



## Meeting Agenda

*TCBOH Meeting September 24, 2024*

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

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

**Enforcement actions**

ENVIRONMENTAL HEALTH:

1. Draft Revised Resolution #EH-ENF-24-0012 - Best Western University Inn Pool, Violation of Subpart 6-1 of the New York State Sanitary Code (Swimming Pool) (5 mins)

**Other Administrative Actions**

ADMINISTRATION:

1. Establish a Nominating Committee (5 mins)

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12:40 IX. Adjournment

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## APPROVAL OF MINUTES

**Tompkins County Board of Health**  
**August 27, 2024**  
**12:00 Noon**  
**Rice Conference Room and via Zoom**

**Present:** Christina Moylan, Ph.D., President; Melissa Dhundale, MD, Vice-President; Susan Merkel; Samara Touchton; Edward Koppel, MD; and Ravinder Kingra.

**Staff:** Frank Kruppa, Commissioner; Brenda Grinnell Crosby, Deputy Public Health Director; Harmony Ayers-Friedlander, Deputy Commissioner of Mental Health Services; Dr. William Klepack, Medical Director; Samantha Hillson, Director of Health Promotion Program; Elizabeth Cameron, Director of Environmental Health; Rachel Buckwalter, Director of Community Health; Zoe Lincoln, Whole Health Planner; and Karan Palazzo, LGU Administrative Assistant.

**Excused:** Shawna Black and Andreia de Lima, MD.

**Guests:** None

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

**Privilege of the Floor:** None

**Approval of June 25, 2024, BOH Minutes:** Ms. Touchton moved to approve June 25, 2024, minutes; second by Dr. Dhundale. All were in favor of approving the June 25, 2024, minutes and the motion carried.

**Financial Summary:** Mr. Kruppa reported on behalf of Mr. Porter. They are preparing the 2025 budget. New implementations of the procurement policy have streamlined the process but initially require more administrative time and effort. Included in the implements are three Requests for Proposals (RFP) that were previously held by ADC and the sexually transmitted infection vendor RFP. Awards should be available in September 2024.

**Medical Director's Report and Discussion:** In addition to his written report Dr. Klepack reported that the newest COVID-19 vaccine will soon be available but primarily through pharmacies. He stressed the importance of vaccinating to avoid serious hospitalization and long-term COVID. He referred to Whole Health's dashboard which shows an uptick in cases and expressed his disappointment in the low vaccination rates, especially among seniors. He stressed that COVID is not a trivial disease and urged all to take prudent steps. Individuals benefit by keeping up to date with COVID vaccines to maintain protection.

Rabies cases have increased due to contact with bats that often come into homes. Sealing off all exits (windows and doors) is advisable to catch the bat safely in the house so it can be tested and potentially avoid rabies post-exposure prophylaxis.

Unused vaccines - Dr. Klepack believes that pharmacies will be the primary venue for COVID vaccines.

**Administration Report:** Mr. Kruppa reported that they are working on the 2025 budget proposal. The County Administrator will present the 2025 budget on September 3, 2024, at the County Legislature meeting. TCWH was instructed to create two budgets, a maintenance of effort budget and a budget that would work under a 2% tax cap (a 5% reduction in county funding) which resulted in the elimination of two unfilled nursing positions with no significant impact on service programming or staffing.

The county's fund balance has less funds than thought which will impact their ability for funding. The 2023 audit of the county's fund balance may result in potential changes in policy or tax rates.

Maury Josephson is the new County Attorney. Deputy County Attorney, Holly Mosher will continue to primarily attend the BOH meeting.

**Division for Community Health (DCH) Report:** Ms. Buckwalter reported hiring three nurses, which includes a nurse manager position. She also noted the increased demand for rabies vaccination and additional clinics were added to accommodate the need.

A discussion of vaccinating school children who have private insurance and whose primary doctor will not/cannot vaccinate them. Ms. Buckwalter responded that although nothing can be done this year, she will look at options for next year to include it in budgeting. A list of vaccination requestees in advance to ensure availability for school-required vaccinations would be helpful.

**Health Promotion Program Report:** Ms. Hillson reported that tomorrow is the start of "International Overdose Awareness Week" and August 31<sup>st</sup> is "International Overdose Awareness Day". HPP has an open community health worker position, applications close this weekend.

**Children with Special Care Needs (CSCN) Report:** Ms. Clark Manderville was not present.

**Environmental Health (EH) Report:** Ms. Cameron stated that an agenda item was added for a waiver request from the Ithaca City School District. EH received a complaint about food service and dormitory conditions at Cornell related to the UAW strike EH found no conditions of concern at Cornell's food service operations. EH does not have direct oversight over Cornell's dormitories; however, Cornell looked into them in response to the complaint and reported no concerning conditions were found Cornell is taking measures to ensure safe food service by providing box lunches and discarding any remaining at the end of the service period.

Dr. Moylan congratulated EH on a successful 2024 GrassRoots Festival.

## **ENVIRONMENTAL HEALTH**

### **Enforcement Actions:**

**Draft Revised Resolution #EH-ENF-24-0003 - Hanshaw Village MHP, Violation of Part 17 & Subpart 5-1 of the New York State Sanitary Code (Mobile Home Park/Public Water) (5 min)** – Ms. Touchton moved to accept the resolution as written; seconded by Dr. Dhundale.

Ms. Cameron explained that some revisions were made to the previous resolution at Hanshaw’s request. Hanshaw Village is compliant with the order but stated that they could not make the feasibility study due date. They have requested an extension of that date and EH supports the extension.

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

### **ADMINISTRATION:**

#### **Other Administrative Actions:**

**Request to Waive Low-Risk FSE Fee for ICSD After-School Programs** – Dr. Dhundale moved to accept the resolution as written; seconded by Mr. Kingra.

Ms. Cameron explained that this waiver request was recently brought to EH by way of the Ithaca City School District (ICSD). ICSD food service recently realized that they were assuming liability for the after-school programs' food service in their facilities. The ICSD will continue to allow the after-school programs to use their facilities if they obtain their own food service permit from us.

EH proposes waiving this year’s \$210 fee permit for ICSD after-school programs due to this being unexpected expenses right before the school semester begins and to ensure food service for the children in the after-school programs.

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

The next meeting is on Tuesday, September 24<sup>th</sup>, 2024 @ noon.

The meeting adjourned at 12:28 pm

## **FINANCIAL SUMMARY**

*August 2024 Report | BOH Meeting September 24, 2024*

*\*See following page\**

# Tompkins County Financial Report for Public Health

Year: **24**

Month: **8**

Percentage of Year:		<u>Expenditures</u>			<u>Revenues</u>			<u>Local Share</u>		
		Budget	Paid YTD	%	Budget	YTD	%	Budget	YTD	%
4010	PH ADMINISTRATION	2,448,529	1,487,003	60.73%	689,650	469,808	68.12%	1,758,879	1,017,195	57.83%
4012	WOMEN, INFANTS & CHILDREN	584,417	354,008	60.57%	584,417	309,255	52.92%	0	44,753	
4015	VITAL RECORDS	86,719	50,833	58.62%	115,000	73,452	63.87%	-28,281	-22,619	79.98%
4016	COMMUNITY HEALTH	2,048,221	998,415	48.75%	584,002	334,876	57.34%	1,464,219	663,539	45.32%
4018	HEALTHY NEIGHBORHOOD PROG	210,074	118,109	56.22%	204,811	60,541	29.56%	5,263	57,568	1093.83%
4047	PLNG. & COORD. OF C.S.N.	2,151,912	911,592	42.36%	822,852	230,367	28.00%	1,329,060	681,225	51.26%
4090	ENVIRONMENTAL HEALTH	2,211,857	1,379,037	62.35%	603,064	356,581	59.13%	1,608,793	1,022,456	63.55%
4095	PUBLIC HEALTH STATE AID				2,150,134	1,237,752	57.57%	-2,150,134	-1,237,752	57.57%
<b>Non-Mandate</b>		<b>9,741,729</b>	<b>5,298,997</b>	<b>54.39%</b>	<b>5,753,930</b>	<b>3,072,634</b>	<b>53.40%</b>	<b>3,987,799</b>	<b>2,226,364</b>	<b>55.83%</b>
2960	PRESCHOOL SPECIAL EDUCATI	5,442,000	2,563,346	47.10%	3,450,000	1,723,993	49.97%	1,992,000	839,353	42.14%
4017	MEDICAL EXAMINER PROGRAM	375,865	144,074	38.33%	0	1,350	#VALUE!	375,865	142,724	37.97%
4054	EARLY INTERV (BIRTH-3)	503,000	229,128	45.55%	130,000	98,354	75.66%	373,000	130,774	35.06%
<b>Mandate</b>		<b>6,320,865</b>	<b>2,936,548</b>	<b>46.46%</b>	<b>3,580,000</b>	<b>1,823,697</b>	<b>50.94%</b>	<b>2,740,865</b>	<b>1,112,851</b>	<b>40.60%</b>
<b>Total Public Health</b>		<b>16,062,594</b>	<b>8,235,545</b>	<b>51.27%</b>	<b>9,333,930</b>	<b>4,896,331</b>	<b>52.46%</b>	<b>6,728,664</b>	<b>3,339,214</b>	<b>49.63%</b>

## BALANCES (Including Encumbrances)

		Available Budget	Revenues Needed			Available Budget	Revenues Needed
<b>Non Mandate</b>				<b>Mandate</b>			
4010	PH ADMINISTRATION	958,681	219,842	2960	PRESCHOOL SPECIAL EDUCATI	2,878,654	1,726,007
4012	WOMEN, INFANTS & CHILDREN	222,706	275,162	4017	MEDICAL EXAMINER PROGRAM	146,375	-1,350
4015	VITAL RECORDS	35,831	41,548	4054	EARLY INTERV (BIRTH-3)	273,872	31,646
4016	COMMUNITY HEALTH	1,045,895	249,126			<b>3,298,901</b>	<b>1,756,303</b>
4018	HEALTHY NEIGHBORHOOD PROG	91,917	144,270				
4047	PLNG. & COORD. OF C.S.N.	1,239,774	592,485				
4090	ENVIRONMENTAL HEALTH	814,894	246,483				
4095	PUBLIC HEALTH STATE AID	0	912,382				
		<b>4,409,699</b>	<b>2,681,296</b>				
						<b>7,708,600</b>	<b>4,437,599</b>

Comments: This report includes payroll through August 17. Unable to file HNP (4018) grant claim for April-June; awaiting State approval on budget. Expense and revenue in functional unit 4047 includes an OTR for EI services. A Speech Therapist was hired 7/22/24. Contracts for stipends on services are currently being signed by EI providers.

## MEDICAL DIRECTOR REPORT

*August 2024 Report | BOH Meeting September 24, 2024*

### COVID

Since my last report there has occurred a slight downturn in Covid PCR and antigen test reports on the national and state level. The data also seems to be a hopeful sign that we may have seen a peak in Covid cases. The prediction is that we will see a winter peak and that obtaining the COVID-19 vaccine for fall 2024 will be helpful in combatting and blunting a wintertime peak. It will also be of use to help reduce long Covid cases which unfortunately occur in about 8 to 9% of all persons who get COVID-19 and has a prevalence of about 3 to 4% in our population. That is a lot of people who are disabled weeks to months, and sometimes years due to debilitating effects of “brain fog” fatigue, and other symptoms.

WHCU talks the past few weeks have included ones that I pre-recorded to be broadcast while I’m away. They covered the new vaccine for COVID-19. I addressed several healthcare myths including the lack of regulation of supplements, the safety of cannabis, and that bills from healthcare networks and hospitals are not infallible and too often are infused with errors. Itemized bills are the only way to detect errors and should be closely scrutinized.

In the future, I plan to talk about demographic predictions regarding the National and Global population over the next 50 to 100 years. The fact that the global population will drop except for the continent of Africa and that the population of the United States will rise some more then stabilize in 2050 (and then only because of immigration) are public health topics worthy of us to understand, anticipate, and address. Significant changes will occur for individual nations and regions and have implications for the delivery of healthcare.

We struggle with issues surrounding vaccines. Although the programs of vaccines for adults, and for children provide vaccine to practitioner offices free of charge, there are costs to the practice in that system. Refrigerators and freezers that are medically adequate for this purpose are expensive. Temperature monitoring devices add to the cost. Reporting, acquiring, and accounting for vaccines involves staff time. Too many practices found that the administrative reimbursement for delivering some or all vaccines is not adequate to warrant the staff time and overhead at this challenging time. In addition, commercially obtained vaccines too often offer insufficient reimbursement for vaccine that is expired or cannot be used for other reasons. The reimbursement is often not enticing enough to overcome the threshold of cost. Tens of thousands of dollars are spent for vaccines and losses can amount to quite a few dollars. A public health system that seeks to adequately vaccinate our public must provide for vaccination at all levels. Pharmacies are not sufficient. A system that vaccinates at all points of contact cannot be done by a hammer of mandates without coupling them with the carrot of covering expenses.



## Overdose Prevention Centers

Vermont has approved at the state government level an overdose prevention center in Burlington. It is expected to be opened sometime in the next few years. An overdose prevention center in a more rural setting such as Tompkins County poses some challenging issues. Large urban settings have large neighborhoods, some of which are challenged by very significant drug usage issues. Centers located in those centers have been shown to improve conditions generally. Rural neighborhoods, in which substance use is creating significant problems don't exist in such large geographical areas.

It strikes me that one model of an opioid/overdose prevention center for rural settings could be a virtual model. Such a model would provide many of the services and supports that would be found in a brick and mortar center. It could provide supervision for usage, early intervention in the case of an overdose, education about safe practices, early recognition of some medical conditions, the building of long-term trusting relationships, and referral to supportive agencies for help to address the social determinants of health. It would avoid the problem of having brick and mortar centers in small neighborhoods such as in Ithaca where such facilities would be immediately next to residential neighborhoods.

It would also increase access since global data indicates that brick-and-mortar units are only accessed by people within about 10 to 15 minutes of walking distance from them. A virtual service would be unlimited in the area it can address. Creative solutions to giving the homeless electronic access would need to be used. This is the first that I've mentioned this concept, and I am eager to hear a dialogue regarding its merits.

Looking at our communicable disease report this month it's clear that Lyme disease and anaplasmosis have continued apace. The single case of dengue reported is not known to be locally acquired. In New York State, the number of dengue cases has risen among travelers. The only state that's known to have local acquired dengue cases is Florida.

Dr . William Klepack

## COMMISSIONER SHARED REPORT

August 2024 Report | BOH Meeting September 24, 2024

### Whole Health Highlights

- No additions this month.

### Shared Topics Update

#### Strategic Planning/Merger

##### INTEGRATION:

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

- Our Internal Efficiency team is working on identifying common programs/technologies used across the different programs to streamline our use of external platforms.
- Our Client-Needs CFT has formed three mini workgroups with specific focuses on: Identifying Internal Processes & Capacity, Identifying External Partner Organizations and Referral Sources, and Identifying what questions we want to ask partner organizations through a qualitative method.

##### CULTURE:

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

- Our DEIB team is exploring the collection and use of demographic data to improve Whole Health services and service delivery.
- TCWH is participating in PH Wins survey with the de Beaumont foundation. This survey asks about key workplace topics such as culture and morale, job satisfaction, and training needs, as well as gathers demographic information.

##### COMMUNITY:

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

**DATA:**

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

**CSB Update**

- [CSB web pages.](#)

## DIVISION FOR COMMUNITY HEALTH

August 2024 Report | BOH Meeting September 24, 2024

[tompkinscountyny.gov/health/chs](http://tompkinscountyny.gov/health/chs)

### Highlights

#### COMMUNICABLE DISEASE

Notable communicable disease investigations in August:

- Campylobacter – 6 cases: Three out of six cases symptomatic, one of those was an 82 yo hospitalized for 6 days. Two cases had no GI symptoms but campy present in wounds, and one case was unable to be interviewed.
- Cryptosporidiosis –3 cases: two of the three unknown causes, the 3<sup>rd</sup> is a 4yo who handled amphibians and hens. All received antibiotic therapy.
- Cyclospora - 1 case: Lives in same household as another person who tested positive last month, needed antibiotic treatment.
- E. Coli Shiga Toxin - 1 case: Was unable to be interviewed, has chronic GI problems.
- Giardia- 2 cases: One case had contact with a Giardia positive cat. The other positive Giardia case traveled to England with unknown cause.
- Salmonella –7 cases: Two cases are immunocompromised, one of the cases is 84 yo and needed to be hospitalized, a few cases were from unknown causes, a few cases had travel (France and Maine), one case was co-infected with campylobacter and winters in FL.
- Dengue - 1 case: A toddler with travel to St. John’s with family, they all got sick
- Haemophilus Influenza - 1 case: Case is an elderly nursing home resident with multiple comorbidities, hospitalized for a few weeks
- Pertussis – 1 case: This is a probable case, parent began having symptoms after exposure to positive cases in the household.
- Rocky Mountain Spotted Fever – 1 case in probable status, needing to be interviewed.
- Anaplasmosis-12 cases: some also with Lyme, elderly heavily affected.
- Babesiosis- 6 cases: One case was hospitalized.

#### IMMUNIZATIONS

- Our August immunization clinics were busy as the back-to-school rush for immunizations began. We vaccinated 19 children and 13 adults in our Friday imms clinics in the month of August.
- We received our pre-ordered flu vaccine and are planning for mobile flu clinics in October. We will be providing on-site clinics at several senior housing complexes in Tompkins County.

## STAFFING

- New nurse Elizabeth Lawrence started on August 19<sup>th</sup>. Liz will be working in our immunization grant, assisting our communicable disease team, and doing some maternal child home visits. Welcome Liz!

## WIC

- In August we served 463 individual participants. We had 415 appointments originally scheduled, 28 didn't show to the appointment and 48 walk-ins or same day service.
- In August we started issuing participants an additional \$25 to purchase locally grown fresh fruits and vegetables at our local farmer markets. The New York State WIC Program, in conjunction with the Department of Agriculture and Markets, received approval from the United States Department of Agriculture (USDA) for a Benefit Cap waiver that allows WIC staff to issue up to \$50 in Farmers' Market Nutrition Program (FMNP) benefits per participant.

## Program Updates

### SAFECARE PROGRAM

- We currently have 3 families enrolled in SafeCare.
- We are planning to have a new nurse trained in SafeCare and one of our senior nurses trained as a coach.

### MOMS PLUS+

- Moms nurses completed 49 home visits in August. This is an increase from 41 visits in July 2024.
- There were 15 new admissions to the Moms PLUS+ program in August, which is an increase from 12 admissions in July 2024.
- There are 58 clients currently enrolled in Moms PLUS+ as of the end of August. This number remained steady from the previous month.
- Two new nurses are working in the Moms PLUS+ program: Emily Baker and Liz Lawrence. They will both be completing certified lactation consultant training and have been shadowing MOMS+ nurses on a variety of visits.

### RABIES

- CHS nurses administered 110 rabies vaccines to patients in the month of August. Most exposures were due to bats.

### LEAD

- There are currently 19 children receiving case management in our lead program. There was one new admission in the month of August.

### HIV

- CHS nurses provided 1 HIV test in the month of August at STAP.

[CHS Appendix](#)

- WIC Caseload table
- NYSDOH Communicable Disease Reports

## HEALTH PROMOTION PROGRAM

August 2024 Report | BOH Meeting September 24, 2024

[tompkinscountyny.gov/health/hpp](http://tompkinscountyny.gov/health/hpp)

### Highlights

- Community Partner Assessment was developed and distributed to 130 community organizations. The survey will close on August 30.
- COVID-19 Community Resilience Mural Event and documentation video shared, [Immunization & Vaccines | Tompkins County NY](#)

### STAFFING

- Community Health Worker (CHW) position open through September 8.

### Program Updates

#### HEALTHY NEIGHBORHOODS PROGRAM

- HNP hosted Adult Protective Services to have a conversation about services and cross-referring clients.
- HNP met with staff from the County Department of Planning and Sustainability to discuss our collaborative effort to supply community members with induction cooktops as a safer alternative to gas-based stove use

#### TOBACCO FREE TOMPKINS COUNTY

- Whole Health hosted a conversation with local partners, including Cortland county, to discuss plans for JUUL Settlement funds. A proposal will be drafted for review by the Health and Human Services Committee.
- Ambra Munlyn, Health Educator, will present at the NYSACHO Public Health Leaders Summit about the anti-vape campaign, Keep Your Focus, Not Your Fix, at the end of September.

#### COMMUNITY HEALTH WORKER (CHW) AND PICHC PROGRAMS

- Tamrie Oliver, Community Health Worker, has started seeing her first clients through the HiP Tompkins Program.
- CHW and MOMS PLUS+ team members met with The Learning Web to share services, ways to work with similar clients, and how to refer to different programs across Whole Health and The Learning Web

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

- The Community Partner Assessment survey was developed by the Steering Committee and distributed to community organizations. The survey consisted of 38 questions, organized into 3 sections: about your organization, organizational capacity, and capacities to support community health improvement. The data from this survey will be used to inform development of the community health assessment and improvement plan, locate sources of local data, and identify new partnerships. A follow-up in-person meeting will take place in September to share preliminary data and further discuss topics of transformative change, accountability, and power.

## COMMUNICATIONS

- A presentation was given to Ithaca Rotary during Maternal and Child Health Month. The presentation highlighted data related to maternal and infant health outcomes in our County as well as programs and services offered.
- The COVID-19 Community Resilience Mural community gathering took place at the end of August to build awareness of about National Immunization Month and the importance of back-to-school immunizations. The event was well attended by community partners and members of the public. The event honored Ms. Millie Clarke-Maynard, a community leader and retired school teacher, who is featured in the mural.

## [HPP Appendix](#)

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



## CHILDREN WITH SPECIAL CARE NEEDS

August 2024 Report | BOH Meeting September 24, 2024

[tompkinscountyny.gov/health/cscn](http://tompkinscountyny.gov/health/cscn)

### Highlights

#### Staff Training:

- 5 members of the CSCN team attended a training in Utica for the EI Hub. This team was composed of 1 support staff, 1 billing staff, 1 ISC/EIOD, 1 OSC, and the program director.
- All staff have started EI Hub trainings every other week as a group with more in-person and online trainings coming available by the state. EI Hub Launch date was moved back until October 15th.

### Program Updates

#### EARLY INTERVENTION

- SLP hired by the county has picked up 15 children of the therapy needs list so far with more potential each week as her caseload grows.
- The proposal for the reallocation of funds to keep 2 positions and to allow for current providers to receive a stipend per service rendered, including ongoing services and evaluations has been approved by the legislator. Creating contacts with all therapists have been completed and sent out for private providers and agencies to sign.
- Early Intervention experiencing wait lists for all specialties: Speech (21) Feeding (0), OT (19), PT (10), SI (15), SW (4)
- Referrals received in August: 21
- EI has made efforts to make relationships with core teams outside of the county. Currently we are working with CTN who has agreed to send a core evaluation team to the county and do all day evaluations at TCWH. We have also established relationships with Liberty Post in Syracuse and have gotten slots for families to travel there for evaluations as well.
- Starting in September we will only have one evaluation agency in our area.
- Currently we are outside of our 45-day indicators for most of the children we serve.
- Currently serving 207 active/qualified children in Early Intervention. 2 Total Child Find Cases.

#### [CSCN Appendix](#)

- Early Intervention Program statistical highlights.
- Preschool Special Education Program statistical highlights.

## ENVIRONMENTAL HEALTH

August 2024 Report | BOH Meeting September 24, 2024

[tompkinscountyny.gov/health/eh](http://tompkinscountyny.gov/health/eh)

### Highlights

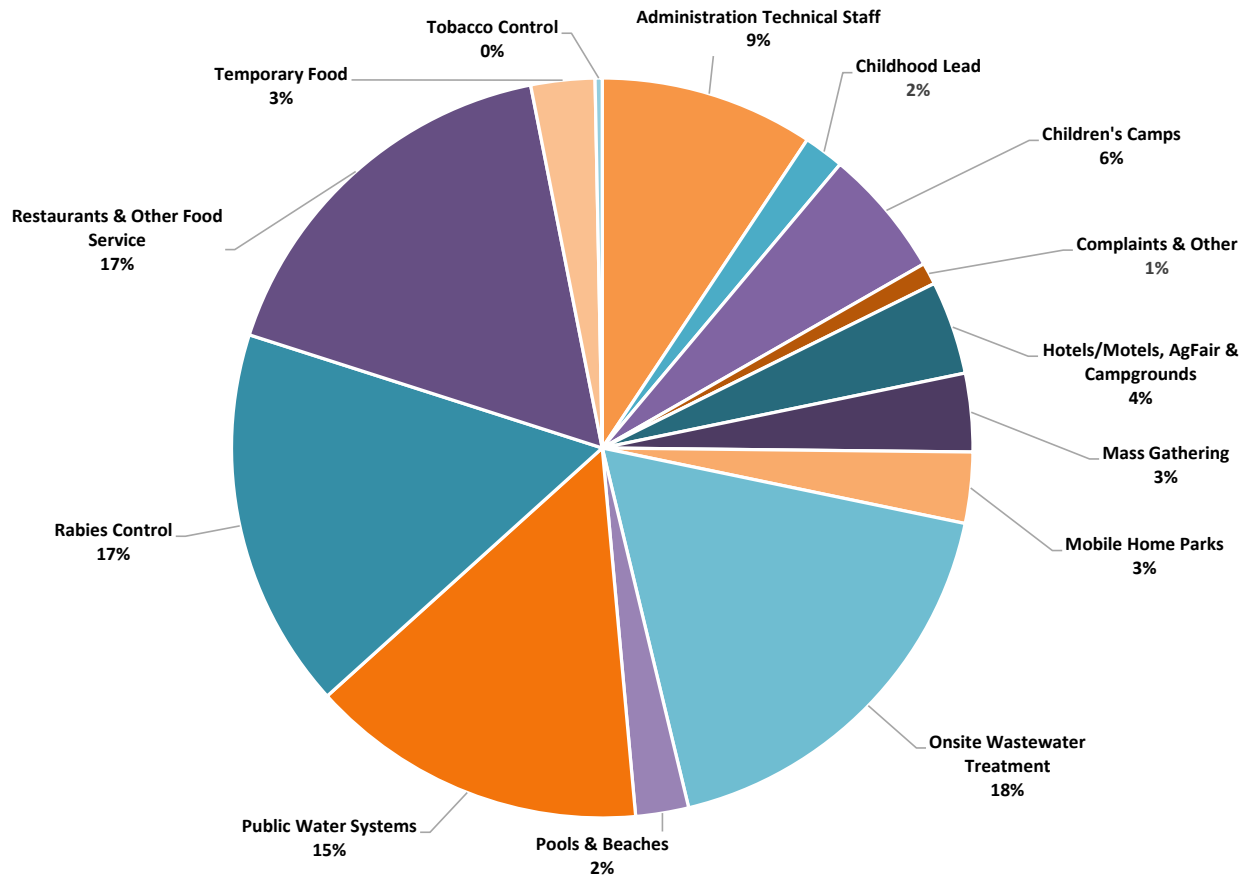
**Cayuga Lake TMDL:** 22 years after the Southern End segment of Cayuga Lake was listed on the NYSDEC Clean Water Act 303(d) list of impaired waterbodies and 3 years since the public comment period closed, the Cayuga Lake Total Maximum Daily Load (TMDL) Clean Water Plan for phosphorus has been finalized by US EPA and NYS DEC. On April 7, 2021, the draft Cayuga Lake TMDL was public noticed for 90 days. On July 24, 2024, EPA approved the final Cayuga Lake TMDL pursuant to Section 303(d) of the Clean Water Act (CWA). The Cayuga Lake TMDL utilizes a watershed approach to address the total phosphorus loading and impairment in the Southern End segment of this waterbody and is established at a level sufficient to attain the NYSDEC's narrative water quality criterion for nutrients. The lake is divided into four sections, with Tompkins County containing all the Southern End and a portion of the Main Lake Mid-South section. The Main Lake Mid-South section is considered "stressed" by "other pollutants/algae growth" in relation to its use as a source of drinking water by Bolton Point, while the Southern End is considered "impaired" by phosphorus in relation to its designated use for primary and secondary contact recreation. The TMDL recommends a 30% watershed wide reduction in Total Phosphorus loading from non-point source loads. One benefit locally to the TMDL being released, is that it can be a positive factor when applying for funding to address related issues.

**Water Quality funding:** Due to decreases in water quality and increases in the frequency of harmful algal blooms (HAB's) statewide, New York State Governor Kathy Hochul recently announced the state will provide \$42 million over 5 years to protect and enhance water quality in the eastern Finger Lakes region. Eleven Soil and Water Conservation Districts (SWCD) make up the Eastern Finger Lakes Coalition and, according to Jon Negley, Director of the Tompkins County SWCD, Tompkins County will receive approximately \$750,000/year to spend on bondable projects if these funds are divided equally between the 11 districts. These projects are intended to target innovative agricultural and resilience projects on and off farms to reduce nutrient and sediment runoff that can affect lake water quality including HABs.

**Lead and Copper regulations for public water supplies.** Many public water supplies will be required to submit inventories of all lead service lines in their distribution system by October 16, 2024. Information on this and related regulations is summarized in two attached documents prepared by Sr. EHS Skip Parr: *Lead and Copper Regulation Update for Public Water Systems* and *Overview of Federal (and State) Lead and Copper Drinking Water Regulations*.

SUMMARY OF ACTIVITY

Staff Time in Environmental Health Programs - August 2024



Program Updates

Food Program

FSE INSPECTIONS

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

PLANS APPROVED THIS PERIOD

- De Mokha Coffee, C-Ithaca

NEW PERMITS ISSUED

- De Mokha Coffee, C-Ithaca
- Ithaca Deli, C-Ithaca

- Komonz Grill, C-Ithaca
- Lilos & E-Life Market, C-Ithaca
- Locos Tacos, Throughout Tompkins

### Boil Water Orders (BWOs)

#### NEW

Facility Name	BWO Issued	Reason	Corrective Action	Status
Roman Village	08/06/2024	Unsatisfactory sample results	Submit satisfactory samples	Satisfactory samples pending; NOV Issued w/ TTOC
Upper Treman	08/13/2024	Loss of Pressure	Restore pressure & submit satisfactory samples	Satisfactory samples pending
Lansing Harbor	08/28/2024	Inadequate disinfection	Restore adequate disinfection & submit satisfactory samples	Satisfactory samples received; BWO released 08/30/24
Hanshaw Village MHP	09/03/2024	Loss of Pressure	Restore pressure & submit satisfactory samples	Satisfactory samples received; BWO released 09/06/24

#### ONGOING

Facility Name	BWO Issued	Reason	Corrective Action	Status
Dollar General North Lansing	02/08/2022	Operating without TCEH approval	Water System Approved	Monitoring System Operation
Dollar General Freeville	03/11/2024	Inadequate disinfection	Restore adequate disinfection & submit satisfactory samples	NOV Issued
Stone Bend Farm	06/05/2024	Unsatisfactory sample results	Install sanitary well cap & ensure UV Disinfection System is operating	Satisfactory samples pending

#### RELEASED

Facility Name	BWO Issued	Reason	Corrective Action	Status
North Applegate Apartments	07/31/2024	Inadequate disinfection	Restore disinfection & submit satisfactory samples	Satisfactory samples received; BWO Released 09/06/24

**Summary of Open BOH Enforcement Actions**

Date of BOH Action	Facility	Owner/ Operator	Basis for Action	Penalty Assessed	Next BOH Order Deadline	Status
05/23/23	C&C/Chuck's (EH-ENF-22-0052)	Chuck's Gas Mart, Inc.	ATUPA – Underage Sale of Tobacco Products	\$2,750	Awaiting court ruling	Awaiting court ruling
12/05/23	Applegate Park MHP (EH-ENF-23-0024)	Joseph Giordano	Mobile Home Park – Violation of Board of Health Order	\$1725	Continue compliance through 12/31/24	Monitoring compliance
NOV Issued 04/09/24	Part of Ithaca Homeless Encampment (EH-NOV-24-0010)	City of Ithaca	TCSC Refuse Violations	NA	NA	Monitoring Compliance
NOV Issued 04/09/24	Part of Ithaca Homeless Encampment (EH-NOV-24-0011)	Watco-Ithaca Central Railroad	TCSC Refuse Violations	NA	NA	Monitoring Compliance
06/25/24	Holiday Inn Express Pool (EH-ENF-24-0009)	Cassidy Fox	Swimming Pool – Violation of Board of Health Orders	\$500 (\$250 Waived, if training certificate received)	Operator training certificate due 07/15/24; Penalty Due 08/15/24	Awaiting training certificate & penalty
06/25/24	Brew 22 Coffee & Espresso (EH-ENF-24-0006)	Riley Brewer	PWS/Food Service – Violation of BOH Orders	\$8,700 (Payment agreement accepted 09/24/24)	Contact with certified water operator by 07/15/24	Awaiting information; 2 <sup>nd</sup> payment due 10/15/24
06/25/24	Hanshaw Village MHP (EH-ENF-24-0003)	Cook Properties, NY	PWS – Repeat Critical Violations	\$1,500 (Paid 07/11/24)	Draft feasibility study due 11/15/24	Awaiting information

[EH Appendix](#)

- Summary of Activity

## NEW BUSINESS:

August 2024 Report | BOH Meeting September 24, 2024

### Actions

#### Enforcement Actions

##### ENVIRONMENTAL HEALTH:

1. [Draft Revised Resolution #EH-ENF-24-0012](#) - Best Western University Inn Pool, Violation of Subpart 6-1 of the New York State Sanitary Code (Swimming Pool)

*\*Find Enforcement Action Reports following this page\**

#### Administrative Actions

##### ENVIRONMENTAL HEALTH:

1. [Lead and Copper Regulation Update for Public Water Systems](#)
2. [Overview of Federal Lead and Copper Drinking Water Regulations](#)

##### ADMINISTRATION

1. Establish a Nominating Committee

CERTIFIED, REGULAR, & ELECTRONIC MAIL

August 27, 2024

Stephen Berwald  
Southern Tier Hospitality LLC  
1020 Ellis Hollow Road  
Ithaca, NY 14850

**Re: Tompkins County Board of Health Draft Resolution # EH-ENF-24-0012  
Failure to Provide Minimum Disinfection Residuals  
Best Western University Inn - Pool, T-Ithaca**

Dear Stephen Berwald:

Thank you for signing the Stipulation Agreement on August 19, 2024, for Best Western University Inn Pool. Enclosed is a copy of the Draft Resolution that the Tompkins County Board of Health will consider at its meeting on **Tuesday, September 24, 2024**.

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

Sincerely,



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

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

pc: F:\EH\POOLS-BEACHES (SBS)\Facilities (SBS-4)\TR or CG Pools\Best Western University\Enforcement\2024\Draft Resolution 24-0012.docx  
ec: Tompkins County Board of Health; CEO T-Ithaca; TC Legislature, Shawna Black; TCWH: Elizabeth Cameron, P.E., Director of Environmental Health; Frank Kruppa, Whole Health Commissioner; Brenda Crosby, Deputy Public Health Director; Kristee Morgan, Adriel Shea, Mik Kern, Kate Walker; Brenda Coyle; accountsreceivable@twintierhospitality.com  
scan: Signed copy to Accela

**DRAFT RESOLUTION # ENF-24-0012**

**Best Western University Inn Pool  
Stephen Berwald, Operator  
1020 Ellis Hollow 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 3, 2024, and July 25, 2024, the Tom-pkins County Environmental Health staff inspected the Best Western University Inn Pool and observed the disinfectant residual to be below the minimum required levels for chlorine; **and**

**Whereas**, Stephen Berwald, Operator, signed a Stipulation Agreement with Whole Health Commissioners Orders on August 19, 2024, agreeing that Best Western University Inn Pool violated this provision of the New York State Sanitary Code; **now therefore be it**

**Resolved, on recommendation of the Tom-pkins County Board of Health,  
That Southern Tier Hospitality LLC, Owner, is ordered to:**

1. Pay a penalty of \$400 for these violations, due by **November 15, 2024**. (**Do Not** submit penalty payment until notified by the Tom-pkins County Environmental Health Division.); **and**
2. Maintain the chlorine level of the Pool above 1.5 ppm when the pH is between 7.8 and 8.2, or above 0.6 ppm when the pH is less than or equal to 7.8; **and**
3. Comply with all the requirements of Subpart 6-1 of the New York State Code for Swimming Pools.



STIPULATION AGREEMENT AND ORDERS # ENF-24-0012

Best Western University Inn Pool  
Stephen Berwald, Operator  
1020 Ellis Hollow Road, T-Ithaca  
Ithaca, NY 14850


I, Stephen Berwald, as a representative for Best Western University Inn Pool, agree that on July 3, 2024, and July 25, 2024, the Best Western University Inn Pool was in violation of Subpart 6-1 of the New York State Sanitary Code for failure to maintain the minimum disinfection levels for the swimming pool.

I agree to pay a penalty not to exceed \$400.00 for this violation/these violations following adoption of a resolution by the Board of Health. **(Do not submit penalty payment until notified by the Tom-pkins County Environmental Health Division.)**

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

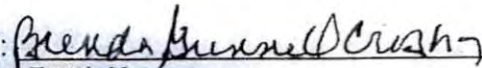
1. Maintain the chlorine level of the Pool above 1.5 ppm when the pH is between 7.8 and 8.2, or above 0.6 ppm when the pH is less than or equal to 7.8; **and**
2. Comply with all the requirements of Subpart 6-1 of the New York State Code for Swimming Pools.

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: 09/19/2024

Stephen Berwald is hereby ordered to comply with these Orders of the Whole Health Commissioner.

Signed:   
for Frank Kruppa  
Whole Health Commissioner

Date: 8/23/2024

Received

AUG 22 2024

*Diversity Through Inclusion*

Tompkins County  
Environmental Health

**CASE SUMMARY – FOR RESOLUTION # ENF-24-0012**

Best Western University Inn Pool  
Stephen Berwald, Operator  
1020 Ellis Hollow Road, T-Ithaca  
Ithaca, NY 14850

Compiled on August 12, 2024

Date	Action
08/22/2024	Signed Stipulation Agreement received by TCWH.
07/25/2024	Re-inspection by TCWH. <b>Violation:</b> See attached inspection report.
07/03/2024	Inspection by TCWH. <b>Violation:</b> See attached inspection report.
05/15/2024	Pre-operational inspection by TCWH. No critical violations cited.
07/05/2023	Inspection by TCWH. No critical violations cited.
05/30/2023	Pre-operational inspection by TCWH. No critical violations cited.
2022	Pool did not open for the 2022 season.
09/28/2021	Tompkins County Board of Health adopted resolution #EH-ENF-21-0009
08/12/2021	Re-inspection by TCWH. <b>Violation:</b> Minimum disinfection residual was not provided.
07/28/2021	Inspection by TCWH. <b>Violation:</b> Minimum disinfection residual was not provided.
05/19/2021	Pre-operational inspection by TCWH. No critical violations cited.
08/14/2020	Re-inspection by TCWH. Violation cited on 7/30/2020 was correction. No critical violations cited and pool was approved to open for the season.
07/30/2020	Pre-operational inspection by TCHD. <b>Violation:</b> Minimum disinfection residual was not provided.
08/27/2019	Re-inspection by TCWH. Violation cited on 7/2/19 was corrected. No critical violations cited.
07/02/2019	Inspection by TCWH. <b>Violation:</b> Minimum disinfection residual was not provided.
05/22/2019	Pre-operational inspection by TCWH. No critical violations cited.
06/28/2001	Pre-operational inspection by TCWH. No critical violations cited. Permit to Operate issued to Best Western University Inn pool.

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: BEST WESTERN UNIVERSITY INN - POOL (ID: 313434 )  
Facility Name: BEST WESTERN UNIVERSITY INN  
Facility Code: 54-2542 Facility Email: sberwald@twintierhospitality.com  
Facility Address: 1020 Ellis Hollow Road, Ithaca, NY 14850

### To the Attention of:

Stephen Berwald  
SOUTHERN TIER HOSPITALITY, LLC  
Best Western University Inn  
1020 Ellis Hollow Rd  
Ithaca, NY 14850  
Email: sberwald@twintierhospitality.com

### Inspection

Date: July 3, 2024 09:50 AM  
Inspector: Mikhail Kern (mkern@tom-pkins-co.org)  
Responsible Person: Charles Hodencamp  
Additional Email(s): slasher@twintierhospitality.com

### 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.*

## 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:** Chlorine measured 1.14 ppm while pH measured 8.2.  
Correction: Chlorine must be maintained above 1.5 ppm while pH is between 7.8 - 8.2.  
Operator turned up chlorinator and added acid.  
Chlorine and pH later measured at 1.22 and 7.8.

## 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:** pH readings differed significantly between operator and inspector test kits: 7.7 vs. 8.2, respectively. Correction: Test kits must accurately measure chemical level. Instructed operator on correct level to fill test tubes. Subsequent reading was much closer to agreement.

Note: Several DPD 1A and DPD 3 reagents in test kit expired in June (3 days prior to inspection). Reagents were discarded during inspection. Extra in-date reagents available.

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### Additional Information Collected During Inspection

Supervision Level at Time of Inspection: IV

Temporary Residence / Campground: Yes

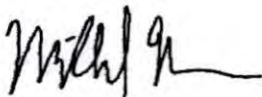
#### Water Chemistry

#### Disinfectant: Chlorine

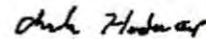
Free Cl/Br (mg/L)	<u>1.14</u>	Combined Cl (mg/L)	<u>0.03</u>
pH	<u>8.2</u>		
		Flow Meter Reading (gpm)	<u>32</u>

**Comments:** Part 1: Critical violation of Item #2 observed.  
Part 2: Violation of Item #39 observed.  
Reinspection required.  
Note: Flow meter may be stuck and not functioning properly. Verify that the floater is freely floating.

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



Received by: Charles Hodencamp



7/8/2024

## Swimming Pool Inspection Summary Report

Operation: BEST WESTERN UNIVERSITY INN - POOL (ID: 313434 )  
Facility Name: BEST WESTERN UNIVERSITY INN  
Facility Code: 54-2542 Facility Email: sberwald@twintierhospitality.com  
Facility Address: 1020 Ellis Hollow Road, Ithaca, NY 14850

### To the Attention of:

Stephen Berwald  
SOUTHERN TIER HOSPITALITY, LLC  
Best Western University Inn  
1020 Ellis Hollow Rd  
Ithaca, NY 14850  
Email: sberwald@twintierhospitality.com

### Re-Inspection

Date: July 25, 2024 11:05 AM  
Inspector: Mikhail Kern (mkern@tompkins-co.org)  
Responsible Person: Stephen Berwald

### Summary

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

### Reinspection is Required

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

## PUBLIC HEALTH HAZARDS

### ITEM # 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:** Chlorine residual measured at 0.62 ppm while pH measured 8.2.  
Correction: Chlorine must be maintained above 1.5 ppm when pH is above 7.8.  
Operator turned up chlorinator during inspection. Discussed appropriate chemistry ranges.  
Inspector to send chlorine/pH acceptable ranges and other guidance. Chlorine later measured at 0.85. Pool was closed during inspection.

## NO NON-PUBLIC HEALTH HAZARDS REPORTED

**Additional Information Collected During Inspection**


Supervision Level at Time of Inspection: IV  
Temporary Residence / Campground: Yes

**Water Chemistry**

**Disinfectant: Chlorine**

Free Cl/Br (mg/L)	<u>0.62</u>	Combined Cl (mg/L)	<u>0.09</u>
pH	<u>8.2</u>	Flow Meter Reading (gpm)	<u>36</u>

**Comments:** Part 1: Critical violation observed of Item #2.  
Part 2: No violations observed.  
Noncritical item corrected from previous inspection.  
Repeat critical violation - enforcement to follow.



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

Received by: Stephen Berwald



8/12/2024

Date: September 13, 2024  
Memo to: Members of the Tompkins County Board of Health  
From: Skip Parr, Sr. Environmental Health Specialist

**Subject: Lead and Copper Regulation Update for Public Water Systems**

The Environmental Health Division (EH) and owners of public water systems are currently navigating a fast-approaching deadline related to lead and copper regulations. By October 16, 2024, all federally defined public water systems will be required to submit a lead service line inventory that details all the types of materials and other details of water service lines in their distribution system. In Tompkins County, there are 58 federally defined public water systems that are impacted by existing and impending lead and copper regulations. The systems include community public water systems that serve the same population year-round and have at least 15 service connections or more than 25 residents (e.g., mobile home park, municipal systems, apartments), and non-transient non-community systems that regularly serve at least 25 of the same people at least six months of the year (e.g., schools, factories, office buildings).

Currently, there are three EPA regulations at play which include the Lead and Copper Rule (LCR) (initial 1991 rule with multiple revisions through 2011), Lead and Copper Rule Revisions (LCRR - adopted 2021) and Lead Copper Rule Improvements (LCRI - proposed December 2023). The complexity of the rules and significant changes of the LCRR and LCRI in a relatively short period of time have been confusing for regulators and water system owners/operators alike. Additionally, New York State has added its own requirements in the NYS Lead Pipe Right to Know Act (LPRTKA). EH has been communicating information as it becomes available with our impacted water systems. In August, EH hosted an operator training onsite at Brown Road to provide more guidance and an opportunity for water systems to ask questions. Despite our proactive efforts, it is anticipated that meeting compliance deadlines and implementation of new lead and copper regulations will be challenging for impacted water systems and regulators.

The requirements of the LCRR were essentially put on hold during the development of the LCRI requirements. It was known that the new administration of the federal government was reviewing the LCRR and was going to potentially make changes. Ultimately, the EPA relayed that three primary requirements of the LCRR would be included in LCRI (see below for more detail) and that the LCRI regulations would be finalized prior to October 16, 2024. In the meantime, both regulators (State and Local) and impacted water systems were left waiting for clarifications and guidance since they were dealing with final regulations that were not being fully implemented (LCRR) and proposed regulations (LCRI) that were not yet finalized. On top of the confusion with the Federal regulations (LCRR and LCRI), New York State has additional requirements in the LPRTKA that impact both local health departments (LHDs) regulators and water systems. Guidance regarding the details of LPRTKA were just finalized last month.

The three primary requirements of the LCRR that have been retained with the deadline of October 16, 2024, are as follows:

- Public water supplies must submit initial service line inventories to NYSDOH.

- Note: NYS LPRTKA requires electronic submission of the inventory using a state-provide template and requires more detail than what the EPA is asking for.
- Tier 1 notifications: All customers served by a water system that exceeds the current lead action level of 15 parts per billion (ppb) must be notified within 24 hours when the system learns of an exceedance after October 16, 2024.
- Water systems will have 30-days following submission of their initial lead service line inventories to notify their users if they have lead service lines or galvanized service lines requiring replacement, or unknown service lines. Notification will need to occur annually until only non-lead service lines remain.

Additionally, NYS LPRTKA requires NYSDOH to publish all inventories and inventory summaries on the Department's website by February 13, 2025. Each local health department is required to provide a link to the DOH website on its own website.

Once LCRI is finalized, it is expected that the following significant provisions will be included:

- Locating all legacy lead pipes. Legacy lead pipes refers to pipes that have been in service prior to the 1980s, before the use of lead pipes was banned.
- Changes in sampling protocols from collection of the first liter out of the tap to now include first liter as well as fifth liter sampling.
- Lowering the lead action level from 15 ppb to 10 ppb.
- Strengthening protections to reduce exposure – multiple action level exceedances will require additional outreach to consumers and water systems will need to make filters certified to reduce lead available to all consumers.
- Achieving 100% lead pipe replacement within 10 years. The Bipartisan Infrastructure Law provides \$15 billion specifically for lead service line replacement and more than \$11 billion for general Drinking Water State Revolving Funds. However, this funding may be challenging for smaller community water systems to obtain given their limited staffing and capacity to secure funding sources for the replacement of lead pipes and other necessary upgrades. Additionally, modifications will need to be overseen by LHDs, which to our knowledge has not received earmarked funding to track and monitor replacements and upgrades during this 10-year window.

### Impacts on Public Water Systems

- *Inventory requirements:* Operators will need to spend significant time in identifying materials in the water service lines to complete the inventory report, as well as time to complete the electronic template and submit the report. Time and resources will also be needed to complete the more comprehensive sampling.
- *Increased training required:* Operators will also need to learn and perform the updated sampling collection method, as the new rule requires collecting both first- and fifth-liter samples at homes with lead service lines.
- *Compliance calculations:* Compliance with the LCR is based on calculation of a “90<sup>th</sup> percentile” value based on sample results. This calculation is often done by local health



departments to assist the operators. With the new rule, operators will need to become knowledgeable and proficient in calculating compliance themselves to comply with 24-hr notification for exceedances.

- *New reporting requirements:* As the new rule requires a Tier 1 notice within 24 hours for lead levels over the lead action level, this will increase the amount of time and resources needed in implementing these notices, as well as notifying the EPA and local and state health departments. Operators will also need to spend time on notification of known or potential service lines containing lead within 30 days of completing of the inventory (initial) and repeat notification annually until the entire distribution system including service connections is no longer made of lead, galvanized requiring replacement, or unknown materials. Water systems also need to provide this notice at the time-of-service initiation to new customers.
- *Responses to lead levels:* If a water system is found to have lead levels that exceed the action level, the system will need to take action to reduce lead levels. This will require time and resources in working to install corrosion control treatment and eventually replacing all lead pipes, as well as potentially having to provide interim lead control measures such as providing filters to its users.

#### Impacts on the Environmental Health Division

- Increased call volume: An increase in calls from concerned residents about lead exposure risks is expected.
- Increase in staff time reviewing and comprehending complex and changing regulations.
- Increase in the number of engineering plan reviews and approvals need to be completed for lead pipe replacements and other modifications to water systems.
- Information requests: The expected increase in public inquires provides opportunities for direct education on lead risks and prevention strategies.
- Increased monitoring and reporting requirements.
- Significantly increased communication and guidance to public water systems. Communication has been especially challenging because of the lack of timely guidance provided from NYS and the EPA.

#### Opportunities for Public Outreach and Awareness

- Public Health Promotion: The heightened awareness of lead risks due to LCRR implementation may encourage more parents to have their children tested for lead exposure. This increased testing can lead to earlier detection and intervention, potentially reducing long-term health impacts on children.

As we navigate forward with these regulations, it is important to maintain a clear-eyed perspective of public health risks. In Tompkins County, the risks associated with elevated blood lead levels in children associated with drinking water is extremely low. Most of the historical environmental investigations locally have been associated with children with elevated blood lead levels due to

exposure to lead paint and associated dust, exposure to lead dust from workplace or hobby activities, and imported goods such as spices and herbal remedies. There will be opportunities to bring awareness to the public about lead exposures outside of drinking water with the new lead and copper regulations. Additionally, these regulations will provide the much-needed upgrades and improvements to water infrastructure and eliminate lead pipes from our drinking water systems. Acknowledging that there are no safe levels of lead exposures, the degree that these new water-specific regulations provide positive public health benefits relative to costs and resources expended likely will not be as favorable as if an equivalent effort was made to remove sources of lead from the home environment.

#### Attachment: Overview of Federal Lead and Copper Regulations

F:\EH\WATER (SW)\Public Water (SW)\Lead and Copper\2024 LCR Inventory Notification\BOH Lead and Copper Overview.docx

## **Overview of Federal Lead and Copper Drinking Water Regulations**

The Environmental Protection Agency (EPA) issued the Lead and Copper Rule (LCR) in 1991 under the Safe Drinking Water Act to control lead and copper levels in drinking water. Prior to 1991, the previous standard for lead was 50 ppb, measured at the entry point to the distribution system. Below is an outline of the rule and its significant revisions.

### **1991: Initial Lead and Copper Rule**

The LCR was established to reduce lead and copper levels in drinking water, primarily by minimizing corrosion of plumbing materials. Action levels were established at 15 parts per billion (ppb) for lead and 1.3 parts per million (ppm) for copper. Public water systems were required to monitor drinking water at selected customer taps and take corrective action if established actions levels were exceeded.

### **2000-2007: Early Revisions**

In 2000, minor revisions were made to improve the implementation of the 1991 rule. In 2007, significant revisions were made to enhance monitoring, treatment, customer awareness, and lead service line replacement. Public education requirements were also strengthened.

### **2011-2016: Further Enhancements**

In 2011, the EPA issued guidance to improve the implementation of the LCR further, focusing on better monitoring and public education. Following the Flint water crisis, the EPA began working on more comprehensive revisions to address lead in drinking water more effectively.

### **2021-2024: Revised Lead and Copper Rule Lead and Copper Rule Revisions (LCRR) and Lead and Copper Rule Improvements (LCRI)**

On January 15, 2021, the EPA promulgated the LCRR, with a compliance date of October 16, 2024. On December 6, 2023, the EPA proposed LCRI that builds on the LCR and LCRR. EPA plans to finalize the LCRI prior to the LCRR compliance date of October 16, 2024. Under the LCRI, the compliance date for new requirements is expected to be three years after the promulgation of the final rule. Public water systems must continue to comply with the LCR until that date, with exceptions. The exceptions are portions of LCRR requirements as follows:

1. Initial Lead Service Line Inventory (LSLI) - Deadline October 16, 2024

- a. Water systems must identify all service lines in its water system (Does not include mains or internal plumbing)
2. Notification of Known Potential Lead Service Line
    - a. Public Notification by November 16, 2024, if served by lead service lines, galvanized service line that was or currently is downstream of lead service line, or a service line of unknown material.
    - b. Repeat notification annually until these service lines are replaced.
    - c. Provide notification to new customers at the time of service initiation.
    - d. Directly delivered to each affected customer.
    - e. Required content includes statement that service line is lead, explanation of health effects of lead, steps to reduce exposure, information on opportunities to replace service lines, information on financing programs to assist replacing customer-owned side, and statement that system is required to replace its portion of lead service line when property owner notifies of customer-owned replacement.
  3. Tier 1 Public Notification for Lead Action Level Exceedance
    - a. Public notice no later than 24-hour notification to consumers upon learning of an action level exceedance.

### **Lead and Copper Rule Improvements (LCRI) – Anticipated prior to October 16, 2024**

- Awaiting Final LCRI rules to be published – Must be finalized prior to October 16, 2024 (Prior to the compliance date of LCRR)
- Significant provisions of LCRI:
  - Achieving 100% Lead Pipe Replacement within 10 years.
  - Locating Legacy Lead Pipes – LSLI is the foundation for this requirement
  - Improved Tap Sampling – Change sampling protocol from collection of first liter to first-liter and fifth-liter sampling and using the higher of the two values to determine compliance.
  - Lowering the lead action level from 15 parts per billion to 10 parts per billion.
  - Strengthening Protections to Reduce Exposure – Multiple action level exceedances will require additional outreach to consumers and water systems will need to make filters certified to reduce lead available to all consumers.

## **Overview of State Lead Drinking Water Regulations**

### **2016: Lead Testing in School Drinking Water**

In September 2016, Governor Cuomo signed legislation requiring all school districts in NYS to test potable water for lead contamination and take responsive actions. NYSDOH issued emergency regulations and in May 2019, a final regulation was published that replaced the emergency regulations (Subpart 67-4). Subpart 67-4 was amended by Governor Hochul on December 23, 2021. Important notes regarding Lead Testing in School Drinking Water:

- NYSDOH (not Local Health Departments) are the primary agency for enforcing these regulations
- These are different regulations than LCRR/LCRI (Subpart 5-1)
  - Applies to all accessible taps in school buildings not just schools that have their own public water supplies.
  - Different sampling methods are used.
  - Compliance of 67-4 differs from Subpart 5-1.
    - Action level is 5 parts per billion (Subpart 67-4) instead of 15 parts per billion (Subpart 5-1)
    - All applicable outlets of a school building are required to perform lead testing
    - If an outlet exceeds 5 parts per billion, then it can not be used for drinking (handwashing and cleaning only)
    - Reporting requirements differ
- Schools that have their own public water systems are required to comply with both LCRR/LCRI and Lead Testing in School Drinking Water.

### **2023 : Lead Pipe Right to Know Act (LCRR 67-4)**

In December 2023, Governor Hochel signed legislation that requires information to be easily accessible to the public about the number and location of lead pipes in an effort to secure state and federal resources to remove all lead pipes impacting the State's drink water. Current requirements include:

- NYSDOH will make all inventory and inventory summary forms available on the Department's website by February 13, 2025.
- Each LHD shall include a link to the DOH website on the LHD's website.
- By October 16, 2026, NYSDOH will publish an interactive map of all inventories from public water systems that serve greater than 10,000 people and less than 2,000,000, unless systems have their own interactive map
- Requires the additional Lead Service Line Inventory information when known:

- Presence of lead goose necks
- Service line installation or replacement dates
- Service line size
- Presence of lead solder
- Building types
- Presence of Point of Use (POU) or Point of Entry (POE) treatment

Prepared: September 16, 2024

F:\EH\WATER (SW)\Public Water (SW)\Lead and Copper\2024 LCR Inventory Notification\Overview of Lead and Copper Regs.docx

## APPENDIX

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

### Community Health Services

#### WIC CASELOAD DATA FFY 2024

TCWH WIC Program	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	AVG.
Target Caseload	1320	1320	1320	1320	1320	1320	1320	1320	1320	1320	1320	1320	
Participation	1129	1131	1134	1146	1138	1121	1099	1086	1086	1083	1074		1112
% Caseload Served	85.53%	85.68%	85.91%	86.82%	86.21%	84.92%	83.26%	82.27%	82.27%	82.05%	81.36%		84.21%
% Change Per Month	1.27%	0.15%	0.23%	0.91%	-0.61%	-1.29%	-1.67%	-0.98%	0.00%	-0.23%	-0.68%		-0.26%
Total Eligibles	2226	2226	2226	2226	2226	2226	2226	2226	2226	2226	2226	2226	
% Eligibles Served	50.72%	50.81%	50.94%	51.48%	51.12%	50.36%	49.37%	48.79%	48.79%	48.65%	48.25%		49.93%
% Change Per Month	0.85%	0.09%	0.13%	0.54%	-0.36%	-0.76%	-0.99%	-0.58%	0.00%	-0.13%	-0.40%		-0.15%
Enrolled	1229	1216	1210	1208	1200	1197	1180	1175	1164	1150	1150		1189

#### NYSDOH COMMUNICABLE DISEASE REPORTS

- *See following pages.*

N.Y.S. Department of Health  
 Division of Epidemiology  
 Communicable Disease Monthly Report\*, DATE: 03SEP24  
 Rates are defined as: Cases/100,000 population/Month

County=TOMPKINS Month=August

Disease	2024		2023		2022		2021		Ave (2021-2023)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
ANAPLASMOSIS**	12	142.5	16	190.0	6	71.2	12	142.5	11	130.6
BABESIOSIS**	6	71.2	11	130.6	3	35.6	1	11.9	5	59.4
CAMPYLOBACTERIOSIS**	6	71.2	6	71.2	5	59.4	2	23.7	4	47.5
COVID-19	208	2469.9	180	2137.4	766	9095.8	851	10105	599	7112.7
CRYPTOSPORIDIOSIS**	3	35.6	1	11.9	1	11.9	3	35.6	2	23.7
CYCLOSPORA	1	11.9	0	0.0	0	0.0	0	0.0	0	0.0
DENGUE FEVER**	1	11.9	0	0.0	0	0.0	0	0.0	0	0.0
ECOLI SHIGA TOXIN**	1	11.9	0	0.0	1	11.9	0	0.0	0	0.0
GIARDIASIS	2	23.7	1	11.9	1	11.9	0	0.0	1	11.9
HAEMOPHILUS INFLUENZAE, NOT TYPE B	1	11.9	0	0.0	1	11.9	0	0.0	0	0.0
HEPATITIS B,CHRONIC**	1	11.9	1	11.9	2	23.7	0	0.0	1	11.9
HEPATITIS C,ACUTE**	0	0.0	1	11.9	0	0.0	0	0.0	0	0.0
HEPATITIS C,CHRONIC**	2	23.7	1	11.9	0	0.0	0	0.0	0	0.0
INFLUENZA A, LAB CONFIRMED	4	47.5	3	35.6	0	0.0	0	0.0	1	11.9
LEGIONELLOSIS	0	0.0	8	95.0	1	11.9	0	0.0	3	35.6
LYME DISEASE** ****	97	1151.8	92	1092.4	37	439.4	5	59.4	45	534.3
MALARIA	0	0.0	0	0.0	1	11.9	0	0.0	0	0.0
PERTUSSIS**	1	11.9	0	0.0	0	0.0	0	0.0	0	0.0
ROCKY MTN SPOT FEVER**	1	11.9	0	0.0	0	0.0	0	0.0	0	0.0
SALMONELLOSIS**	7	83.1	2	23.7	3	35.6	1	11.9	2	23.7
STREP,GROUP B INVASIVE	0	0.0	1	11.9	0	0.0	0	0.0	0	0.0
VIBRIO - NON 01 CHOLERA**	0	0.0	1	11.9	0	0.0	0	0.0	0	0.0



Disease	2024		2023		2022		2021		Ave (2021-2023)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
YERSINIOSIS**	0	0.0	0	0.0	1	11.9	0	0.0	0	0.0
SYPHILIS TOTAL.....	1	11.9	1	11.9	4	47.5	2	23.7	2	23.7
- P&S SYPHILIS	0	0.0	0	0.0	1	11.9	0	0.0	0	0.0
- EARLY LATENT**	1	11.9	1	11.9	2	23.7	1	11.9	1	11.9
- LATE LATENT**	0	0.0	0	0.0	1	11.9	1	11.9	1	11.9
GONORRHEA TOTAL.....	8	95.0	8	95.0	7	83.1	4	47.5	6	71.2
- GONORRHEA	8	95.0	8	95.0	7	83.1	4	47.5	6	71.2
CHLAMYDIA	22	261.2	29	344.4	34	403.7	25	296.9	29	344.4

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

\*\*Confirmed and Probable cases counted

\*\*\*Not official number

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

N.Y.S. Department of Health  
 Division of Epidemiology  
 Communicable Disease Monthly Report\*, DATE: 03SEP24  
 Through August  
 Rates are defined as: Cases/100,000 population/Month

County=TOMPKINS

Disease	2024		2023		2022		2021		Ave (2021-2023)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
AMEBIASIS	0	0.0	0	0.0	1	1.5	0	0.0	0	0.0
ANAPLASMOSIS**	66	98.0	116	172.2	66	98.0	86	127.6	89	132.1
BABESIOSIS**	20	29.7	34	50.5	11	16.3	20	29.7	22	32.7
BLASTOMYCOSIS	0	0.0	1	1.5	0	0.0	0	0.0	0	0.0
CAMPYLOBACTERIOSIS**	24	35.6	26	38.6	28	41.6	19	28.2	24	35.6
CHIKUNGUNYA**	0	0.0	1	1.5	0	0.0	0	0.0	0	0.0
COVID-19	1005	1491.7	2756	4090.7	16048	23820	9626	14288	9477	14067
CRYPTOSPORIDIOSIS**	6	8.9	7	10.4	11	16.3	14	20.8	11	16.3
CYCLOSPORA	4	5.9	0	0.0	0	0.0	0	0.0	0	0.0
DENGUE FEVER**	6	8.9	0	0.0	1	1.5	0	0.0	0	0.0
ECOLI SHIGA TOXIN**	2	3.0	4	5.9	3	4.5	6	8.9	4	5.9
EHRlichiosis (CHAFEENSIS)**	0	0.0	0	0.0	1	1.5	0	0.0	0	0.0
EHRlichiosis (EWINGII)**	0	0.0	1	1.5	1	1.5	0	0.0	1	1.5
ENCEPHALITIS, ARBO**	0	0.0	0	0.0	1	1.5	0	0.0	0	0.0
ENCEPHALITIS, OTHER	0	0.0	0	0.0	0	0.0	1	1.5	0	0.0
GIARDIASIS	10	14.8	14	20.8	13	19.3	15	22.3	14	20.8
HAEMOPHILUS INFLUENZAE, NOT TYPE B	3	4.5	1	1.5	4	5.9	0	0.0	2	3.0
HEPATITIS A	0	0.0	0	0.0	1	1.5	7	10.4	3	4.5
HEPATITIS B, ACUTE	0	0.0	1	1.5	0	0.0	0	0.0	0	0.0
HEPATITIS B, CHRONIC**	10	14.8	10	14.8	15	22.3	18	26.7	14	20.8
HEPATITIS C, ACUTE**	2	3.0	5	7.4	4	5.9	3	4.5	4	5.9
HEPATITIS C, CHRONIC**	10	14.8	22	32.7	20	29.7	30	44.5	24	35.6
HEPATITIS C, PERINATAL	0	0.0	0	0.0	0	0.0	1	1.5	0	0.0

	2024		2023		2022		2021		Ave (2021-2023)	
Disease	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
HERPES INF, INFANT =< 60 DAYS	0	0.0	1	1.5	0	0.0	0	0.0	0	0.0
INFLUENZA A, LAB CONFIRMED	894	1327.0	251	372.6	1341	1990.4	265	393.3	619	918.8
INFLUENZA B, LAB CONFIRMED	120	178.1	31	46.0	11	16.3	6	8.9	16	23.7
INFLUENZA UNSPECIFIED, LAB CONFIRMED	0	0.0	0	0.0	3	4.5	1	1.5	1	1.5
LEGIONELLOSIS	2	3.0	15	22.3	6	8.9	3	4.5	8	11.9
LISTERIOSIS	0	0.0	0	0.0	1	1.5	0	0.0	0	0.0
LYME DISEASE** ****	375	556.6	415	616.0	265	393.3	44	65.3	241	357.7
MALARIA	0	0.0	2	3.0	3	4.5	0	0.0	2	3.0
MENINGITIS, ASEPTIC	1	1.5	0	0.0	0	0.0	0	0.0	0	0.0
MONKEYPOX	0	0.0	0	0.0	3	4.5	0	0.0	1	1.5
PERTUSSIS**	6	8.9	0	0.0	0	0.0	0	0.0	0	0.0
RESPIRATORY SYNCYTIAL VIRUS	165	244.9	64	95.0	0	0.0	0	0.0	21	31.2
ROCKY MTN SPOT FEVER**	1	1.5	0	0.0	1	1.5	0	0.0	0	0.0
SALMONELLOSIS**	15	22.3	12	17.8	20	29.7	13	19.3	15	22.3
S.PARATYPHI	1	1.5	0	0.0	0	0.0	0	0.0	0	0.0
SHIGELLOSIS**	3	4.5	1	1.5	2	3.0	1	1.5	1	1.5
STREP, GROUP A INVASIVE	8	11.9	11	16.3	5	7.4	3	4.5	6	8.9
STREP, GROUP B INVASIVE	3	4.5	1	1.5	6	8.9	10	14.8	6	8.9
STREP PNEUMONIAE, INVASIVE**	4	5.9	3	4.5	8	11.9	4	5.9	5	7.4
TOXIC SHOCK SYNDROME, STREPTOCOCCAL**	0	0.0	1	1.5	0	0.0	0	0.0	0	0.0
TUBERCULOSIS***	0	0.0	1	1.5	1	1.5	1	1.5	1	1.5
TYPHOID FEVER	0	0.0	1	1.5	0	0.0	0	0.0	0	0.0
VARICELLA	1	1.5	0	0.0	0	0.0	0	0.0	0	0.0
VIBRIO - NON 01 CHOLERA**	0	0.0	3	4.5	2	3.0	1	1.5	2	3.0
YERSINIOSIS**	4	5.9	1	1.5	6	8.9	1	1.5	3	4.5
SYPHILIS TOTAL.....	10	14.8	12	17.8	34	50.5	24	35.6	23	34.1

	2024		2023		2022		2021		Ave (2021-2023)	
Disease	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
- P&S SYPHILIS	0	0.0	0	0.0	16	23.7	7	10.4	8	11.9
- EARLY LATENT**	6	8.9	6	8.9	15	22.3	11	16.3	11	16.3
- LATE LATENT**	4	5.9	6	8.9	2	3.0	6	8.9	5	7.4
- CONGENITAL SYPHILIS	0	0.0	0	0.0	1	1.5	0	0.0	0	0.0
GONORRHEA TOTAL.....	61	90.5	120	178.1	109	161.8	142	210.8	124	184.1
- GONORRHEA	61	90.5	120	178.1	109	161.8	142	210.8	124	184.1
CHLAMYDIA	167	247.9	328	486.8	377	559.6	337	500.2	347	515.1

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

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

\*\*\*Not official number

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

## Health Promotion Program

### Opioids

#### 911 CALL REPORTS

All calls that come into Tompkins County's 9-1-1 center are coded based on the type of emergency. To help direct the call, the dispatcher assigns each a "Nature." The Department of Emergency Response (DoER) sends the monthly totals to Whole Health for calls coded as "Overdose/Poisoning," and these are posted in graphic form [on the WH website](#). A 3-month summary is shown below.

**Total 911 calls per month that are Nature coded as "Overdose/ Poisoning."**

Source: DoER.

Month	2018	2019	2020	2021	2022	2023	2024
MAY	50	49	20	39	38	40	39
JUN	18	25	21	39	24	19	20
JUL	20	27	26	39	29	31	19
AUG	29	28	33	39	30	29	27

### CHWs

	August 2024 Enrolled Clients	YTD 2024
HiP Tompkins	32	56
General CHW Program	13	13

#### OUTREACH

- Resource Hub at Groton Public Library (8/13, 8/20, 8/27)
- DeWitt Farmers Market for World Breastfeeding Week
- LawNY and CHW Partner Check-In (8/13, 8/27)
- What does a Whole Health CHW do? With Tompkins Learning Partners
- Meet and Greet with The Learning Web

#### TRAININGS

- Vaccines During Pregnancy: Addressing Health Disparities
- Social Determinants of Mental Health and Substance Use
- Oral Health and the Role Home Visitors/CHWs Play in Promoting Best Practices
- Field Safety Training
- CCE Coalition for Families: ADHD in Children

## HNP

### MONTHLY STATS

HEALTHY NEIGHBORHOODS PROGRAM	August 2024	YTD 2024	August 2023	TOTAL 2023*
# of Initial Home Visits (including asthma visits)	24	164	26	252
# of Revisits	0	23	0	56
# of Asthma Homes (initial)	5	23	3	16
# of Homes Approached	48	150	3	89

### OUTREACH & TRAINING

- HNP Team Huddle with Eric Anderson from Adult Protective Services
- Canvassed Mobil Home Parks
- Smoke Alarms: Make Them Work For You! Webinar
- DEIB CFT Meeting
- Safety in the Field Training
- Avoid Disaster Scams - FEMA II Webinar

### COVID-19

- Uptick in COVID-19 cases. [Continuing to monitor](#) & update publicly on a weekly basis.
- FDA approves updated Moderna, Pfizer, and Novavax vaccines. [August 22, 2024](#)
- TCWH COVID-19 Community Resilience Mural: [launch event \(Aug. 29\)](#) with community partners, [documentary video](#)

## Media

### SOCIAL MEDIA

- Pushing promotion for job opportunities at TCWH (CHWs, CHS nurses, etc.)
- Summer health awareness: ticks, rabies & bats, “beat the heat”, Harmful Algal Blooms (HABs), back to school immunization reminders
- Event promotion:
- TCWH WIC, CHWs and CHS staff Dewitt Park “World Breastfeeding Awareness” event (August 6)
- TCWH Rabies Clinic (Sept 14)
- TCWH co-sponsoring annual Ithaca Airport Day & Preparedness Expo (Sept 14); county sponsored American Red Cross Blood Drive (part of Preparedness Expo)
- Highlighting awareness for August:
- National Immunization Awareness Month
- World Lung Cancer Day (August 1)
- World Breastfeeding Awareness Week (August 1 – 7)

- International Overdose Awareness Week (August 25 – September 3); International Overdose Awareness Day (August 31)

#### PRESS RELEASES

- [Tompkins County Whole Health Celebrates World Breastfeeding Week: August 1 to 7, 2024](#) (8/1/24)
- [Health Alert: What To Do When You Find a Bat in Your Home](#)(8/2/24)
- [National Immunization Awareness Month; Back-to-School Routine Immunization Reminders](#) (8/8/24)
- [Health Alert: Mpox Cases on Rise, Vaccination Recommended for Those at Risk](#) (8/26/24)
- [International Drug Overdose Awareness Week: August 28 to September 3, 2024](#) (8/28/24)
- [Tompkins County Whole Health Offices Temporary Phone Outage Saturday, August 31, 2024](#) (8/30/24)

#### Outreach & Training

Conducted by Health Promotion staff & Public Health Fellows

#### OUTREACH

- Cayuga Health System – Cayuga Park Weekly Event Series, Ithaca (8/20/24): focus on sun safety
- Groton Old Homes Day, Groton (8/24/24): focus on lead poisoning prevention, “old homes”
- Hasbrouck Community Center Welcome Night, Ithaca (8/27/24): focus on lead poisoning prevention, population – international temporary residents

#### TRAINING

- Webinar (8/21/24): “Social Determinants of Health, Mental Health and Substance Use” (Northern Area Health Education Center, NAHEC)

### Committee and Partnership Meetings

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



## Children with Special Care Needs (CSCN)

### STATISTICAL HIGHLIGHTS

- *See following pages.*

**Children with Special Care Needs Division  
Statistical Highlights 2024  
EARLY INTERVENTION PROGRAM**

Number of Program Referrals	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2024 Totals	2023 Totals	2022 Totals
<b>Initial Concern/reason for referral:</b>															
-- DSS Founded Case	0	0	0	0	0	0	0	0	0					0	
-- Gestational Age	0	0	0	0	3	0	0	0						2	6
-- Gestational Age/Gross Motor	0	0	1	0	0	0	0	0						0	2
-- Global Delays	0	0	0	0	0	0	0	0						0	1
-- Hearing	0	2	0	0	1	1	0	0					4	1	2
-- Physical	0	0	0	0	0	0	0	0					0	0	0
-- Feeding	1	1	0	2	2	0	1	0					7	30	17
-- Feeding & Gross Motor	0	0	0	0	1	0	0	1					2	4	10
-- Feeding & Social Emotional	0	0	0	0	0	0	0	0					0	1	4
-- Gross Motor	5	4	1	2	1	4	4	1					22	48	40
-- Gross Motor & Fine Motor	0	0	0	0	0	0	1	0					1	5	9
-- Gross Motor, Speech & Social Emotional	0	1	0	0	2	2	0	0					5	2	4
Gross Motor, Speech& Hearing	1	0	0	0	1	0	1	0					3	0	
-- Fine Motor	0	0	0	0	0	0	0	0					0	0	2
-- Social Emotional	0	2	0	0	1	0	0	0					3	5	3
-- Social Emotional & Adaptive	0	0	0	0	0	0	0	0					0	5	1
-- Speech	6	9	16	7	8	9	7	6					68	110	129
-- Speech & Cognitive	0	0	1	0	0	0	0	0					1	1	0
-- Speech & Feeding	0	0	0	0	0	2	1	0					3	3	3
-- Speech & Fine Motor	0	0	0	0	0	0	0	0					0	2	2
-- Speech & Gross Motor	0	3	0	0	0	0	1	1					5	13	10
-- Speech & Hearing	0	0	0	0	1	0	1	0					2	4	5
-- Speech & Sensory	0	0	2	0	0	0	0	0					2	0	0
-- Speech & Social Emotional	2	1	0	0	1	1	0	0					5	6	11
-- Speech, Feeding & Gross Motor	0	0	0	0	0	0	0	0					0	2	0
-- Speech, Fine Motor, Social/Emotional, Other	0	0	0	1	1	1	0	0							
-- Adaptive	0	0	0	0	0	0	0	0					0	0	0
-- Adaptive/Sensory	0	0	0	0	0	0	0	0					0	3	2
-- Adaptive/Fine Motor	0	0	0	0	0	0	0	0					0	3	0
-- Qualifying Congenital / Medical Diagnosis	0	0	0	0	0	0	0	0					0	8	3
-- Other -- Birth Trauma	0	0	0	1	0	0	0	0					1	3	0
-- Overall Development	1	1	0	1	0	0	0	0					3		
-- Sensory, Safety, Motor	1	0	0	0	0	0	0	0					1		
-- Child in Foster Care	1	0	0	0	0	0	0	0					1		
-- Maternal Drug Use	0	1	0	0	0	0	0	0					1	4	0
Total # of CYSHCN Referrals	0	0	0	0	0	0	0	0					0	13	23
Total # of Information and Referrals (I&R)	10	7	12	2	12	1	6	9					59	100	48
Total # of Child Find Referrals	1	0	0	0	0	0	0	0					1	7	54
<b>Total Number of CSCN Program Referrals</b>	<b>29</b>	<b>32</b>	<b>33</b>	<b>16</b>	<b>35</b>	<b>21</b>	<b>23</b>	<b>18</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>		<b>385</b>	<b>391</b>

Caseloads													
Total # of clients worked with during this month	176	177	192	184	190	196	198	205					
Average # of Cases per Full Time Service Coordinator	25.14	25.29	27.43	26.3	27.1	28.0	28.3	29.3					

**EARLY INTERVENTION PROGRAM**

Billable Expenses/Visits	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2024 Totals	2023 Totals	2022 Totals
-- Intake visits	11	18	17	12	24	18	11	16					127	225	241
-- IFSP Meetings	0	0	0	0	0	0	0	0					0	303	261
-- Initial IFSP	1	0	2	1	0	3	1	4					12		
-- Core Evaluations	8	7	11	6	6	13	6	6					63	191	221
-- Core Evaluations with IFSP	6	6	3	4	14	9	7	8					57		
-- Supplemental Evaluations	1	1	2	0	4	4	3	5					20	54	50
-- Supplemental Evaluations with Amendment	2	1	1	2	0	0	3	1					10		
-- Observation Visits	14	36	33	26	35	20	35	24					223	290	314
-- IFSP Change Visit	1	2	1	4	1	3	2	1					15		
-- IFSP Review Visit	17	17	21	16	13	14	13	11					122		
-- CPSE meetings	9	5	9	7	5	5	3	6					49	63	57
-- SC Discuss	16	20	26	27	19	14	30	39					191	88	
-- SC Visits	10	11	9	18	13	8	7	11					87		
-- Family Training/Team Meetings	0	0	0	0	0	0	0	0					0	3	2
-- Phone Call	182	190	155	143	137	142	152	163					1264		
-- OSC-Transfer Chart to OSC	3	3	3	0	10	4	9	8					40		
-- Transition meetings	1	15	7	1	5	0	1	6					36	47	38
-- Home Visit for Signature	2	2	3	1	0	0	1	1					10		
															<b>1184</b>
<b>Services and Evaluations Pending &amp; Completed</b>															
<b>Children with Services Pending(Needs List)</b>															
-- Feeding	7	7	7	7	7	7	7	7					56	67	42
-- Nutrition	0	0	0	0	0	0	0	0					0	0	0
-- Occupational Therapy	12	11	12	11	11	11	12	12					92	57	18
-- Physical Therapy	8	8	8	8	8	8	8	8					64	0	62
-- Social Work	4	4	4	4	4	4	4	4					32	55	13
-- Special Education	22	21	22	22	22	22	22	22					175	0	106
-- Speech Therapy	41	46	48	48	48	42	48	47					368	478	486
															<b>727</b>

**EARLY INTERVENTION PROGRAM**

Early Intervention Discharges	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2024 Totals	2023 Totals	2022 Totals
-- To CPSE	14	0	2	4	1	0	1	27					49	65	59
-- Aged out	2	4	0	1	1	0	0	3					11	30	15
-- Skilled out	1	3	0	3	1	3	1	1					13	27	27
-- Moved	1	0	0	0	3	0	0	1					5	13	27
-- Not Eligible/DNQ	5	6	5	6	3	7	7	5					44	62	79
-- Family Refused/Unable to Locate	2	4	3	1	4	2	1	1					18	36	1
--Child Deceased	0	0	0	0	0	0	0	0					0	1	1
<b>Total Number of Discharges</b>	<b>25</b>	<b>17</b>	<b>10</b>	<b>15</b>	<b>13</b>	<b>12</b>	<b>10</b>	<b>38</b>					<b>140</b>	<b>234</b>	<b>44</b>
															<b>252</b>
<b>Child Find</b>															
Total # of Referrals	2	0	0	0	0	0	0	0					2	6	53
Total # of Children in Child Find	6	6	6	5	2	2	2	2					6	79	
Total # Transferred to Early Intervention	0	0	0	0	2	0	0	0					2	2	14
Total # of Discharges	0	0	0	1	2	0	0	0					3	17	<b>32</b>

**PRESCHOOL SPECIAL EDUCATION PROGRAM**

Clients Qualified and Receiving Services	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec			
Children per School District															
-- Ithaca	136	143	152	160	168	164	116	113							
-- Dryden	35	38	42	45	45	46	34	34							
-- Newfield	20	21	21	22	23	23	15	15							
-- Groton	31	33	35	35	36	36	13	13							
-- Moravia	0	0	0	0	0	0	0	0							
-- Lansing	24	28	28	28	31	31	25	28							
-- Trumansburg	13	15	18	20	20	20	13	13							
-- Cortland	0	0	0	0	0	0	0	0							
-- Homer	0	0	0	0	0	0	0	0							
-- Odessa-Montour	1	1	1	1	1	1	0	0							
-- Spencer VanEtten	1	1	1	1	1	1	1	1							
-- Candor	2	2	2	2	2	2	1	1							
-- Newark Valley	0	0	0	0	0	0	0	0							
<b>Total # of Qualified and Receiving Services</b>	<b>263</b>	<b>282</b>	<b>300</b>	<b>314</b>	<b>327</b>	<b>324</b>	<b>218</b>	<b>218</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>			

Services Provided	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec			
<b>Services /Authorized by Discipline</b>															
-- Speech Therapy (individual)	153	163	187	191	196	194	118	116							
-- Speech Therapy (group)	25	25	37	42	39	39	0	0							
-- Occupational Therapy (individual)	52	54	57	60	61	60	35	37							
-- Occupational Therapy (group)	1	1	1	1	1	1	0	0							

-- Physical Therapy (individual)	23	28	30	33	34	36	22	22							
-- Physical Therapy (group)	0	2	2	2	2	2	0	0							
-- Transportation	59	62	62	61	61	59	54	56							
-- Birnie Bus	16	16	16	16	15	15	16	16							
-- Dryden Central School District	2	2	2	2	2	2	0	0							
-- Ithaca City School District	35	38	38	37	38	36	36	35							
-- Parent	6	6	6	6	6	6	2	5							
-- Counseling	29	27	32	35	40	41	33	31							
-- Parent Counseling	26	27	29	29	32	30	12	12							
-- Service Coordination	15	15	15	17	19	19	17	16							
-- Assistive Technology	0	0	0	0	0	0	0	0							
-- Special Ed Itinerate Teacher (SEIT)	30	31	33	46	44	44	32	32							
-- 1:1 Tuition Aide (CB)	5	6	6	6	6	6	5	5							
-- Audiological Services	0	0	0	0	0	0	0	0							
-- Nutrition (OTHER)	0	0	0	0	0	0	0	0							
-- Teacher of the Deaf	0	0	0	0	0	0	0	0							
-- 1:1 Aide	2	2	4	4	4	4	4	4							
-- 1:1 Teacher Assistant	0	0	0	0	0	0	0	0							
-- Music Therapy	0	0	0	0	0	0	0	0							
-- Teacher of Visually Impaired	0	0	0	0	0	0	0	0							
<b>Total # of children rcvg. home based related svcs.</b>	<b>199</b>	<b>217</b>	<b>235</b>	<b>251</b>	<b>264</b>	<b>263</b>	<b>161</b>	<b>161</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>			

**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>			
-- Ithaca	38	39	39	38	38	36	37	36							
-- Dryden	10	10	10	9	9	9	6	6							
-- Newfield	3	3	3	3	3	3	3	3							
-- Lansing	2	2	2	2	2	2	1	2							
-- Moravia	0	0	0	0	0	0	0	0							
--Groton	3	3	3	3	3	3	4	4							
-- Cortland	0	0	0	0	0	0	0	0							
--Newark Valley	0	0	0	0	0	0	0	0							
-- Trumansburg	7	7	7	7	7	7	5	5							
-- Homer	0	0	0	0	0	0	0	0							
-- Odessa Montour	0	0	0	0	0	0	0	0							
-- Spencer -Van Etten	0	0	0	0	0	0	0	0							
--Candor	1	1	1	1	1	1	1	1							
-- # attending Franziska Racker Centers	30	30	30	28	28	27	28	26							
-- # attending Ithaca City School District	29	30	30	30	30	29	29	31							
-- # attending Dryden Central School	3	3	3	3	3	3	0	0							
-- # attending South Seneca School District	2	2	2	2	2	2	0	0							
<b>Total # attending Special Ed Integrated Tuition Progr.</b>	<b>64</b>	<b>65</b>	<b>65</b>	<b>63</b>	<b>63</b>	<b>61</b>	<b>57</b>	<b>57</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</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>2024 Totals</b>	<b>2023 Totals</b>	<b>2022 Totals</b>
-- Ithaca	18	17	25	22	27	23	11	21					164	225	219
-- Candor	0	1	0	0	0	1	0	0					2	2	1
-- Dryden	7	3	8	11	7	1	3	5					45	53	64
-- Groton	3	4	16	11	0	1	0	1					36	43	50
-- Homer	0	0	0	0	0	0	0	0					0	0	2
-- Lansing	1	4	4	0	7	6	1	1					24	22	23
-- Newfield	3	0	0	3	7	0	1	3					17	26	19
-- Trumansburg	0	3	3	1	3	4	0	1					15	13	26
-- Spencer VanEtten	0	1	0	0	0	0	0	0					1	1	1
-- Moravia	0	0	0	0	0	0	0	0					0	1	1
<b>Total CPSE Meetings Attended</b>	<b>32</b>	<b>33</b>	<b>56</b>	<b>48</b>	<b>51</b>	<b>36</b>	<b>16</b>	<b>32</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>304</b>	<b>386</b>	<b>390</b>

## Environmental Health

### SUMMARY OF ACTIVITY

- *See following pages.*

**Division of Environmental Health  
Summary of Activity (2024)**

	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD	2023 Totals
<b>FOOD PROTECTION PROGRAM - Restaurants &amp; Other Food Service</b>														
<b>Permitted Operations (535 Permitted Operations*)</b>														
Inspections**	53	57	83	78	85	63	82	78					579	828
Critical Violations	5	1	28	14	7	12	15	19					101	170
Other Violations	30	18	38	33	20	22	29	39					229	359
Plans Approved	1	5	1	2	2	3	2	1					17	14
Complaints Received	2	4	2	3	4	5	1	5					26	55
<b>Temporary FSE (150 Estimated Operations*)</b>														
Permits Issued	1	2	7	7	18	34	20	38					127	163
Inspections**	0	0	5	0	12	12	16	19					64	94
Critical Violations	0	0	0	4	0	0	2	3					9	24
Other Violations	0	0	0	0	0	0	3	1					4	12
<b>MOBILE HOME PARKS (39 Permitted Operations, 2019 Lots*)</b>														
Inspections**	0	4	4	5	4	3	2	3					25	17
Critical Violations	0	0	1	3	0	4	6	3					17	6
Other Violations	1	6	3	10	3	28	1	11					63	59
Complaints Received	0	2	0	2	1	0	1	0					6	14
<b>TEMPORARY RESIDENCES - Hotels &amp; Motels (35 Permitted Operations, 2241 Rooms*)</b>														
Inspections**	1	0	0	0	4	2	0	4					11	45
Critical Violations	0	0	0	0	7	0	0	0					7	41
Other Violations	0	0	0	0	5	0	0	0					5	54
Complaints Received	1	0	0	0	2	0	1	0					4	8
<b>MASS GATHERING (Fingerlakes GrassRoots Festival)</b>														
Inspections**	0	0	0	0	0	0	13	0					13	10
Critical Violations	0	0	0	0	0	0	10	0					10	7
Other Violations	0	0	0	0	0	0	131	0					131	46
Complaints Received	0	0	0	0	0	0	0	0					0	0
<b>MIGRANT FARM WORKER HOUSING (1 Operation)</b>														
Inspections**	0	1	0	0	0	0	0	0					1	2
Critical Violations	0	0	0	0	0	0	0	0					0	0
Other Violations	0	0	0	0	0	0	0	0					0	0
Complaint Investigations	0	0	0	0	0	0	0	0					0	0
<b>CAMPGROUNDS &amp; AGRICULTURAL FAIRGROUNDS (9 Operations, 595 Sites*)</b>														
Inspections**	0	0	0	4	5	0	8	4					21	20
Critical Violations	0	0	0	0	0	0	0	4					4	0
Other Violations	0	0	0	0	0	0	11	5					16	18
Complaints Received	0	0	0	0	0	0	0	0					0	0
<b>CHILDREN'S CAMPS (28 Operations)</b>														
Inspections**	0	0	0	0	1	16	9	21					47	57
Critical Violations	0	0	0	0	0	0	0	1					1	4
Other Violations	0	0	0	0	0	0	0	0					0	0
Injury/Illness Investigations	0	0	0	0	0	0	0	0					0	0
Complaints Received	0	0	0	0	0	0	0	0					0	0
<b>SWIMMING POOLS &amp; BATHING BEACHES - (50 Operations*)</b>														
Inspections**	1	7	9	0	8	17	14	11					67	88
Critical Violations	0	2	1	0	0	0	4	1					8	10
Other Violations	0	9	3	0	0	2	11	6					31	60
Injury/Illness Investigations	0	0	0	0	0	0	0	0					0	0
Complaints Received	0	0	0	0	0	0	0	0					0	0
<b>PUBLIC WATER SYSTEMS (PWS) 88 Community PWS, 63 Other PWS*</b>														
Inspections**	5	6	21	16	15	10	6	7					86	83
Boil Water Orders Issued	2	2	3	0	5	5	1	3					21	7
Complaints Received	1	0	0	0	0	0	0	2					3	1



**Division of Environmental Health  
Summary of Activity (2024)**

	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD	2023 Totals
<b>ON-SITE WASTEWATER TREATMENT SYSTEMS (OWTS)</b>														
<b>Permits Issued</b>	12	16	17	16	20	27	26	21	0	0	0	0	155	232
New Construction/Conversions	7	9	5	9	10	14	8	10					72	111
Replacements	5	7	12	7	10	13	18	11					83	121
<b>Completion Certificates Issued</b>	8	10	9	8	14	12	13	29	0	0	0	0	103	190
New Construction/Conversions	3	3	2	4	4	4	9	6					35	73
Replacements	5	7	7	4	10	8	4	23					68	117
<b>ENGINEERING PLAN REVIEWS</b>														
Realty Subdivisions	0	0	0	0	1	0	0	0					1	1
OWTS	4	3	8	4	2	5	3	0					29	34
Collector Sewer	0	0	0	0	0	0	0	0					0	0
Public Water Systems	2	0	0	0	0	0	0	0					2	4
Water Main Extension	0	0	0	0	0	0	0	0					0	5
Cross-Connection Control Devices	2	0	2	2	0	1	0	0					7	5
Other Water System Modification	0	0	1	0	0	0	2	0					3	2
Other Engineering Reviews	0	0	0	0	0	0	0	0					0	0
<b>RABIES CONTROL PROGRAM</b>														
Potential Human Exposure Investigations	30	23	29	30	79	64	94	132					481	581
Human Post-X Treatments	4	5	3	3	16	22	33	49					135	186
Animal Specimens Tested	10	4	6	5	23	16	29	46					139	255
Animals Testing Positive	0	0	0	0	1	1	1	0					3	19
Pet Quarantine	1	0	0	0	0	0	0	0					1	9
Rabies Clinics Offered	1	0	0	0	1	0	0	0					2	5
Dogs Vaccinated	101	0	0	0	79	0	0	0					180	458
Cats Vaccinated	66	0	0	0	29	0	0	0					95	301
Ferrets Vaccinated	2	0	0	0	0	0	0	0					2	10
<b>CHILDHOOD LEAD PROGRAM</b>														
# of New EH Referrals w/ Elevated BLL	1	0	0	1	0	0	0	0					2	7
# of EH Investigations Initiated	1	0	0	1	0	0	0	0					2	6
# of Home Assessments Performed	0	1	0	0	1	0	0	0					2	9
# of Notice of Demands Sent	0	1	0	0	0	0	0	0					1	3
Lead Calls/Inquires Received by EH	0	0	0	0	0	0	0	0					0	9
<b>FOIL REQUESTS</b>														
Total Received	5	1	4	10	4	7	1	4					36	51
<b>ADOLESCENT TOBACCO USE PREVENTION ACT (ATUPA) (65 Operations *) &amp; CLEAN INDOOR AIR ACT (CIAA)</b>														
ATUPA (Adult & Minor) Compliance Checks	24	29	7	0	0	0	0	0					60	112
Violations	0	2	2	0	0	0	0	0					4	1
CIAA Complaints	0	0	0	0	0	0	0	0					0	0
<b>COMPLAINTS - General/Nuisance</b>														
Complaint Investigations Opened	2	4	1	4	5	0	4	3					23	120
<b>ENFORCEMENT ACTIONS</b>														
Total Cases	2	0	2	2	1	2	0	1					10	35
Cases Related to FSE	0	0	1	2	0	1	0	0					4	13
BOH Penalties Assessed	\$800	\$0	\$600	\$8,900	\$1,500	\$900	\$0	\$0					\$12,700	\$79,000
BOH Penalties Collected	\$1,300	\$500	\$1,700	\$1,100	\$250	\$0	\$1,900	\$200					\$6,950	\$54,050
<b>CUSTOMER SERVICE/SUPPORT</b>														
Calls Received	410	425	537	543	743	676	688	714					4736	6449
Walk-In Customers	15	21	28	44	77	94	65	70					414	416
TCEH Emails Received	355	372	501	473	546	567	573	578					3965	4807
Applications Processed	90	127	194	198	189	129	128	146					1201	1769
Payment Receipts Processed	55	101	169	148	158	107	103	108					949	1331
Renewals/Billings Sent	120	19	183	150	30	25	101	43					671	951

\* As of 1/1/2024

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