%)	0:02:00
33	/planning/	2,594 (0.58%)	1,969 (0.61%)	0:02:39
34	/dss	2,538 (0.57%)	1,908 (0.59%)	0:01:49
35	/wfnny/	2,298 (0.51%)	1,726 (0.54%)	0:02:09

36	/highway	2,165 (0.48%)	1,423 (0.44%)	0:04:43
37	/mh/	2,049 (0.46%)	1,634 (0.51%)	0:01:19
38	/account/	2,031 (0.45%)	1,360 (0.42%)	0:00:58
39	/mh	1,929 (0.43%)	1,350 (0.42%)	0:00:57
40	/hconsortium/	1,849 (0.41%)	977 (0.30%)	0:02:07
41	/gis	1,844 (0.41%)	1,407 (0.44%)	0:01:54
42	/highway/	1,769 (0.39%)	1,364 (0.42%)	0:01:37
43	/assessment-1	1,707 (0.38%)	933 (0.29%)	0:01:05
44	/itctc	1,696 (0.38%)	723 (0.23%)	0:05:30
45	/howdoi	1,635 (0.36%)	1,356 (0.42%)	0:00:34
46	/probation/	1,479 (0.33%)	1,221 (0.38%)	0:01:20
47	/humanrights/	1,364 (0.30%)	1,033 (0.32%)	0:01:36
48	/planning	1,317 (0.29%)	931 (0.29%)	0:02:46
49	/HowDol	1,307 (0.29%)	1,161 (0.36%)	0:00:40
50	/countycorridors/	1,272 (0.28%)	1,020 (0.32%)	0:01:24
51	/historian/	1,267 (0.28%)	975 (0.30%)	0:01:06
52	/youth	1,264 (0.28%)	881 (0.27%)	0:04:33
53	/living	1,214 (0.27%)	1,004 (0.31%)	0:01:33
54	/Government	1,175 (0.26%)	1,036 (0.32%)	0:00:45
55	/da	1,170 (0.26%)	892 (0.28%)	0:01:08
56	/government	1,112 (0.25%)	858 (0.27%)	0:00:41
57	/dmv	1,101 (0.25%)	661 (0.21%)	0:01:48
58	/itctc/	1,075 (0.24%)	708 (0.22%)	0:02:39
59	/finance/	1,060 (0.24%)	861 (0.27%)	0:01:52
60	/ctyadmin	1,047 (0.23%)	769 (0.24%)	0:00:48
61	/purchase	1,019 (0.23%)	757 (0.24%)	0:02:29
62	/tourism/	962 (0.21%)	762 (0.24%)	0:03:40
63	/user	832 (0.19%)	571 (0.18%)	0:01:07
64	/emc/	807 (0.18%)	569 (0.18%)	0:01:38
65	/contactus	796 (0.18%)	639 (0.20%)	0:00:53
66	/hconsortium	788 (0.18%)	554 (0.17%)	0:01:16
67	/business	745 (0.17%)	569 (0.18%)	0:00:55
68	/swcd/	732 (0.16%)	548 (0.17%)	0:01:37
69	/intranet/	629 (0.14%)	520 (0.16%)	0:02:07
70	/finance	627 (0.14%)	472 (0.15%)	0:00:53
71	/probation	574 (0.13%)	424 (0.13%)	0:00:46
72	/visiting	558 (0.12%)	414 (0.13%)	0:00:49
73	/purchase/	550 (0.12%)	483 (0.15%)	0:01:41
74	/tourism	548 (0.12%)	428 (0.13%)	0:01:38
75	/ac	546 (0.12%)	442 (0.14%)	0:03:28
76	/countycorridors	534 (0.12%)	371 (0.12%)	0:01:21
77	/swcd	531 (0.12%)	366 (0.11%)	0:00:52
78	/news-spotlight/	520 (0.12%)	437 (0.14%)	0:01:24
79	/users/	506 (0.11%)	360 (0.11%)	0:01:19
80	/datasets/	498 (0.11%)	411 (0.13%)	0:01:55
81	/sheriff-2	486 (0.11%)	393 (0.12%)	0:02:07
82	/tccp/	459 (0.10%)	334 (0.10%)	0:02:13

**Medical Director's Report**  
**Board of Health**  
**July/August 2018**

**End the Epidemic 2020:**

This initiative on the part of the New York State Department of Health (NYSDOH) focuses on ending the epidemic of HIV - not the same as curing HIV. There is still no effective vaccine against HIV. Ending the epidemic means ending the uncontrolled spread of HIV. There are several components to this initiative which are made possible by technological and treatment developments of the past decade. Treatment now can turn HIV into being a chronic disease instead of a fatal disease. Treatment also reduces the number of viri circulating in a person's bloodstream and, if they are reduced sufficiently, the individual is no longer contagious to other individuals. In addition, the person can live a functional life in a relatively healthy state but must take their medication indefinitely.

Second advance: We have effective methods of identifying persons infected with HIV at an early stage in the disease. The key to identifying is testing and, once identified, then offering treatment. So, an important strategy is to encourage everyone who may be at risk for HIV to be tested, to know their status, to be treated, if indicated, and to be retested as appropriate.

Lastly, the advent of a medication (PrEP) to prevent HIV in individuals at risk is a breakthrough. This is a daily medication that will prevent an individual at high risk for HIV from acquiring it. There are a broad range of indications for this medication: from people who have partners with either unidentified HIV status or known HIV positive status to individuals in the sex trade or using intravenous injectable drugs. Also, individuals who have had a STD in the recent past are at high risk for HIV.

These three developments make it possible to end the epidemic but only if we bring the public onboard.

To end the epidemic by 2020, we encourage everyone to be tested as appropriate and to consider availing themselves of PrEP. The best way of doing this is to consult a healthcare practitioner. Planned Parenthood with whom we contract to deliver STD services for TCHD is also a resource.

I collaborated with Samantha Hillson, Melissa Gatch, members of Planned Parenthood and STAP to write a press release on PrEP. We are hoping it will be picked up by many of the media in our region. I would like to be able to talk about it on the radio and other media if possible. For your reference, I have included a copy of the press release at the end of my report.

## **Supervised Injection Facilities (SIFs):**

I met with Derek Osborne, candidate for Tompkins County Sheriff, on July 3rd to present my data on Supervised Injection Facilities (SIFs). I also reached out to Sheriff Ken Lansing. At the time of my dictation (July 23rd), Sheriff Lansing was looking at his calendar to see when we might meet.

On July 3rd, I also attended the Health and Human Services/Public Safety Joint Committee meeting at the Legislative Chambers. The sole topic was SIFs. The Southern Tier AIDS Program (STAP) made a presentation about their interest in running a SIF and the feasibility of their organization hosting such a treatment/harm reduction program. Ithaca City Mayor also presented his viewpoint. Questions and concerns were heard from attendees. These focused on issues we have heard in the past:

- Does it do anything about the amount of drugs on the street? Or about drug dealers?
- Will it encourage drug use?
- What about enforceability of current law regarding drug use?

STAP representatives, Public Health Director Frank Kruppa and I responded to questions put to us and at times contributed our own perspective on issues. Martha Robertson expressed concern about the need for better housing in the region as a cornerstone for people in need. I commented that to a degree a SIF would be a type of home; a place to go for support or assistance in moving to treatment. In many SIF facilities, housing issues are addressed by a social worker. Often there are shower facilities and sometimes some food provided. Sheriff Lansing was particularly concerned that a SIF would not get more drugs off the street. His paramount concerns were about drug dealers, drugs on the street and apprehending people dealing drugs.

Our District Attorney reiterated that he would continue to prosecute drug dealers. (In my opinion, there is nothing about SIFs that would preclude the Sheriff's Department or District Attorney from executing the responsibilities of their positions. SIFs are not intended to apprehend, support or nurture drug dealers.) With regard to the amount of drugs on the street and drug dealers, nothing in the global literature would indicate that a SIF increases them. SIFs are not designed or intended to directly deal with the availability of drugs on the street. That important part of the problem requires solutions outside of the scope of an SIF.

## **Hepatitis A and B Vaccines for the Substance Using Population:**

There are few vaccines that are important for individuals using substances. Hepatitis A and B vaccines are among them. Unfortunately, we do not have a Hepatitis C or HIV vaccine.

Challenging for certain medical practice settings is the cost of providing these vaccines. Our healthcare system cobbles together a variety of methodologies to provide vaccine at the point of care. Having a multiplicity of insurances and safety net programs makes it quite challenging to recoup the substantial costs for these vaccines (acquiring, monitoring, storing and administering vaccines). In addition, underinsured individuals and those not covered by insurance further complicates the situation. Fortunately, there are the Vaccines for Adults (VFA) and Vaccines for

Children (VFC) programs through which New York State will provide vaccines free of charge for these people. The provision of the vaccine comes with the need to provide monitoring and storage equipment and complete the monitoring logs and paperwork required.

It takes a fair amount of dedication for practitioners to provide vaccines for their population (economically they are not major money makers). TCHD has noticed this particularly with the practitioners who limit their care to adults. Given that there are not nearly as many vaccines for adults as there are for children and given that the provision of these vaccines to adults has become costlier, some adult care practitioners shy away from becoming involved in vaccination.

We at the Health Department help in as many ways as we can to provide good information to practitioners about providing vaccines and try to provide practical advice as well.

### **Review of Policies and Procedures for Division for Community Health:**

Karen Bishop has been doing an outstanding job upgrading our policies and procedures to comply with new NYSDOH standards. She is to be congratulated for her efforts in this regard as it has taken a considerable amount of work. The fruits of her (and her staff's) labors are evident in the very good review they received from NYSDOH at the end of July.

### **Media Coverage:**

WHCU recently indicated interest in resuming a regular program on public health topics. I submitted a list of topics that occurred to me to Ms. Hillson. Putting objective information in front of the public is one of the most important activities of the Department. As one of the very few organizations with no significant profit to be made from its press releases and interviews, the Health Department is in a unique and privileged position to inform.

### **Buprenorphine and Emergency Rooms:**

There has been movement in emergency rooms to provide individuals presenting with opioid overdose with buprenorphine at discharge. Buprenorphine (often given as suboxone) is a drug taken daily by people dependent on opioids to enable them to be functional and productive and to avoid the use of the opioid upon which they are dependent. It can be used indefinitely by them and is one of the options for medicine assisted therapy of opioid dependency.

Individuals presenting to the emergency room with an opioid overdose are held an extended period of time until it is certain they are out of risk. This provides an opportunity to discharge them on buprenorphine. Communities in the U.S. are beginning to use this approach as a component of the overall strategy to reduce overdose deaths and reduce opioid use. For example, Burlington, Vermont started this type of program this summer. In our area, there is ongoing work to create such a program as well.



In the program a limited supply of buprenorphine (about a week's worth) would be prescribed by the discharging emergency room physician with also a referral for follow-up care. An extension of that initial prescription could be done if a delay in follow-up care occurred. The intention is to provide the person follow-up care within a one or two-week period. At that time further evaluation of the person's needs and goals can be accomplished, further screening for health problems (such as infectious disease) conducted and additional referrals (such as for counseling) made.

This type of forward thinking is evidence we are looking at new and better ways of dealing with opioid dependency and the epidemic.

## ***Medical Director's Report – TCHD Press Release***

TOMPKINS COUNTY HEALTH DEPARTMENT  
*Your Partner for a Healthy Community*

Frank Kruppa – Public Health Director

### **FOR IMMEDIATE RELEASE**

July 24, 2018

For more information contact: Samantha Hillson 607-274-6600

## **HIV: PrEP to Help End the Epidemic**

Did you know that there is a pill that can be taken daily to lower one's risk of HIV infection? The medication is called PrEP, pre-exposure prophylaxis. Daily PrEP reduces the risk of getting HIV from sex by more than 90%. Among people who inject drugs, it reduces the risk by more than 70%.

How do I know if PrEP is right for me? If you answer yes to any of the following questions PrEP might be right for you.

- Do you have sex with multiple partners? Do you have sex without condoms?
- Do you know the HIV status of your sexual partners?
- Are you having sex with a person living with HIV infection?
- Are you a transgender person having sex without condoms?
- Do you ever have sex for drugs, food, money, housing, transportation, etc.?
- Are you a person who injects drugs or hormones with others?
- Do you use stimulant drugs such as methamphetamine?
- Have you been diagnosed with more than one STI in the last year?
- Have you used PEP (post-exposure prophylaxis) in the last year?
- Are you trying to conceive a child with a person living with HIV infection?

A “yes” (or a concern about getting HIV for some other reason) means that PrEP is for you.

PrEP is an excellent form of prevention, but because nothing is 100% effective, it is important to know and reduce your risk. You can combine PrEP with condoms and other prevention methods.

There are a variety of ways to pay for PrEP medication:

- NYS Medicaid and Medicare pay for the medication plus costs related to medical appointments and any lab tests.
- Most private insurances also cover the cost of being on PrEP. If you have a high cost plan, or are under or uninsured, NYS has an assistance program (PrEP-AP) to help with the cost of office visit and lab costs if your income is below 435% of the federal poverty level.

## **Medical Director's Report – TCHD Press Release**

- To assist in covering the cost of the medication itself, the PrEP manufacturer, Gilead, has a copay coupon program for people, regardless of income. They also have a medication coverage program for those with no insurance. There are other co-pay coupon programs available as well.
- If you need assistance navigating your payment options, you can visit the NYS DOH page; [prepforsex.org](http://prepforsex.org) or contact the NYS DOH AIDS Hotline at 1-800-542-2437.

PrEP medication is a breakthrough because it is one pill a day that has few side effects. A conversation with your doctor is the best way to get personalized information.

“Even if PrEP does not apply to you, please let others know! Community awareness is important! If you think you *might* be at risk of getting HIV, speak with your healthcare practitioner. Get tested for HIV so you know your status and take action, whether you are positive or negative. Medication can save your life and prevent you from giving the virus to others,” states Dr. Klepack, Medical Director of the Tompkins County Health Department.

If you have questions about PrEP, eligibility, payment, or finding a provider close to you, a local resource is the Planned Parenthood's PrEP Coordinator at **607-273-1526 ext. 2310** or <https://www.plannedparenthood.org/planned-parenthood-southern-finger-lakes/prep-services>. If you are a health care practitioner interested in providing PrEP services, you can also contact Planned Parenthood for assistance accessing clinical resources, training, and assistance with starting a PrEP program at your office.

To learn more about PrEP: <http://tompkinscountyny.gov/health/hiv/prep>

To find out more information about risk factors and PrEP, go to <https://www.cdc.gov/hiv/basics/prep.html>

To learn more about ending the epidemic: [https://www.health.ny.gov/diseases/aids/ending\\_the\\_epidemic/](https://www.health.ny.gov/diseases/aids/ending_the_epidemic/)

**Division for Community Health**  
**August 28, 2018 Board of Health Meeting**  
**Karen Bishop, Director of Community Health**  
**June - July 2018 Report**

**Administration –**

- Oriented two new WIC Program Nutritionists, Kelsie Fitch and Ellie Simas in June.
- Participated on weekly conference calls with the software vendor TenEleven to review form content for their development in the EHR. Participated on weekly administrative conference calls with TenEleven to ensure we meet target dates for review, completion and eventual implementation. Participated in face-to-face all day on-site conference with TenEleven on July 24 to further review documentation needs.
- Revised 19 vaccine policies to “standing orders” including recommended language per NYSDOH and NYS Education Department regarding nursing licensure responsibilities for administering vaccines.
- Revised the Clinic Infection Control Policy & Procedure to align with the Infection Control Policy.
- Revised the Lead Poisoning Policy to clearly state our response to elevated blood lead levels 10 mcg/dL and higher includes joint home visit by nursing and Environmental Health staff.
- Provided Bloodborne Pathogen training to 37 staff at Mental Health on June 22.
- Participated on a conference call interview for a research study by the College of New Jersey aiming to understand if nurses possess the characteristics and skill sets necessary to engage with communities to improve population health.
- Sent a blast fax to area providers regarding the NYSDOH Health Advisory: Outbreak of Hepatitis A among persons who use drugs and persons experiencing homelessness, dated July 5, 2018.
- Participated in Medical Records Specialist review of Article 28 services documentation on July 17, 2018. Favorable review with minimal findings.
- Participated in NYSDOH site survey of Article 28 programs (Diagnostic & Treatment Center) on July 25 which is a requirement every three years. Several deficiencies were noted including lapsed credentialing and reappointment of the Medical Director (should happen every two years), lack of required policies and procedures addressing Human Trafficking, Informed Consent, Surprise Bill Law and Referral for Services Not Available at Clinic, lapse in documentation of required annual training for MD staff, sharps containers in use without a 30-day expiration date and partially filled sharps containers stored in clean utility room. Director of Community Health addressed in a written plan of corrections which was found acceptable by NYSDOH on August 10. Though not stated by the reviewers, overall the survey was favorable. Four new policies and two revised policies are presented for board approval as a direct result of the survey.
- Met regularly with division managers to review program priorities, staffing/program concerns, documents for inclusion in new electronic health record in CHS, and training plan for implementing NYWIC, new statewide electronic system in WIC.

**Policies (4new)** – Human Trafficking, Informed Consent, Surprise Bill, and Referral for Services Not Available at Clinic. All four policies and procedures are required for Diagnostic & Treatment Centers (clinics) by NYSDOH.

**Policies (2 revised)** – *Credentialing for Licensed Health Care Providers Policy* – revisions include specification of credentialing verification of MDs for the Diagnostic & Treatment Center by Cayuga Medical Center initially then every two years, bi-annual reappointment by Board of Health for our Medical Director, and assuring annual training requirements defined by NYSDOH met for MDs and RNs.

*Clinic Infection Control Policy* - revisions include labeling sharps containers upon initial use with a 30-day expiration date, using wall mounted locking sharps containers in clinic rooms on-site, and storing partially filled sharps containers used off-site in locked soiled room.

#### **Statistical Reports –**

- Division statistical reports – see attached reports.

#### **WIC Program**

- Hired Ellie Simas as the new WIC Program Nutritionist. She started on June 18.
- 2018-19 WIC Federal Income Eligibility guidelines increased.
- Submitted 2019 WIC budget request, which did not include COLA funds as in previous years.
- Submitted the final 2018 Local Agency Compliance & Self-Assessment (LACASA) Plan.
- Started Tompkins County WIC Face Book page and Instagram page.
- Started a "refer a friend" campaign to increase caseload. If a currently enrolled WIC participant refers a friend to WIC and that friend enrolls in WIC, a prize is given to the participant that made the referral.
- Completed several Outreach and Public Health detailing visits to MD offices to discuss eWIC rollout.
- Breastfeeding Coordinator and the Peer Counselors organized and participated in the Ithaca Festival. A display table and tent were set up providing WIC information to the public, fun engaging children's activities, breastfeeding and nutrition health messages and a space for mothers to nurse their babies. Because of participating in this event, one new participant enrolled in the program!
- In July, no-show rate decreased to 12% from 18% in 2017. Due to their participation in the Learning Community, staff learned to utilize reports to identify participants with upcoming appointments and then sent appointment reminder text messages one week and two days prior to their appointment.
- Ithaca City and Dryden school districts agreed to include a WIC flyer with their free and reduced lunch letter to parents. The WIC flyer includes how to apply for WIC and announces the upcoming change from paper checks to an EBT card. It is anticipated the flyer should reach ~1400 families.

## June-July 2018 BOH Report

### Community Health Services

By Melissa Gatch, Supervising Community Health Nurse

#### Continuing Education-

- CHS nursing staff are participating in weekly WebEx immunization trainings (June- October) on the Pink Book series.
- Community Health Nurses Nanette Scogin, Celeste Rakovich and Kevin Zippel have provided several presentations on tick prevention to camp counselors at Cass Park and Primitive Pursuits. Staff also provided an interactive tick prevention presentation to about 50 campers at the Cayuga Nature Center.
- CHN's Celeste Rakovich and Deb Axtell completed SafeCare provider training July 30-August 2.

**Lead Poisoning Prevention-** Lead nurse Gail Birnbaum is following two lead cases.

**Case #1:** Two-year old with an initial BLL of 12 mcg/dl on 5/31/18. Joint visit made with lead nurse and Environmental Health on 6/14/18. Case lives in a rental home with parents and three siblings; siblings will be tested. Home visit revealed that child's bedroom and upstairs hallway had chipped lead based paint. Standard lead packet given to parents and teaching provided on cleaning and nutrition. A HEPA vacuum and wet mop were provided by Healthy Neighborhoods program, reinforcing the instructions on vacuuming and wet mop cleaning of floors, window sills and door frames. Family will be moving to a new home. Home visit for XRF assessment completed with results identifying multiple deteriorating lead based paint in the living room, bedrooms, porch and hall. EH sent letter to both parents and landlord outlining immediate steps to minimize lead exposure. The family moved out of the home at the end of July staying temporarily with family until they move to new home. Next BLL due in August.

**Case #2:** Two-year old with initial BLL of 17.4 mcg/dl on 6/29/18. Home visit completed by lead nurse and Healthy Neighborhoods staff on 7/10/18 and repeat visit done on 7/19/18 with lead nurse, EH and Ecospec. Child lives with parents in an apartment which was built after 1978. Initial home visit included collecting samples of spices in the home, home assessment and teaching. Initial XRF results from home visit on 7/19/18 revealed positive lead in several bracelets that the child wears and bangles that the mother wears. These items were removed from the home. The mother of the child reported that the child puts everything in her mouth- including eating dirt, sand and crayons. The mother works at a synchrotron lab and father works in a material science lab, both have contacted appropriate resources at work to insure that there is no lead exposure in work environment. XRF of car and shoes were negative. Mother plans to have her BLL tested. History also included a trip to India in January. Teaching done on increasing iron, calcium and Vitamin C into child's diet. Repeat BLL done 8/1/18 with result of 10.5 mcg/dl. Final XRF report received with positive findings found in hairpins, bangles and gold watch- all have been removed from the home. Spices tested were not within a threshold for concern. Repeat BLL due in 3 months.

#### Communicable Disease-

- **Pertussis:** Two new cases in July epi-linked to case in June. Cases attend the same school and case one was on the same sports team. Case one was in a 14 year old male with cough onset 6/27 and PCR positive on 7/2. Treated and isolated at home for 5 days. Household contacts received prophylaxes. No other close contacts identified. Case two was also a 14 year old male

with cough 7/2 and PCR positive on 7/13. Treated and isolated at home for 5 days. Household contacts received prophylaxes. No other close contacts identified.

- **Gonorrhea:** 13 new cases during June and July. Of the 13 cases, 12 were male (7 MSM), age range 20-54 years of age and 3 were college students. All received appropriate treatment. The Peace of Mind Community Partnership reconvened in July to address community education needs given the increase incidence in STI's locally.
- **Syphilis:** 3 cases in July; 2 primary cases and 1 late latent case. Case #1 (Primary) was in a 36 year old MSM. Case received appropriate treatment on 7/3. This case refused an interview for contact investigation. Case #2 (Primary) was in a 46 year old MSM. Case received appropriate treatment on 7/5. Case #3 (Late Latent) was in a 34 year old homeless MSM. Case received appropriate treatment x4. Case refused a follow up interview.
- **HIV Testing/Counseling:** During the months of June and July, the Health Department offered 18 clinic dates between 4 testing sites. There were 20 people tested and there were *no* positive results.
- **Health Advisories and Informational Messages Blast Faxed to Providers:**
  - Influenza report
  - Testing and Reporting of Mosquito & Tick-borne Illnesses
  - Outbreak of Hepatitis A among persons who use drugs and persons experiencing homelessness
  - Legionellosis
  - Congenital Syphilis Increasing in NYS (Excluding NYC)

#### **Tuberculosis- (2 active cases)**

**Case #1** 25-year old male student from Kenya arrived in the US Aug 2015. In September 2015 case had work up for TB, was diagnosed with culture negative TB and successfully completed 6 months of treatment. Case was re-evaluated by TB consultant in May 2018 after developing low grade fever, weight loss of 10 lbs, intermittent cough, hemoptysis and sore throat. Chest x-ray on 5/2/18 showed mild left basilar atelectasis and nodule at the left mid lung zone, a new finding from previous chest x-ray done 9/27/2017. Sputum x3 was obtained; all 3 samples were AFB smear negative and PCR negative. Client was started on empiric 4 drug TB treatment on 5/18/18, placed on home isolation and provided daily DOT. Case did not tolerate treatment regime well, developed increased anorexia, vomiting, fever, increased cough and malaise. By 5/29/18 weight decrease of 6lbs, was febrile, dehydrated and required hospitalization. Extensive workup done while hospitalized; no definitive diagnosis determined at discharge at 6/1. TB medications restarted and adjusted to 3 drug therapy. In May sputum culture results were MTB negative. At the post discharge office visit on 6/7, TB consultant determined that client would take a short course of medication for Malaria (3 days) empirically as all smears negative to date, along with a daily iron supplement for anemia and a referral for a hematology consult. The hematologist ordered additional labs and an echocardiogram which revealed irregularities. Client was admitted to local hospital for further evaluation and then transferred to regional hospital for further cardiac evaluation. To date, case remains hospitalized, on TB medications and awaiting further care.

**Case #2: (new)** 28-year old female student from China, entered the USA in 2013. Symptom onset April 2018; cough, fatigue, chest pain, and diminished lung sounds. Positive QFT (6/25), abnormal CXR (6/11). Three sputa were collected (6/27, 6/28, 6/29); were smear negative, PCR inconclusive, and culture positive. Isolation was not warranted per NYSDOH and TB consultant. Case was started on 4-drug treatment on 7/10/2018 with daily DOT; thus far client is tolerating treatment well. Susceptibility results are pending; however, genetic indicators suggest a possibility of Rifampin resistance. As a result, TB

consultant ordered an additional medication to her treatment, Moxifloxacin. Completion date of treatment will depend on Rifampin sensitivity. Contact investigation is in process, with no high priority contacts and 3 medium priority contacts from work.

**Tuberculosis Infection (LTBI):** There were 35 Tuberculin Screening Tests (TST) placed during the months of June and July. There was one positive result; a 45 year old female health care worker; positive result at 13 mm. Client was asymptomatic. CXR was ordered; negative exam reported. Client was counseled on treatment for Latent TB and declined.



N.Y.S. Department of Health  
 Division of Epidemiology  
 Communicable Disease Monthly Report\*, DATE: 05JUL18  
 Rates are defined as: Cases/100,000 population/Month

County=TOMPKINS Month=June

Disease	2018		2017		2016		2015		Ave (2015-2017)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
ANAPLASMOSIS**	2	22.9	0	0.0	0	0.0	0	0.0	0	0.0
CAMPYLOBACTERIOSIS**	3	34.3	0	0.0	4	45.8	3	34.3	2	22.9
CRYPTOSPORIDIOSIS**	0	0.0	1	11.4	0	0.0	1	11.4	1	11.4
ECOLI SHIGA TOXIN**	0	0.0	2	22.9	0	0.0	1	11.4	1	11.4
ENCEPHALITIS, OTHER	0	0.0	1	11.4	0	0.0	0	0.0	0	0.0
GIARDIASIS	3	34.3	0	0.0	1	11.4	0	0.0	0	0.0
HEPATITIS B,CHRONIC	1	11.4	1	11.4	0	0.0	1	11.4	1	11.4
HEPATITIS C,CHRONIC	3	34.3	4	45.8	1	11.4	12	137.3	6	68.7
INFLUENZA A, LAB CONFIRMED	1	11.4	0	0.0	1	11.4	0	0.0	0	0.0
INFLUENZA B, LAB CONFIRMED	0	0.0	0	0.0	0	0.0	2	22.9	1	11.4
LYME DISEASE** *****	11	125.9	12	137.3	7	80.1	6	68.7	8	91.5
PERTUSSIS**	0	0.0	2	22.9	0	0.0	0	0.0	1	11.4
SALMONELLOSIS**	2	22.9	1	11.4	2	22.9	0	0.0	1	11.4
SHIGELLOSIS**	0	0.0	0	0.0	3	34.3	0	0.0	1	11.4
STREP,GROUP B INVASIVE	1	11.4	1	11.4	0	0.0	0	0.0	0	0.0
SYPHILIS TOTAL.....	0	0.0	2	22.9	1	11.4	0	0.0	1	11.4
- P&S SYPHILIS	0	0.0	1	11.4	0	0.0	0	0.0	0	0.0
- EARLY LATENT	0	0.0	0	0.0	1	11.4	0	0.0	0	0.0

Disease	2018		2017		2016		2015		Ave (2015-2017)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
- LATE LATENT	0	0.0	1	11.4	0	0.0	0	0.0	0	0.0
GONORRHEA TOTAL.....	7	80.1	3	34.3	2	22.9	6	68.7	4	45.8
- GONORRHEA	7	80.1	3	34.3	2	22.9	6	68.7	4	45.8
CHLAMYDIA	22	251.7	26	297.5	21	240.3	29	331.8	25	286.1

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

\*\*Confirmed and Probable cases counted

\*\*\*Not official number

\*\*\*\* In 2015-2016, 25 counties investigated a sample of positive laboratory results; in 2017, 27 counties sampled; in 2018, 30 counties sampled.

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N.Y.S. Department of Health  
 Division of Epidemiology  
 Communicable Disease Monthly Report\*, DATE: 01AUG18  
 Rates are defined as: Cases/100,000 population/Month

County=TOMPKINS Month=July

Disease	2018		2017		2016		2015		Ave (2015-2017)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
AMEBIASIS	0	0.0	1	11.4	0	0.0	0	0.0	0	0.0
ANAPLASMOSIS**	1	11.4	2	22.9	0	0.0	0	0.0	1	11.4
BABESIOSIS**	0	0.0	1	11.4	0	0.0	0	0.0	0	0.0
CAMPYLOBACTERIOSIS**	3	34.3	1	11.4	3	34.3	1	11.4	2	22.9
CRYPTOSPORIDIOSIS**	4	45.8	2	22.9	0	0.0	0	0.0	1	11.4
ECOLI SHIGA TOXIN**	0	0.0	0	0.0	0	0.0	1	11.4	0	0.0
EHRlichiosis (UNDETERMINED)**	0	0.0	0	0.0	0	0.0	1	11.4	0	0.0
ENCEPHALITIS, POST	0	0.0	1	11.4	1	11.4	0	0.0	1	11.4
GIARDIASIS	1	11.4	0	0.0	2	22.9	0	0.0	1	11.4
HEPATITIS B,CHRONIC	1	11.4	0	0.0	1	11.4	0	0.0	0	0.0
HEPATITIS C,ACUTE	0	0.0	2	22.9	3	34.3	0	0.0	2	22.9
HEPATITIS C,CHRONIC	5	57.2	2	22.9	0	0.0	8	91.5	3	34.3
INFLUENZA A, LAB CONFIRMED	5	57.2	0	0.0	0	0.0	0	0.0	0	0.0
LEGIONELLOSIS	0	0.0	0	0.0	0	0.0	1	11.4	0	0.0
LISTERIOSIS	0	0.0	0	0.0	1	11.4	0	0.0	0	0.0
LYME DISEASE** ****	13	148.8	20	228.9	9	103.0	15	171.6	15	171.6
MENINGITIS, ASEPTIC	0	0.0	2	22.9	1	11.4	0	0.0	1	11.4
PERTUSSIS**	2	22.9	3	34.3	0	0.0	0	0.0	1	11.4
ROCKY MTN SPOT FEVER**	0	0.0	1	11.4	1	11.4	0	0.0	1	11.4

Disease	2018		2017		2016		2015		Ave (2015-2017)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
SALMONELLOSIS**	4	45.8	4	45.8	1	11.4	0	0.0	2	22.9
SHIGELLOSIS**	0	0.0	0	0.0	1	11.4	1	11.4	1	11.4
STREP,GROUP B INVASIVE	0	0.0	0	0.0	2	22.9	0	0.0	1	11.4
STREP,GROUP B INV,EARLY/LATE ONSET	1	11.4	0	0.0	0	0.0	0	0.0	0	0.0
STREP PNEUMONIAE,INVASIVE**	0	0.0	0	0.0	2	22.9	0	0.0	1	11.4
TUBERCULOSIS****	1	11.4	0	0.0	0	0.0	0	0.0	0	0.0
TYPHOID FEVER	0	0.0	0	0.0	0	0.0	1	11.4	0	0.0
ZIKA VIRUS (SYMPTOMATIC)**	0	0.0	0	0.0	1	11.4	0	0.0	0	0.0
SYPHILIS TOTAL.....	3	34.3	1	11.4	2	22.9	1	11.4	1	11.4
- P&S SYPHILIS	2	22.9	0	0.0	0	0.0	0	0.0	0	0.0
- EARLY LATENT	0	0.0	0	0.0	1	11.4	0	0.0	0	0.0
- LATE LATENT	1	11.4	1	11.4	1	11.4	1	11.4	1	11.4
GONORRHEA TOTAL.....	8	91.5	6	68.7	5	57.2	1	11.4	4	45.8
- GONORRHEA	8	91.5	6	68.7	5	57.2	1	11.4	4	45.8
CHLAMYDIA	41	469.1	24	274.6	26	297.5	27	309.0	26	297.5

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

\*\*Confirmed and Probable cases counted

\*\*\*Not official number

\*\*\*\* In 2015-2016, 25 counties investigated a sample of positive laboratory results; in 2017, 27 counties sampled; in 2018, 30 counties sampled.

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N.Y.S. Department of Health  
 Division of Epidemiology  
 Communicable Disease Monthly Report\*, DATE: 01AUG18

Through July

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

County=TOMPKINS

Disease	2018		2017		2016		2015		Ave (2015-2017)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
AMEBIASIS	0	0.0	1	1.6	1	1.6	0	0.0	1	1.6
ANAPLASMOSIS**	4	6.5	5	8.2	0	0.0	0	0.0	2	3.3
BABESIOSIS**	0	0.0	1	1.6	0	0.0	1	1.6	1	1.6
CAMPYLOBACTERIOSIS**	18	29.4	11	18.0	11	18.0	11	18.0	11	18.0
CRYPTOSPORIDIOSIS**	8	13.1	11	18.0	5	8.2	2	3.3	6	9.8
DENGUE FEVER**	0	0.0	1	1.6	0	0.0	0	0.0	0	0.0
ECOLI SHIGA TOXIN**	1	1.6	3	4.9	2	3.3	6	9.8	4	6.5
EHRlichiosis (UNDETERMINED)**	0	0.0	0	0.0	0	0.0	1	1.6	0	0.0
ENCEPHALITIS, OTHER	1	1.6	2	3.3	1	1.6	0	0.0	1	1.6
ENCEPHALITIS, POST	0	0.0	1	1.6	1	1.6	0	0.0	1	1.6
GIARDIASIS	11	18.0	2	3.3	8	13.1	4	6.5	5	8.2
HAEMOPHILUS INFLUENZAE, NOT TYPE B	3	4.9	0	0.0	2	3.3	2	3.3	1	1.6
HEPATITIS B,CHRONIC	4	6.5	7	11.4	7	11.4	1	1.6	5	8.2
HEPATITIS C,ACUTE	3	4.9	3	4.9	4	6.5	1	1.6	3	4.9
HEPATITIS C,CHRONIC	22	36.0	25	40.9	28	45.8	56	91.5	36	58.8
INFLUENZA A, LAB CONFIRMED	462	755.2	388	634.2	331	541.1	288	470.8	336	549.2
INFLUENZA B, LAB CONFIRMED	560	915.4	147	240.3	80	130.8	67	109.5	98	160.2

Disease	2018		2017		2016		2015		Ave (2015-2017)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
INFLUENZA UNSPECIFIED, LAB CONFIRMED	0	0.0	2	3.3	2	3.3	0	0.0	1	1.6
LEGIONELLOSIS	0	0.0	2	3.3	2	3.3	1	1.6	2	3.3
LISTERIOSIS	1	1.6	0	0.0	1	1.6	0	0.0	0	0.0
LYME DISEASE** ****	35	57.2	34	55.6	24	39.2	24	39.2	27	44.1
MALARIA	0	0.0	0	0.0	1	1.6	1	1.6	1	1.6
MENINGITIS, ASEPTIC	1	1.6	3	4.9	1	1.6	0	0.0	1	1.6
MUMPS**	2	3.3	0	0.0	0	0.0	0	0.0	0	0.0
PERTUSSIS**	6	9.8	6	9.8	0	0.0	1	1.6	2	3.3
ROCKY MTN SPOT FEVER**	0	0.0	1	1.6	1	1.6	0	0.0	1	1.6
SALMONELLOSIS**	11	18.0	6	9.8	7	11.4	7	11.4	7	11.4
SHIGELLOSIS**	1	1.6	0	0.0	6	9.8	1	1.6	2	3.3
STREP,GROUP A INVASIVE	3	4.9	1	1.6	2	3.3	2	3.3	2	3.3
STREP,GROUP B INVASIVE	5	8.2	2	3.3	4	6.5	4	6.5	3	4.9
STREP,GROUP B INV,EARLY/LATE ONSET	1	1.6	0	0.0	0	0.0	0	0.0	0	0.0
STREP PNEUMONIAE,INVASIVE**	4	6.5	4	6.5	8	13.1	2	3.3	5	8.2
TUBERCULOSIS***	2	3.3	1	1.6	0	0.0	1	1.6	1	1.6
TYPHOID FEVER	0	0.0	0	0.0	0	0.0	1	1.6	0	0.0
VIBRIO - NON 01 CHOLERA**	0	0.0	0	0.0	0	0.0	1	1.6	0	0.0
YERSINIOSIS	1	1.6	0	0.0	0	0.0	0	0.0	0	0.0
ZIKA VIRUS (SYMPTOMATIC)**	0	0.0	0	0.0	2	3.3	0	0.0	1	1.6
SYPHILIS TOTAL.....	8	13.1	7	11.4	8	13.1	3	4.9	6	9.8
- P&S SYPHILIS	2	3.3	3	4.9	2	3.3	2	3.3	2	3.3

Disease	2018		2017		2016		2015		Ave (2015-2017)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
- EARLY LATENT	3	4.9	0	0.0	4	6.5	0	0.0	1	1.6
- LATE LATENT	3	4.9	4	6.5	2	3.3	1	1.6	2	3.3
GONORRHEA TOTAL.....	70	114.4	40	65.4	27	44.1	38	62.1	35	57.2
- GONORRHEA	69	112.8	40	65.4	27	44.1	38	62.1	35	57.2
- GONORRHEA,DISSEMINATED	1	1.6	0	0.0	0	0.0	0	0.0	0	0.0
CHLAMYDIA	265	433.2	238	389.0	203	331.8	199	325.3	213	348.2
CHLAMYDIA PID	1	1.6	1	1.6	0	0.0	0	0.0	0	0.0

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

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

\*\*\*Not official number

\*\*\*\* In 2015-2016, 25 counties investigated a sample of positive laboratory results; in 2017, 27 counties sampled; in 2018, 30 counties sampled.

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Division for Community Health  
**PROGRAM Statistical Highlights for Board of Health - 2018**

<b>Community Health Services Program Statistics</b>	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD 2018	Total 2017	Total 2016
<b>Maternal Child / MOMS Services</b>															
Client Caseload	85	80	77	74	68	60	67								
# of Client Admissions	21	14	9	8	13	8	12						85	181	254
# of Client Discharges	17	10	12	17	16	5	16						93	217	241
Maternal & Infant Office Visit**	9	4	10	4	5	6	10						48	99	163
Maternal & Infant Home Visit	68	59	48	58	65	51	47						396	918	928
<b>Total Home &amp; Office Visits</b>	<b>77</b>	<b>63</b>	<b>58</b>	<b>62</b>	<b>70</b>	<b>57</b>	<b>57</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>444</b>	<b>1017</b>	<b>1091</b>

<b>SafeCare</b>															
# of Clients in program	5	6	6	8	6	7	5						16		
# Home Visits	10	14	10	30	23	18	13						118		

<b>On-Call (Weekend) Nursing Visits to Patients</b>															
Maternal & Infant On Call Visits	0	0	0	0	0	0	0						0	0	0
Rabies On Call Vaccinations	0	1	1	0	7	5	1						15	36	33
TB DOT On Call Visits	4	0	0	0	5	1	2						12	9	4
<b>Total # On-Call Visits</b>	<b>4</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>12</b>	<b>6</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>27</b>	<b>45</b>	<b>37</b>

<b>Total Home, Office, SafeCare, On-Call Visits</b>	<b>91</b>	<b>78</b>	<b>69</b>	<b>92</b>	<b>105</b>	<b>81</b>	<b>73</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>589</b>	<b>1062</b>	<b>1128</b>
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<b>Childbirth Education</b>															
# of Childbirth Education Classes	0	0	0	0	0	0	0						0	3	3
# of Childbirth Education Moms*	0	0	0	0	0	0	0						0	15	13

DOT = Direct Observe Therapy Visits

MOMS = Medicaid Obstetrical and Maternal Services

Shaded areas indicate revisions from the previous report

\* CBE Moms is duplicated count


\*\* Office visit includes intake visits




Community Health Services Clinic Statistics	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD 2018	Total 2017	Total 2016
<b>Immunization Program (does not include counts for rabies vaccinations or PPD)</b>															
Immunization Clients Served: Children	22	17	22	15	9	11	9						105	274	263
Immunization Clients Served: Age19 +	26	32	4	7	8	11	12						100	599	553
<b>Total Immunization Clients</b>	<b>48</b>	<b>49</b>	<b>26</b>	<b>22</b>	<b>17</b>	<b>22</b>	<b>21</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>205</b>	<b>873</b>	<b>816</b>
Immunizations Administered: Children	46	39	40	24	15	22	13						199	553	496
Immunizations Administered: Age 19 +	33	40	5	8	10	14	15						125	668	578
<b>Total Immunizations Administered</b>	<b>79</b>	<b>79</b>	<b>45</b>	<b>32</b>	<b>25</b>	<b>36</b>	<b>28</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>324</b>	<b>1221</b>	<b>1074</b>
# of Influenza Immunizations	30	34	11	3	4	2	0						84	591	536
# of All Other Immunizations	49	45	34	29	21	34	28	0	0	0	0	0	240	630	538
<b>Rabies Vaccination Program (Internal data, reporting to NYSIIS may be ongoing)</b>															
Post-Exposure Clients	3	9	2	2	20	15	11						62	139	104
Post-Exposure Vaccinations	8	19	3	3	45	25	20						123	277	228
<b>Tuberculosis Program</b>															
Cumulative Active TB clients	2	3	3	3	4	4	3						3	5	4
Active TB Admissions	1	0	0	0	1	0	2						4	4	3
Active TB Discharges	0	1	1	0	0	0	1						3	3	2
Current Active Clients	3	2	1	1	2	2	2						N/A	N/A	N/A
TB Direct Observe Therapy Home Visits	38	44	33	12	22	44	32						225	353	102
# of Tuberculosis Screening Tests	20	6	24	6	4	18	27						105	231	312
<b>Anonymous HIV Counseling &amp; Testing Clinics</b>															
# of HIV Clinics - including Walk-Ins	3	6	10	6	10	7	11						53	89	121
# of Clients Counseled & Tested	1	10	4	8	6	4	16						49	73	101
HIV Positive Eliza & Western Blot	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0
<b>Women, Infants, Children Clinic</b>															
Monthly New Enrollments	42	47	40	49	59	55	51					41	384	535	669
Total Participants Served	471	370	383	450	411	428	444					414	3371	5230	6240
Participants w/Active Checks	1079	1059	1051	1024	1040	1048	1027					1075	1050	1160	1289
Total Enrolled (Summary is an Average)	1284	1257	1240	1190	1214	1193	1225					1269	1234	1399	1512
% No-Show	16.0%	15.8%	15.2%	13.9%	14.3%	12.2%	16.9%					15.3%			
% Active Participation	71.9%	70.6%	70.1%	68.3%	69.3%	69.9%	68.5%					71.7%			
% Caseload Target (FY17 Target = 1500)	85.6%	83.8%	82.7%	79.3%	79.5%	79.5%	81.7%					84.6%			

123 Red numbers indicate preliminary data; subject to revision

UA = Unavailable at this time

 yellow cells are averages

 This count includes TB DOT office visits for one client

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

## **Children with Special Care Needs Highlights June 2018**

### **Staff Activities**

#### **Staff Committees & Meetings**

- CSCN Software committee meets weekly (Michele Card, Cindy Lalonde, Barb Wright, Deb Thomas, Greg Potter IT Director and Roger Cotrofeld, IT)
- All staff participated in CSCN Staff Meeting on 6/18/18
- Cindy LaLonde, Pat Washburn, Margo Polikoff and Stephanie Sampson Magill participated in a meeting with Child Development Council on 6/25/18
- Margo Polikoff attended Trauma Informed Treatment and environmental Psychology Presentation at Cradle to Career Meeting on 6/8/18
- Margo attended 'Transportation for Health' with the Health Planning Council on 6/11/18

#### **Staff Training**

- Capri Prentice, Pat Washburn, and Stephanie Sampson Magill participated in 'Children with Disabilities' webinar on 6/6/18
- Linda Taylor participated in Preschool Webinar presented by McGuinness & Assoc. on 6/7/18
- Margo Polikoff attended Supports for Health—Transportation Voucher Referral source training with Human Service Coalition on 6/13/18
- Stephanie Sampson-Magill completed Intro to Service Coordination Training on 6/13 & 6/14/18
- Capri participated in 'Challenging Behaviors' webinar on 6/20/18
- Stephanie Sampson Magill attended Defensive Driving Training on 6/18/18
- Julie Norton, Cindy and Pat attended Defensive Driving Training on 6/27/18
- Margo, Capri and Julie participated in Motivational Interviewing on 6/19/18
- Margo attended Epilepsy/Seizure Disorder Training by Epilepsy Pralid at Lansing Community Ctr for Head Start staff on 6/22/18

#### **Division Managers**

##### **Deb Thomas:**

- Attended the S<sup>2</sup>AY Network in Penn Yan 6/13/18
- Thirty Million Words Committee Meeting 6/7/18
- Senior Leadership Meeting 6/22/18
- Interviews for Administrative Assistant 6/8/18 and 6/11/18
- Listened to the NYSACHO conference on 6/7/18
- Additional Software checklist meeting 6/6/18
- Budget meetings 6/7/18, 6/12/18
- Results Based Accountability Training 6/15/18
- CSCN program meeting with Frank Kruppa 6/21/18
- Early Intervention and Preschool Provider meeting 6/15/18
- Attended a training at TC3 *Dealing with Difficult People* 6/19/18
- Met with agency owner of Hear 2 Learn 6/21/18
- Met with Music Therapist Provider for EI/Preschool 6/25/18
- Participated in Webinar *Linking families to the CSHCN program* 6/27/18

- BEI Outcomes webinar 6/27/18
- Participated in the All- county conference call for BEI 6/28/18
- Met with EI Provider for setting up Parent Groups 6/29/18
- Attended the BEI Parent Training in Syracuse 6/29/18

**Barb Wright:**

- Participated in Preschool Webinar presented by McGuinness & Assoc. on 6/7/18
- Interviews for Administrative Assistant 6/8/18 and 6/11/18
- Results Based Accountability Training 6/15/18
- Participated in the All- county conference call for BEI 6/28/18

**Other:**

- CSCN will welcome a new Administrative Assistant Level 2 -Kathy Raine will start 7/16/18
- CSCN will be interviewing for an open Senior Account Clerk Typist position
- CSCN has been receiving assistance from retiree Carol Beebe for the Preschool Billing

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

## **Children with Special Care Needs Highlights July 2018**

### **Staff Activities**

#### **Staff Committees & Meetings**

- CSCN Software committee meets weekly (Michele Card, Cindy Lalonde, Barb Wright, Deb Thomas, Greg Potter IT Director and Roger Cotrofeld, IT
- Weekly meetings for building of checklists for the software with Roger Cotrofeld and the committee.
- Transition Meeting with Ithaca City School District, Racker Centers, Margo Polikoff and Deb Thomas on 7/11/18
- Margo Polikoff attended the Collective Impact Committee on 7/13/18
- 

#### **Staff Training**

- Margo Polikoff, Julie Norton and Deb Thomas attended the CPSE Chairs refresher course 7/12/18
- Stephanie Sampson-MaGill attended CPR recertification training on 7/3/18
- Margo Polikoff listened to a webinar- Care Coordination for Children with Medical Complexity for the CSHCH program on 7/26/18

#### **Division Managers**

- Barbara Wright, Linda Taylor and Deb Thomas participated in interviews for the Senior Account Clerk Typist position.

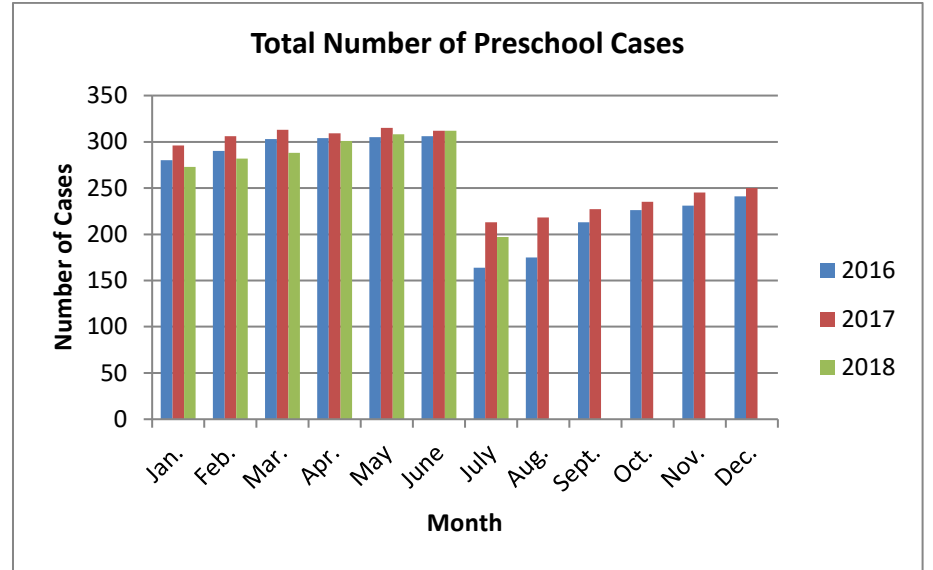
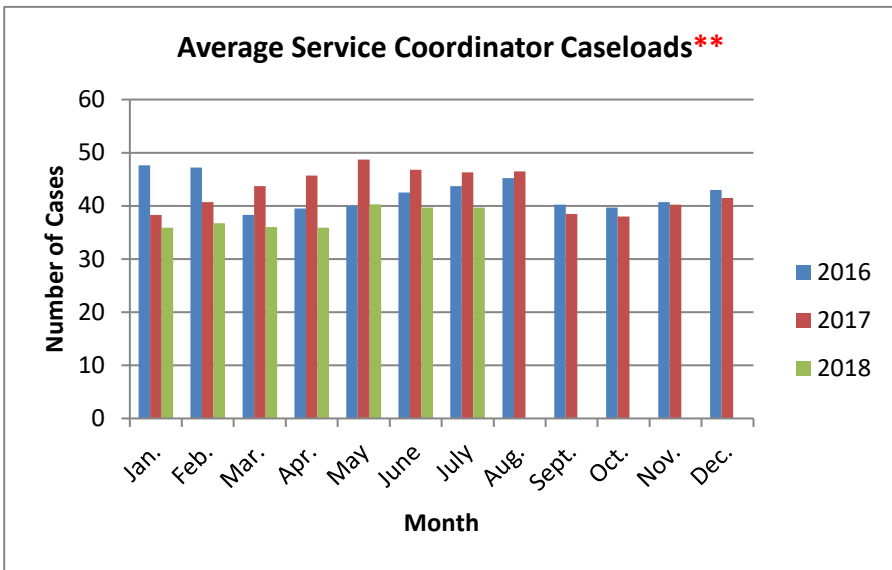
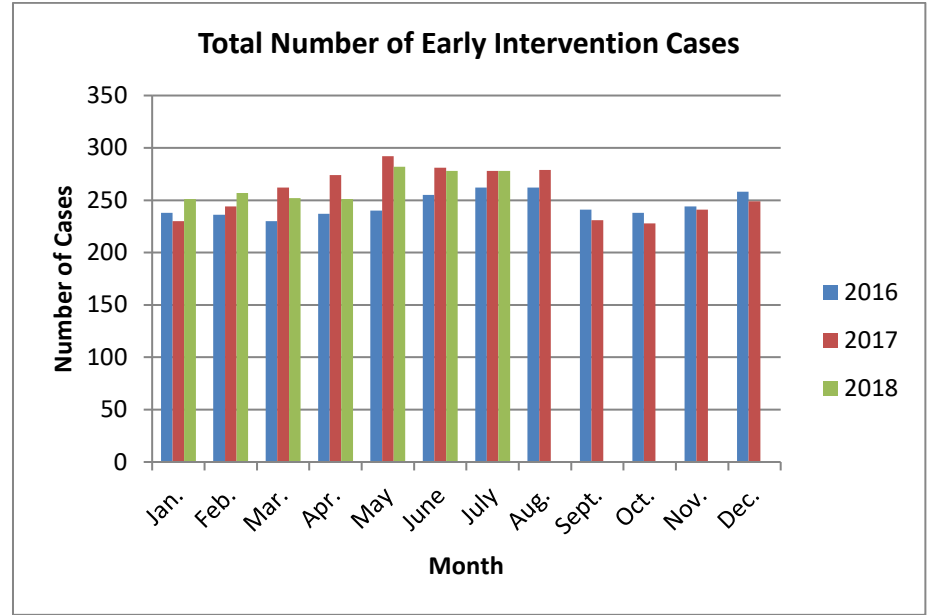
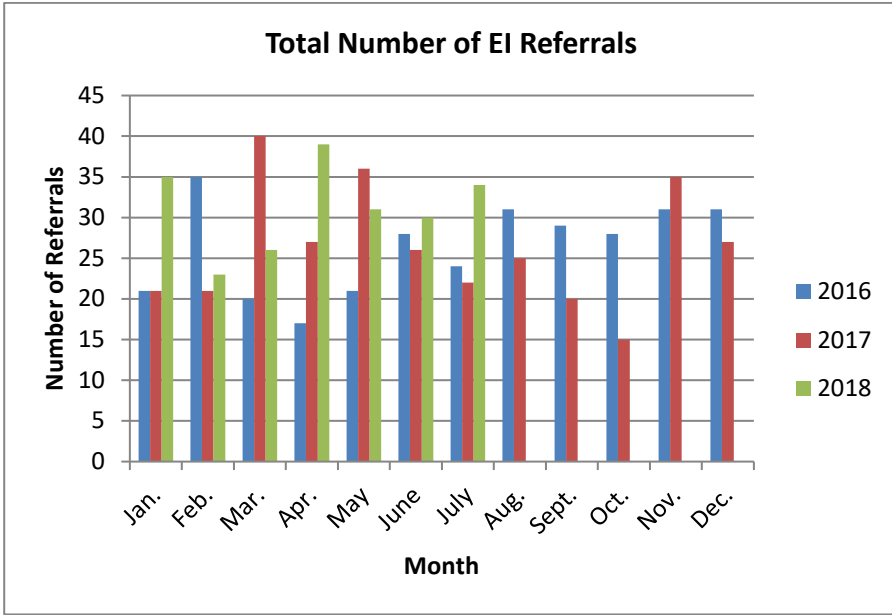
#### **Deb Thomas:**

- Senior Leadership Meeting 7/18/18 and 7/31/18
- Interviews 4 candidates for Sr Account Clerk Typist 7/10, 7/17 and 7/19/18
- Listened to the NYS DOH BEI Conference Call for Indicators 7/16/18
- CSCN program meeting with Frank Kruppa 7/11/18, 7/31/18
- NYSSIP Team met and participated in a conference call with Rochester UCED 7/20/18
- Participated in the CSHCN/ PHCP Audit from NYS DOH on 8/25/18
- Attended 3 CPSE meetings as the Municipal Rep
- Received the first finding report from OMIG for the Preschool audit with requests for more documentation-completed and returned to OMIG

#### **Other:**

- CSCN welcomed a new Administrative Assistant Level 2 -Kathy Raine started 7/16/18
- CSCN will welcome a new Senior Account Clerk Typist Matthew Phillips on 8/13/18
- CSCN has been receiving help from retired Carol Beebe for the preschool billing

## Children with Special Care Needs Division Statistics Based on Calendar Year



**\*\* Average Service Coordinator Caseloads showing decrease due to increase in fully oriented Ongoing Service Coordinators**

**Children with Special Care Needs Division  
Statistical Highlights 2018**

**EARLY INTERVENTION PROGRAM**

Number of Program Referrals	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2018 Totals	2017 Totals
<b>Initial Concern/reason for referral:</b>														
-- DSS Founded Case	4	1	1	1	1		1						9	13
-- Gestational Age				1	1	2							4	15
-- Gestational Age/Gross Motor													0	0
-- Cognitive Delay													0	1
-- Global Delays						1	1						2	4
-- Hearing					1	1	2						4	1
-- Physical													0	0
-- Feeding	2		2	3		1							8	19
-- Feeding & Gross Motor													0	0
-- Feeding & Social Emotional													0	0
-- Gross Motor	6	4	6	7	5	8	3						39	74
-- Gross Motor & Feeding			1	1		1							3	1
-- Gross Motor & Fine Motor	2				1								3	0
-- Gross Motor & Social Emotional													0	1
-- Fine Motor				1			1						2	1
-- Fine Motor & Cognitive													0	0
-- Social Emotional		1				1	1						3	11
-- Social Emotional & Adaptive													0	0
-- Speech	12	14	14	21	21	13	20						115	155
-- Speech & Feeding	1			1			2						4	3
-- Speech & Fine Motor					1								1	2
-- Speech & Gross Motor	1	1	1	2		1							6	3
-- Speech & Sensory			1										1	0
-- Speech & Social Emotional	1	2		1									4	3
-- Adaptive													0	0
-- Adaptive/Sensory	3												3	3
-- Adaptive/Fine Motor													0	0
-- Qualifying Congenital / Medical Diagnosis	1						3						4	0
-- Child Find (At Risk)	2					1							3	0
<b>Total Number of Early Intervention Referrals</b>	<b>35</b>	<b>23</b>	<b>26</b>	<b>39</b>	<b>31</b>	<b>30</b>	<b>34</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>218</b>	<b>310</b>

Caseloads														
Total # of clients qualified and receiving svcs	214	225	219	201	235	242	248							
Total # of clients pending intake/qualification	37	32	33	50	47	36	30							
Total # qualified and pending	251	257	252	251	282	278	278							
Average # of Cases per Service Coordinator	35.9	36.7	36.0	35.9	40.3	39.7	39.7	0.0	0.0	0.0	0.0	0.0		

**Children with Special Care Needs Division  
Statistical Highlights 2018**

**EARLY INTERVENTION PROGRAM**

<b>Family/Client visits</b>	<b>Jan</b>	<b>Feb</b>	<b>March</b>	<b>April</b>	<b>May</b>	<b>June</b>	<b>July</b>	<b>Aug</b>	<b>Sept</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>2018 Totals</b>	<b>2017 Totals</b>
-- Intake visits	22	27	17	34	37	21	29						187	276
-- IFSP Meetings	48	35	39	45	41	42	32						282	479
-- Amendments	16	21	8	29	19	31	14						138	179
-- Core Evaluations	23	19	20	21	25	32	27						167	237
-- Supplemental Evaluations	7	9	6	11	12	7	12						64	80
-- DSS Visit	0	0	0	0	0	0	0						0	1
-- EIOD visits	3	3	1	2	2	3	2						16	36
-- Observation Visits	54	25	40	65	68	51	48						351	553
-- CPSE meetings	7	12	6	5	8	9	5						52	80
-- Program Visit	0	0	2	0	0	0	0						2	10
-- Family Training/Team Meetings	0	0	2	0	5	1	0						8	7
-- Transition meetings	15	15	13	6	7	6	7						69	118
-- Safe Care Visits	0	0	0	0	0	0	0						0	31
-- Other Visits	4	0	0	0	2	0	1						7	32
<b>IFSPs and Amendments</b>														
# of Individualized Family Service Plans Completed	48	35	39	45	41	42	32						282	479
# of Amendments to IFSPs Completed	31	35	15	34	19	44	21						199	238
<b>Services and Evaluations Pending &amp; Completed</b>														
<b>Children with Services Pending</b>														
-- Audiological	1	0	2	0	0	0	0							
-- Feeding	0	0	0	0	0	1	1							
-- Nutrition	0	0	1	0	0	0	0							
-- Occupational Therapy	1	1	1	1	1	0	2							
-- Physical Therapy	2	1	4	2	2	2	3							
-- Social Work	1	1	0	1	0	0	0							
-- Special Education	0	0	0	1	2	1	0							
-- Speech Therapy	0	1	2	4	5	5	4							
<b># of Supplemental Evaluations Pending</b>	11	5	14	12	7	15	1							
Type:														
-- Audiological	4	3	6	5	2	4	0							
-- Developmental Pediatrician	1	0	0	0	0	0	0							
-- Diagnostic Psychological	0	0	0	0	1	1	1							
-- Feeding	1	1	1	2	0	1	0							
-- Physical Therapy	0	0	2	0	0	1	0							
-- Speech	2	0	4	3	2	4	0							
-- Occupational Therapy	3	1	1	2	2	4	0							
-- Vision	0	0	0	0	0	0	0							
-- Other	0	0	0	0	0	0	0							

**Children with Special Care Needs Division  
Statistical Highlights 2018**

**EARLY INTERVENTION PROGRAM**

Services and Evaluations Pending & Completed (continued)	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2018 Totals	2017 Totals
<b># of Supplemental Evaluations Completed</b>	12	17	7	16	16	5	13	0	0	0	0	0	86	123
Type:														
-- Audiological	3	6	2	5	7	0	2							36
-- Diagnostic Psychological	1	1	1	1	0	0	0							2
-- Developmental Pediatrician	1	1	0	0	0	1	0							1
-- Feeding	0	1	2	0	3	1	1							14
-- Occupational Therapy	3	6	1	2	0	0	6							27
-- Physical Therapy	2	0	0	1	1	1	1							14
-- Speech Therapy	2	2	1	7	5	2	3							29
-- Vision	0	0	0	0	0	0	0							0
-- Other	0	0	0	0	0	0	0							0
<b>Diagnosed Conditions</b>														
<b>Autism Spectrum</b>														
-- Children currently diagnosed:	2	3	3	2	3	2	2							
-- Children currently suspect:	12	13	23	13	5	13	11							
<b>Children with 'Other' Diagnosis</b>														
-- Agenesis of Corpus Collosum	1	1	1	1	1	1	0							
-- Agenesis of Pectoral Muscle	1	1	1	1	0	0	0							
-- Aperture Stenosis	0	0	0	0	0	1	0							
-- Apraxia	0	1	0	0	0	0	0							
-- Athrogryposis	0	1	1	1	1	0	1							
-- Brain Anomalies	1	1	0	0	0	0	1							
-- Cardiac Anomaly	2	2	1	1	1	2	1							
-- Cerebral Palsy (CP)	2	2	3	2	2	1	0							
-- Chromosome Abnormality	3	2	1	2	2	2	0							
-- Cleft Lip/Palate	6	6	4	3	1	2	1							
-- Cri Du Chat	0	0	0	0	0	1	1							
-- Crouzon Syndrome	1	1	1	1	1	1	1							
-- DiGeorge Syndrome	1	1	1	1	1	1	1							
-- Down Syndrome	5	5	5	5	5	5	5							
-- Ectrodactyly	1	1	1	1	1	1	1							
-- Failure to Thrive	2	1	0	0	0	1	1							
-- Feeding Difficulties	12	9	9	26	24	24	26							
-- GERD	2	2	0	2	1	2	3							
-- Hearing Loss	3	6	5	5	3	2	3							
-- Hydrocephalus	1	1	1	1	1	1	1							
-- Hydronephrosis	1	1	1	0	0	0	0							
-- Hypotonia	2	1	0	2	2	3	2							
-- Intrauterine Stroke	1	0	0	1	1	1	1							
-- Macrocephaly	2	2	1	1	1	1	1							
-- Malabsorption	1	1	1	1	1	1	1							
-- Microcephaly	2	2	1	1	1	1	0							
-- Noonan's Syndrome	0	1	1	0	1	1	1							
-- Osteogenesis Imperfecta	0	0	0	1	0	0	0							
-- Plagiocephaly	4	4	1	1	1	1	1							
-- Prematurity	11	13	12	17	20	22	20							
-- Pyriform Aperture Stenosis w/ Hard Palate Cleft	1	1	1	1	1	1	1							
-- Reduction of Upper Limb	1	1	1	1	1	1	1							
-- Seizure Disorder	0	0	0	1	1	1	1							



**Children with Special Care Needs Division  
Statistical Highlights 2018**

**EARLY INTERVENTION PROGRAM**

<b>Diagnosed Conditions (continued)</b>	<b>Jan</b>	<b>Feb</b>	<b>March</b>	<b>April</b>	<b>May</b>	<b>June</b>	<b>July</b>	<b>Aug</b>	<b>Sept</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>2018 Totals</b>	<b>2017 Totals</b>
-- Selective Mutism	1	1	1	1	1	1	1							
-- Spina Bifida	1	1	1	1	1	1	1							
-- Torticollis	8	5	1	2	2	5	5							

<b>Early Intervention Discharges</b>														
-- To CPSE	3	0	0	0	0	1	1						5	84
-- Aged out	0	2	0	0	1	0	0						3	5
-- Declined	6	4	5	3	2	5	5						30	51
-- Skilled out	2	3	8	5	2	4	1						25	35
-- Moved	1	0	4	0	5	7	2						19	31
-- Not Eligible	8	11	6	8	15	7	14						69	63
-- Other	2	2	2	1	3	1	0						11	21
<b>Total Number of Discharges</b>	<b>22</b>	<b>22</b>	<b>25</b>	<b>17</b>	<b>28</b>	<b>25</b>	<b>23</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>162</b>	<b>290</b>

<b>Child Find</b>														
Total # of Referrals	2	0	0	1	0	1	1						5	5
Total # of Children in Child Find	5	4	4	5	3	2	3							
Total # Transferred to Early Intervention	1	0	0	2	0	1	0						4	3
Total # of Discharges	1	0	0	0	0	0	0						1	7

**Children with Special Care Needs Division  
Statistical Highlights 2018**

**PRESCHOOL SPECIAL EDUCATION PROGRAM**

<b>Clients Qualified and Receiving Services</b>	<b>Jan</b>	<b>Feb</b>	<b>March</b>	<b>April</b>	<b>May</b>	<b>June</b>	<b>July</b>	<b>Aug</b>	<b>Sept</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>2018 Totals</b>	<b>2017 Totals</b>
<b>Children per School District</b>														
-- Ithaca	131	136	138	147	149	148	105							
-- Dryden	48	48	48	47	51	54	40							
-- Groton	20	21	21	22	22	22	10							
-- Homer	1	1	1	1	1	1	0							
-- Lansing	24	27	27	28	29	31	14							
-- Newfield	27	27	29	31	30	30	17							
-- Trumansburg	17	17	19	20	21	21	10							
-- Spencer VanEtten	2	2	2	2	2	2	1							
-- Newark Valley	1	1	1	1	1	1	0							
-- Odessa-Montour	2	2	2	2	2	2	0							
-- Candor	0	0	0	0	0	0	0							
-- Moravia	0	0	0	0	0	0	0							
-- Cortland	0	0	0	0	0	0	0							
<b>Total # of Qualified and Receiving Services</b>	<b>273</b>	<b>282</b>	<b>288</b>	<b>301</b>	<b>308</b>	<b>312</b>	<b>197</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>		

<b>Services Provided</b>	<b>Jan</b>	<b>Feb</b>	<b>March</b>	<b>April</b>	<b>May</b>	<b>June</b>	<b>July</b>	<b>Aug</b>	<b>Sept</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>		
<b>Services /Authorized by Discipline</b>														
-- Speech Therapy (individual)	171	176	182	191	198	193	77							
-- Speech Therapy (group)	15	15	16	19	17	16	0							
-- Occupational Therapy (individual)	51	50	52	59	65	63	50							
-- Occupational Therapy (group)	3	3	3	3	3	1	0							
-- Physical Therapy (individual)	31	29	32	34	36	30	16							
-- Physical Therapy (group)	3	4	4	5	4	2	0							
-- Transportation														
-- Birnie Bus	26	26	27	27	27	27	27							
-- Ithaca City School District	42	41	41	41	41	40	40							
-- Parent	1	2	2	2	2	2	2							
-- Service Coordination	31	33	35	37	38	35	10							
-- Counseling (individual)	42	45	46	52	55	55	45							
-- Counseling (group)	0	0	0	0	0	0	0							
-- 1:1 (Tuition Program) Aide	7	8	8	8	8	7	6							
-- Special Education Itinerate Teacher	19	20	21	23	22	26	25							
-- Parent Counseling	34	35	36	38	37	35	22							
-- Program Aide	1	1	1	1	1	1	2							
-- Teaching Assistant	1	1	1	1	1	1	1							
-- ASL Interpreter	0	0	0	0	0	0	0							
-- Audiological Services	4	5	4	5	5	3	3							
-- Teacher of the Deaf	3	3	3	3	3	3	1							
-- Auditory Verbal Therapy	0	0	0	0	0	0	0							
-- Teacher of the Visually Impaired	0	0	0	0	1	1	1							
-- Nutrition	9	10	10	12	12	9	5							
-- Assistive Technology Services	0	1	1	4	4	4	0							
-- Skilled Nursing	0	0	0	0	0	0	0							
-- Vision	0	0	0	1	0	0	0							
<b>Total # of children rcvg. home based related svcs.</b>	<b>204</b>	<b>213</b>	<b>218</b>	<b>231</b>	<b>238</b>	<b>243</b>	<b>128</b>							

**Children with Special Care Needs Division  
Statistical Highlights 2018**

**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	2018 Totals	2017 Totals
-- Ithaca	42	42	42	42	42	41	41							
-- Cortland	0	0	0	0	0	0	0							
-- Dryden	15	15	15	15	16	16	15							
-- Groton	3	3	3	3	3	3	2							
-- Lansing	3	3	3	3	3	3	4							
-- Newfield	4	4	4	4	3	3	4							
-- Trumansburg	2	2	3	3	3	3	3							
-- Odessa-Montour	0	0	0	0	0	0	0							
-- Spencer VanEtten	0	0	0	0	0	0	0							
-- Moravia	0	0	0	0	0	0	0							
-- # attending Franziska Racker Centers	42	41	42	43	43	41	41							
-- # attending Ithaca City School District	27	28	28	27	27	28	28							
<b>Total # attending Special Ed Integrated Tuition Progr.</b>	<b>69</b>	<b>69</b>	<b>70</b>	<b>70</b>	<b>70</b>	<b>69</b>	<b>69</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>		

Municipal Representation Committee on Preschool Special Education	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2018 Totals	2017 Totals
-- Ithaca	18	18	17	25	40	20	3						141	185
-- Candor	0	0	0	0	0	0	0						0	2
-- Dryden	10	11	8	7	10	14	11						71	72
-- Groton	1	2	1	0	6	1	2						13	21
-- Lansing	0	1	1	0	3	7	0						12	19
-- Newfield	2	5	2	1	10	5	0						25	23
--Trumansburg	0	0	1	1	2	1	3						8	11

ENVIRONMENTAL HEALTH DIVISION  
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## ENVIRONMENTAL HEALTH HIGHLIGHTS June 2018

### Outreach and Division News

**Finger Lakes GrassRoots Festival:** Cynthia Mosher, Scott Freyburger, and Liz Cameron have been buried in work related to the upcoming GrassRoots Festival of Music and Dance. The festival is scheduled for July 19-22 this year. GrassRoots also hosts Culture Camp four days before the festival, offering instrument, dance and movement workshops. This year GrassRoots has acquired property that they are calling Across the Way (ATW) located behind the Shure-Save in Ulysses. ATW replaces the camping areas previously located Next Door and on Agard Rd. The Health Department issues two campground permits for Culture Camp – one for ATW and one for camping on the festival grounds. We also issue a mass gathering permit for the music festival itself.

This year GrassRoots is providing both large campsites where on-site cooking is allowed as well as the smaller campsites they've previously provided where no cooking is permitted. With this change, GrassRoots also has to meet the water supply requirements for campgrounds for the cooking sites, which requires submission of engineering plans for the water system onsite and at ATW. Plans are currently under review in EH.

We have separated the permitting and inspection aspects of GrassRoots within EH this year. Cynthia Mosher is the primary staff person responsible for the permitting aspects of the festival and Culture Camp. Clayton Maybee is in charge of field inspections. All technical staff are expected to participate in inspections. Pre-operational inspections are scheduled for July 12 for Culture Camp and for July 17 for the festival. Permits must be issued by July 13 for Culture Camp and by July 18 for the festival.

**Cross Connection Control Meeting with the City of Ithaca:** On June 8, Scott Freyburger and Liz Cameron met with representatives from the City of Ithaca (Dan Cogan, Chief of Staff; Mike Niechwaidowicz, Director of Code Enforcement; Tom Hayward, City Plumbing Inspector; Erik Whitney, Assistant Superintendent; Mike Thorne, Superintendent of Public Works, and Scott Gibson, Engineer) to discuss their cross connection program. We have had concerns with their program in the past. The City has made organizational changes (moving the Plumbing Inspector for the cross connection control program under the Building Dept) and recently hired a new plumbing inspector for this program. It was generally a productive discussion that reflected the changes the City has implemented for their program. The City is now requiring and tracking annual testing of cross connection control devices for locations in their inventory and are developing a plan for evaluating locations not in their inventory. Cross connection control devices are required for buildings with potentially hazardous or aesthetically objectionable water conditions. The City determines when these conditions exist; however, we hope to have further discussions with the City on this topic as all parties work toward a common understanding of when cross connection control should be required.

**State Septic System Replacement Fund:** The State Septic System Replacement Fund, established under the Clean Water Infrastructure Act of 2017, provides reimbursement to property owners in selected locations for the septic system replacement costs up to \$10,000. Tompkins County has \$150,000 available this year, which translates to 15 systems if each receives the maximum of \$10,000. Adriel Shea and Liz Cameron drafted a letter to send to the over 400 property owners that may be eligible to participate in the program to determine which owners might be interested in the program. Brenda Coyle configured the mailing list and the letters were sent out in mid-June. EH is in the process of reviewing the process to determine the best way to allocate funds.

**Budget and Drinking Water Grant:** Skip Parr and Liz Cameron worked on the draft EH budget for 2019. Skip Parr also prepared the budget for the 2018-19 and 2019-20 NYS Drinking Water Enhancement (DWE) grant. The 2017-18 grant expired at the end of March; however, the application information for the 2018-19 grant was only recently received from NYSDOH.

**Personnel:** As noted last month, Public Health Sanitarian Becky Sims is out on family leave until September. Her Onsite Wastewater Treatment System Program (OWTS) territory has been split by two teams: Chris Laverack and Mik Kern will handle Ulysses while Adriel Shea and Scott Freyburger handle Danby and Newfield. Training for the staff handling new duties took place during June. Public Health Technician Beau West is also out of the office until at least July 23. Various EH staff are covering Beau's work activities during this time.

**Training:**

On May 30, Adriel Shea attended CPR training.

On June 15, Skip Parr and Liz Cameron attended County Results-Based Accountability Introductory Training.

On June 27, Janice Koski, Adriel Shea and Anne Wildman attended a Defensive Driving Course.

## Rabies Control Program

There was one confirmed case of rabies in Tompkins County during June 2018. The bat was submitted through Cornell Wildlife from a wildlife rehabilitator and there were no human exposures. A press release was sent out in June reminding the public to avoid interactions with wildlife and unfamiliar pets and to report potential exposures to the Health Department. Social media will continue to be used to raise awareness about potential bat exposures and avoiding unnecessary treatment by capturing bats when an exposure occurs.

<b>Key Data Overview</b>				
	<b>This Month</b>	<b>YTD 2018</b>	<b>YTD 2017</b>	<b>TOTAL 2017</b>
<b>Bites<sup>1</sup></b>	34	134	131	275
<b>Non Bites<sup>2</sup></b>	11	78	55	203
<b>Referrals to Other Counties</b>	3	13	12	22
<b>Submissions to the Rabies Lab</b>	25	94	77	218
<b>Human Post-Ex Treatments</b>	8	50	35	140
<b>Unvaccinated Pets 6-Month Quarantined<sup>3</sup></b>	0	1	0	0
<b>Unvaccinated Pets Destroyed<sup>4</sup></b>	0	0	1	1
<b>Rabid Animals (Laboratory Confirmed)</b>	1	7	4	13

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

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

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

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

<b>Reports by Animal Type</b>												
	<b>Bites</b>				<b>Animals sent to the NYS Rabies Laboratory</b>				<b>Rabid Animals</b>			
	<b>Mo</b>	<b>YTD 2018</b>	<b>YTD 2017</b>	<b>Total 2017</b>	<b>By TCHD</b>	<b>By Cornell</b>	<b>Totals</b>		<b>Mo</b>	<b>YTD 2018</b>	<b>YTD 2017</b>	<b>Total 2017</b>
							<b>Mo</b>	<b>YTD</b>				
<b>Cat</b>	11	41	51	108	1	1	2	8	0	0	1	1
<b>Dog</b>	19	76	76	146	1	1	2	5	0	0	0	0
<b>Cattle</b>	1	1	0	0	0	1	1	5	0	0	0	0
<b>Horse/Mule</b>	0	0	0	0	0	0	0	0	0	0	0	0
<b>Sheep/Goat</b>	0	0	0	1	0	0	0	0	0	0	0	0
<b>Domestic Raccoon</b>	0	0	0	2	0	0	0	0	0	0	0	0
<b>Raccoon</b>	2	2	2	2	1	0	1	2	0	0	2	4
<b>Bats</b>	0	1	0	9	13	1	14	57	1	2	0	5
<b>Skunks</b>	1	3	0	0	1	0	1	3	0	1	0	0
<b>Foxes</b>	0	6	2	4	0	1	1	5	0	3	1	3
<b>Other Wild</b>	0	4	0	3	2	1	3	9	0	1	0	0
<b>Totals</b>	<b>34</b>	<b>134</b>	<b>131</b>	<b>275</b>	<b>19</b>	<b>6</b>	<b>25</b>	<b>94</b>	<b>1</b>	<b>7</b>	<b>4</b>	<b>13</b>

## **Food Program**

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

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

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

Brew 22 & Espresso, Throughout Tompkins	Lakewatch Inn, T-Lansing
Carriage House Café, C-Ithaca	Le Café Cent Dix, C-Ithaca
Celebrations Banquet Facility, T-Caroline	Level B, C-Ithaca
Ciao!, V-Lansing	Lincoln Street Diner, C-Ithaca
Clubhouse Grille, V-Trumansburg	Mama Said, Throughout Tompkins
Come 2 You Canteen, Throughout Tompkins	Mercato Bar & Kitchen, C-Ithaca
Crossroads Catering, V-Dryden	Mia Restaurant, C-Ithaca
Frosty Cow, T-Dryden	Mix Social Dining, C-Ithaca
Gateway Kitchen, C-Ithaca	P.D.R.'s Catering, Throughout Tompkins
Gifts & More, Throughout Tompkins	Rogues Harbor Restaurant, T-Lansing
Gola Osteria, C-Ithaca	Ron Don's Village Pub, V-Trumansburg
Golden City, V-Dryden	Sahara, C-Ithaca
The Good Truck, Throughout Tompkins	Saigon Kitchen, C-Ithaca
Hawi Ethiopian Cuisine, C-Ithaca	Salvation Army, C-Ithaca
The Hideaway, C-Ithaca	Silo Food Truck, Throughout Tompkins
Insomnia Cookies, C-Ithaca	Stella's Barn Restaurant & Gift Shop, T-Newfield
Ithaca Marriott FSE, C-Ithaca	Vietnam / Hai Hong, C-Ithaca
John Thomas Steakhouse, T-Ithaca	
Just Because Center, C-Ithaca	
Kendra's Culinary Creations, T-Lansing	

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

No HACCP inspections were conducted this month.

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

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

Adam's Grill, Throughout Tompkins	Corner Store, C-Ithaca
The Antlers, T-Dryden	Futai Buffet, C-Ithaca
Banfi's – FSE, T-Ithaca	Hotel Ithaca – Max's, C-Ithaca
Casablanca Mediterranean Cuisine & Pizzeria, C-Ithaca	Khmer Angkor, T-Lansing
Coltivare, C-Ithaca	New Dragon Village, V-Trumansburg

*Critical violations may involve one or more of the following: the condition of food (e.g. food that may be at improper temperatures on delivery or damaged by rodents), improper food cooking and storage temperatures (e.g. food cooked to and/or held at improper temperatures), improper food preparation practices (e.g. preparing ready-to-eat foods with bare hands), and water and/or sewage issues (e.g. low disinfection levels in the water system). These critical violations relate directly to factors that could lead to food related illness.*

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

**Khmer Angkor, T-Lansing**

Potentially hazardous foods were not kept at or above 140°F during hot holding. Products in hot holding were observed to be at 112°F on the service line, 116°F in a cooler, and 112°F in a second cooler. The items were either discarded or rapidly reheated to 165°F or above before returning to service.

**Nicharee Traditional Thai, Throughout Tompkins**

Food workers prepared raw and cooked or ready to eat food products without thorough handwashing in between.

Potentially hazardous foods were not kept at or above 140°F during hot holding. Products in hot holding were observed to be at 112°F and 119°F. The products were discarded during the inspection.

**Simeon's on the Commons, C-Ithaca**

Potentially hazardous foods were not kept at or below 45°F during cold holding. Product in cold holding was observed to be at 56-57°F. The product was removed from service and rapidly chilled to 45°F or less before use.

**Sangam Restaurant, C-Ithaca**

Enough refrigerated storage equipment was not maintained so that potentially hazardous foods were kept at or below 45°F. Products in a refrigerated storage unit were observed to be at 55°F. The products were removed from the unit and rapidly chilled to 45°F or less before use.

**Old Mexico, C-Ithaca**

Enough refrigerated storage equipment was not maintained so that potentially hazardous foods were kept below 45°F during cold holding. Products in a refrigerated storage unit were observed to be at 65-67°F. The products were discarded during the inspection.

Potentially hazardous foods were not kept at or above 140°F during hot holding. Product in hot holding was observed to be at 105-107°F. The product was discarded during the inspection.

**Coltivare, C-Ithaca**

Potentially hazardous foods were not kept at or below 45°F in cold holding. Product in a refrigerated storage unit was observed to be at 72°F. The product had been cooked less than two hours before the inspection and was removed from service to be rapidly chilled to 45°F or less before use.

**KoKo, C-Ithaca**

Food on premises was adulterated. The adulterated foods were discarded during the inspection.

Potentially hazardous foods were not cooled by an approved method. Products in the top section of the waitress station cooler were observed to be at 68°F and 128°F. The products had been cooked that morning and placed in the unit for service. The products were removed from service and rapidly chilled to 45°F or less before use.

Enough refrigerated storage was not maintained so that potentially hazardous foods are stored below 45°F. Products in a refrigerated storage unit were observed to be between 51-58°F. The products were moved to a functioning cooler and rapidly chilled to 45°F or less before use.

**Corelife Eatery, C-Ithaca**

Potentially hazardous foods were not kept at or below 45°F during cold holding. Products in cold holding were observed to be at 55-57°F. The products were removed from service and rapidly chilled to 45°F or less before use.



**Maru Ramen, C-Ithaca**

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

Potentially hazardous foods were not stored under refrigeration. Products stored on shelves were observed to be at 55°F and 72-78°F. The products were removed to refrigerated storage to be rapidly chilled to 45°F or less before use.

Potentially hazardous foods were not kept at or above 140°F during hot holding. Products in hot holding were observed to be at 82-112°F, and 82°F. The products were either discarded or removed from service and rapidly reheated to 165°F or above before use.

**Boatyard Grill, C-Ithaca**

Potentially hazardous foods are not kept at or below 45°F during cold holding. Product in a small sandwich unit was observed to be at 50-55°F. The product was removed from service and rapidly chilled to 45°F or less before use.

**The Inn at Taughannock, T-Ulysses**

Potentially hazardous foods were not kept at or below 45°F during cold holding. Product in cold holding was observed to be at 50-53°F. The product was discarded during the inspection.

**Seneca Place Food Service / Kilpatricks, C-Ithaca**

Potentially hazardous foods were not stored under refrigeration. Product on a counter in the kitchen was observed to be at 57°F. The product was removed to refrigerated storage to be rapidly chilled to 45°F or less before use.

Enough refrigerated storage was not maintained so that potentially hazardous foods are stored below 45°F. Products in a refrigerated storage unit were observed to be between 64-68°F. Products were discarded during the inspection or moved to a functioning cooler and rapidly chilled to 45°F or less before use.

***Temporary Food Service Operation Permits*** are issued for single events at one location. The Food Protection Program issued 40 temporary permits.

***Temporary food operation inspections*** are conducted to protect public health. The inspections are made without advance notice to ensure that the food processes at the event are adequate, safe, and meet code requirements. The operation must correct Critical Violations during the inspection. When a Temporary Food Operation has Critical Violation/s, a re-inspection is conducted when the event is longer than one day.

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

B&B Kettle Korn at Ithaca Festival, C-Ithaca  
 Ben & Jerry's at Ithaca Festival, C-Ithaca  
 Boy Scouts Troup #24 at Dryden Dairy Days, V-Dryden  
 Blue Moon Events at Ithaca Festival, C-Ithaca  
 Dryden Dairy Days, V-Dryden  
 Dryden United Methodist Church at Dryden Dairy Days, V-Dryden  
 Gramp's Funnel Cakes, C-Ithaca  
 Kiwanis Club of Dryden at Dryden Dairy Days, V-Dryden  
 The Mason Jar at Ithaca Festival, C-Ithaca  
 The Mason Jar #2 at Ithaca Festival, C-Ithaca  
 Mr. Spudwurst at Ithaca Festival, C-Ithaca  
 Olivers Café at Ithaca Festival, C-Ithaca  
 The Piggery at Ithaca Festival, C-Ithaca  
 Santillos Concessions at Ithaca Festival, C-Ithaca  
 Sugar Lips at Ithaca Festival, C-Ithaca  
 Tropical Snow Hawaiian Shaved Ice – Ithaca Festival, C-Ithaca

**Critical Violations were found at the following establishments:****Ithaca Coffee Company at Ithaca Festival, C-Ithaca**

Potentially hazardous food was held at an improper temperature. Product on a counter for customer service was observed to be at 68°F, product in a cooler with ice was observed to be at 62°F. The products were discarded during the inspection. A re-inspection was satisfactory.

**Macarollin Food Truck at Ithaca Festival, C-Ithaca**

Inadequate facilities were available to maintain required temperatures. Products in a refrigerated storage unit were observed to be at 54-62°F. The products were discarded during the inspection. A re-inspection was satisfactory.

**Lao Village at Ithaca Festival, C-Ithaca**

Potentially hazardous food was held at an improper temperature. Product in a cooler was observed to be at 55°F. The product was rapidly chilled to 45°F or less before use. A re-inspection was satisfactory.

**Van Noble Farms at Ithaca Festival, C-Ithaca**

Potentially hazardous food was held at an improper temperature. Products in cold holding were observed to be at 58°F and 52°F. The products were removed from service and rapidly chilled to 45°F or less before use. A re-inspection was satisfactory.

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

**The following pre-operational inspections were conducted:**

Alley Cat Café, C-Ithaca

**Plans Approved:**

None this month.

**New Permits Issued:**

Alley Cat Café, C-Ithaca  
Johnny's Smokin' BBQ, Throughout Tompkins  
Mia Restaurant, C-Ithaca  
Sophia's Sweets, Throughout Tompkins

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

**Engineering Plans Received**

- OWTS Plan for System – Holding Tank, La Tourelle Ithaca By Firelight CG, Town of Ithaca
- Public Water System, >5,000 LF of Water Main Extension, Town of Lansing
- Public Water System, Iron Water Treatment System, Town of Dryden

One plan for cross-connection were received this month.

**Problem Alerts/Emergency Responses**

None reported this month.

**Childhood Lead Program**

<b>CHILDHOOD LEAD PROGRAM</b>	<b>MONTH</b>	<b>YTD 2018</b>	<b>YTD 2017</b>	<b>TOTAL 2017</b>
<b>A: Active Cases (total referrals):</b>				
<b>A1: # of Children w/ BLL&gt;19.9ug/dl</b>	0	0	0	1
<b>A2: # of Children w/ BLL 10-19.9ug/dl</b>	1	1	2	3
<b>B: Total Environmental Inspections:</b>				
<b>B1: Due to A1</b>	0	0	0	1
<b>B2: Due to A2</b>	1	1	2	3
<b>C: Hazards Found:</b>				
<b>C1: Due to B1</b>	0	0	0	1
<b>C2: Due to B2</b>	1	1	2	3
<b>D: Abatements Completed:</b>	0	0	0	0
<b>E: Environmental Lead Assessment Sent:</b>	0	0	1	2
<b>F: Interim Controls Completed:</b>	0	0	0	0
<b>G: Complaints/Service Requests (w/o medical referral):</b>	7	24	31	56
<b>H: Samples Collected for Lab Analysis:</b>				
- Paint	0	0	1	2
- Drinking Water	0	0	0	0
- Soil	0	0	1	2
- XRF	0	0	2	3
- Dust Wipes	0	0	3	5
- Other	1	1	0	1

**Quarterly Overview of Accela/Accela Citizen Access (ACA) Records:**

For the period of April 1 through June 30, 145 permit applications (35% of the 417 total applications that can be received through Accela Citizen Access) and 114 payments in the amount of \$21,052 were received electronically.

The following is a breakdown of permit records by program for the 2<sup>nd</sup> quarter of 2018.

Program	Total Records Processed			Total Records Processed Electronically		
	1st Quarter	YTD 2018	Total 2017	1st Quarter	YTD 2018	Total 2017
Ag Fairground/Mass Gathering	0	2	2	0	0	0
Campground	1	7	11	0	1	4
Children's Camp	31	32	32	5	5	1
Complaints	49	77	155	*	*	*
Enforcement/NOV	31	61	91	*	*	*
Food Service Establishments	153	268	533	5	10	42
Individual Water	12	37	33	*	*	*
Information Requests	17	36	72	*	*	*
Mobile Home Park	1	1	39	0	0	2
OWTS	90	138	264	14	23	59
Other (Admin)	9	19	95	*	*	*
Plan Review	18	35	29	*	*	*
Public Water	0	143	146	0	9	13
Swimming Pool/Beaches	15	21	59	6	9	30
Temporary Food	125	213	423	114	199	387
Temp. Residence	1	1	33	1	1	13
<b>Total</b>	<b>553</b>	<b>1091</b>	<b>2017</b>	<b>145</b>	<b>257</b>	<b>551</b>

\*Not available in ACA

**Summary of Open BOH Enforcement Actions:**

<b>Date of BOH Action</b>	<b>Facility</b>	<b>Owner/ Operator</b>	<b>Basis for Action</b>	<b>Penalty Assessed</b>	<b>Next BOH Order Deadline</b>	<b>Status</b>
06/26/18	Lao Village	Vicky Sisombath	Temp Food Service Establishment - Violation of Board of Health Orders	\$1,000	Payment due by 8/15/18.	Monitoring Compliance
06/26/18	Tamarind	Sadudee Pancharoen	Food Service Establishment - Violation of Board of Health Orders	\$1,600	Payment due by 8/15/18.	Monitoring Compliance
06/26/18	Country Inn and Suites	Jay Bramhandkar	Food Service Establishment - Violation of Board of Health Orders	\$1,000	Payment due by 8/15/18.	Monitoring Compliance
06/26/18	Sicilian Delight Pizzeria	Frank Crocilla	Food Service Establishment - Violation of Board of Health Orders	\$800 (+\$300 from previous action)	Payment due by 8/15/18.	Monitoring Compliance
06/26/18	Hope's Events and Catering	Hope Rich	Food Service Establishment - Violation of Board of Health Orders and Repeat Critical Violations	\$900	Payment due by 7/13/18.	Monitoring Compliance
5/22/18	Taste of Thai Express	Ahkin Pancharoen	Food Service Establishment - Violation of Board of Health Orders	\$1,500	Payment due by 7/13/18.	Monitoring Compliance
2/27/18	Ulysses WD #3	Town of Ulysses	Prior Public Water System Violations - Disinfection Byproducts	N/A	Submission of quarterly compliance reports for 1 year.	Monitoring Compliance
10/25/16	City of Ithaca WTP	City of Ithaca	Public Water System Violations - Maximum Contaminant Level exceedances	\$500 (Paid)	NA	Monitoring Compliance
12/11/12	Village of Dryden PWS	Village of Dryden	Public Water System Violations - Arsenic and Storage Tank Replacement	N/A	Complete New TC3 and Ferguson Road Water Storage Tanks by 9/1/18.	Monitoring Compliance

ENVIRONMENTAL HEALTH DIVISION  
<http://www.tompkinscountyny.gov>

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## ENVIRONMENTAL HEALTH HIGHLIGHTS July 2018

### Outreach and Division News

**State Septic System Replacement Fund:** The State Septic System Replacement Fund, established under the Clean Water Infrastructure Act of 2017, provides reimbursement to property owners in selected locations for 50% of septic system replacement costs up to \$10,000. Letters describing the program were previously sent to over 400 lake-front property owners. Adriel Shea, Scott Freyburger, and Liz Cameron reviewed the approximately 40 responses, developed a list of priority properties, and are preparing to contact the owners of about 20 properties. We are essentially initially contacting the owners of the smallest parcels on the lake that have on-site sewage. After the initial interest survey was sent out, the NYS Department of Environmental Conservation (NYSDEC) and NYS Environmental Facilities Corporation (NYS EFC) changed the eligibility requirements. Seasonal properties, second homes, and properties with sewage systems that are more than 250' from the lake may now also be eligible for the funds. We do not intend to do additional outreach regarding this change during this construction season but will certainly consider use of the funds for these properties if they have a failed sewage system.

**Finger Lakes GrassRoots Festival:** The Finger Lakes GrassRoots Festival of Music and Dance was held from July 19-22 this year. GrassRoots also hosted Culture Camp four days before the festival, offering instrument, dance and movement workshops. The GrassRoots organization was submitting and changing information and plans until two days before the festival began, and GrassRoots failed to meet the Mass Gathering regulatory requirement that all construction and installation of services and facilities be completed 48 hours in advance of the event. Inspections during the festival, however, went well and the issues with security and control of flammables noted last year were largely corrected.

The regulations require that a building or trailer for a command post must be provided. This was the first year that EH enforced this requirement. We also required essentially all EH technical staff participate in the inspections, which helped EH conduct more frequent and thorough inspections.

**Hydrilla:** The plants discovered off Stewart Park at the end of last season will be treated on August 13, 2018. The herbicide to be used is Komeen, a pelleted formulation of copper that is rapidly absorbed by plants. The chemical will be applied over an area of approximately 4 acres. The application rate of 1 ppm is less than the NYSDOH Action Level for copper of 1.3 ppm. The rate of water exchange at the southern end of the Lake is expected to result in rapid dilution of the product before it leaves the immediate area. Water quality sampling will commence the day after treatment and samples will be taken within the treatment area, a half mile away in each direction and at the Bolton Point water system. Sample results are expected within 24 hours and will be posted on the Health Department web site.

**Harmful Algal Blooms:** Harmful Algal Blooms (HABs) were first confirmed in the south end of Cayuga Lake this season on July 12, two weeks earlier than last year. Detections of HABs were confirmed at three locations in Tompkins County from July 12 to the 15<sup>th</sup> - off Lansing Station Road, at Taughannock State Park, and at Maplewood Point. HABs in Cayuga Lake are currently monitored by "HAB Harriers," a group of volunteers organized and trained by the NYSDEC. Samples collected by this group are analyzed by Community Sciences Institute (CSI). CSI posts the results on their website:

<http://www.communityscience.org/cayuga-lake-2018-harmful-algal-blooms-results/>

Liz Cameron and the Environmental Health Directors from Cayuga and Onondaga Counties gave a presentation on Harmful Algal Blooms: Impacts on Public Health and Challenges for LHDs (local health departments) at the Onondaga County Health Department's 2018 Public Health Conference in Syracuse on July 25, 2018.

**White Hawk:** In June 2017, White Hawk Eco-Village submitted plans for a water system at their development in Danby. While the plans appeared to be acceptable, we informed them we would not approve the plans or further development until there was a legal determination regarding whether White Hawk Eco-Village was a NYS Realty Subdivision. Plans for the Village include a shared water system and shared on-site sewage treatment. If the village was legally a Realty Subdivision, a Water Works Corporation and a Sewage Corporation would be required. Since 2017, White Hawk has been working to show that they should not be regulated as a Realty Subdivision. In July 2018, they submitted documentation that they had changed their legal structure and that the "White Hawk Ecovillage Community, Inc" is now a "housing cooperative corporation" that is not a realty subdivision. Tompkins County Attorney Jonathan Wood concurred with their opinion and, on August 6, 2018, we approved the plans for their water system. Food service plans for a bakery have also been submitted.

**Personnel:** Both Public Health Sanitarian Becky Sims and Public Health Technician Beau West were out of the office for the month of July, creating a bit of scrambling in EH with the increased work for other staff. Staff generally focused on time-critical activities. EH may be a bit behind on conducting inspections at operations that operate year-round.

**Training:** EH has a MultiRAE gas detection meter with sensors that monitor oxygen, volatile organic compounds, hydrogen sulfide, carbon monoxide and explosive limits that we can use when investigating spills and other complaints about air-borne contaminants. Scott Freyburger, Cynthia Mosher, and Liz Cameron participated in MultiRAE meter training at the Health Department on July 31. The training, which was conducted by Paul Canavan from Pine Environmental (our equipment supplier), addressed the maintenance and use of our meter.

**Rabies Control Program**

There were four confirmed cases of rabies in Tompkins County during July that included one bat and three raccoons. The bat was found in a home showing aggressive behavior towards the residents. Two of the raccoons were found after having or suspected of having contact with cats or a dog. The other raccoon was brought to Tompkins County from Seneca County and was submitted after biting a Tompkins County rehabilitator. Post-exposure treatment was administered where it was determined by staff that a potential exposure occurred.

Bat season is upon us, and both Facebook and Twitter will be utilized this year to promote the message of “Catch the Bat” and to contact the Health Department to determine whether testing or treatment is needed.

<b>Key Data Overview</b>				
	<b>This Month</b>	<b>YTD 2018</b>	<b>YTD 2017</b>	<b>TOTAL 2017</b>
<b>Bites<sup>1</sup></b>	39	173	168	275
<b>Non Bites<sup>2</sup></b>	21	99	73	203
<b>Referrals to Other Counties</b>	6	19	14	22
<b>Submissions to the Rabies Lab</b>	22	116	101	218
<b>Human Post-Ex Treatments</b>	10	60	50	140
<b>Unvaccinated Pets 6-Month Quarantined<sup>3</sup></b>	1	2	0	0
<b>Unvaccinated Pets Destroyed<sup>4</sup></b>	0	0	1	1
<b>Rabid Animals (Laboratory Confirmed)</b>	4	11	5	13

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

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

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

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

<b>Reports by Animal Type</b>												
	<b>Bites</b>				<b>Animals sent to the NYS Rabies Laboratory</b>				<b>Rabid Animals</b>			
	<b>Mo</b>	<b>YTD 2018</b>	<b>YTD 2017</b>	<b>Total 2017</b>	<b>By TCHD</b>	<b>By Cornell</b>	<b>Totals</b>		<b>Mo</b>	<b>YTD 2018</b>	<b>YTD 2017</b>	<b>Total 2017</b>
							<b>Mo</b>	<b>YTD</b>				
<b>Cat</b>	18	59	68	108	2	0	2	10	0	0	1	1
<b>Dog</b>	17	93	89	146	1	0	1	6	0	0	0	0
<b>Cattle</b>	0	1	0	0	0	0	0	5	0	0	0	0
<b>Horse/Mule</b>	0	0	0	0	0	0	0	0	0	0	0	0
<b>Sheep/Goat</b>	0	0	1	1	0	0	0	0	0	0	0	0
<b>Domestic</b>	0	0	0	2	0	0	0	0	0	0	0	0
<b>Raccoon</b>	1	3	2	2	4	0	4	6	3	3	2	4
<b>Bats</b>	2	3	2	9	15	0	15	72	1	3	0	5
<b>Skunks</b>	0	3	0	0	0	0	0	3	0	1	0	0
<b>Foxes</b>	0	6	4	4	0	0	0	5	0	3	2	3
<b>Other Wild</b>	1	5	2	3	0	0	0	9	0	1	0	0
<b>Totals</b>	<b>39</b>	<b>173</b>	<b>168</b>	<b>275</b>	<b>19</b>	<b>0</b>	<b>22</b>	<b>116</b>	<b>4</b>	<b>11</b>	<b>5</b>	<b>13</b>



## Food Program

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

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

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

Belle Sherman Annex – Summer Feed, C-Ithaca	Panera Bread Bakery-Café #1381, C-Ithaca
Belle Sherman School – Summer Feed, C-Ithaca	Poets Lansing – Summer Feed, T-Dryden
BOCES Summer Feed, T-Ithaca	Saigon Kitchen at GrassRoots Festival, T-Ulysses
CU – North Star Dining, T-Ithaca	Scoops, T-Lansing
CU – North Star Summer Feed, T-Ithaca	Solaz, Throughout Tompkins County
CU – Robert Purcell Dining, T-Ithaca	South Side Community Center, C-Ithaca
CU – Robert Purcell Summer Feed, T-Ithaca	South Side Community Center Summer Feed, C-Ithaca
Dryden Middle School Summer Feed, V-Dryden	Southworth Library - Summer Feed, V-Dryden
Enfield Community Day Camp – Summer Feed, T-Enfield	TC Action Groton, V-Groton
Enfield School – Summer Feed, T-Enfield	Thai Palace, Throughout Tompkins County
GIAC Day Camp – Summer Feed, C-Ithaca	Trini Style, Throughout Tompkins County
Groton School – Summer Feed, V-Groton	
McLean Fire Department, V-Mclean	
Newfield Elementary Summer Feed, V-Groton	

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

No HACCP inspections were conducted this month.

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

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

Bickering Twins, C-Ithaca	Macro Mamas, Throughout Tompkins
Boatyard Grill, C-Ithaca	Mental Health Association of Tompkins County – Summer Feed, C-Ithaca
The Inn at Taughannock, T-Ulysses	On the Street Concessions, T-Danby
Little Creek MHP – Summer Feed, V-Dryden	Rose's Home Dish, Throughout Tompkins
Longview, T-Ithaca	Sopoong, C-Ithaca
Luna Street Food at Grass Roots Festival, T-Ulysses	

***Critical violations** may involve one or more of the following: the condition of food (e.g. food that may be at improper temperatures on delivery or damaged by rodents), improper food cooking and storage temperatures (e.g. food cooked to and/or held at improper temperatures), improper food preparation practices (e.g. preparing ready-to-eat foods with bare hands), and water and/or sewage issues (e.g. low disinfection levels in the water system). These critical violations relate directly to factors that could lead to food related illness.*

**Critical Violations were found at the following establishments:****Nicharee Traditional Thai, Throughout Tompkins County**

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

Potentially hazardous foods were not kept at or above 140°F during hot holding. Product in hot holding was observed to be at 116-120°F. The products were removed from service and rapidly reheated to 165°F or above. This was a repeat violation, Board of Health action will be taken.

**Barnes & Noble Booksellers, C-Ithaca**

Potentially hazardous foods were not kept at or below 45°F during cold holding. Product in cold holding in a customer service area was observed to be at 48-49°F. The product was discarded during the inspection.

Enough refrigerated storage was not maintained so that potentially hazardous foods were kept below 45°F during cold holding. Products in a refrigerated storage unit were observed to be at 48-49°F. The products were discarded during the inspection.

**On the Street, T-Danby**

Potentially hazardous foods were not kept at or below 45°F during cold holding. Product in cold holding was observed to be at 54-57°F. The product was removed from service and rapidly chilled to 45°F or less before use.

**Little Creek MHP – Summer Feed Site, V-Dryden**

Potentially hazardous foods were not kept at or below 45°F during cold holding. Product in cold holding was observed to be at 55°F. The product was rapidly chilled to 45°F or less.

**Luna Street Food at GrassRoots Festival, T-Ulysses**

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

Enough refrigerated storage was not maintained so that potentially hazardous foods were kept below 45°F during cold holding. Products in a refrigerated storage unit were observed to be at 49-55°F. The products were rapidly chilled to 45°F or less.

**GIAC Kitchen, C-Ithaca**

Cooked or prepared foods were subject to cross-contamination from raw potentially hazardous foods. Storage was rearranged during the inspection.

**Mental Health Association of Tompkins County – Summer Feed, C-Ithaca**

Enough hot holding equipment was not operated to keep hot foods above 140°F during hot holding. Products in hot holding were observed to be at 112°F. The product was removed from service and rapidly reheated to 165°F or above.

**Ithaca Bakery, V-Lansing**

Potentially hazardous foods were not kept below 45°F during cold holding. Product in cold holding was observed to be at 50-52°F. The products were discarded during the inspection.

Potentially hazardous foods were not kept above 140°F during hot holding. Products in hot holding were observed to be at 114-128°F. The product was removed from service and rapidly reheated to 165°F or above before use.

**Charlie's Charpit, T-Dryden**

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

Potentially hazardous foods were not kept below 45°F during cold holding. Product in cold holding was observed to be at 62°F. The product was removed from service and rapidly chilled to 45°F or less before use.

**Lansing Pizzeria, T-Lansing**

Potentially hazardous foods were not kept at or below 45°F during cold holding. Product in a refrigerated storage unit was observed to be at 54-58°F. The product was removed from service and rapidly chilled to 45°F or less before use.

**Homewood Suites FSE, V-Lansing**

Potentially hazardous foods were not kept at or above 140°F during hot holding. Product in hot holding was observed to be at 98-120°F. The product was removed from service and rapidly reheated to 165°F or above.

**Dryden Queen Diner, V-Dryden**

Potentially hazardous foods were not kept at or below 45°F during hold holding. Product in a refrigerated storage unit was observed to be at 50-58°F. The product was removed from service and rapidly chilled to 45°F or less before use.

***Temporary Food Service Operation Permits*** are issued for single events at one location. The Food Protection Program issued 35 temporary permits.

***Temporary food operation inspections*** are conducted to protect public health. The inspections are made without advance notice to ensure that the food processes at the event are adequate, safe, and meet code requirements. The operation must correct Critical Violations during the inspection. When a Temporary Food Operation has Critical Violation/s, a re-inspection is conducted when the event is longer than one day.

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

Blue Moon Event Baked Goods – GrassRoots Festival, T-Ulysses  
 Blue Moon Event Smoothies – GrassRoots Festival, T-Ulysses  
 GrassRoots Festival Hospitality Tent, T-Ulysses  
 Ista's Native American Foods and Dance Group at GrassRoots, T-Ulysses  
 Jacqueline Sanchez at GrassRoots, T-Ulysses  
 K.A.S.H. at GrassRoots Festival, T-Ulysses  
 Lao Village at GrassRoots, T-Ulysses  
 Macdonald Farms at GrassRoots, T-Ulysses  
 The Mate Factor Café at GrassRoots, T-Ulysses  
 New York Pizzeria at GrassRoots, T-Ulysses  
 Outback Kate's at GrassRoots, T-Ulysses

**Critical Violations were found at the following establishments:****Arthur E. Bouton American Legion Post 770 at 2018 Grass Roots, T-Ulysses**

Potentially hazardous food was held at an improper temperature. Product in hot holding was observed to be at 125-132°F. The product was removed from service and rapidly reheated to 165°F or above before use. A re-inspection was satisfactory.

**Stonecat Café at GrassRoots, T-Ulysses**

Potentially hazardous food was held at an improper temperature. Product in cold holding was observed to be at 50-55°F. The product was removed from service and rapidly chilled to 45°F or less before use. A re-inspection was satisfactory.

**Ana's Cocina at GrassRoots Festival, T-Ulysses**

An accurate food thermometer was not available at the time of the inspection.

**Real Falafel at GrassRoots Festival, T-Ulysses**

Potentially hazardous food was held at an improper temperature. Products for customer service were observed to be above 45°F and below 140°F. The products were discarded during the inspection. A re-inspection was satisfactory.

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

**The following pre-operational inspections were conducted:**

Shahi Pakwan, C-Ithaca  
U Tea, C-Ithaca

**Plans Approved:**

Brew 22 Coffee & Espresso, T-Dryden  
South Hill Café, T-Ithaca

**New Permits Issued:**

Campus Town Pizza, C-Ithaca  
Shahi Pakwan, C-Ithaca  
Sushi Osaka, C-Ithaca  
U Tea, C-Ithaca  
Waffle Frolic, C-Ithaca

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

**Engineering Plans Received**

- OWTS Plan for Replacement System – 5074 Rice Rd., Town of Ulysses
- OWTS Plan for New System – Maloney VanKirk Rd., Town of Newfield
- OWTS Plan for New System – Ellis Hollow Subdivision Lot 2 Redesign, Town of Dryden
- OWTS Plan for New System – Moyer 703 CODDINGTON Rd, Town of Ithaca
- OWTS Plan for Conversion System – 2769 N TRIPHAMMER Rd, Town of Lansing
- Public Water System, White Hawk Ecovillage Community Inc., Town of Danby

**Problem Alerts/Emergency Responses**

A boil water order was issued at North Lansing Enterprises in the Town of Lansing on July 2<sup>nd</sup> due to depressurization of the water system for more than 4 hours. A well pump was replaced. Satisfactory sample results are needed before the boil water order can be released.

**Childhood Lead Program**

<b>CHILDHOOD LEAD PROGRAM</b>	<b>MONTH</b>	<b>YTD 2018</b>	<b>YTD 2017</b>	<b>TOTAL 2017</b>
<b>A: Active Cases (total referrals):</b>				
<b>A1: # of Children w/ BLL&gt;19.9ug/dl</b>	0	0	0	1
<b>A2: # of Children w/ BLL 10-19.9ug/dl</b>	1	2	2	3
<b>B: Total Environmental Inspections:</b>				
<b>B1: Due to A1</b>	0	0	0	1
<b>B2: Due to A2</b>	1	2	2	3
<b>C: Hazards Found:</b>				
<b>C1: Due to B1</b>	0	0	0	1
<b>C2: Due to B2</b>	1	2	2	3
<b>D: Abatements Completed:</b>	0	0	0	0
<b>E: Environmental Lead Assessment Sent:</b>	0	0	1	2
<b>F: Interim Controls Completed:</b>	0	0	0	0
<b>G: Complaints/Service Requests (w/o medical referral):</b>	7	30	37	56
<b>H: Samples Collected for Lab Analysis:</b>				
- Paint	0	0	1	2
- Drinking Water	0	0	0	0
- Soil	0	0	2	2
- XRF	0	0	2	3
- Dust Wipes	0	0	4	5
- Other	1	1	0	1

**Summary of Open BOH Enforcement Actions:**

Date of BOH Action	Facility	Owner/ Operator	Basis for Action	Penalty Assessed	Next BOH Order Deadline	Status
06/26/18	Tamarind	Sadudeee Pancharoen	Temp Food Service Establishment - Violation of Board of Health Orders	\$1,600	2 <sup>nd</sup> payment due 9/14/18. (\$400 received)	Monitoring Compliance
06/26/18	Sicilian Delight Pizzeria	Frank Crocilla	Food Service Establishment – Violation of Board of Health Orders	\$800 (+\$300 from previous action)	Payment due by 8/15/18.	Late notice sent
06/26/18	Hope’s Events and Catering	Hope Rich	Food Service Establishment – Violation of Board of Health Orders and Repeat Critical Violations	\$900	Payment due by 7/13/18.	Late notice sent
2/27/18	Ulysses WD #3	Town of Ulysses	Prior Public Water System Violations – Disinfection Byproducts	N/A	Submission of quarterly compliance reports for 1 year.	Monitoring Compliance
10/25/16	City of Ithaca WTP	City of Ithaca	Public Water System Violations – Maximum Contaminant Level exceedances	\$500 (Paid)	NA	Monitoring Compliance
12/11/12	Village of Dryden PWS	Village of Dryden	Public Water System Violations – Arsenic and Storage Tank Replacement	N/A	Complete New TC3 and Ferguson Road Water Storage Tanks by 9/1/18.	Monitoring Compliance



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

ENVIRONMENTAL HEALTH DIVISION  
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Fx: (607) 274-6695

**CERTIFIED, REGULAR, & ELECTRONIC MAIL**

July 25, 2018

Troy Legg  
The Nancy Boys LLC.  
122 North Aurora Street  
Ithaca, NY

**Re: Tompkins County Board of Health Draft Resolution # EH-ENF-18-0021  
Jimmy John's Gourmet Sandwiches, C-Ithaca**

Dear Troy Legg:

Thank you for signing the Stipulation Agreement on July 20, 2018, for Jimmy John's Gourmet Sandwiches.

Enclosed is a copy of the Draft Resolution that the Tompkins County Board of Health will consider at its meeting on **Tuesday, August 28, 2018**. You or a representative has the right to speak to the Board for a few minutes prior to them taking action. If you wish to speak to the Board, please contact Skip Parr or me at (607) 274-6688 at least one day before the meeting. If you plan to attend, please arrive by 12:00 p.m. (noon).

Sincerely,

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

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

pc: F:\EH\FOOD (SF)\FSE (SF)\Facilities (SF-4)\Jimmy John's Gourmet Sandwiches\Enforcement\2018\Draft Res 18-0021.docx  
ec: Tompkins County Board of Health (via; Shelley Comisi, TCHD)  
Ithaca Building Department; Gillian Haines-Sharp, Ithaca Fire Department; Mayor Svante Myrick; Richard John, TC  
Legislature; TCHD: Elizabeth Cameron, P.E., Director of Environmental Health; Frank Kruppa, Public Health Director;  
Kristee Morgan; Skip Parr; Brenda Coyle  
scan: Signed copy to Accela

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**DRAFT RESOLUTION # EH-ENF-18-0021 FOR**

**Jimmy John's Gourmet Sandwiches  
The Nancy Boys LLC/ Troy Legg, Owner/Operator  
122 North Aurora Street  
Ithaca, NY 14850**

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

**Whereas**, this subpart requires a Food Service Establishment Permit to operate a Food Service Establishment; **and**

**Whereas**, on June 29, 2018, Troy Legg, Operator, submitted to the Tompkins County Health Department (TCHD) an application to renew the food service establishment operating permit for Jimmy John's Gourmet Sandwiches expiring on June 30, 2018, and paid a \$50 late fee. The facility did not provide the required proof of disability insurance for the TCHD to issue a permit; **and**

**Whereas**, on July 2, 2018, TCHD staff observed Jimmy John's Gourmet Sandwiches open to the public for food service without a valid permit issued by the Tompkins County Health Department; **and**

**Whereas**, on July 11, 2018, Jimmy John's Gourmet Sandwiches provided the required proof of insurance form to the TCHD and an operating permit was subsequently issued; **and**

**Whereas**, Troy Legg, Operator, signed a Stipulation Agreement with Public Health Director's Orders on July 20, 2018, agreeing that Jimmy John's Gourmet Sandwiches 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 Troy Legg, Operator, is ordered to:**

1. Pay a penalty of \$400 for this violation, **due by October 15, 2018**. (**Do Not** submit penalty payment until notified by the Tompkins County Health Department.); **and**
2. Submit a complete renewal application to obtain a Permit to Operate a Food Service Establishment at least 21 days before expiration of the existing permit during each year of operation; **and**
3. Comply with all the requirements of Subpart 14-1 of the New York State Code for Food Service Establishments.





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

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Pb: (607) 274-6688  
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**STIPULATION AGREEMENT AND ORDERS # EH-ENF-18-0021**

**Jimmy John's Gourmet Sandwiches  
The Nancy Boys LLC/ Troy Legg, Owner/Operator  
122 North Aurora Street  
Ithaca, NY 14850**


I, Troy Legg, as a representative for Jimmy John's Gourmet Sandwiches, agree that on July 2, 2018, I was in violation of Subpart 14-1 of the New York State Sanitary Code for operating a food service establishment without a valid permit.

I agree to pay a penalty not to exceed \$400 for this violation following adoption of a resolution by the Board of Health. *(Do not submit penalty payment until notified by the Tompkins County Health Department.)*

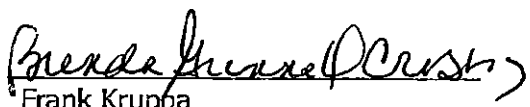
I also agree to comply with the following Orders when signed by the Tompkins County Public Health Director:

1. Submit required disability insurance certification form immediately; **and**
2. Submit a complete renewal application to obtain a Permit to Operate a Food Service Establishment at least 21 days before expiration of the existing permit during each year of operation; **and**
3. Comply with all the requirements of Subpart 14-1 of the New York State Code for Food Service Establishments.

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

Signed:  Date: 7/20/18

Troy Legg is hereby ordered to comply with these Orders of the Public Health Director.

Signed:  Date: 7/23/18  
Frank Kruppa  
Public Health Director

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

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

**CASE SUMMARY – FOR RESOLUTION # EH-ENF-18-0021**

**Jimmy John's Gourmet Sandwiches**  
**The Nancy Boys LLC/ Troy Legg, Operator**  
**122 North Aurora Street**  
**Ithaca, NY 14850**

**July 2018**

<b>Date</b>	<b>Action</b>
07/20/2018	Signed stipulation agreement received by TCHD.
07/12/2018	TCHD issued operating permit to Jimmy John's Gourmet Sandwiches.
07/11/2018	Stipulation agreement sent by TCHD to Jimmy John's Gourmet Sandwiches.
07/11/2018	TCHD received the required proof of disability insurance.
07/03/2018	A final e-mail was sent to Troy Legg stating the documentation was not received and the facility was operating without a permit.
07/02/2018	TCHD contacted Troy Legg and requested confirmation of Disability coverage being in effect. Multiple e-mails were exchanged with Max Legg regarding the need to submit proof of insurance coverage, TCHD did not receive any documentation. The facility was observed to be in operation on 7/2/2018.
06/29/2018	Permit application form, \$50.00 late fee and \$375.00 fee received by TCHD. Facility sent a copy of their Workers Compensation Insurance policy via e-mail to TCHD. Facility also indicated that their Disability insurance had lapsed and they were not notified. The facility submitted an application for Disability insurance to their insurance provider on 6/29/2018 and submitted a copy via e-mail to TCHD.
06/27/2018	TCHD staff spoke with Troy Legg regarding the need to submit permit application by 6/29/18.
06/19/2018	Late notice mailed and emailed requiring completed application, permit fee and late filing fee to be submitted by June 29, 2018. Notice stated that facility must remain closed until a permit is obtained.
04/29/2018	Renewal notice sent requiring completed application and permit fee to be submitted by June 1, 2018.
04/20/2018	Inspection by TCHD. No violations were observed.
06/29/2017	Inspection by TCHD. No violations were observed.
09/08/2016	Inspection by TCHD. No violations were observed.
03/16/2015	Inspection by TCHD. No violations were observed.
05/29/2014	Re-inspection by TCHD. The violation cited on 4/24/2014 was corrected. No further violations were observed.
04/24/2014	Inspection by TCHD: <b>Violation:</b> Potentially hazardous foods were not kept at or below 45°F in cold holding. Product in cold holding was observed to be at 48-55°F.
05/06/2013	Re-inspection by TCHD. The violation cited on 4/11/2013 was corrected. No further violations were observed.
04/11/2013	Inspection by TCHD: <b>Violation:</b> An accurate thermometer was not available to evaluate temperatures of potentially hazardous foods.
04/15/2008	Permit to operate Jimmy John's Gourmet Sandwiches issued to The Nancy Boys LLC.

*Inclusion Through Diversity*



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

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**CERTIFIED, REGULAR, & ELECTRONIC MAIL**

July 11, 2018

Sungyoon Hwang  
Big Ko Ko Inc.  
321 College Avenue  
Ithaca, NY 14850

**Re: Tompkins County Board of Health Draft Resolution # EH-ENF-18-0022  
Ko Ko Restaurant, Food Service Establishment, C-Ithaca**

Dear Sungyoon Hwang:

Enclosed is a copy of the Draft Resolution that the Tompkins County Board of Health will consider at its meeting on **Tuesday, July 24, 2018**. On May 22, 2018, the Tompkins County Board of Health adopted Resolution EH-ENF-18-0012 requiring you to maintain all potentially hazardous food temperatures at or below 45°F or at or above 140°F at all times during hot holding, cold holding, and storage.

On June 20, 2018, the Tompkins County Health Department observed two critical violations of Subpart 14-1 of the New York State Sanitary Code (NYSSC) where potentially hazardous foods were observed at temperatures between 45°F and 140°F. These are violations of Board of Health Orders. In addition, several rotted/spoiled bell peppers were observed in the walk-in cooler, which is also a violation of Subpart 14-1 of the NYSSC.

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

Sincerely,

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

Enclosures – Draft Resolution, Resolution EH-ENF-18-0012, and Case Summary

pc: F:\EH\FOOD (SF)\FSE (SF)\Facilities (SF-4)\Ko Ko Restaurant\2018 Violation of BOH Orders\Draft Resolution 18-0022.docx  
ec: Tompkins County Board of Health (via; Shelley Comisi, TCHD)  
Mike Niechwiadowicz, Ithaca Building Department; Mayor Svante Myrick; Richard John, TC Legislature; TCHD:  
Elizabeth Cameron, P.E., Director of Environmental Health; Frank Kruppa, Public Health Director; Kristee Morgan; Skip  
Parr; Brenda Coyle  
scan: Signed copy to Accela

ENVIRONMENTAL HEALTH DIVISION  
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Ph: (607) 274-6688  
Fx: (607) 274-6695

**DRAFT RESOLUTION # 18-0022 FOR**

**Ko Ko Restaurant  
Big Ko Ko Inc./Sungyoon Hwang, Owner/Operator  
321 College Avenue  
Ithaca, NY 14850**

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

**Whereas**, it is a critical violation of Part 14-1 of the NYSSC to:

- Have food from unapproved sources, spoiled or adulterated on premises; **and**
- Fail to use an approved method of cooling where food temperatures can be reduced from 120°F to 70°F or less within two hours and to 45°F within four hours; **and**
- Fail to maintain and operate enough refrigerated storage equipment so that all potentially hazardous foods are cooled properly and stored below 45°F.

**Whereas**, on May 22, 2018, Tompkins County Board of Health Resolution #ENF-18-0012 ordered Sungyoon Hwang to maintain all potentially hazardous food temperatures at or below 45°F or at or above 140°F at all times during hot holding, cold holding, and storage; **and**

**Whereas**, on June 20, 2018, the Tompkins County Health Department (TCHD) observed:

- Several rotted/spoiled bell peppers in boxes in the walk-in cooler; **and**
- Approximately two pounds each of a broccoli dish and a bean sprout salad in the top waitress cooler at temperatures of 68°F and 128°F; **and**
- Approximately six to eight flats of whole eggs, four 10-pound containers of tofu, two packages of rice cakes and five pounds of bean sprouts at temperatures between 51°F and 58°F in the reach-in cooler behind the 3-bay sink in the back kitchen.

**Whereas**, on June 20, 2018, Ko Ko Restaurant violated these provisions of the New York State Sanitary Code and the provisions of Board of Health Resolution #ENF-18-0012 were not met; **now therefore be it**

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

1. Pay a penalty of \$800 for these violations, **due by September 14, 2018.** (**Do Not** submit penalty payment until notified by the Tompkins County Health Department.); **and**
2. Maintain all potentially hazardous food temperatures at or below 45°F or at or above 140°F at all times during hot holding, cold holding, and storage; **and**
3. Monitor for food that is spoiled and/or adulterated and remove from the premise immediately; **and**
4. Cool potentially hazardous foods by approved method where the food temperature can be reduced from 120°F to 70°F or less in two hours and to 45°F within four hours; **and**

5. Ensure that at least two food service workers attend and successfully complete a food safety training course approved by the TCHD. The certificates documenting successful completion of the course must be submitted to the TCHD by **September 14, 2018; and**
6. After September 14, 2018, at least one employee who has successfully completed the food safety training must be on-site during hours of operation. In the event that a trained employee separates from employment, another employee must successfully complete an approved food safety course within 90 days. Training certificates must be retained and made available during an inspection; **and**
7. Comply with all the requirements of Subpart 14-1 of the New York State Code for Food Service Establishments.



Your Partner for a Healthy Community

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

ENVIRONMENTAL HEALTH DIVISION  
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**RESOLUTION # 18-0012 FOR**

**Ko Ko Restaurant  
Big Ko Ko Inc./Sungyoon Hwang, Owner/Operator  
321 College Avenue  
Ithaca, NY 14850**

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

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

**Whereas**, on March 1, 2018, the Tompkins County Health Department (TCHD) observed approximately two pounds of meat dumplings and 20-30 single servings of kimichi dishes between temperatures of 59-60 °F; **and**

**Whereas**, on March 21, 2018, during a re-inspection, TCHD observed approximately two to three pounds of cooked chicken pieces at a temperature of 59°F. In addition, two critical violations were observed where potentially hazardous foods were not kept at or above 140°F during hot holding; **and**

**Whereas**, Sungyoon Hwang, Operator, signed a Stipulation Agreement with Public Health Director's Orders on April 11, 2018, agreeing that Ko Ko Restaurant violated these provisions of the New York State Sanitary Code; **now therefore be it**

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

1. Pay a penalty of \$400 for these violations, **due by July 13, 2018; and**
2. Maintain all potentially hazardous food temperatures at or below 45°F or at or above 140°F at all times during hot holding, cold holding, and storage; **and**
3. 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 May 22, 2018.**

Frank Kruppa  
Public Health Director

5/23/18  
Date



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

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

Ph: (607) 274-6688  
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**CASE SUMMARY – FOR RESOLUTION # EH-ENF-18-0022**

**Ko Ko Restaurant  
Sungyoon Hwang, Big Ko-Ko Inc., Operator  
321 College Avenue  
Ithaca, NY 14850**

**July 2018**

Date	Action
06/20/2018	Inspection by TCHD. <b>Violations:</b> Food on premises was adulterated. Potentially hazardous foods were not cooled by an approved method. Product in the top section of the waitress station cooler was observed to be at 68°F and 128°F. The products had been cooked that morning and placed in the unit for service. Enough refrigerated storage was not maintained so that potentially hazardous foods are stored below 45°F. Products in a refrigerated storage unit were observed to be between 51-58°F.
05/22/2018	BOH adopts Resolution EH-ENF-18-0012 requiring Ko Ko Restaurant to pay a penalty of \$400 and maintain all potentially hazardous food temperatures at or below 45 °F or at or above 140 °F at all times during hot holding, cold holding, and storage.
03/21/2018	Re-inspection by TCHD. <b>Violations:</b> Potentially hazardous foods were not kept at or below 45°F during cold holding. Products in cold holding were observed to be at 59°F. Potentially hazardous foods were not kept at or above 140°F during hot holding. Products in hot holding were observed to be at 83°F and 88°F.
03/01/2018	Inspection by TCHD. <b>Violations:</b> Potentially hazardous foods were not kept at or below 45°F during cold holding. Products in cold holding were observed to be at 59-60°F. Enough refrigerated storage was not maintained so that potentially hazardous foods were kept below 45°F in storage. Products in a cold holding unit were observed to be at 59°F.
01/26/2018	Permit to Operate Ko Ko Restaurant issued.



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

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**CERTIFIED, REGULAR, & ELECTRONIC MAIL**

August 13, 2018

Nucharee Sinlapasomsak  
27 Shore Drive  
Ithaca, NY 14850

**Re: Stipulation Agreement and Orders # EH-ENF-18-0023  
Nicharee Traditional Thai, Food Service Establishment, C-Ithaca**

Dear Nucharee Sinlapasomsak:

Thank you for signing the Stipulation Agreement on August 6, 2018, for Nicharee Traditional Thai.

Enclosed is a copy of the Draft Resolution that the Tompkins County Board of Health will consider at its meeting on **Tuesday, August 28, 2018**. You or a representative has the right to speak to the Board for a few minutes prior to them taking action. If you wish to speak to the Board, please contact Skip Parr or me at (607) 274-6688 at least one day before the meeting. If you plan to attend, please arrive by 12:00 p.m. (noon).

Sincerely,

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

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

pc: F:\EH\FOOD (SF)\FSE (SF)\Facilities (SF-4)\Nicharee Traditional Thai\Draft Resolution.docx  
ec: Tompkins County Board of Health (via; Shelley Comisi, TCHD)  
Mike Niechwiadowicz, Ithaca Building Department; Mayor Svante Myrick; Leslyn Mcbean-Clairborne, TC Legislature; TCHD: Elizabeth Cameron, P.E., Director of Environmental Health; Frank Kruppa, Public Health Director; Kristee Morgan; Skip Parr; Brenda Coyle  
scan: Signed copy to Accela



ENVIRONMENTAL HEALTH DIVISION  
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Fx: (607) 274-6695

**DRAFT RESOLUTION # EH-ENF-18-0023 FOR**

**Nicharee Traditional Thai  
Nucharee Sinlapasomsak, Owner/Operator  
613 W. Buffalo Street  
Ithaca, NY 14850**

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

**Whereas**, it is a critical violation of Part 14-1 of the NYSSC to fail to:

- Store potentially hazardous foods at or below 140°F during hot holding; **and**
- Provide accurate thermometers to evaluate potentially hazardous food temperatures during cooking, cooling, reheating and holding; **and**
- Provide handwashing equipment so food workers can thoroughly wash hands when preparing raw and cooked or ready-to-eat food products.

**Whereas**, on June 1, 2018, the Tompkins County Health Department (TCHD) observed critical violations which included failure to provide handwashing equipment for use by cooking staff and failure to maintain potentially hazardous food at or above 140°F during hot holding. Approximately one and half pounds of sticky rice and 10 to 12 cooked chicken breasts were observed at temperatures between 112°F and 119°F; **and**

**Whereas**, on July 1, 2018, the TCHD observed a repeat critical violation where approximately 20 pieces of cooked chicken breasts were observed at temperatures between 116°F and 120°F. In addition, no probe thermometer was available to measure food temperatures; **and**

**Whereas**, Nucharee Sinlapasomsak, Owner/Operator, signed a Stipulation Agreement with Public Health Director's Orders on August 6, 2018, agreeing that Nicharee Traditional Thai violated these provisions of the New York State Sanitary Code; **now therefore be it**

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

1. Pay a penalty of \$400 for these violations, **due October 15, 2018**. (**Do Not** submit penalty payment until notified by the Tompkins County Health Department.); **and**
2. Maintain all potentially hazardous food at temperatures greater than 140°F during hot holding; **and**
3. Maintain an accurate thermometer onsite at all times to evaluate potentially hazardous foods; **and**
4. Provide hand washing equipment onsite at all times for use by food workers; **and**
5. Comply with all the requirements of Subpart 14-1 of the New York State Code for Food Service Establishments.



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

ENVIRONMENTAL HEALTH DIVISION  
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Fx: (607) 274-6695

**STIPULATION AGREEMENT AND ORDERS # EH-ENF-18-0023**

RECEIVED

**Nicharee Traditional Thai  
Nucharee Sinlapasomsak, Operator  
613 W. Buffalo Street  
Ithaca, NY 14850**

AUG 06 2018

TOMPKINS COUNTY  
HEALTH DEPARTMENT

I, Nucharee Sinlapasomsak, as a representative for Nicharee Traditional Thai, agree that on June 1, 2018, and July, 3, 2018, I was in violation of 14-1 of the New York State Sanitary Code for failure to maintain potentially hazardous foods at or above 140°F during hot holding.

I agree to pay a penalty not to exceed \$400 for these violations following adoption of a resolution by the Board of Health. (**Do not** submit penalty payment until notified by the Tompkins County Health Department.)


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

1. Maintain all potentially hazardous food at temperatures greater than 140°F during hot holding; **and**
2. Maintain an accurate thermometer onsite at all times to evaluate potentially hazardous foods; **and**
3. Provide hand washing equipment onsite at all times for use by food workers; **and**
4. Comply with all the requirements of Subpart 14-1 of the New York State Code for Food Service Establishments.

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

Signed:  Date: 8-6-2018

Nucharee Sinlapasomsak is hereby ordered to comply with these Orders of the Public Health Director.

Signed:  Date: 8/7/18  
for Frank Kruppa  
Public Health Director



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

ENVIRONMENTAL HEALTH DIVISION  
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Ph: (607) 274-6688  
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**CASE SUMMARY – FOR RESOLUTION # EH-ENF-18-0023**

**Nicharee Traditional Thai  
Nucharee Sinlapasomsak, Owner/Operator  
613 W. Buffalo Street  
Ithaca, NY 14850**

**July 2018**

Date	Action
08/06/2018	Signed stipulation agreement received by TCHD.
07/25/2018	Stipulation agreement sent by TCHD and office conference scheduled for August 8, 2018.
07/03/2018	Re-inspection by TCHD. <b>Violations:</b> An accurate thermometer was not available to evaluate temperatures of potentially hazardous foods. Potentially hazardous foods were not kept at or above 140°F during hot holding. Products in hot holding were observed to be at 116-120°F.
06/01/2018	Inspection by TCHD. <b>Violations:</b> Potentially hazardous foods were not kept at or above 140°F during hot holding. Products in hot holding were observed to be at 112°F and 119°F.
07/12/2017	Permit to Operate Nicharee Tradional Thai issued.



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

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Fx: (607) 274-6695

**CERTIFIED, REGULAR, & ELECTRONIC MAIL**

August 15, 2018

Ravi Meel  
7-Eleven Store #35255H  
409 College Avenue  
Ithaca, NY 14850

**Re: Tompkins County Board of Health Draft Resolution # EH-ENF-18-0024  
Violation of Adolescent Tobacco Use Prevention Act (ATUPA)  
7-Eleven Store #35255H, C-Ithaca**

Dear Mr. Meel:

On August 9, 2018, at approximately 1:38 p.m., the Tompkins County Health Department performed an ATUPA compliance check at 7-Eleven Store #35255H located on 409 College Avenue in Ithaca, NY. At that time, a minor who was working with a Health Department inspector purchased cigarettes from the above establishment. The sale of tobacco products to a minor is a violation of the New York State Public Health Law, Article 13F, Section 1399-cc and Tompkins County Local Law No.b of 2017. This is also a violation of Board of Health Orders # EH-ENF-17-0002 adopted on March 28, 2017, prohibiting the sale of tobacco to minors.

Enclosed is a copy of the Draft Resolution that the Tompkins County Board of Health will consider at its meeting on **Tuesday, August 28, 2018**. You or a representative has the right to speak to the Board for a few minutes prior to them taking action. If you wish to speak to the Board, please contact Skip Parr or me at (607) 274-6688 at least one day before the meeting. If you plan to attend, please arrive by 12:00 p.m. (noon).

Sincerely,

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

Enclosures – Draft Resolution, Resolution #17-0002 and Case Summary

pc: F:\EH\TOBACCO\ATUPA\Facilities - Violations\7-Eleven #35255H\2018\Draft Resolution 18-0024.docX  
ec: Tompkins County Board of Health (via; Shelley Comisi, TCHD)  
Jonathan Wood, Tompkins County Attorney; Ithaca Building Department; Mayor Myrick; Richard John, TC Legislature;  
NYSDOH: Steve Martin; Tim Wiant; TCHD: Elizabeth Cameron, P.E., Director of Environmental Health; Frank Kruppa,  
Public Health Director; Mik Kern; Skip Parr; Brenda Coyle  
scan: Signed copy to Accela

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

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

**DRAFT RESOLUTION # EH-ENF-18-0024 FOR**

**7-Eleven Store #35255H  
Ravi Meel, Owner/Operator  
409 College Avenue, Ithaca-C  
Ithaca, New York 14850**

**Whereas**, the representative of a business that sells retail tobacco products must comply with the regulations of Article 13-F, Section 1399-cc of the New York State Public Health Law (NYSPHL) and Tompkins County Local Law No.b of 2017; **and**

**Whereas**, on March 28, 2017, Tompkins County Board of Health Resolution #EH-ENF -17-0002 ordered Ravi Meel to prohibit the sale of tobacco products to minors; **and**

**Whereas**, on August 9 2018, the Tompkins County Health Department observed the sale of a tobacco product to a minor at the 7-Eleven Store #35255H; **and**

**Whereas**, the 7-Eleven Store #35255H will be assigned one point for this violation of the ATUPA law because it demonstrated that the seller possessed a certificate from a state certified tobacco sales training program; **and**

**Whereas**, the Health Department will conduct at least three inspections with a minor each year for the next three years at 7-Eleven Store #35255H. If the 7-Eleven Store #35255H is assigned a total of three or more points due to future sales to a minor, its registration to sell tobacco and, if a lottery agent, its lottery license will be referred to the appropriate agencies for a six-month suspension; **and**

**Whereas**, on August 9, 2018, the provisions of Board of Health Resolution #ENF-17-0002 were not met; **now therefore be it**

**Resolved, on recommendation of the Tompkins County Board of Health,  
That Ravi Meel, Owner, is ordered to:**

1. Pay a penalty, not to exceed \$950 plus a \$50 state mandatory surcharge for this violation, **due by October 15, 2018.** (**Do Not** submit penalty payment until notified by the Tompkins County Health Department); **and**
2. Prohibit the sale of tobacco products to minors and anyone under the age of 21 years.



Your Partner for a Healthy Community

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

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

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

**RESOLUTION # EH-ENF-17-0002 FOR**

**7-Eleven Store #35255H  
Ravi Meel, Owner/Operator  
409 College Avenue, Ithaca-C  
Ithaca, New York 14850**

**Whereas**, the representative of a business that sells retail tobacco products must comply with the regulations of Article 13-F, Section 1399-cc of the New York State Public Health Law (NYSPHL); **and**

**Whereas**, on January 4, 2017, the Tompkins County Health Department observed the sale of a tobacco product to a minor at the 7-Eleven Store #35255H; **and**

**Whereas**, the 7-Eleven Store #35255H will be assigned one point for this violation of the ATUPA law because it demonstrated that the seller possessed a certificate from a state certified tobacco sales training program; **and**

**Whereas**, the Health Department will conduct at least three inspections with a minor each year for the next three years at 7-Eleven Store #35255H and if the 7-Eleven Store #35255H is assigned a total of three or more points due to future sales to a minor, its registration to sell tobacco and, if a lottery agent, its lottery license will be suspended for 6 months; **and**

**Whereas**, based upon review of the Findings of Fact and Recommendations of the hearing held on March 8, 2017, presented to the Tompkins County Health Department by the Hearing Officer, the Board of Health finds that the 7-Eleven Store #35255H is in violation of Article 13-F, Section 1399-cc of the New York State Public Health Law (NYSPHL); **now therefore be it**

**Resolved, on recommendation of the Tompkins County Board of Health,  
That Ravi Meel, Owner, is ordered to:**

1. Pay a penalty, of \$300 plus a \$50 state mandatory surcharge for this violation, **due by May 15, 2017; and**
2. Prohibit the sale of tobacco products to minors.

**This action was adopted by the Tompkins County Board of Health at its regular meeting on March 28, 2017.**

  
\_\_\_\_\_  
Frank Kruppa  
Public Health Director

  
\_\_\_\_\_  
Date

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

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

**CASE SUMMARY – FOR RESOLUTION # EH-ENF-18-0024**

**7-Eleven Store #35255H  
Ravi Meel, Owner/Operator  
409 College Avenue, Ithaca-C  
Ithaca, New York 14850**

**Compiled August 2018**

Date	Action
8/13/18	TCHD received email with clerk's training certificate attached.  TCHD drafts resolution for consideration of BOH without a referral for suspension because the facility will have less than three points assessed.
8/10/18	Notice of Violation sent to Ravi Meel documenting the 8/9/18 violation.  TCHD received phone call from Ravi Meel who was unaware of the violation. Staff discussed assessment of points including suspension criteria. Ravi Meel indicated the clerk who made the sale was trained and that a certificate would be emailed.
8/9/18	<b>Minor Check by TCHD. Violation: Tobacco sold to minor.</b>
6/8/18	TCHD sent out a memo to all tobacco retailers reminding them about State and Tompkins County laws pertaining to sale of tobacco to minors and also informing operators about the penalties associated with tobacco sales to minor sales.
3/30/18	Minor Check by TCHD. No violation observed.
2/21/18	Adult Check by TCHD. No violation observed.
12/29/17; 1/24/18	Minor Check by TCHD. No violation observed.
3/28/17	BOH adopts Resolution # EH-ENF-17-0002 requiring Ravi Meel (Owner) to prohibit the sale of tobacco to minors and pay \$350 fine.
1/4/17	<b>Minor Check by TCHD. Violation: Tobacco sold to minor.</b>
3/21/14; 2/25/15; 12/8/15; 8/4/16	Adult Check by TCHD. No violation observed.
12/23/13; 11/10/14; 1/16/16	Minor Check by TCHD. No violation observed.

August 17, 2018

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

**RE: TOMPKINS COUNTY BOARD OF HEALTH  
REQUESTED REVISION TO DRYDEN VILLAGE PUBLIC WATER SYSTEM TIME TABLE OF COMPLIANCE  
#EH-ENF-15-007  
MRB GROUP PROJECT NO. 0425.15001.000**

Dear Ms. Cameron:

On behalf of the Village of Dryden, MRB Group is requesting an extension of time to the completion date contained in the Dryden Village Public Water System Time Table of Compliance for completion of the new Ferguson Road water storage tank.

As mentioned in previous Quarterly Progress Reports submitted to the Tompkins County Health Department (TCHD), construction of the new TC3 water storage tank, Dryden Lake Park Wells and Well Houses #1 and #2, and the water transmission main has been completed and all of these new facilities are in full operation by the Village.

Demolition of the old Ferguson Road water storage tank began on April 23, 2018 by DN Tanks, with the anticipated completion date for construction (and ready to be put in service) of the new Ferguson Road water storage tank by July 25, 2018. As of today, construction of the tank itself has been completed, but the site piping still needs to be installed and the new electric service needs to be brought into the site by NYSEG after the new valve vault is installed. It is estimated that the new water storage tank can be placed in service by the end of September.

Therefore, we are respectfully requesting an extension of time from the current 9/1/2018 deadline to "Complete New Ferguson Road Water Storage Tank" contained in the Time Table of Compliance to the proposed date of 9/30/2018.

At the present time, we believe that the current deadline for "Complete construction of the arsenic reduction project and replacement storage tank" of 11/1/2018 is still a reasonable date.



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

Sincerely,



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

N:\0425.15001.000\CORRES\TCHD\081718 Request for TCHD Time Table of Compliance Extension.docx

- c: Michael Murphy – Village of Dryden Mayor  
Tom Sinclair – Village of Dryden Deputy Mayor  
Dan Wakeman – Village of Dryden Trustee  
Deb Fisher – Village of Dryden Trustee  
Jason Dickinson – Village of Dryden Trustee  
Debra Marrotte – Village of Dryden Clerk/Treasurer  
Scott Freyburger – Tompkins County Health Department  
William J. Troy, III, Esq. – Barney, Grossman, Dubow & Troy, LLP

Division for Community Health  
Diagnostic & Treatment Center (D&TC)

## **Human Trafficking Policy & Procedure**

### **Purpose:**

To identify and assess clinic clients that may be victims of human trafficking and safely refer them to appropriate community resources when possible.

To comply with New York State Public Health Law section 2805-y.

### **Application:**

This policy and procedure applies to all Diagnostic & Treatment Center staff employed by Tompkins County Health Department hereto referred as “clinic staff”.

**Definitions:** per Victims of Trafficking and Violence Protection Act of 2000:

- **Sex trafficking** – the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act, in which the commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age.
- **Labor trafficking** - the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

### **Policy:**

1. Human trafficking includes sex trafficking and labor trafficking.
2. Clinic staff shall undergo training upon hire and at least every two years thereafter, on the identification, assessment, and appropriate treatment or referral of persons suspected as human trafficking victims.
  - a. Training will be provided by the New York State Department of Health via the Learning Management System at [www.my.ny.gov](http://www.my.ny.gov) which meets the training requirements as defined by New York State Public Health Law section 2805-y.
  - b. Documentation of completed training is maintained in staff personnel file.
3. Clinic staff will attempt to safely identify and assess clinic clients that may be victims of human trafficking.

### **Procedure:**

1. Clinic staff shall routinely screen clinic clients looking for several cues and behaviors. One cue in isolation should not raise suspicion, but a cluster of the following cues, though not exhaustive, may warrant asking further questions:
  - Malnourishment
  - avoids eye contact
  - extremely nervous
  - doesn't speak or is incoherent

- signs of physical abuse
- shy and submissive
- lack of concentration while speaking
- appears afraid to speak
- lack of documentation
- unable to provide home address
- observable psychological disorder
- may present as defiant and combative
- shares a scripted or inconsistent history
- not aware of current date or time

If two or more of the above cues are observed, proceed to #2 below. Clinic nurses are best suited to pursue the next procedural steps.

2. Inform the client that you are available to help if needed, and that the clinic is a safe space. Develop rapport with the client.
3. Request to speak with the client alone and approach in an empathetic manner. If person(s) accompanying client refuse to leave, refocus your encounter on goals that are safe to achieve. After the encounter, discuss it with your supervisor. If appropriate, begin by informing the client that you are a mandated reporter and explain what that means.
4. Consider asking some of the following questions. If client reticent to answer questions, do not pursue but rather reaffirm your desire to help.
  - Are you being forced to work against your will?
  - Are you being paid?
  - Can you leave your job if you want to?
  - Can you come and go as you please?
  - Have you or your family been threatened?
  - What are your working conditions like?
  - Where do you sleep and eat?
  - Do you have to ask permission to eat/sleep/use the bathroom?
  - Are there locks on the doors/windows so you cannot get out?
  - Has your identification or documentation been taken from you?
  - Is anyone forcing you to do anything that you do not want to do?
5. If indicated,
  - a. Provide the client with options for services, reporting and resources including the local Advocacy Center (607) 277-3203, local law enforcement, and the National Human Trafficking Resource Center (888) 373-7888.
  - b. Document findings in the client record and complete the form, “New York State Referral of Human Trafficking Victim”, Attachment A.
  - c. Review referral form with the supervisor.
  - d. Fax completed referral form to the fax number listed at top of the referral form.
6. Clinic staff who are mandated reporters (RNs, MDs) are also required to report to:
  - For a child less than 18 years of age, call the hotline at (800) 635-1522

- For an adult 18 years of age and older, call the Department of Social Services Adult Protective Services unit at (607) 274-5610
7. If client is in immediate danger, call 9-1-1 for law enforcement.
  8. Report incident to Director of Community Health or Public Health Director/deputy.
  9. If at any point, you fear for the security of yourself, the clinic client or others, do not proceed. Report to your supervisor immediately.
  10. Post National Human Trafficking Hotline number (888-373-7888) in clinic areas including public restrooms.

**Attachments:**

- A. New York State Referral of Human Trafficking Victim, July 10, 2017
- B. Human Trafficking Indicators, United Nations Office on Drugs and Crime, July 10, 2017

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William Klepack, MD  
TCHD Medical Director  
NYS license # 126544-1

---

Date

Written: 8/3/18kb  
BOH approval: pending 8/28/18

Division for Community Health  
Diagnostic & Treatment Center

### **Informed Consent Policy & Procedure**

**Purpose:** To provide the clinic client with the information necessary to give informed consent prior to the start of clinic services.

**Reference:** New York Codes, Rules & Regulations (NYCRR), title 10, Article 6, Section 751.9

**Policy:**

1. Prior to the provision of clinic services, clients will be verbally informed of who, what, why, where and how clinic services are to be provided.
2. Clinic Client Bill of Rights is prominently posted in the clinic patient care area. See **Attachment A, Patient's Bill of Rights for Diagnostic & Treatment Centers (Clinics), 2/18**

**Procedure:**

1. Upon check-in to the clinic, clinic staff will determine what clinic services are to be provided to the client and at what cost.
2. Clinic staff will verbally explain the who, what, where, why and how clinic services will be provided and give the clinic client an opportunity to ask further questions and to express their understanding.
3. Clinic client will then be asked to sign and date their consent to the provision of specified clinic services. See **Attachment B, Consent for Community Health Services, 11/15**.
4. Clinic staff will then proceed to provide the clinic client with consented specified clinic services.
5. Copy of service(s) provided may be given to the client upon check-out.

---

William Klepack, MD  
TCHD Medical Director  
NYS license # 126544-1

---

Date

Written 8/18kb

BOH approval: pending 8/28/18

Division for Community Health  
Diagnostic & Treatment Center

## Surprise Bill Policy & Procedure

**Purpose:** To protect consumers against unknowingly receiving clinic services which are not covered by health insurance plans and facing surprise medical bills.

**Reference:** Part H of Chapter 60 of the Laws of New York (2014); Section 24 of the Public Health Law, effective 3/31/15

### Policy:

1. Clinic staff are required to disclose to clinic clients prior to the provision of clinic services the health plan networks participated in by the clinic and any applicable fees that may not be covered by a client's specific health care plan for which the client may be charged. This is routinely handled during the clinic appointment call and again upon clinic check-in.
2. Clinic clients may be given options for clinic services not covered by their health insurance plan including payment out of pocket or referral to a participating provider.
3. Health plan networks participated in by the clinic are posted to the Tompkins County Health Department's website at [www.tompkinscountyny.gov/health](http://www.tompkinscountyny.gov/health) and prominently posted in the clinic check-in area.

### Procedure:

1. Upon clinic appointment call, clinic staff routinely disclose to the client which health plan networks the clinic participate in and the fees for the clinic services which may not be covered by their specific health care plan.
2. Clinic clients are provided options for services not covered by their health care plan including payment out of pocket or obtaining the service from a participating provider (i.e. primary care provider).
3. If the client opts for payment out of pocket, a receipt will be provided to the client for their submittal to their insurance plan for reimbursement.
4. Director of Community Health is responsible to review the health plan networks participated in by the clinic posted to the Tompkins County Health Department website at least annually.

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William Klepack, MD  
TCHD Medical Director  
NYS license # 126544-1

---

Date

Written 8/18kb  
BOH approval: pending 8/28/18

Division for Community Health  
Diagnostic & Treatment Center

## **Referral for Services Not Available Policy & Procedure**

**Purpose:** To have a referral process for services not available at the clinic which the clinic client might benefit from. To designate a specific staff member to coordinate clinic services with community services.

**Reference:** New York State Department of Health, Office of Health Systems Management, Operating Certificate pursuant to Article 28 of the Public Health Law, certificate # 5401201R, effective date 07/09/2010

### **Policy:**

1. Part-time clinic services provided under the Diagnostic & Treatment Center's Operating Certificate include routine childhood and adult immunizations, anonymous HIV counseling and testing, pregnancy testing, tuberculin skin testing, tuberculosis case management and nursing services.
2. Services not available via the clinic include but are not limited to mental health counseling or treatment, social work, pain management, injury management or primary health care.
3. Supervising Community Health Nurse or designee in Community Health Services is designated to coordinate clinic services with community services.

### **Procedure:**

1. Clinic nurses routinely assess clinic clients for unmet physical, psychological, and social needs.
2. Clinic nurses offer referrals for services not available at the clinic to receptive clients such as:
  - 2-1-1 in Tompkins/Cortland Counties for human service referrals including social work, housing, food pantries, transportation, etc.
  - Mental Health clinic (607-274-6200) for mental health counseling
  - Physician Referral Center at Cayuga Medical Center (607-274-4615) for primary health care
  - Ithaca Center for Pain Management at Cayuga Medical Center (607-274-4287) for pain management
  - Cayuga Medical Center Emergency Department or Convenient Care Center for injury management
  - Advocacy Center (607-277-5000) for domestic violence and sexual assault
  - Suicide Prevention and Crisis Line (800-273-8255) 24-hour hotline
  - Other service(s) in consultation with their supervisor or TCHD Medical Director.
3. Clinic staff may provide written referral information to clients as needed.

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William Klepack, MD  
TCHD Medical Director  
NYS license # 126544-1

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Date

Written: 8/18kb

BOH approval: pending 8/28/18



Division for Community Health  
Diagnostic & Treatment Center (D&TC)

## **Clinic Infection Control Policy & Procedure**

**Purpose:** To minimize potential transmission of infectious disease during the provision of clinic services.

**Scope:** This policy applies to all employees including contract employees, volunteers, students and interns (herein referred to as "employees") in the clinic setting.

**Policy:** Employees will minimize the potential transmission of infectious diseases during the provision of clinic services by adhering to universal precautions, hand hygiene measures, disinfectant use, proper use and storage of sharps containers, and proper disposal of medical waste. Employees are expected to adhere to the following division and agency policies and procedures:

Division for Community Health: (F: DCH Shared\Policies)

- ✓ Infection Control Policy
- ✓ Universal Precautions Policy & Procedure
- ✓ Care of Equipment and Appliances Policy & Procedure
- ✓ Clinic Quality Assurance Procedure

Tompkins County Health Department: (F: Public\Shared\Employee Health)

- ✓ Employee Health Policy

**Procedure:**

**A. Employees**

1. Must meet the requirements detailed in the TCHD Employee Health Policy and Infection Control Policy prior to working in the clinic.
2. Must report to their supervisor if they are ill or have a communicable disease which could potentially be transmitted to others. The supervisor is responsible for assigning alternate staff to work the clinic as appropriate.
3. Are required to complete **annual** training on Blood borne Pathogen, Universal Precautions, & Tuberculosis provided by the department and document

completed training on an annual training log which is reviewed by the Director of Community Health. Annual training log is then filed in personnel file in Administration.

4. Nurses are required to complete **Infection Control training every 4 years** as a condition of nursing license renewal with New York State Education Department.

## **B. Clinic Site**

1. Upon arrival at the on-site (TCHD) clinic or off-site clinic, the Charge Nurse or her designee will assess the cleanliness of the space to be used for clinic services and if needed, request facilities cleaning assistance then:
2. Wipe down clinic table surfaces with a disposable disinfectant wipe (i.e. Clorox wipes).
3. Allow table surfaces to air dry then cover with a clean paper table drape to serve as a barrier between the table surface and clinic supplies.
4. Charge Nurse completes the Clinic Infection Control Log prior to the start of clinic documenting the following infection control standards have been met: clinic staff without complaints of communicable disease, clinic site cleanliness, disinfectant applied to clinic table surfaces, table drape barrier used, hand hygiene used, proper disposal of used needles/syringes in sharps container. Refer to **Attachment A**, Key to completing Clinic Infection Control Log.
5. Prior to handling biologicals, and before and after any direct patient contact, clinic staff wash hands with soap and water, if available, or use alcohol based hand sanitizer containing a minimum of 62% ethyl alcohol. Wearing gloves does not eliminate the necessity for hand washing.
6. Gloves are not required to prepare and administer vaccines. However, gloves are available for use at the nurse's discretion.
7. Clinic staff with open wounds or exudative lesions on their hands should wear appropriate wound dressings and or gloves when having direct patient contact.
8. Upon take down of a clinic site, clinic staff will dispose of paper table drapes, non-bloody cotton balls/alcohol pads/gloves, and other clinic paper trash in garbage bags/cans provided at the clinic site. All blood soiled gloves and non-sharps items are double bagged and disposed of in garbage bags/cans.
9. Needle safe syringes are used for vaccine administration. Used syringes/needles and empty vaccine and diluent vials are disposed of in an agency provided sharps container.
  - a. Charge Nurse is responsible for labeling sharps container upon initial use with a 30-day expiration label. When 30-day expiration has occurred or the sharps container is 2/3 full, Charge Nurse is responsible to move sharps container(s) to locked soiled closet for storage and/or disposal by contract agency.
  - b. Charge Nurse is responsible for handling sharps containers used for off-site clinics including labeling with 30-day expiration label, transporting to and from off-site clinic and storing in locked soiled closet between uses until ready for disposal by

contract agency.

- c. Needles used for vaccine reconstitution in the vaccine storage room are considered “clean” and shall be disposed in “clean” sharps container in vaccine storage room. “Clean” sharps container is labeled with 30-day expiration date and when expiration date occurs, moved to locked soiled closet for disposal.
- d. Do not re-cap, bend, shear, clip or break any needles prior to disposal in sharps container.
- e. Sharps containers will no longer be used regardless of contents, when objects can no longer be dropped freely, without resistance into the container.

C. Screening Clinic Clients for infectious disease – follow agency Infection Control Policy.

---

William Klepack, MD  
TCHD Medical Director  
NYS license # 126544-1

---

Date

Written 6/02kb

Revised 3/09kb, 7/18kb, 8/18kb

BOH approval 8/13/02, 6/09/09, pending 8/28/18

## **Directions for completing Clinic Infection Control Log**

Charge nurse is responsible for completing the Clinic Infection Control Log.

Charge nurse documents whether the following infection control standards were met or not met using the “key” at top left corner of log sheet:

### **Clinic Site Cleanliness**

Standard: clinic site is clean, presence of trash receptacles with space for trash generated by clinic operation

### **Disinfectant applied to clinic table**

Standard: disinfectant applied to clinic table top surfaces prior to clinic operations

### **Table drape used**

Standard: clinic table top surface properly covered with a table drape barrier and towelette at each station

### **Hand hygiene used**

Standard: each clinic nurse used an approved hand hygiene product or washed hands with soap and water prior to clinic operations and between each clinic client served

### **Sharps container label**

Standard: sharp container present at each station and labeled with 30-day expiration date; no sharp container in use post 30-day expiration date

### **Disposal of used needles/syringes in sharps container**

Standard: each clinic station has a sharps container and all sharps are properly disposed of in sharps container

### **Emergency bag & contents checked**

Standard: emergency bag present and its contents checked to be sure all present and unexpired

### **Charge Nurse initials**

Standard: Charge Nurse initials the log once she has completed documentation of the above standards. A complete listing of clinic nurses and their initials are on file.

7/2018

**Division for Community Health  
Diagnostic & Treatment Center (D&TC)**

**Credentialing for Licensed Health Care Providers  
Policy & Procedure**

**Policy**

1. Tompkins County Health Department (TCHD) will ensure licensed health care providers meet uniform standards of education, experience, licensing, specific training, quality assurance and utilization review and health documentation in accordance with local, state and federal regulations.

**Definitions**

1. **TCHD Licensed Health Care Providers** include the:
  - Medical Director, MD (employee),
  - Registered Professional Nurses, RN (employee) in the Community Health Nurse (CHN), Senior Community Health Nurse and Supervising CHN position titles, and the
  - Tuberculosis Consultant, MD (contract)
2. **Kchecks** – a company contracted by Tompkins County to assure professional license and corporate compliance verification of designated employees and contractors including confirmation that these individuals are not on the U.S. Department of Health and Human Services, Office of Inspector General (OIG)'s List of Excluded Individuals and Entities (LEIE), The General Services Administration (GSA)'s Excluded Parties Lists System and the NYS Medicaid Fraud Database.
3. **Office of Professional Medical Conduct (OPMC)** – a NYSDOH office which investigates medical misconduct for physicians, physician assistants and specialists.  
<http://www.health.ny.gov/professionals/doctors/conduct/>
4. **National Provider Identification (NPI)** – a unique 10-digit identification number issued to health care providers by Center for Medicare and Medicaid Services (CMS). Designated healthcare providers must obtain NPI's to conduct HIPAA standard transactions such as billing insurance companies.
5. **National Technical Information Service (NTIS)** – the authorized distributor of the Drug Enforcement Administration (DEA) Controlled Substance Act certification database for medical providers handling controlled substances.
6. **New York State Education Department's Office of the Professions Professional Misconduct Enforcement System (OP-PMES)** – the Board of Regents which has responsibility for NYS licensed professions (except medical professions) and final disposition of disciplinary actions.
7. **Credentialing verification** is accepted from Cayuga Medical Center which meets the regulatory requirements for credentialing of MDs for the D&TC.

**TCHD Medical Director Procedure**

1. Public Health Director (PHD) or designee will document and/or verify the following:
  - Candidate meets the Tompkins County **Human Resources** qualifications for education and work experience (initial)

- Current license and registration with the New York State Department of Education (initial and annually via Kchecks)
  - Unrestricted DEA registration (initial and annual via NTIS)
  - Infection control certification (initial and every 4 years)
  - Is not on the CMS excluded provider lists (initial and monthly via Kchecks)
  - **Credentialing via Cayuga Medical Center (initial then every two years)**
  - Quality assurance review of OPMC (annual)
  - Utilization Review – not applicable
  - **Initial appointment then bi-annual reappointment by Board of Health (refer to Board of Health Bylaws) following favorable credentialing verification**
  - **Meets the annual training requirements for the D&TC including Fire/Safety, HIV Confidentiality, Universal Precautions, Bloodborne Pathogens, Domestic Violence, Advance Directives and Tuberculosis as documented in yearly training log maintained in personnel file**
2. PHD or designee will document and/or verify the following Protected Health Information (PHI):
- Health status check (initial) and health status reassessment (annual)
  - Rubella and measles immunity (initial)
  - Tuberculosis Screening (initial and annual)
  - Influenza vaccination or mask worn during influenza season (initial and annual)

### **Registered Professional Nurse Procedure**

1. Director of Community Health (DCH) or designee will document and/or verify the following:
- Candidate meets the Tompkins County Human Resources qualifications for education and work experience (initial)
  - Current license and registration with the New York State Department of Education (initial and annually via Kchecks)
  - Infection control certification (initial and every 4 years)
  - Is not on the CMS excluded provider lists (initial and monthly via Kchecks)
  - Quality assurance client complaint log review (quarterly), Community Health Quality Improvement Committee reports (quarterly), performance reviews (annual) and OP-PMES (annual).
  - **Meets the annual training requirements for the D&TC including Fire/Safety, HIV Confidentiality, Universal Precautions, Bloodborne Pathogens, Domestic Violence, Advance Directives and Tuberculosis as documented in yearly training log maintained in personnel file**
2. DCH or designee will document and/or verify the following PHI:
- Health status check (initial) and health status reassessment (annual)
  - Rubella and measles immunity (initial)
  - Tuberculosis Screening (initial and annual)
  - Influenza vaccination or mask worn during influenza season (initial and annual)

### **TB Consultant Contract Procedure**

1. DCH or designee will document and/or verify the following:
- Resume reflects commensurate education and work experience for the position (initial)
  - Current license and registration with the New York State Department of Education (initial and – annually via Kchecks)
  - Unrestricted DEA registration (NTIS – initial and annual)
  - Infection control certification (initial and every 4 years)
  - Is not on the CMS excluded provider lists (initial and monthly via Kchecks)
  - Maintains minimum professional malpractice insurance as defined by Tompkins County (annual)
  - **Credentialing via Cayuga Medical Center (initial then every two years)**

- Quality assurance review of the client complaint log and OPMC(annual)
  - Utilization review (Board of Health TB reports)
  - Meets the annual training requirements for the D&TC including Fire/Safety, HIV Confidentiality, Universal Precautions, Bloodborne Pathogens, Domestic Violence, Advance Directives and Tuberculosis as documented in yearly training log maintained in personnel file
2. DCH or designee will document and/or verify the following PHI:
- Health status check (initial) and health status reassessment (annual)
  - Rubella and measles immunity (initial)
  - Tuberculosis Screening (initial and annual)
  - Influenza vaccination or mask worn during influenza season (initial and annual)

### **Appointment/Reappointment Process**

1. Upon receipt of initial favorable credentialing verification from Cayuga Medical Center, PHD will request appointment of Medical Director by Board of Health for a two-year term.
2. Every two years thereafter, the PHD or Director of Community Health will request credentialing verification from Cayuga Medical Center.
3. Upon receipt of favorable bi-annual credentialing verification, PHD will request reappointment of Medical Director by Board of Health.

### **Documentation & Access to Records**

1. Written credentialing verification from Cayuga Medical Center for both Medical Director and Contract Physician will be obtained upon hire then every two years thereafter.
2. Credentialing and Protected Health Information (in separate file) will be handled confidentially and maintained securely in the personnel or contract files located in TCHD Administration (2-503).
3. Access is limited to designated TCHD Administrative staff, the DCH or designee and as required for local, state and or federal audits.

### **References**

- Title 10 Health NYCRR section 703.6 (c) (viii) –Part-time clinics (7/7/10) and 751.6 Personnel (7/31/13)
- TCHD Employee Health Policy
- HIPAA Policies & Procedures (TCHD Administration)
- Board of Health Bylaws (TCHD Administration)

Original: 8/26/14

Revised: 4/12/18 reflect change in Director of Patient Services job title to Director of Community Health

8/10/18 reflect changes related to deficiencies noted on D&TC site survey 7/25/18 and Plan of Correction 8/10/18

Community Health Quality Improvement Committee: 9/16/14, pending 9/18/18

Board of Health Approval: 10/28/14, pending 8/28/18

## **Resolution in Support of Marijuana Legalization in New York State**

Whereas, over \$1 trillion has been spent nationally enforcing drug laws, including those pertaining to marijuana, since the drug war was initiated in the 1970's;

Whereas, those drug laws have helped the United States has become a nation of mass incarceration - imprisoning 2 million American citizens which represents the highest imprisonment rate of any nation on Earth and 25% of the world's prisoners;

Whereas, marijuana represents the most widely used illicit substance and marijuana possession the most commonly charged drug offense; accounting for over 600,000 Americans who are arrested, imprisoned, fined, or otherwise needlessly criminalized and stigmatized, potentially for life, because of their use of marijuana each year;

Whereas, existing marijuana laws have been ineffective at curbing use, improving public health outcomes, or increasing public safety;

Whereas, marijuana prohibition has disproportionately impacted people of color who are almost 4 times more likely to be arrested for marijuana possession than their white counterparts nationally; despite equal rates of use across populations;

Whereas, New York State claims one of the worst racial disparities in arrests in the United States, with people of color being 8 times more likely to be arrested for possession;

Whereas, since 1996, there have been over 800,000 low-level marijuana possession arrests in New York;

Whereas, in 2010 alone, New York State spent \$675 million enforcing marijuana prohibition;

Whereas, the American public, at 93%, overwhelmingly supports legalizing medical marijuana and believe the drug should be legal for medical uses;

Whereas, 30 states and the District of Columbia have broken from the federal government and allowed access to marijuana for medicinal purposes;

Whereas, nine states: Alaska, California, Colorado, Maine, Massachusetts, Nevada, Oregon, Vermont, Washington, and the District of Columbia, have voted to legalize marijuana for adult use;

Whereas, 63% of New Yorkers support the legalization of marijuana for adult use;

Whereas, the New York State Department of Health has concluded that the benefits of taxing and regulating marijuana far outweigh any potential negative consequences;



Whereas, the Governor of the State of New York has accepted that conclusion and endorsed marijuana legalization;

Whereas, legalizing and taxing marijuana would generate significant revenue that could be used to fund public schools, libraries, early childhood education, re-entry services, adult education programs, research, public education programs, and community development projects;

Whereas, legalizing marijuana would spur development of marijuana-based agri-business in rural areas of New York State;

Whereas, the Marijuana Regulation and Taxation Act (MRTA) S. 3040 (Krueger) / A. 3506 (Peoples-Stokes) legalizes the production, distribution, and use of marijuana by removing the substance from classification as an illicit drug under New York's Controlled Substances Act;

Whereas, the MRTA will address the failed policy of marijuana prohibition and work to undo some of its negative results;

Whereas, the MRTA will create a responsible and well-regulated industry for adults over the age of 21 and work actively to limit youth access in ways that are unachievable under prohibition;

Whereas, the MRTA will serve a greater public good than prohibition has by saving law enforcement resources and instead generating millions in tax revenue to be used to support efforts to end the opioid epidemic in New York State, to invest in New York's public schools, and to rebuild communities that have been most harmed by marijuana prohibition's devastating collateral consequences.

Whereas, the MRTA will end the disproportionate enforcement of marijuana prohibition in communities of color that has directly led to reduced access to advancement opportunities including the ability of an individual to get a loan, get a job, go to college, or have a place to live;

Whereas, racial justice, economic opportunity, and public health are priorities of the residents of Tompkins County;

Now, therefore, be it resolved that the Legislature of Tompkins County supports the legalization of marijuana and the Marijuana Regulation and Taxation Act;

And, finally, be it resolved, that the Clerk of the Legislature send copies of this resolution to Assemblywoman Barbara Lifton and State Senators James L. Seward, Pamela Helming, and Thomas F. O'Mara and request their support for the passage of the legislation.