

**AGENDA  
Tompkins County Board of Health  
Rice Conference Room  
Tuesday, January 28, 2020  
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 December 3, 2019 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 (45 mins.)***  
**Administrative Actions:**
1. Modification of Inn at Taughannock Request for Waiver of Article 6.06(f)(1) for Installation and Use of Permanent Holding Tanks (5 mins.)
  2. Jared Beck Request for Waiver of Article 6.04(d) for Use of Sewage System on Ridge Road, Tax Map #23.-1-9.1, T-Lansing (5 mins.)
  3. Discussion Regarding Recommending Enforcement Penalties for Food Program (10 mins.)
- Enforcement Actions:**
1. Revised Resolution #EH-ENF-19-0025 – Finger Lakes GrassRoots Festival, T-Ulysses (Mass Gathering, Campgrounds) (5 mins.)
  2. Resolution #EH-ENF-19-0036 – Country Club of Ithaca, T-Ithaca, Violations of Subpart 6-1 of New York State Sanitary Code (Swimming Pool) (5 mins.)
  3. Resolution #EH-ENF-19-0046 – Spring Buffet, C-Ithaca, Violations of Subpart 14-1 of New York State Sanitary Code (Food) (5 mins.)

**AGENDA**  
**Tompkins County Board of Health**  
**Tuesday, January 28, 2020**

**1:05**     ***Environmental Health (continued)***

**Enforcement Actions:**

4. Resolution #EH-ENF-20-0001 – TOSA Apartments, T-Dryden, Violations of BOH Orders #EH-ENF-19-0006 and Subpart 5-1 of New York State Sanitary Code (Water) (5 mins.)
5. Resolution #EH-ENF-20-0002 – CoreLife Eatery, C-Ithaca, Violations of BOH Orders #EH-ENF-19-0023 and Subpart 14-1 of New York State Sanitary Code (Food) (5 mins.)

**1:15**     ***Division for Community Health (10 mins.)***

**Discussion/Approval:**

1. (Revised) Lead Poisoning Prevention and Response Policy (10 mins.)

**1:25**     ***Administration (5 mins.)***

**Discussion/Action:**

1. Approval to reappoint William Klepack, MD, to a two-year position (2020-2022) as Tompkins County Health Department Medical Director (5 mins.)

**1:30**     ***Adjournment***

**MINUTES**  
**Tompkins County Board of Health**  
**December 3, 2019**  
**12:00 Noon**  
**Rice Conference Room**

**Present:** Shawna Black; Melissa Dhundale, MD; David Evelyn, MD, MPH; Edward Koppel, MD; Michael McLaughlin, Jr.; Susan Merkel; Janet Morgan, PhD; and Christina Moylan, PhD, President

**Staff:** Karen Bishop, Director of Community Health; Liz Cameron, Director of Environmental Health; 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

**Excused:** Brenda Grinnell Crosby, Public Health Administrator

**Guests:** Pam Gueldner and Kathleen Pasetty, Representatives of Fork & Gavel Café; Nana Potenza and Elaine Springer, Representatives of Finger Lakes GrassRoots Festival Organization; and Skip Parr, Senior Public Health Sanitarian

**Call to Order:** Dr. Moylan called the regular meeting of the Board of Health (BOH) to order at 12:04 p.m.

**Privilege of the Floor – Fork & Gavel Café:** Pam Gueldner and Kathleen Pasetty thanked the Board for the opportunity to speak about the café’s recent violation. The refrigeration issue has been fixed. In addition, kitchen workers have taken the ServSafe food safety course and have been monitoring food temperatures. Ms. Pasetty commented they have made important changes in their operation in response to suggestions from Health Department inspectors. It is important to them to maintain good standards, policies and procedures. Ms. Gueldner expressed concern about the \$1,000 fine. With the café closing for seven weeks during the law school break, the fine will be a burden on their small business. They concluded their remarks by requesting a reduction in the fine.

**Privilege of the Floor – Finger Lakes GrassRoots Festival Organization:** As one of the GrassRoots representatives, Elaine Springer expressed her appreciation for the relationship that has been built over the years with Tompkins County Health Department (TCHD). She addressed Board members about a misunderstanding. The draft resolution calls for GrassRoots to update the language on the website before selling festival tickets. Their understanding is the camping language had to be updated closer to February when camping tickets go on sale. Another one of their concerns is the timing of the receipt of the draft resolution in late September and the due date to comply being October 1st. Their

staff has offered solutions on how best to communicate with people buying tickets. The people purchasing tickets now are not campers. Lastly, Ms. Springer mentioned the camping page has been updated with the language TCHD wanted to see. She feels they should be putting their energy into health and public safety rather than specific language on the website.

Board members asked some follow-up questions. Nana Potenza, who does the ticketing, responded that the number of campers compared to the number of people who attend the festival is minimal. The website was changed so the camping page has the requested language; however, the language is not on the admission page. It does not seem welcoming to have warnings on the admission page.

As for the safety of people, Ms. Potenza articulated their solutions: (1) large campsites; (2) updated camping page stating violations and consequences; and (3) emails sent to campers directly which is the best way to communicate with them.

Dr. Moylan noted there are 37 issues to address in the letter/resolution so it is important that the letter be read carefully. There is the question about the timing of the letter, dated September 27th, and how GrassRoots would have had enough time to respond by October 1st. Ms. Cameron answered GrassRoots had received a copy of the draft resolution in mid-September.

**Holiday Luncheon:** A break occurred in the meeting from 12:31 to 12:44 p.m. for the annual luncheon.

**Approval of October 22, 2019 Minutes:** Dr. Morgan moved to approve the minutes of the October 22, 2019 meeting as written; seconded by Ms. Black. The vote to approve the minutes as written: Ayes – 7; Abstentions – 1 (Dr. Koppel).

**Financial Summary:** Ms. Grinnell Crosby was not present for the meeting.

**Administration Report:** Mr. Kruppa announced a retreat for Public Health and Mental Health staff has been scheduled for December 19, 2019. The opportunity to bring staff from both departments together for the first time is exciting.

**Recognition of Mr. McLaughlin:** Mr. McLaughlin was presented a certificate in appreciation for his years of service to the BOH as a member and as a restaurateur. Mr. Kruppa noted Mr. McLaughlin's thoughts and ideas generated conversation and brought the BOH to better solutions.

In her remarks, Dr. Moylan described Mr. McLaughlin as a great role model who shared his opinions in a thoughtful way that prompted important dialogue among members. She has appreciated his contributions to public health and looks forward to hearing about his future efforts to improve health in Tompkins County.

Dr. Morgan recalled numerous discussions when Mr. McLaughlin would emphasize the importance of looking at the role of the BOH. He would suggest writing a letter or passing a resolution if it would promote public health. Personally, she has found this to be a valuable learning experience.

In response, Mr. McLaughlin expressed his thanks to his colleagues. It has been an honor and a pleasure to serve with everyone on this Board.

**Health Promotion Program Report:** Ms. Hillson had nothing to add to the written report.

**Medical Director's Report:** Dr. Klepack reported:

- December is dedicated to HIV awareness. *End the Epidemic 2020* is a state initiative focused on ending the transmission of HIV. A press release is being drafted to remind the public about the importance of testing, seeking treatment and taking medications as appropriate.
- Staff from both departments have been engaged in discussions about social determinants of health, e.g., affordable housing. They are identifying ways to have some impact on policy makers and others working on issues.

Main points from the discussion regarding Public Health and Mental Health connections regarding clients:

- Staff is exploring ways to work more closely together. They are looking at service delivery and how to address common issues with clients.
- The joint EHR has several crossover clients. When clients have signed consents, there will be opportunity to share across programming.
- A staff directory has been created with photographs and program descriptions. It highlights each department and its services so staff can begin learning about each other.
- Staff will work on improving departmental websites and other electronic mechanisms to share messaging across the departments and with the community.

**Division for Community Health Report:** Ms. Bishop reported her staff has been busy following up on communicable disease cases. There was a measles exposure that affected 24 identified people; a probable case of mumps in an adult; and two new reported cases of TB. Nursing staff is on call 24/7 and they respond immediately. The latest report: there were no subsequent measles cases; the mumps case is no longer considered infectious; and the TB cases are in treatment. She is proud to say her staff rose to the occasion.

**Children with Special Care Needs Report:** Ms. Thomas briefed the Board on an issue affecting her Division's programs. The New York State Office of Children and Family Services (OCFS) licenses childcare settings. In the interest of protecting children, OCFS issued a new regulation requiring background checks and fingerprinting that is more extensive than previously required of therapists. Two of our large programs, Preschool and Early Intervention, work with therapists from agencies and school districts and therapists who are independent providers. These therapists are not allowed to see children alone which has caused difficulties in providing services. Day Care settings and Head Start programs are now trying to provide supervision of the therapists or require the therapists to see the child in the classroom. This is causing therapists difficulty in meeting the requirements on a child's IEP (Individualized Education Plan) which is not meeting NYSED regulations. Apparently, there was a lack of communication among state agencies about the new regulation and who has access to background checks.

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Mr. Kruppa will inquire whether the New York State Association of Counties (NYSAC) is working on a resolution to address the issue.

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

**Environmental Health Report:** Ms. Cameron updated the 100 Smith Road situation that was before the BOH in October. At that time, the BOH authorized a warrant to vacate the dwelling at that address. The warrant was delivered to the Sheriff on November 6, 2019. The tenants, who needed to find other housing, proposed putting a camper on the site. Since the tenants would not have access to the contaminated water or the failed sewage system, TCHD did not have authority over that situation. The warrant was against occupancy of the house, not the property. The latest information is the tenants have not put a camper on site. However, the property remains posted.

In the interest of the GrassRoots representatives who are present, Ms. Cameron requested the GrassRoots action be moved to the beginning of new business on the agenda.

**Report on the Joint Meeting of the Tompkins County Community Mental Health Services Board (CSB) and Board of Health (BOH):** Dr. Moylan referred to the minutes of the November 4th meeting (Attachment 1).

Dr. Koppel moved to approve the minutes of the November 4, 2019 joint meeting of the CSB and BOH as written; seconded by Dr. Evelyn. Dr. Moylan requested the spelling of her name be corrected in the minutes.

The vote on the motion to approve the minutes of the November 4, 2019 joint meeting of the CSB and BOH as amended: Ayes -7; Abstentions -1 (Mr. McLaughlin); motion carried.

**Resolution #EH-ENF-19-0041 (Revised Draft) – Finger Lakes GrassRoots Festival, T-Ulysses, Violations of BOH Orders #EH-ENF-19-0025 and Subpart 7-4 of New York State Sanitary Code (Mass Gathering):** Representatives of the GrassRoots organization spoke earlier in the meeting during Privilege of the Floor. Mr. McLaughlin moved to accept the resolution as written; seconded by Ms. Black.

There was a lengthy discussion among Board members. Dr. Moylan summarized that the letter was officially signed by Mr. Kruppa on September 27th but GrassRoots was already aware that this letter was coming.

Ms. Cameron further explained that GrassRoots was at the BOH meeting in September to discuss this resolution so they were aware of the requirements at that time. By the end of October, GrassRoots had made some changes to their website but TCHD wanted a link from the ticket sales page to the camping page that noted there were changes to the camping rules. Consensus has not been reached on that requirement. However, TCHD has agreed with their other proposals and have made some changes in the revised draft resolution.

Ms. Black stated she will not be supporting this resolution because of the confusion over what did and did not happen.

Dr. Moylan pointed out there was some confusion over language and expectations so people should be communicating.

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Mr. McLaughlin emphasized there are existing, difficult problems that need to be corrected. Safe camping is the goal so the two groups should have the same goals about ways to keep people safe.

Ms. Merkel felt this has cost the department a lot of time and effort. GrassRoots has a history of missing deadlines which is a problem and justifies BOH action.

The vote in favor of the resolution, as written: Ayes – 7; Noes – 1 (Ms. Black).  
The motion carried.

**TCHD request to waive Food Service Establishment Permit Fees for Loaves & Fishes and Salvation Army:** Dr. Evelyn moved to approve TCHD's request to waive the food service establishment permit fees for Loaves & Fishes and the Salvation Army; seconded by Ms. Black.

Ms. Cameron explained these organizations have food service operations in facilities that require permits. The Division would like to stop charging permit fees to them. This will be permanent unless there are changes to the operations.

The vote to approve the waiver request as written was unanimous.

**Discussion Regarding Draft Guidance for Recommending Enforcement Penalties for Food Program:** For the discussion, Ms. Cameron referred to a handout (Attachment 2) that was distributed prior to the meeting. She recognized Mr. Parr who has been looking at the enforcement penalty process for food service establishments in terms of the risk and history of the operation.

Mr. Parr summarized this is a more risk-based approach to recommending penalties. He described the process utilizing the examples in the handout. The enforcement process will not change; it is how staff recommends fines to the Board.

Ms. Cameron commented this approach to enforcement penalties is a change in procedure that staff would like to use. The BOH does not have to act; however, the Division needs some direction from the Board on whether to move forward with it. The topic was taken off the table because Board members wanted more information. Staff will bring back other examples of recommended enforcement penalties to share with the Board.

**Resolution #EH-ENF-19-0037 – Spruce Row Campground Pool, T-Ulysses, Violations of Subpart 6-1 of New York State Sanitary Code (Swimming Pool):** Ms. Black moved to accept the resolution as written; seconded by Dr. Evelyn.

Ms. Cameron reported the campground has a swimming pool. The operators failed to maintain the minimum chlorine residuals during two inspections.

The vote in favor of the resolution as written was unanimous.

**Resolution #EH-ENF-19-0043 – Panera Bread Bakery Café, C-Ithaca, Violations of Subpart 14-1 of New York State Sanitary Code (Food):** Dr. Morgan moved to accept the resolution as written; seconded by Dr. Koppel.

Ms. Cameron stated Panera Bread café is before the Board for two cold holding violations.

The vote in favor of the resolution as written was unanimous.

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**Resolution #EH-ENF-19-0044 – Hollow Creek, C-Ithaca, Violations of Subpart 14-2 of New York State Sanitary Code (Food):** Ms. Black moved to accept the resolution as written; seconded by Ms. Merkel.

Ms. Cameron stated Hollow Creek, a temporary food service operation, had hot holding violations during the Apple Harvest Festival.

The vote in favor of the resolution as written was unanimous.

**Resolution #EH-ENF-19-0045 – Red Apple M0358, V-Groton, Violation of Adolescent Tobacco Use Prevention Act (ATUPA):** Ms. Black moved to accept the resolution as written; seconded by Dr. Evelyn.

Ms. Cameron explained Red Apple is a tobacco retailer. During recent compliance checks for vaping products, a liquid product was sold to a minor.

The vote in favor of the resolution as written was unanimous.

**Resolution #EH-ENF-19-0048 – Fork & Gavel Café, C-Ithaca, Violations of BOH Orders #EH-ENF-17-0038 and Subpart 14-1 of New York State Sanitary Code (Food):** Representatives of the Fork & Gavel Café appeared earlier in the meeting during Privilege of the Floor. Ms. Cameron noted Fork & Gavel is in violation of BOH Orders.

Dr. Dhundale moved to accept the resolution as written; seconded by Ms. Black.

Ms. Black moved to reduce the fine to \$500; seconded by Dr. Moylan. In supporting a reduction in the fine, Ms. Black explained the café operators have been in business for many years. They are reputable and have been responsive to Health Department inspectors. A lesser fine would be helpful to the small business.

The vote in favor of the resolution as amended was unanimous.

**Consideration of the Task Force Recommendation to Merge the Public Health and Mental Health Departments:** Dr. Moylan provided a brief overview. The Task Force concluded its meetings and issued a report that was sent to both boards, the Legislature and employees at both departments. On November 4th, the BOH and CSB came together for a joint meeting to discuss the report. At a special Health and Human Services subcommittee meeting, task force members answered questions from Legislators about the recommendation. The key question before the BOH is whether to write an official letter supporting the Task Force recommendation. Dr. Moylan reminded members that there is no requirement or expectation for such action.

Ms. Merkel moved that the BOH write a letter in support of the Task Force recommendation; seconded by Dr. Evelyn. The vote in favor of the motion was unanimous.

**Board of Health Selection of Officers for 2020:** Mr. Kruppa opened the floor to nominations for President of the BOH for 2020. Dr. Evelyn moved to nominate Dr. Moylan for President; seconded by Dr. Dhundale. The vote in favor of Dr. Moylan continuing as President was unanimous.

Dr. Moylan opened the floor to nominations for Vice President of the BOH for 2020. Ms. Black moved to nominate Dr. Evelyn as Vice President; seconded by Dr. Dhundale. The vote in favor of Dr. Evelyn continuing as Vice President was unanimous.

**Adjournment:** Dr. Moylan adjourned the meeting at 2:30 p.m.



**Joint Meeting of the Tompkins County Community Mental Health Services Board and  
Board of Health  
November 4, 2019  
Meeting Minutes**

**Present:** Khaki Wunderlich; Mary Hutchens; Jan Lynch; Larry Roberts; Sheila McHenry; Maria Morog; Dr. Auguste Duplan; Ellice Switzer; Harmony Ayers-Friedlander; Paula Winner; Travis Winter; Christina Moylan(BOH); Melissa Dhundale(BOH); David Evelyn(BOH); Edward Koppel(BOH); Susan Merkel(BOH); Janet Morgan(BOH)

**Legislature:** Shawna Black

**Guests:** Jason Molino(County Adm); Amie Hendrix(Deputy County Adm)

**Staff:** Frank Kruppa, Commissioner; Jeremy Porter; Missy Cooper-Hammond

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The meeting was called to order at 5:32 p.m. by Khaki Wunderlich, Chair. Introductions were made. This is a joint meeting of the Community Services Board and the Board of Health.

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**Overview of Task Force Charge and Task Force Members:** Larry R. from the CSB Board started the meeting out wanting to go on record that he is not in support of this merger. He is unclear as to what this meeting really is all about, feeling that neither advisory board has been given the right to form an opinion regarding the merger of PH and MH. Jason Molino stressed that everyone will be entitled to their opinions at further already scheduled meetings and that this meeting is just to present the draft of the task force recommendations. Jason suggested to let them go through this presentation tonight and after this if both boards would like to then make a stance we will go through the process to do so. Khaki W. also explained that we need to hear this out and if afterwards either board wishes to make a recommendation separately they may. Christina Moylan, the chair of the BOH, also spoke regarding the puprose of this meeting and she also was very clear that either board can take a stand after to either agree with the merger or disagree. Christina asked that people speak up and give their opinions either way and she also noted that there is much more data available than is being presented tonight if it is needed.

**Presentation of Summary of Task Force Report and Recommendations:** Jason M. began by saying that Amie H and himself will be doing an overview of the recommendations by the task force and that he has sent a full copy to the board members and staff to go over and discuss. Jason thanked all members of the task force for all their hard work the past several months. He stated that they have been meeting since May and have held 10 to 12 meetings lasting 2-3 hours each. Their task was to evaluate the merger of MH/PH and review the last 3 years under the current structure. The three areas of review were a partial merger, full merger or complete separation of the departments. Jason presented the breakdown of task force members and the many areas the task force explored including department vision, mission and values as well as leadership structures. Amie H. stated that the task force interviewed many key parties in both departments as well as the County Attorney and other agencies who have gone through such a merger. Amie also stated that surveys were sent out to both departments and approximately 48% were completed. She said there was also a community survey and lots of data collection completed. Jason presented the three options that the task force had to consider. The first was to stay status quo with shared leadership which was not recommended by the task force as they believe both departments are stuck in a state of paralysis and have stagnant vision. The second model was to return to separate departments and this too was not recommended. Jason stated it felt like we would be taking a step backwards. The last model was for both departments to merge as one which the task force unanimously

recommended that the process to become one integrated/merged department begin immediately. The task force felt that the perspective for PH/MH to have shared vision would only help and improve client care. Amie spoke about how this merger would help to collaborate and put the health of our clients at the fore front. Amie also noted some of the challenges to overcome, streamlined vision/mission statements, redefined chain of command, redefining modes of communication being just a few. She stated that no matter what the change and how difficult, this change makes the most sense. Jason noted that the next steps recommended by the task force were to determine what is the name/vision statement and to identify and institute clear communication channels. They also felt it important to discuss with the other two counties (Dutchess/Livingston) who have already undergone this merger and to find out what the key factors to their success have been. Jason will also need to consult with the County Attorney regarding all legal matters concerning the merger and provide regular briefings with both boards. There will be further discussion down the road regarding fiscal impacts, quality assurance, education and outreach and if both departments will remain in two separate locations. Jason clearly stated that there would be another meeting of task force to finalize this draft before it goes to the Health and Human Services Committee meeting. The task force will be taking all of the feedback from this meeting and including it in their final draft. Khaki also noted that the CSB will be meeting before this December 3<sup>rd</sup> meeting and Christina also stated that so will the BOH meeting.

**Discussion of Task Force Report by Board Members:** Shawna B. started this discussion by stating that anyone who would like to attend the Health and Human Service board meeting to discuss their opinions are welcome or if folks would like to unanimously send something via email those can be sent to [legislature@tompkins-co.org](mailto:legislature@tompkins-co.org). She also stated that the HHS board will make their decision on this merger at the November 14<sup>th</sup> meeting. Ellice S. asked if the staff at both departments have access to comment on these drafts, Amie noted yes via email. Shawna said that a possible survey monkey be done for staff to express their opinions/concerns anonymously. Ellice also stated that we may need more check ins during this entire process to keep communication clear and open. Khaki said she felt that the county administration has been very supportive during this whole process and Jason replied that whatever the outcome they will continue to be. Maria M. would like to go on record stating that she was unclear as well as the process, assumptions were made, and she feels that the communication challenges are going to continue. Maria stated it is going to be critical during this entire process to have clear precise communication. Larry R also asks what the legislature aspects these other two counties had to go through as he is not clear of how this worked. Larry also spoke about the Clinic almost losing their license and how terrible of a time it has been for the staff. He noted that even at times staff having over demands from clinic administration. Larry strongly feels that staff at MH are already over stressed and worked and that a merger may be too much for them to handle. He feels that another change may be too over whelming and he doesn't feel that any of this was reflected in this report. Maria M. also stated that a lot of good work has gone into a visions whole health model, but she feels that there are two very important things missing. How much will this cost, what is the fiscal impact going to be on the community and secondly since New York State has not been structured around this whole health model, what are the legalities and what are the regulatory impacts going to be. Larry said that the LGU is responsible for overlooking the three disability areas and he personally feels that the Commissioner will not have enough time to do all of this. He feels the report doesn't really address these legal issues. Christina stated that she doesn't think the legislature asked the task force to make or define things that will occur, only to evaluate how a merged model will work or not work. Marie also says she feels more staff will be needed in her opinion and that the legislature will ask this question regarding how much they may need to raise taxes, etc. Khaki also states that a separation is also going to cost money. Maria also stated that until we find out the legalities

regarding integration in NYS we will not be know if this can even happen. Jason agrees with Maria regarding her questions and concerns regarding regulations and they will be elaborating more, he has been in touch with the County Attorney regarding all these concerns. Amie thanks everyone for their feedback and noted that all these conversations are helpful. Susan M (BOH) asked the question that if the status quo hinders paralysis then how would this go away? Jason responded by saying we need more direction either way. Larry R stated that the need for Mental Health in the community has been growing tremendously and this needs to be put in this data. He also stressed that the legal issues need to be addressed and that MH is without a Deputy Commissioner now and this is a huge concern. Jan L asked if there has been a forecast model financially done? Jason responded with no as this wasn't the focus but will be an important topic down the road either way the legislature decides to vote. Susan M thanked everyone for all their hard work on this and felt everyone did a great job. She feels that now is a really good time to get the most out of the people you have. Maria M fears that with this merger MH will be pushed aside and that there needs to be a clear balance between PH/MH so that MH doesn't get the short end of the stick and stressed that all aspects of health will need to be addressed effectively through this model. Shawna B stated that she was negative at first regarding this merger but has tried to keep an open mind and after reviewing many different metrics and knowing a person could get holistic care in one place she has come to believe this is the best answer. Harmony A spoke about the cultural fear of change and notes that the future is Value Based Payments and we all need to do this together for it to work well. David E (BOH) stated that when we combine things together it only will increase our benefits. He also noted that we are one of the few counties that are willing to address the fact that mental illness is becoming more of a need. David feels that this is a great opportunity for our community and sure it will cost but if we don't merge it will cost even more 5 years down the road. Paula W. stated she agrees that we need to move forward right away and she also is concerned about MH currently not having a Deputy Commissioner. She stated this needs to be addressed immediately. Jason noted that Livingston Co. started out with the intent to save money but they are happy with how things have turned out. Jason said we really won't know the financial aspects until we get further into the process. Dr. Koppel (BOH) spoke about Cornell currently undergoing a merge and that communication has been the key. He clearly stated that this merger of PH/MH at Cornell is working. Travis W (CSB) feels that a collaborative care model works better and that sometimes people get confused regarding the terminology and sometimes don't understand what is truly happening. Larry stated that the services are not the same at PH/MH and won't be useful for the clients and the report needs to be made clearer regarding the overlap of administrative tasks.

There being no further business, motion was made to Adjourn @ 7:24p.m.

Summary of Recommended Enforcement Penalty - FSE - Draft 11/25/19

**Facility Name:** Fork & Gavel  
 Inspection Date: 10/8/2019  
 Inspection Score: 8  
 Re-inspection Date: n/a  
 Re-inspection Score: 0  
 Total Score: 8  
 # of BOH Actions: 3  
 # Violations of BOH Orders: 1  
 # of Inspections w/o Critical Violation since last enforcement action: 2

**Calculation**

<b>Part 14 Penalty Amount</b>	<b>BOH Order Penalty Amount</b>	<b>Inspection Credit Amount</b>	<b>Recommended Penalty</b>
\$400	\$500	\$400	\$500

**Instructions**

*Recommended penalties for initial enforcement actions:*

<u>Risk Factor Score</u>	<u>Penalty Amount</u>
Less than 15	\$200
15-27	\$400
28 or higher	case-by-case

*Recommended penalties for violation of BOH Orders:*

<u>Part 14 Penalty Amount</u>	
<u>Risk Factor Score</u>	<u>Penalty Amount</u>
0-7	\$200
8-14	\$400
15-21	\$600
22-28	\$800
28+	case-by-case

<u>BOH Order Penalty</u>	
<u># of BOH Orders</u>	<u>Penalty Amount</u>
1st	\$200
2nd	\$400
3rd	\$500

*Inspection Credit*

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

## Summary of Recommended Enforcement Penalty - FSE - Draft 11/25/19

**Facility Name:** Hollow Creek  
 Inspection Date: 9/27/2019  
 Inspection Score: 7  
 Re-inspection Date: 9/28/2019  
 Re-inspection Score: 7  
 Total Score: 14  
 # of BOH Actions: 0  
 # Violations of BOH Orders: 0  
 # of Inspections w/o Critical Violation since last enforcement action: n/a

Calculation

<i>Part 14 Penalty Amount</i>	<i>BOH Order Penalty Amount</i>	<i>Inspection Credit Amount</i>	<i>Recommended Penalty</i>
\$200			\$200

**Instructions**

*Recommended penalties for initial enforcement actions:*

<u>Risk Factor Score</u>	<u>Penalty Amount</u>
Less than 15	\$200
15-27	\$400
28 or higher	case-by-case

*Recommended penalties for violation of BOH Orders:*

<u>Risk Factor Score</u>	<u>Penalty Amount</u>
0-7	\$200
8-14	\$400
15-21	\$600
22-28	\$800
28+	case-by-case

*BOH Order Penalty*

<u># of BOH Orders</u>	<u>Penalty Amount</u>
1st	\$200
2nd	\$400
3rd	\$500

*Inspection Credit*

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

Summary of Recommended Enforcement Penalty - FSE - Draft 11/25/19

**Facility Name:** Panera

Inspection Date: 8/21/2019  
 Inspection Score: 7  
 Re-inspection Date: 9/23/2019  
 Re-inspection Score: 7  
 Total Score: 14  
 # of BOH Actions: 0  
 # Violations of BOH Orders: 0  
 # of Inspections w/o Critical Violation since last enforcement action: n/a

Calculation

<i>Part 14 Penalty Amount</i>	<i>BOH Order Penalty Amount</i>	<i>Inspection Credit Amount</i>	<i>Recommended Penalty</i>
\$200			\$200

**Instructions**

*Recommended penalties for initial enforcement actions:*

<u>Risk Factor Score</u>	<u>Penalty Amount</u>
Less than 15	\$200
15-27	\$400
28 or higher	case-by-case

*Recommended penalties for violation of BOH Orders:*

<u>Risk Factor Score</u>	<u>Penalty Amount</u>
0-7	\$200
8-14	\$400
15-21	\$600
22-28	\$800
28+	case-by-case

*BOH Order Penalty*

<u># of BOH Orders</u>	<u>Penalty Amount</u>
1st	\$200
2nd	\$400
3rd	\$500

*Inspection Credit*

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

Board of Health  
January 28, 2020  
Financial Report

December 2019 / Month 12

High local share percentages continue (timing of expenditures vs claims). Overall expenditures appear satisfactory. Payroll is affecting percentages as twelve work days of December are paid in January (13<sup>th</sup> period). Transfers will be submitted as needed for year-end re-alignment.

Fourth quarter Article 6 Public Health State Aid and grant claims are being worked on. Claims are due to the Finance Department by February 11.

There are no significant issues to report at this time.

Percentage of Year 100.00%

	Expenditures			Revenues			Local Share		
	Budget	Paid YTD	%	Budget	YTD	%	Budget	TD	%
4010 PH ADMINISTRATION	1,510,496	1,391,725	92.14%	268,363	191,085	71.20%	1,242,133	1,200,640	97.20%
4011 EMERGING LEADERS IN PH	122,113	66,474	54.44%	122,113	122,113	100.00%		-55,639	
4012 WOMEN, INFANTS & CHILDREN	552,183	498,506	90.28%	552,183	461,961	83.66%		36,545	
4013 OCCUPATIONAL HLTH.& SFTY.	134,434	99,594	74.08%	0	0	0.00%	134,434	99,594	74.08%
4015 VITAL RECORDS	74,924	68,278	91.13%	108,000	108,658	100.61%	-33,076	-40,380	122.08%
4016 COMMUNITY HEALTH	1,686,474	1,367,748	81.10%	395,805	254,312	64.25%	1,290,669	1,113,436	87.39%
4018 HEALTHY NEIGHBORHOOD PROG	172,369	150,867	87.53%	172,368	115,996	67.30%	1	34,872	487,171.00%
4047 PLNG. & COORD. OF C.S.N.	1,433,845	1,235,798	86.19%	388,551	306,114	78.78%	1,045,294	929,684	88.94%
4048 PHYS.HANDIC.CHIL.TREATMNT	8,000	0	0.00%	4,000	0	0.00%	4,000	0	
4090 ENVIRONMENTAL HEALTH	1,741,425	1,615,454	92.77%	625,478	558,623	89.31%	1,115,947	1,056,831	95.25%
4095 PUBLIC HEALTH STATE AID	0	0	0.00%	1,276,351	1,078,122	84.47%	-1,276,351	-1,078,122	84.47%
<b>Total Non-Mandate</b>	<b>7,436,263</b>	<b>6,494,444</b>	<b>87.33%</b>	<b>3,913,212</b>	<b>3,196,983</b>	<b>81.70%</b>	<b>3,523,051</b>	<b>3,297,461</b>	<b>93.60%</b>
2960 PRESCHOOL SPECIAL EDUCATI	4,996,060	4,762,599	95.33%	2,968,051	2,212,617	74.55%	2,028,009	2,549,982	134.00%
4017 MEDICAL EXAMINER PROGRAM	245,500	226,470	92.25%	0	380	0.00%	245,500	226,090	92.30%
4054 EARLY INTERV (BIRTH-3)	655,000	561,687	85.75%	318,500	282,470	88.69%	336,500	279,218	82.98%
<b>Total Mandate</b>	<b>5,896,560</b>	<b>5,550,757</b>	<b>94.14%</b>	<b>3,286,551</b>	<b>2,495,467</b>	<b>75.93%</b>	<b>2,610,009</b>	<b>3,055,290</b>	<b>117.06%</b>
<b>Total Public Health</b>	<b>13,332,823</b>	<b>12,045,201</b>	<b>90.34%</b>	<b>7,199,763</b>	<b>5,692,450</b>	<b>79.06%</b>	<b>6,133,060</b>	<b>6,352,751</b>	<b>103.58%</b>

**BALANCES (Includes Encumbrances)**

	Available Budget	Revenues Needed		Available Budget	Revenues Needed
<b>NON-MANDATE</b>			<b>MANDATE</b>		
4010 Administration	112,007	77,278	2960 Preschool	65,900	755,434
4012 WIC	51,432	90,222	4054 Early Intervention	93,313	36,030
4013 Health & Safety	34,840	0	4017 Medical Examiner	18,530	-380
4014 Medical Examiner	0	0		<u>177,742</u>	<u>791,084</u>
4015 Vitals	6,646	-658			
4016 Community Health	304,296	141,493			
4018 Healthy Neighborhood	11,502	56,372			
4047 CSCN	198,047	82,437			
4048 PHCP	8,000	4,000			
4090 Environmental Health	119,816	66,855			
4095 State Aid	0	198,229			
	<u>846,585</u>	<u>716,229</u>			

Total Public Health Balances	
Available Budget	Revenues Needed
<u>1,024,327</u>	<u>1,507,313</u>



## HEALTH PROMOTION PROGRAM – November, December 2019

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

*HPP staff strive to promote health equity and address underlying determinants of health, including but not limited to, health care access, health literacy, housing quality and environmental conditions, and food insecurity. We do this through education and outreach, community partnerships, home visits, public communication and marketing, and policy change.*

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### Highlights

The Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) were submitted to NYS Department of Health on December 31, 2019. The full report and plan can be found here: [tompkinscountyny.gov/health/cha-chip](http://tompkinscountyny.gov/health/cha-chip)

The Task Force report, “Review of The Tompkins County Mental Health and Public Health Leadership Models 2019,” is now available on the TCHD website: [tompkinscountyny.gov/health/merger](http://tompkinscountyny.gov/health/merger).

Two HPP staff attended the American Public Health Association (APHA) Conference in Philadelphia. Samantha Hillson gave a presentation on Harmonicas for Health.

### Community Outreach

- We worked with these community groups, programs, and organizations during the month

<b>Groups, Programs, Organizations</b>	<b>Activity/Purpose</b>	<b>Date</b>
Collective Impact-Childhood Nutrition	Agenda Planning, Regular meeting, workplan, reporting document	12/9, 12/20
Cornell MPH	Assessment Course: presented Community Health Assessment as part of triangulation of data module	12/4
Health Planning Council	Executive Committee, agenda planning, CHA presentation	12/9
Emergency Communications Forum	Public Information and Emergency Response, convened by Cornell University, quarterly meeting	12/10
American Public Health Association	Annual Conference, Philadelphia	11/4-6

### TCHD Intra-departmental Participation and Support

<b>Division, Program, Initiative</b>	<b>Activity</b>	<b>Date</b>
Department Merger	All Staff Retreat, Mental Health and Health Department	12/19

Administration	Mandatory training completed	11/22
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### Diabetes Prevention Program (DPP) (Dunlop, CDC Certified Lifestyle Coach)

- TCHD received full recognition, until 2021

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

- Writing CHA and developing CHIP Intervention table, reviewed by TCHD and CMC, and other community partners. Reports completed and submitted to NYSDOH Office of Public Health Practice, 12/31. Reports are [available here on the TCHD website](#). Also refer to the table of Goals at the end of this report.

### Healthy Lungs for Tompkins County

### Healthy Neighborhoods Program

- Trainings & meetings
  - Housing stability and tenant protection, 11/13
  - Using 211, 11/15
  - Homeless and Housing Task Force, 12/4
  - Radon Stakeholders' Meeting (CAPCO), 12/11
- Outreach
  - WIC Clinics, 11/20, 12/4, 12/10
  - Share the Warmth, Catholic Charities, 12/9

#### November 2019

HEALTHY NEIGHBORHOODS PROGRAM	MONTH	YTD 2019	YTD 2018	TOTAL 2018*
# of Initial Home Visits (including asthma visits)	32	397	192	413
# of Revisits	13	120	86	163
# of Asthma Homes (initial)	15	54	24	43
# of Homes Approached	64	874	469	1,422

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

#### December 2019

HEALTHY NEIGHBORHOODS PROGRAM	MONTH	YTD 2019	YTD 2018	TOTAL 2018*
# of Initial Home Visits (including asthma visits)	36	433	192	413
# of Revisits	14	133	86	163
# of Asthma Homes (initial)	9	63	24	43
# of Homes Approached	57	931	469	1,422

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

## Tobacco Free Tompkins

- Tobacco-Free Outdoors
  - Cornell University: Ongoing discussions about a Tobacco-Free Campus; Campus Welfare Committee 11/22, 12/6; University Assembly meeting 12/3.
  - Presentation to the Town of Enfield Board to provide education and answer questions regarding a policy for tobacco-free town property, 11/13.
- Completed training for planning and holding a Community Café, 11/8 at CCE.
- Advancing Tobacco Free Communities CNY regional meeting, Liverpool, 11/20.
- Presentation about vaping to the Substance Abuse Subcommittee of the Community Services Board, 12/11.
- Wellness event, ICSD, 12/10.

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

- Population Health Strategist: Batiste Leadership – Planning for All Staff Retreat (12/6, 12/10, 12/11, 12/16). The All Staff Retreat with Mental Health and Health Department staff occurred on December 19, two days after the decision by the Tompkins County Legislature to merge the two departments. The retreat was a day-long event with sessions including, change process, whole-person approach, draft mission and vision for success, cross-functional thinking, and building the ideal culture.
- Leadership Coaching (12/17) – Final coaching session
- No-cost extension was approved by Kresge Foundation, grant will continue to May 31, 2020

## Focus areas and goals selected for the Community Health Improvement Plan, 2019-2021

<b>NYS Prevention Agenda Priority</b>	<b>Focus Area</b>	<b>Goal</b>	<b>Disparities Addressed</b>
Prevent Chronic Disease	CD-1: Healthy Eating and Food Security	CD-1.1: Increase access to healthy and affordable foods and beverages CD-1.2 Increase skills and knowledge to support healthy food and beverage choices CD-1.3: Increase food security	Poverty/ low income; Town of residence/ geography
	CD-4: Preventive Care & Management	CD-4.1: Increase cancer screening rates for breast, cervical, and colorectal cancer screening.	Poverty; Residence/ geography; Race
Promote Healthy Women, Infants, & Children	HWIC-4: Cross Cutting Healthy Women, Infants, & Children	HWIC-4.1: Reduce racial, ethnic, economic, and geographic disparities in maternal and child health outcomes, and promote health equity for maternal and child health populations.	Poverty (Medicaid recipient); Race; Residence /geography
Promote Well-Being & Prevent MH and SU Disorders	WB-1: Promote Well-Being	WB-1.1: Strengthen opportunities to build well-being and resilience across the lifespan WB-1.2: Facilitate supportive environments that promote respect and dignity for people of all ages.	Poverty; Social isolation; Persistent mental illness

## Medical Director's Report

### Board of Health

January 2020

#### ACTIVITIES:

I helped to prepare for and participated in a meeting of the Early Development Coalition on January 6<sup>th</sup> and then on January 7<sup>th</sup> participated in a meeting with members of a group representing a fund in the Community Foundation dedicated to funding projects for children from birth to age 3. They seek to fund initiatives that would support the growth and development of children in this age group. Members of TCHD Staff participated as well as representatives from the fund. We compiled the list below of suggestions for them largely based on the Social Determinants of Health as well as other specific categories for this age group:

- Housing
- Education/development
- Parenting skills
- Day care issues
- Medical equipment
- Basic baby/toddler equipment
- Access to health care
- Transportation
- Support needs
- Communication needs
- Measures to thwart isolation
- Access to nutritious food
- Safe and healthy environments
- Recreational opportunities
- Other

The top two determinants at both meeting in terms of current need were transportation and Communication. Community members had several powerful stories to share regarding the insurmountable barrier that the lack of transportation poses for individuals and families trying to hold a job, to get their child to health care, to make appointments at WIC/TCHD/DSS and other agencies.

As we use social determinants as a lens through which to view our efforts to help the people of our region some improvements in them will, hopefully, result.

#### Respirator Program:

I have been collaborating with Mark Friebel and Alanna Congdon of our Clerk's office/IT program to transfer the respirator paperwork onto a computerized basis to make it more efficient and easier for employees to comply with.

#### All Staff Retreat:

December 19<sup>th</sup> I participated in the all staff retreat at the Hotel Ithaca focused on Social Determinants of Health at which (for the first time) staff from Mental Health and Public Health were all in the same room at the same time. The environment at the meeting was extremely positive (which is not to say there was not a mix of comfort and discomfort with the merging of the departments and the taking on of Social Determinants of Health). The general spirit was one of devotion to our clients, our community, to our region and a genuine interest in doing the best we can for them.

Many important concepts and attitudes were voiced during the proceedings as well as several very useful exercises were conducted to enable us to mingle with each other and get to know each other better.

**CHQI:**

On the 17<sup>th</sup> of December, I participated in our periodic Quality Assurance Meeting.

**Jail Review:**

On the 10<sup>th</sup> of December, I performed a triannual Jail review for quality assurance. Notably, at that time, there were the fewest Jail inmates in the 20+ years that I have been doing these reviews. The Jail census was approximately 50. All charts at that review were perfect and I was extremely pleased to see that the initiatives regarding medically assisted therapy for substance addiction is going forward well and that the focus on mental health services are proceeding in a very positive direction. It is notable that the number of overdose deaths post discharge from the Jail was zero for the last recording period. It is conjectured that this represents the efficacy that the medically assisted therapy program along with improvements in transitions of care in incarceration has brought to jail discharge planning.

**Media:**

Dr. Jed Lippert and I put out a joint letter regarding housing and its impact on health.

We also are anticipating a couple of spots on the radio channel WHCU (which I will do) about Social Determinants of Health as well as the program of *End the Epidemic 2020*. The latter focuses on ending the transmission of HIV in the state of NY by the end of this year. This program began 6 years ago, in 2014, and is made possible by advancements in testing, detection, treatment and prevention. These advancements make it possible for every NY resident to know their HIV status, take preventive steps (including medication if needed) to prevent being infected, and, if infected, to be treated with medications that prevent their transmitting the virus and are highly likely to turn their infection into a chronic disease instead of a fatal one a priori.

**Lead:**

Reviewed the updated Lead poisoning, prevention and response policy prompted by the decrease this past fall in the actionable lead level in children.

**Other:**

Routine orders review for Children with Special Care needs department.

I drafted a communication to area practitioners which highlighted the important points regarding lead exposures and child development. It included some attachments publicizing Children with Special Care Needs, Environmental Health lead abatement program and the proper handling of lead surfaces and sources. We also promoted our WIC program. Particularly its ability to provide nutritional guidance to children with lead exposure and elevated lead levels.

**Power to Heal – a free film showing**

On January 29 at 7 pm at Cinema polis a film will be shown which would be interesting to you, I believe. It relates the history of the desegregation of America's hospitals and how the enactment of Medicare brought this about in the 1960s.

This is history that I was not previously aware of. History always informs us and leads us to reflect not only upon the past; but also, upon the present. I think you will find this film will do that for you especially as we work to improve the social determinants of health for our region. A panel discussion will follow. I was asked and will be a member of the panel.

Please share the flyer with colleagues.



**PHYSICIAN**  
**MEDICAL COMMITTEE FOR CIVIL RIGHTS**

NARRATED BY  
**DANNY GLOVER**

**THE POWER TO HEAL**  
MEDICARE AND THE CIVIL RIGHTS REVOLUTION  
a film by Dr. Barbara Berney

**Free Movie Night!**

**Wed. Jan 29 @ 7pm**  
**Cinemapolis**  
120 E. Green St., Ithaca

Panel and Q&A after the hour-long film

This film documents the history of racism in healthcare and a chapter in the ongoing struggle to secure equal access to healthcare for all Americans. Through the voices of the women and men who experienced discrimination and fought against it, Power to Heal reveals a missing link in the Civil Rights Movement and raises questions that resonate today.

**Presented by Finger Lakes for NY Health**

*Co-sponsored by Calvary Baptist Church, Dorothy Cotton Institute, Friends Center for Racial Justice, Social Justice Council of First Unitarian Society, SURJ (Showing Up for Racial Justice)*

**Division for Community Health**

**January 28, 2020 Board of Health Meeting**

**Karen Bishop, Director of Community Health  
December 2019 Report**

**Medical Director Reappointment** – Recommend reappointment of Dr. Klepack as TCHD Medical Director for 2020-2022. Dr. Klepack is credentialed at Cayuga Medical Center under the Medical Staff Bylaws and Rules/Regulations which are in full compliance with the Joint Commission, Center for Medicare and Medicaid Services (CMS) and New York State credentialing regulations and standards. Dr. Klepack has served as TCHD Medical Director from January 1, 1991 to present. We look forward to continuing provision of care under his excellent leadership as our Medical Director.

**Lead Poisoning Prevention and Response Policy** – revised policy to reflect lower actionable blood lead level to 5 mcg/dL per NYS guidelines effective 10/01/2019. NYS took this action to be consistent with CDC guidelines. Prior to 10/01/2019, NYS had required environmental management of cases with blood lead levels of 15 mcg/dL. Historically, TCHD performed nursing and environmental home visits to children with blood lead levels of 10 mcg/dL and higher. Nursing mailed an educational packet to parents of children with blood lead levels 5-9 mcg/dL.

**Administration –**

- Continued weekly one-hour conference calls with 10e11 to address identified challenges with the electronic health record.
- Provided in-person Bloodborne Pathogen training in December to 66 county staff:
  - 25 Probation staff
  - 7 Health Department staff
  - 34 Facilities staff
- Facilitated the quarterly meeting of the Community Health Quality Improvement Committee on December 17 with 12 members present. One addition was made to the approved abbreviation list: EBM for expressed breast milk. Findings of the LHCSA/MOMS Record Review included missing documentation in two records which were corrected. Findings of the D&TC (Clinic) Record Review of 27 immunization records (19% of 144 records) found no vaccine errors, 60% had no deficits, 40% deficits were minor documentation omissions which were corrected. Lead Poisoning Case Review included review of three new lead cases this quarter: a pregnant adult and two children less than 6 years of age. All three cases had nursing and environmental health home visits. Pregnant adult was not aware of the hazards of sanding and scraping lead based paint in two homes she was renovating which both tested positive for lead. One child case was exposed to multiple surfaces in the interior and exterior of the home that tested positive for lead. No lead sources were identified in the other child case. All three case families were given instructions on household cleaning methods, nutrition

and appropriate remediation measures. Cases will remain open to ensure repeat testing done. Maternal Child Case Review was presented on a prenatal client who suffered a placenta abruption necessitating an emergency cesarean section at 34 weeks gestation. Baby was transported to Arnot with medical problems. Committee recommended a referral to Child Find in the Children with Special Care Needs Program for ongoing support to the parents. Client satisfaction reports revealed 89% (8 of 9) reported 'agree' or 'strongly agree' with all CHS Home Visit Services (MOMS/TB/Lead) and 87% (14 of 16) reported 'agree' or 'strongly agree' with CHS Clinic Services. Received 0 complaints for services across the division (CHS & WIC)!

- Facilitated annual confidentiality training for CHS staff on December 17.
- Participated in the All Staff Retreat on December 19 with Mental Health and Public Health staff. Presented on the program benefits noted to date through the evolution of the shared electronic health record.

#### **Statistical Reports –**

- Division statistical reports – attached.
- Communicable disease reports for December and year to date – attached.

#### **WIC**

- **December 2019 Participation Stats**

Assigned Caseload: 1500

Participation: 1084

Enrollment: 1214

Participation/Enrollment %: 89.3%

Participation/Caseload %: 72.3%

Total Participants Served: 477

No Show rate: 13.7%



## January 2020 BOH Report

### Community Health Services

By Melissa Gatch, Supervising Community Health Nurse

#### Continuing Education/Community Presentations-

- Community Health Nurse Rachel Buckwalter provided a presentation on Expedited Partner Notification (EPT) to medical providers at Hammond Health Center on December 10, 2019. EPT allows health care practitioners who diagnose a STI in a patient to prescribe and provide antibiotic drugs to the patient's sexual partner without an exam. Effective January 1, 2020 PHL was expanded to permit EPT for other STI's. Rachel will be providing this presentation to several other provider offices over the next few months.

#### Lead Poisoning Prevention- (2 ongoing cases)

- Lead nurse Gail Birnbaum is case managing two children with elevated Blood Lead Levels (BLL's). Cases are ongoing and are followed to ensure repeat testing is done as ordered and BLL's are decreasing. Repeat blood tests for both children are due in April. Discharge from lead case management will occur when two venous BLL's are less than 5mcg/dL drawn 3 months apart.

#### Immunization-

- NYSDOH Bureau of Immunization conducted a Performance Incentive Program which began October 1, 2018 and concluded September 1, 2019. The Incentive Program focused on two programs within the Bureau of Immunizations: Perinatal Hepatitis B and the Assessment, Feedback, Incentive and eXchange (AFIX) program. Tompkins County CHS unit achieved a perfect score (100%) during the performance period and was awarded \$21,774. Kudos to Community Health Nurse Karen LaCelle who manages both programs for achieving this award.

#### Communicable Disease-

- **Influenza:** The influenza season this year started earlier than it had in the past three seasons. Though it hasn't peaked yet, there have been steep increases in cases in the last few weeks. NYSDOH Commissioner declared Influenza prevalent in the state on December 5, requiring health care workers to wear a mask in patient areas if unvaccinated. Influenza A (H1) is the predominate strain downstate; while influenza B (Victoria) is the predominate strain in the Central and Western regions. Season to date, we have had **122** confirmed cases in Tompkins County (48 A and 74 B) compared to same time last season with **60** confirmed cases (49 A and 11 B). Three pediatric deaths reported this season in NYS. Flu vaccine continues to be available at the Health Department, provider offices and pharmacies. It's not too late to get a flu shot!
- **HIV Testing/Counseling:** During the month of December, the Health Department offered **9** clinic dates at multiple testing sites. There were **4** people tested, all with negative results.
- **Health Advisories and Informational Messages Blast Faxed to Providers:**
  - Weekly Influenza Report
  - NYSDOH Commissioner Declares Influenza Prevalent in the State
  - Outbreak of Hepatitis A Virus
  - Mumps Disease Advisory

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

**Case #1:** 21 year old college student from Malaysia; came to the US in August 2019. Through screening process at college health center, case found to have positive QFT (8/27), abnormal CXR (8/29) and was asymptomatic. Sputum smears were collected x 3 (10/8, 10/9, 10/10); 10/8 was both PCR & culture positive for MTB. Case was ordered in-home isolation for 2 weeks and was started on 4-drug therapy. He is being followed with DOT (Direct Observed Therapy), initially daily, then Monday through Friday by LHD staff. Contact investigation completed with no additional active TB or LTBI cases identified. Client has done well on therapy with treatment adjustment to 2-drug therapy; however, he relocated to out of the country to continue studies. A Transnational Notification was sent for follow-up and continuation of care. He was discharged from TCHD 12/31/19.

**Case #2:** A 43 year old female from Pakistan; came to the US several years ago. Through a screening process for a job change, case found to have abnormal CXR (9/11), positive QFT (9/13) and was asymptomatic. Sputum smears were collected x 3 (10/21, 10/22, 10/23); 10/21 specimen was both smear & culture positive for MTB. Case was ordered in-home isolation (2 weeks) & was started on 4-drug therapy. Additional smears x 3 (11/13, 11/14, 11/15) were AFB negative & case was released from isolation and has resumed daily activities. She is being followed with DOT (Direct Observed Therapy), initially daily, then Monday through Friday by LHD staff. Contact investigation completed with no additional active TB or LTBI cases identified. To date, client is doing well on therapy, with treatment adjustment to 2-drug therapy. Anticipate completion end of April 2020.

**LTBI (Latent Tuberculosis Infection):** There were 5 Tuberculin Screening Tests (TST) placed during the month of December. There were no positive results.

N.Y.S. Department of Health  
 Division of Epidemiology  
 Communicable Disease Monthly Report\*, DATE: 02JAN20  
 Rates are defined as: Cases/100,000 population/Month

County=TOMPKINS Month=December

Disease	2019		2018		2017		2016		Ave (2016-2018)	
	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
BABESIOSIS**	0	0.0	1	11.5	0	0.0	0	0.0	0	0.0
CAMPYLOBACTERIOSIS**	0	0.0	2	22.9	1	11.5	0	0.0	1	11.5
CRYPTOSPORIDIOSIS**	0	0.0	3	34.4	2	22.9	0	0.0	2	22.9
ECOLI SHIGA TOXIN**	1	11.5	0	0.0	0	0.0	0	0.0	0	0.0
GIARDIASIS	1	11.5	2	22.9	2	22.9	1	11.5	2	22.9
HAEMOPHILUS INFLUENZAE, NOT TYPE B	1	11.5	0	0.0	0	0.0	1	11.5	0	0.0
HEPATITIS B,CHRONIC**	1	11.5	2	22.9	1	11.5	0	0.0	1	11.5
HEPATITIS C,ACUTE**	1	11.5	2	22.9	1	11.5	0	0.0	1	11.5
HEPATITIS C,CHRONIC**	2	22.9	6	68.7	10	114.5	7	80.2	8	91.6
INFLUENZA A, LAB CONFIRMED	24	274.8	9	103.1	96	1099.2	7	80.2	37	423.7
INFLUENZA B, LAB CONFIRMED	30	343.5	6	68.7	15	171.8	0	0.0	7	80.2
LEGIONELLOSIS	0	0.0	1	11.5	0	0.0	0	0.0	0	0.0
LYME DISEASE** ****	2	22.9	7	80.2	3	34.4	2	22.9	4	45.8
MENINGITIS, ASEPTIC	0	0.0	1	11.5	0	0.0	0	0.0	0	0.0
PERTUSSIS**	0	0.0	1	11.5	3	34.4	3	34.4	2	22.9

Disease	2019		2018		2017		2016		Ave (2016-2018)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
SALMONELLOSIS**	0	0.0	1	11.5	0	0.0	2	22.9	1	11.5
SHIGELLOSIS**	0	0.0	0	0.0	1	11.5	0	0.0	0	0.0
STREP, GROUP A INVASIVE	0	0.0	1	11.5	1	11.5	0	0.0	1	11.5
STREP, GROUP B INVASIVE	0	0.0	1	11.5	3	34.4	1	11.5	2	22.9
STREP PNEUMONIAE, INVASIVE**	0	0.0	1	11.5	1	11.5	0	0.0	1	11.5
SYPHILIS TOTAL.....	1	11.5	2	22.9	2	22.9	1	11.5	2	22.9
- EARLY LATENT	0	0.0	2	22.9	2	22.9	0	0.0	1	11.5
- LATE LATENT	1	11.5	0	0.0	0	0.0	1	11.5	0	0.0
GONORRHEA TOTAL.....	14	160.3	7	80.2	7	80.2	7	80.2	7	80.2
- GONORRHEA	13	148.9	7	80.2	7	80.2	7	80.2	7	80.2
- P.I.D.	1	11.5	0	0.0	0	0.0	0	0.0	0	0.0
CHLAMYDIA	41	469.5	50	572.5	29	332.1	32	366.4	37	423.7
CHLAMYDIA PID	1	11.5	0	0.0	0	0.0	0	0.0	0	0.0

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

\*\*Confirmed and Probable cases counted

\*\*\*Not official number

\*\*\*\* In 2016, 25 counties investigated a sample of positive laboratory results; in 2017, 27 counties sampled; in 2018, 30 counties sampled; in 2019, 33 counties sampled.

N.Y.S. Department of Health  
 Division of Epidemiology  
 Communicable Disease Monthly Report\*, DATE: 02JAN20  
**Through December**

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

County=TOMPKINS

Disease	2019		2018		2017		2016		Ave (2016-2018)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
AMEBIASIS	0	0.0	0	0.0	2	1.9	2	1.9	1	1.0
ANAPLASMOSIS**	10	9.5	6	5.7	5	4.8	1	1.0	4	3.8
BABESIOSIS**	3	2.9	2	1.9	1	1.0	1	1.0	1	1.0
CAMPYLOBACTERIOSIS**	26	24.8	26	24.8	24	22.9	20	19.1	23	21.9
CHIKUNGUNYA**	1	1.0	0	0.0	0	0.0	0	0.0	0	0.0
CRYPTOSPORIDIOSIS**	11	10.5	18	17.2	19	18.1	9	8.6	15	14.3
DENGUE FEVER**	0	0.0	0	0.0	1	1.0	0	0.0	0	0.0
ECOLI SHIGA TOXIN**	4	3.8	4	3.8	5	4.8	3	2.9	4	3.8
EHRlichiosis (CHAFEENSIS)**	1	1.0	0	0.0	2	1.9	0	0.0	1	1.0
EHRlichiosis (UNDETERMINED)**	1	1.0	0	0.0	0	0.0	0	0.0	0	0.0
ENCEPHALITIS, OTHER	1	1.0	3	2.9	3	2.9	1	1.0	2	1.9
ENCEPHALITIS, POST	0	0.0	1	1.0	1	1.0	1	1.0	1	1.0
GIARDIASIS	26	24.8	27	25.8	11	10.5	15	14.3	18	17.2
HAEMOPHILUS INFLUENZAE, NOT TYPE B	4	3.8	3	2.9	0	0.0	3	2.9	2	1.9
HEPATITIS B,CHRONIC**	7	6.7	13	12.4	24	22.9	12	11.5	16	15.3
HEPATITIS C,ACUTE**	5	4.8	6	5.7	5	4.8	6	5.7	6	5.7

Disease	2019		2018		2017		2016		Ave (2016-2018)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
HEPATITIS C,CHRONIC**	38	36.3	69	65.8	69	65.8	54	51.5	64	61.1
INFLUENZA A, LAB CONFIRMED	770	734.7	474	452.3	498	475.2	344	328.2	439	418.9
INFLUENZA B, LAB CONFIRMED	60	57.3	567	541.0	163	155.5	84	80.2	271	258.6
INFLUENZA UNSPECIFIED, LAB CONFIRMED	1	1.0	0	0.0	2	1.9	2	1.9	1	1.0
LEGIONELLOSIS	3	2.9	2	1.9	3	2.9	3	2.9	3	2.9
LISTERIOSIS	0	0.0	1	1.0	0	0.0	1	1.0	1	1.0
LYME DISEASE** ****	54	51.5	58	55.3	72	68.7	39	37.2	56	53.4
MALARIA	0	0.0	0	0.0	1	1.0	1	1.0	1	1.0
MENINGITIS, ASEPTIC	1	1.0	4	3.8	3	2.9	1	1.0	3	2.9
MENINGOCOCCAL**	0	0.0	0	0.0	0	0.0	1	1.0	0	0.0
MUMPS**	1	1.0	3	2.9	0	0.0	1	1.0	1	1.0
PERTUSSIS**	6	5.7	14	13.4	20	19.1	4	3.8	13	12.4
ROCKY MTN SPOT FEVER**	0	0.0	0	0.0	1	1.0	2	1.9	1	1.0
SALMONELLOSIS**	7	6.7	22	21.0	8	7.6	18	17.2	16	15.3
S.PARATYPHI	0	0.0	1	1.0	0	0.0	0	0.0	0	0.0
SHIGELLOSIS**	0	0.0	2	1.9	1	1.0	7	6.7	3	2.9
STREP,GROUP A INVASIVE	4	3.8	5	4.8	3	2.9	3	2.9	4	3.8
STREP,GROUP B INVASIVE	9	8.6	7	6.7	7	6.7	9	8.6	8	7.6
STREP,GROUP B INV,EARLY/LATE ONSET	0	0.0	1	1.0	0	0.0	0	0.0	0	0.0
STREP	4	3.8	9	8.6	7	6.7	9	8.6	8	7.6

Disease	2019		2018		2017		2016		Ave (2016-2018)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
PNEUMONIAE,INVASIVE**										
TUBERCULOSIS***	3	2.9	4	3.8	3	2.9	3	2.9	3	2.9
TYPHOID FEVER	0	0.0	1	1.0	0	0.0	0	0.0	0	0.0
YERSINIOSIS**	2	1.9	1	1.0	0	0.0	0	0.0	0	0.0
ZIKA VIRUS (SYMPTOMATIC)**	0	0.0	0	0.0	3	2.9	3	2.9	2	1.9
SYPHILIS TOTAL.....	22	21.0	15	14.3	15	14.3	15	14.3	15	14.3
- P&S SYPHILIS	8	7.6	4	3.8	5	4.8	6	5.7	5	4.8
- EARLY LATENT	9	8.6	7	6.7	6	5.7	6	5.7	6	5.7
- LATE LATENT	5	4.8	4	3.8	4	3.8	3	2.9	4	3.8
GONORRHEA TOTAL.....	118	112.6	112	106.9	87	83.0	81	77.3	93	88.7
- GONORRHEA	117	111.6	111	105.9	87	83.0	81	77.3	93	88.7
- P.I.D.	1	1.0	0	0.0	0	0.0	0	0.0	0	0.0
- GONORRHEA,DISSEMINATED	0	0.0	1	1.0	0	0.0	0	0.0	0	0.0
CHLAMYDIA	509	485.7	460	438.9	422	402.7	374	356.9	419	399.8
CHLAMYDIA PID	1	1.0	1	1.0	1	1.0	0	0.0	1	1.0
OTHER VD	1	1.0	0	0.0	0	0.0	0	0.0	0	0.0

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

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

\*\*\*Not official number

\*\*\*\* In 2016, 25 counties investigated a sample of positive laboratory results; in 2017, 2 counties sampled; in 2018, 30 counties sampled; in 2019, 33 counties sampled.

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

**Children with Special Care Needs Highlights**  
**November 2019**

**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)
- CSCN Staff meeting 11/18/19 with a presentation from Alexis Sudilovsky RN about Social Emotional ASQ Margo Polikoff attended 'All Staff Workgroup' with Sam Hillson on 11/19/19
- Margo Polikoff attended 'All Staff Workgroup' with Sam Hillson on 11/19/19
- Margo Polikoff participated in New York State Dept. of Health CSHCN Webinar on 11/25/19

**Staff Training**

- TB and Blood Borne Pathogens training for all RNs 11/21/19
- Capri Prentice, Michele Card, and Margo Polikoff attended 'Working Together' Presentation, hosted by Racker at Cortland Mini Conference Center
- Erin Worsell, Cindy LaLonde and Keri May participated in 'Insurance Responsibilities in the EIP' 11/5/19
- Keri May and Julie Hatfield participated in Software training with Michele Card on 11/1/19 & 11/4/19
- Margo Polikoff attended 'Child Sexual abuse Prevention—4<sup>th</sup> of 4 series at the Advocacy Center at CCE on 11/21/19
- Margo Polikoff participated in NYSDOH CSHCN

**Division Managers**

- Management meeting 11/12/19
- Recruitment meeting with a SLP and PT provider 11/7/19
- Meeting with Barb, Deb and Deidre Gallow re. Deidre's shared position 11/20/19
- Deb & Barb participated in New York State Dept. of Health CSHCN Webinar on 11/25/19
- Barb met with Greg Potter on new Contract Management system 11/27/19

**Deb Thomas:**

- Senior Leadership Meetings 11/6/19, 11/19/19
- CSCN program update with Frank Kruppa 11/6/19,
- Early Childhood Development Committee Leadership mtg 11/20/19
- S2AY Network Early Childhood meeting in Penn Yan 11/15/19
- CPSE Chairs meeting 11/15/19
- Meeting with Karen Bishop and Samantha Hillson re: a shared Admin position 11/18/19
- Newfield school district CPSE meetings 11/19/19
- All Provider meeting with presentation on Lead Poisoning in Children 11/22/19



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

**Children with Special Care Needs Highlights**  
**December 2019**

**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 Meeting with PH and MH 12/19/19
- Margo Polikoff attended Collaborative Solutions Meeting at Finger Lakes Independence Center 12/10/19

**Staff Training**

- Capri Prentice participated in the 'Moving Beyond Multicultural Education: Promoting Equity in Early Childhood Education' webinar 12/11/19
- Julie Hatfield and Keri May participated in 'Introduction to Service Coordination', webinar, presented by New York State DOH Bureau of Early Intervention 12/20/19
- Capri participated in 'Designing Gender Appropriate Experiences for Boys that Guide Positive Behavior' webinar 12/30/19

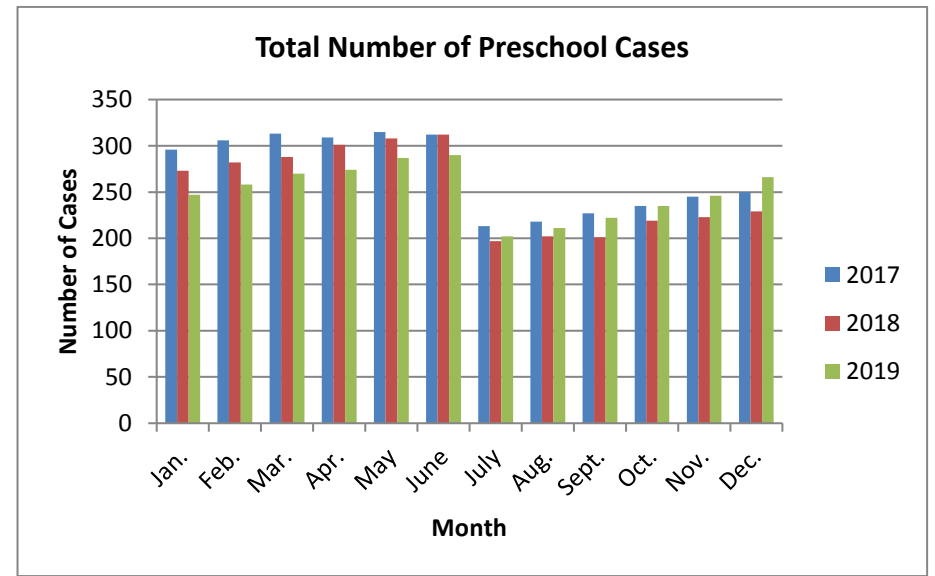
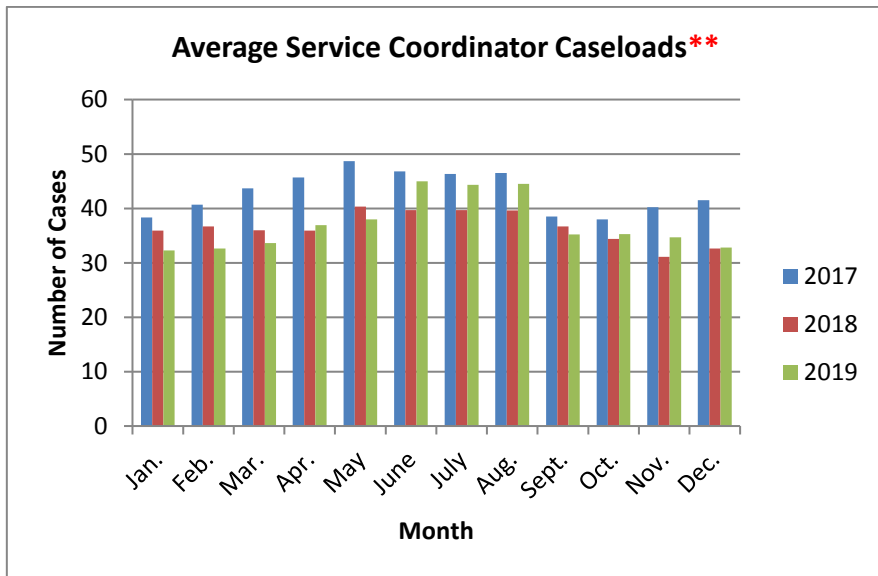
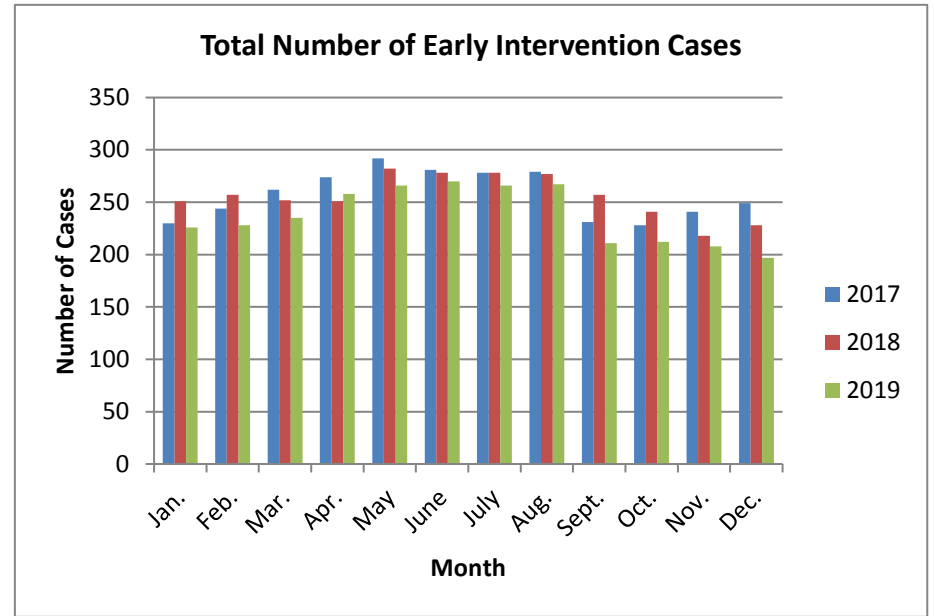
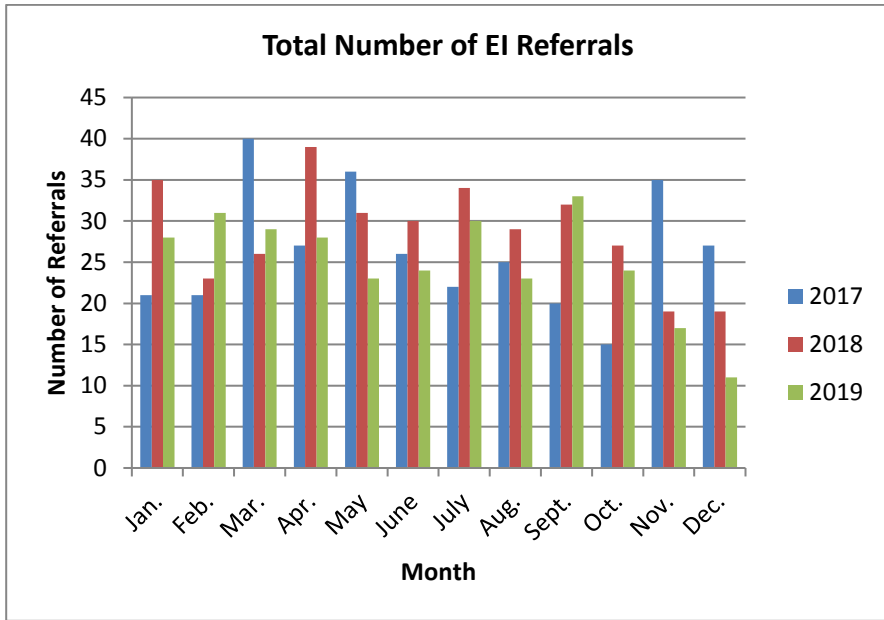
**Division Managers**

- Barb Wright, Cindy Lalonde and Deb Thomas participated in the All County Conference Call with NYS DOH BEI 12/12/19

**Deb Thomas:**

- Senior Leadership Meetings 12/18/19
- CSCN program update with Frank Kruppa 12/5/19
- CPSE Chairs meeting 12/13/19
- BOH meeting 12/3/19
- Meeting with Clinic Director Anne Schneider at Racker 12/6/19
- Conference on Diagnostic Classification age 0-5 in Rochester 12/9/19 and 12/10/19
- EICC webcast at the S2AY Network meeting 12/11/19
- Collective Impact-Cradle to Career meeting 12/13/19
- CHS Advisory Committee meeting 12/17/19
- Meeting with Brenda Grinnell Crosby and Samantha Hillson on shared Admin Asst position 12/18/19

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



**\*\*Average Service Coordinator Caseloads showing decrease due to increase in fully oriented Ongoing Service Coordinators, until June 2019 when we experienced staff retirement and leave.**

**Children with Special Care Needs Division  
Statistical Highlights 2019**

**EARLY INTERVENTION PROGRAM**

Number of Program Referrals	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2019 Totals	2018 Totals
<b>Initial Concern/reason for referral:</b>														
-- DSS Founded Case	1	2				1	3	2	1				10	9
-- Gestational Age		1						1					2	10
-- Gestational Age/Gross Motor													0	1
-- Cognitive Delay													0	0
-- Global Delays						1							1	4
-- Hearing			1			1							2	7
-- Physical														
-- Feeding	1	2	1	3	2		2	3		3			17	13
-- Feeding & Gross Motor	1	2					1						4	1
-- Feeding & Social Emotional									1				1	0
-- Gross Motor	3	6	5	5	5	4	2	11	5	4	3	2	55	52
-- Gross Motor & Feeding					2								2	6
-- Gross Motor & Fine Motor	1												1	3
-- Fine Motor											1		1	3
-- Social Emotional	1	1	1	2		1	1		3	1	2		13	11
-- Social Emotional & Adaptive													0	0
-- Speech	18	15	20	15	12	12	14	5	21	14	10	8	164	181
-- Speech & Feeding			1	1									2	5
-- Speech & Fine Motor		1											1	1
-- Speech & Gross Motor				2	2	1	3	1	1		1		11	13
-- Speech & Sensory													0	1
-- Speech & Social Emotional	2					2							4	9
-- Adaptive													0	0
-- Adaptive/Sensory						1							1	3
-- Adaptive/Fine Motor													0	0
-- Qualifying Congenital / Medical Diagnosis		1					4		1				6	4
-- Child Find (At Risk)													0	5
-- Other -- Birth Trauma										1		1	2	0
-- Maternal Drug Use										1			1	0
<b>Total Number of Early Intervention Referrals</b>	<b>28</b>	<b>31</b>	<b>29</b>	<b>28</b>	<b>23</b>	<b>24</b>	<b>30</b>	<b>23</b>	<b>33</b>	<b>24</b>	<b>17</b>	<b>11</b>	<b>298</b>	<b>342</b>

Caseloads	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2019 Totals	2018 Totals
Total # of clients qualified and receiving svcs	199	196	208	227	241	243	240	245	176	189	187	186		
Total # of clients pending intake/qualification	27	32	27	31	25	27	26	22	35	23	21	11		
Total # qualified and pending	226	228	235	258	266	270	266	267	211	212	208	197		
Average # of Cases per Service Coordinator	32.3	32.6	33.6	36.9	38.0	45.0	44.3	44.5	35.2	35.3	34.7	32.8		

**Children with Special Care Needs Division  
Statistical Highlights 2019**

**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>2019 Totals</b>	<b>2018 Totals</b>
-- Intake visits	22	27	33	25	24	18	22	23	27	30	16	15	282	293
-- IFSP Meetings	30	42	41	32	48	45	25	30	27	31	29	44	424	451
-- Amendments	13	4	14	17	25	35	23	20	9	16	16	11	203	237
-- Core Evaluations	19	16	27	17	24	17	23	24	14	25	15	16	237	270
-- Supplemental Evaluations	6	1	4	6	4	5	8	7	2	0	6	5	54	106
-- DSS Visit	0	0	0	0	0	0	0	0	0	0	0	0	0	0
-- EIOD visits	0	0	1	0	0	0	0	0	0	4	2	6	13	19
-- Observation Visits	45	41	51	49	59	43	48	64	34	32	23	29	518	571
-- CPSE meetings	6	7	5	5	2	15	16	4	1	3	4	10	78	81
-- Program Visit	0	2	0	1	1	2	0	0	1	0	0	0	7	2
-- Family Training/Team Meetings	1	0	0	5	1	2	0	1	0	4	2	0	16	10
-- Transition meetings	8	25	6	9	2	7	4	15	21	6	5	7	115	103
-- Other Visits	2	0	0	1	4	4	0	0	0	0	0	0	11	10
<b>IFSPs and Amendments</b>														
# of Individualized Family Service Plans Completed	30	42	36	31	48	45	25	30	27	31	29	44	418	461
# of Amendments to IFSPs Completed	20	14	20	22	25	47	24	22	14	16	17	13	254	349
<b>Services and Evaluations Pending &amp; Completed</b>														
<b>Children with Services Pending</b>														
-- Audiological	0	0	0	1	0	0	1	0	0	0	0	0		
-- Feeding	1	1	0	4	4	3	0	0	0	0	2	0		
-- Nutrition	0	0	0	1	0	0	0	0	0	0	0	0		
-- Occupational Therapy	4	3	2	1	6	0	3	0	2	2	2	4		
-- Physical Therapy	1	2	2	2	1	2	3	2	2	4	4	5		
-- Social Work	0	0	2	3	3	2	0	2	2	1	0	0		
-- Special Education	1	4	1	4	1	0	0	4	0	2	1	2		
-- Speech Therapy	5	6	6	13	13	8	0	4	4	0	0	4		
<b># of Supplemental Evaluations Pending</b>	<b>5</b>	<b>4</b>	<b>10</b>	<b>9</b>	<b>6</b>	<b>15</b>	<b>15</b>	<b>9</b>	<b>14</b>	<b>25</b>	<b>13</b>	<b>19</b>		
Type:														
-- Audiological	0	1	3	5	1	1	3	1	3	6	0	3		
-- Developmental Pediatrician	2	0	0	0	0	5	0	2	4	2	1	5		
-- Diagnostic Psychological	0	0	0	0	0	4	5	3	5	10	9	2		
-- Feeding	0	0	2	0	1	1	0	1	0	3	0	1		
-- Physical Therapy	2	1	0	0	1	1	0	0	0	1	1	0		
-- Speech	0	1	3	1	1	1	2	1	0	0	0	2		
-- Occupational Therapy	1	1	2	3	2	2	5	1	2	3	2	6		
-- Vision	0	0	0	0	0	0	0	0	0	0	0	0		
-- Other	0	0	0	0	0	0	0	0	0	0	0	0		

**Children with Special Care Needs Division  
Statistical Highlights 2019**

**EARLY INTERVENTION PROGRAM**

Services and Evaluations Pending & Completed (continued)	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2019 Totals	2018 Totals
<b># of Supplemental Evaluations Completed</b>	6	4	7	13	8	5	9	12	4	6	12	7	93	129
Type:														
-- Audiological	0	1	3	5	3	1	0	3	1	4	3	3	27	33
-- Diagnostic Psychological	0	1	0	0	0	1	0	2	0	1	2	2	9	4
-- Developmental Pediatrician	0	0	0	0	0	0	0	1	0	1	1	0	3	3
-- Feeding	1	0	0	3	1	0	2	0	1	0	3	0	11	12
-- Occupational Therapy	3	1	2	0	4	1	2	4	1	0	3	1	22	36
-- Physical Therapy	0	1	0	3	0	2	2	0	0	0	0	1	9	10
-- Speech Therapy	2	0	2	2	0	0	3	2	1	0	0	0	12	31
-- Vision	0	0	0	0	0	0	0	0	0	0	0	0	0	0
-- Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Diagnosed Conditions</b>														
<b>Autism Spectrum</b>														
-- Children currently diagnosed:	1	2	1	2	2	3	4	5	1	1	0	1		
-- Children currently suspect:	16	15	15	17	13	13	17	15	13	13	10	16		
<b>Children with 'Other' Diagnosis</b>														
-- Agenesis of Corpus Collosum	1	1	1	1	1	2	0	1	0	0	0	0		
-- Apraxia	0	0	0	1	0	0	0	1	0	1	1	0		
-- Athrogryposis	1	1	1	1	1	1	1	1	1	1	1	1		
-- Brain Anomalies	1	1	1	1	0	1	1	1	0	0	0	0		
-- Cardiac Anomaly	1	1	0	0	0	0	0	0	0	0	0	0		
-- Cerebral Palsy (CP)	2	2	2	3	2	2	1	1	0	0	0	0		
-- Chromosome Abnormality	0	0	1	1	1	1	0	0	0	0	0	0		
-- Cleft Lip/Palate	1	1	1	1	0	0	0	0	0	0	0	0		
-- Club Foot	0	0	0	0	0	0	0	0	0	2	0	0		
-- Congenital CMV	1	1	1	1	1	1	1	0	0	0	0	0		
-- Cri Du Chat	1	1	1	1	0	0	0	0	1	1	1	1		
-- Crouzon Syndrome	1	1	1	1	1	1	1	1	0	0	0	0		
-- Cystic Fibrosis	1	1	1	1	1	0	0	0	0	0	0	0		
-- Duchenne's	0	0	0	0	0	1	0	0	0	0	0	0		
-- Down Syndrome	3	3	3	3	2	3	3	2	0	0	0	0		
-- Dysmorphic Features	1	1	0	0	0	0	0	0	0	0	0	0		
-- Ectrodactyly	0	0	0	0	0	0	1	1	0	0	0	0		
-- Epilepsy	0	0	0	1	1	1	0	0	0	1	0	0		
-- Feeding Difficulties	24	15	19	21	26	33	26	27	25	23	30	26		
-- GERD	0	0	0	3	5	5	4	2	2	5	5	2		
-- Hearing Loss	4	4	4	4	3	4	2	3	2	3	4	4		
-- Hip Dysplasia	0	1	1	0	0	0	0	0	0	0	0	0		
-- Hirschsprung	1	1	1	1	0	0	0	0	0	0	0	0		
-- Hydrocephalus	2	1	1	1	0	0	2	0	0	1	1	1		
-- Hyper-IgD Syndrome	0	0	0	0	0	0	0	0	0	1	1	1		
-- Hypotonia	3	3	3	3	2	2	2	3	2	0	2	2		
-- Impulse Control Disorder	0	0	0	0	1	1	1	0	0	2	0	0		

**Children with Special Care Needs Division  
Statistical Highlights 2019**

**EARLY INTERVENTION PROGRAM**

Diagnosed Conditions (continued)	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2019 Totals	2018 Totals
-- Kallman Syndrome	0	0	0	0	0	1	0	0	0	0	0	0		
-- Krabbe's Disease	0	0	0	0	0	0	0	1	0	0	0	0		
-- Leukodystrophy	0	1	1	0	1	1	0	0	0	0	0	0		
-- Macrocephaly	2	2	2	2	1	1	1	1	0	0	0	0		
-- Malabsorption	0	0	0	0	0	1	0	1	0	0	0	0		
-- Microcephaly	1	1	1	1	0	1	1	1	0	0	0	0		
-- Noonan's Syndrome	1	1	1	1	1	1	1	1	1	1	1	1		
-- Osteogenesis Imperfecta	1	1	1	1	0	0	0	0	0	0	0	0		
-- Plagiocephaly	1	2	2	1	3	2	1	1	0	2	1	2		
-- Polymicrogyria (PMG)	1	1	1	0	0	1	1	1	0	0	0	0		
-- Prematurity	15	13	14	14	19	23	20	19	17	14	15	13		
-- Pulmonary Stenosis	0	0	0	0	0	0	0	0	0	0	0	1		
-- Pyriform Aperture Stenosis w/ Hard Palate Cleft	1	1	1	1	1	1	1	1	1	1	1	1		
-- Reduction of Upper Limb	0	1	1	1	1	1	1	1	0	0	0	0		
-- Spina Bifida	1	1	1	1	1	1	1	1	1	1	1	1		
-- Te Fistula	0	1	0	0	0	0	0	0	0	0	0	0		
-- Torticollis	3	4	3	4	4	4	3	3	1	2	2	2		
-- Vanishing White Matter Disease	0	0	0	0	0	0	1	0	0	0	0	0		

Early Intervention Discharges	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2019 Totals	2018 Totals
-- To CPSE	0	0	0	0	0	2	2	63	5	5	2	8	87	78
-- Aged out	2	0	1	3	3	1	1	1	0	0	2	0	14	4
-- Declined	2	2	2	4	5	4	5	7	2	6	4	3	46	67
-- Skilled out	1	0	2	1	6	6	4	5	3	3	3	3	37	39
-- Moved	3	2	2	5	3	1	3	2	1	1	1	0	24	25
-- Not Eligible	7	4	6	7	9	10	7	9	9	11	10	3	92	118
-- Other	0	2	0	0	2	2	2	1	2	1	2	0	14	28
<b>Total Number of Discharges</b>	<b>15</b>	<b>10</b>	<b>13</b>	<b>20</b>	<b>28</b>	<b>26</b>	<b>24</b>	<b>88</b>	<b>22</b>	<b>27</b>	<b>24</b>	<b>17</b>	<b>314</b>	<b>359</b>

Child Find	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2019 Totals	2018 Totals
Total # of Referrals	0	0	0	0	0	0	0	0	0	1	1	2	4	14
Total # of Children in Child Find	8	7	6	3	3	3	3	3	3	4	5	7		
Total # Transferred to Early Intervention	0	0	0	0	0	0	0	0	0	0	0	0	0	5
Total # of Discharges	2	2	1	3	0	1	0	0	0	0	0	0	9	2

**Children with Special Care Needs Division  
Statistical Highlights 2019**

**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>2019 Totals</b>	<b>2018 Totals</b>
<b>Children per School District</b>														
-- Ithaca	120	125	129	132	136	136	107	107	104	111	115	121		
-- Dryden	53	57	61	63	66	70	46	53	49	51	54	56		
-- Groton	15	18	21	21	21	20	11	11	24	26	26	30		
-- Homer	0	0	0	0	0	0	1	1	1	1	1	1		
-- Lansing	18	18	19	18	19	18	10	10	16	17	19	20		
-- Newfield	24	24	24	24	27	28	18	18	20	19	21	27		
-- Trumansburg	15	14	14	14	16	16	8	10	7	9	9	10		
-- Spencer VanEtten	1	1	1	1	1	1	1	1	0	0	0	0		
-- Newark Valley	1	1	1	1	1	1	0	0	1	1	1	1		
-- Odessa-Montour	0	0	0	0	0	0	0	0	0	0	0	0		
-- Candor	0	0	0	0	0	0	0	0	0	0	0	0		
-- Moravia	0	0	0	0	0	0	0	0	0	0	0	0		
-- Cortland	0	0	0	0	0	0	0	0	0	0	0	0		
<b>Total # of Qualified and Receiving Services</b>	<b>247</b>	<b>258</b>	<b>270</b>	<b>274</b>	<b>287</b>	<b>290</b>	<b>202</b>	<b>211</b>	<b>222</b>	<b>235</b>	<b>246</b>	<b>266</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)	144	146	165	168	170	169	88	93	124	134	145	159		
-- Speech Therapy (group)	11	12	13	18	20	20	0	0	4	7	11	13		
-- Occupational Therapy (individual)	48	51	55	63	67	68	49	51	44	51	54	57		
-- Occupational Therapy (group)	2	3	4	5	6	6	0	0	1	0	1	1		
-- Physical Therapy (individual)	23	24	25	25	27	28	15	15	44	26	21	23		
-- Physical Therapy (group)	0	0	0	0	0	0	0	0	0	0	0	0		
-- Transportation														
-- Birnie Bus	30	30	29	29	30	30	26	27	25	28	28	28		
-- Dryden Central School District	0	0	0	0	0	0	0	0	8	8	8	5		
-- Ithaca City School District	42	43	43	43	42	42	41	39	41	42	40	38		
-- Parent	4	4	5	5	5	6	6	7	2	5	8	10		
-- Service Coordination	24	27	26	27	31	31	18	18	19	22	28	28		
-- Counseling (individual)	36	42	43	47	52	49	30	34	33	57	45	51		
-- 1:1 (Tuition Program) Aide	6	6	6	6	6	6	0	0	5	5	5	5		
-- Special Education Itinerate Teacher	31	32	32	36	34	34	26	27	18	20	21	25		
-- Parent Counseling	30	32	34	36	36	34	12	14	16	25	25	28		
-- Program Aide	1	1	1	2	3	6	1	0	0	1	0	1		
-- Teaching Assistant	0	0	0	0	0	0	0	0	0	0	0	0		
-- Audiological Services	4	4	4	5	5	5	2	2	2	3	5	4		
-- Teacher of the Deaf	2	2	2	3	3	3	1	2	1	3	3	3		
-- Music Therapy	0	0	0	0	1	1	1	1	0	0	0	0		
-- Nutrition	4	4	5	5	5	5	4	4	3	4	4	4		
-- Skilled Nursing	0	0	0	0	0	0	0	0	0	0	0	0		
<b>Total # of children rcvg. home based related svcs.</b>	<b>171</b>	<b>171</b>	<b>194</b>	<b>197</b>	<b>211</b>	<b>215</b>	<b>130</b>	<b>139</b>	<b>145</b>	<b>163</b>	<b>165</b>	<b>187</b>		

**Children with Special Care Needs Division  
Statistical Highlights 2019**

**PRESCHOOL SPECIAL EDUCATION PROGRAM**

<b>Number of Children Served Per School District Attending Tuition Based Programs</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>2019 Totals</b>	<b>2018 Totals</b>
-- Ithaca	42	43	43	43	42	42	42	41	41	42	43	43		
-- Dryden	18	18	18	18	18	18	16	17	21	23	23	21		
-- Groton	2	2	2	2	2	1	1	1	8	8	8	8		
-- Lansing	3	3	3	3	3	3	1	1	2	2	2	2		
-- Newfield	5	5	5	5	5	5	5	5	2	3	3	3		
-- Trumansburg	6	6	5	6	6	6	7	7	2	2	2	2		
-- Odessa-Montour	0	0	0	0	0	0	0	0	0	0	0	0		
-- Spencer VanEtten	0	0	0	0	0	0	0	0	0	0	0	0		
-- Moravia	0	0	0	0	0	0	0	0	0	0	0	0		
-- # attending Dryden Central School	0	0	0	0	0	0	0	0	8	8	8	6		
-- # attending Franziska Racker Centers	46	47	46	47	46	45	44	45	41	43	43	43		
-- # attending Ithaca City School District	30	30	30	30	30	30	28	27	28	29	30	30		
<b>Total # attending Special Ed Integrated Tuition Progr.</b>	<b>76</b>	<b>77</b>	<b>76</b>	<b>77</b>	<b>76</b>	<b>75</b>	<b>72</b>	<b>72</b>	<b>77</b>	<b>80</b>	<b>81</b>	<b>79</b>		

<b>Municipal Representation Committee on Preschool Special Education</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>2019 Totals</b>	<b>2018 Totals</b>
-- Ithaca	19	18	26	31	25	12	9	13	8	8	13	16	198	205
-- Candor	0	0	0	0	0	0	0	0	0	0	0	0	0	0
-- Dryden	9	5	5	7	20	0	6	1	2	10	7	5	77	102
-- Groton	1	0	2	1	5	4	1	0	1	1	6	3	25	22
-- Homer	0	0	0	0	0	1	0	0	0	0	0	0	1	0
-- Lansing	2	0	0	0	7	5	1	0	0	1	2	0	18	15
-- Newfield	1	1	2	4	3	1	0	3	0	2	6	1	24	40
--Trumansburg	1	0	4	0	0	0	0	3	1	3	2	0	14	21



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

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

## ENVIRONMENTAL HEALTH HIGHLIGHTS November 2019

### Rabies Control Program

There were no confirmed cases of rabies in Tompkins County during November 2019. The Health Department submitted several specimens for testing, including five bats, for testing and all tested negative for rabies.

Key Data Overview				
	This Month	YTD 2019	YTD 2018	TOTAL 2018
Bites <sup>1</sup>	24	317	292	306
Non Bites <sup>2</sup>	7	167	222	226
Referrals to Other Counties	2	28	35	37
Submissions to the Rabies Lab	11	198	215	222
Human Post-Ex Treatments	7	112	142	144
Unvaccinated Pets 6-Month Quarantined <sup>3</sup>	0	13	3	3
Unvaccinated Pets Destroyed <sup>4</sup>	0	0	0	0
Rabid Animals (Laboratory Confirmed)	0	10	16	18

<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.

Reports by Animal Type												
	Bites				Animals sent to the NYS Rabies Laboratory				Rabid Animals			
	Mo	YTD 2019	YTD 2018	Total 2018	By TCHD	By Cornell	Totals		Mo	YTD 2019	YTD 2018	Total 2018
							Mo	YTD				
Cat	15	132	112	115	2	0	2	21	0	0	0	0
Dog	9	167	149	158	1	1	2	12	0	0	0	0
Cattle	0	0	1	1	0	0	0	3	0	1	0	0
Horse/Mule	0	0	0	0	0	0	0	0	0	0	0	0
Sheep/Goat	0	0	0	0	0	1	1	2	0	0	0	0
Domestic	0	0	0	0	0	0	0	0	0	0	0	0
Raccoon	0	7	4	5	1	0	1	8	0	2	3	5
Bats	0	6	9	10	5	0	5	130	0	2	7	7
Skunks	0	1	3	3	0	0	0	4	0	2	1	1
Foxes	0	1	6	6	0	0	0	7	0	3	3	3
Other Wild	0	3	8	8	0	0	0	11	0	0	2	2
<b>Totals</b>	<b>24</b>	<b>317</b>	<b>292</b>	<b>306</b>	<b>9</b>	<b>2</b>	<b>11</b>	<b>198</b>	<b>0</b>	<b>10</b>	<b>16</b>	<b>18</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>) or through the Tompkins County Mapping Portal (<https://tompkinscounty.maps.arcgis.com/apps/Style/index.html?appid=2768bd8c8b584d8a9155b60281ba477b>). Inspections can be sorted to meet the needs of the viewer (by facility, date, etc.) by clicking on the column heading of interest. These are valuable tools 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:

4-H Acres, T-Dryden	IC – Campus Center Café, T-Ithaca
Apollo, C-Ithaca	IC – Circles Market, T-Ithaca
Argos Warehouse, C-Ithaca	IC – CHS Coffee Kiosk, T-Ithaca
Atlas Bowl, V-Trumansburg	IC – Dillingham Theater Arts Coffee Kiosk, T-Ithaca
Ba-Li Cravings, T-Ithaca	IC – Gannett Coffee Kiosk, T-Ithaca
Bella Pizza, C-Ithaca	ICSD - Belle Sherman Annex, C-Ithaca
Best Western University Inn, T-Ithaca	ICSD – Belle Sherman Elementary, C-Ithaca
Boatyard Grill, C-Ithaca	ICSD – Boynton Middle School, C-Ithaca
BOCES Snack Shack, T-Ithaca	ICSD – Dewitt Middle School, T-Ithaca
Café Pacific, C-Ithaca	ICSD – Enfield Elementary School, T-Enfield
Carrozza Pizza Company, T-Dryden	ICSD – Lehman Alternative School, C-Ithaca
Cinnamon Shoppe & Deli, T-Lansing	ICSD – South Hill Elementary School, C-Ithaca
Circus Truck, Throughout Tompkins	The Inn at Taughannock, T-Ulysses
Clarion Inn Ithaca, V-Lansing	Ithaca Bakery, V-Lansing
Collegetown Bagels – State St., C-Ithaca	Ithaca Beer Company, C-Ithaca
Cornell Cooperative Extension of Tompkins County, C-Ithaca	Jack's Grill, C-Ithaca
CU – 104 West, C-Ithaca	Just Because Center, C-Ithaca
CU – Cook House, C-Ithaca	K-House Karaoke Lounge & Suites, V-Lansing
CU – Flora Rose Dining, C-Ithaca	Kilpatrick's Publick House, C-Ithaca
CU – Food Management Laboratory, C-Ithaca	KoKo Restaurant, C-Ithaca
CU – Keeton House Dining, C-Ithaca	Lakewatch Inn, T-Lansing
CU – Stocking Hall, C-Ithaca	LCSD – Lansing Middle School, T-Lansing
The Dock, C-Ithaca	Little Thai House, C-Ithaca
Dominos Pizza #3401, C-Ithaca	LittleTree Orchards, Throughout Tompkins
Doug's Fish Fry, Throughout Tompkins	Maxie's Supper Club, C-Ithaca
D. P. Dough Ithaca, C-Ithaca	Newfield Elementary School, T-Newfield
Dunkin Donuts – Freeville, T-Dryden	Oishii Bowl, C-Ithaca
Empire Livestock Marketing, V-Dryden	Old Mexico, C-Ithaca
First Baptist Church of Ithaca, C-Ithaca	Old Mexico Express, C-Ithaca
Four Seasons, C-Ithaca	Plum Tree Japanese Restaurant, C-Ithaca
Gangnam Station, C-Ithaca	Power Full Food, Throughout Tompkins
GIAC Kitchen, C-Ithaca	Pudgies Pizza, C-Ithaca
Glenwood Pines Restaurant, T-Ulysses	Roman Village, T-Groton
Golden City, V-Dryden	S&F Ithaca, C-Ithaca
Groton Pizza, V-Groton	Sal's Pizzeria, C-Ithaca
Hazelnut Kitchen, V-Trumansburg	Salt Point Brewing Company, T-Lansing
Homewood Suites FSE, V-Lansing	Sammy's Pizzeria & Restaurant, C-Ithaca
IC – Business School Kiosk, T-Ithaca	Sangam Restaurant, C-Ithaca
IC – Café at Park School, T-Ithaca	Southside Community Center, C-Ithaca
	Statler Hotel – Banfi's, C-Ithaca

Statler Hotel – Mac’s, C-Ithaca  
 Statler Hotel – Regent Lounge, C-Ithaca  
 Statler Hotel – Terrace Dining, C-Ithaca  
 Tianjin Foods, C-Ithaca  
 Trumansburg Elementary School, V-Trumansburg  
 Trumansburg High School, V-Trumansburg  
 Trumansburg Middle School, V-Trumansburg

Union Tavern, V-Groton  
 Vietnam Hai Hong, C-Ithaca  
 Word of Mouth Catering, V-Trumansburg  
 YMCA of Ithaca Wellness Room – Foodnet, V-Lansing  
 ZaZa’s Cucina, C-Ithaca

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.

HACCP Inspections were conducted at the following establishments:

Mia Restaurant, C-Ithaca

*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:

Bowl-O-Drome, C-Ithaca	Ithaca Ale House, C-Ithaca
CU – Klarman Hall Café, C-Ithaca	Longview, T-Ithaca
CU – Jansen’s at Bethe House, C-Ithaca	Pasta Vitto, C-Ithaca
Empire Livestock Marketing, V-Dryden	Red’s Place, C-Ithaca
Gateway Mediterranean Bistro & Grill, C-Ithaca	Salvation Army, C-Ithaca
ICSD – Cayuga Heights Elementary School, V-Cayuga Heights	Subway Dryden, T-Dryden
ICSD – Ithaca High School, C-Ithaca	Wok Dis Way, V-Trumansburg
	Zocalo Mexican Bar & Grill, V-Lansing

*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:

Salvation Army, C-Ithaca

Potentially hazardous foods were not stored under refrigeration. Product on a counter was observed to be at 68°F. The product was discarded during the inspection.

Gateway Mediterranean Bistro & Grill, C-Ithaca

An accurate thermometer was not available to evaluate potentially hazardous food temperatures. A probe thermometer reading from 0-220°F was calibrated and provided to the facility during the inspection.

**Ned’s Pizza, V-Cayuga Heights**

Food workers did not use proper utensils to eliminate bare hand contact with cooked or prepared foods. Products were discarded during the inspection.

Potentially hazardous foods not kept at or below 45°F during cold holding. Product in a refrigerated storage unit was observed to be at 48-51°F. The product was removed from service and rapidly chilled to 45°F or less.

## Potala Café, C-I thaca

Potentially hazardous foods were not cooled by an approved method. Product in the top of a flip-top refrigerated storage unit was observed to be at 105-110°F. Product was removed from service and rapidly chilled to 45°F or less using approved methods.

## Argos Inn, C-I thaca

Toxic chemicals were improperly stored so that contamination of food could occur. Storage was rearranged during the inspection.

## Zocalo Mexican Bar &amp; Grill, V-Lansing

Potentially hazardous foods were not stored under refrigeration. Products on a counter were observed to be at 73-74°F. The products were moved 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 were kept below 45°F during cold holding. Products in a refrigerated storage unit were observed to be at 52°F. The product was discarded during the inspection.

## ICSD - I thaca High School, C-I thaca

Enough refrigerated storage was not maintained so that potentially hazardous foods were kept below 45°F during cold holding. Products for service in a refrigerated storage unit were observed to be at 48-51°F. The products were removed from service and placed in a separate refrigerated storage unit to be rapidly chilled to 45°F or less before use.

## Souvlaki House Restaurant, C-I thaca

Food workers do not use proper utensils to eliminate bare hand contact with cooked or prepared foods. The product was discarded during the inspection.

Potentially hazardous food was not stored under refrigeration. Product in the kitchen was observed to be at 70°F. The product was moved to functioning storage equipment to be rapidly chilled to 45°F or less before service.

## LCSD – Lansing High School, T-Lansing

Potentially hazardous foods were not kept at or above 140°F during hot holding. Product in hot holding was observed to be at 136-139°F. The product was removed from service and rapidly reheated to 165°F or above before use.

## Moonshadow Tavern, C-I thaca

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

## Subway Dryden, V-Dryden

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

## De Tasty Hot Pot Restaurant, C-I thaca

An accurate probe thermometer was not available to evaluate potentially hazardous food temperatures. A properly calibrated thermometer was provided to the establishment during the inspection.

Potentially hazardous foods not kept at or below 45°F during cold holding. Product in a refrigerated storage unit was observed to be at 53°F. The product was removed from service and rapidly chilled to 45°F or less.

## Collegetown Bagels – Collegetown, C-I thaca

Potentially hazardous foods were not prechilled to 45°F or less before being put into service. Products being placed into a grab and go were observed to be at 49-52°F, products in a second location were observed to be at 51-52°F. The items were moved to the walk-in cooler to be rapidly chilled to 45°F or less before being offered for service.

The Antlers, T-Dryden

Food workers did not use proper utensils to eliminate bare hand contact with cooked or prepared foods. The product was discarded during the inspection.

Newfield Middle/High School, T-Newfield

Potentially hazardous foods were not kept at or above 140°F in hot holding. Product in hot holding was observed to be at 108°F. The product was removed from service and rapidly reheated to 165°F or above before use.

William Henry Miller Inn, C-I thaca

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

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

Saigon Kitchen, C-I thaca

Enough hot holding was not maintained to keep hot foods above 140°F in hot holding. Product in hot holding was observed to be at 126-132°F. The product was removed from service and rapidly reheated to 165°F or above before use.

Thai Basil, C-I thaca

Potentially hazardous foods were not kept at or below 45°F in cold holding. Product in cold holding was observed to be at 49°F. The product was removed from service and rapidly cooled to 45°F or less before use.

Potentially hazardous food was not stored under refrigeration. Product in the kitchen was observed to be at 61°F in one location, 62°F in a second location, and 47-49°F in a third location. All of the products were moved to functioning storage equipment to be rapidly chilled to 45°F or less before service.

Bravo, V-Freeville

Food was spoiled on premises. Products were discarded during the inspection.

Potentially hazardous foods were not kept at or below 45°F in cold holding. Products in cold holding were observed to be at 49°F in one cold holding unit, and at 47°F in a second unit. The products were removed from service and rapidly cooled to 45°F or less before use.

Moosewood Restaurant, C-I thaca

Potentially hazardous foods were not kept at or below 45°F in cold holding. Products in cold holding were observed to be at 67°F. The product was discarded during the inspection.

Potentially hazardous foods were not stored under refrigeration. Products on a counter were observed to be at 68°F. The products were removed from service and rapidly cooled to 45°F or less before use.

BOCES – The Horizon Café, T-I thaca

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

**Enzo's Pizzeria, C-I thaca**

Food was spoiled on premises. Products were discarded during the inspection.

Potentially hazardous food was not stored under refrigeration. Product in the kitchen was observed to be at 84°F. The facility operates with a waiver for time as a public health control for the product but was not fulfilling the conditions of the waiver at the time of the inspection. Temperature log sheets were initiated during the inspection.

Varna Community Center, T-Dryden

Food was adulterated on premises. Products were discarded during the inspection.

Pokelava, C-I thaca

Potentially hazardous food was not stored under refrigeration. Product under a sink in the kitchen was observed to be at 61°F. The product was discarded during the inspection.

Ithaca Bakery – Meadow St., C-Ithaca

Potentially hazardous foods were not stored under refrigeration except during necessary preparation. Products that had been out for use were observed to be at 81°F and 67°F. The products were discarded during the inspection. Products in a second location were observed to be at 49°F and 52°F, the products were removed from service and rapidly chilled to 45°F or less before use.

Potentially hazardous food was not kept at or above 140°F during hot holding. Products in hot holding were observed to be at 120°F and 124°F. The products were removed from service and rapidly reheated to 165°F or above before use.

Main Street Pizzeria, V-Groton

Toxic chemicals were improperly stored so that contamination of food could occur. Storage was rearranged during the inspection.

*Temporary Food Service Operation Permits are issued for single events at one location. The Food Protection Program issued 25 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:

Newfield Lioness and Newfield Lions Craft Fair, V-Newfield

Critical Violations were found at the following establishments:

Cornell Taiwanese American Society – CTAS Night Market, C-Ithaca

Potentially hazardous food was held at an improper temperature. Product in hot holding was observed to be at 58-125°F, products in cold holding were observed to be at 48-53°F. In the facility used for food preparation product in hot holding was observed to be at 130°F and product in cold holding was observed to be at 48°F. Products were either discarded, rapidly chilled to 45°F or less, or rapidly reheated to 165°F or above before use.

*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:

Nothing Nowhere, C-Ithaca  
Smart Start Preschool, T-Ulysses  
Trumansburg Main Street Market, V-Trumansburg

Plans Approved:

Botanist Coffeehouse, C-Ithaca

New Permits Issued:

Nothing Nowhere, C-Ithaca  
Rogues Harbor Inn FSE, T-Lansing  
Trumansburg Main Street Market, V-Trumansburg

*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 New Construction - Town of Caroline
- OWTS Plan for New Construction - Town of Lansing
- Reality Subdivision Renewal - Town of Lansing

**Problem Alerts/Emergency Responses**

- None reported in November.

**Childhood Lead Program**

CHILDHOOD LEAD PROGRAM	MONTH	YTD 2019	YTD 2018	TOTAL 2018
A: Active Cases (total referrals):				
A1: # of Children w/ BLL>19.9ug/dl	0	0	1	1
A2: # of Children w/ BLL 10-19.9ug/dl	0	0	5	5
A3: # of Children w/ BLL 5-9.9ug/dl	0	3		
B: Total Environmental Inspections:				
B1: Due to A1	0	0	1	1
B2: Due to A2	0	0	5	5
B3: Due to A3	0	3		
C: Hazards Found:				
C1: Due to B1	0	0	1	1
C2: Due to B2	0	0	5	5
C3: Due to B3	0	2		
D: Abatements Completed:	0	0	0	0
E: Environmental Lead Assessment Sent:	2	2	4	4
F: Interim Controls Completed:	0	0	3	3
G: Complaints/Service Requests (w/o medical referral):	5	40	52	54
H: Samples Collected for Lab Analysis:				
- Paint	0	0	0	0
- Drinking Water	0	0	0	0
- Soil	0	1	0	0
- XRF	0	2	5	5
- Dust Wipes	0	2	6	6
- Other	0	0	1	1

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

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

## ENVIRONMENTAL HEALTH HIGHLIGHTS

### December 2019

#### Outreach and Division News (Combined November and December)

**NYSDOH Public Water Supply Program Review:** Representatives from the New York State Department of Health (NYSDOH) Syracuse Regional Office visited the Tompkins County Health Department on December 5, 2019, to conduct a program review of the Public Water Supply Program. The review was to evaluate the completeness of the County's regulatory management of the Lead and Copper Rule, the Stage 2 Disinfection Byproducts Rule and of Maximum Contaminant Level violations. The Syracuse Regional Office will be providing the County with a report of their findings. Chris Laverack, Adriel Shea, and Scott Freyburger participated in the review.

**NYSDOH Community Environmental Health Program Review:** Tim Wiant from NYSDOH visited the Environmental Health Division on November 18 and December 10. With the assistance of a lot of EH staff (Kristee Morgan, René Borgella, Joel Scogin, Cynthia Mosher, Mik Kern, Kate Walker, and Becky Sims), Tim reviewed our Agricultural Fairgrounds, Pools and Beaches, Campgrounds, Children's Camps, Childhood Lead Poisoning Prevention Program, Food Service, Mass Gathering, Mobile Home Parks, Tobacco Enforcement, and Temporary Residences.

**Watershed Rules and Regulations:** On November 21, Liz Cameron and representatives for the Tompkins County Water Resources Council (WRC) NYSDOH, Bolton Point water supply, the City of Ithaca, Cornell, the Cayuga Lake Intermunicipal Organization, Tompkins County Planning, and Cayuga County Planning met to discuss potential watershed rules and regulations for the Cayuga Lake watershed.

**Spills:** EH staff were involved in the investigation of several spills during the months of November and December. Adriel Shea and Scott Freyburger assisted with the investigation of a diesel spill at the back of the TCHD parking lot on November 26. Facilities placed speedy dry to absorb the spill, which was reported as required to the NYSDEC.

From approximately December 5 to 10, Scott Freyburger and Liz Cameron coordinated with NYSDEC on a release of ethylene glycol to a storm water pond at Cargill Shaft #4 drilling site. The immediate release was captured in a storm water pond. EH worked with NYSDEC to assess the potential for any impacts to drinking water wells as well as to those that may draw their drinking water from the lake near where drainage from the storm water retention pond would enter Cayuga Lake. Representatives from the facility calculated concentrations that would reach Cayuga Lake based on stream flows and a controlled slow release of the liquid from the retention pond. There were no drinking water wells near the site but DEC is assessing any potential for groundwater contamination.

On December 4, Adriel Shea responded to a report from NYSDEC of a propylene glycol spill at the airport. Approximate 150 gallons of glycol was spilled, some of which made it to storm water catch basins that drain to Cayuga Lake. EH evaluated any potential impacts on drinking water along the shoreline where the tributary would discharge to Cayuga Lake and determined that there was not a public health concern.

**EH Presentation:** On November 4th, Becky Sims attended the Environmental Studies/Sciences Career Day at Ithaca College and spoke to several classes of students about having a career in environmental health and government.

**Human Resources:** There were several personnel changes in EH during November and December. Public Health Sanitarian Anne Wildman retired effective November 15, 2019. Anne worked primarily with pools and beaches, temporary residences, campgrounds, and hydrilla. Upon Anne's retirement, Kate Walker was promoted from a Public Health Technician to Public Health Sanitarian. Kate will be primarily working with mass gatherings (GrassRoots), temporary residences, food, campgrounds, and childhood lead poisoning prevention.



Additionally, on December 5, 2019, Janice Wood, Keyboard Specialist, retired with almost 20 years of service to the Department. Janice worked in the EH front office for many years. As part of the transition with her retirement, Janice had been helping tremendously with EH file digitization.

The vacant Public Health Technician position was posted in late November with an application deadline of December 26. Qualified applicants were required to take the Civil Service test for the position on January 14. The results from the test and a Civil Service list of candidates is expected to be available toward the end of January 2020.

#### Meetings:

On November 20, Liz Cameron attended the Homelessness Task Force meeting at Ithaca City Hall. The meeting serves primarily as a forum for information sharing and coordination. EH at times is involved in aspects of the area commonly referred to as "The Jungle."

On December 19, EH staff attended the joint All Staff Retreat with Mental Health at The Hotel Ithaca.

#### Training:

On November 21, Mik Kern attend a Community Science Institute presentation on Harmful Algal Blooms (HABs) in Cayuga Lake in Geneva.

On December 5, 2019, Kate Walker and René Borgella attended lead training in Syracuse.

On December 10, 2019, Kate Walker, Chris Laverack and René Borgella attended the Bloodborne Pathogen Training and Annual Tuberculosis Training.

Kate Walker completed the Basic Environmental Health Course training in December. In November Kate completed in-person training on Surveillance and Injury/Illness Investigations, Food Protection, Pools/Beaches/Spraygrounds, Mass Gathering, Ag Fairs/Campgrounds, Migrant Farmworker Housing, Temporary Residences, Mobile Homes, and Children's Camps. In December, Kate completed on-line training related to Radiation Health, Confined Space Awareness, Microbiology, Public Health Assessment Overview, Cross Cultural Communication, and FEMA IS 100C.

All EH staff completed the mandatory annual training.

### Cooling Tower Compliance Program

This fall, the Health Department began actively reviewing the Cooling Tower Registry for cooling towers registered within Tompkins County following guidance provided by the New York State Department of Health. All registered cooling towers are required to have an updated Annual Certification on file by November 1<sup>st</sup> of each year. There were 25 of the 99 registered towers that had not updated their certificates in the registry by the end of November. Another 10 towers were non-compliant due to other registry entries. The Health Department issued Notices of Non-compliance to all but one of the 35 towers in the first half of December. The Vanguard Printing business is permanently closed and all contact information in the registry is invalid, so no notice was sent. Many operators contacted the Health Department for assistance and clarification and corrected non-compliant entries quickly.

The next step is to reach out to all operators for them to verify that all contact information within the registry is current as well as addition of a second email contact if they do not already have a second contact. New York State Department of Health is recommending that the second email be a group email with multiple recipients to ensure that notices are received promptly, regardless of employee turn-over or absences.

Most compliance issues are related to the website entries. The registry is required to be updated every 90 days, however operators are dependent on the receipt of test results from the labs, which can take 2-3 weeks. Operators have also notified the Health Department of concerns that not all entries are saving properly or that entries did save properly but then later reset to a previous date. The Cooling Tower Registry is not available for Local Health Departments to view updated registries in real time, so the current procedure will remain that Notices of Non-compliance will be sent for towers out of compliance by more than two weeks, a waiting period of two weeks to confirm registry updates, followed by Notices of Violation if no action has been taken by the owner or operator in response to the original Notification.

Municipality	Number registered	Compliant	Non-compliant	Legionella exceedance
Danby	0	NA	NA	NA
Dryden	9	7	2	NR
Enfield	0	NA	NA	NA
Groton	4	2	2	NR
Ithaca-C	35	20	15	NR
Ithaca-T	28	21	7	NR
Lansing	23	14	9	NR
Newfield	0	NA	NA	NA
Ulysses	0	NA	NA	NA
Total	99	64	35	NR

NA: Not applicable. No cooling towers have been registered for that municipality. Cooling towers may be in operation and not registered or the municipality may have no cooling towers in operation.

NR: None reported. Non-compliant cooling towers have not tested within the 90-day period or have not entered the results in the database. While compliant cooling towers may have reported no exceedances, it cannot be determined that no exceedances occurred in that municipality.

**Rabies Control Program**

There was one confirmed case of rabies in Tompkins County during December 2019. Three dogs encountered a raccoon in the town of Groton. The raccoon was shot and submitted to the Wadsworth Laboratory where it was confirmed positive for rabies. The dogs were current on rabies vaccinations and the owners of the dogs took all appropriate precautions with handling the dogs and the raccoon, so no humans were exposed during the incident

The January rabies clinic is scheduled for January 29, from 6-8 PM. Online pre-registration is open and early timeslots are already filling up. Last year’s pre-registration significantly reduced the average wait time of attendees and most attendees arriving after 6:30 were able to check in immediately upon arrival.

Key Data Overview				
	This Month	YTD 2019	YTD 2018	TOTAL 2018
Bites <sup>1</sup>	25	342	306	306
Non Bites <sup>2</sup>	3	170	226	226
Referrals to Other Counties	1	29	37	37
Submissions to the Rabies Lab	3	201	222	222
Human Post-Ex Treatments	3	115	144	144
Unvaccinated Pets 6-Month Quarantined <sup>3</sup>	0	13	3	3
Unvaccinated Pets Destroyed <sup>4</sup>	0	0	0	0
Rabid Animals (Laboratory Confirmed)	1	11	18	18

<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.

Reports by Animal Type												
	Bites				Animals sent to the NYS Rabies Laboratory				Rabid Animals			
	Mo	YTD 2019	YTD 2018	Total 2018	By TCHD	By Cornell	Totals		Mo	YTD 2019	YTD 2018	Total 2018
							Mo	YTD				
Cat	11	143	115	115	0	1	1	22	0	0	0	0
Dog	14	181	158	158	0	0	0	12	0	0	0	0
Cattle	0	0	1	1	0	0	0	3	0	1	0	0
Horse/Mule	0	0	0	0	0	0	0	0	0	0	0	0
Sheep/Goat	0	0	0	0	0	0	0	2	0	0	0	0
Domestic	0	0	0	0	0	0	0	0	0	0	0	0
Raccoon	0	7	5	5	0	1	1	9	1	3	5	5
Bats	0	6	10	10	0	1	1	131	0	2	7	7
Skunks	0	1	3	3	0	0	0	4	0	2	1	1
Foxes	0	1	6	6	0	0	0	7	0	3	3	3
Other Wild	0	3	8	8	0	0	0	11	0	0	2	2
<b>Totals</b>	<b>25</b>	<b>342</b>	<b>306</b>	<b>306</b>	<b>0</b>	<b>3</b>	<b>3</b>	<b>201</b>	<b>1</b>	<b>11</b>	<b>18</b>	<b>18</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>) or through the Tompkins County Mapping Portal (<https://tompkinscounty.maps.arcgis.com/apps/Style/index.html?appid=2768bd8c8b584d8a9155b60281ba477b>). Inspections can be sorted to meet the needs of the viewer (by facility, date, etc.) by clicking on the column heading of interest. These are valuable tools 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:

Asia Cuisine, C-Ithaca	Mix Social Dining, C-Ithaca
At the Ridge, T-Lansing	Namygal Monastery, T-Ithaca
Bike Bar Ithaca, C-Ithaca	New Delhi Diamond's, C-Ithaca
Campus Town Pizza, C-Ithaca	Northstar House, C-Ithaca
Casca-Deli @ The Rink, T-Lansing	Nothing Nowhere, C-Ithaca
Casita del Polaris, C-Ithaca	On a Roll Catering Mobile, Throughout Tompkins
Ciao!, V-Lansing	Osaka-Ya Catering, V-Groton
Coltivare, C-Ithaca	Plantation Bar & Grill, T-Dryden
Crossroads Bar & Grille, T-Lansing	Poppa's Kitchen, V-Newfield
Crossroads Catering, V-Dryden	Rogue's Harbor Inn – FSE, T-Lansing
Dottie's Cakes, T-Lansing	The Rook, C-Ithaca
Gola Osteria, C-Ithaca	Rose's Home Dish, Throughout Tompkins
Heights Café, V-Cayuga Heights	Simeon's On the Commons, C-Ithaca
Hotel Ithaca – Max's – FSE, C-Ithaca	Smart Start Preschool, T-Ulysses
Hudson Cake Studio, Throughout Tompkins	State Diner, C-Ithaca
John Thomas Steakhouse, T-Ithaca	Tamarind, C-Ithaca
Kuma Charmers, T-Enfield	Trip Hotel Ithaca – FSE, V-Lansing
Luna Street Food Truck, C-Ithaca	Van Noble Smokehouse, T-Enfield
Lot 10, C-Ithaca	
Loyal Order of Moose Lodge #666, C-Ithaca	

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.

HACCP Inspections were conducted at the following establishments:

Foodnet Central Kitchen, V-Lansing

*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:

The Antlers, T-Dryden	Canopy by Hilton – Strand Café, C-Ithaca
Argos Inn, C-Ithaca	Collegetown Bagels – Collegetown, C-Ithaca
BOCES – Bistro 555, T-Ithaca	Collegetown Bagels – CTB Fresh @ IHF, C-Ithaca
Bravo, V-Freeville	Country Inn & Suites, T-Ithaca

De Tasty Hot Pot Restaurant, C-Ithaca  
 Enzo's Pizzeria, C-Ithaca  
 Fall Creek House, C-Ithaca  
 Friends & Pho, V-Lansing  
 Hampton Inn – FSE, C-Ithaca  
 Ithaca Bakery – Meadow St., C-Ithaca  
 Kelly's Dockside Kafe, C-Ithaca  
 Kitchen Theatre Company, C-Ithaca  
 LCSD – Lansing High School, T-Lansing  
 Lincoln Street Diner, C-Ithaca  
 Loaves & Fishes, C-Ithaca  
 Main Street Pizzeria, V-Groton  
 Mama Loye's Café, V-Dryden

Moonshadow Tavern, C-Ithaca  
 Moosewood Restaurant, C-Ithaca  
 Ned's Pizza, V-Cayuga Heights  
 Newfield Middle/High School, V-Newfield  
 Panera Bread Bakery-Café #1381, C-Ithaca  
 Pokelava, C-Ithaca  
 Potala Café, C-Ithaca  
 Saigon Kitchen, C-Ithaca  
 Souvlaki House, C-Ithaca  
 Thai Basil, C-Ithaca  
 Varna Community Association, T-Dryden  
 William Henry Miller Inn, C-Ithaca

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

Critical Violations were found at the following establishments:

Maru Ramen, C-Ithaca

Potentially hazardous food was not stored under refrigeration. Product in the kitchen was observed to be at 58-59°F in one location, 58°F in a second location, and 85°F in a third location. Products from the first two locations were moved to functioning storage equipment to be rapidly chilled to 45°F or less before service. The facility has a waiver to use time as a public health control for the third product but was not fulfilling the conditions of the waiver at the time of the inspection. Temperature log sheets were initiated during the inspection.

Potentially hazardous food was not kept at or above 140°F during hot holding. Product in hot holding was observed to be at 88°F. The product was removed from service and rapidly reheated to 165°F or above before use.

Collegetown Bagels – CTB Fresh @IHF, C-Ithaca

Potentially hazardous food was 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.

Fall Creek House, C-Ithaca

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

Lincoln St. Diner, C-Ithaca

Potentially hazardous food was not kept at or above 140°F during hot holding. Product in hot holding was observed to be at 135°F. The product was removed from service and rapidly reheated to 165°F or above before use.

Corelife Eatery, 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 61°F. Product was removed from service and rapidly chilled to 45°F or less before use.

Enough hot holding was not maintained to keep potentially hazardous foods above 140°F. Product in hot holding was observed to be at 122-128°F. Products were removed from service and rapidly reheated to 165°F or above before use.

Fairfield Inn & Suites, 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 61°F and 58°F. Products were discarded during the inspection. During a re-inspection product in cold holding was found to be at 56-59°F and was discarded during the inspection.

Trumansburg Main Street Market, V-Trumansburg

Potentially hazardous food was not stored under refrigeration. Product on a counter for customer use was observed to be at 57°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 14 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:

CU – Solar Boat Magnolia Bakery Banana Pudding, C-Ithaca  
 Girl Scout Troop 40510 at Trumansburg Craft Sale, V-Trumansburg  
 Ithaca Soy at 2019 Chowder Cook-off, C-Ithaca

Critical Violations were found at the following establishments:

CU - **Alpha Xi Delta Women's Fraternity Mac and Xis**, C-Ithaca

Potentially hazardous food was held at an improper temperature. Product in hot holding was observed to be at 126°F. The operators were able to verify that the food had been in temperature within one hour of the inspection, the facility was allowed to serve for two hours after which time any remaining food would be discarded.

Two Rivers Church Ithaca at 2019 Chowder Cook-off, C-Ithaca

Potentially hazardous food was held at an improper temperature. Product in hot holding was observed to be at 124°F. The product was removed from service and rapidly reheated to 165°F or above before use.

*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:

Ithaca Coffee Company at Ithaca Airport, T-Lansing  
 Tommy's Place, T-Lansing

Plans Approved:

Ithaca Airport, T-Lansing

New Permits Issued:

Ithaca Coffee Company, V-Lansing  
 Tommy's Place, V-Lansing  
 Trumansburg Main Street Market, V-Trumansburg

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

### Engineering Plans Received

- OWTS Plan for Replacement Construction - Town of Ithaca
- OWTS Plan for New Construction - Town of Newfield
- Public Water System (Backflow)– Town of Ithaca
- Public Water System (Backflow)– Cornell
- Public Water System (Backflow)– Town of Lansing

### Problem Alerts/Emergency Responses

- A boil water order (BWO) was issued to Little Creek Park, T-Dryden, on December 10, 2019, due to turbidity issues and loss of pressure in the distribution system caused by a significant leak. The water line was repaired, pressure to the system was restored, hyperchlorination was performed, and satisfactory samples were received and TCHD ended the BWO on December 20, 2019.
- A boil water order was issued to TOSA Apartments, T-Dryden, on December 18, 2019. During a water system inspection, it was discovered that a sufficient chlorine residual was not maintained throughout the distribution system and that the system was experiencing water outages. Enforcement action against the operator is pending to require the system to be evaluated by a design professional. The boil water order will remain in effect until modifications have been made.

### Childhood Lead Program

CHILDHOOD LEAD PROGRAM	MONTH	YTD 2019	YTD 2018	TOTAL 2018
A: Active Cases (total referrals):				
A1: # of Children w/ BLL>19.9ug/dl	0	0	1	1
A2: # of Children w/ BLL 10-19.9ug/dl	0	0	5	5
A3: # of Children w/ BLL 5-9.9ug/dl	0	3		
B: Total Environmental Inspections:				
B1: Due to A1	0	0	1	1
B2: Due to A2	0	0	5	5
B3: Due to A3	1	4		
C: Hazards Found:				
C1: Due to B1	0	0	1	1
C2: Due to B2	0	0	5	5
C3: Due to B3	0	2		
D: Abatements Completed:	0	0	0	0
E: Environmental Lead Assessment Sent:	0	2	4	4
F: Interim Controls Completed:	0	0	3	3
G: Complaints/Service Requests (w/o medical referral):	3	43	54	54
H: Samples Collected for Lab Analysis:				
- Paint	0	0	0	0
- Drinking Water	0	0	0	0
- Soil	0	1	0	0
- XRF	0	2	5	5
- Dust Wipes	0	2	6	6
- Other	0	0	1	1

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

For the period of October 1<sup>st</sup> through December 31<sup>st</sup>, 92 permit applications (28% of the 328 total applications that can be received through Accela Citizen Access) and 69 payments in the amount of \$12,479 were received electronically. The table below lists records by program for the 4<sup>th</sup> quarter of 2019.

Program	Total Records Processed			Total Records Processed Electronically		
	4 <sup>th</sup> Quarter	YTD 2019	Total 2018	4 <sup>th</sup> Quarter	YTD 2019	Total 2018
Ag Fairground/Mass Gathering	0	2	2	0	0	0
Campground	3	13	9	0	0	2
Childrens' Camp	0	33	33	0	1	5
*Complaint	17	115	166	*	*	*
*Enforcement/NOV	27	139	156	*	*	*
Food Service Establishment	132	531	534	10	43	28
*Individual Water	0	25	64	*	*	*
*Information Request	38	209	75	*	*	*
Mobile Home Park	3	43	42	0	1	0
OWTS	58	278	254	2	9	51
*Other (Admin)	7	387	42	*	*	*
*Plan Review	11	45	52	*	*	*
Public Water	1	149	143	1	2	9
Swimming Pool/Beach	36	63	58	9	14	23
Temporary Food	64	471	408	62	445	375
Temporary Residence	31	37	36	8	8	13
Total	428	2540	2074	92	523	506

\* Not available in ACA

*Official Payments/AA not transferring data (records pushed through by Support Staff)*



**Summary of Open BOH Enforcement Actions:**

Date of BOH Action	Facility	Owner/ Operator	Basis for Action	Penalty Assessed	Next BOH Order Deadline	Status
12/3/19	Spruce Row Campground	Scott Sherwood	Swimming Pool – Repetitive Critical Violations	\$400	Payment due 1/15/20	Monitoring Compliance
12/3/19	Hollow Creek LLC.	Joseph Hertzler	Temporary Food Service Establishment - Repetitive Critical Violations	\$400	Payment due 1/15/20	Monitoring Compliance
12/3/19	Fork & Gavel Café	Gueldner & Pasetty Inc.	Food Service Establishment – Violation of BOH Orders	\$500	Payment due 1/15/20	Monitoring Compliance
10/22/19	Taste of Thai Express	Sirathorn Balakula	Food Service Establishment – Violation of BOH Orders	\$3,000 (paid \$600)	\$300 Payment due 1/15/20	Monitoring Compliance
9/24/19	Finger Lakes GrassRoots Festival	Finger Lakes GrassRoots Festival Org	Mass Gathering and Campgrounds - Violation of BOH Orders	\$3,000 (paid 11/12)	Updated Maps due 1/31/20	Monitoring Compliance



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

Date: January 15, 2020  
Memo to: Members of the Tompkins County Board of Health  
From: C. Elizabeth Cameron, P.E., Director of Environmental Health *E Cameron*

**Subject: Inn at Taughannock Holding Tank Waiver Request  
2030 Gorge Road, T-Ulysses**

The Inn at Taughannock (The Inn) is requesting modification to the waiver from Section 6.06 (f)(1) of the Tompkins County Sanitary Code (TCSC) that was approved by the Board on July 18<sup>th</sup>, 2019. This Section of the county sanitary code states:

*Holding tanks for sewage may be approved only for temporary use, whether continuous or intermittent, and only with the written approval of the permit issuing official...*

As was previously discussed the Inn is developing an outdoor garden event center. The planned operation will consist of a seasonal tent and support facilities to host catered, special events. Previously the Board approved a 1,250-gallon holding tank for a mobile restroom to provide sanitary facilities for these events. The Inn has rethought this proposal and would like to increase the size of the holding tank to 5,000-gallon so that the period between pump-outs will be greater. They would also like to install a 1,250-gallon tank that would hold an effluent pump for pumping capacity to the future, facility-wide wastewater treatment system. This 1,250-gallon tank would effectively act like a second holding tank until the full sewage system is installed.

The TCSC allows the Board of Health to grant a waiver *"where specific hardships or circumstances make it difficult to comply with Article VI and the waiver provides for an adequate level of public health and environmental protection."* Although EH does not usually support a waiver for new construction, we support the approval of the Inn at Taughannock waiver request with the condition that the waiver expire after 5 years. Specific factors that we believe support approval include:

- The event center is a temporary structure that is physically removed at the end of the season, and
- The Inn at Taughannock is a commercial enterprise and thus has additional incentive to ensure proper operation and maintenance of the holding tank.
- The 5-year limit allow the inn at Taughannock time to evaluate, design and install a new sewage system for the facility while providing the Health Department with the flexibility to re-evaluate the situation and continued use of the holding tank if the sewage system is not operational within 5 years.

F:\EH\ENGR PLAN REVIEW (EPR)\Engineering Projects\Projects Proposed (EPR-4)\Ulysses (T)\Sewage\The Inn At Taughannock - holding tank\EH Holding Tank Waiver support to BOH July 2019.docx



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Ph: (607) 274-6688

Fx: (607) 274-6695

Date: January 15, 2020  
Memo to: Members of the Tompkins County Board of Health  
From: C. Elizabeth Cameron, P.E., Director of Environmental Health  
Subject: Request for Waiver of Tompkins County Sanitary Code S-6.04.d – Tax Map # 23.-1-9.1, T- Lansing

This office was contacted by a prospective buyer, Jared Beck, of a property on Ridge Road, Town of Lansing, Tax Parcel 23.-1-9.1. The property is currently vacant land but does have an Onsite Wastewater Treatment System (OWTS) has not been in use for more than five years. Mr. Beck wants to be able to use the existing OWTS for a workshop now (1-bedroom equivalent) and for a potential future 3-bedroom development.

Article VI, Section 6.04d of the Tompkins County Sanitary Code (TCSC) states, "Any sewage system that is abandoned or not in use for a period of five years or more, whether a Completion Certificate was issued, may not be placed back into service before a new construction permit is obtained. A new system does not need to be built if the existing system either complies with all current design and separation criteria or a waiver is appropriate and issued".

Mr. Beck has filed an application for a new construction OWTS permit with this office.

A Certificate of Completion that certifies that the existing sewage system *"has been constructed in general conformity with the requirements of the Tompkins County Health Department and as described on the Permit"* was issued on May 25, 2010. The existing OWTS has a sandfilter and septic tanks that are sized to meet current standards for a 3-bedroom dwelling unit (330 gallons per day). However, TCHD is unable to determine if the existing dispersion trench meets current new construction standards because the dimensions of the trench are not listed on the Certificate of Completion that was issued on May 25, 2010. For this reason, a waiver from Article VI, Section 6.04d of the TCSC is requested from the Board of Health.

The Environmental Health Division is in support of the requested waiver on condition that a municipal water service connection is made and that the maximum use for the existing OWTS does not exceed 330 gallons per day.

pc: F:\EH\SEWAGE (SSW)\Facilities (SSW-7)\Lansing\23.-1-9.1 Ridge Rd, Beck Waiver\Waiver Request to BOH.DOCX  
ec: Tompkins County Board of Health (via; Shelley Comisi, Karan Palazzo, TCHD)  
Jared Beck, CEO T- Lansing; Supervisor T-Lansing; TCHD: Elizabeth Cameron, P.E., Director of Environmental Health, Scott Freyburger, P.E., Adriel Shea, Janice Koski, Skip Parr, Brenda Coyle  
Scan: signed copy to Accela



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Ithaca, NY 14850-1247

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January 16, 2020

## **Proposed Food Enforcement Penalty Calculation Notes**

For discussion at Board of Health

The Division proposes using a new procedure for calculating proposed penalties for violations observed during food service establishment inspections. The goals of the new procedure are to recommend equitable penalties for food service establishments that take into account:

- public health risk factors,
- compliance with Board of Health Orders, and
- Part 14 compliance/inspection history following a Board of Health action.

This calculation does not apply to administrative enforcement actions such as operating without a permit.

This policy is based on the guidance and requirements of NYSDOH Technical Reference ADM-2: Enforcement and Sanitary Code Compliance at Regulated Facilities. Public Health Hazards are identified as Category 1 (generally for the most severe PHHs) or Category 2 Violations.

- For Category 1 violations (e.g., sewage in the facility while in operation), formal enforcement is generally initiated after a single violation.
- For Category 2 violations, formal enforcement is generally initiated when the same critical violation is cited during a re-inspection.

Recommended penalties will be calculated based on the initial inspection for Category 1 violations, on a single inspection that results in violations of Board of Health Orders, or on the repeat Category 2 violations cited in the re-inspection. The recommended penalty will be calculated by:

1. applying a risk factor to each violation cited,
2. adding up the total score for all the risk factors,
3. determining the associated penalty amount as indicated in the Risk Factor Table in the attached examples,
4. assessing a penalty factor based on the number of times the facility has violated Board of Health Orders (see the BOH Factor Table in the attached examples), and
5. applying a \$200 credit for each inspection following adoption of Board of Health Orders where no critical violations were observed

Additional notes:

- Risk Factor scores are adapted from the inspection scoring used by New York City.
- Inspections will be reviewed with respect to violation of Board of Health Orders for three years from the time of adoption.
- Minimum proposed fine will be established at \$200

## Summary of Recommended Enforcement Penalty - FSE - Draft January 2020

### Food Service Establishment Summary

<b>Facility Name:</b>	<b>FSE - Initial Enforcement Action</b>		
	Inspection Date:	10/1/2019	
	Inspection Risk Factor Score	7	
	# of BOH Actions:	n/a	
	# of Inspections w/o Critical Violation since last action:	n/a	

### Food Penalty Calculation

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

Multiplied By

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

### Recommended Food Penalty Determination

<i>Food Penalty Amount</i>	<b>Inspection Credit Amount*</b>	<b>Recommended Penalty</b>
\$200	\$0	<b>\$200</b>

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

Tompkins County Environmental Health Calculation Sheet for Food Enforcement Penalties

(Adapted from NYC Health) – Draft 1/8/20

**FACILITY: FSE - Initial Enforcement Action**

Fine Calculation Worksheet

CRITICAL VIOLATIONS		INSPECTION FINDINGS Risk Category					SCORING
		I	II	III	IV	V	
Violation Type	Description	Point Determination					
<b>ADMINISTRATIVE</b>							
BOH ORDER	Violation of Specific Order adopted by the BOH not covered by food code. Point Determination made based on the number of administrative Orders not completed.	7	8	9	10	28	
<b>FOOD SOURCE</b>							
1A	Unpasteurized milk or milk product present.	-	-	-	10	28	
1B	Potable water supply inadequate. Water or ice not potable or from unapproved source. Cross connection in potable water supply system observed.	-	-	-	10	28	
1C	Food from unapproved or unknown source or home canned.	-	-	-	10	28	
1D	Canned goods found in poor condition (Leakers, severe dents, rusty, swollen cans)	7	8	9	10	28	
1E	Meat and meat products not from approved plants.	-	-	-	10	28	
1F	Shellfish not from approved source, improperly tagged/labeled; tags not retained for 90 days.	-	-	-	10	28	
1G	Eggs found dirty/cracked; liquid, frozen or powdered eggs not pasteurized.	7	8	9	10	28	
1H	Food from unapproved source, spoiled, adulterated on premises	7	8	9	10	28	
<b>FOOD PROTECTION</b>							
2A	Food contact surface not properly washed, rinsed or sanitized after each use and	5	6	7	8	-	
2B	Food workers prepare raw and cooked or ready to eat food without thoroughly	-	-	-	10	28	
2C	Cooked or prepared foods are subjected to cross-contamination from raw foods	7	8	9	10	28	
2D	Unwrapped/potentially hazardous foods are reserved.	-	-	-	10	28	
2E	Accurate thermometer not available or used to evaluate temperatures of potentially hazardous foods during cooking, cooling,	-	-	-	8	-	
3A	Food worker prepares food or handles utensil when ill with a disease transmissible by food, or has exposed infected cut or burn on hand.	-	-	-	10	28	
3B	Food workers do not wash hands thoroughly (generate lather) after visiting the toilet, coughing, sneezing, smoking or otherwise	-	-	-	10	28	
3C	Food worker does not use proper utensil to eliminate bare hand contact with cooked or prepared foods.	7	8	9	10	28	
4A	Toxic chemical improperly labeled, stored or used such that food contamination may occur.	7	8	9	10	28	
4B	Acid foods are stored in containers or pipes that consist of toxic metals (antimony, cadmium, copper, zinc, lead)	7	8	9	10	28	
4C	Food, food preparation area, food storage area, area used by employees or patrons contaminated by sewage or liquid waste.	-	-	-	10	28	

Tompkins County Environmental Health Calculation Sheet for Food Enforcement Penalties

(Adapted from NYC Health) – Draft 1/8/20

**FACILITY: FSE - Initial Enforcement Action**

Fine Calculation Worksheet

CRITICAL VIOLATIONS		INSPECTION FINDINGS Risk Category					SCORING
		I	II	III	IV	V	
Violation Type	Description	Point Determination					
<b>FOOD TEMPERATURE</b>							
5A	Cold food item held above 45°F (smoked fish and reduced oxygen packaged foods above 38°F) except during necessary	7	8	9	10	28	7
5B	Food not cooled by an approved method whereby the internal product temperature is reduced from 120° F to 70° F or less within 2 hours, and from 70°F to 45°F or less within 4 additional hours.	7	8	9	10	28	
5C	Food not stored under refrigeration except during necessary preparation of approved precooling procedures	7	8	9	10	28	
5D	Potentially hazardous foods such as salads prepared from macaroni or potatoes are not prepared with prechilled ingredients to 45°F	5	6	7	8	-	
5E	Insufficient or no refrigerated equipment to keep potentially hazardous foods at required temperatures.	-	-	-	10	28	
6A	Hot food item not held at or above 140°F.	7	8	9	10	28	
6B	Insufficient or no hot holding equipment to keep potentially hazardous foods at required temperatures.	-	-	-	10	28	
7*	Food not cooked to required minimum temperature:						
7A	• Poultry, meat stuffing, stuffed meats $\geq$ 165°F						
7B	• Pork, any food containing pork $\geq$ 150°F						
7C	• Shell eggs or foods containing shell eggs $\geq$ 145°F except by customer request	-	-	-	10	28	
7D	• Ground meat and food containing ground meat $\geq$ 158°F except by customer request						
7E	• All other potentially hazardous food requiring cooking $\geq$ 140°F						
7F	Precooked, refrigerated, potentially hazardous foods are not reheated to $\geq$ 165°F	5	6	7	8	-	
7G	Commercially processed, precooked potentially hazardous foods are not reheated to $>$ 140°F	5	6	7	8	-	
7H	Whole frozen poultry or poultry breasts, other than a single portion, is being cooked frozen or partially thawed.	5	6	-	-	-	

Total	7
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## Summary of Recommended Enforcement Penalty - FSE - Draft January 2020

### Food Service Establishment Summary

<b>Facility Name:</b>	<b>FSE with BOH Orders</b>		
	Inspection Date:	12/1/2019	
	Inspection Risk Factor Score	24	
	# of BOH Actions:	4	
	# of Inspections w/o Critical Violation since last action:	0	

### Food Penalty Calculation

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

Multiplied By

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

### Recommended Food Penalty Determination

<i>Food Penalty Amount</i>	<b>Inspection Credit Amount*</b>	<b>Recommended Penalty</b>
\$3,200	\$0	<b>\$3,200</b>

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



Tompkins County Environmental Health Calculation Sheet for Food Enforcement Penalties  
(Adapted from NYC Health) – Draft 1/8/20

**FACILITY: FSE with BOH Orders**

Fine Calculation Worksheet

CRITICAL VIOLATIONS		INSPECTION FINDINGS Risk Category					SCORING
		I	II	III	IV	V	
Violation Type	Description	Point Determination					
<b>ADMINISTRATIVE</b>							
BOH ORDER	Violation of Specific Order adopted by the BOH not covered by food code. Point Determination made based on the number of administrative Orders not completed.	7	8	9	10	28	7
<b>FOOD SOURCE</b>							
1A	Unpasteurized milk or milk product present.	-	-	-	10	28	
1B	Potable water supply inadequate. Water or ice not potable or from unapproved source. Cross connection in potable water supply system observed.	-	-	-	10	28	
1C	Food from unapproved or unknown source or home canned.	-	-	-	10	28	
1D	Canned goods found in poor condition (Leakers, severe dents, rusty, swollen cans)	7	8	9	10	28	
1E	Meat and meat products not from approved plants.	-	-	-	10	28	
1F	Shellfish not from approved source, improperly tagged/labeled; tags not retained for 90 days.	-	-	-	10	28	
1G	Eggs found dirty/cracked; liquid, frozen or powdered eggs not pasteurized.	7	8	9	10	28	
1H	Food from unapproved source, spoiled, adulterated on premises	7	8	9	10	28	
<b>FOOD PROTECTION</b>							
2A	Food contact surface not properly washed, rinsed or sanitized after each use and	5	6	7	8	-	
2B	Food workers prepare raw and cooked or ready to eat food without thoroughly	-	-	-	10	28	
2C	Cooked or prepared foods are subjected to cross-contamination from raw foods	7	8	9	10	28	
2D	Unwrapped/potentially hazardous foods are reserved.	-	-	-	10	28	
2E	Accurate thermometer not available or used to evaluate temperatures of potentially hazardous foods during cooking, cooling,	-	-	-	8	-	
3A	Food worker prepares food or handles utensil when ill with a disease transmissible by food, or has exposed infected cut or burn on hand.	-	-	-	10	28	
3B	Food workers do not wash hands thoroughly (generate lather) after visiting the toilet, coughing, sneezing, smoking or otherwise	-	-	-	10	28	
3C	Food worker does not use proper utensil to eliminate bare hand contact with cooked or prepared foods.	7	8	9	10	28	
4A	Toxic chemical improperly labeled, stored or used such that food contamination may occur.	7	8	9	10	28	
4B	Acid foods are stored in containers or pipes that consist of toxic metals (antimony, cadmium, copper, zinc, lead)	7	8	9	10	28	
4C	Food, food preparation area, food storage area, area used by employees or patrons contaminated by sewage or liquid waste.	-	-	-	10	28	

Tompkins County Environmental Health Calculation Sheet for Food Enforcement Penalties  
(Adapted from NYC Health) – Draft 1/8/20

**FACILITY: FSE with BOH Orders**

Fine Calculation Worksheet

CRITICAL VIOLATIONS		INSPECTION FINDINGS Risk Category					SCORING
		I	II	III	IV	V	
Violation Type	Description	Point Determination					
<b>FOOD TEMPERATURE</b>							
5A	Cold food item held above 45°F (smoked fish and reduced oxygen packaged foods above 38°F) except during necessary	7	8	9	10	28	7
5B	Food not cooled by an approved method whereby the internal product temperature is reduced from 120° F to 70° F or less within 2 hours, and from 70°F to 45°F or less within 4 additional hours.	7	8	9	10	28	
5C	Food not stored under refrigeration except during necessary preparation of approved precooking procedures	7	8	9	10	28	
5D	Potentially hazardous foods such as salads prepared from macaroni or potatoes are not prepared with prechilled ingredients to 45°F	5	6	7	8	-	
5E	Insufficient or no refrigerated equipment to keep potentially hazardous foods at required temperatures.	-	-	-	10	28	
6A	Hot food item not held at or above 140°F.	7	8	9	10	28	
6B	Insufficient or no hot holding equipment to keep potentially hazardous foods at required temperatures.	-	-	-	10	28	10
7*	Food not cooked to required minimum temperature:						
7A	• Poultry, meat stuffing, stuffed meats $\geq$ 165°F						
7B	• Pork, any food containing pork $\geq$ 150°F						
7C	• Shell eggs or foods containing shell eggs $\geq$ 145°F except by customer request	-	-	-	10	28	
7D	• Ground meat and food containing ground meat $\geq$ 158°F except by customer request						
7E	• All other potentially hazardous food requiring cooking $\geq$ 140°F						
7F	Precooked, refrigerated, potentially hazardous foods are not reheated to $\geq$ 165°F	5	6	7	8	-	
7G	Commercially processed, precooked potentially hazardous foods are not reheated to $>$ 140°F	5	6	7	8	-	
7H	Whole frozen poultry or poultry breasts, other than a single portion, is being cooked frozen or partially thawed.	5	6	-	-	-	

Total	24
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## PART 1 – CRITICAL ITEMS

### \*1. FOODS ADULTERATED OR RECEIVED FROM UNAPPROVED SOURCES.

14-1.10, 1.31, 1.33, 1.34, 1.120, 1.121, 1.122\*\*

- A. Unpasteurized milk and milk products used
- \*B. Water/ice: unsafe, unapproved sources, cross connections
- C. Home canned goods, or canned goods from unapproved processor found on premises
- D. Canned goods found in poor condition (Leakers, severe dents, rusty, swollen cans)
- E. Meat and meat products not from approved plants
- F. Shellfish not from approved sources, improperly tagged/labeled, tags not retained 90 days
- G. Cracked/dirty fresh eggs, liquid or frozen eggs and powdered eggs not pasteurized
- H. Food from unapproved source, spoiled, adulterated on premises

### 2. FOODS NOT PROTECTED FROM CONTAMINATION, TEMPERATURES NOT MEASURED. 14-1.10, 1.31, 1.40, 1.41, 1.43, 1.71, 1.85, 1.110

- A. Prepared food products, contact equipment or work surfaces which have had prior contact with raw foods and where washing and sanitizing of the food contact surface has not occurred to prevent contamination
- B. Food workers prepare raw and cooked or ready to eat food products without thorough handwashing and sanitary glove changing in between
- C. Cooked or prepared foods are subjected to cross-contamination from raw foods
- \*D. Unwrapped/potentially hazardous foods are reserved
- E. Accurate thermometer not available or used to evaluate potentially hazardous food temperatures during cooking, cooling, reheating and holding

### 3. FOODS NOT PROTECTED FROM CONTAMINATION BY WORKERS: 14-1.10, 1.70, 1.71, 1.72, 1.80

- \*A. Food workers prepare foods when ill with a disease transmissible by foods such as: diarrhea ("stomach flu"), hepatitis, acute respiratory infection, vomiting or have infected cuts or burns on their hands
- B. Food workers do not wash hands thoroughly (generate lather) after visiting the toilet, coughing, sneezing, smoking or otherwise contaminating their hands
- C. Food workers do not use proper utensils (tongs, spoons, spatulas, sanitary gloves) to eliminate bare hand contact with cooked or prepared foods

### 4. FOODS NOT PROTECTED FROM CONTAMINATION BY OTHER SOURCES. 14-1.10, 1.31, 1.40, 1.60, 1.90, 1.91, 1.92, 1.100

- \*A. Toxic chemicals are improperly labeled, stored or used so that contamination of food can occur
- B. Acid foods are stored in containers or pipes that consist of toxic metals (antimony, cadmium, copper, zinc, lead)
- \*C. Foods or food area/public area contaminated by sewage or drippage from waste lines.

\*IMMINENT HEALTH HAZARD – REFER TO 10 NYCRR SECTION 14-1.10

\*\*NUMBER LISTED REFER TO 10 NYCRR SUBPART 14-1

### \*5. IMPROPER COOLING AND REFRIGERATED STORAGE OF POTENTIALLY HAZARDOUS FOODS. 14-1.10, 1.35, 1.40, 1.44

- A. Potentially hazardous foods are not kept at or below 45°F during cold holding, except smoked fish not kept at or below 38°F during cold holding. Actual T \_\_\_\_\_ °F
- B. Potentially hazardous foods are not cooled by an approved method where the food temperature can be reduced from 120°F to 70°F or less within two hours and 70°F to 45°F within four hours. (Potentially hazardous foods that are cooling may be uncovered during the cooling period) Actual T \_\_\_\_\_ °F, Time \_\_\_\_\_ Hours
- C. Potentially hazardous foods are not stored under refrigeration except during necessary preparation or approved precooling procedures. (room temperature storage) Actual T \_\_\_\_\_ °F
- D. Potentially hazardous foods such as salads prepared from potatoes or macaroni are not prepared as recommended using prechilled ingredients and are not prechilled to 45°F or less as recommended before they are stored on buffet lines. Actual T \_\_\_\_\_ °F
- E. Enough refrigerated storage equipment is not present, properly designed, maintained or operated so that all potentially hazardous foods are cooled properly and stored below 45°F as required.

### 6. IMPROPER HOT HOLDING OF POTENTIALLY HAZARDOUS FOODS. 14-1.10, 1.40, 1.45

- \*A. Potentially hazardous foods are not kept at or above 140°F during hot holding. Actual T \_\_\_\_\_ °F
- B. Enough hot holding equipment is not present, properly designed, maintained and operated to keep hot foods above 140°F

### 7. INADEQUATE COOKING AND REHEATING OF POTENTIALLY HAZARDOUS FOODS. 14-1.82, 1.83, 1.86

- A. All poultry, poultry stuffing, stuffed meats and stuffings containing meat are not heated to 165°F or above. Actual T \_\_\_\_\_ °F
- B. All pork or any foods containing pork are not heated to 150°F or above. Actual T \_\_\_\_\_ °F
- C. All shell eggs or foods containing shell eggs are not heated to 145°F or above except by consumer request. Actual T \_\_\_\_\_ °F
- D. All ground meat and foods containing ground meat are not heated to 158°F or above except by consumer request. Actual T \_\_\_\_\_ °F
- E. Other potentially hazardous foods requiring cooking are not heated to 140°F or above. Actual T \_\_\_\_\_ °F (Exception: rare roast beef or rare beef from solid cuts may be served at 130°F or above)
- F. Precooked, refrigerated, potentially hazardous foods are not reheated to 165°F or above within two hours. Actual T \_\_\_\_\_ °F, Actual Time \_\_\_\_\_ Hours
- G. Commercially processed, precooked potentially hazardous foods are not heated to 140°F or above within two hours. Actual T \_\_\_\_\_ °F, Actual Time \_\_\_\_\_ Hours
- H. Whole frozen poultry or poultry breasts, other than a single portion, are being cooked frozen or partially thawed.

## PART 2 – ESTABLISHMENT SANITATION, DESIGN AND MAINTENANCE

### 8. FOOD NOT PROTECTED IN GENERAL 14-1.40 THROUGH 1.45, 1.50, 1.80, 1.81, 1.86, 1.87, 1.88, 1.97, 1.100, 1.110, 1.180\*\*

- A. Food not protected during storage, preparation, display, transportation and service, from potential sources of contamination (e.g., food uncovered, mislabeled, stored on floor, missing or inadequate sneeze guards, food containers double stacked)
- B. In use food dispensing utensils improperly stored
- C. Improper use and storage of clean, sanitized equipment and utensils
- D. Single service items reused, improperly stored, dispensed, not used when required
- E. Accurate thermometers not available or used to evaluate refrigerated or heated storage temperatures
- F. Improper thawing procedures used
- G. Raw foods not properly washed prior to serving

### 9. POOR HYGIENE AND ACTIVITIES OF FOOD WORKERS. 14-1.71, 1.72, 1.176, 1.177

- A. Inadequate personal cleanliness
- B. Tobacco is used: eating, drinking in food preparation, dishwashing, food storage areas
- C. Hair is improperly restrained.
- D. Dressing rooms dirty, not provided, improperly located

### 10. POOR SANITARY DESIGN, CONSTRUCTION, INSTALLATION OF EQUIPMENT AND UTENSILS. 14-1.90 THROUGH 1.96, 1.100, 1.101, 1.102

- A. Food (ice) contact surfaces are improperly designed, constructed, installed, located (cracks, open seams, pitted surfaces, tin cans reused, uncleanable or corroded food contact surfaces)
- B. Non-food contact surfaces and equipment are improperly designed, constructed, installed, maintained (equipment not readily accessible for cleaning, surfaces not smooth finish)

### 11. IMPROPER CLEANING, WASHING AND SANITIZING OF EQUIPMENT AND UTENSILS. 14-1.110 THROUGH 1.117

- A. Manual facilities inadequate, technique incorrect: mechanical facilities not operated in accordance with manufacturer's instructions
- B. Wiping clothes dirty, not stored properly in sanitizing solutions
- C. Food contact surfaces not washed, rinsed and sanitized after each use and following any time of operations when contamination may have occurred
- D. Non-food contact surfaces of equipment not clean

### 12. IMPROPER SANITARY FACILITIES AND CONTROLS. 14-1.10, 1.130, 1.140 THROUGH 1.143

- A. Hot, cold running water not provided, pressure inadequate
- B. Improperly functioning on-site sewage disposal system, improper/unapproved municipal sewer connection
- C. Plumbing and sinks not properly sized, installed, maintained: equipment and floors not properly drained
- D. Toilet facilities inadequate, inconvenient, dirty, in disrepair, toilet paper missing, not self-closing doors, missing hand wash signs
- E. Handwashing facilities inaccessible, improperly located, dirty, in disrepair, improper fixtures, soap and single service towels or hand drying devices missing

### 13. IMPROPER GARBAGE AND RUBBISH DISPOSAL 14-1.150

- A. Adequate, leakproof, non-absorbent, vermin-proof, covered containers not provided where needed.
- B. Garbage storage areas not properly constructed or maintained, creating a nuisance

### 14. INADEQUATE INSECT/RODENT CONTROL 14-1.40, 1.60, 1.160

- A. Insects, rodents present.
- B. Effective measures not used to control entrance (rodent/insect-proof construction) Harborage areas available for rodents, insects and other vermin
- C. Pesticide application not supervised by a certified applicator/in accordance with label directions/in accordance with applicable laws

### 15. IMPROPER CONSTRUCTION AND MAINTENANCE OF PHYSICAL FACILITIES. 14-1.88, 14-1.170 THROUGH 1.175, 1.180, 1.181, 1.182, 1.183

- A. Floors, walls, ceilings, not smooth, properly constructed, in disrepair, dirty surfaces
- B. Lighting and ventilation inadequate, fixtures not shielded, dirty ventilation hoods, ductwork, filters, exhaust fans
- C. Premises littered, unnecessary equipment and article present, living quarters not completely separated from food service operations, live animals, birds and pets not excluded
- D. Improper storage of cleaning equipment, linens, laundry unacceptable

### 16. MISCELLANEOUS, ECONOMIC VIOLATION, CHOKING POSTER, TRAINING. 14-1.73, 1.190

\*\* NUMBERS LISTED REFER TO 10 NYCRR SUBPART 14-1

Code Violation	Violation Description	Risk Level 1	Risk Level 2	Risk Level 3	Risk Level 4	Risk Level 5
4B	Acid foods are stored in containers or pipes that consist of toxic metals (antimony, cadmium, copper, zinc, lead)	1 violation cited  <b>Example:</b> painted shelves in a walk-in unit .	2 violations cited  <b>Example:</b> painted shelves in a walk-in unit and cutting board made from untreated wood .	3 violations cited  <b>Example:</b> painted shelves of a walk-in unit, cutting board made from untreated wood and acidic foods placed in pewter bowl .	4 or more violations cited  <b>Example:</b> painted shelves in a walk-in unit, cutting board made from untreated wood, acidic food placed in pewter bowl, and solder and flux used to repair food contact equipment .	Failure to correct any condition of a PHH at the time of inspection.  Inspector must call office to discuss closing or other enforcement measures .
4C	Food, food preparation area, food storage area or area used by employees or patrons contaminated by sewage or liquid waste .				Food, food preparation area, food storage area or area used by employees or patrons contaminated by sewage or liquid waste .	Failure to correct any condition of a PHH at the time of inspection .  Inspector must call office to discuss closing or other enforcement measures .
5A	Cold food item held above 45°F (smoked fish and Reduced Oxygen Packaged food above 38°F), except during necessary preparation .	1 violation cited	2 violations cited	3 violations cited	4 or more violations cited	Failure to correct any condition of a PHH at the time of inspection.
5B	Food not cooled by an approved method whereby the internal product temperature is reduced from 120°F to 70°F or less within 2 hours and from 70°F to 45°F or less within 4 additional hours .	1 violation cited	2 violations cited	3 violations cited	4 or more violations cited	Failure to correct any condition of a PHH at the time of inspection.
5C	Food not stored under refrigeration except during necessary preparation of approved precooled products .	1 violation cited	2 violations cited	3 violations cited	4 or more violations cited	Failure to correct any condition of a PHH at the time of inspection.

Code Violation	Violation Description	Risk Level 1	Risk Level 2	Risk Level 3	Risk Level 4	Risk Level 5
5D	Potentially hazardous foods such as salads prepared from macaroni or potatoes are not prepared with prechilled ingredients to 45°F	1 violation cited	2 violations cited	3 violations cited	4 or more violations cited	
5E	Insufficient or no refrigerated equipment to keep potentially hazardous foods at required temperatures.				Refrigerated holding equipment not provided	Failure to correct any condition of a PHH at the time of inspection. Inspector must call office to discuss closing or other enforcement measures .
6A	Hot food item not held at or above 140°F .	1 violation cited	2 violations cited	3 violations cited	4 or more violations cited	Failure to correct any condition of a PHH at the time of inspection.
6B	Insufficient or no hot holding equipment to keep potentially hazardous foods at required temperatures.				Hot holding equipment not provided or maintained	Failure to correct any condition of a PHH at the time of inspection. Inspector must call office to discuss closing or other enforcement measures .
7A 7B 7C 7D 7E	Foods not cooked to required temperatures.				Failure to properly cook meats, comminuted meats and other potentially hazardous foods (PHFs), unless a consumer specifically asks for a serving of item ordered to be	Failure to correct any condition of a PHH at the time of inspection. Inspector must call office to discuss closing or other enforcement measures .
7F	Precooked, refrigerated, potentially hazardous foods are not reheated to $\geq$ 165°F	1 violation cited	2 violations cited	3 violations cited	4 or more violations cited	
		<b>Example:</b> beef patties .	<b>Example:</b> beef patties and clam chowder .	<b>Example:</b> beef patties, clam chowder and smoked turkey .	<b>Example:</b> beef patties, clam chowder, smoked turkey, corned beef and gyros .	

January 22, 2020

Dear Tompkins County Board of Health,

I am writing to formally request a modification in Resolution #EH-ENF-19-0025, section Camping, number 18, "Delineate and label all campsites in the field. Assign a specific campsite to a camper at the time of purchase."

After agreeing to this condition, the GrassRoots office realized we also agreed to section Camping, number 21, "Ensure that all Onsite tent sites are a minimum of 15'x15'." In other words, we are increasing the size of the campsites, furthering the need for extensive map revisions, and causing another year of uncertainty in tent site layout. We are taking measures to ensure the accuracy of tent site setup, i.e. GrassRoots has been to the Fairgrounds repeatedly for visual surveys, and geo-referencing the maps as we are modifying them. However, we feel it would be beneficial to all involved to take one year to ensure we have the layout correct prior to numbering the sites for sale. This was how we handled the change in vehicle camping in 2017, and it was met with success.

GrassRoots does still plan to number the sites prior to campers entry into the festival, and we also plan to provide the Health Department with as-built maps in which the campsites are numbered.

As the number of onsite tent campsites will be reduced due to the increase in campsite size, thus reducing the number of campers setting up sites. GrassRoots will provide 2 security staff to oversee onsite tent camping during camping setup. They will be assisted by the Wolfpack.

This issue was discussed at the October meeting between Environmental Health staff and GrassRoots staff, and was revisited at the January 17 meeting between the two parties. GrassRoots appreciates your consideration as we continue to provide a safe festival for all in attendance.

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

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

DRAFT RESOLUTION # EH-ENF-19-0025 REVISED FOR

Finger Lakes GrassRoots Festival of Music and Dance  
Elaine Springer, Finger Lakes GrassRoots Festival Org., Inc., Owner/Operator  
PO Box 941, Trumansburg, NY 14886

*Refer to the resolution adopted on September 27, 2019, for the complete original wording. This draft revision only includes the language pertinent to camping and the Camping Section showing potential modifications. If modifications are approved, the original language with modifications will be included in the final resolution.*

Whereas, Finger Lakes GrassRoots Festival Org., Inc. (GrassRoots), operates campgrounds subject to Subpart 7-3 of the New York State Code (NYSSC) and a Mass Gathering subject to Subpart 7-4 of the NYSSC; and

Whereas, Subparts 7-3 and 7-4 of the NYSSC for Campgrounds and Mass Gatherings state that campgrounds and mass gatherings with potable water supply must comply with Subpart 5-1 and that plans be submitted at least 30 days in advance of construction or modification to a water system; and

...

Whereas, the camping permits issued for Culture Camp both for Onsite and for Across The Way included a one-year waiver from the minimum size and separation requirements for campsites less than 1250 square feet on the condition that a minimum 5' separation is maintained between structures and that cooking, open flames, and fires are not allowed at these sites; and

Whereas, on July 15, 2019, Environmental Health staff were unable to complete the scheduled pre-operational inspection for the Mass Gathering due to the number of deficiencies identified and had to conduct a second pre-operational inspection on July 16, 2019. These deficiencies included:

- Not all emergency roads were marked out,
- GrassRoots could not layout the over 300 tent camping sites indicated on the Onsite map and modifications to the site plan were required,
- The 8' high section markers were not in place,
- Occupied campsites were not marked out (for example, some locations behind the infield stage and in performer camping),
- Campers were camping in locations not shown on the approved maps behind the infield stage, next to the grand stand and between the hospitality tent and the beer garden,
- Campsite separation distances and size were not adequate in multiple areas,
- Oversize tents and/or canopies were noted in the Onsite tent camping area,
- The completed as-builts for the water system Onsite had not been submitted,
- Not all utility sinks were connected, and
- Handwash units were not located by the portable toilets; and



...

Whereas, Environmental Health staff identified violations each day of the Mass Gathering that persisted for the duration of the festival. These violations included:

- the site layout for campsites and access roads for Across the Way and Onsite and for the water system and some other aspects Onsite differed from the final maps submitted in the application,
  - multiple tent size and separation violations. This was especially apparent in the vendor camping area where tents and tarps were generally touching or overlapping, the performer camping area, and tent camping Onsite,
  - tents were set up in unapproved locations without adequate emergency access,
  - trees or other obstacles were blocking (in the middle of) access lanes,
  - roaming security was often difficult to find and critical violations were often not corrected in a timely manner,
  - the section markers were either not present or were not installed as noted in the approved application and engineering report,
  - lack of adequate lighting along the ShureSave path at Across The Way,
  - attendees Onsite made unapproved modifications to parts of the water system (multiple flow splitters and hoses were connected by attendees without approval or adequate backflow device);
- and**

Whereas, approved camping set up and monitoring procedures were not followed; the unapproved modifications to the site layout resulted in fewer campsites being available Onsite and at Across The Way; the reduced number of campsites available at Across The Way resulted in emergency campsites being set up on Friday night in the parking area to accommodate campers; and inadequate security logs were maintained; and

...

Resolved, on recommendation of the Tompkins County Board of Health,  
That the Finger Lakes GrassRoots Festival Org., Inc., Owner/Operator, is ordered to:

...

#### Camping

18. **Delineate and label all campsites on the maps that are submitted to the TCHD.** Note that multiple sites cannot be purchased and combined into larger sites.  
*(original language in #18 to be deleted: Delineate and label all campsites in the field. Assign a specific campsite to a camper at the time of purchase. Note that multiple sites cannot be purchased and combined into larger sites.)*
19. Require all performers and vendors to select their numbered camping sites by July 14, 2020.
20. Prohibit campsite set-up in the tent, vendor and performer camping areas onsite unless the designated security person(s) is present.
21. Ensure that all Onsite tent sites are a minimum of 15' x 15'.
22. Require all oversize tents that are set up in the Onsite tent camping area to move within 2 hours of notice to a designated oversize tent area.
23. Submit a waiver request by March 1, 2020, to be approved by the NYSDOH if campsites less than 1250 sq. ft. will be proposed for 2020; and

....



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

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

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

**CERTIFIED, REGULAR, & ELECTRONIC MAIL**

December 24, 2019

Thomas Smith  
Country Club of Ithaca NY  
189 Pleasant Grove Rd  
Ithaca, NY 14850

**Re: Tompkins County Board of Health Draft Resolution # EH-ENF-19-0036  
Country Club of Ithaca, T-Ithaca**

Dear Thomas Smith:

Thank you for signing the Stipulation Agreement on November 26, 2019, for the Country Club of Ithaca.

Enclosed is a copy of the Draft Resolution that the Tompkins County Board of Health will consider at its meeting on **Tuesday, January 28, 2020**. 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\POOLS-BEACHES (SBS)\Facilities (SBS-4)\Outdoor\Country Club of Ithaca\Enforcement-Legal\2019 Enforcement\Draft Resolution 19-0036.docx  
ec: Tompkins County Board of Health (via; Shelley Comisi and Abby Homer, TCHD)  
CEO T-Ithaca; Supervisor T-Ithaca; Shawna Black, TC Legislature; TCHD: Elizabeth Cameron, P.E., Director of Environmental Health; Frank Kruppa, Public Health Director; Kristee Morgan; Mik Kern; Skip Parr; Brenda Coyle  
scan: Signed copy to Accela

**DRAFT RESOLUTION # EH-ENF-19-0036**

**Country Club of Ithaca  
Country Club of Ithaca NY, Thomas Smith, Owner/Operator  
189 Pleasant Grove Road, T-Ithaca  
Ithaca, NY 14850**

**Whereas**, the Owner/Operator of a Swimming Pool must comply with the regulations established by Subpart 6-1 of the New York State Sanitary Code (NYSSC); **and**

**Whereas**, it is a critical violation of Part 6-1 of the NYSSC to fail to maintain the minimum disinfection residual; **and**

**Whereas**, on July 29, 2019, and August 19, 2019, the Tompkins County Health Department inspected the Country Club of Ithaca's Main and Wading Pools and observed the disinfectant residual below the minimum required levels for chlorine and bromine; **and**

**Whereas**, Thomas Smith, Operator, signed a Stipulation Agreement with Public Health Director's Orders on November 26, 2019, agreeing that Country Club of Ithaca 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 Country Club of Ithaca NY, Owner, is ordered to:**

1. Pay a penalty of \$400 for these violations, **due by March 13, 2020**. (**Do Not** submit penalty payment until notified by the Tompkins County Health Department.); **and**
2. Maintain the bromine level of the Main Pool between 1.5 mg/l and 6.0 mg/l at all times when in use; **and**
3. Maintain the chlorine level of the Wading Pool between 0.6 mg/l and 5.0 mg/l when pH is less than or equal to 7.8, when the pH is between 7.8 and 8.2, the minimum chlorine level is 1.5 mg/l; **and**
4. Ensure a qualified swimming pool water treatment operator is on staff to maintain the pool disinfection system. A valid certificate demonstrating successful completion of an approved course must be provided to the Health Department before the permits to operate the pools is issued by the Health Department in 2020; **and**
5. A satisfactory pre-operational inspection by TCHD staff must be completed at least two business day prior to permit issuance; **and**
6. Ensure a DPD test kit readily available with reagents no more than one year old capable of measuring chlorine and bromine residuals and that all staff performing testing are trained on use; **and**
7. Comply with all the requirements of Subpart 6-1 of the New York State Code for Swimming Pools.



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

ENVIRONMENTAL HEALTH DIVISION  
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**STIPULATION AGREEMENT AND ORDERS # EH-ENF-19-0036**

**Country Club of Ithaca  
Country Club of Ithaca NY, Thomas Smith, Owner/Operator  
189 Pleasant Grove Road, T-Ithaca  
Ithaca, NY 14850**

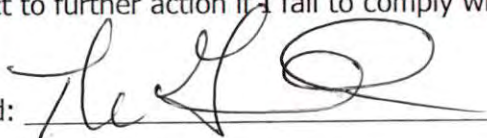
I, Thomas Smith, as a representative for Country Club of Ithaca, agree that on July 29, 2019, and August 19, 2019, the Country Club of Ithaca was in violation of Subpart 6-1 of the New York State Sanitary Code for failure to maintain the minimum disinfection levels for the Main and Wading swimming pools.

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.)

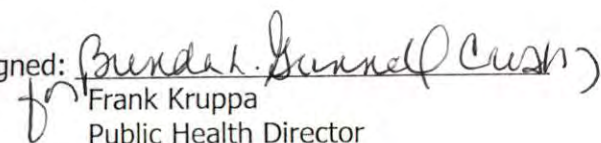
I also agree to comply with the following Orders when signed by the Tompkins County Public Health Director:

1. Maintain the bromine level of the Main Pool between 1.5 mg/l and 6.0 mg/l at all times when in use; **and**
2. Maintain the chlorine level of the Wading Pool between 0.6 mg/l and 5.0 mg/l when pH is less than or equal to 7.8, when the pH is between 7.8 and 8.2, the minimum chlorine level is 1.5 mg/l; **and**
3. Ensure a qualified swimming pool water treatment operator is on staff to maintain the pool disinfection system. A valid certificate demonstrating successful completion of an approved course must be provided to the Health Department before the permits to operate the pools is issued by the Health Department in 2020; **and**
4. A satisfactory pre-operational inspection by TCHD staff must be completed at least two business day prior to permit issuance; **and**
5. Ensure a DPD test kit readily available with reagents no more than one year old capable of measuring chlorine and bromine residuals and that all staff performing testing are trained on use; **and**
6. Comply with all the requirements of Subpart 6-1 of the New York State Code for Swimming Pools.

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: 11-26-19

Thomas Smith is hereby ordered to comply with these Orders of the Public Health Director.

Signed:  Date: 11/26/19  
Frank Kruppa  
Public Health Director



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

**CASE SUMMARY – FOR RESOLUTION # EH-ENF-19-0036**  
**Country Club of Ithaca Main Pool and Wading Pool**  
**Thomas Smith, Operator**  
**189 Pleasant Grove Rd., C-Ithaca**  
**Ithaca, NY 14850**

The Country Club of Ithaca operates two swimming pool including a brominated 2,625 sq. ft. outdoor swimming pool (Main) and a chlorinated 420 sq. ft. outdoor swimming pool (Wading).

Date	Action
11/26/2019	Signed stipulation received by the Health Department.
10/23/2019	Thomas Smith indicated to the Health Department that he would be signing the stipulation agreement.
10/9/2019	Stipulation agreement sent by TCHD addressing violations observed at the Main and Wading pools. Office conference scheduled for 10/23/19.
08/21/2019	MAIN: Re-inspection by TCHD. Violations cited previously were corrected. WADING: Re-inspection by TCHD. Violations cited previously were corrected.
08/19/2019	MAIN: Re-inspection by TCHD. <b>Violation:</b> See attached report WADING: Re-inspection by TCHD. <b>Violation:</b> See attached report.
07/29/2019	MAIN: Inspection by TCHD. <b>Violation:</b> See attached report. WADING: Inspection by TCHD. <b>Violation:</b> See attached report.
05/24/2019	MAIN: Pre-operational inspection by TCHD. No violations were cited. WADING: Pre-operational inspection by TCHD. No violations cited.
08/03/2018	MAIN: Inspection by TCHD. No critical violations were cited. WADING: Inspection by TCHD. No critical violations cited.
05/24/2018	MAIN: Pre-operational inspection by TCHD. No violations cited.
05/25/2018	WADING: Pre-operational inspection by TCHD. No violations cited.
08/16/2017	MAIN: Field Visit by TCHD. No critical violations were cited. WADING: Re-inspection by TCHD. <b>Violation:</b> Chlorine residual observed to be inadequate.
08/15/2017	MAIN: Re-inspection by TCHD. No critical violations were cited.
08/14/2017	MAIN: Inspection by TCHD. <b>Violation:</b> The pool area was not properly secured. The gate latching mechanism was not latching consistently. WADING: Inspection by TCHD. <b>Violation:</b> Chlorine residual was observed to be below the minimum level.
05/22/2017	MAIN: Pre-operational inspection by TCHD: Gate latching mechanism not operating consistently. Bromine residual exceeded the maximum allowable level. Facility had no test kit available to measure bromine. WADING: Pre-operational inspection by TCHD. No critical violations were cited.
08/08/2016	WADING: Inspection by TCHD. No violations cited.
08/03/2016	MAIN: Inspection by TCHD: No critical violations were cited.
05/23/2016	MAIN: Inspection by TCHD: No critical violations were cited. WADING: Pre-operational inspection by TCHD. No critical violations cited during the inspection.

*Inclusion Through Diversity*

08/01/2015	MAIN: Inspection by TCHD. <b>Violation:</b> The pool area was not properly secured. The self-latching mechanisms on both gates were not operational.
	WADING: Inspection by TCHD. <b>Violations:</b> The pool area was not properly secured. The gate latching mechanism was not latching consistently.
05/26/2015	MAIN: Pre-operational inspection by TCHD. No violations cited.
05/22/2015	MAIN: Pre-operational inspection by TCHD. No critical violations were cited.
08/24/2014	WADING: Re-inspection by TCHD. Violations cited previously were corrected.
08/16/2014	MAIN: Inspection by TCHD: No violations cited.
	WADING: Inspection by TCHD. <b>Violation:</b> Chlorine residual observed to be inadequate. Gate latch was secured properly.
05/25/2014	MAIN: Pre-operational inspection by TCHD. No violations cited.
05/23/2014	WADING: Pre-operational inspection by TCHD. No violations cited.

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

## Swimming Pool Inspection Summary Report

Operation: COUNTRY CLUB OF ITHACA WADING POOL (ID: 344022 )  
Facility Name: COUNTRY CLUB OF ITHACA  
Facility Code: 54-3823 Facility Email: ccigeneralmanager@gmail.com  
Facility Address: 189 Pleasant Grove Road, Ithaca, NY 14850

### To the Attention of:

Country Club Of Ithaca  
189 Pleasant Grove Rd  
Ithaca, NY 14850  
Email: clubmanager@countryclubofithaca.com

### Re-Inspection

Date: August 19, 2019 01:48 PM  
Inspector: Anne Wildman (awildman@tom-pkins-co.org)  
Responsible Person: Tom Smith

### Summary

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

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

## PUBLIC HEALTH HAZARDS

### ITEM # 2 WAS FOUND IN VIOLATION 1 TIME(S). PUBLIC HEALTH HAZARD

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

**Code Requirements:** Minimum Disinfectant Residual Provided {6-1.4(b)(2)}

**Inspector Findings:** Testing at the beginning of the inspection showed a chlorine residual of 0.4 ppm. pH was 7.5. The lifeguard was unable to correct the chemistry during the inspection. The inspector notified the pool operator to close the pool until an adequate chlorine residual was restored and a reinspection conducted.

## RECORDS/SIGNS

### ITEM #19 WAS FOUND IN VIOLATION 1 TIME(S).

All or parts of the item are violations.

**Code Requirements:** Operation Records Maintained - Submitted {6-1.21(c)}

**Inspector Findings:** Monthly Operating Reports for June and July not received by Health Dept. Correction: Reports must be submitted as required.

## POOL OPERATION & MAINTENANCE

### ITEM #24 WAS FOUND IN VIOLATION 1 TIME(S).

All or parts of the item are violations.

**Code Requirements:** Pool Fenced, Self-Closing/Self Latching Gates or Doors {6-1.16}}

**Inspector Findings:** Gate between the main pool and the wading pool not latching reliably. Lifeguards were instructed to monitor the wading pool gate when not in the chair until the latching mechanism is repaired.

### Additional Information Collected During Inspection

Supervision Level at Time of Inspection: Ila

Temporary Residence / Campground: No

#### Water Chemistry

**Disinfectant: Chlorine**

Free Cl/Br (mg/L) .43

Combined Cl (mg/L) .87

pH 7.1

#### Comments:



Inspector: Anne Wildman (awildman@tompkins-co.org)



Received by: Tom Smith



## Swimming Pool Inspection Summary Report

Operation: COUNTRY CLUB OF ITHACA WADING POOL (ID: 344022 )  
Facility Name: COUNTRY CLUB OF ITHACA  
Facility Code: 54-3823 Facility Email: ccigeneralmanager@gmail.com  
Facility Address: 189 Pleasant Grove Road, Ithaca, NY 14850

### To the Attention of:

Country Club Of Ithaca  
189 Pleasant Grove Rd  
Ithaca, NY 14850  
Email: clubmanager@countryclubofithaca.com

### Inspection

Date: July 29, 2019 03:00 PM  
Inspector: Anne Wildman (awildman@tompkins-co.org)  
Responsible Person: Luke Winslow

### Summary

Number of Public Health Hazards Found:	1
Number of Public Health Hazards NOT Corrected:	0
Number of Other Violations Found:	5

### Reinspection is Required

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

## PUBLIC HEALTH HAZARDS

### ITEM # 2 WAS FOUND IN VIOLATION 1 TIME(S). PUBLIC HEALTH HAZARD

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

**Code Requirements:** Minimum Disinfectant Residual Provided {6-1.4(b)(2)}

**Inspector Findings:** Observed: Free chlorine at 0.27 ppm. Correction: Pool was closed and chlorine feed increased. Free chlorine was raised to 1.41 ppm with pH at 7.2. Pool was reopened before end of inspection.

## RECORDS/SIGNS

### ITEM #19 WAS FOUND IN VIOLATION 2 TIME(S).

*All or parts of the item are violations.*

**Code Requirements:** Operation Records Maintained - Submitted {6-1.21(c)}

**Inspector Findings:** Operating reports for end of May and month of June not submitted to the Health Deptment by the July 10. Correction: Transfer data from Day Sheets to MOR form and submit within 14 days.

## POOL OPERATION & MAINTENANCE

### ITEM #24 WAS FOUND IN VIOLATION 1 TIME(S).

*All or parts of the item are violations.*

**Code Requirements:** Pool Fenced, Self-Closing/Self Latching Gates or Doors {6-1.16}}

**Inspector Findings:** Gate does not latch reliably. Recommend treatment with WD-40 and positioning of a guard between the two gates when there are bathers in each pool, to ensure that small children cannot enter the pool unless a guard is on duty in the Wading Pool.

## POOL OPERATION & MAINTENANCE

### ITEM #39 WAS FOUND IN VIOLATION 1 TIME(S).

*All or parts of the item are violations.*

**Code Requirements:** Test Kits/Testing - Adequate {6-1.11(c)(5)}

**Inspector Findings:** Test kit tablets expired, risking inaccurate testing. Correction: Replace tablets as soon as possible.

## FILTER ROOM & EQUIPMENT

### ITEM #46 WAS FOUND IN VIOLATION 1 TIME(S).

*All or parts of the item are violations.*

**Code Requirements:** Filters Properly Operated, Maintained; Flow Meter Maintained {6-1.10(a), 6-1.11(b)}

**Inspector Findings:** Flow meter not operational. Correction: Repair or replace as required to enable accurate measurement of flow rate.

**Additional Information Collected During Inspection**

Supervision Level at Time of Inspection: Ila

Temporary Residence / Campground: No

**Water Chemistry**

**Disinfectant: Chlorine**


Free Cl/Br (mg/L) 0.99

Combined Cl (mg/L) 0.42

pH 7.2

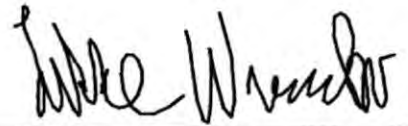
**Comments:**

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Inspector: Anne Wildman (awildman@tompkins-co.org)



---

Received by: Luke Winslow

## Swimming Pool Inspection Summary Report

Operation: COUNTRY CLUB OF ITHACA MAIN POOL (ID: 312958 )  
Facility Name: COUNTRY CLUB OF ITHACA  
Facility Code: 54-3823 Facility Email: ccigeneralmanager@gmail.com  
Facility Address: 189 Pleasant Grove Road, Ithaca, NY 14850

### To the Attention of:

Thomas Smith  
COUNTRY CLUB OF ITHACA NY  
189 Pleasant Grove Rd  
Ithaca, NY 14850  
Email: office@countryclubofithaca.com

### Re-Inspection

Date: August 19, 2019 01:00 PM  
Inspector: Anne Wildman (awildman@tompkins-co.org)  
Responsible Person: Tom Smith

### Summary

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

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

## PUBLIC HEALTH HAZARDS

### ITEM # 2 WAS FOUND IN VIOLATION 1 TIME(S). PUBLIC HEALTH HAZARD

*All or parts of the item are violations.*

**Code Requirements:** Minimum Disinfectant Residual Provided {6-1.4(b)(2)}

**Inspector Findings:** Testing at the beginning of the inspection showed a bromine residual of 0.2 ppm. The residual recorded by the lifeguard prior to opening the pool was 8.8 ppm. pH was 7.5. Inspector asked the operator to perform another test. The result was 8.6 ppm. However, the sample vial showed only white particles. When asked what color they would expect the sample to be, the lifeguard said it should be bright pink but had accepted what the instrument indicated. The inspector notified the pool operator to close the pool until an adequate bromine residual was restored and a reinspection conducted.

## RECORDS/SIGNS

### ITEM #19 WAS FOUND IN VIOLATION 1 TIME(S).

All or parts of the item are violations.

**Code Requirements:** Operation Records Maintained - Submitted {6-1.21(c)}

**Inspector Findings:** Monthly Operating REports for June and July not received by Health /department. Correction: Submit reports as required.

## POOL OPERATION & MAINTENANCE

### ITEM #24 WAS FOUND IN VIOLATION 1 TIME(S).

All or parts of the item are violations.

**Code Requirements:** Pool Fenced, Self-Closing/Self Latching Gates or Doors {6-1.16}

**Inspector Findings:** Observation: Gate not latching reliably. Correction:Lifeguards were instructed to monitor the gate while not in the chair until gate latching mechanism corrected.

### Additional Information Collected During Inspection

Supervision Level at Time of Inspection: Ila

Temporary Residence / Campground: No

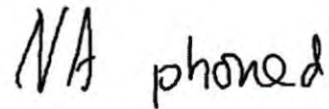
### Water Chemistry Disinfectant: Bromine

Free Cl/Br (mg/L) 0.2  
pH 7.5

### Comments:



Inspector: Anne Wildman (awildman@tompkins-co.org)



Received by: Tom Smith

## Swimming Pool Inspection Summary Report

Operation: COUNTRY CLUB OF ITHACA MAIN POOL (ID: 312958 )  
Facility Name: COUNTRY CLUB OF ITHACA  
Facility Code: 54-3823 Facility Email: ccigeneralmanager@gmail.com  
Facility Address: 189 Pleasant Grove Road, Ithaca, NY 14850

### To the Attention of:

Thomas Smith  
COUNTRY CLUB OF ITHACA NY  
189 Pleasant Grove Rd  
Ithaca, NY 14850  
Email: office@countryclubofithaca.com

### Inspection

Date: July 29, 2019 04:00 PM  
Inspector: Anne Wildman (awildman@tom-pkins-co.org)  
Responsible Person: Luke Winslow

### Summary

Number of Public Health Hazards Found: 2  
Number of Public Health Hazards NOT Corrected: 0  
Number of Other Violations Found: 3

### Reinspection is Required

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

## PUBLIC HEALTH HAZARDS

### ITEM # 2 WAS FOUND IN VIOLATION 1 TIME(S). PUBLIC HEALTH HAZARD

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

**Code Requirements:** Minimum Disinfectant Residual Provided {6-1.4(b)(2)}

**Inspector Findings:** Observed: Bromine concentration was 1.3 ppm. Correction: Pool was closed until bromine reached 1.5 ppm.

## PUBLIC HEALTH HAZARDS

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

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

**Code Requirements:** Pool Area Properly Enclosed and Secured {6-1.4(b)(12)}

**Inspector Findings:** Observed: Gate was not closing and latching reliably. Correction: Recommended treatment with WD-40. A lifeguard should be seated just inside the gate until gate latches reliably.

## RECORDS/SIGNS

### ITEM #19 WAS FOUND IN VIOLATION 2 TIME(S).

All or parts of the item are violations.

**Code Requirements:** Operation Records Maintained - Submitted {6-1.21(c)}

**Inspector Findings:** Monthly Operating Reports for end of May and month of June not submitted by July 10.  
Correction: Submit required reports within 14 days.

## POOL OPERATION & MAINTENANCE

### ITEM #39 WAS FOUND IN VIOLATION 1 TIME(S).

All or parts of the item are violations.

**Code Requirements:** Test Kits/Testing - Adequate {6-1.11(c)(5)}

**Inspector Findings:** Observed: Tablets for test kits expired, potentially resulting in inaccurate testing. Correction: Acquire new tablets as soon as possible.


## Additional Information Collected During Inspection

Supervision Level at Time of Inspection: Ila

Temporary Residence / Campground: No

**Water Chemistry**                      **Disinfectant: Chlorine**

**Comments:**



Inspector: Anne Wildman (awildman@tompkins-co.org)



Received by: Luke Winslow



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

**CERTIFIED, REGULAR, & ELECTRONIC MAIL**

December 24, 2019

Michael Zheng  
Spring Buffet Inc.  
106 Fairgrounds Memorial Parkway, Suite 400  
Ithaca, NY 14850

**Re: Tompkins County Board of Health Draft Resolution # EH-ENF-19-0046  
Spring Buffet, Food Service Establishment, C-Ithaca**

Dear Michael Zheng:

Thank you for signing the Stipulation Agreement on November 26, 2019, for the Spring Buffet.

Enclosed is a copy of the Draft Resolution that the Tompkins County Board of Health will consider at its meeting on **Tuesday, January 28, 2020**. 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,

A handwritten signature in blue ink that reads "C. Elizabeth Cameron".

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)\Spring Buffet\Enforcement\2019\Draft Resolution 19-0046.docx  
ec: Tompkins County Board of Health (via; Shelley Comisi & Abby Homer, 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  
www.tompkinscountyny.gov/health/eh

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

**DRAFT RESOLUTION # EH-ENF-19-0046**

**Spring Buffet**  
**Spring Buffet Inc., Owner; Michael Zheng, Operator**  
**106 Fairgrounds Memorial Parkway Suite 400**  
**Ithaca, NY 14850**

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

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

**Whereas**, on October 7, 2019, and October 21, 2019, the Tompkins County Health Department (TCHD) observed critical violations of Subpart 14-1 of the NYSSC for failure to maintain potentially hazardous foods at or below 45°F during cold holding; **and**

**Whereas**, Michael Zheng, Operator, signed a Stipulation Agreement with Public Health Director's Orders on November 26, 2019, agreeing that Spring Buffet 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 Spring Buffet Inc., Owner, is ordered to:**

1. Pay a penalty of \$400 for these violations, **due by March 13, 2020**. (**Do Not** submit penalty payment until notified by the Tompkins County Health Department.); **and**
2. To maintain all potentially hazardous food temperatures at or below 45°F at all times during cold holding, except smoked fish which must be kept at 38°F or below; **and**
3. 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

RECEIVED

NOV 25 2019

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

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

TOMPKINS COUNTY  
HEALTH DEPARTMENT

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

**STIPULATION AGREEMENT AND ORDERS # EH-ENF-19-0046**

**Spring Buffet  
Spring Buffet Inc., Owner; Michael Zheng, Operator  
106 Fairgrounds Memorial Parkway Suite 400  
Ithaca, NY 14850**

I, Michael Zheng, as a representative for Spring Buffet Inc., agree that on October 7, 2019, and October 21, 2019, Spring Buffet was in violation of Subpart 14-1 of New York State Sanitary Code for failure to maintain potentially hazardous foods at or below 45°F during cold 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. To maintain all potentially hazardous food temperatures at or below 45°F at all times during cold holding, except smoked fish which must be kept at 38°F or below; **and**
2. Comply with all the requirements of Subpart 14-1 of the New York State Code for Food Service Establishments.

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

Signed: *Michael Zheng* Date: 11/26/19

Spring Buffet Inc. is hereby ordered to comply with these Orders of the Public Health Director.

Signed: *Brenda L. Brunel-Crosby* Date: 11/26/19  
Frank Kruppa  
Public Health Director

*Inclusion Through Diversity*

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

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

**CASE SUMMARY – FOR RESOLUTION # EH-ENF-19-0046**

**Spring Buffet**  
**Spring Buffet Inc., Owner; Michael Zheng, Operator**  
**106 Fairgrounds Memorial Parkway Suite 400**  
**Ithaca, NY 14850**

**December 2019**

Date	Action
11/26/2019	Signed stipulation received by TCHD.
11/14/2019	Stipulation agreement sent by TCHD. Office conference scheduled for 11/27/19.
10/21/2019	Re-inspection by TCHD. <b>Violation:</b> See attached inspection report.
10/07/2019	Inspection by TCHD. <b>Violation:</b> See attached inspection report.
03/15/2019	Re-inspection by TCHD. Violations cited on 1/18/2019 were corrected. No violations were observed.
01/18/2019	Inspection by TCHD. <b>Violation:</b> Potentially hazardous foods were not kept at or below 45°F during cold holding. Products in refrigerated storage were observed to be at 51-57°F. Potentially hazardous foods were not stored under refrigeration. Products on a counter were observed to be at 67°F.
10/02/2018	Re-inspection by TCHD. Violation cited on 8/23/2018 was corrected. No violations were observed.
08/23/2018	Inspection by TCHD. <b>Violation:</b> Potentially hazardous foods were not kept at or above 140°F during hot holding. Product in hot holding was observed to be at 100-122°F.
04/01/2018	Re-inspection by TCHD. Violation cited on 04/04/2018 was corrected. No violations observed.
04/04/2018	Inspection by TCHD. <b>Violation:</b> Potentially hazardous foods were not kept above 140°F during hot holding. Products in a hot holding unit were observed to be at 105-110°F.
01/10/2018	Re-inspection by TCHD. Violation cited on 12/21/2017 was corrected. No violations observed.
12/21/2017	Re-inspection by TCHD. <b>Violation:</b> Food workers did not use proper utensils to eliminate bare hand contact with cooked or prepared foods. Violations cited on 12/14/2017 were corrected.
12/14/2017	Inspection by TCHD. <b>Violations:</b> An accurate thermometer was not used to evaluate potentially hazardous food temperatures. Potentially hazardous foods were not cooled by an approved method. Products cooling on racks in the kitchen were observed to be at 65°F. Potentially hazardous foods were not stored under refrigeration. Products on counters in the kitchen were observed to be at 51-53°F in one location, 63-64°F in a second location and 49-51°F in a third location.
08/04/2017	Re-inspection by TCHD. Violation cited on 06/28/2017 was corrected. No violations observed.
06/28/2017	Inspection by TCHD. <b>Violation:</b> Potentially hazardous foods were not kept at or

	below 45°F during cold holding. Products in refrigerated storage were observed to be at 52-56°F.
12/19/2016	Re-inspection by TCHD. Violations cited on 11/14/2019 were corrected. No violations observed.
11/14/2016	Inspection by TCHD. <b>Violations:</b> Potentially hazardous foods were not stored under refrigeration. Products on a counter were observed to be at 48-50°F in one location and 90°F in a second location.
05/25/2016	Re-inspection by TCHD. Violation cited on 04/21/2016 was corrected. No violations observed.
04/21/2016	Inspection by TCHD. <b>Violation:</b> Cooked or prepared foods were subject to possible cross-contamination from raw foods.
11/30/2015	Inspection by TCHD. No critical violations were observed.
09/03/2015	Permit to operate Spring Buffet issued.

## Food Service Establishment Inspection Summary Report

Operation: SPRING BUFFET (ID: 889759 )  
Facility Name: SPRING BUFFET  
Facility Code: 54-AL38 Facility Email: mzz68@yahoo.com  
Facility Address: 106 Fairground Memorial Parkway, Ithaca, NY 14850

### To the Attention of:

Michael Zheng  
SPRING BUFFET INC  
106 Fairgrounds Mem Pkwy Suite 400  
Ithaca, NY 14850  
Email: mzz68@yahoo.com

### Re-Inspection

Date: October 21, 2019 01:00 PM  
Inspector: Clayton Maybee (cmaybee@tom-pkins-co.org)  
Responsible Person: Michael Zheng

### Summary

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

### Reinspection is Required

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

## IMPROPER COOLING AND REFRIGERATED STORAGE OF POTENTIALLY HAZARDOUS FOODS.

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

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

**Code Requirements:** Potentially hazardous foods are not kept at or below 45°F during cold holding, except smoked fish not kept at or below 38°F during cold holding.

**Inspector Findings:** Observed approximately two quarts noodles, one pound raw chicken, one pound raw beef, and two dozen eggs in the top of the open top cooler at the hibachi station at 49 to 54 degrees F. Foods in the bottom of the unit were 45 degrees F and colder. The foods had been in the unit less than two hours and were iced during the inspection.

Action: Keep potentially hazardous foods at or below 45 degrees F in storage and/or display.

## NO ADDITIONAL VIOLATIONS REPORTED

**Additional Information Collected During Inspection**

**Comments:** Re-inspection of item 5A from inspection on 10/7/2019. Not corrected: Violation 5A observed.

Re-inspection required.

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Inspector: Clayton Maybee (cmaybee@tomkins-co.org)



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Received by: Michael Zheng

## Food Service Establishment Inspection Summary Report

Operation: SPRING BUFFET (ID: 889759 )  
Facility Name: SPRING BUFFET  
Facility Code: 54-AL38 Facility Email: mzz68@yahoo.com  
Facility Address: 106 Fairground Memorial Parkway, Ithaca, NY 14850

### To the Attention of:

Michael Zheng  
SPRING BUFFET INC  
106 Fairgrounds Mem Pkwy Suite 400  
Ithaca, NY 14850  
Email: mzz68@yahoo.com

### Inspection

Date: October 7, 2019 12:43 PM  
Inspector: Clayton Maybee (cmaybee@tom-pkins-co.org)  
Responsible Person: Michael Zheng

### Summary

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

### Reinspection is Required

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

## IMPROPER COOLING AND REFRIGERATED STORAGE OF POTENTIALLY HAZARDOUS FOODS.

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

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

**Code Requirements:** Potentially hazardous foods are not kept at or below 45°F during cold holding, except smoked fish not kept at or below 38°F during cold holding.

**Inspector Findings:** Observed bean sprouts at 57 to 58 degrees F, noodles at 54 degrees F, and raw chicken at 52 degrees F in pans in the top of the open top cooler at the hibachi station. The foods had been in the unit less than two hours and were iced during the inspection. Additionally, the unit was turned to a colder setting.

Action: Keep potentially hazardous foods at or below 45 degrees F while in storage or display.

## FOOD NOT PROTECTED IN GENERAL

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

*All or parts of the item are violations.*

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

**Inspector Findings:** Observed containers of food on the floor in the walk-in cooler.

Action: Store food off the floor.

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### Additional Information Collected During Inspection

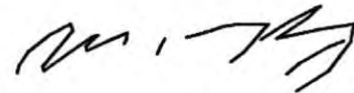
**Comments:** Part I Critical Item Violation 5A  
Part II Blue Item Violation 8A

Re-inspection Required

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Inspector: Clayton Maybee (cmaybee@tom-pkins-co.org)



Received by: Michael Zheng





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

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

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

**CERTIFIED, REGULAR, & ELECTRONIC MAIL**

January 15, 2020

Tony Busse  
331 Willow Walk Lane  
Knoxville, TN 37922

**Re: Tompkins County Board of Health Draft Resolution # EH-ENF-20-0001  
TOSA Apartments, T-Dryden- Violation of Board of Health Orders**

Dear Tony Busse:

Enclosed is a copy of the Draft Resolution that the Tompkins County Board of Health will consider at its meeting on **Tuesday, January 28, 2020**. On April 23, 2019, the Tompkins County Board of Health adopted Resolution #EH-ENF-19-0006. The following requirements of that resolution that have not been met:

- Submit total coliform sample results for TOSA Apartments each quarter of operation by the 10<sup>th</sup> day of the following month **(2019 - Third Quarter sample was not collected)**.
- Submit completed monthly operation reports for TOSA Apartments of daily free chlorine residual readings by the 10<sup>th</sup> day of the following month for every month **(2019 - April & September MORs not submitted. June & November MORs received after the 10<sup>th</sup> of the following month)**.
- Comply with all the requirements of Subpart 5-1 of the NYSSC **(12/18/19 – Boil Water Order issued and remains in effect due to failure to address lack of chlorine residual and insufficient water supply)**.

Enclosed is a copy of the Draft Resolution that the Tompkins County Board of Health will consider at its meeting on **Tuesday, January 28, 2020**. 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-19-0006, and Case Summary

pc: F:\EH\WATER (SW)\Public Water (SW)\Facilities (SW-4)\Apartments (SC-9)\Tosa\Enforcement\2020\Draft Resolution 20-0001.docx  
ec: Tompkins County Board of Health (via; Shelley Comisi & Karen Palazzo)  
John Strepelis, P.E., NYSDOH; CEO T-Dryden; Supervisor T-Dryden; Martha Robertson, TC Legislature; TCHD;  
Elizabeth Cameron, P.E., Director of Environmental Health; Frank Kruppa, Public Health Director; Adriel Shea; Chris  
Laverack; Skip Parr; Brenda Coyle; Shelley Comisi  
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-20-0001 FOR**

**TOSA Apartments  
Tony Busse, Owner  
1289 Ellis Hollow Rd, (T) Dryden**

**Whereas**, operators of public water systems are required to comply with Subpart 5-1 of the New York State Sanitary Code (NYSSC); **and**

**Whereas**, TOSA Apartments is a public water system with six service connections; **and**

**Whereas**, on April 23, 2019, Tompkins County Board of Health Resolution #EH-ENF-19-0006 ordered Tony Busse to:

- Submit total coliform sample results for TOSA Apartments each quarter of operation by the 10<sup>th</sup> day of the following month; **and**
- Submit completed Monthly Operation Reports (MORs) for TOSA Apartments of daily free chlorine residual readings by the 10<sup>th</sup> day of the following month for every month; **and**
- Comply with all the requirements of Subpart 5-1 of the NYSSC; **and**

**Whereas**, in 2019, TOSA Apartments did not submit a third quarter total coliform sample result, the April MOR, the September MOR, and the June and November MORs were received after the 10<sup>th</sup> of the following month; **and**

**Whereas**, on December 18, 2019, the Tompkins County Health Department (TCHD) observed that water was being brought in by a certified water hauler and there was no chlorine residual in the water system's distribution system. As a result, TCHD issued a Boil Water Order; **and**

**Whereas**, TOSA Apartments has failed to communicate corrective actions to the TCHD and failed to implement all actions in order to release the Boil Water Order; **and**

**Whereas**, as of January 15, 2020, the provisions of Board of Health Resolution #EH-ENF-19-0006 have not been met; **now therefore be it**

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

1. Pay a penalty of \$1,000 for these violations, **due by March 13, 2020**. (**Do Not** submit penalty payment until notified by the Tompkins County Health Department.); **and**
2. Submit an engineering report from a licensed professional engineer that evaluates water use, well yield, and water treatment design. The report must propose corrective actions to ensure that the water system for TOSA Apartments meets the requirements of Subpart 5-1 of the New York State Sanitary Code. The report must be submitted to the TCHD for approval **by March 13, 2020**.
3. By **February 10, 2020**, submit a signed statement certifying that the TOSA Apartment's water system is being maintained and operated by a Grade C Water Treatment Operator or a qualified

treatment professional to ensure the system is to meet all Health Department requirements. The certification must be signed by the facility owner and by a roving Grade C Water Treatment Operator or a qualified water treatment professional. This office must be notified within two weeks if any changes to the Grade C Water Treatment Operator or a qualified water treatment professional are made; **and**

4. Maintain acceptable free chlorine residuals **at all times** in the TOSA Apartments' Water Treatment System. The free chlorine residual in the water disinfection system must be at least 0.2 milligrams per liter (mg/l) and not more than 4.0 mg/l; **and**
5. Submit total coliform sample results for TOSA Apartments each quarter of operation **by the 10<sup>th</sup> day of the following month; and**
6. Submit completed monthly operation reports 0 signed by a certified water treatment operator or qualified water treatment specialist for TOSA Apartments of daily free chlorine residual readings **by the 10<sup>th</sup> day of the following month** for every month **beginning March 10, 2020; and**
7. Collect the annual nitrate sample within the calendar year and submit the sample result to TCHD no later than the 15<sup>th</sup> of the following January; **and**
8. Comply with all the requirements of Subpart 5-1 of the NYSSC.



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-19-0006 FOR**

**TOSA Apartments  
Tony Busse, Owner  
1289 Ellis Hollow Rd, (T) Dryden**

**Whereas**, operators of public water systems are required to comply with Subpart 5-1 of the New York State Sanitary Code (NYSSC); **and**

**Whereas**, TOSA Apartments is a public water system with six service connections; **and**

**Whereas** Subpart 5-1.51(b) of the NYSSC requires TOSA apartments to submit quarterly total coliform sampling results and an annual nitrate sample result to the Tompkins County Health Department (TCHD); **and**

**Whereas**, TOSA Apartments did not submit the 2018 annual nitrate sample result and the 2018 second and fourth quarter total coliform sample results to the TCHD; **and**

**Whereas**, Subpart 5-1.72(c)(1) of the NYSSC requires TOSA Apartments to submit monthly operating reports by the 10<sup>th</sup> of the following month to the TCHD; **and**

**Whereas**, TOSA Apartments did not submit the 2018 monthly operating reports (MORs) for the months of June, July, and August. Of the 2018 MORs submitted by TOSA Apartments, only the March report was received by the 10<sup>th</sup> of the following month; **and**

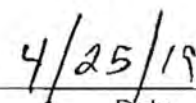
**Whereas**, Tony Busse, Owner, signed a Stipulation Agreement with Public Health Director's Orders on March 13, 2019, agreeing that TOSA Apartments violated these provisions of the New York State Sanitary Code; **now therefore be it**

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

1. Pay a penalty of \$500 for these violations, **due by June 14, 2019; and**
2. Submit total coliform sample results for TOSA Apartments each quarter of operation **by the 10<sup>th</sup> day of the following month; and**
3. Submit completed monthly operation reports for TOSA Apartments of daily free chlorine residual readings **by the 10<sup>th</sup> day of the following month** for every month; **and**
4. Submit the 2019 annual nitrate sample for TOSA Apartments by **April 15, 2019 (completed)**. Beginning in 2020, and for every year thereafter an annual nitrate sample will be collected within the calendar year and the sample result will be submitted to TCHD no later than the 15<sup>th</sup> of the following January; **and**
5. Comply with all the requirements of Subpart 5-1 of the NYSSC.

**This action was adopted by the Tompkins County Board of Health at its regular meeting on April 23, 2019.**

  
\_\_\_\_\_  
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-20-0001**

**Tosa Apartments  
Tony Busse, Owner  
1289 Ellis Hollow Rd, (T) Dryden**

**January 2020**

<b>Date</b>	<b>Action</b>
12/25/19	Follow-up email sent by TCHD to property manager and owner to contact this office to discuss corrective actions for the TOSA water system.
12/20/19	Follow-up email with Boil Water Order sent to property manager. In addition, the property manager was informed that the Boil Water Order would remain in effect until chlorine residual was re-established and well yield was restored to keep up with demand of the complex.
12/18/19	Field visit by TCHD following up on reports by tenants of water outages. TCHD observed no chlorine in the water system. In addition, water level in storage tanks was low and receipts from a bulk water hauler were observed.  TCHD posted Boil Water Notices to all tenants in the complex and phone message was left with property manager regarding the situation.
12/11/19	TCHD received additional 4 <sup>th</sup> quarter sample that was collected on 12/4/19.
11/20/19	Notice of Violation issued by TCHD for not submitting 3 <sup>rd</sup> quarter 2019 total coliform sample result.
10/7/19	TCHD received total coliform sample collected on 10/4/19.
6/4/19	Notice of Violation issued for not submitting April 2019 MOR.
5/31/19	No chlorine residual was observed in system. Green's soft water had been called on 5/30 to repair chlorinator (repaired at visit, but had not yet cycled through the contact tanks). Last observed MOR reading on facility sheet was 5/28.
5/24/19	Sample results received by TCHD. BWN was released.
5/15/2019	Met per Mike Green's request (Green's Soft Water) and Alaine on site to explain how the water system works and to discuss the responsibilities of being a water operator of the facility. The chlorine level of the system was 2.0 mg/l. The facilities chlorine kit was difficult to read and advised getting a new kit that could be accurately read.
5/9/19	Boil Water Notice Reminder posted at facility
4/23/19	Resolution # EH-ENF-19-0006 adopted by the BOH.
4/19/2019	TCHD spoke with the water treatment specialist working with TOSA apartments. It was determined that the chlorine pump was installed incorrectly

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	and the strength of the chlorine solution in the chlorine crock was not adequate.
4/16/2019	<p>Prior to releasing the Boil Water Order, TCHD checked the chlorine residual. There was no chlorine residual in the water.</p> <p>TCHD emailed the leasing agent the findings and instructed them to re-establish the chlorine residual, collect two additional samples and submit them to the TCHD.</p> <p>The operator was strongly encouraged to work with a water treatment specialist to troubleshoot the system.</p>
4/15/2019	Two total coliform sample reports received by TCHD from TOSA Apartments.
4/4/2019	<p>Notice of Violation issued for failure to maintain chlorine disinfection. Notice required chlorine residual to be re-established, samples to be collected, and results to be submitted by 4/11/19.</p> <p>TCHD emailed information regarding UV disinfection provided to the owner and leasing agent.</p>
4/2/2019	<p>TCHD performed a scheduled inspection of the water system. There was no free chlorine residual in the system. Boil Water Order issued by TCHD.</p> <p>TCHD followed-up via email to the owner and leasing agent regarding the findings of the inspection including lack of understanding of system operation by the operator.</p>
3/29/2019	TCHD received a satisfactory 1 <sup>st</sup> quarter total coliform sample and the 2019 annual nitrate sample from TOSA Apartments.
3/21/2019	Draft Resolution sent by TCHD.
3/14/2019	TCHD received a phone call from Tony Busse. Information that was shared with Alanie Woodin was provided to him. Mr. Busse indicated that he would sign the stipulation agreement.
3/13/2019	TCHD received phone call from Alanie Woodin, Leasing Agent for TOSA Apartments. The enforcement process, sampling requirements, and monitoring requirements were discussed with her. Alanie indicated she would relay the information to the owner.
3/1/2019	Stipulation agreement sent by TCHD. Office conference scheduled for 3/13/19.
2/8/2019	Tony Busse called TCHD and asked for the specific items they were delinquent on. Went over both the missing sampling result submissions and missing MOR submissions. He stated he would research his files and supply us with the items he could find. He also shared the contact information of the new apartment manager that would handle taking and submission of all future samples and MOR's forms.
1/28/2019	NOV #EH-NOV-18-0061 issued for missing 4 <sup>th</sup> quarter total coliform result, for missing MORs for June, July, and August and the missing annual nitrate result for 2018.
1/14/2019	Reminder email sent by TCHD for missing 4 <sup>th</sup> quarter total coliform sample result.
1/14/2019	October, November and December MORs received by TCHD.
12/21/2018	NOV #EH-NOV-18-0096 issued for missing October MOR
12/13/2018	Reminder email sent by TCHD for missing all missing 2018 MORs and 2 <sup>nd</sup> quarter total coliform result. Missing information was required to be provided by 1/11/19.

12/5/2018	Email sent by TCHD reminding owner that we had not yet received an annual nitrate result and that this sampling must be completed before the end of 2018. The reminder also stated that sampling results must be submitted to the Health Department by 1/10/2019.
12/5/2018	NOV #EH-NOV-18-0096 issued for missing October MOR.
11/15/2018	Reminder email sent by TCHD for missing October MOR.
10/18/2019	Two satisfactory 3 <sup>rd</sup> quarter total coliform samples and September MOR were received by TCHD.
10/17/2018	Reminder email sent by TCHD for missing 3 <sup>rd</sup> quarter total coliform sample result.
9/20/2018	Reminder email sent by TCHD for missing July and August MORs.
8/3/2018	NOV #EH-NOV-18-0061 issued for missing 2 <sup>nd</sup> quarter total coliform sample result and missing June MOR.
7/19/2018	Reminder email sent by TCHD for missing 2 <sup>nd</sup> quarter total coliform sample result and June MOR.
6/22/2018	April and May MORs received by TCHD.
6/18/2018	Reminder email sent by TCHD for missing May MOR.
6/01/2018	NOV #EH-NOV-18-0040 issued for missing April MOR.
5/18/2018	Reminder email sent by TCHD for missing April MOR.
4/9/2018	January, February and March MORs received by TCHD.
3/23/2018	NOV #EH-NOV-18-0018 issued for missing January and February MORs.
3/12/2018	Reminder email sent by TCHD for missing February MOR.
3/9/2018	NOV #EH-NOV-18-0010 issued for missing January MOR and missing reports and samples from 2017.
2/26/2018	Satisfactory 1 <sup>st</sup> quarter total coliform sample was received by TCHD.
2/21/2018	Reminder email sent by TCHD for missing January MOR.
2/01/2018	Satisfactory total coliform surveillance sample collected by TCHD. Water system inspection performed by TCHD.
<b>TOSA Apartments is a public water system with 6 service connections. Ground water from two drilled wells is treated with chlorine for disinfection.</b>	



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

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

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

**CERTIFIED, REGULAR, & ELECTRONIC MAIL**

January 15, 2020

David Shanks  
Core Life of Ithaca, LLC.  
27 Central Avenue  
Cortland, NY 13045

**Re: Tompkins County Board of Health Draft Resolution # EH-ENF-20-0002  
Corelife Eatery, C-Ithaca – Violation of Board of Health Orders**

Dear David Shanks:

Enclosed is a copy of the Draft Resolution that the Tompkins County Board of Health will consider at its meeting on **Tuesday, January 28, 2020**. On June 27, 2019, the Tompkins County Board of Health adopted Resolution EH-ENF-19-0023 requiring you to maintain all potentially hazardous food temperatures at or above 140°F at all times during hot holding, to submit certificates of completion of a food safety training course for two food service worker, and have at least one employee who has successfully completed the course on-site during hours of operation.

On December 10, 2019, the Tompkins County Health Department observed two critical violations of Subpart 14-1 of the New York State Sanitary Code where potentially hazardous foods were observed at temperatures below 140°F during hot holding and above 45°F during cold holding. In addition, required food safety training certificates have not been received. These are violations of Board of Health Orders.

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

Sincerely,

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

Enclosures – Draft Resolution, Resolution # EH-ENF-19-0023, and Case Summary

pc: F:\EH\FOOD (SF)\FSE (SF)\Facilities (SF-4)\Corelife\Enforcement\2020\December 2019\Draft Resolution 20-0002.docx  
ec: Tompkins County Board of Health (via; Shelley Comisi & Karen Palazzo, TCHD)  
Mike Niechwadowicz, 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; Shelley Comisi  
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-20-0002 FOR**

**Corelife Eatery  
Corelife of Ithaca LLC., David Shanks, Owner/Operator  
740 South Meadow Street, C-Ithaca  
Ithaca, NY 14850**

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

**Whereas**, it is a critical violation of Part 14-1 of the NYSSC to fail to maintain potentially hazardous foods at or above a temperature of 140°F; **and**

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

**Whereas**, since August 2018, Tompkins County Board of Health has adopted three resolutions in response to critical violation including Resolution #EH-ENF-19-0023 on June 27, 2019, requiring Corelife to maintain potentially hazardous food temperatures at or above 140°F at all times, provide two certificates documenting successful completion of a food safety course by food service workers, and maintain a food safety trained employee on-site effective August 15, 2019, in addition to other requirements; **and**

**Whereas**, Corelife submitted one certificate for the District Manager documenting successful completion of a food safety training course on September 6, 2019, **and**

**Whereas**, on December 10, 2019, the Tompkins County Health Department (TCHD) observed two critical violations of Subpart 14-1 of the NYSSC including failure to maintain hot hold equipment to keep potentially hazardous foods at or above 140°F during hot holding; **and**

**Whereas**, TCHD will issue short-term (3 to 6 months) operating permits to Corelife Eatery contingent on all penalties being paid in full and compliance with past critical violations being properly addressed as determined by TCHD; **and**

**Whereas**, Corelife of Ithaca LLC., is informed that, if any of the Orders are not met from this day forth, the TCHD reserves the right not issue a subsequent permit to operate a food service establishment in Tompkins County for a period of up to three (3) years; **and**

**Whereas**, Corelife of Ithaca LLC, Owner, violated these provisions of the New York State Sanitary Code and Board of Health Orders #EH-ENF-19-0023 adopted on June 27, 2019; **now therefore be it**

**Resolved, on recommendation of the Tompkins County Board of Health,  
That Corelife of Ithaca LLC, is ordered to:**

1. Pay a penalty of \$3,200 for these violations, **due by March 13, 2020**. (**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. Provide receipt documenting that the hot box near the grill is functioning properly or provide proof of purchase of replacement equipment that is commercial grade and meets NSF (National Sanitation Foundation) standards to the Health Department no later than **March 13, 2020; and**
4. Establish and maintain a temperature monitoring log to record potentially hazardous food temperatures twice a day during cold and hot holding. The temperature monitoring log shall contain the name of the food checked, the temperature of the food, the person's initials taking the food temperatures, and the time the food temperature is taken. The log shall be available to Tompkins County Health Department staff during business 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 **March 13, 2020; and**
6. After March 13, 2020, 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.

**RESOLUTION # EH-ENF-19-0023 FOR**

**Corelife Eatery  
Corelife of Ithaca LLC., David Shanks, Owner/Operator  
740 South Meadow Street, C-Ithaca  
Ithaca, NY 14850**

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

**Whereas**, it is a critical violation of Part 14-1 of the NYSSC to fail to maintain potentially hazardous foods at or above a temperature of 140°F; **and**

**Whereas**, on March 26, 2019, Tompkins County Board of Health Resolution #EH-ENF-19-0004 ordered Corelife of Ithaca LLC to maintain potentially hazardous food temperatures at or above 140°F at all times; **and**

**Whereas**, on May 14, 2019, the Tompkins County Health Department (TCHD) observed three critical violations of Subpart 14-1 of the NYSSC including failure to maintain potentially hazardous foods at or above 140°F during hot holding. Tofu, diced beef and diced chicken, cooked sweet potatoes, and cooked beets were observed at temperatures between 110°F and 127°F; **and**

**Whereas**, on May 14, 2019, Corelife of Ithaca LLC, Owner, violated these provisions of the New York State Sanitary Code and Board of Health Orders #EH-ENF-19-0023; **now therefore be it**

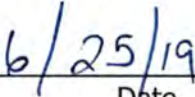
**Resolved, on recommendation of the Tompkins County Board of Health,  
That Corelife of Ithaca LLC, is ordered to:**

1. Pay a penalty of \$1,500 for these violations, **due by August 15, 2019; and**
2. Maintain all potentially hazardous food temperatures at or above 140°F at all times during hot holding; **and**
3. Establish and maintain a temperature monitoring log to record potentially hazardous food temperatures twice a day during cold and hot holding. The temperature monitoring log shall contain the name of the food checked, the temperature of the food, the person's initials taking the food temperatures, and the time the food temperature is taken. The log shall be available to Tompkins County Health Department staff during business hours; **and**
4. 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 **August 15, 2019; and**
5. After August 15, 2019, 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**

6. 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 June 25, 2019.**

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

  
\_\_\_\_\_  
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  
Fx: (607) 274-6695

**CASE SUMMARY – FOR RESOLUTION # EH-ENF-20-0002**

**Corelife Eatery  
CoreLife of Ithaca LLC., David Shanks, Operator  
740 South Meadow Street, C-Ithaca  
Ithaca, NY 14850**

**January 2020**

Date	Action
12/10/2019	Re-inspection by TCHD: <b>Violations:</b> See attached inspection report.
06/25/2019	Tompkins County BOH adopts resolution #EH-ENF-19-0023.
05/14/2019	Re-inspection by TCHD: <b>Violations:</b> Potentially hazardous foods were not kept at or above 140°F in hot holding. Products in hot holding in three different areas were observed to be at 110-125°F.
03/27/2019 and 05/03/2019	Fields visits by TCHD at request of CoreLife management to review new procedures. Changes were needed to 03/27/2019 procedures, revisions reviewed on 05/03/2019 were to be implemented.
03/26/2019	Tompkins County BOH adopts resolution #EH-ENF-19-0004.
01/17/2019	Inspection by TCHD: <b>Violations:</b> Potentially hazardous foods were not kept at or above 140°F in hot holding. Product in hot holding was observed to be at 115-130°F. The facility was not fulfilling the conditions of the waiver agreement, temperature log sheets were not being maintained.
09/19/2018	Re-inspection by TCHD: Violations observed during inspection of 08/20/2018 were corrected.
08/20/2018	Inspection by TCHD. <b>Violations:</b> Potentially hazardous foods were not kept at or above 140°F in hot holding. Product in hot holding was observed to be at 100-118°F. The facility was not fulfilling the conditions of the waiver agreement.
06/26/2018	Tompkins County BOH adopts resolution #EH-ENF-18-0016.
05/25/2018	TCHD approves an application submitted by CoreLife Eatery for using Time as a Public Health Control. A revised Permit to Operate was issued to include the waiver.
04/24/2018	Re-inspection by TCHD. <b>Violations:</b> Enough hot holding equipment was not maintained so that foods were kept above 140°F. Product in hot holding was observed to be at 129-136°F.
04/13/2018	Inspection by TCHD. <b>Violations:</b> Potentially hazardous foods were not kept above 140°F in hot holding. Products in hot holding on the service line were observed to be at 100-129°F. Enough hot holding equipment was not maintained so that foods were kept above 140°F. Product in a hot holding unit was observed to be at 126-128°F.
07/17/2017	Re-inspection by TCHD. No violations were observed.
06/07/2017	Re-inspection by TCHD. <b>Violations:</b> Potentially hazardous foods were not kept above 140°F in hot holding. Cooked chicken in a hot holding unit was observed to be at 125-130°F.
05/19/2017	Inspection by TCHD. <b>Violations:</b> Potentially hazardous foods were not kept below 45°F in cold holding. Product in cold holding was observed to be at 48-50°F. Enough hot holding equipment was not maintained so that foods were kept above 140°F in hot holding. Cooked steak in a hot holding unit was observed to be at 132°F.
04/07/2017	Preoperational inspection by TCHD. Permit to Operate issued to CoreLife of Ithaca LLC.

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## Food Service Establishment Inspection Summary Report

Operation: CORELIFE EATERY (ID: 949212 )  
Facility Name: CORELIFE EATERY  
Facility Code: 54-AL84 Facility Email: cl.ithaca@corelifeeatery.com  
Facility Address: 740 South Meadow Street, Ithaca, NY 14850

### To the Attention of:

David Shanks  
CORELIFE OF ITHACA LLC  
27 Central Av  
Cortland, NY 13045  
Email: dshanks@eatatcore.com

### Re-Inspection

Date: December 10, 2019 12:06 PM  
Inspector: Rene Borgella (rborgella@tom-pkins-co.org)  
Responsible Person: Chris Cashman  
Additional Email(s): sunsetlivin2319@gmail.com; lwilson@corelifeeatery.com

### Summary

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

### Reinspection is Required

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

## IMPROPER COOLING AND REFRIGERATED STORAGE OF POTENTIALLY HAZARDOUS FOODS.

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

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

**Code Requirements:** Potentially hazardous foods are not kept at or below 45°F during cold holding, except smoked fish not kept at or below 38°F during cold holding.

**Inspector Findings:** Observed in center of service line at cold holding station, cubed, raw tuna was at 61°F. Staff indicated item had been placed in service about 30 mins before inspection. Further investigation of this issue resulted in discovering that the power switch to the cold holding unit had been turned off.

Correction: Item was removed from service and rapidly chilled to 45° or below.

Action: Temperature controlled items in cold holding must be kept at 45° or below.

## IMPROPER HOT HOLDING OF POTENTIALLY HAZARDOUS FOODS.

### ITEM # 6B WAS FOUND IN VIOLATION 1 TIME(S). CRITICAL VIOLATION

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

**Code Requirements:** Enough hot holding equipment is not present, properly designed, maintained and operated to keep hot foods above 140°F.

**Inspector Findings:** Observed two instances of this violation:

1) At hot box used for hot holding by grill station, approximately 7 whole chicken breasts were at 122-125°F. Temperature log indicated items had been temped at 169° approximately 30 mins before inspection.

2) At the same hot box, one cooked steak was at 128°F. Item had been out for about 45 mins.

Interview with staff, observation of procedures, and a review of the temp logs indicates that items placed in hot holding in this hot box lose heat rapidly. During inspection, items placed in hot box dropped 25°- 40° or more in about 20-30 minutes. This is the same hot box that has been cited at this location during multiple inspections.

Correction: Both items were reheated to 165°F or above before placing back in service.

Action: Temperature controlled items in hot holding must be kept at 140°F or above.

---

### NO ADDITIONAL VIOLATIONS REPORTED

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#### Additional Information Collected During Inspection

**Comments:** Part 1: Two critical violations observed  
Part 2: No violations observed

Board of Health Action to Follow

Comment: Required temperature logs were being maintained, inspector suggests taking temperatures of temperature controlled items more frequently. This would assist staff in recognizing inoperative and unpowered equipment promptly.

---



Inspector: Rene Borgella (rborgella@tomkins-co.org)



Received by: Chris Cashman

## Division for Community Health

# Lead Poisoning Prevention & Response Policy

### A. Goals

1. Identify early any children birth through 18 years with an elevated blood lead level and implement appropriate medical and environmental interventions.
2. Educate prenatal and postnatal women on the risks of lead exposure for themselves and their children.
3. Educate the public on the dangers of lead, steps to take to reduce lead exposure risk, and when/how to obtain lead testing for themselves, their children and their home environment(s).

### B. Key

BLL = blood lead level  
CHN = Community Health Nurse  
CHS = Community Health Services  
EBLL = Elevated blood lead level defined as 5 mcg/dL or higher  
EHR = electronic health record  
LHD = local health department  
μ= micro  
MOMS = Medicaid Obstetric Maternal Services  
TCHD = Tompkins County Health Department  
WIC = Women, Infants and Children Program

### C. Regulation

1. The local health department's obligatory role in response to elevated blood lead level is cited in the New York Codes, Rules and Regulations (NYCRR), Title 10: § 40 – 2.58 and § 67 -1.1 to 1.6. at [https://www.health.ny.gov/regulations/nycrr/title\\_10/](https://www.health.ny.gov/regulations/nycrr/title_10/)

### D. References

1. Guidance for Local Health Departments Lead Poisoning Prevention Program, Care Coordination and Environmental Management for Children with Blood Lead Levels Greater than or Equal to 5 Micrograms per Deciliter, September 2019. See *Attachment A*.
2. Local Health Department Care Coordination Steps and Documentation in LeadWeb, September 2019. See *Attachment B*.

### E. Background

1. Beginning 10/1/2019, an EBLL is defined as a blood lead level greater than or equal to five micrograms per deciliter. This means that all care coordination and environmental



management activities that were previously occurring at a blood level greater than or equal to 10 micrograms per deciliter will be required at a blood lead level greater than or equal to five micrograms per deciliter as of 10/1/2019.

#### **F. LHD Response to Blood Lead Level**

1. For **capillary** BLL equal to or greater than 5 µg/dL, Nursing contacts the ordering health care provider to ensure venous confirmatory BLL test is ordered per the following timeline:

- For capillary BLL of 5-14 µg/dL – within three months or less
- For capillary BLL 15 µg/dL or higher – within one week

\*Refer to **Table 2**, page 4 in **Attachment A**. Two consecutive capillary BLL are considered confirmatory if no venous sample can be obtained and environmental management begins.

2. For confirmatory **venous** BLL equal to or greater than 5 µg/dL, follow protocols in **Table 3**, pages 6-8 in **Attachment A**.

- Nursing and environmental home visit indicated per the timelines in the protocols in Table 3 as referenced above. Risk reduction education and nutrition counseling provided. Follow up venous BLL testing is done per the timelines in the protocols in Table 3.

#### **G. Data Management in LeadWeb**

1. Trained CHS support staff **daily** perform prescreening, **daily** matching and transferring lead results in LeadWeb. Only results on Tompkins County residents are accepted.
2. After **daily** prescreening and matching lead results is completed, CHS support staff inform the Lead Nurse verbally and via email of all elevations equal to or greater than 5 mcg/dL. In the absence of the Lead Nurse, the Community Health Nurse Supervisor is informed.

#### **H. Care Coordination and Environmental Management**

1. Care coordination and environmental management are provided to children with EBLLs by both nursing and environmental health staff at TCHD.

a. The **primary focus of nursing** is medical, nutritional and developmental assessment, health education including risk reduction, implementation of appropriate interventions based on EBLL and coordination of care with the child's primary healthcare provider and other community services.

b. The **primary focus of Environmental Health** is an environmental assessment of the "home(s)" (where the child spends significant time i.e. home, day care, and extended family home) to identify the lead source, collect environmental samples, and implement appropriate environmental strategies to reduce or eliminate exposures.

2. Nursing follows the prescribed management protocols according to BLL referenced in Table 3, **Attachment A** to ensure timely confirmatory and repeat

testing is done and care coordination activities are completed.

3. Environmental staff follow the environmental management protocols prescribed in Table 3, **Attachment A**.

#### **I. Documentation Record**

1. Case record documentation is completed and stored in a password protected electronic health record (EHR) and also in *LeadWeb*, a NYSDOH secure password protected system. This dual documentation is required.
2. Nursing is responsible for completing timely EHR documentation per division policy. EHR contains the consent for services, diagnoses, medications, allergies, visit notes, MD orders, blood lead level results, scanned copies of letters to parent(s) and to primary care provider, scanned environmental report, scanned Ecopect report, etc. Sample EHR lead case record forms are found in *Attachment C*.
3. Nursing obtains signed MD orders to conduct home visits for a certification period of six months or 183 days for the case plan of care. MD orders are renewed every six months for as long as the case remains active for services and include a summary of care.
4. LeadWeb captures the blood lead level testing results, referral for environmental management and all follow-up services until case closure.
5. Nursing follows the local record retention policy.

#### **J. Quality Assurance (QA)**

1. Monthly review of active and recently discharged lead cases is conducted by the CHS Supervisor. Review minimally includes checking response time and interventions to specific BLLs, documentation in case record consistent with Lead Program Policy and division policy, and presence of signed MD orders. Review results reported quarterly to Community Health Quality Improvement Committee.
2. Written case summaries are included in monthly Board of Health reports and quarterly Community Health Quality Improvement Committee reports.
3. CHS Supervisor or designee periodically checks LeadWeb to assure all elevated BLL results are screened and matched and appropriate lead case management services are provided.
4. The Community Health Quality Improvement Committee's (CHQIC) recommendations are the responsibility of the Lead Nurse or CHS Supervisor to address within 5 working days of the CHQIC meeting. The CHS Supervisor is responsible to report status of follow through on recommendations back to the CHQIC.
5. Record of quality improvement activities are documented in the CHQIC meeting minutes stored electronically at F: DCH shared/QI.

#### **K. Closure Criteria**

##### **1. Case closure – Medical**

- a. A case will be discharged from lead case management services when two venous BLL results, taken at least three months apart, are less than 5 µg/dL and all environmental follow-up actions have been complete.
- b. Nursing sends letter to parent, provider and EH notifying of case closure.
- c. Nursing then changes child status in LeadWeb to **Medical Discharge**.

## 2. Case closure – Administrative

- a. *Refusal of service*: Child may be discharged if the parent or guardian refuses service offered by the health department after three attempts to contact.
  - i. Receipt of registered mailing of parental letter must be included as one of the attempts. Documentation of these attempts must be included in the child's record.
  - ii. Nursing contacts the child's primary provider to discuss parent/guardian refusal of services prior to case closure. Documentation of this contact must also be included in the child's record and in a letter to the primary provider.
  - iii. Consult with the TCHD Medical Director and the child's primary provider to consider whether a hotline to Child Protective Services for neglect is indicated. If hotline made, include scanned copy of hotline in case electronic record.
  - iv. Nursing changes the LeadWeb child case status to **Refusal of Service**.

## 3. Case closure – Lost to follow-up

- a. A child may be lost to follow-up for a variety of reasons including:
  - missed two consecutive appointments for follow-up testing or home visits,
  - at least three documented attempts to contact the parent have failed.Receipt of registered mailing of parental letter must be included as one of the attempts.  
Consider discharging child from services based on either criterion.
- b. Contact the child's primary provider to verify correct home address and contact phone number.
- c. Documentation of all attempts to contact must be in the client record.
- d. Send letter to primary provider documenting reasons lost to follow-up and case closure.
- e. Nursing changes the LeadWeb child case status to **Lost to Follow-up**.

## 4. Case closure – Transfer to another NYS county or relocation out of state

- a. If a child has relocated to another New York state county, Nursing calls the new county to transfer the case.
- b. Nursing completes the transfer in LeadWeb, which will generate an automatic e-mail alerting the new county health department of the transfer.
- c. If a child has relocated to another state, a phone call to the lead program at the state health department in the state where the child has moved is necessary. State lead program contact information is available on the CDC web site: <http://www.cdc.gov/nceh/lead/grants/contacts/CLPPP%20Map.htm>.
- d. Nursing sends case closure letter to the parent and primary provider.
- e. Nursing changes the LeadWeb child case status to **Relocated Out of State**.

## 5. Case closure - Expired

- a. If a child has died, the case should be closed to avoid follow-up reminder letters generated and sent to the family.
- b. Nursing changes the LeadWeb child case status to **Expired**.

6. Several child status definitions are automatically assigned in LeadWeb based on the child's blood lead test history and cannot be changed by LHD staff. These include:

- Active-confirmed
- Pending-needs confirmation
- False elevated
- Never elevated
- Unassigned-needs retest

Contact the LPPP in Albany to update child status as needed.

**N. Outreach and Education**

1. Lead Work plan is located in the current grant year binder in CHS and electronically at F: Prev/Lead Grant.
2. The Lead Nurse will:
  - a. Provide outreach and education as specified in approved lead work plan.
  - b. Facilitate the quarterly meeting of the Lead Poisoning Prevention Network and expand its membership as needed.
3. Monthly case summaries are included in monthly report to Board of Health.

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

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Date

Written 8/89

Revised 9/90, 3/93, 2/94, 7/01, 10/07, 12/07, 01/08, 3/10, 5/10, 12/11, 11/12, 02/13, 5/13, 9/14, 4/17, 10/17, 11/19

BOH approval: 8/14/01; 08/08; 6/8/10, pending 01/28/20

**Attachments:**

- A. Guidance for Local Health Departments Lead Poisoning Prevention Program Care Coordination and Environmental Management for Children with Blood Lead Levels of Greater than or equal to 5 Micrograms per Deciliter, September 2019
- B. Local Health Department Care Coordination Steps and Documentation in LeadWeb, September 2019.
- C. Sample EHR record

**Guidance for Local Health Departments  
Lead Poisoning Prevention Program**

**Care Coordination and Environmental Management  
for Children with Blood Lead Levels of Greater than or Equal to 5  
Micrograms per Deciliter**

**September 2019**

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## Background

The New York State Department of Health (NYSDOH) Lead Poisoning Prevention Program (LPPP) has developed this guidance for follow-up of children with elevated blood lead levels (EBLLs) as a resource for local health department (LHD) LPPP staff. This guidance is provided to reflect changes to LPPP based on recent amendments to NYS Public Health Law (§ 1370) and Part 67 of Title 10 of the New York Codes, Rules, and Regulations, and includes some recommendations from the Centers for Disease Control and Prevention (CDC)<sup>1</sup> and the Pediatric Environmental Health Specialty Units.<sup>2</sup> Beginning October 1<sup>st</sup>, 2019, an EBLL will be defined as a blood lead level (BLL) greater than or equal to five micrograms per deciliter (≥ 5 µg/dL). This means that all activities that were previously occurring at a BLL of ≥ 10 µg/dL for care coordination and ≥ 15 µg/dL for environmental management will be required at a BLL of ≥ 5 µg/dL as of October 1<sup>st</sup>, 2019. Additional detailed guidance will be issued at a later date.

## Collaboration

Prior to October 1<sup>st</sup>, 2019, the implementation of LPPP relied on joint management of children with BLLs ≥ 15 µg/dL by care coordination and environmental management staff. For children with BLLs ≥ 10 µg/dL and < 15 µg/dL, only care coordination staff managed the cases. Beginning on October 1<sup>st</sup>, 2019, both care coordination

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<sup>1</sup> CDC (2017) *Summary of Recommendations for Follow-up and Case Management of Children Based on Confirmed\* Blood Lead Levels*. Accessed on June 20, 2019 at: [https://www.cdc.gov/nceh/lead/acclpp/actions\\_blls.html](https://www.cdc.gov/nceh/lead/acclpp/actions_blls.html)

<sup>2</sup> Pediatric Environmental Health Specialty Units (2013) *Recommendations on Medical Management of Childhood Lead Exposure and Poisoning*. Accessed on June 20, 2019 at: <https://www.pehsu.net/Library/facts/medical-mgmt-childhood-lead-exposure-June-2013.pdf>

and environmental management services will be required for all children with BLLs  $\geq 5 \mu\text{g/dL}$ , and it is imperative that care coordination and environmental management staff coordinate routinely from the initial referral through case closure. This coordination may entail phone calls, emails, review of each others reporting in LeadWeb, and joint field visits. This coordination allows for the exchange of information, coordinated engagement with the parents/guardians, strategic sequencing of activities, and ensures that milestone activities (such as distribution of outreach materials, completion of questionnaires with parents/guardians to assess risk, and other activities) are not duplicated.

## **Children with Blood Lead Levels Greater Than or Equal to $5 \mu\text{g/dL}$ Will Require Follow-up, Effective October 1<sup>st</sup>, 2019**

All children with a blood lead sample *collected* on or after October 1<sup>st</sup>, 2019 that is  $\geq 5 \mu\text{g/dL}$  must receive care coordination and environmental management in accordance with amendments to Part 67 and the guidance within this document.

In addition, the NYSDOH is encouraging health care providers (HCPs) to review previous blood lead sample results for all children at their next child visit. For any child whose most recent BLL was equal to or greater than  $5 \mu\text{g/dL}$  (via a capillary or venous sample) prior to October 1, 2019, where concerns for lead exposure persist, the NYSDOH recommends that HCPs collect or order a confirmatory (venous) sample. If the confirmatory blood lead sample collected on or after October 1, 2019 is  $\geq 5 \mu\text{g/dL}$ , LHDs should perform care coordination and environmental management in accordance with amendments to Part 67 and this guidance. Table 1 below outlines scenarios for children currently in the LeadWeb system and provides guidance on how to manage them.

**Table 1. Current Cases Under LPPP Management Prior to October 1<sup>st</sup>, 2019**

<b>Scenario</b>	<b>Guidance</b>
1. Cases closed prior to October 1 <sup>st</sup>	If a case was closed prior to October 1 <sup>st</sup> , and no additional blood lead samples are collected and reported, the case should remain closed.  If an additional blood lead sample is collected on or after October 1 <sup>st</sup> , 2019 that is $\geq 5 \mu\text{g/dL}$ , care coordination and environmental management in accordance with amendments to Part 67 and this guidance must be provided, however existing environmental records for the child should be considered.
2. Cases with confirmed blood lead results of 5 to $< 15 \mu\text{g/dL}$ that were open prior to October 1 <sup>st</sup> and remain open after October 1 <sup>st</sup>	Continue ongoing activities. Additional follow-up actions should be based on the next confirmatory blood lead sample collected on or after October 1 <sup>st</sup> , 2019. If an additional blood lead sample is $\geq 5 \mu\text{g/dL}$ , care coordination and environmental management must be provided in accordance with amendments to Part 67 and this guidance.
3. Cases with confirmed blood lead results $\geq 15 \mu\text{g/dL}$	Continue ongoing activity and conform with amendments to Part 67 and this guidance (including case closure criteria).

## **Confirmatory Venous Blood Lead Results Will Direct Appropriate LHD Follow-up Activities**

All required follow-up activities should be based on confirmatory venous blood lead testing results. If a child's record indicates an elevated capillary test result ( $\geq 5 \mu\text{g/dL}$ ), the LHD should reach out to the child's HCP and parent/guardian to emphasize the need for a confirmatory venous blood lead test. The timeframes in which a HCP is required to obtain a confirmatory venous sample are based on the capillary blood lead test result. If repeated attempts to obtain a confirmatory venous sample are unsuccessful, a second capillary test result may be

used to guide follow-up actions to avoid significant delays in management. Two consecutive elevated capillary samples must be collected more than seven days apart but less than 84 days apart to be considered a *confirmed elevation*.<sup>3</sup> However, since capillary blood lead tests can yield frequent false positives, a confirmatory venous sample should continue to be pursued.

**Table 2. Follow-up Actions for Children with a Blood Lead Level of  $\geq 5$  to  $< 15$   $\mu\text{g}/\text{dL}$ , Effective October 1, 2019**

Blood Lead Level ( $\mu\text{g}/\text{dL}$ )	Sample Type	Management Type	Actions
10 to $< 15$	One capillary	Care Coordination	No change to existing practices. Ensure/request HCP collect or order a confirmatory venous sample
		Environmental	No action
	Two consecutive capillary*	Care Coordination	Follow existing practices and engage environmental management staff (initiate referral). Action based on two consecutive capillary samples collected on or after October 1, 2019. Ensure/request HCP collect or order a confirmatory venous sample*
		Environmental	Environmental management shall begin based on two consecutive capillary samples collected on or after October 1, 2019, if no venous sample can be obtained*
	Confirmed (venous)	Care Coordination	Follow existing practices and engage environmental management staff (initiate referral).
		Environmental	Environmental management shall begin based on a venous sample collected on or after October 1, 2019.
5 to $< 10$	One capillary	Care Coordination	For capillary samples collected on or after October 1, 2019, begin care coordination and ensure/request HCP collect or order a confirmatory venous sample.
		Environmental	No action
	Two consecutive capillary*	Care Coordination	Action based on two consecutive capillary samples collected on or after October 1, 2019. Ensure/request HCP collect or order a confirmatory venous sample. Provide same care coordination activities occurring at $\geq 10$ $\mu\text{g}/\text{dL}$ and engage environmental management staff (initiate referral)*
		Environmental	Environmental management shall begin based on two consecutive capillary samples collected on or after October 1, 2019, if no venous sample can be obtained*
	Confirmed (venous)	Care Coordination	Care coordination and environmental management shall begin based on a venous sample collected on or after October 1, 2019.
		Environmental	

\* Whenever possible, follow-up actions should be based on confirmatory venous blood lead test results. When a confirmatory venous test cannot be attained, two consecutive elevated capillary samples may be considered a confirmed elevation if they are collected more than seven days apart and less than 84 days apart.

### Special Cases:

- Based on LeadWeb business rules, if the sample collection date is not available, the date of analysis will be used to determine a child surveillance status. If the sample collection date and analysis date are not available, the upload date to LeadWeb will be used. If questions arise, the LHD should consult with the NYSDOH.
- LHDs should consult with the NYSDOH regarding other unique cases.

<sup>3</sup> Use of two elevated capillary results is consistent with the NYS and CDC surveillance definition of a confirmed elevated blood lead level since 2009.



## **Staffing Requirements for Care Coordination and Environmental Management**

### ***Care Coordination***

The NYSDOH does not require that staff with specific titles be used to perform care coordination of children with EBLLs. However, staff should not perform any activities outside of their area of expertise or scope of practice. Some LHDs have been using alternate titles including Public Health Social Work Assistant, Public Health Educator, Outreach Worker, and Community Health Worker/Technician. Clerical staff may also provide assistance with mailings and phone calls. The NYSDOH supports this approach as long as there is administrative training, field training for those performing home visits, professional supervisory oversight, and quality assurance.

### ***Environmental Management***

Staff responsible for environmental management of children with EBLLs must be trained in conducting environmental lead hazard assessments as well as prescribing control and remediation measures. There is no longer a requirement that staff performing environmental management, as part of LPPP or the Childhood Lead Poisoning Primary Prevention Program (CLPPPP), be certified by the United States Environmental Protection Agency (US EPA) as lead inspectors and/or risk assessors. If staff are performing inspections for a federal program (e.g., for the US Department of Housing and Urban Development), they should continue to follow the training and certification requirements of that program.

Staff performing inspections and other environmental management activities who were not previously US EPA certified, must receive administrative and field training for LPPP and CLPPPP. LHDs are responsible for providing such training. LHDs shall use existing experienced staff to train new or inexperienced staff in lead hazard assessment, control and remediation, with successful completion of such training determined at the local level. If an LHD has limited or no capacity to provide training, the LHD should notify their respective NYSDOH Regional Office for guidance and assistance.

LHDs attaining new X-ray fluorescence spectrometers (XRFs), acquiring/assigning new or additional users, or exploring options for equipment sharing should consult with the NYSDOH Bureau of Environmental Radiation Protection as this may require amendments to an existing license.

## **Care Coordination and Environmental Management for Children with Blood Lead Levels $\geq 5 \mu\text{g/dL}$**

Table 3 below outlines the required follow-up activities for HCPs, LHDs, and NYSDOH District Offices (DO) care coordination and environmental management staff.

**Table 3. Management Protocols for Children According to Blood Lead Level**

BLL (µg/dL)	Health Care Provider			LHD	
	Confirmation of Capillary Sample with Venous Sample*	Follow-up Venous Testing <u>AFTER</u> Confirmed Venous BLL ≥ 5 µg/dL	Management	Care Coordination	Environmental Management
< 5	Not needed	Not applicable. See <i>Management</i> column.	<ul style="list-style-type: none"> <li>• Test all children at age 1 year and again at age 2 years</li> <li>• For children &lt;6 years, perform a Lead Exposure Risk Assessment at every well child visit, and test again if lead risk is found</li> <li>• Provide anticipatory guidance to parent or guardian regarding major sources of lead exposure and ways to prevent exposure</li> </ul>	<ul style="list-style-type: none"> <li>• Match in LeadWeb within two weeks</li> <li>• Educate HCPs on generating NYSIIS <i>Lead Test Due</i> reports to facilitate reminders for parents for 1 year and 2 year old blood lead testing</li> </ul>	No action
5 to < 10	Within 3 months	Every 3 months until BLL confirmed to be < 5 µg/dL**	<ul style="list-style-type: none"> <li>• Generate NYSIIS blood lead follow-up reports for all children w/ EBLLs</li> </ul> <p>AFTER CONFIRMED VENOUS TEST - All activities above, and:</p> <ul style="list-style-type: none"> <li>• Perform a Clinical Lead Exposure Assessment</li> <li>• Provide lead exposure risk reduction education.</li> <li>• Consider the child at risk for developmental delays and behavior concerns</li> <li>• Test all children who spend time in the home and refer pregnant women in the home for testing</li> <li>• Coordinate care with local or state health department including environmental education and management</li> <li>• Notify family of the need for follow-up venous testing on a periodic basis</li> </ul>	<ul style="list-style-type: none"> <li>• Educate HCPs on how to generate these reports</li> </ul> <p>Initiate follow-up activities within 30 working days to ensure the following activities are completed by the HCP.</p> <ul style="list-style-type: none"> <li>• If HCPs are not providing the required actions, the LHD is responsible for seeing that these actions are provided</li> <li>• Ensure HCP performs confirmatory venous testing</li> <li>• Ensure all children or pregnant women who spend time in the home are tested</li> <li>• Ensure HCP performs a detailed clinical lead exposure assessment<sup>1</sup></li> <li>• Provide risk reduction education to the parent/guardian</li> <li>• Refer for environmental management (initiate referral)</li> <li>• Monitor venous BLLs in accordance with the follow-up testing schedule</li> <li>• Communication among HCP and LHD/DO to monitor progress and ensure appropriate follow-up actions have occurred (see HCP columns for follow-up testing timeframes)</li> <li>• Document in LeadWeb all appropriate follow-up services until child is discharged from services</li> </ul>	Schedule environmental investigation within 30 working days of the referral

BLL ( $\mu\text{g/dL}$ )	Health Care Provider			LHD	
	Confirmation of Capillary Sample with Venous Sample*	Follow-up Venous Testing <u>AFTER</u> Confirmed Venous BLL $\geq 5 \mu\text{g/dL}$	Management	Care Coordination	Environmental Management
10 to < 15	Within 3 months	Every 3 months until BLL confirmed to be < $5 \mu\text{g/dL}$ **	All activities above	All actions above, and: • Initiate follow-up activities within 20 working days	Schedule environmental investigation within 20 working days of the referral
15 to < 25	Within 1 week	Every month until BLL is < $15 \mu\text{g/dL}$ , then proceed as above	All activities above, and: • Consider consulting with a Regional Lead Resource Center	All actions above, and: • Initiate follow-up activities within 10 working days	Schedule environmental investigation within 10 working days of the referral
25 to < 45	48 hours	Consult with a Regional Lead Resource Center for guidance on a follow- up venous testing schedule.	All activities above, and: • Consult with a Regional Lead Resource Center	All actions above, and: • Initiate follow-up activities within 5 working days	Schedule environmental investigation within 5 working days of the referral

BLL (µg/dL)	Health Care Provider			LHD	
	Confirmation of Capillary Sample with Venous Sample*	Follow-up Venous Testing <u>AFTER</u> Confirmed Venous BLL ≥ 5 µg/dL	Management	Care Coordination	Environmental Management
45 to < 70	24 hours	Consult with a Regional Lead Resource Center.	<p>All activities above, and:</p> <ul style="list-style-type: none"> <li>• Notify local or state health department within 24 hours for environmental investigation and follow-up services.</li> <li>• Consult with Regional Lead Resource Center within 24 hours to discuss hospitalization and chelation.</li> <li>• Hospital discharge only to housing determined to be lead-safe in consultation with the local or state health department.</li> </ul>	<p>All actions above, and:</p> <ul style="list-style-type: none"> <li>• Refer immediately for environmental investigation</li> <li>• Initiate care coordination follow-up within 48 hours</li> <li>• Communication with HCP and family to assure treatment is planned. Ensure HCP is consulting with a Regional Lead Resource Center.</li> <li>• If admitted to the hospital for chelation, hospital discharge must not occur until a lead-safe environment is located for the child. If the child is not hospitalized, a lead-safe environment is required during chelation therapy.</li> <li>• Communication with the HCP and Regional Lead Resource Center to ensure appropriate follow-up.</li> <li>• Post-chelation follow-up including blood lead level monitoring in accordance with discharge instructions (usually within 7-21 days after treatment)</li> </ul>	Environmental investigation initiated within 48 hours
> 70	THIS IS A MEDICAL EMERGENCY. CONFIRM IMMEDIATELY WITH A VENOUS TEST.		<p>All activities above AND:</p> <ul style="list-style-type: none"> <li>• Consult immediately with Regional Lead Resource Center.</li> <li>• Admit immediately to a hospital for chelation.</li> </ul>	<p>All actions above, and:</p> <ul style="list-style-type: none"> <li>• Refer immediately for environmental investigation</li> <li>• Initiate follow-up activities within 24 hours</li> </ul>	

\* Whenever possible, follow-up actions should be based on confirmatory venous blood lead test results. When a confirmatory venous test cannot be attained, two consecutive elevated capillary samples may be considered a confirmed elevation if they are collected more than seven days apart and less than 84 days apart.

\*\*Medical discharge can be considered when two venous blood lead results, taken at least three months apart, are < 5 µg/dL and all environmental follow-up actions have been completed.

## Lead Exposure Questionnaire

The Lead Exposure Questionnaire will be available as a tool for LHD staff to use in order to initiate an environmental investigation when children have confirmed BLLs of 5 to < 10 µg/dL and as a tool to prioritize actions to reach those children at greatest risk for exposure first while ensuring that all children receive environmental management services including but not limited to environmental inspection. A portion of the questionnaire can be performed by an LHD prior to contacting a child's parent/guardian and the remainder of the questionnaire is completed through communication with the child's parent/guardian by phone or in-person during an inspection. This tool may help LHDs prioritize actions, target environmental inspections, and provides an opportunity to deliver risk reduction education, as appropriate, in response to the parent/guardian answers to the questions. The tool will be shared soon and will be piloted to allow for refinement over time with LHD feedback.

## Care Coordination Follow-up Activities *Effective October 1<sup>st</sup>, 2019*

All care coordination activities that were previously required for children with BLLs of  $\geq 10$  µg/dL will be required for children with BLLs of  $\geq 5$  µg/dL beginning October 1<sup>st</sup>, 2019. Pre-screening and matching all records for children with BLLs of  $\geq 5$  µg/dL in LeadWeb must occur daily and records of children with BLLs < 5 µg/dL within two weeks.

As a reminder, the LHDs are required to ensure that the following activities are completed:

- Outreach and education to the child's HCP and parents/guardians;
- Retesting due to an invalid test result;
- Confirmation that the HCP has provided risk reduction education and nutrition counseling;
- Confirmation of the initial elevated capillary test results ( $\geq 5$  µg/dL) with a venous sample analyzed by a laboratory approved by NYS to perform Toxicology - Blood Lead - Comprehensive Testing;
- For children with a confirmed EBLLs ( $\geq 5$  µg/dL), confirm that a clinical lead exposure assessment has been completed by the HCP. This assessment should include:
  - A review of the current status of the child (e.g., symptoms, previous lead test results, family history of EBLLs, country of birth, or recent immigrant, refugee, or adoptee);
  - Use of a standardized clinical lead exposure risk assessment tool to determine potential sources of the lead exposure;
  - Physical exam including complete neurologic exam;
  - Nutritional assessment of dietary iron, vitamin C, and calcium intake with follow-up anticipatory nutritional counseling;
  - Developmental screening using a standardized screening tool with follow-up anticipatory developmental counseling;
  - Medical intervention, as needed;
  - Laboratory tests including iron status and hemoglobin or hematocrit;
  - Referral to local Early Intervention Program for children birth to three years of age or the child's school district for children three years of age and older as needed, and, if appropriate, a pediatric developmental specialist;
  - Referral to/for WIC and SNAP Benefits for nutritional assistance; and,
  - Referral for environmental management.
- Appropriate follow-up venous testing based on the confirmed elevated BLL;
- Referral for environmental management based on confirmed elevated BLL if not done by the HCP; and,
- Use of criteria for discharge from follow-up services (as outlined in the Case Closure section).

If the appropriate clinical follow-up actions are not fulfilled by the HCP, the LHD must ensure that these

services are provided.

While home visits by care coordination staff are considered optimal, these visits are not required. For example, there is great value in conducting a home-based nursing assessment, as nursing staff are able to provide the essential public health services that can be offered by the LHD to the family.

## **Environmental Management Follow-up Activities *Effective October 1st, 2019***

All environmental management activities that were previously required for children with BLLs of  $\geq 15$   $\mu\text{g}/\text{dL}$  will be required for children with BLLs of  $\geq 5$   $\mu\text{g}/\text{dL}$ . All confirmed EBLLs ( $\geq 5$   $\mu\text{g}/\text{dL}$ ) will require an environmental referral in LeadWeb. This referral will trigger an Environmental Exposure Investigation. The Environmental Exposure Investigation consists of four components: Pre-Interview/Demographics Collection, Environmental Inspection of Residence, Follow-up, and Closure. All activities associated with the investigation must be documented in LeadWeb. The list below outlines the required activities for each of these components.

### Pre-Interview/Demographics Collection:

- Pre-interview conducted with parents/guardians to collect information (typically conducted over the phone). The Lead Exposure Questionnaire will serve as a resource to collect this information.
- Schedule environmental investigation for appropriate time in accordance with this guidance.

### Environmental Inspection of Residence:

- Perform face-to-face interview to capture information including, but not limited to:
  - Dwelling information (housing deficiencies, nearby industry, recent renovations, etc.)
  - Child behaviors (Pica, hand-to-mouth, diet, etc.)
  - Family behaviors/habits (use of imported goods, international travel, folk remedies, etc.)
  - Additional information (secondary addresses, other occupant children, owner contact info, etc.)
- Perform building inspection (Visual or XRF):
  - Visual (in cases where lead paint status for the building has already been determined with previous XRF inspection, OR with paint chip samples when XRF is unavailable):
    - Inspect any/all accessible areas including rooms, halls, closets, basements, attics, etc. Defective areas on the interior or exterior previously determined to contain lead-based paint, will require remediation.
    - Paint chip sampling to be performed as needed.
    - Initial dust sampling and clearance dust sampling are required.
  - XRF (calibration of XRFs should be done prior to inspection):
    - Interior Areas:
      - Obtain XRF readings from any/all accessible areas including rooms, halls, closets, basements, etc.
      - Within each area test two walls, two woodwork components, and any other unique or dissimilar components (ex. radiators, painted floors, tubs, etc), with areas of defective paint taking priority.
      - In each area, if one confirming XRF reading is attained, then all components with similar substrates and paint histories can be assumed to be positive for lead-based paint and will not require further testing. Surface by surface inspections do not need to be conducted (they are not required).
      - Any areas on the interior of the building found to have defective lead paint will require remediation.
    - Exterior Areas:

- Obtain XRF readings from any/all accessible areas of exterior including porches, garages, outbuildings, etc.
  - Test and document surfaces based on color and substrate. For example, if an area that was “blue wood” was found to be positive and defective, then all defective areas of blue wood must be remediated.
  - Any areas on the exterior of the building found to have defective lead paint will require remediation.
- Assess and document:
    - Test location (room and component)
    - Substrate material
    - Paint condition
    - XRF readings
    - Any additional comments, such as housing hygiene issues (i.e. excessive amounts of dust, damage caused by pets, etc.)
    - Create floor plan of residence
  - Collect additional samples as appropriate (i.e. spices, water, consumer products, soil, etc.) and submit to approved lab for analysis.
  - Review findings of inspection with occupants and provide educational materials and guidance to help prevent further exposure.
  - If no lead-based paint hazards are identified during inspection, proceed with collecting clearance dust wipe samples.

Follow-up when Lead Hazard(s) is/are Identified:

- Notice and Demand packet is generated and sent via certified mail, or hand delivered to property owner. This packet should include:
  - Copy of inspection forms
  - Short and long Notice and Demand letter
  - Lead hazard report
  - Remediation workplan – to be filled out by owner and returned to LHD.
  - Also included should be educational materials regarding lead-safe work practices, US EPA rules and regulations, RRP class schedule, etc.
- Schedule meeting with property owner:
  - Discuss identified lead hazards, acceptable remediation methods, lead-safe work practices, and answer any questions regarding the remediation process.
  - Collect completed remediation workplan and determine timeline for remediation.
- Conduct onsite visits as needed to monitor progress and verify use of lead-safe work practices.
- Follow-up phone calls as needed with occupants, owners, contractors, etc.

Closure:

- LHD should be notified when remediation activities are complete, upon which a date and time will be scheduled for a follow-up visit.
- A visual inspection will be performed at follow-up visit to confirm that all previously identified lead hazards were satisfactorily remediated, and that clean-up is adequate (no visible dust accumulation or debris is present)
- Collect and submit clearance dust wipes in accordance with guidance.
- Once dust sample clearance levels are satisfied the environmental investigation is considered complete.
- A closure letter should be sent to owner, saved within the case file, and documented in LeadWeb.

## Required LeadWeb Documentation

The LHD staff responsible for care coordination and environmental management are responsible for tracking and documenting, through LeadWeb or an approved local data system, that all required interventions have occurred for children with confirmed EBLLs ( $\geq 5 \mu\text{g/dL}$ ). For LHDs performing the CLPPPP, both care coordination and environmental management activities for children with EBLLs ( $\geq 5 \mu\text{g/dL}$ ), based on samples collected on or after October 1<sup>st</sup>, 2019, should be reported in LeadWeb and *no longer* in CoInspect. All other activities performed to support the CLPPPP contract should continue to be reported in CoInspect.

**Table 4. Reporting Timeframes for LeadWeb**

Confirmed BLL ( $\mu\text{g/dL}$ )	Type	Starting October 1 <sup>st</sup> , 2019 Response Time to Initiate Activities (Working Days)	Starting October 1 <sup>st</sup> , 2019 Response Time to Document in LeadWeb After Activities Have Occurred (Working Days)
$\geq 70$	Care Coordination	1	<5
	Environmental	1	<5
45 to < 70	Care Coordination	< 2	<5
	Environmental	< 2	<5
25 to < 45	Care Coordination	< 5	<10
	Environmental	< 5	<10
15 to < 25	Care Coordination	< 10	<10
	Environmental	< 10	<10
10 to < 15	Care Coordination	< 20	<20*
	Environmental	Schedule On-site inspection within 20 working days*	<20*
5 to < 10	Care Coordination	< 30	<30**
	Environmental	Schedule On-site inspection within 30 working days	<30**

\* Changed from previous LPPP Workplan requirements. Previous requirement was within 10 Working Days.

\*\* NEW

## Case Closure

Medical discharge can be considered when two venous blood lead results, taken at least three months apart, are  $< 5 \mu\text{g/dL}$  and all environmental follow-up actions have been complete.



## Local Health Department Care Coordination Steps and Documentation in LeadWeb

Care Coordination must begin when a local health department (LHD) is notified that a child less than 18 years of age has a blood lead level (BLL) of 5 micrograms per deciliter ( $\mu\text{g}/\text{dL}$ ) or greater. The majority of BLLs will be reported to the LHD via LeadWeb. LHDs must Pre-Screen all records in LeadWeb daily and if a child does not reside in the county, staff must transfer the BLL record to the appropriate county. All records in LeadWeb with results of 5  $\mu\text{g}/\text{dL}$  or greater must be matched daily. All records in LeadWeb with results less than 5  $\mu\text{g}/\text{dL}$  must be matched at least every two weeks.

A LHD should be notified by a health care provider (HCP) when a child's BLL is 45  $\mu\text{g}/\text{dL}$  or greater. The BLL must still be reported by the laboratory to New York State Department of Health Electronic Clinical Laboratory Reporting System (ECLRS) within five business days from the date of analysis and will appear in the LHD's LeadWeb upload the next day. LHDs should not wait for the result to be reported in LeadWeb to initiate actions. The higher the BLL, the quicker the actions must be initiated. For timeframes to initiate actions and document in LeadWeb according to BLL range, please see the Guidance for Local Health Departments Lead Poisoning Prevention Program issued in September 2019.

The following should be used as a guide for staff performing care coordination.

**Table 1. CAPILLARY BLLs equal to or greater than 5  $\mu\text{g}/\text{dL}$**

<b>LHD Actions</b>	<b>Documentation in LeadWeb</b>
<p><b>Contact (telephone or letter) the ordering HCP</b> to order a venous confirmatory sample analyzed by a lab approved for toxicology blood lead comprehensive testing within 3 months or less, depending on the initial capillary blood lead sample result.</p> <p>Note: Capillary BLLs equal to or greater than 15 <math>\mu\text{g}/\text{dL}</math> must be confirmed with a venous sample within one week, therefore it is recommended a telephone call be made to the HCP.</p>	<p>If a letter is created using LeadWeb individual letters (Capillary Confirmation), or batched letters (Nursing Reports – Children Needing a Confirmatory Test) no further documentation is needed.</p> <p>If a letter is not created in LeadWeb, document actions in the child ID by using the “Child Notes” section on the Child Profile screen, or in the Follow-up Form “Additional Data” tab.</p>
<p><b>Contact (telephone, letter, or home visit, or a combination of the three) the parent/guardian</b> to instruct on the need for a venous confirmatory sample analyzed by a lab approved for toxicology blood lead comprehensive testing within 3 months or less, depending on the initial capillary blood lead sample result.</p> <p>Note: Capillary BLLs equal to or greater than 15 <math>\mu\text{g}/\text{dL}</math> must be confirmed with a venous sample within one week, therefore it is recommended a telephone call be made to parent/guardian.</p>	<p>If a letter is created using LeadWeb individual letters (Capillary Confirmation), or batched letters, (Nursing Reports – Children Needing a Confirmatory Test) no further documentation is needed, unless a home visit is made. The home visit should be documented in the child ID by using the Follow-up Form “Home Visits” tab.</p> <p>If a letter is not created in LeadWeb, document actions in the child ID by using the “Child Notes” section on the Child Profile screen, or in the Follow-up Form “Additional Data” tab.</p>

**Table 2. VENOUS Confirmed BLLs equal to or greater than 5 µg/dL and less than 45 µg/dL \***

LHD Actions	Documentation in LeadWeb
<p><b>Contact</b> (by telephone or letter) <b>the ordering HCP</b> to determine if the following services (1 – 9 below) have been or will be completed as part of the <b>Clinical Lead Exposure Assessment</b>. Some of the information may also be obtained by making a home visit (not required). For more information on the Clinical Lead Exposure Assessment, please see the <i>2019 NYSDOH Guidelines for the Prevention, Identification and Management of Lead Exposure in Children</i>.</p> <p>If the services below are not provided by the HCP, the LHD must provide or ensure another HCP provides the services.</p>	<p>Document as noted below.</p>
<p>1. Confirm spelling of child’s name, date of birth, address, parent/guardian name, contact information, primary language, and any details regarding potential exposure sources.</p>	<p>Update data as needed on the Child Profile Information screen, or in the Guardians or Address tabs.</p> <p>Enter additional information in the child ID by using the “Child Notes” section on the Child Profile screen, or in the “Additional Data” section in the “Follow-Up Form” tab.</p> <p>Potential exposure sources should be entered in the Environmental Referral comments section.</p>
<p>2. Are there any other children or pregnant women in the home? Educate to obtain a blood lead test if not done.</p>	<p>Enter information on household children in the child ID “Household Children” tab.            First name – Enter name            Last name – Enter name            Date of birth – Enter date            Tested – Yes/No            Recommended Test Date – Enter date            Test Completed – Enter date</p> <p>Enter additional information in the child ID by using the “Child Notes” section on the Child Profile screen, or in the “Additional Data” section in the “Follow-Up Form” tab.</p>

<p>3. Was risk reduction education provided to parent/guardian? See questions to the right.</p>	<p><b>Follow-up Services Form Tab:</b>  Was risk reduction education provided?  Yes/No  If Yes, by Who?  Enter health care provider, LHD Nurse, Health Educator, or Other  If Other, specify who in text field  Date Provided – Enter date  If not provided, explain why in text field</p> <p>If the LHD provides education materials, see County Standard Package**, or enter specifics in the child ID by using the “Child Notes” section on the Child Profile screen, or in the “Additional Data” section in the “Follow-Up Form” tab.</p>
<p>4. Was nutritional counseling provided to parent/guardian? See questions to the right.</p>	<p><b>Follow-up Services Form Tab:</b>  Was nutritional counseling provided?  Yes/No  If Yes, by Who?  Enter health care provider, LHD Nurse, Health Educator, or Other  If Other, specify who in text field  Date Provided – Enter date  If not provided, explain why in text field</p> <p>If the LHD provides education materials, see County Standard Package**, or enter specifics in the child ID by using the “Child Notes” section on the Child Profile screen, or in the “Additional Data” section in the “Follow-Up Form” tab.</p>
<p>5. Was a nutritional assessment including iron status completed? See questions to the right.</p>	<p><b>Follow-up Services Form Tab:</b>  Was a nutritional assessment including iron status done? Yes/No  If Yes, who performed the assessment - Select health care provider or Other  If Provider – Select provider name from list  If Other, Specify who – text field  Date Provided – enter date  If not provided, explain why – text field</p> <p>To document the outcome of the nutritional</p>

	<p>assessment, enter in the child ID by using the “Child Notes” section on the Child Profile screen, or in the “Additional Data” section in the “Follow-Up Form” tab.</p>
<p>6. Was a developmental assessment completed? See questions to the right.</p>	<p><b>Follow-up Services Form Tab:</b>  Was a developmental assessment provided? Yes/ No  If Yes, which diagnostic tool was used – Select ASQ Ages and Stages Questionnaire DDST – II Denver Developmental Screening Test II, or Other  If Other, specify which tool was used – text field  Date provided – enter date  If not provided, explain why – text field (document if child is already receiving services from EI or school district).</p> <p>To document any additional data, such as who completed the assessment, enter in the child ID by using the “Child Notes” section on the Child Profile screen, or in the “Additional Data” section in the “Follow-Up Form” tab.</p>
<p>7. If a developmental assessment was completed:</p> <p>Were suspected developmental delay(s) identified?  If Yes, was a referral made?  If Yes, which program?  If Yes, date referral made?  If a referral was not made, why not?</p> <p>If the HCP completed the developmental assessment and the child was NOT identified as having a suspected developmental delay, the child will need ongoing monitoring to assess for developmental delays.</p> <p>For those children less than three (3) years of age, the child should be referred to Early Intervention - Child Find Program as “At-Risk” for developmental delays (by the LHD or HCP).</p>	<p><b>Follow-up Services Form Tab:</b>  Were there areas of developmental delay identified? Yes/No  Was there a developmental delay referral made? Yes/No  If Yes, which program – Select Early Intervention, Child Find, Other  If Other, specify which program – text field  Date referred – enter date  If not provided, explain why – text field</p> <p>To document any additional data, such as who completed the assessment, enter in the child ID by using the “Child Notes” section on the Child Profile screen, or in the “Additional Data” section in the “Follow-Up Form” tab.</p>

<p>For those children 3 years of age and older, if the parent or HCP suspects a delay, the parent/guardian will need to contact the local school district.</p>	
<p>8. <b>For children with BLLs 15 to &lt; 25 µg/dl</b>, inform the HCP to consider consulting with a Regional Lead Resource Center (RLRC) for guidance on appropriate follow-up care.</p> <p><b>For children with BLL 25 to &lt; 45 µg/dl</b>, inform the HCP it is recommended to consult with a RLRC for guidance on appropriate follow-up care.</p> <p>For more information on the RLRCs, see <a href="https://www.health.ny.gov/environmental/lead/resource_centers.htm">https://www.health.ny.gov/environmental/lead/resource_centers.htm</a></p>	<p>To document enter in the child ID by using the “Child Notes” section on the Child Profile screen, or in the “Additional Data” section in the “Follow-Up Form” tab.</p>
<p>9. Were any referrals made to community resources such as transportation, housing, WIC, SNAP)?</p> <p>If the LHD makes a home visit and referrals are made to community resources, document in LeadWeb.</p>	<p>To document enter in the child ID by using the “Child Notes” section on the Child Profile screen, or in the “Additional Data” section in the “Follow-Up Form” tab</p>
<p>10. LHD LPPP staff to determine who will complete the Triage Questionnaire</p>	<p>When available in LeadWeb, complete data entry screens.</p>
<p>11. Create environmental referral in LeadWeb for primary and secondary addresses.</p>	<p>Create referral by selecting the “Environmental Referral” tab, select “More Actions” link in the appropriate address row, select “Create Referral,” Enter Referral Type, any comments, county responsible for the address, message to be included in the email sent to environmental staff, and select “Create Referral.”</p> <p><b>Follow-up Services Form Tab:</b>  Was an environmental referral made?  Yes/No  Enter date referred</p>

<p>12. <b>Contact (telephone or letter) the HCP</b> to remind when a follow-up venous test needs to be completed within 3 months or less, depending on the last venous blood lead sample result.</p>	<p>If a letter is created using LeadWeb individual letters (Due for Follow-up Test), or batched letters (Nursing Reports – Requiring a Follow-up Test) no further documentation is needed.</p> <p>If a letter is not created in LeadWeb, document actions in the child ID by using the “Child Notes” section on the Child Profile screen, or in the Follow-up Form “Additional Data” tab.</p>
<p>13. <b>Contact (telephone or letter) the parent/guardian</b> to remind them when a follow-up venous test needs to be completed within 3 months or less, depending on the last venous blood lead sample result.</p>	<p>If a letter is created using LeadWeb individual letters (Due for Follow-up Test), or batched letters (Nursing Reports – Requiring a Follow-up Test) no further documentation is needed.</p> <p>If a letter is not created in LeadWeb, document actions in the child ID by using the “Child Notes” section on the Child Profile screen, or in the Follow-up Form “Additional Data” tab.</p>
<p>14. Care coordination should continue until the child meets the discharge from follow-up services criteria.</p> <p>Medical discharge can be considered when two venous blood lead results, taken at least three months apart, are &lt; 5 µg/dL and all environmental follow-up actions have been completed.</p>	<p>Document actions in the child ID by using the “Child Notes” section on the Child Profile screen, or in the Follow-up Form “Additional Data” tab.</p> <p>If a letter is created using LeadWeb individual letters (County Discharge from Follow-up Services), no further documentation is needed.</p> <p>If a letter is not created in LeadWeb, document actions in the child ID by using the “Child Notes” section on the Child Profile screen, or in the Follow-up Form “Additional Data” tab.</p> <p>Change the child surveillance status on the Child Profile Information screen to Medical Discharge.</p>

**VENOUS Confirmed Blood Lead Levels 45 µg/dL and Greater**

**In addition to the actions in Table 2 above**, the following actions are for children with confirmed BLLs 45 µg/dL and greater.

The HCP is required to notify the LHD where the child resides within 24 hours when a child's BLL is 45 µg/dL or greater. If the HCP does NOT contact the LHD, and the EBLL is reported in LeadWeb, the LHD must call the HCP as soon as possible (and provide education on regulatory requirements and guidelines).

**Table 3. VENOUS Confirmed Blood Lead Levels 45 µg/dL and Greater**

<b>Actions</b>	<b>Documentation in LeadWeb</b>
<p>15. <b>Contact the ordering HCP</b> to determine the answers to questions 1 to 9 in Table 2 and the following (16 – 17) and inform the HCP that it is highly recommended to consult with a RLRC for guidance on appropriate follow-up</p>	<p>Enter additional information in the child ID by using the “Child Notes” section on the Child Profile screen, or in the “Additional Data” section in the “Follow-Up Form” tab.</p>
<p>16. Is the child being admitted to the hospital for chelation and were other tests performed? See questions in next column.</p>	<p><b>Follow-up Services Form Tab:</b>            Was the child chelated? Yes/No            If Yes, by who – Select health care provider or RLRC Physician            If HCP – Select provider name from list            Date of start of chelation – enter date            If not provided, explain why – text field</p> <p><b>“Medical” tab in the Follow-up Services Form:</b>            Medical Test – If selected Chelation            Type - Chelation – Oral or Chelation – IV            Status – Pending/Complete/ Not Performed            Due Date – Enter date            Completion Date – Enter date            Comments – Text field</p> <p>Medical Test – If selected Iron Deficiency            Deficiency – Yes/No            Treatment – Yes/No            Treatment Start Date – Enter Date            Status – Select Pending, Complete, or Not Performed            Due Date: Enter Date            Completion Date – Enter date            Provider: Enter HCP name</p>

	<p>Comments – Text field</p> <p>Medical – If selected Mobilization Mobilization – Yes/No Status - Select Pending, Complete, or Not Performed Due Date: Enter Date Completion Date – Enter date Provider: Enter HCP name Comments – Text field</p> <p>Medical – If selected Abdominal X-Ray X- Ray Positive – Yes/No Status - Select Pending, Complete, or Not Performed Due Date: Enter Date Completion Date – Enter date Provider: Enter HCP name Comments – Text field</p>
<p>17. Coordinate hospital discharge with HCP/RLRC (if consulted) and environmental staff to ensure the child is discharged only to housing that is determined to be lead-safe.</p>	<p>Enter additional information in the child ID by using the “Child Notes” section on the Child Profile screen, or in the “Additional Data” section in the “Follow-Up Form” tab.</p>

\* If repeated attempts to obtain a venous confirmatory sample are unsuccessful, a second capillary sample may be used to guide follow-up actions in order to avoid significant delays in management. The two consecutive elevated capillary samples must be collected more than seven days apart but less than 84 days apart to be considered a confirmed elevation. However, as capillary samples can yield frequent false positives, a venous confirmatory sample should still be pursued.

\*\*County Standard Package - LHDs may enter specific educational materials in LeadWeb that are routinely used for children with elevated BLLs. A “County Standard Package” may be created for nursing and for environmental by selecting “Update County Profile” on the home page, under Administrative Functions. After setting up this function, LHDs may then select the “Education” tab in a Child Profile in the “Follow-up Form” tab to easily document education that has been provided during a home visit or if mailing materials.

### Tracking Blood Lead Testing



Individual or batch reminder letters for HCPs and parent/guardians may be created in LeadWeb when blood lead testing is required. LHDs may choose to use their own reminder letters to send to HCPs and parents for blood lead testing, or contact with another method i.e., telephone call or home visit. Documentation must then be entered in the child’s LeadWeb record by using the Follow-up Form “Home Visits” or “Additional Data” section.

**Table 4. Tracking Blood Lead Testing**

<p>Individual letters - When the user “Views” the letter, documentation is saved in the “Letter History” for the child. Information documented automatically includes: Letter type, recipient, subject (description of letter), date created, and user name.</p>	<p>The letters may be found on the Child Profile Information screen by selecting the tab “Letters.” The user would select:</p> <ul style="list-style-type: none"> <li>• Letter recipient – Guardian or Guardian with a cc to the HCP</li> <li>• Address – the Primary address will be noted as ** Primary Residence</li> <li>• Letter Description –County Discharge from Follow-up Services</li> <li>• Overdue for Follow-up Test</li> <li>• Capillary Confirmation test</li> <li>• Due for Follow-up test</li> <li>• Re-Test Needed Due to Insufficient Quantity or Clotted Specimen (Invalid Result)</li> <li>• Due for a 2-Year-Old Test</li> </ul>
<p>Batched letters - Documentation of the letter is saved automatically in each child’s LeadWeb record.</p>	<p>An alternative is to print letters in batches. Batches of individual letters may be created in LeadWeb by selecting “Nursing Reports” located in the Nursing Case Management section on the home page. A user may create and print batches of letters for children by selecting the appropriate criteria for children:</p> <ul style="list-style-type: none"> <li>• Requiring a Follow-up Test</li> <li>• Needing a Confirmatory Test</li> <li>• Needing a Two-Year-Old Test</li> </ul>

<b>Patient Name:</b> TEST, TESTY A	<b>Gender:</b> F	<b>Date of Birth:</b> 09/01/1999	<b>Age:</b> 20	<b>Admit Date:</b>	<b>Med Rec #:</b> 8MVBDNRFC3
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Parent / Guardian / Other Care Giver Information  
List

Other Information

Indicate all places where child spends time?

- Mothers home       Fathers home       Grandparents home       Daycare       Other

Alternate home visit location

- Yes     No

Address

Are any of these places outside of Tompkins County?

- Yes     No

If yes, which county?

- Referral made out of county

Health Assessment

- Asthma  
 Genetic Birth Defects  
 Hospitalization  
 Seizures/convulsions  
 Other

List

Neurological Status

- Normal     Abnormal

Comments

Current Symptoms

- Abdominal Pain  
 Anorexia  
 Ataxia  
 Distractible  
 Fatigue  
 Headaches  
 Hyperactive  
 Lethargic  
 Persistent Vomiting  
 Short Attention Span  
 Sudden Behavioral changes  
 Weakness

Other symptoms - concerns

- Child's development WNL  
 Developmentally delayed for age (check all that apply)  
 Fine motor function  
 Gross motor function  
 Language  
 Social/personal - i.e. smiling appropriately

Lead Home Visit

<b>Patient Name:</b> TEST, TESTY A	<b>Gender:</b> F	<b>Date of Birth:</b> 09/01/1999	<b>Age:</b> 20	<b>Admit Date:</b>	<b>Med Rec #:</b> 8MVBDNRFC3
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Health Assessment(cont'd)

Other developmental - comments

Referred to Early Intervention

Yes  No

If a referral is being made, complete the Referral Form

Appointments

Health record requested from provider

Yes  No

Immunizations up to date

Yes  No

Next provider office visit

Nutritional Assessment

Feeds self

Yes  No

Takes bottle to bed

Yes  No

Describe typical diet content

Describe what child puts in his/her mouth

Pica

Yes  No

Describe pica

Check all applicable fluid intake choices

Breastfeeding

Formula

Kool Aid

Milk

Juice

Soda

Water

Comments

Home Assessment

Participants

EH Staff

XRF contract staff

Building owner

Owner's Address

Owner's Phone Number

Specific items positive for lead

Items tested positive for lead

Crib

Toys

Ceramics

Ceremonial powders

Cosmetics

Herbal remedies

Jewelry

Spices

Lead Home Visit

<b>Patient Name:</b> TEST, TESTY A	<b>Gender:</b> F	<b>Date of Birth:</b> 09/01/1999	<b>Age:</b> 20	<b>Admit Date:</b>	<b>Med Rec #:</b> 8MVBDNRFC3
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Living room

Items tested positive for lead

Baseboards     Blinds     Interior Paint     Window sills     Window wells

Kitchen

Items tested positive for lead

Baseboards     Blinds     Interior paint     Window sills     Window wells

Bathroom

Items tested positive for lead

Baseboards     Blinds     Interior paint     Window sills     Window wells

Child's sleeping room

Areas tested positive for lead

Baseboards     Blinds     Interior paint     Window sills     Window wells

Other locations

Items tested positive for lead

Exterior porch/deck     Perimeter/landscaping     Stair wells

Education Provided

- Standard lead packet
- Sources of lead
- Unusual sources of lead
- Recalls/Website
- House cleaning methods
- Nutrition - Iron, Calcium, Vitamin C and Low Fat
- Drinking water safety

Barriers to teaching:

Yes     No

If yes, check all that apply:

Cognitive     Cultural     Emotional     Language     Other, explain

Response to teaching

Full understanding     Needs reinforcement

Teaching plan for next visit:

Date Of Service 1/21/2020

Duration

Start Time 3:00 PM

End Time 3:10 PM

Duration in Minutes 10


Visit Type PH Lead Home Visit

Return home visit planned

Yes     No

If yes, date:

Billing Note

RN Signature:		Date: 1/21/2020 3:18 PM
Title: System Administrator	Name: Karen Bishop	Credential: RN , Supervisor , Staff Memb

Lead Home Visit

Patient Name:	Gender:	Date of Birth:	Age:	Admit Date:	Med Rec #:
TEST, TESTY A	F	09/01/1999	20		8MVBDNRFC3