

**AGENDA**  
**Tompkins County Board of Health**  
**Rice Conference Room**  
**Tuesday, January 22, 2019**  
**12:00 Noon**

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

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

**12:04** III. Approval of December 4, 2018 Minutes (2 mins.)

**12:06** IV. County Administrator Introduction (15 mins.)

**12:21** V. Financial Summary (9 mins.)

**12:30** VI. Reports (15 mins.)

Administration

Health Promotion Program

Medical Director's Report

Division for Community Health

Children with Special Care Needs

County Attorney's Report

Environmental Health

CSB Report

**12:45** VII. New Business

**12:45** ***Environmental Health*** (15 mins.)

**Enforcement Action:**

1. Resolution # EH-ENF-18-0010 – Franzoni Apartments, T-Dryden, Violation of Subpart 5-1 of the New York Sanitary Code (Water) (5 mins.)
2. Resolution # EH-ENF-18-0045 – CU-Klarman Hall Café, C-Ithaca, Violation of Subpart 14-1 of the New York State Sanitary Code (Food) (5 mins.)
3. Resolution # EH-ENF-18-0047 – Sunset Grill, T-Ithaca, Violations of BOH Orders # EH-ENF-17-0045 and of Subpart 14-1 of the New York State Sanitary Code (Food) (5 mins.)

**1:00** ***Adjournment***

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**MINUTES**  
**Tompkins County Board of Health**  
**December 4, 2018**  
**12:00 Noon**  
**Rice Conference Room**

**Present:** Shawna Black; Edward Koppel, MD; James Macmillan, MD, President; Michael McLaughlin, Jr.; Susan Merkel; and Christina Moylan, PhD

**Staff:** Karen Bishop, Director of Community Health; Liz Cameron, Director of Environmental Health; Brenda Grinnell Crosby, Public Health Administrator; Samantha Hillson, Director of Health Promotion Program; William Klepack, MD, Medical Director; Frank Kruppa, Public Health Director; and Shelley Comisi, Administrative Assistant

**Excused:** David Evelyn, MD, MPH, Board of Health Member; Janet Morgan, PhD, Board of Health Member; Deb Thomas, Director of Children with Special Care Needs; and Jonathan Wood, County Attorney

**Guests:** Stu Bergman, Community Mental Health Services Board Member; and Skip Parr, Senior Public Health Sanitarian

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

**Privilege of the Floor:** No one was present for Privilege of the Floor.

**Introductions:** Mr. Kruppa introduced Stu Bergman, member of the Community Services Board (CSB) and Chair of the Substance Abuse Subcommittee for the CSB. BOH members and TCHD staff, in turn, introduced themselves.

**Approval of October 23, 2018 Minutes:** Ms. Merkel moved to approve the minutes of the October 23, 2018 meeting as written; seconded by Dr. Koppel. The minutes carried with Dr. Macmillan abstaining.

**Financial Summary:** Ms. Grinnell Crosby provided an update to the October summary report contained in the packet.

- Most of the claims for revenue are filed but have not been posted.
- White collar and management salary increases that were approved by the Legislature are expected to be posted in the December report.
- Several expenditure lines are running close to budgeted amounts. As a result, the department may delay purchasing some requested items until the first of the year.
- With the County moving to a P-card system (essentially a credit card) to purchase items, staff has found it difficult to reconcile the numbers because expenses are not posted. The situation is improving as staff learns where to pull reports.

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Mr. Kruppa commented on the P-card system:

- There are benefits to this paperless purchasing system. By using a P-card, the process of shuffling papers to various offices is eliminated and purchase approvals happen within the system.
- The County has a singular account but each department has a P-card. That means 28 different departments are purchasing a wide variety of items. The system was recently implemented so it will improve.

**Recognition of Dr. Macmillan:** Mr. Kruppa presented a certificate to Dr. Macmillan in appreciation for his many years of service both as a member and as President of the BOH. He thanked Dr. Macmillan for accepting the responsibility of running a public meeting and for his phenomenal work in guiding the group through numerous discussions of complex subjects. It has been a privilege to serve under his leadership.

In response, Dr. Macmillan shared some parting thoughts. His years of service have been great years of learning. When he joined the Board around 1988, the Health Department was a much different place: staff was significantly involved in clinical care home visits and venereal disease contact tracing was local. The last 30 years have brought changes in the world and changes at the health department. Problems and issues demand multidisciplinary input and call for agencies to work together. This is an exciting time as mental health and public health are beginning to network. The key is to be open minded to doing things in a new way. Although he has mixed emotions about leaving the BOH and has great affection for everyone, he knows the Board is in wonderful hands.

**Holiday Luncheon:** A break occurred in the meeting from 12:15 to 12:32 p.m. for the annual luncheon.

**Administration Report:** Mr. Kruppa announced 2019 is the year to evaluate the dual Public Health/Mental Health department head role that was initiated three years ago. This month, he has a meeting with County Administration to plan the review process. Since the BOH and the CSB will be asked for input, he will be making a report/presentation to both boards. From his perspective, the arrangement has been successful and should continue but he also will put forward the idea of combining the two departments. During the January BOH meeting and February CSB meeting, he intends to present a plan and tentative timeline. At that point, the two boards and the Legislature will participate in discussions with a goal of reaching some consensus before the budget process rolls out in the summer. It will be a major project for the first half of the year.

Ms. Merkel wondered how merging the departments would affect the BOH and CSB. Mr. Kruppa replied there would need to be a discussion with County Administration and the two boards. Initially, the boards would remain independent. The next step would be to consider the consequences of having a singular board. Public Health Law and Mental Hygiene Law each require a board so County Attorney Jonathan Wood would be consulted on the legal ramifications.

When looking at priorities and goals for department(s), Dr. Moylan commented it would be beneficial to have defined targets and expectations for listed outcomes. Mr. Kruppa assured members that staff will be working to provide data for the two boards to

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review. Hopefully, board members and Legislators will be involved in setting specific, measurable goals.

**Health Promotion Program Report:** Ms. Hillson reported HPP staff is working to renew two grants. The application for the Healthy Neighborhoods Program has been submitted to the New York State Department of Health (NYSDOH). Staff also is working with Cortland County staff to complete the application for the Advancing Tobacco-Free Communities program.

**Medical Director's Report:** Dr. Klepack noted two corrections to his written report:

- Emergency Medical Services (EMS) – Automatic Electric Defibrillator (AED) boxes are not hardwired to 911. In Tompkins County, AED boxes sound an alarm when opened; however, someone must call EMS to request assistance.
- Opioids – “The Opioid Epidemic in Tompkins County: Impacts and Responses” meeting scheduled for November 28th did not occur but is being rescheduled.

Board member remarks pertaining to marijuana legalization:

- Dr. Koppel thanked Dr. Klepack for the extensive work he has done looking into the subject of marijuana legalization in New York State.
- Dr. Macmillan recommended looking at THC content in marijuana and educating the public about the substance.

**Division for Community Health Report:** Ms. Bishop stated there is a small amount of flu vaccine available at the department. Staff will continue to vaccinate until the last dose is administered. As part of the activities for National Influenza Immunization Week (December 2-8), TCHD put out a press release and there was a Public Service Announcement on the radio promoting vaccination.

**Children with Special Care Needs Report:** Ms. Thomas was not present for the meeting.

**County Attorney's Report:** Mr. Wood was not present for the meeting.

**Environmental Health Report:** Ms. Cameron:

- Referred to a letter (Attachment 1) that was distributed prior to the meeting. When Public Health Engineer Scott Freyburger completed an inspection of the Dryden Public Water System, he had significant concerns with their chlorine gas storage rooms. Public Health Director Orders were issued requiring the Village of Dryden to make immediate changes. Dryden has been responsive. Not all violations were corrected by the November 29th deadline, however, Dryden has sent notification that the parts have arrived and will be installed. EH staff will be submitting a revised resolution at a future BOH meeting.
- Announced EH has received approval to fill the Public Health Technician vacancy.

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**Report on the Community Services Board (CSB) Meeting:** The BOH did not have a representative at the December 3rd meeting so Mr. Kruppa provided a brief report. With two vacancies to be filled on the CSB, there has been discussion about its membership. The CSB is responsible for contracting state dollars for agencies in the community. In the past, there have been executive members of those agencies who have served on the CSB. The conversation has been focused on whether that connection should be allowed. The CSB has directed him to speak to Mr. Wood about language to clarify and/or prohibit it.

Mr. Bergman, Chair of the Nominating Committee, shared information about filling CSB vacancies with quality candidates. He explained the committee looks at the needs of the CSB and its three subcommittee groups. An effort is placed on trying to keep an eclectic group of people with an eye on diversity. As for the time commitment, CSB members who do not participate on subcommittees are required to attend eleven meetings a year. Subcommittee members attend two meetings a month (subcommittee and CSB meeting). Anyone interested in serving on the CSB is invited to attend a meeting to learn about the proceedings.

**BOH Meeting Dates:** The list of meeting dates for 2019 was distributed prior to the meeting (Attachment 2).

**BOH Vacancy:** As the search continues for a physician to fill Dr. Macmillan's seat, Mr. Kruppa requested Board members to submit names of potential candidates to fill the vacancy. Regarding other BOH positions, the Nominating Committee comprised of Ms. Merkel, Dr. Moylan, and Ms. Black will address Dr. Evelyn's reappointment and the 2019 slate of officers.

**Board of Health Nominating Committee Recommendation – Reappointment of Dr. David Evelyn:** Ms. Merkel announced the Nominating Committee recommends Dr. Evelyn be reappointed to the BOH.

Dr. Macmillan moved to reappoint Dr. Evelyn to the physician position on the BOH; seconded by Mr. McLaughlin; and carried unanimously.

**Board of Health Selection of Officers for 2019:** Speaking on behalf of the Nominating Committee, Ms. Merkel nominated Dr. Moylan for President and Dr. Evelyn for Vice President. There were no other nominations.

Dr. Koppel moved to elect Dr. Moylan as President and Dr. Evelyn as Vice President; seconded by Ms. Black. The vote in favor of the motion: Ayes – 5.

**Resolution #EH-ENF-18-0011 – Scooby Steve's Ice Cream, T-Danby, Violation of Subpart 5-1 of the New York State Sanitary Code (Water):** Ms. Black moved to accept the resolution as written; seconded by Dr. Koppel.

Ms. Cameron explained this seasonal food service establishment has not met the requirements for operating a water system. The owner/operator has not submitted samples and operating reports as required. In July, TCHD issued a boil water order because there was no free chlorine residual in the water supply. The draft resolution proposes a penalty of \$400 and requires the owner to submit the necessary laboratory reports before an operating permit will be issued for next season.

Ms. Cameron provided information in response to questions from Board members:

- Scooby Steve’s Ice Cream is not on a municipal water supply. It utilizes a well which is regulated as a public water system so the requirements include disinfection and submitting samples and operating reports. TCHD wants to make sure the water is safe before the establishment can reopen and serve food.
- Although the operation is closed, any missing operating reports should be submitted if available. According to Mr. Parr, the owner has taken the required annual nitrate sample; TCHD is waiting for the report.
- TCHD staff collects surveillance samples and conducts inspections as part of our oversight. These are small systems so they do not need a certified operator.

The vote to accept the resolution as written carried unanimously.

**Resolution #EH-ENF-18-0035 – Barnes & Noble Booksellers #2122, C-Ithaca, Violation of Subpart 14-1 of the New York State Sanitary Code (Food):** Ms.

Cameron stated the half and half creamer was observed to be out of temperature on two occasions. The proposed penalty is \$400.

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

**Resolution #EH-ENF-18-0037 – Finger Lakes GrassRoots Festival, T-Ulysses, Violation of Article VI of the Tompkins County Sanitary Code (Sewage):** Ms. Black moved to accept the resolution as written; seconded by Ms. Merkel.

Ms. Cameron commented there are three enforcement actions for GrassRoots Festival. This first resolution concerns the operation of greywater (sewage) holding tanks at the main festival grounds and at their new site, Across the Way. Although the organizers submitted permit applications, they failed to obtain the permits before opening their Culture Camp. TCHD staff views this as an administrative and organizational issue. The proposed fine is \$200 along with requirements to submit the application and provide information needed to obtain a permit prior to operation of Culture Camp next year.

Responding to Ms. Merkel’s comment about the number of issues this year, Ms. Cameron said festival organizers did address several concerns from the previous year. As a result, the festival operated better than in 2017. This year’s problems involved an administrative staffing change and the addition of a new site. It was a scramble to make sure the festival was able to open with the necessary permits. On a positive note, TCHD staff has been working with the new office manager who has a strong commitment to addressing the problems.

The vote to accept the resolution as written carried unanimously.

**Resolution #EH-ENF-18-0038 – Finger Lakes GrassRoots Festival, T-Ulysses, Violation of Subpart 7-4 of the New York State Sanitary Code (Mass Gathering):**

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

Ms. Cameron noted this resolution addresses campground permits and mass gathering permits for the Culture Camp and the festival event itself. With organizers continually changing their plans, it was difficult for TCHD staff to obtain needed

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information. In addition, a new campsite was being prepared at the last minute and it was not ready for inspection when TCHD staff arrived. After identifying several deficiencies at the site, multiple members of our staff returned the next day for another all-day inspection. Based on this experience, festival organizers have indicated they are motivated to improve their application process.

The vote to accept the resolution as written carried unanimously.

**Resolution #EH-ENF-18-0039 – Finger Lakes GrassRoots Festival, T-Ulysses, Violation of Subpart 5-1 of the New York State Sanitary Code (Water):** Ms. Black moved to accept the resolution as written; seconded by Ms. Merkel.

Ms. Cameron explained GrassRoots organizers had to develop an entirely new water system for the new campsite and modify the existing water system for the fairgrounds. Plans should have been submitted and approved by our office before construction began; however, that did not happen. TCHD ended up approving as-built plans for one-time use. The organizers also failed to properly disinfect a part of the water system prior to operation so TCHD issued a “Do Not Use” order for that part of the water system.

Highlights from the Board discussion:

- The Onsite campground permit was approved for 40 campsites due to the “Do Not Use” order; however, 92 campsites were in use. The part of the water system that concerned TCHD was not turned on so there was no exposure to contaminated faucets.
- TCHD staff spent hours helping GrassRoots open with permits in place. This is a large event in the community so it is important to ensure the health and safety of the people in attendance. Ultimately, the event went well.
- A meeting with GrassRoots has been scheduled for January 18, 2019 to look ahead at next summer’s event. There are deadline requirements. Their application must be completed by June 3, 2019 (a month and a half earlier than this year).

The vote to accept the resolution as written carried unanimously.

**Resolution #EH-ENF-18-0040 – Mitsuba Hibachi Sushi Restaurant, V-Lansing, Violation of Subpart 14-1 of the New York State Sanitary Code (Food):** Dr. Koppel moved to accept the resolution as written; seconded by Ms. Black.

Ms. Cameron summarized the violations at the restaurant. In addition to repeat violations for storing toxic materials too close to food products, there was a refrigeration equipment issue, and food items were observed to be out of temperature.

The vote to accept the resolution as written carried unanimously.

**Resolution #EH-ENF-18-0041 – Apollo Restaurant, C-Ithaca, Violations of BOH Orders #EH-ENF-18-0003 and Subpart 14-1 of the New York State Sanitary Code (Food):** Dr. Macmillan moved to accept the resolution as written; seconded by Dr. Moylan.

Ms. Cameron noted the Apollo Restaurant has been under BOH Orders so it must have clean inspections. The facility had one clean inspection but had violations at another

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inspection. TCHD staff was encouraged there had been some improvements in the operation. The operators have been informed that TCHD may not issue a subsequent food permit if violations continue.

The vote to accept the resolution as written carried unanimously.

**Resolution #EH-ENF-18-0042 – Lao Village, C-Ithaca, Violations of BOH Orders #EH-ENF-18-0020 and Subpart 14-2 of the New York State Sanitary Code (Temporary Food):** Dr. Koppel moved to accept the resolution as written; seconded by Dr. Macmillan.

Ms. Cameron pointed out Lao Village is a temporary food service establishment that operates at festivals. The recent violation occurred at the Ithaca Apple Harvest Festival while under BOH Orders. In this case, the temperature logs showed the food was in temperature. When the inspection occurred a short time later, the food was observed to be out of temperature. Lao Village is following BOH Orders by keeping a trained food service worker onsite and maintaining temperature logs. TCHD is open to a reduction in the fine.

Since Lao Village has been cited several times in the past, Dr. Moylan was interested in hearing the rationale for TCHD staff's openness to reducing the fine. According to Ms. Cameron, staff looked at the intent and actions of the owner/operator. She has been complying with BOH Orders and did adjust the operation to correct problems before reinspection the next day.

Ms. Black made a motion to amend the resolution by reducing the fine from \$1,000 to \$500. She feels the \$1,000 fine is a lot of money for a small establishment. For purposes of discussion, Mr. McLaughlin seconded Ms. Black's motion to modify the fine.

As Board members considered the amount of the fine, Mr. Parr explained TCHD staff looked at Lao Village's history in seeking the maximum amount of \$500 per violation. In this case, the violation of the food code and the violation of BOH Orders is a penalty of \$1,000.

A lengthy discussion about the fine structure ensued. It was noted TCHD is trying to write a policy that assists staff and Board members with the decision-making process for assessing fines. Since the BOH is granted the authority in Public Health Law to levy fines, it would be helpful to have input from Board members. Some initial comments included the importance of being consistent with fines, defining any exceptions, and recognizing the need for some flexibility on complex cases.

Returning to the case of Lao Village, Ms. Black felt it was appropriate to reduce the fine because \$1,000 is a significant amount of money for a small business to pay. Some members did not believe there were any extenuating circumstances to support the reduction.

The vote on the motion to reduce the fine to \$500: Ayes – 1; Nays – 5.

Dr. Macmillan directed attention to the original motion with the fine of \$1,000. There was no further discussion. The vote to accept the resolution as written: Ayes – 5; Nays – 1; motion carried.



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**Resolution #EH-ENF-18-0043 – Taste of Thai, C-Ithaca, Violations of BOH Orders #EH-ENF-18-0005 and Subpart 14-1 of the New York State Sanitary Code (Food):**

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

Ms. Cameron reviewed the situation with Taste of Thai. Since the restaurant's owner passed away in 2018, the operator of the Tamarind restaurant has been managing both facilities. The operator has good intentions but it is challenging. Funding is an issue because the estate has not been settled. If the resolution is passed by the BOH, the operator is requesting a payment plan of \$300 per month for a period of five months to pay the \$1,500 penalty.

The vote to accept the resolution as written carried unanimously.

**Adjournment:** At 2:01 p.m. Dr. Macmillan adjourned the meeting.



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

ENVIRONMENTAL HEALTH DIVISION  
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Ex: (607) 274-6695

**CERTIFIED, REGULAR, & ELECTRONIC MAIL**

November 19, 2018

Mayor Mike Murphy  
Village of Dryden  
PO Box 820  
Dryden, NY 13053

**Re: Public Health Directors Orders and Notice of Violation # EH-NOV-18-0084  
Chlorine Gas Well/Pump Houses  
Village of Dryden, Public Water System**

Dear Mayor Murphy:

During the Dryden Public Water Supply inspection on November 13, 2018, it was observed that the chlorine gas storage rooms at the South St. and Dryden Lake Park pump houses do not meet the requirements of the Recommended Standards for Water Works, 2012. Violations, observations and concerns are noted below.

**South St Well House:**

- The gas storage room does not have a functioning ventilation fan that can suction near the floor and discharge the flow at as great a distance as is practical.
- The room is not air-tight (the masonry work was not finished).
- The door does not have a panic bar on the inside.
- The final project punch list states that the window located in the room is not sealed.
- Documentation of routine testing of the chlorine gas sensors at houses was not observed.

**Dryden Lake Park Pump House**

- The Dryden Lake Park pump house has a functioning ventilation fan. Please confirm that the fan does suction near the floor and discharges the flow at as great a distance as is practical.
- The door does not have a panic bar on the inside.
- The final project punch list states that the window located in the room is not sealed.
- Documentation of routine testing of the chlorine gas sensors at houses was not observed.

These infractions are a violation of the NYS Sanitary Code, Subpart 5-1.71(b) and the design standards required by *Recommended Standards for Water Works, 2012*.

These serious violations put the operators' safety at risk. The Village of Dryden is ordered to comply with the following Public Health Directors Orders:

- Immediately provide documentation showing that the chlorine gas sensors at the Village pump houses have been tested and are properly functioning.
- Effective immediately and until such time as the violations are corrected, the Village must develop and implement an alternate method for venting the gas storage room at the South St. pump house to be practiced whenever operators enter the room.
- No later than November 29, 2018, correct the violations noted above and ensure that the South Street Well House and the Dryden Lake Park Pump House are in compliance with the requirements in *Recommended Standards for Water Works, 2012*.

This office reserves the right to seek any and all remedies available to it under Article I of Tompkins County Sanitary Code and Section 309 of Public Health Law including, but not limited to, fines and penalties of up to \$500 per day per violation.

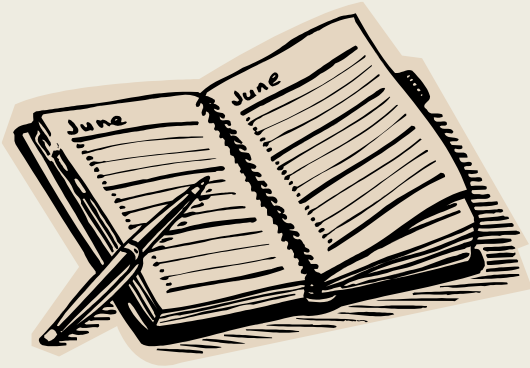
Please contact Scott Freyburger or Elizabeth Cameron at (607) 274-6688 if you have any questions.

Sincerely,



to Frank Kruppa  
Public Health Director

pc: F:\EH\WATER (SW)\Public Water (SW)\Facilities (SW-4)\Dryden (V) PWS\Enforcement\2018\Dryden PHDO 18-0084.docx  
ec: Mike Murphy, Mayor; William Troy, Dryden Attorney; Dryden Village Clerk; Bill Davis, MRB Group; Richard DeGuida, MRB Group; Michael Lane, TC Legislature; John Strepelis, P.E., NYSDOH; TCHD: Elizabeth Cameron, P.E.; Frank Kruppa, Public Health Director; Skip Parr, Adriel Shea; Brenda Coyle, Scott Freyburger  
scan: Signed copy to Accela



## **Board of Health Meeting Dates 2019**

**January 22**  
**February 26**  
**March 26**  
**April 23**  
**May 28**  
**June 25**  
**July 23**  
**August 27**  
**September 24**  
**October 22**  
**December 3**

**All meetings will be held  
in the Rice Conference Room at 12:00 noon.**

Board of Health  
January 22, 2019  
Financial Report

December 2018 / Month 12

Year end activities are under way. Staff are currently reviewing the line items and preparing transfers and adjustments where needed. Revenues do not reflect final fourth quarter or December monthly claims currently. Payroll for 2018 is not current as 2.1 payrolls were paid out in January, they will fall in the 13<sup>th</sup> period.

Tompkins County Financial Report for Public Health

Percentage of Year 100.00%

	Expenditures			Revenues			Local Share		
	Budget	Paid YTD	%	Budget	YTD	%	Budget	YTD	%
4010 PH ADMINISTRATION	1,350,129	878,983	65.10%	162,848	77,432	47.55%	1,187,281	801,551	80.09%
4011 EMERGING LEADERS IN PH	61,140	0	0.00%	61,140	0	0.00%		0	
4012 WOMEN, INFANTS & CHILDREN	547,818	449,225	82.00%	547,818	358,961	65.53%		90,264	
4013 OCCUPATIONAL HLTH.& SFTY.	94,117	54,385	57.78%	0	0	0.00%	94,117	54,385	57.78%
4014 MEDICAL EXAMINER	19,237	18,987	98.70%	0	0	0.00%	19,237	18,987	98.70%
4015 VITAL RECORDS	72,374	56,270	77.75%	108,000	97,717	90.48%	-35,626	-41,446	116.11%
4016 COMMUNITY HEALTH	1,612,336	1,246,123	77.29%	371,330	325,356	87.62%	1,241,006	920,767	77.78%
4018 HEALTHY NEIGHBORHOOD PROG	187,319	126,140	67.34%	187,319	63,832	34.08%	0	62,308	
4047 PLNG. & COORD. OF C.S.N.	1,348,028	1,053,510	78.15%	396,520	260,299	65.65%	951,508	793,211	83.53%
4048 PHYS.HANDIC.CHIL.TREATMNT	8,000	0	0.00%	4,000	0	0.00%	4,000	0	
4090 ENVIRONMENTAL HEALTH	1,644,475	1,279,713	77.82%	594,293	400,461	67.38%	1,050,182	879,252	84.76%
4095 PUBLIC HEALTH STATE AID	0	0	0.00%	1,162,409	735,464	63.27%	-1,162,409	-735,464	63.27%
<b>Total Non-Mandate</b>	<b>6,944,973</b>	<b>5,163,336</b>	<b>74.35%</b>	<b>3,595,677</b>	<b>2,319,521</b>	<b>64.51%</b>	<b>3,349,296</b>	<b>2,843,815</b>	<b>84.91%</b>
2960 PRESCHOOL SPECIAL EDUCATI	5,181,203	3,622,636	69.92%	2,885,000	1,861,218	64.51%	2,296,203	1,761,418	92.35%
4017 MEDICAL EXAMINER PROGRAM	247,092	145,804	59.01%	0	0	0.00%	247,092	145,804	59.01%
4054 EARLY INTERV (BIRTH-3)	655,000	425,169	64.91%	318,500	280,005	87.91%	336,500	145,164	43.14%
<b>Total Mandate</b>	<b>6,083,295</b>	<b>4,193,609</b>	<b>68.94%</b>	<b>3,203,500</b>	<b>2,141,223</b>	<b>66.84%</b>	<b>2,879,795</b>	<b>2,052,385</b>	<b>71.27%</b>
<b>Total Public Health</b>	<b>13,028,268</b>	<b>9,356,945</b>	<b>71.82%</b>	<b>6,799,177</b>	<b>4,460,745</b>	<b>65.61%</b>	<b>6,229,091</b>	<b>4,896,200</b>	<b>78.60%</b>

BALANCES (Includes Encumbrances)

NON-MANDATE	Available Budget	Revenues Needed	MANDATE	Available Budget	Revenues Needed
4010 Administration	321,827	85,416	2960 Preschool	1,199,466	1,023,782
4012 WIC	96,635	188,857	4054 Early Intervention	229,831	38,495
4013 Health & Safety	39,732	0	4017 Medical Examiner	72,300	0
4014 Medical Examiner	250	0			
4015 Vitals	16,024	10,284		<u>1,501,598</u>	<u>1,062,277</u>
4016 Community Health	321,689	45,974			
4018 Healthy Neighborhood	59,408	123,487			
4047 CSCN	292,926	136,221			
4048 PHCP	8,000	4,000			
4090 Environmental Health	353,884	193,832			
4095 State Aid	0	426,945			
	<u>1,510,374</u>	<u>1,215,016</u>			

Total Public Health Balances	
Available Budget	Revenues Needed
3,011,971	2,277,292

## HEALTH PROMOTION PROGRAM – November, December 2018

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

### HIGHLIGHTS

Final update of the county’s Community Health Improvement Plan (CHIP) for 2016-2018 will be submitted in January 2019. The process includes outreach to all CHIP partners for updates on all “process measures” that were included when the plan was submitted at the end of 2016, or added to the 2017 update. The original plan and updates are [posted on the TCHD website](#).

Be The One is a community mental health initiative launched by the Collaborative Solutions Network, and to which HPP has contributed. TCHD is displaying a Be the One banner above the main lobby area. To learn more: [betheone.collaborativesolutionsnetwork.org/](http://betheone.collaborativesolutionsnetwork.org/) and on all major social media platforms.

The RFA for the 2019-2024 round of the Advancing Tobacco Free Communities grant was written by current grant staff here at TCHD and at lead agency Cortland County Health Department. The application again puts CCHD as the lead agency, with subcontract to TCHD.

### Community Outreach

- Population Health Improvement Program (PHIP) Steering Committee call-in (TS, 11/6)
- Health Insurance Consortium, Joint Committee meeting (TS, 11/1)
- Collaborative Solutions Network general meeting (TS, 11/13)
- eWIC Press Conference at Wegman’s (SH, 11/2)
- Long term care committee meeting (SD, 11/2)
- Long term care subcommittee to develop a “Younger Olders” presentation (SD, 12/9)
- Falls prevention event at the Groton Public Library, tabling (SD, PJ, 11/8)
- Falls prevention event at the YMCA, tabling (SD, 12/8)
- YMCA Collaboration meeting (SH, 11/20)
- Social Determinants of Health and Healthy Inequity Conference, Cornell (SH, 11/8)
- Community Coalition for Healthy Youth (CCHY) Community Dialogue (SH, TS, 11/15)
- Collective Impact Childhood Nutrition Collaborative (CNC) meetings (SH, 11/30, 12/21)
- CCE Nutrition Program Committee (11/26)
- Housing and Homeless Taskforce (SH, 12/5)
- Health Planning Council (SH, 12/10)
- Be The One Summit (SH, 12/10)
- CCE Annual Meeting (SH, 12/11)
- Met with Bike Walk Tompkins and Just Play Project (12/12)
- Fall Prevention Screening at YMCA (SH, SD, 12/13)
- Collaboration meeting with TC Action (SH, 12/14)

## TCHD Participation and Support

- Work with Debbie Thomas, CSCN on developing a Facebook presence (TS)
- Coordinated with Jim Blizzard, Videographer for Public Information about COPD event (SH, 11/5) and Flu prevention (SH, 11/28)
- Lead banner re-design meetings with CHS (TS, 11/27)
- Blood born pathogen training (MP, SD, PJ, 11/29)
- HPP Team meeting (11/29, 12/7)

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

- DPP post core monthly class, 5 participants (11/6, 12/4, 12/27)
- Phone conference with CDC subcontractor QTAC to review DPP data and CDC submission requirements (12/27)

## Community Health Improvement Plan (CHIP)

- Cornell MPH Collaboration: meetings with students and associate director RE planning community survey by which to collect qualitative data for CHA and CHIP rewrite, plus in-house meetings and development (SH, TS)
- CHIP 2016-2018, 2018 Update, stakeholder meetings: Ithaca-Tompkins Transportation Council (12/13), Health Planning Council (12/17), City of Ithaca Engineering (12/19), CCE, SafeCare, REACH Medical, TC3 (12/20), CMC Strategic Planning (12/21)
- States of Solutions Building Community Wealth and Resilience (SH, 11/19, 11/30, 12/10)
- 

## Healthy Lungs for Tompkins County

- COPD (Chronic Obstructive Pulmonary Disease) Awareness Month event at TC Public Library (11/14) plus associated planning and marketing prior to the event (SH, SD)

## Healthy Neighborhoods Program

- Flyers delivered to the Mclean Baptist Church (11/6)
- Attended radon meeting at CAPCO (PJ, MP, 11/7)
- Tabled at Groton Falls Prevention event (PJ, reached 25, 11/8)
- Tabled at Loaves and Fishes lunch (MP, reached 75, 11/13)
- Outreach at WIC and Salvation Army food Pantry (PJ, reached 19, 11/14)
- Tabled at Loaves and fishes (MP, reached 75, 11/21)
- Share the Warmth event (MP, reached 20, 12/10)
- Loaves and Fishes Outreach (MP, reach 80, 12/11 & 21)



### November 2018

HEALTHY NEIGHBORHOODS PROGRAM	MONTH	YTD 2018	YTD 2017	TOTAL 2017*
# of Initial Home Visits (including asthma visits)	33	387	396	438
# of Revisits	14	147	106	122
# of Asthma Homes (initial)	1	41	52	49
# of Homes Approached	0	1,401	1,126	1,126

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

### December 2018

HEALTHY NEIGHBORHOODS PROGRAM	MONTH	YTD 2018	YTD 2017	TOTAL 2017*
# of Initial Home Visits (including asthma visits)	26	413	438	438
# of Revisits	16	163	122	122
# of Asthma Homes (initial)	2	43	54	54
# of Homes Approached	21	1,422	1,126	1,126

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

### Tobacco Control Program (Schiele)

- Letter to caregivers about vaping written at request of BOCES. Letter was provided to high school principals to send to their students' residence (11/13, see attached)
- Presentation to Legislature Health & Human Services Committee (HHS) discussing evidence related to the impact of local licensing of tobacco and ENDS retailers on youth nicotine use (11/16, see attached)
- Correspondence with Trumansburg Mayor Rordan Hart regarding whether or not the Trustees would reconsider arguments for a smoke-free Main St. Trustees reviewed the proposal in January 2016 and declined to proceed per resident feedback. Chose not to reconsider in 2019.
- Correspondence and meeting with Ellis Hollow Apartments tenants regarding smoke-free policy. In mid-December Ellis Hollow management announced the building would transition to a smoke-free policy in 2019. Congratulations to tenant advocates and to management.
- Meeting with a Cornell grad student and Julie Paige, Director of Off-Campus & Cooperative Living, regarding how OCCL can educate students who use their services to ask about smoking policies before they sign a lease (12/5).
- Tobacco grant RFA: Worked with Cortland County Health Department colleagues to write application for the 2019-2024 tobacco control program grant.
- Great American Smoke-out (GASO) event at TC3 (11/15)
- Statewide Tobacco Control Program meetings, Albany (11/28-29)

### Media, Website, Social Media

- Radio: WHCU: COPD Awareness Month, 11/8

## Meetings and Trainings

- Management Team – Results-based accountability (SH, 11/13)
- Art of Participatory Leadership (SH, 11/14-11/16): Hosted by the Food Bank of the Southern Tier, with community partners
- Health Promotion Team Meeting (12/7)
- Social Media Meeting (12/11)
- Ergonomics training @ TCHD (TS, 11/2)
- De-escalation training @ TCHD (MP, TS, 11/8)

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

- Site visit to Boson Public Health Commission and Rhode Island Department of Health (11/5): Boston presentation by the Healthy Equity Team, Quality Improvement, and Communications. Met with Healthy Equity Zone team in Rhode Island.
- Attended Natural Leaders Initiative class, participated in World Cafe (11/6)
- ELPH Team Meeting with UNC Coach (11/9)
- ELPH webinar: Implementation Science (11/26)
- ELPH planning: revise timeline (12/18)
- ELPH/Natural Leaders Initiative check-in

## Continuing Education

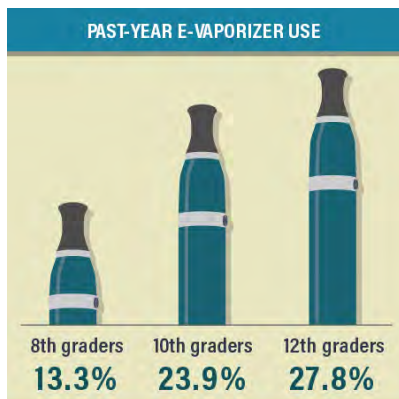
- Prevalence of Key Cardiovascular Disease Risk Factors for Million Hearts 2022 (SD, 1 C.E. credit, 11/21)
- Chronic Pain in Adults on the Rise: A Potential Crisis (SD, 0.25 credits, 12/28)
- Optimizing Outcomes in Patients with COPD and Cardiovascular Comorbidities (SD, 0.5 C.E. credits, 12/28)



November 2018

Dear Families,

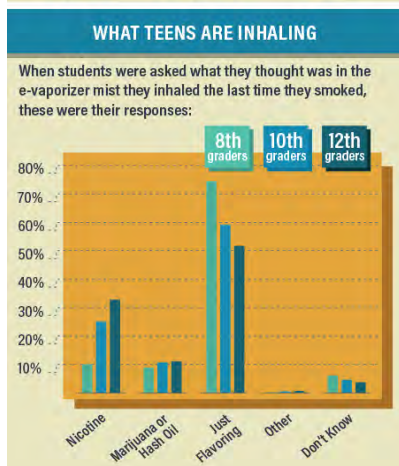
Vaping and the use of electronic cigarettes (e-cigarettes) by our students is an ever-growing concern of ours, and we want to ensure that you have the information you need to help your children make healthy decisions.



**Research shows that e-cigarettes are not a safe alternative to tobacco cigarettes.**

Toxic chemicals, metals (including lead), and ultrafine particles have all been found in the vapor that is inhaled. These have been shown to cause damage to DNA and lung tissue, and increase the risk of asthma, cardiovascular disease and heart attacks. No one knows what long term health risks will be linked to vaping.

**Almost all vaping liquids contain nicotine.** Nicotine is highly addictive, especially for youth under 25 whose brain is still developing. Different vaping liquids contain different strengths of nicotine, and what any one liquid delivers may be different with different devices. There are also different ways to process nicotine. The nicotine “salts” used in some liquids send the drug to the brain much faster.



**E-cigarettes are not a reliable way to quit smoking.** Individuals who use e-cigarettes to quit smoking are less likely to succeed. The most common use of these devices is called “dual use”—vaping where smoking is not allowed and smoking traditional cigarettes where allowed. Youth who vape are more likely to start smoking traditional cigarettes which puts them at risk for the severe health impacts that go with smoking.

**It can be hard to detect whether or not your child is vaping.** Devices such as the popular “JUUL” are small and easily mistaken for a computer thumb drive. The newer products (which use nicotine salts) do not put out big clouds of vapor and can be easily concealed. You may be able smell the flavorings used in the vaping liquid, but it is subtle.

Below please find more information on the health risks of vaping. We encourage you to take a moment to look through this resource and have a conversation with your child.

<https://e-cigarettes.surgeongeneral.gov/>.

Source: 2017 Monitoring the Future Survey

Together we can educate our youth to make healthy choices.

Sincerely,

**Jennifer Astles**, Youth Development Coordinator  
Tompkins-Seneca-Tioga BOCES

**Ted Schiele**, Planner/Evaluator  
Tompkins County Health Department

**High School Principals Council**

**Wayne Aman**, Candor  
**Jason Trumble**, Ithaca High School  
**Patrick Mahunik**, Newfield  
**Barry Derfel**, PTech Academy

**Dale Sweet**, Dryden  
**Deborah Ptak**, LACS  
**Tim Houseknecht**, South Seneca  
**Michelle Nolan**, Regional Alternative School

**Billie Downs**, Groton  
**Colleen Ledley**, Lansing  
**Jon Koeng**, Trumansburg

## **Consideration of local licensure for retail tobacco, vaping, and smoking paraphernalia**

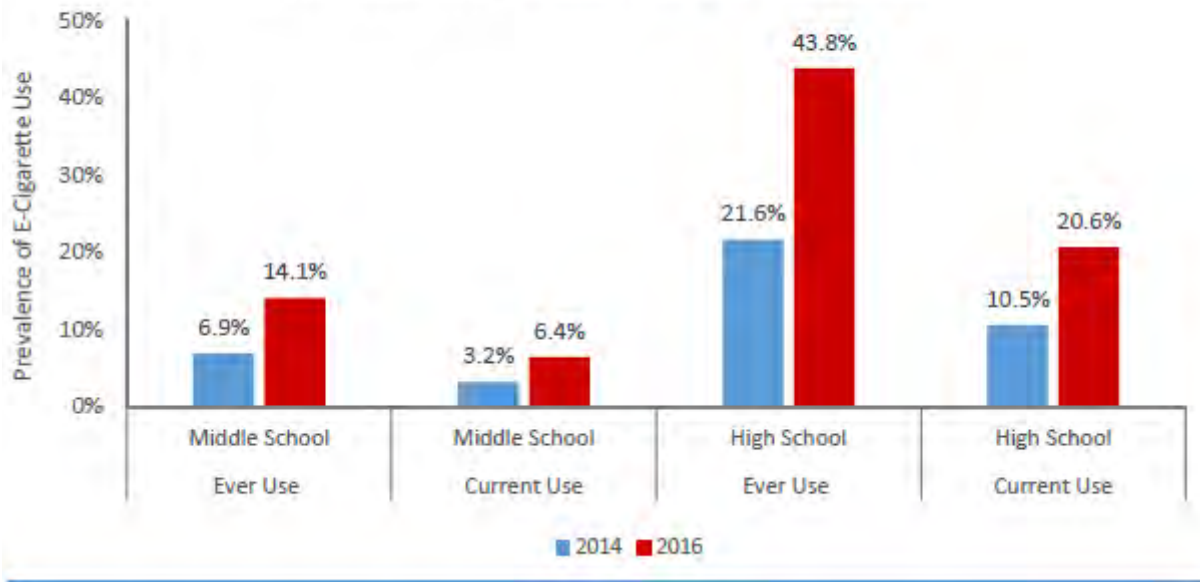
1. Tobacco use causes death and disease and continues to be an urgent public health challenge
2. Tobacco companies sell and aggressively market products that are addictive and unreasonably dangerous, causing cancer, heart disease, and other serious illness
3. Tobacco use is a pediatric epidemic
4. Tobacco product marketing causes youth initiation and thwarts cessation attempts by the majority of users who want to quit
5. Tompkins County has a substantial interest in reducing the number of individuals of all ages who use cigarettes, vaping devices, and other tobacco products, and a particular interest in protecting adolescents from nicotine dependence and the illnesses and premature death associated with tobacco use and possibly resulting from vaping and ENDS use.
6. Limiting access to tobacco, vaping devices, and smoking paraphernalia through price, place, or promotion reduces youth initiation of use and potential nicotine addiction, and increases quit attempts.
7. Tompkins County has a substantial and important interest in ensuring that existing state and local tobacco sales regulation is effectively enforced
8. Effective measures that support ensured compliance with existing state and local tobacco retail sales regulations have been documented by research and best practices and have been enacted by local and county governments across NYS.

## **Vaping devices, including electronic cigarettes (e-cigarettes) and other Electronic Nicotine Delivery Systems (ENDS).**

### **No state or local licensure of retailers that sell vaping devices and ENDS**

While the NYS Department of Tax & Finance requires that retailers obtain a license to sell tobacco products, there is no system for registering retail outlets that sell vaping devices. Because of this, there is **no way to know where these products are being sold**, and no way to verify retailers' compliance with the minimum legal age (21 years) for selling these products in Tompkins County.

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



The use of these products has exploded since they were introduced around 2010. Vaping and ENDS use among adolescents and teens is being described as an epidemic by the FDA. The above graph shows prevalence among New York State youth. 30-day use among Tompkins County youth is asked in the 2018 student climate survey that was administered in October. Below are excerpts from references documenting ongoing research about vaping.

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#### Youth Who Use Vaping Products Are More Likely to Smoke Cigarettes, Increase Use of Both Over Time ([RAND Office of Media Relations, Oct. 2, 2018](#))

Adolescents who use vaping products are not only more likely to smoke cigarettes but are also likely to increase their use of both products over time, according to a new RAND Corporation [study](#).

The research, which provides insight into patterns of vaping and cigarette smoking as youth transition into young adulthood, also finds that the increased use of both e-cigarettes and cigarettes over time cannot be attributed to other risk factors, such as consuming alcohol or marijuana.

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#### E-cigarettes 'Potentially as Harmful as Tobacco Cigarettes' ([UConn Daily, Jun. 12, 2017](#))

A study by chemists at the University of Connecticut offers new evidence that electronic cigarettes, or e-cigarettes, are potentially as harmful as tobacco cigarettes.

Using a new low-cost, 3-D printed testing device, UConn researchers found that e-cigarettes loaded with a nicotine-based liquid are potentially as harmful as unfiltered cigarettes when it comes to causing DNA damage.

The researchers also found that vapor from non-nicotine e-cigarettes caused as much DNA damage as filtered cigarettes, possibly due to the many chemical additives present in e-cigarette vapors. Cellular mutations caused by DNA damage can lead to cancer.

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### **Candy or nicotine? Flavored e-cigarettes manipulate brain activity** ([YaleDailyNews.com](http://YaleDailyNews.com), Apr. 17, 2018)

Researchers from the Yale Tobacco Center of Regulatory Science found in a recent study that advertisements for flavored e-cigarettes may override negative perceptions of tobacco products, especially in youth.

Their brains process these advertisements as they would images of sweets or fruit, the study found. Promoting flavors like "skittles," "strawberrylicious" and "juicy fruit," flavored e-cigarette advertisements also affect warning label perception, according to the medical school researchers.

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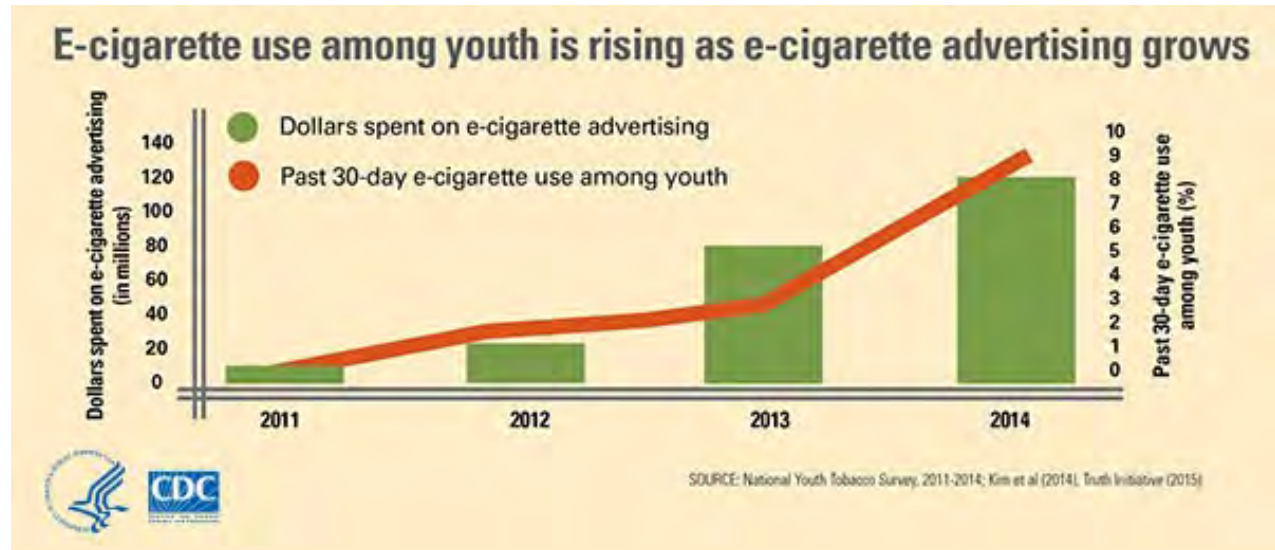
### **The FDA did surprise inspections at vape shops. Here's what they found** ([MMWR](http://MMWR), as reported in [Stat Morning Rounds](http://StatMorningRounds), Aug. 31, 2018)

- The testing: Among the 28 shops that manufacture products, only one reported testing the finished products to ensure the products contained the concentration of nicotine listed on the label. Six of the stores said they request testing records from the manufacturers of outside tobacco products they sell.
  - The training: None of the shops had quality assurance programs, standardized job training, or standard operating procedures, the FDA says — instead, workers received on-the-job training.
  - The takeaway: Those findings suggest "that consumers might not receive complete information regarding product contents or purchase products of consistent quality," the agency says.
- 

### **FDA's nicotine stain: Juul isn't only culprit in teen e-cigarette smoking epidemic** ([CNBC](http://CNBC) 9/22/18)

- The number of teenagers using e-cigarettes has surged 75 percent, according to the latest data from the CDC's annual National Youth Tobacco Survey.
  - That means roughly 3 million, or about 20 percent of high school kids, are using e-cigarettes ...
  - The boom has been led by flavored products from wildly popular e-cigarette maker Juul ...
-

## E-Cigarette use nationally has increased in lockstep with increased e-cig advertising



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## VAPING is a fast moving category in retail outlets including convenience stores.

The following entries are from [Convenience Store Decisions](#), an email newsletter that is published daily Mon-Fri. The *Hot New Products* supplement is published weekly or semi-weekly. The following entries were teasers in the email delivered on the date shown. They illustrate the pace at which new products are being introduced. It is fair to expect that a significant marketing and promotional campaign will accompany each of these product introductions.



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### Become a JUUL Authorized Retailer (Oct. 11, 2018)

JUUL is perfect for adult smokers looking to switch from cigarettes. JUUL offers an assortment of flavors including flavors in 5% nicotine strength (Virginia Tobacco, Mint, Creme, Mango and Fruit) and in 3% nicotine strength (Virginia Tobacco and Mint)\*\*. Order today or learn more about becoming a JUUL authorized retailer at [www.juul.com/retail/wholesale](http://www.juul.com/retail/wholesale).

### **Pre-Filled Pods** (Oct. 11, 2018)

This fall, blu is offering myblu INTENSE Nicotine Salt Liquidpods—a line of pre-filled pods that offer the benefits of an e-cig with the satisfaction of a traditional cigarette—in retailers across the country. myblu INTENSE are pre-filled pods made for the myblu device that feature blu’s proprietary blend of nicotine salt e-liquid with Pyrisalt. Providing a [...]

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### **CBD Meets Vape** (Nov. 8, 2018)

[BO Vaping](#), created by the premium e-cigarette provider J WELL, and Ignite CBD, the premium CBD brand founded by Dan Bilzerian, are collaborating on a new product. The creative designers behind BO have engineered technology to offer consumers Ignite’s pure CBD oil in new co-branded BO Caps. The first two flavors, on sale this October, are Tropical Fruit and Blood Orange, with additional releases scheduled for December and then January of 2019.

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In the category known as “Other Tobacco Products” (OTP) --- everything tobacco that is not a cigarette as defined by the FDA --- new products are also introduced regularly. For example:

### **Blueberry-Coconut Cigarillos** (CSD, Hot New Products, Oct. 11, 2018)

Customers looking for an out of this world taste combination can find it in Swisher Sweets Limited Edition Coco Blue Cigarillos. It is a blast off to a taste sensation when tangy blueberry and creamy coconut are combined. Available for a limited time in a resealable two-count pouch with the “Sealed Fresh” guarantee, Swisher Sweets [...]

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## **Access to all tobacco products**

While addressing access to vaping devices is of particular importance, evidence that addressing access to all tobacco products impacts youth initiation and adult quit rates must also be recognized. Measures studied include retail tobacco outlets’ proximity to schools and family centers, density of tobacco retailers, sales of tobacco products in stores that contain a pharmacy, and use of discounts and price promotions such as coupons and buy-one-get-one deals. (References available).



- My name is Ted Schiele, and I am the coordination for Tobacco Free Tompkins, which is a program of the Tompkins County Health Department. Thank you for inviting me to your meeting.
- My job here today is to provide the information necessary for your committee, the legislature, and public health advocates to fully understand, and thereby make the best decisions on ways to limit access to tobacco and nicotine products by youth in our community, and by adults who are working hard to quit using nicotine.
- On July 18, 2016, I was asked to a HHS committee meeting to provide information about Tobacco 21. In the introduction to my remarks, I said, "I would be remiss if I did not also point out that such a strategy (T21) would be even more effective if considered as a part of a comprehensive program to reduce youth access to tobacco, nicotine delivery systems, and smoking paraphernalia."
- [At that meeting] After reviewing evidence about the efficacy of T21, I came back to the concept of a comprehensive program, the elements of which are (1) raising the minimum legal age for sales to 21, and (2) local licensing of tobacco retailers.
- At that time, the committee, in consultation with Frank Kruppa, determined that the best course of action would be to split off discussion about licensing, put full focus on T21, and return to licensing at a later date.
- The later date has come.
- I think it is fair to say that the explosion of youth vaping and use of electronic cigarettes, which has garnered increasing national media attention over the last nine months, is what triggered Committee Chair Shawn and Legislature Vice Chair Anna to ask me here today to provide a backdrop about licensing, and how it would support the goal of reducing youth access to nicotine and products that are sold as delivery devices and paraphernalia.
- I want to stress once again, that the goal for local retail licensing is to: Reduce youth access to nicotine products as a means of reducing youth initiation of nicotine use and lifelong nicotine addiction.
- Local licensing is a process by which retailers who wish to sell nicotine products and paraphernalia would be required to be licensed by the County. In most cases, those retailers with a NY State tax license for the sale of tobacco products on the effective date of licensure, would be granted a county license.
- A licensing program may however, be written with restrictions on FUTURE issuance of a license based on the store's proximity to schools, or based on the density of existing licensed retailers, or perhaps a cap on the number of licenses issued.

- Licensing may also specify what or how tobacco may be sold, even by existing retailers. For example, a license may specifically exclude the sale of flavored tobacco products, or regulate the redemption of coupons and other price promotions.
- And regarding existing Tax and Finance licenses, a county license may be refused if the retail location includes a pharmacy.
- The idea here is, even though the state Department of Tax and Finance keeps track of who is selling tobacco, the county has a Public Health interest in establishing a means of regulating the sale of tobacco products.
- So that is the concept of local licensing for retail sales of tobacco products. But earlier I said that electronic cigarettes and vaping was the trigger that brought licensing back to your table. And just now I did not mention that in my backgrounder.
- That is because while tobacco products are currently under the control of the state Department of Tax and Finance, ENDS --- electronic nicotine delivery systems, which includes e-cigs and vaping devices --- are not under anyone's control. We have no idea which retailers are selling these devices.
- In fact, just this past Wednesday I got a call from a retailer who had a question about what is covered under our T21 law. In the course of the conversation the individual told me that the store sells e-liquids and pods used to refill vaping devices. I asked if they also sold regular tobacco products and was told, "no." There is no way I would have known this shop is selling age restricted products.
- And the same goes for smoking paraphernalia, which includes blown glass pipes, hookahs, even rolling papers. The red letter sign that is required to be displayed in shops that sell tobacco, says for all of these products:  
"Sale to persons UNDER 21 years of age is PROHIBITED BY LAW."
- Compliance with sales of age restricted products cannot be monitored if you don't know where the products are being sold. That is true now, that will be true next year, and that will be true in five or ten years as Tompkins County grows and demand for retail outlets grows with it.
- We saw this with the unexpected multiplying of head shops on The Commons in 2011-2012. And we see it now with ENDS and vaping devices. We know the next wave is coming [no blue wave jokes].
- Tobacco 21 is a tool for primary prevention of nicotine addiction. Local licensing is also a tool for primary prevention of nicotine addiction. Neither will solve the problem on its own, just like speed limits don't solve the problem of unsafe driving in a neighborhood --- so you add "traffic humps" to better the odds for a safer neighborhood. However, (TBD)

**Medical Director's Report**  
**Board of Health**  
**January 2019**

**Seasonal Influenza:**

The New York State Department of Health (NYSDOH) has declared influenza to be widespread so all healthcare providers working in hospital facilities, health departments, and similar institutions must be vaccinated for influenza; otherwise, they need to wear a mask when in patient care areas.

In my report this month, I have included a compilation of seasonal influenza vaccine talking points (see attachment). These were gleaned from the latest Centers for Disease Control and Prevention (CDC) postings on the CDC website and a new report regarding the continuing study of nasal flu vaccine. Nasal flu vaccine is a partially attenuated live vaccine which a few years ago was not recommended for use because of lower effectiveness. This year the CDC again included it in their list of recommended vaccines; however, it appears its effectiveness is significantly below inactivated injection vaccine. Still, the CDC's recommendation is for people to be vaccinated with no high expression of a preference for one vaccine over another. This is based on the philosophy that getting any vaccine is better for people than not being vaccinated at all.

**Supervised Injection Facilities:**

On Friday, January 25th, I will do a one-hour presentation at the Cayuga Medical Center's Continuing Medical Education Program at 7:30 a.m. Much of the data will be what I have presented to the Board of Health in the past but will be updated with current statistics. The outside public is invited to these lectures so anyone desiring to attend is welcome to do so. The lectures are held in the Howell Conference Rooms C and D. The best way to get to the lecture room is to park in the lot furthest to the left when driving up to the Cayuga Medical Center. Enter through the professional office building entrance. Go through the double doors. Walk straight ahead through single doors and go to the right. The next immediate right are the Howell C and D conference rooms.

**Activities:**

During the past month, I completed a jail review which is a quality assurance initiative.

## Seasonal Influenza Vaccine Talking Points

### People at High Risk of Developing Flu-Related Complications

- Children younger than 5, but especially children younger than 2 years old
- Adults 65 years of age and older
- Pregnant women (and women up to two weeks postpartum) besides preventing the flu getting a flu shot **reduced** a pregnant woman's risk of being hospitalized with flu by an average of **40 percent**. A vaccinated Mom also passes antibodies on to her baby during her pregnancy protecting her little one.)
- Residents of nursing homes and other long-term care facilities

### People who have medical conditions including:

- Asthma
- Neurological and neurodevelopmental conditions (including disorders of the brain, spinal cord, peripheral nerve, and muscle such as cerebral palsy, epilepsy [**seizure disorders**], **stroke**, intellectual disability, moderate to severe developmental delay, **muscular dystrophy**, or spinal cord injury)
- **Chronic lung disease** (such as chronic obstructive pulmonary disease [COPD] and cystic fibrosis)
- Heart disease (such as congenital heart disease, **congestive heart failure and coronary artery disease**)
- Blood disorders (such as **sickle cell** disease)
- Endocrine disorders (such as diabetes)
- **Kidney** disorders
- **Liver** disorders
- Metabolic disorders (such as inherited metabolic disorders and mitochondrial disorders)
- Weakened immune system due to disease or medication (such as people with HIV or AIDS, or cancer, or those on chronic **steroids**)
- People younger than 19 years of age who are receiving long-term aspirin therapy
- People with extreme obesity (body mass index [BMI] of 40 or more)

Protect those you love by being vaccinated – e.g. babies less than 6 mos old are not vaccinated because the vaccine is not as effective when you are that young =- the babies rely on you to get vaccinated so you won't carry the virus to them

flu vaccines are offered in many doctor's offices, clinics, health departments, pharmacies and college health centers,

Even if you don't have a regular doctor or nurse, you can get a flu vaccine somewhere else, like a health department, pharmacy,

Plan ahead because it takes a minimum of 2 weeks for the vaccine to start to protect you but if you fail to get it in September or October or early Nov get it as soon as you can because flu is common even into April and sometimes even May

## How effective is the flu vaccine?

CDC conducts studies each year to determine how well the influenza (flu) vaccine protects against flu illness. While vaccine effectiveness (VE) can vary, recent studies show that flu vaccination reduces the risk of flu illness by between 40% and 60% among the **overall** population during seasons when most circulating flu viruses are **well-matched** to the flu vaccine. In general, current flu vaccines tend to work better against influenza B and influenza A(H1N1) viruses and offer lower protection against influenza A(H3N2) viruses

You **fasten your seat belt** every time you are in the car because you know that even if you get in an accident it will lower the chance of you dying or being more seriously injured than if you did not fasten it. The same is true of flu vaccine. It lowers the risk that you will die or need to be hospitalized and in a sizeable number of cases prevents the flu altogether.

**two** factors play an important role in determining the likelihood that flu vaccine will protect a person from flu illness: **1)** characteristics of the person being vaccinated (such as their age and health), and **2)** the similarity or "match" between the flu viruses the flu vaccine is designed to protect against and the flu viruses spreading in the community.

The partially attenuated flu vaccine (flu mist – a nasal spray vaccine) has been shown to be less effective than inactivated injection vaccine. When options exist the latter vaccine is preferable. But being vaccinated is better than not being vaccinated and so even the nasal flu vaccine will offer some protection (though not as much).

## If older people have weaker immune responses to flu vaccination, should they still get vaccinated?

Despite the fact that some older adults (65 years of age and older) have weaker immune responses to the influenza A (H3N2) component of flu vaccines vaccination is still important. Not all persons over 65 are the same some respond to the vaccine better than others. Those with chronic illness are at less risk of being hospitalized if they are vaccinated (1 hospitalization prevented /4,000 vaccinated). If hospitalization is needed it often can be the start of an older person declining significantly.

In numerous studies since 2010, flu vaccines have helped protect adults 65 years of age and older against influenza A(H1N1) viruses and both lineages of influenza B viruses. Specifically, flu vaccines have reduced the risk of medically attended illness caused by H1N1 or B by more than 60% on average among people age 65 and older (1). Flu vaccines also have reduced the risk of flu hospitalization among adults age 65 and older by 54% against A(H1N1) viruses and by 31% against influenza B viruses on average (2).

However, protection against influenza A(H3N2) flu viruses has been less consistent. On average, flu vaccines have reduced the risk of doctor visits with A(H3N2) flu by 24% and reduced the risk of hospitalization with A(H3N2) flu by 33% in adults age 65 and older (1,2). During seasons when the H3N2 vaccine component has been like (well-matched to) the flu viruses circulating in the community, the benefit from flu vaccination has been higher. During these seasons, flu vaccine reduced the risk of hospitalizations with A(H3N2) flu by 43% on average (2). But when the vaccine component was less similar to viruses in the community, the protection has dropped to 14%

## How effective is the flu vaccine in children?

Vaccination has been found in most seasons to provide a similar level of protection against flu illness in children to that seen among **healthy** adults.

## Medical Director's Report - January 2019 - Attachment

In several studies, flu vaccine effectiveness was higher among children who received two doses of flu vaccine the first season that they were vaccinated (as recommended) compared to "partially vaccinated" children who only received a single dose of flu vaccine. However, in some seasons, partially vaccinated children still receive some protection.

In addition to preventing illness, flu vaccine can prevent severe, life-threatening complications in children, for example:

- A 2014 study showed that flu vaccine reduced children's risk of flu-related pediatric intensive care unit (PICU) admission by 74% during flu seasons from 2010-2012.
- In 2017, a study in the journal *Pediatrics* was the first of its kind to show that flu vaccination also significantly reduced a child's risk of dying from the flu. The study, which looked at data from four flu seasons between 2010 and 2014, found that flu vaccination reduced the risk of flu-associated death by half (51 percent) among children with underlying high-risk medical conditions and by nearly two-thirds (65 percent) among healthy children.
- The partially attenuated flu vaccine (flu mist – a nasal spray vaccine) has been shown to be less effective than inactivated injection vaccine. When options exist the latter vaccine is preferable. But being vaccinated is better than not being vaccinated and so even the nasal flu vaccine will offer some protection (though not as much).

### Benefits of flu vaccination

during 2016-2017, flu vaccination prevented an estimated 5.3 million influenza illnesses, 2.6 million influenza-associated medical visits, and 85,000 influenza-associated hospitalizations.

### Inactivated Flu vaccine injections cannot give you the flu

These vaccines are just molecules and not viruses at all. They in no way can cause an infection. They are just enough like a flu virus that the body can recognize a real flu virus when it comes to them. Think of it this way...you want a friend to recognize your brother at the airport. So you show them a picture. At the airport your friend picks your brother out in the crowd. The picture is not your brother-it can't talk to your friend. But its just enough like your brother so your friend can recognize him and take the appropriate action. That is what a flu shot is.

People who say the vaccine gave them the flu probably waited too long to get the vaccine. In the preceding week before the vaccination or in the first couple weeks after someone exposed

them to real flu and they came down with it. Remember it takes 2 weeks for the vaccine to start to protect.

Similarly a person may have been exposed to a stomach bug or a cold bug around the time of the flu vaccine and come down sick. Remember the flu vaccine **ONLY** protects against influenza – nothing else!

## **Why you need a flu vaccine every year**

These flu viruses are tricky. They have the ability to change their personality as time passes. Therefore the flu virus around this year may be quite different from prior years. Therefore a new vaccine is needed. The virus can even change within months which is why some years the vaccine does not match the virus as well. Most years the match is good to excellent, but, some years only fair. One does not know in advance so the best bet is to be vaccinated.

## **Besides vaccination, how can people protect themselves against the flu?**

Getting a flu vaccine each year is the best way to prevent the flu. **In addition** to getting the flu shot, people should take the same everyday preventive actions to prevent the spread of flu, including covering coughs, washing hands often, and avoiding people who are sick.

If one is sick they should **stay home**. Spreading influenza to your friend, family, coworkers and others is not an act of kindness.

**Antiviral drugs** are an important **second line of defense** to **treat** the flu. These drugs are not a substitute for vaccination and must be prescribed by a health care provider.

<https://www.cdc.gov/flu/about/qa/vaccineeffect.htm>

<https://www.cdc.gov/flu/protect/keyfacts.htm>

<https://whnt.com/2019/01/07/flu-shot-may-be-more-effective-than-nasal-vaccine-study-says/>  
(accessed Jan 8,2019)



## Flu shot may be more effective than nasal vaccine, study says

POSTED 11:39 AM, JANUARY 7, 2019, BY [CNN WIRE](#)

(CNN) — When it comes to vaccinating yourself — or your kids — against the flu, there are two options in the United States: a traditional shot or a nasal spray.

Yet among children, the nasal spray appeared to have reduced effectiveness against the flu, compared with the shot, in past flu seasons, according to a study published in the journal *Pediatrics* on Monday.

That finding, which involved analyzing data from several previous studies, seems to align with existing research.

"We were able to better describe vaccine effectiveness in age groups that the individual studies were not able to due to small sample sizes," said Jessie Chung, first author of the study and an epidemiologist in the US Centers for Disease Control and Prevention's Influenza Division.

The flu shot in the study is an inactivated influenza vaccine. The nasal spray, FluMist, is a live attenuated influenza vaccine. Though the viruses in FluMist are live, they have been weakened — attenuated, in medical terms — and work by stimulating the immune system.

MedImmune, a subsidiary of London-based AstraZeneca PLC, produces FluMist, which was approved by the US Food and Drug Administration in 2003.

Two of the new study's 10 authors are employees of AstraZeneca, but Chung said the company was not directly involved in the study's analysis.

For the 2018-19 flu season, which began in October, three types of vaccine are available in the United States: the inactivated influenza vaccine or IIV, administered as a shot; the recombinant influenza vaccine or RIV, also administered as a shot; and the live attenuated influenza vaccine or LAIV, administered as a nasal spray.

"CDC recommends annual influenza vaccination for everyone 6 months and older with any licensed, age-appropriate flu vaccine — IIV, RIV4 or LAIV4 — with no preference expressed for any one vaccine over another," Chung said.

For the past two flu seasons, the CDC's Advisory Committee on Immunization Practices, a panel of immunization experts, has not recommended the nasal spray. However, it was recommended again this flu season.

Dr. Pedro Piedra, a professor at Baylor College of Medicine in Houston, wrote an editorial accompanying the study in *Pediatrics*. He noted that the committee's latest recommendation for the use of the nasal spray was based, in part, on new manufacturer data revealing improvements to performance. That new data was not included in the new study.

Meanwhile, the American Academy of Pediatrics recommends the inactivated flu shot as the primary choice for children "because it has provided the most consistent protection against all strains of the flu virus in recent years."

The new study included data from five previously published studies on vaccine effectiveness during the 2013-14 and 2015-16 flu seasons. The data included 17,173 children, ages 2 to 17, from 42 states.

After combining data from all flu seasons, the researchers found that vaccine effectiveness against any type of flu virus was 51% for the inactivated flu shot vs. 26% for the nasal spray.

The study had some limitations, including that it relied on information provided in those previously published data.

## Medical Director's Report - January 2019 - Attachment

"Despite combining data, we were still limited by sample size in some of our analyses," Chung said. Additionally, more research is needed to determine whether similar findings would emerge in data from other flu seasons.

Some pediatricians, including Dr. Tanya Altmann, may prefer the nasal spray because that vaccine might not be as painful as a flu shot for their young patients. Of her three sons, Altmann said, two were given the FluMist this year, and one was given the shot.

"I've been practicing now for almost 20 years, and I did use the FluMist a lot when it was available, and I found that patients liked it because it wasn't a shot — and, despite the study, I always felt like in my clinical practice it worked about as well as the shot," said Altmann, founder of Calabasas Pediatrics Wellness Center in California and an American Academy of Pediatrics spokeswoman, who was not involved in the new study.

"The study did not include this current flu season, which from my understanding is a newly formulated FluMist vaccine. So the FluMist vaccine that I'm giving today in my office this season is different from the one that was studied. Only time will tell how effective the current FluMist vaccine is," said Altmann, who is also author of the book "Baby and Toddler Basics."

"I'm still hopeful," she added. "I have no connection with the company. I just feel like it's a good option, and I like the changes they made, and I want to give it another chance."

Regardless of the type of flu vaccine your family may prefer, Altmann said, what remains most important is getting vaccinated.

Nineteen states have high levels of flu activity, and 13 flu-related pediatric deaths have been reported during the current season so far, according to numbers the CDC released Friday.

While a flu vaccine is not 100% effective, it does lessen the severity of symptoms and the duration of illness in those who might get the flu.

"We know hands-down that getting any flu vaccine is better than getting no flu vaccine. So talk to your pediatrician or your doctor about what's available this season," Altmann said. "It's not too late to still get a flu vaccine if you haven't already because the flu is here. It's everywhere, and it's rapidly spreading and very contagious."

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### CDC links

- [How effective is the flu vaccine?](#)
- [What factors influence how well the vaccine works?](#)
- [What are the benefits of flu vaccination?](#)
- [Is the flu vaccine effective against all types of flu and cold viruses?](#)
- [Does flu vaccine effectiveness vary by type or subtype?](#)
- [Why is flu vaccine typically less effective against influenza A\(H3N2\) viruses?](#)
- [How effective is the flu vaccine in the elderly?](#)
- [If older people have weaker immune responses to flu vaccination, should they still get vaccinated?](#)
- [How effective is the flu vaccine in children?](#)

## Medical Director's Report - January 2019 - Attachment

- How are benefits of vaccination measured?
- How does CDC present data on flu vaccine effectiveness?
- Why are confidence intervals important for understanding flu vaccine effectiveness?
- Is it true that getting vaccinated repeatedly can reduce vaccine effectiveness?
- Why are there so many different outcomes for vaccine effectiveness studies?
- How does CDC measure how well the vaccine works?
- What do recent vaccine effectiveness studies show?
- Do recent vaccine effectiveness study results support flu vaccination?
- Where can I get more information?
- Besides vaccination, how can people protect themselves against the flu?

**Division for Community Health**  
**January 2019 Board of Health Meeting**

**Karen Bishop, Director of Community Health**  
**December 2018 Report**

**Administration –**

- Updated the Rabies Post-Exposure Vaccination Policy to clarify TCHD's fiscal responsibility for authorized treatment and to include documentation expectations for staff in the new EHR when it is initiated.
- Updated the Vaccine Inventory Storage and Handling Policy to reflect use of digital data loggers when transporting vaccine off-site and use of portable vaccine refrigerator at off-site clinics.
- Participated on weekly conference calls with the software vendor TenEleven to further readiness for software development for public health needs.
- Facilitated the quarterly meeting of the Community Health Quality Improvement Committee on December 18 with 13 members present. Review of 15 discharged maternal child cases with diagnosis of obesity revealed the following: 33% of prenatal clients have the diagnosis of obesity, 8 Of 15 clients (53%) gained the recommended amount of weight during their pregnancy, all 15 clients (100%) set nutrition and activity goals and weight was recorded at each home visit, nurses need to work on obtaining client travel history for previous 21 days at each home visit and document such. Review of 48 (30% of all clinic records) immunization clinic records revealed the following: 24 records (50%) had no deficits, 8 records lacked documentation regarding follow up to no show for clinic appointment, 8 records had demographic omissions, no missed opportunities to vaccinate! Review of 1 active lead poisoning case in a one year old with an initial blood lead level of 24.3 mcg/dL on 8/15/18. Joint home visit by Environmental Health and Nursing occurred on 8/21/18 with multiple areas of chipping and peeling lead based paint identified. Education provided to the family and landlord. Abatement work was done while family temporarily relocated. Case will remain open to lead case management until blood lead level decreases below 10 mcg/dL. Client satisfaction report for home visit services (MOMS/TB/Lead) September-November 2018: 67% (2 of 3) reported 'agree' or 'strongly agree' with all care. 23 clients discharged during this time frame with 3 returned surveys (13% return rate). Client satisfaction report for clinic services (Immunizations): 94% (17 of 18) reported 'agree' or 'strongly agree' with all care. 189 clients received clinic services, 18 returned surveys (10% return rate). Complaint report: 0 in CHS; 0 in WIC.
- Submitted a model practice award application to NACCHO (National Association of City and County Health Officials) for our SafeCare® project. SafeCare® is an evidence-based, behavioral parent-training program for parents of children ages 0-5 who have been reported for child neglect. SafeCare® was implemented specifically targeted to Tompkins Family Treatment Court cases where parental substance abuse is a contributing factor to child neglect. From October 2014 through September 2018, Tompkins Family Treatment Court made 43 referrals (51%) for SafeCare® with 11 put on hold (i.e. rehab). Of the remaining 32 referrals, 28

completed SafeCare® training (87%), 23 graduated from FTC (82%), 23 had children returned to parental care (82%), and 4 had recurrence of neglect petition filed with FTC due to substance use (12.5%)<sup>1</sup>. The public health impact of SafeCare has realized a high family reunification rate (82%) and low recidivism rate of 12.5% over the course of its first three years in Tompkins County<sup>2</sup>. Specific local factors contributing to its success as a model practice include effective communication between community partners from initial referral through completion of all three SafeCare® modules as well as consistent delivery of SafeCare® by trained health department Home Visitors. We anticipate notification from NACCHO in April 2019 whether our application is deemed a model practice.

- Ensured key CHS nursing staff completed donning and doffing exercise in December to fulfill the annual requirement for our clinic (D&TC) for emergency preparedness and response to possible Ebola Virus Disease case.
- Attended the “How I recommend flu vaccination” webinar by CDC on December 12 which provided practical tips to incorporate into conversations with consumers.
- Provided Blood Borne Pathogen training to 26 Facilities staff on December 13 at the Facilities building and to 2 staff (1 TCHD and 1 Facilities) at TCHD on December 17 who were not able to attend the department wide training offered in November.
- Conducted a face-to-face training for CHS and WIC staff on December 20 regarding the new Memo of Understanding (MOU) between both units which allows for sharing demographic and limited and pertinent health related information to better serve clients/participants both units have in common. The client/participant must sign the release of information for both units to allow this sharing.

#### **Statistical Reports –**

- Division statistical reports – see attached reports.

## January 2019 BOH Report

### Community Health Services

By Melissa Gatch, Supervising Community Health Nurse

#### Continuing Education-

- CHS staff completed Ergonomic Training on November 15 at the Health Department.
- During November and December CHS staff completed annual mandatory trainings on Bloodborne Pathogens, TB and Clinical Standards Training.
- CHS staff attended Trauma Informed Care training on December 19 at the Health Department.

**Lead Poisoning Prevention- (1 case)** Lead nurse Gail Birnbaum is case managing one child with an elevated Blood Lead Level (BLL). Case is ongoing and is being followed to ensure repeat testing is done as ordered and BLL is decreasing.

#### Communicable Disease-

- **Influenza:** Season to date Tompkins County has had 29 confirmed cases of Influenza. Predominant strain so far this season appears to be A H1N1. In NYS there has been just one pediatric death this season.
- **Legionellosis:** 44 year old male presenting to local ER 11/28/18 with complaints of nausea, fever, diaphoresis, neck pain and sore throat. Past medical history included diabetes and hypertension. He was diagnosed with a viral illness and discharged. He returned within a few days with continued fever, photophobia, new onset of cough and was admitted. He was diagnosed with pneumonia and had positive urine for Legionella. His condition improved and he was discharged to home. Investigation revealed he was currently unemployed and hadn't travelled out of Tompkins County; source of exposure unknown.
- **Mumps:** 19 year old female fully vaccinated college student presented to college health center on 10/19/18 with report of unilateral parotitis for 9 days, jaw pain, and respiratory symptoms. Specimens were collected and sent to Wadsworth lab. Student was not isolated as she was past her infectious period at the time of testing. Results received from Wadsworth on 10/25/18 with a negative PCR, positive IgG and IgM making this a probable mumps case. College health center was notified of results. 5 close contacts were identified, interviewed and educated on signs and symptoms of illness and encouraged evaluation if ill. No contact was identified as having symptoms of illness at the time. Case recovered.
- **Pertussis:** Two pertussis cases during the months of November and December.
  - 16 year old female local high school student fully vaccinated. Case presented to local provider on 12/4/18 with history of 19 days of cough with paroxysms. Provider appropriately tested, treated and isolated case for 5 days. After review with NYSDOH, it was determined that this was a probable case based on cough onset date (>14 days) and paroxysms; PCR was negative. Contact investigation initiated and identified two parents in the home; parents refused prophylaxis. Three close contacts were identified, educated and recommended prophylaxis. The school sent a letter out to parents on 12/7/18 informing of the case. The case has recovered.
  - 18 year old female local college student fully vaccinated. Case presented to local college health center on 10/30/18 reporting cough with paroxysms beginning 10/16/18.

Provider appropriately tested, treated and isolated case for 5 days. After review with NYSDOH, it was determined that this was a probable case based on cough onset and paroxysms; PCR was negative. Contact investigation initiated and identified four close contacts. Contacts were notified, educated and recommended for prophylaxis.

- **HIV Testing/Counseling:** During the months of November and December, the Health Department offered 18 clinic dates at multiple testing sites. There were 10 people tested; there were *no* positive results.
- **Health Advisories and Informational Messages Blast Faxed to Providers:**
  - Measles Exposures in NYS
  - Weekly Influenza Surveillance Report
  - Acute Flaccid Myelitis
  - Influenza Prevalent in New York State

### **Tuberculosis- (1 active case)**

**Case #1: (ongoing)** A 34 year old male from Guatemala, came to the USA in October 2018. Case became ill and was seen at an area hospital and then transferred to regional hospital for further evaluation and care. He presented with multiple complaints, including cough, night sweats, 20 pound weight loss over 2 months and abdominal pain. Work-up included, sputa collection on 10/27/18; AFB smear negative and PCR positive for MTB; retroperitoneal lymph node biopsied, resulted in both AFB smear & MTB positive culture. Chest x-ray noted a right upper lobe nodule. He began 4-drug therapy on 10/28/18 and spent the first 2 weeks of treatment in a regional hospital in a negative pressure room with airborne precautions. Case discharged to the care of family in Tompkins County on 11/15/18 where he began daily directly observed therapy (DOT) by Tompkins County Health Department and follow-up with our TB consultant. Susceptibilities came back as pan sensitive and treatment adjusted to 2-drug therapy as of 1/2/19. Contact investigation initiated involving multiple family members and health care workers. Two family members are children under the age of 5 who received 8 weeks of LTBI treatment (window prophylaxis) due to their age and risk of life-threatening forms of TB disease. The children were screened at 8 weeks post exposure, were negative and treatment ended. Three family members had **baseline** positive TST's (positives not related to exposure to index case due to timing of testing from initial exposure); all asymptomatic; one has begun LTBI treatment.

**LTBI (Latent Tuberculosis Infection):** There were 34 Tuberculin Screening Tests (TST) placed during the months of November and December; all were evaluated, there were *no* positives.

N.Y.S. Department of Health  
 Division of Epidemiology  
 Communicable Disease Monthly Report\*, DATE: 02JAN19  
 Rates are defined as: Cases/100,000 population/Month

County=TOMPKINS Month=November

Disease	2018		2017		2016		2015		Ave (2015-2017)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
ANAPLASMOSIS**	0	0.0	0	0.0	1	11.4	1	11.4	1	11.4
CAMPYLOBACTERIOSIS**	1	11.4	0	0.0	4	45.8	5	57.2	3	34.3
CRYPTOSPORIDIOSIS**	2	22.9	2	22.9	0	0.0	0	0.0	1	11.4
ECOLI SHIGA TOXIN**	0	0.0	0	0.0	0	0.0	1	11.4	0	0.0
ENCEPHALITIS, OTHER	1	11.4	0	0.0	0	0.0	0	0.0	0	0.0
GIARDIASIS	2	22.9	2	22.9	0	0.0	3	34.3	2	22.9
HEPATITIS B,CHRONIC**	1	11.4	0	0.0	0	0.0	2	22.9	1	11.4
HEPATITIS C,CHRONIC**	6	68.7	2	22.9	2	22.9	9	103.0	4	45.8
INFLUENZA A, LAB CONFIRMED	1	11.4	11	125.9	5	57.2	3	34.3	6	68.7
INFLUENZA B, LAB CONFIRMED	0	0.0	1	11.4	2	22.9	1	11.4	1	11.4
LYME DISEASE** *****	6	68.7	3	34.3	1	11.4	2	22.9	2	22.9
MENINGITIS, ASEPTIC	1	11.4	0	0.0	0	0.0	0	0.0	0	0.0
MUMPS**	1	11.4	0	0.0	1	11.4	0	0.0	0	0.0
PERTUSSIS**	1	11.4	6	68.7	0	0.0	0	0.0	2	22.9
SALMONELLOSIS**	0	0.0	0	0.0	3	34.3	0	0.0	1	11.4
STREP,GROUP B INVASIVE	1	11.4	0	0.0	1	11.4	0	0.0	0	0.0
STREP PNEUMONIAE,INVASIVE**	2	22.9	1	11.4	0	0.0	1	11.4	1	11.4
TUBERCULOSIS***	0	0.0	0	0.0	1	11.4	0	0.0	0	0.0
VIBRIO - NON 01	0	0.0	0	0.0	0	0.0	1	11.4	0	0.0



Disease	2018		2017		2016		2015		Ave (2015-2017)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
CHOLERA**										
SYPHILIS TOTAL.....	3	34.3	3	34.3	2	22.9	0	0.0	2	22.9
- P&S SYPHILIS	0	0.0	1	11.4	2	22.9	0	0.0	1	11.4
- EARLY LATENT	1	11.4	2	22.9	0	0.0	0	0.0	1	11.4
- LATE LATENT	2	22.9	0	0.0	0	0.0	0	0.0	0	0.0
GONORRHEA TOTAL.....	14	160.2	10	114.4	12	137.3	3	34.3	8	91.5
- GONORRHEA	14	160.2	10	114.4	12	137.3	3	34.3	8	91.5
CHLAMYDIA	41	469.1	35	400.5	34	389.0	28	320.4	32	366.2

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

\*\*Confirmed and Probable cases counted

\*\*\*Not official number

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

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N.Y.S. Department of Health  
 Division of Epidemiology  
 Communicable Disease Monthly Report\*, DATE: 02JAN19  
 Rates are defined as: Cases/100,000 population/Month

County=TOMPKINS Month=December

Disease	2018		2017		2016		2015		Ave (2015-2017)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
BABESIOSIS**	1	11.4	0	0.0	0	0.0	0	0.0	0	0.0
CAMPYLOBACTERIOSIS**	1	11.4	1	11.4	0	0.0	8	91.5	3	34.3
CRYPTOSPORIDIOSIS**	0	0.0	2	22.9	0	0.0	0	0.0	1	11.4
GIARDIASIS	1	11.4	2	22.9	1	11.4	1	11.4	1	11.4
HAEMOPHILUS INFLUENZAE, NOT TYPE B	0	0.0	0	0.0	1	11.4	1	11.4	1	11.4
HEPATITIS B,CHRONIC**	1	11.4	1	11.4	0	0.0	1	11.4	1	11.4
HEPATITIS C,ACUTE**	0	0.0	1	11.4	0	0.0	1	11.4	1	11.4
HEPATITIS C,CHRONIC**	2	22.9	10	114.4	7	80.1	11	125.9	9	103.0
INFLUENZA A, LAB CONFIRMED	9	103.0	96	1098.5	7	80.1	1	11.4	35	400.5
INFLUENZA B, LAB CONFIRMED	6	68.7	15	171.6	0	0.0	0	0.0	5	57.2
LEGIONELLOSIS	1	11.4	0	0.0	0	0.0	0	0.0	0	0.0
LYME DISEASE** ****	5	57.2	3	34.3	2	22.9	3	34.3	3	34.3
PERTUSSIS**	1	11.4	3	34.3	3	34.3	1	11.4	2	22.9
SALMONELLOSIS**	0	0.0	0	0.0	2	22.9	1	11.4	1	11.4
SHIGELLOSIS**	0	0.0	1	11.4	0	0.0	0	0.0	0	0.0
STREP,GROUP A INVASIVE	1	11.4	1	11.4	0	0.0	0	0.0	0	0.0
STREP,GROUP B INVASIVE	1	11.4	3	34.3	1	11.4	0	0.0	1	11.4
STREP PNEUMONIAE,INVASIVE**	1	11.4	1	11.4	0	0.0	1	11.4	1	11.4

Disease	2018		2017		2016		2015		Ave (2015-2017)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
SYPHILIS TOTAL.....	1	11.4	2	22.9	1	11.4	0	0.0	1	11.4
- EARLY LATENT	1	11.4	2	22.9	0	0.0	0	0.0	1	11.4
- LATE LATENT	0	0.0	0	0.0	1	11.4	0	0.0	0	0.0
GONORRHEA TOTAL.....	5	57.2	7	80.1	7	80.1	3	34.3	6	68.7
- GONORRHEA	5	57.2	7	80.1	7	80.1	3	34.3	6	68.7
CHLAMYDIA	48	549.2	29	331.8	32	366.2	27	309.0	29	331.8

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

\*\*Confirmed and Probable cases counted

\*\*\*Not official number

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

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N.Y.S. Department of Health  
 Division of Epidemiology  
 Communicable Disease Monthly Report\*, DATE: 02JAN19

Through December

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

County=TOMPKINS

Disease	2018		2017		2016		2015		Ave (2015-2017)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
AMEBIASIS	0	0.0	2	1.9	2	1.9	0	0.0	1	1.0
ANAPLASMOSIS**	6	5.7	5	4.8	1	1.0	3	2.9	3	2.9
BABESIOSIS**	2	1.9	1	1.0	1	1.0	1	1.0	1	1.0
CAMPYLOBACTERIOSIS**	25	23.8	24	22.9	20	19.1	30	28.6	25	23.8
CRYPTOSPORIDIOSIS**	15	14.3	19	18.1	9	8.6	7	6.7	12	11.4
DENGUE FEVER**	0	0.0	1	1.0	0	0.0	0	0.0	0	0.0
ECOLI SHIGA TOXIN**	4	3.8	5	4.8	3	2.9	7	6.7	5	4.8
EHRlichiosis (CHAFEENSIS)**	0	0.0	2	1.9	0	0.0	1	1.0	1	1.0
EHRlichiosis (UNDETERMINED)**	0	0.0	0	0.0	0	0.0	1	1.0	0	0.0
ENCEPHALITIS, OTHER	3	2.9	3	2.9	1	1.0	0	0.0	1	1.0
ENCEPHALITIS, POST	1	1.0	1	1.0	1	1.0	0	0.0	1	1.0
GIARDIASIS	26	24.8	11	10.5	15	14.3	16	15.3	14	13.3
HAEMOPHILUS INFLUENZAE, NOT TYPE B	3	2.9	0	0.0	3	2.9	4	3.8	2	1.9
HEPATITIS B,CHRONIC**	11	10.5	24	22.9	12	11.4	13	12.4	16	15.3
HEPATITIS C,ACUTE**	4	3.8	5	4.8	6	5.7	3	2.9	5	4.8
HEPATITIS C,CHRONIC**	65	62.0	69	65.8	54	51.5	101	96.3	75	71.5
INFLUENZA A, LAB CONFIRMED	474	452.0	498	474.9	344	328.0	298	284.2	380	362.3

Disease	2018		2017		2016		2015		Ave (2015-2017)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
INFLUENZA B, LAB CONFIRMED	567	540.7	163	155.4	84	80.1	70	66.7	106	101.1
INFLUENZA UNSPECIFIED, LAB CONFIRMED	0	0.0	2	1.9	2	1.9	0	0.0	1	1.0
LEGIONELLOSIS	2	1.9	3	2.9	3	2.9	1	1.0	2	1.9
LISTERIOSIS	1	1.0	0	0.0	1	1.0	0	0.0	0	0.0
LYME DISEASE** ****	64	61.0	72	68.7	39	37.2	37	35.3	49	46.7
MALARIA	0	0.0	1	1.0	1	1.0	1	1.0	1	1.0
MENINGITIS, ASEPTIC	3	2.9	3	2.9	1	1.0	1	1.0	2	1.9
MENINGOCOCCAL**	0	0.0	0	0.0	1	1.0	0	0.0	0	0.0
MUMPS**	3	2.9	0	0.0	1	1.0	0	0.0	0	0.0
PERTUSSIS**	14	13.3	20	19.1	4	3.8	4	3.8	9	8.6
ROCKY MTN SPOT FEVER**	0	0.0	1	1.0	2	1.9	0	0.0	1	1.0
SALMONELLOSIS**	21	20.0	8	7.6	18	17.2	10	9.5	12	11.4
S.PARATYPHI	1	1.0	0	0.0	0	0.0	0	0.0	0	0.0
SHIGELLOSIS**	2	1.9	1	1.0	7	6.7	1	1.0	3	2.9
STREP, GROUP A INVASIVE	5	4.8	3	2.9	3	2.9	3	2.9	3	2.9
STREP, GROUP B INVASIVE	7	6.7	7	6.7	9	8.6	6	5.7	7	6.7
STREP, GROUP B INV, EARLY/LATE ONSET	1	1.0	0	0.0	0	0.0	0	0.0	0	0.0
STREP PNEUMONIAE, INVASIVE**	9	8.6	7	6.7	9	8.6	4	3.8	7	6.7
TUBERCULOSIS***	4	3.8	3	2.9	3	2.9	2	1.9	3	2.9
TYPHOID FEVER	1	1.0	0	0.0	0	0.0	1	1.0	0	0.0
VIBRIO - NON 01 CHOLERA**	0	0.0	0	0.0	0	0.0	2	1.9	1	1.0
YERSINIOSIS	1	1.0	0	0.0	0	0.0	0	0.0	0	0.0

Disease	2018		2017		2016		2015		Ave (2015-2017)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
ZIKA VIRUS (SYMPTOMATIC)**	0	0.0	3	2.9	3	2.9	0	0.0	2	1.9
SYPHILIS TOTAL.....	16	15.3	15	14.3	15	14.3	5	4.8	12	11.4
- P&S SYPHILIS	4	3.8	5	4.8	6	5.7	3	2.9	5	4.8
- EARLY LATENT	6	5.7	6	5.7	6	5.7	1	1.0	4	3.8
- LATE LATENT	6	5.7	4	3.8	3	2.9	1	1.0	3	2.9
GONORRHEA TOTAL.....	110	104.9	87	83.0	81	77.2	55	52.4	74	70.6
- GONORRHEA	109	103.9	87	83.0	81	77.2	55	52.4	74	70.6
- GONORRHEA,DISSEMINATED	1	1.0	0	0.0	0	0.0	0	0.0	0	0.0
CHLAMYDIA	458	436.7	422	402.4	374	356.6	342	326.1	379	361.4
CHLAMYDIA PID	1	1.0	1	1.0	0	0.0	0	0.0	0	0.0

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

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

\*\*\*Not official number

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

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

Community Health Services Program Statistics	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD 2018	Total 2017	Total 2016
<b>Maternal Child / MOMS Services</b>															
Client Caseload	85	80	77	74	68	60	67	65	64	60	55	60			
# of Client Admissions	21	14	9	8	13	8	12	16	13	9	8	12	143	181	254
# of Client Discharges	17	10	12	17	16	5	16	14	13	13	7	12	152	217	241
Maternal & Infant Office Visit**	9	4	10	4	5	6	10	11	7	1	4	8	79	99	163
Maternal & Infant Home Visit	68	59	48	58	65	51	47	56	46	37	44	39	618	918	928
<b>Total Home &amp; Office Visits</b>	<b>77</b>	<b>63</b>	<b>58</b>	<b>62</b>	<b>70</b>	<b>57</b>	<b>57</b>	<b>67</b>	<b>53</b>	<b>38</b>	<b>48</b>	<b>47</b>	<b>697</b>	1017	1091

<b>SafeCare</b>															
# of Clients in program	5	6	6	8	6	7	5	9	8	8	8	8	14		
# Home Visits	10	14	10	30	23	18	13	13	7	19	14	15	186		

<b>On-Call (Weekend) Nursing Visits to Patients</b>															
Maternal & Infant On Call Visits	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Rabies On Call Vaccinations	0	1	1	0	7	5	1	17	16	0	1	1	50	36	33
TB DOT On Call Visits	4	0	0	0	5	1	2	0	0	0	3	3	18	9	4
<b>Total # On-Call Visits</b>	<b>4</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>12</b>	<b>6</b>	<b>3</b>	<b>17</b>	<b>16</b>	<b>0</b>	<b>4</b>	<b>4</b>	<b>68</b>	45	37

<b>Total Home, Office, SafeCare, On-Call Visits</b>	<b>91</b>	<b>78</b>	<b>69</b>	<b>92</b>	<b>105</b>	<b>81</b>	<b>73</b>	<b>97</b>	<b>76</b>	<b>57</b>	<b>66</b>	<b>66</b>	<b>951</b>	1062	1128
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<b>Childbirth Education</b>															
# of Childbirth Education Classes	0	0	0	0	0	0	0	0	0	0	0	0	0	3	3
# of Childbirth Education Moms*	0	0	0	0	0	0	0	0	0	0	0	0	0	15	13

DOT = Direct Observe Therapy Visits  
MOMS = Medicaid Obstetrical and Maternal Services

Shaded areas indicate revisions from the previous report

\* CBE Moms is duplicated count  
\*\* Office visit includes intake visits

Community Health Services Clinic Statistics	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD 2018	Total 2017	Total 2016
<b>Immunization Program (does not include counts for rabies vaccinations or PPD)</b>															
Immunization Clients Served: Children	22	17	22	15	9	11	9	27	57	99	31	25	344	274	263
Immunization Clients Served: Age19 +	26	32	4	7	8	11	12	17	40	401	17	35	610	599	553
<b>Total Immunization Clients</b>	<b>48</b>	<b>49</b>	<b>26</b>	<b>22</b>	<b>17</b>	<b>22</b>	<b>21</b>	<b>44</b>	<b>97</b>	<b>500</b>	<b>48</b>	<b>60</b>	<b>954</b>	<b>873</b>	<b>816</b>
Immunizations Administered: Children	46	39	40	24	15	22	13	52	116	141	52	46	606	553	496
Immunizations Administered: Age 19 +	33	40	5	8	10	14	15	24	42	411	20	41	663	668	578
<b>Total Immunizations Administered</b>	<b>79</b>	<b>79</b>	<b>45</b>	<b>32</b>	<b>25</b>	<b>36</b>	<b>28</b>	<b>76</b>	<b>158</b>	<b>552</b>	<b>72</b>	<b>87</b>	<b>1269</b>	<b>1221</b>	<b>1074</b>
# of Influenza Immunizations	30	34	11	3	4	2	0	1	35	466	32	43	661	591	536
# of All Other Immunizations	49	45	34	29	21	34	28	75	123	86	40	44	608	630	538
<b>Rabies Vaccination Program (Internal data, reporting to NYSIIS may be ongoing)</b>															
Post-Exposure Clients	3	9	2	2	20	15	11	68	29	5	2	1	167	139	104
Post-Exposure Vaccinations	8	19	3	3	45	25	20	162	50	11	5	1	352	277	228
<b>Tuberculosis Program</b>															
Cumulative Active TB clients	2	3	3	3	4	4	5	6	6	6	7	7	7	5	4
Active TB Admissions	1	0	0	0	1	0	1	1	0	0	1	0	5	4	3
Active TB Discharges	0	1	1	0	0	0	1	1	0	0	0	0	4	3	2
Current Active Clients	3	2	1	1	2	2	2	2	2	2	3	3	N/A	N/A	N/A
TB Direct Observe Therapy Home Visits	38	44	33	12	22	44	32	21	33	39	50	49	417	353	102
# of Tuberculosis Screening Tests	20	6	24	6	4	18	27	15	15	67	25	9	236	231	312
<b>Anonymous HIV Counseling &amp; Testing Clinics</b>															
# of HIV Clinics - including Walk-Ins	3	6	10	6	10	7	11	8	10	8	9	9	97	89	121
# of Clients Counseled & Tested	1	10	4	8	6	4	16	7	1	14	5	5	81	73	101
HIV Positive Eliza & Western Blot	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0
<b>Women, Infants, Children Clinic</b>															
Monthly New Enrollments	42	47	40	49	59	55	51	50	42				435	535	669
Total Participants Served	471	370	383	450	411	428	444	414	555				3926	5230	6240
Participants w/Active Checks	1079	1059	1051	1024	1040	1048	1043	1061	982				1043	1160	1289
Total Enrolled (Summary is an Average)	1284	1257	1240	1190	1214	1193	1225	1237	1206				1227	1399	1512
% No-Show	16.0%	15.8%	15.2%	13.9%	14.3%	12.2%	14.9%	14.2%	18.6%						
% Active Participation	71.9%	70.6%	70.1%	68.3%	69.3%	69.9%	69.5%	70.7%	65.5%						
% Caseload Target (FY17 Target = 1500)	85.6%	83.8%	82.7%	79.3%	79.5%	79.5%	81.7%	82.5%	80.4%						

123 Red numbers indicate preliminary data; subject to revision

UA = Unavailable at this time



yellow cells are averages

This count includes TB DOT office visits for one client

Not yet available in NYWIC, new WIC system which went live in October



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

**Children with Special Care Needs Highlights**  
**December 2018**

**Staff Activities**

**Staff Committees & Meetings**

- CSCN Software committee meets weekly (Michele Card, Cindy Lalonde, Barb Wright, Matt Phillips, Deb Thomas, Greg Potter IT Director and Roger Cotrofeld, IT
- Weekly meetings for building of checklists for the software with Roger Cotrofeld and the committee.
- Margo Polikoff attended Natural Leaders Initiative at Unitarian Church on 12/4/18 & 12/18/18
- Margo attended Be the One Summit Planning (12/3/18) and Be the One Summit at The Space at Greenstar on 12/10/18
- Margo attended Cradle to Career at Cornell Cooperative Extension on 12/14/18
- CSCN Staff meeting on 12/17/18
- Margo met with Frank Kruppa & Sam Hillson regarding the NLI on 12/19/18
- Margo Polikoff and Julie Norton attended the CPSE Chairs meeting on 12/14/18

**Staff Training**

- Presentation by Annemarie Matteson and Renee Zonder from the Racker Center on the Partnership Program. 12/17/18
- Barb Wright, Linda Taylor and Deb Thomas listened to the Preschool STAC webinar 12/6/18
- CSCN Service Coordinators attended a CSCN sponsored presentation on Trauma Informed Care on 12/19/18
- Margo provided a presentation for CSCN Programs at the Coalition for Families at Cooperative Extension on 12/20/18

**Division Managers**

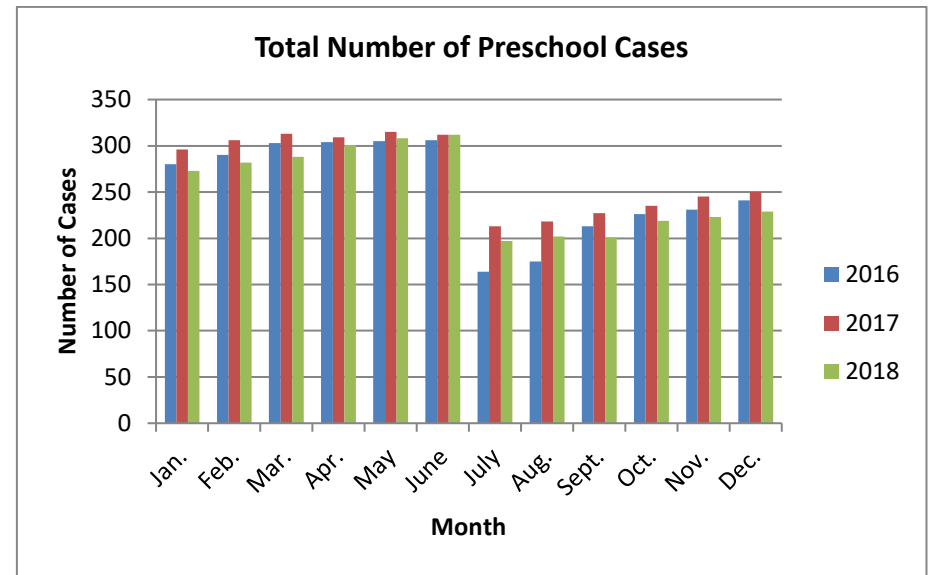
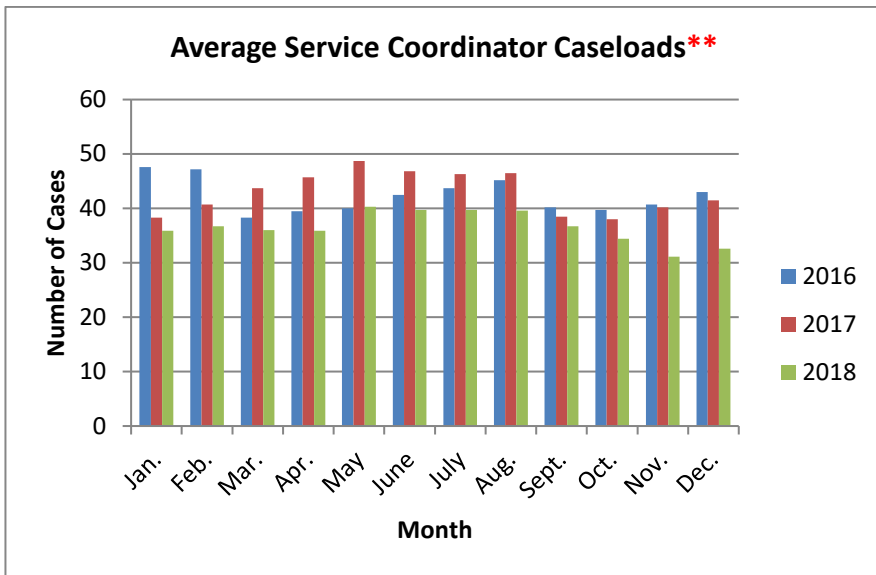
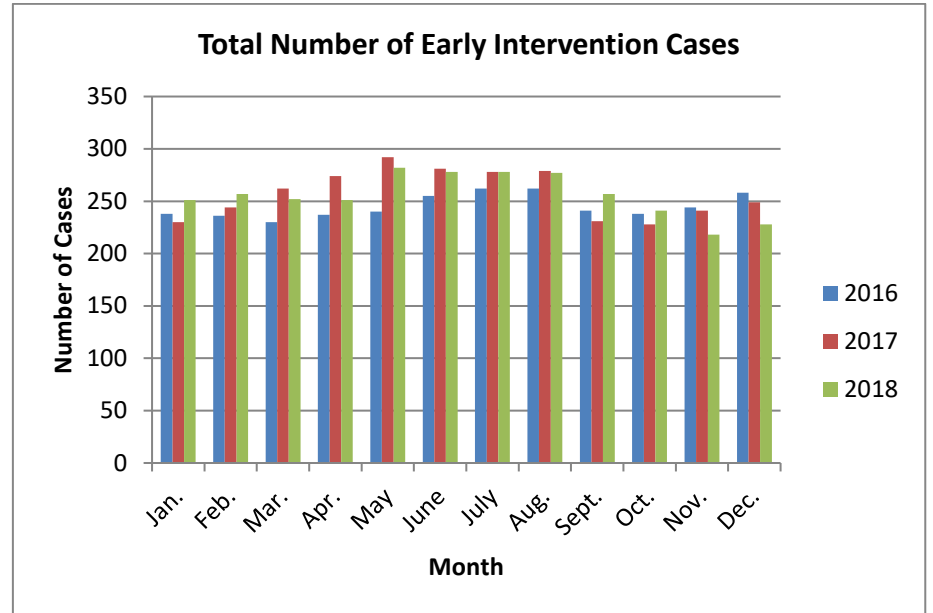
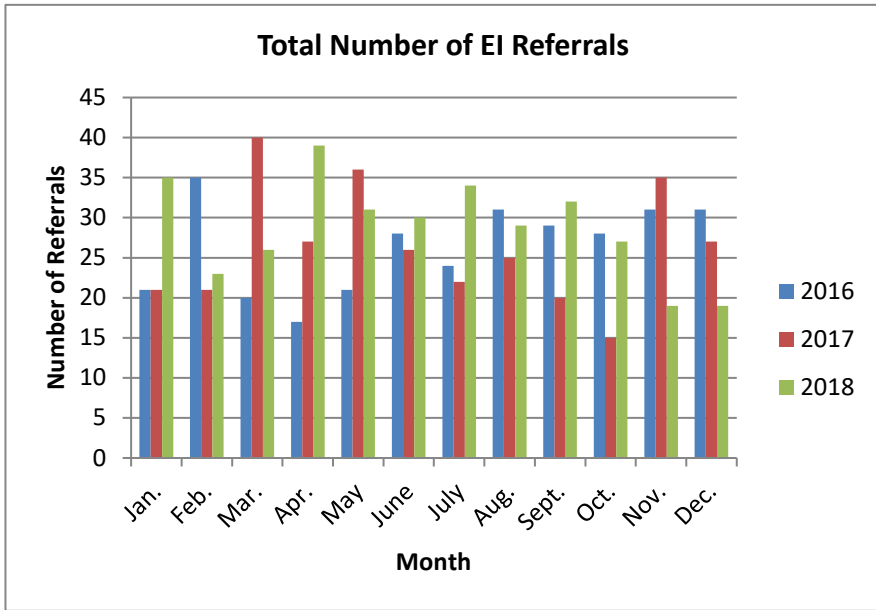
- Barb Wright and Deb Thomas participated in the Preschool Cost Report training 12/10/18
- Barb Wright, Deb Thomas and Cindy Lalonde met with Jana Thibodeau for the Results Based Accountability plan for the CSCN Division 12/18/18
- Barb Wright and Deb Thomas participated in the All County Conference Call with DOH BEI on 12/27/18.
- Barb Wright and Deb Thomas met with the CSCN Support Staff to discuss division work load and future strategies 12/27/18

**Deb Thomas:**

- Senior Leadership Meeting 12/19/18
- CSCN program meeting with Frank Kruppa 12/7/18 and 12/28/18
- NYSSIP Team met and participated in a conference call with Rochester UCED 12/14/18
- Meeting with Michele Card and Roger Cotrofeld to develop software templates for webforms, trial forms and build checklists 12/7/18, 12/11/18.
- Participated in the required webinar on Local Determinations Indicators with NYSDOH BEI 11/1/18

- Met with Ted Schiele to start development of a the CPSE CSCN Facebook page 12/27/18
- Attended Chairs meeting on 12/14/18
- Attended the RECC (Regional Early Childhood Committee) in Penn Yan sponsored by the S2AY Network on 12/12/18
- Attended the CHS QI Advisory Committee 12/18/18

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



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

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

**EARLY INTERVENTION PROGRAM**

Number of Program Referrals	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2018 Totals	2017 Totals
<b>Initial Concern/reason for referral:</b>														
-- DSS Founded Case	4	1	1	1	1		1						9	13
-- Gestational Age				1	1	2		1	3		2		10	15
-- Gestational Age/Gross Motor									1				1	0
-- Gestational Age/Social Emotional									1					
-- Cognitive Delay													0	1
-- Global Delays						1	1		1	1			4	4
-- Hearing					1	1	2	2		1			7	1
-- Physical													0	0
-- Feeding	2		2	3		1		2	3				13	19
-- Feeding & Gross Motor										1			1	0
-- Feeding & Social Emotional													0	0
-- Gross Motor	6	4	6	7	5	8	3	4	1	4	1	3	52	74
-- Gross Motor & Feeding			1	1		1			3				6	1
-- Gross Motor & Fine Motor	2				1								3	0
-- Gross Motor & Social Emotional													0	1
-- Fine Motor				1			1	1					3	1
-- Fine Motor & Cognitive													0	0
-- Social Emotional		1				1	1	2	2	1	1	2	11	11
-- Social Emotional & Adaptive													0	0
-- Speech	12	14	14	21	21	13	20	10	14	18	11	13	181	155
-- Speech & Feeding	1			1			2	1					5	3
-- Speech & Fine Motor					1								1	2
-- Speech & Gross Motor	1	1	1	2		1		2	2	1	1	1	13	3
-- Speech & Gross Motor & Fine Motor											1			
-- Speech & Sensory			1										1	0
-- Speech & Social Emotional	1	2		1				2	1		2		9	3
-- Adaptive													0	0
-- Adaptive/Sensory	3												3	3
-- Adaptive/Fine Motor													0	0
-- Qualifying Congenital / Medical Diagnosis	1						3						4	0
-- Child Find (At Risk)	2					1		2					5	0
<b>Total Number of Early Intervention Referrals</b>	<b>35</b>	<b>23</b>	<b>26</b>	<b>39</b>	<b>31</b>	<b>30</b>	<b>34</b>	<b>29</b>	<b>32</b>	<b>27</b>	<b>19</b>	<b>19</b>	<b>342</b>	<b>310</b>

Caseloads	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2018 Totals	2017 Totals
Total # of clients qualified and receiving svcs	214	225	219	201	235	242	248	248	230	221	202	211		
Total # of clients pending intake/qualification	37	32	33	50	47	36	30	29	27	20	16	17		
Total # qualified and pending	251	257	252	251	282	278	278	277	257	241	218	228		
Average # of Cases per Service Coordinator	35.9	36.7	36.0	35.9	40.3	39.7	39.7	39.6	36.7	34.4	31.1	32.6		

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

**EARLY INTERVENTION PROGRAM**

Family/Client visits	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2018 Totals	2017 Totals
-- Intake visits	22	27	17	34	37	21	29	29	14	26	18	19	293	276
-- IFSP Meetings	48	35	39	45	41	42	32	36	37	40	33	23	451	479
-- Amendments	16	21	8	29	19	31	14	22	23	21	15	18	237	179
-- Core Evaluations	23	19	20	21	25	32	27	22	21	27	19	14	270	237
-- Supplemental Evaluations	7	9	6	11	12	7	12	8	8	10	9	7	106	80
-- DSS Visit	0	0	0	0	0	0	0	0	0	0	0	0	0	1
-- EIOD visits	3	3	1	2	2	3	2	2	0	1	0	0	19	36
-- Observation Visits	54	25	40	65	68	51	48	49	39	59	33	40	571	553
-- CPSE meetings	7	12	6	5	8	9	5	10	2	8	2	7	81	80
-- Program Visit	0	0	2	0	0	0	0	0	0	0	0	0	2	10
-- Family Training/Team Meetings	0	0	2	0	5	1	0	1	0	1	0	0	10	7
-- Transition meetings	15	15	13	6	7	6	7	8	13	7	2	4	103	118
-- Safe Care Visits	0	0	0	0	0	0	0	0	0	0	0	0	0	31
-- Other Visits	4	0	0	0	2	0	1	0	1	1	0	1	10	32
<b>IFSPs and Amendments</b>														
# of Individualized Family Service Plans Completed	48	35	39	45	41	42	32	36	37	40	33	33	461	479
# of Amendments to IFSPs Completed	31	35	15	34	19	44	21	30	26	25	35	34	349	238
<b>Services and Evaluations Pending &amp; Completed</b>														
<b>Children with Services Pending</b>														
-- Audiological	1	0	2	0	0	0	0	0	3	2	0	1		
-- Feeding	0	0	0	0	0	1	1	0	0	1	0	2		
-- Nutrition	0	0	1	0	0	0	0	0	0	0	0	0		
-- Occupational Therapy	1	1	1	1	1	0	2	1	0	3	1	2		
-- Physical Therapy	2	1	4	2	2	2	3	2	1	1	0	2		
-- Social Work	1	1	0	1	0	0	0	0	0	0	0	0		
-- Special Education	0	0	0	1	2	1	0	0	0	0	1	1		
-- Speech Therapy	0	1	2	4	5	5	4	3	4	4	7	9		
<b># of Supplemental Evaluations Pending</b>	11	5	14	12	7	15	1	9	10	10	10	12		
Type:														
-- Audiological	4	3	6	5	2	4	0	4	4	5	2	3		
-- Developmental Pediatrician	1	0	0	0	0	0	0	0	0	1	0	0		
-- Diagnostic Psychological	0	0	0	0	1	1	1	1	1	0	0	1		
-- Feeding	1	1	1	2	0	1	0	0	0	1	1	1		
-- Physical Therapy	0	0	2	0	0	1	0	0	0	1	1	0		
-- Speech	2	0	4	3	2	4	0	3	0	0	3	3		
-- Occupational Therapy	3	1	1	2	2	4	0	1	5	2	3	4		
-- Vision	0	0	0	0	0	0	0	0	0	0	0	0		
-- Other	0	0	0	0	0	0	0	0	0	0	0	0		

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

**EARLY INTERVENTION PROGRAM**

Services and Evaluations Pending & Completed (continued)	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2018 Totals	2017 Totals
<b># of Supplemental Evaluations Completed</b>	12	17	7	16	16	5	13	8	8	13	4	10	129	123
Type:														
-- Audiological	3	6	2	5	7	0	2	1	0	4	0	3		36
-- Diagnostic Psychological	1	1	1	1	0	0	0	0	0	0	0	0	0	2
-- Developmental Pediatrician	1	1	0	0	0	1	0	0	0	0	0	0	0	1
-- Feeding	0	1	2	0	3	1	1	1	0	1	0	2		14
-- Occupational Therapy	3	6	1	2	0	0	6	3	4	7	2	2		27
-- Physical Therapy	2	0	0	1	1	1	1	1	0	1	1	1		14
-- Speech Therapy	2	2	1	7	5	2	3	2	4	0	1	2		29
-- Vision	0	0	0	0	0	0	0	0	0	0	0	0	0	0
-- Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Diagnosed Conditions</b>														
<b>Autism Spectrum</b>														
-- Children currently diagnosed:	2	3	3	2	3	2	2	3	0	1	0	1		
-- Children currently suspect:	12	13	23	13	5	13	11	11	10	9	12	15		
<b>Children with 'Other' Diagnosis</b>														
-- Agenesis of Corpus Collosum	1	1	1	1	1	1	0	0	1	1	0	0		
-- Agenesis of Pectoral Muscle	1	1	1	1	0	0	0	0	0	0	0	0		
-- Aperture Stenosis	0	0	0	0	0	1	0	0	0	0	0	0		
-- Apraxia	0	1	0	0	0	0	0	0	0	1	1	1		
-- Athrogryposis	0	1	1	1	1	0	1	1	1	1	1	1		
-- Brachicephaly	0	0	0	0	0	0	0	1	0	0	1	0		
-- Brain Anomalies	1	1	0	0	0	0	1	0	1	1	1	1		
-- Cardiac Anomaly	2	2	1	1	1	2	1	1	0	1	0	0		
-- Cerebral Palsy (CP)	2	2	3	2	2	1	0	1	1	1	1	2		
-- Chromosome Abnormality	3	2	1	2	2	2	0	0	0	0	0	0		
-- Cleft Lip/Palate	6	6	4	3	1	2	1	2	2	1	1	1		
-- Congenital CMV	0	0	0	0	0	0	0	0	1	1	1	0		
-- Cri Du Chat	0	0	0	0	0	1	1	0	0	0	1	1		
-- Crouzon Syndrome	1	1	1	1	1	1	1	1	1	1	1	1		
-- Cytomegalovirus (CMV)	0	0	0	0	0	0	0	0	0	0	0	0		1
-- DiGeorge Syndrome	1	1	1	1	1	1	1	1	0	0	0	0		
-- Down Syndrome	5	5	5	5	5	5	5	5	3	3	3	3		
-- Ectrodactyly	1	1	1	1	1	1	1	1	0	0	0	1		
-- Failure to Thrive	2	1	0	0	0	1	1	0	0	0	0	0		
-- Feeding Difficulties	12	9	9	26	24	24	26	26	27	27	26	17		
-- GERD	2	2	0	2	1	2	3	2	2	2	0	0		
-- Hearing Loss	3	6	5	5	3	2	3	3	2	4	4	4		
-- Hirschsprung	0	0	0	0	0	0	0	0	0	0	0	1		
-- Hydrocephalus	1	1	1	1	1	1	1	1	0	0	0	0		
-- Hydronephrosis	1	1	1	0	0	0	0	0	0	0	0	0		
-- Hypotonia	2	1	0	2	2	3	2	2	2	2	2	3		
-- Intrauterine Stroke	1	0	0	1	1	1	1	1	0	0	0	0		
-- Leukodystrophy	0	0	0	0	0	0	0	0	0	1	1	0		
-- Macrocephaly	2	2	1	1	1	1	1	1	1	1	1	1		
-- Malabsorption	1	1	1	1	1	1	1	1	1	0	0	0		
-- Microcephaly	2	2	1	1	1	1	0	0	1	1	1	1		
-- Noonan's Syndrome	0	1	1	0	1	1	1	1	1	1	1	1		

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

**EARLY INTERVENTION PROGRAM**

<b>Diagnosed Conditions (continued)</b>	<b>Jan</b>	<b>Feb</b>	<b>March</b>	<b>April</b>	<b>May</b>	<b>June</b>	<b>July</b>	<b>Aug</b>	<b>Sept</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>2018 Totals</b>	<b>2017 Totals</b>
-- Osteogenesis Imperfecta	0	0	0	1	0	0	0	0	0	0	1	1		
-- Plagiocephaly	4	4	1	1	1	1	1	1	1	1	1	2		
-- Polymicrogyria (PMG)	0	0	0	0	0	0	0	0	0	1	1	1		
-- Prematurity	11	13	12	17	20	22	20	20	20	21	17	18		
-- Pyriform Aperture Stenosis w/ Hard Palate Cleft	1	1	1	1	1	1	1	1	1	1	1	1		
-- Reduction of Upper Limb	1	1	1	1	1	1	1	1	1	1	0	0		
-- Seizure Disorder	0	0	0	1	1	1	1	1	0	0	0	0		
-- Selective Mutism	1	1	1	1	1	1	1	1	0	0	0	0		
-- Spina Bifida	1	1	1	1	1	1	1	1	1	1	1	1		
-- Torticollis	8	5	1	2	2	5	5	3	3	1	2	5		

<b>Early Intervention Discharges</b>														
-- To CPSE	3	0	0	0	0	1	1	55	4	3	1	10	78	84
-- Aged out	0	2	0	0	1	0	0	0	1	0	0	0	4	5
-- Declined	6	4	5	3	2	5	5	4	12	9	6	6	67	51
-- Skilled out	2	3	8	5	2	4	1	2	4	3	2	3	39	35
-- Moved	1	0	4	0	5	7	2	3	0	1	1	1	25	31
-- Not Eligible	8	11	6	8	15	7	14	13	11	7	9	9	118	63
-- Other	2	2	2	1	3	1	0	2	0	9	2	4	28	21
<b>Total Number of Discharges</b>	<b>22</b>	<b>22</b>	<b>25</b>	<b>17</b>	<b>28</b>	<b>25</b>	<b>23</b>	<b>79</b>	<b>32</b>	<b>32</b>	<b>21</b>	<b>33</b>	<b>359</b>	<b>290</b>

<b>Child Find</b>														
Total # of Referrals	2	0	0	1	0	1	1	2	3	0	2	2	14	5
Total # of Children in Child Find	5	4	4	5	3	2	3	5	8	7	9	11		
Total # Transferred to Early Intervention	1	0	0	2	0	1	0	0	0	1	0	0	5	3
Total # of Discharges	1	0	0	0	0	0	0	0	0	0	0	1	2	7

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

**PRESCHOOL SPECIAL EDUCATION PROGRAM**

<b>Clients Qualified and Receiving Services</b>	<b>Jan</b>	<b>Feb</b>	<b>March</b>	<b>April</b>	<b>May</b>	<b>June</b>	<b>July</b>	<b>Aug</b>	<b>Sept</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>2018 Totals</b>	<b>2017 Totals</b>
<b>Children per School District</b>														
-- Ithaca	131	136	138	147	149	148	105	105	107	114	115	111		
-- Dryden	48	48	48	47	51	54	40	41	43	49	48	49		
-- Groton	20	21	21	22	22	22	10	10	11	10	10	13		
-- Homer	1	1	1	1	1	1	0	1	0	0	0	0		
-- Lansing	24	27	27	28	29	31	14	16	13	14	17	19		
-- Newfield	27	27	29	31	30	30	17	17	15	17	17	21		
-- Trumansburg	17	17	19	20	21	21	10	11	11	14	14	14		
-- Spencer VanEtten	2	2	2	2	2	2	1	1	1	1	1	1		
-- Newark Valley	1	1	1	1	1	1	0	0	0	0	1	1		
-- Odessa-Montour	2	2	2	2	2	2	0	0	0	0	0	0		
-- Candor	0	0	0	0	0	0	0	0	0	0	0	0		
-- Moravia	0	0	0	0	0	0	0	0	0	0	0	0		
-- Cortland	0	0	0	0	0	0	0	0	0	0	0	0		
<b>Total # of Qualified and Receiving Services</b>	<b>273</b>	<b>282</b>	<b>288</b>	<b>301</b>	<b>308</b>	<b>312</b>	<b>197</b>	<b>202</b>	<b>201</b>	<b>219</b>	<b>223</b>	<b>229</b>		

<b>Services Provided</b>	<b>Jan</b>	<b>Feb</b>	<b>March</b>	<b>April</b>	<b>May</b>	<b>June</b>	<b>July</b>	<b>Aug</b>	<b>Sept</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>		
<b>Services /Authorized by Discipline</b>														
-- Speech Therapy (individual)	171	176	182	191	198	193	77	82	119	131	138	126		
-- Speech Therapy (group)	15	15	16	19	17	16	0	0	4	5	12	10		
-- Occupational Therapy (individual)	51	50	52	59	65	63	50	53	38	41	46	46		
-- Occupational Therapy (group)	3	3	3	3	3	1	0	0	2	3	3	2		
-- Physical Therapy (individual)	31	29	32	34	36	30	16	17	28	27	26	25		
-- Physical Therapy (group)	3	4	4	5	4	2	0	0	1	1	1	0		
-- Transportation														
-- Birnie Bus	26	26	27	27	27	27	27	26	23	23	25	28		
-- Ithaca City School District	42	41	41	41	41	40	40	40	31	37	38	40		
-- Parent	1	2	2	2	2	2	2	3	1	4	4	4		
-- Service Coordination	31	33	35	37	38	35	10	14	26	29	28	25		
-- Counseling (individual)	42	45	46	52	55	55	45	47	32	34	33	34		
-- Counseling (group)	0	0	0	0	0	0	0	0	0	0	0	0		
-- 1:1 (Tuition Program) Aide	7	8	8	8	8	7	6	6	0	4	5	6		
-- Special Education Itinerate Teacher	19	20	21	23	22	26	25	29	17	21	24	27		
-- Parent Counseling	34	35	36	38	37	35	22	23	22	28	26	27		
-- Program Aide	1	1	1	1	1	1	2	1	0	1	1	1		
-- Teaching Assistant	1	1	1	1	1	1	1	1	0	0	0	0		
-- ASL Interpreter	0	0	0	0	0	0	0	0	0	0	0	0		
-- Audiological Services	4	5	4	5	5	3	3	3	0	0	4	4		
-- Teacher of the Deaf	3	3	3	3	3	3	1	2	2	2	2	2		
-- Auditory Verbal Therapy	0	0	0	0	0	0	0	0	0	0	0	0		
-- Teacher of the Visually Impaired	0	0	0	0	1	1	1	1	0	0	0	0		
-- Nutrition	9	10	10	12	12	9	5	5	4	6	5	5		
-- Assistive Technology Services	0	1	1	4	4	4	0	0	0	0	0	0		
-- Skilled Nursing	0	0	0	0	0	0	0	0	0	0	0	0		
-- Vision	0	0	0	1	0	0	0	0	0	0	0	0		
<b>Total # of children rcvng. home based related svcs.</b>	<b>204</b>	<b>213</b>	<b>218</b>	<b>231</b>	<b>238</b>	<b>243</b>	<b>128</b>	<b>133</b>	<b>146</b>	<b>155</b>	<b>156</b>	<b>157</b>		



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

**PRESCHOOL SPECIAL EDUCATION PROGRAM**

Number of Children Served Per School District Attending Tuition Based Programs	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2018 Totals	2017 Totals
-- Ithaca	42	42	42	42	42	41	41	41	33	37	38	40		
-- Dryden	15	15	15	15	16	16	15	15	13	16	16	17		
-- Groton	3	3	3	3	3	3	2	2	2	2	2	2		
-- Lansing	3	3	3	3	3	3	4	4	1	2	2	3		
-- Newfield	4	4	4	4	3	3	4	4	3	3	4	5		
-- Trumansburg	2	2	3	3	3	3	3	3	3	5	5	5		
-- Odessa-Montour	0	0	0	0	0	0	0	0	0	0	0	0		
-- Spencer VanEtten	0	0	0	0	0	0	0	0	0	0	0	0		
-- Moravia	0	0	0	0	0	0	0	0	0	0	0	0		
-- # attending Franziska Racker Centers	42	41	42	43	43	41	41	41	31	40	42	44		
-- # attending Ithaca City School District	27	28	28	27	27	28	28	28	24	25	26	28		
<b>Total # attending Special Ed Integrated Tuition Progr.</b>	<b>69</b>	<b>69</b>	<b>70</b>	<b>70</b>	<b>70</b>	<b>69</b>	<b>69</b>	<b>69</b>	<b>55</b>	<b>65</b>	<b>68</b>	<b>72</b>		

Municipal Representation Committee on Preschool Special Education	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2018 Totals	2017 Totals
-- Ithaca	18	18	17	25	40	20	3	19	10	7	10	18	205	185
-- Candor	0	0	0	0	0	0	0	0	0	0	0	0	0	2
-- Dryden	10	11	8	7	10	14	11	0	7	13	6	5	102	72
-- Groton	1	2	1	0	6	1	2	1	1	1	4	2	22	21
-- Lansing	0	1	1	0	3	7	0	0	0	3	0	0	15	19
-- Newfield	2	5	2	1	10	5	0	4	0	4	5	2	40	23
--Trumansburg	0	0	1	1	2	1	3	4	2	2	5	0	21	11

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

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## ENVIRONMENTAL HEALTH HIGHLIGHTS

### November 2018

#### Rabies Control Program

There were no confirmed cases of rabies in Tompkins County during November 2018.

Key Data Overview				
	This Month	YTD 2018	YTD 2017	TOTAL 2017
<b>Bites<sup>1</sup></b>	23	292	256	275
<b>Non Bites<sup>2</sup></b>	1	222	203	203
<b>Referrals to Other Counties</b>	1	35	21	22
<b>Submissions to the Rabies Lab</b>	7	215	210	218
<b>Human Post-Ex Treatments</b>	0	142	138	140
<b>Unvaccinated Pets 6-Month Quarantined<sup>3</sup></b>	0	3	0	0
<b>Unvaccinated Pets Destroyed<sup>4</sup></b>	0	0	1	1
<b>Rabid Animals (Laboratory Confirmed)</b>	0	16	13	13

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

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

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

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

Reports by Animal Type												
	Bites				Animals sent to the NYS Rabies Laboratory				Rabid Animals			
	Mo	YTD 2018	YTD 2017	Total 2017	By TCHD	By Cornell	Totals		Mo	YTD 2018	YTD 2017	Total 2017
							Mo	YTD				
<b>Cat</b>	13	112	99	108	2	1	3	20	0	0	1	1
<b>Dog</b>	10	149	138	146	1	1	2	10	0	0	0	0
<b>Cattle</b>	0	1	0	0	0	0	0	6	0	0	0	0
<b>Horse/Mule</b>	0	0	0	0	0	0	0	0	0	0	0	0
<b>Sheep/Goat</b>	0	0	1	1	0	0	0	0	0	0	0	0
<b>Domestic</b>	0	0	1	2	0	0	0	0	0	0	0	0
<b>Raccoon</b>	0	4	2	2	0	0	0	6	0	3	4	4
<b>Bats</b>	0	9	9	9	2	0	2	155	0	7	5	5
<b>Skunks</b>	0	3	0	0	0	0	0	3	0	1	0	0
<b>Foxes</b>	0	6	4	4	0	0	0	5	0	3	3	3
<b>Other Wild</b>	0	8	2	3	0	0	0	10	0	2	0	0
<b>Totals</b>	<b>23</b>	<b>292</b>	<b>256</b>	<b>275</b>	<b>5</b>	<b>2</b>	<b>7</b>	<b>215</b>	<b>0</b>	<b>16</b>	<b>13</b>	<b>13</b>

## Food Program

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

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

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

15 Below Ice Cream, C-Ithaca	Golden City, V-Dryden
The Antlers, T-Dryden	The Haunt, C-Ithaca
Auntie Anne's, V-Lansing	Hazelnut Kitchen, V-Trumansburg
Biz & Benny's Juice Company, C-Ithaca	IC – Business School Kiosk, T-Ithaca
Biz & Benny's Juice Company Commissary, C-Ithaca	IC – Café at Park School, T-Ithaca
BOCES – Darwin Smith, T-Lansing	IC – Food Court, T-Ithaca
Bravo, V-Freeville	IC – Gannett Coffee Kiosk, T-Ithaca
Café Pacific, C-Ithaca	IC – Grand Central, T-Ithaca
Carrozza Pizza Company, T-Dryden	IC – Sandella's Café at Circles, T-Ithaca
Casablanca Mediterranean Cuisine & Pizzeria, C-Ithaca	IC – Sub Connection, T-Ithaca
Casper's Diner, V-Groton	IC – Towers Dining, T-Ithaca
Celebrations Banquet Facility, T-Caroline	ICSD – Beverly J. Martin Elementary, C-Ithaca
Chatty Cathy, C-Ithaca	ICSD – Enfield Elementary School, T-Enfield
Cinemapolis, C-Ithaca	ICSD – Lehman Alternative Community School, C-Ithaca
Coltivare, C-Ithaca	The Inn at Taughannock, T-Ulysses
Crossroads Bar & Grille, T-Lansing	Ithaca Ale House, C-Ithaca
Crossroads Catering, V-Dryden	Jade Garden, C-Ithaca
CU – Amit Bhatia, C-Ithaca	Joe's Restaurant, C-Ithaca
CU – Cook House Dining, C-Ithaca	John Thomas Steakhouse, T-Ithaca
CU – Flora Rose Dining, C-Ithaca	Johnny's Smokin' BBQ, Throughout Tompkins
CU – Food Management Laboratory, C-Ithaca	Kelly's Dockside Kafe, C-Ithaca
CU – ILR Conference Center, C-Ithaca	Kendra's Culinary Creations, T-Lansing
CU – Keeton House Dining, C-Ithaca	Kuma's Charmers, T-Enfield
CU – Kegler's Pub, C-Ithaca	Kung Fu Tea, C-Ithaca
CU – Stocking Hall, T-Ithaca	Lakewatch Inn, V-Lansing
De Tasty Hot Pot Restaurant, C-Ithaca	Le Café Cent Dix, C-Ithaca
The Dock, C-Ithaca	Lincoln Street Diner, C-Ithaca
DP Dough, C-Ithaca	Linda's Corner Diner, T-Lansing
Eat the Food!, C-Ithaca	Ling Ling Garden, T-Ithaca
Elm Tree Inn, V-McLean	Little Thai House, C-Ithaca
Fall Creek House, C-Ithaca	Loaves & Fishes, C-Ithaca
Felicia's Atomic Brewhouse, V-Trumansburg	Loyal Order of Moose Lodge #666, C-Ithaca
Frist Baptist Church of Ithaca, C-Ithaca	Luna Street Food Downtown, C-Ithaca
First Presbyterian Church of Ithaca, C-Ithaca	Main Street Pizzeria, V-Groton
Five Guy's Burgers & Fries, C-Ithaca	Mama Loyal's Café, V-Dryden
Foodnet at YMCA of Ithaca Wellness Room, V-Lansing	Mehak Cuisine, C-Ithaca
Franziska Racker Centers, T-Ulysses	Mercato Bar & Kitchen, C-Ithaca
Gateway Kitchen, C-Ithaca	Miyake Restaurant, C-Ithaca
Gimme! Coffee – Cayuga Street, C-Ithaca	Namgyal Monastery, T-Ithaca
Gimme! Coffee – CU, C-Ithaca	Napoli Pizzeria, C-Ithaca
Gola Osteria, C-Ithaca	New Delhi Diamond's, C-Ithaca
	New York Garden, V-Groton

On A Roll Truck, C-Ithaca  
 Pasta Vitto, C-Ithaca  
 Pies & Pinups, C-Ithaca  
 Plantation Bar & Grill, T-Dryden  
 Pokelava, C-Ithaca  
 Poppa's Kitchen, V-Newfield  
 Potala Café, C-Ithaca  
 Red's Place, C-Ithaca  
 The Rhine House, C-Ithaca  
 Roman Village, T-Groton  
 Ron Don's Village Pub, V-Trumansburg  
 The Rook, C-Ithaca  
 Sacred Root Kava Lounge & Tea Bar, C-Ithaca  
 Sal's Pizzeria, C-Ithaca  
 Salvation Army, C-Ithaca  
 Simeon's on the Commons, C-Ithaca  
 State Diner, C-Ithaca

Statler Hotel – Banfi's, C-Ithaca  
 Statler Hotel – Mac's, C-Ithaca  
 Statler Hotel – Regent Lounge, C-Ithaca  
 Statler Hotel – Terrace Dining, C-Ithaca  
 TC Action Hancock Street Child Care, C-Ithaca  
 TC3 Athletics Facility, T-Dryden  
 Trumansburg Elementary School, V-Trumansburg  
 Trumansburg High School, V-Trumansburg  
 Trumansburg Middle School, V-Trumansburg  
 Uncle Joe's Grill & Sports Bar, C-Ithaca  
 Vietnam / Hai Hong, C-Ithaca  
 Viva Taqueria & Cantina, C-Ithaca  
 The Westy, C-Ithaca  
 Word of Mouth Catering, V-Trumansburg  
 ZaZa's Cucina, C-Ithaca

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

No HAACP inspections were conducted this month.

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

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

Asia Cuisine, C-Ithaca  
 Country Club of Ithaca, V-Cayuga Heights  
 CU – Duffield Hall Café, C-Ithaca  
 Express Fork & Gavel Café, C-Ithaca  
 Fork & Gavel Café, C-Ithaca  
 Four Seasons, C-Ithaca  
 Homewood Suites – FSE, V-Lansing  
 IC-Egbert Union Dining Hall, T-Ithaca  
 Ithaca Bakery, V-Lansing  
 Ithaca Hotel-Max's FSE, C-Ithaca  
 KoKo Restaurant, C-Ithaca  
 Lian Hua, C-Ithaca  
 Luna Street Food Downtown, C-Ithaca  
 Maru Ramen, C-Ithaca  
 Mia Restaurant, C-Ithaca  
 Moosewood Restaurant, C-Ithaca  
 New Dragon Village, V-Trumansburg  
 Roy Josef Cuban Food, Throughout Tompkins  
 Silky Jones, C-Ithaca  
 Smart Start Preschool, T-Ulysses  
 The Watershed, C-Ithaca

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

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

**Hotel Ithaca – Max’s, C-Ithaca**

Enough refrigerated equipment is not maintained so that potentially hazardous foods are kept below 45°F. Products in a refrigerated storage unit were observed to be at 49-52°F. The products were either discarded during the inspection or moved to functioning refrigerated storage equipment to be rapidly chilled to 45°F or less before use.

**Mia Restaurant, C-Ithaca**

Enough refrigerated equipment is not maintained so that potentially hazardous foods are kept below 45°F. Products in a refrigerated storage unit were observed to be at 49-51°F. The products were moved to functioning refrigerated storage equipment to be rapidly chilled to 45°F or less before use.

**New Dragon Village, V-Trumansburg**

Precooked, refrigerated potentially hazardous foods was not reheated to 165°F or above within two hours. Product in hot holding was observed to be at 111-116°F. The product was discarded during the inspection.

**Chanticleer, C-Ithaca**

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

**CU-Duffield Hall Café, C-Ithaca**

Potentially hazardous foods were not kept at or below 45°F during cold holding. Product in cold holding was observed to be at 52°F. The product was moved to the walk-in to be rapidly chilled to 45°F or less before use.

**ICSD – South Hill Elementary School, C-Ithaca**

Potentially hazardous foods were not kept at or below 45° during cold holding. Product in cold holding was observed to be at 58-68°F. The product was removed from service and rapidly chilled to 45°F or less before use.

**CU – Klarman Hall Café, C-Ithaca**

Potentially hazardous foods were not kept at or below 45°F during cold holding. Product in cold holding was observed to be at 52°F. The product was removed from service and rapidly chilled to 45°F or less before use.

**IC – Egbert Union Dining Hall, T-Ithaca**

Potentially hazardous foods were not kept at or above 140°F in hot holding. Product in hot holding was observed to be at 130°F. The product was discarded during the inspection.

**Green Street Pharmacy, C-Ithaca**

Potentially hazardous foods were not kept at or above 140°F in hot holding. Product in hot holding was observed to be at 123°F. The product was discarded during the inspection.

**Asia Cuisine, C-Ithaca**

Enough refrigerated storage equipment was not maintained so that potentially hazardous foods were kept below 45°F as required. Products in two refrigerated storage unit were observed to be at 50°F and 51°F. The products were discarded during the inspection.

**Sammy’s Pizzeria, C-Ithaca**

Potentially hazardous food was not kept under refrigeration. Observed six pizzas containing cooked vegetables or meats at 75-91°F. The facility has a waiver to use time as a public health control for the pizza but was not keeping log sheets as required.

Potentially hazardous foods were not reheated to 165°F or higher within two hours. Products in hot holding were observed to be at 89°F, 90°F and 124°F. The products were removed from service and rapidly heated to 165°F or above before use.

#### **Moosewood Restaurant, C-Ithaca**

Potentially hazardous foods were not cooled by an approved method. Product was observed to be being cooled using a method that would not allow it to reach the required temperatures in the required amount of time.

#### **Regal Cinema 14, V-Lansing**

Potentially hazardous foods were not kept at or above 140°F in hot holding. Product in hot holding was observed to be at 128°F. The product was discarded during the inspection.

#### **Ithaca Marriott Hotel – Monks on the Commons, C-Ithaca**

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

#### **Sunset Grill, C-Ithaca, T-Ithaca**

Potentially hazardous foods were not stored under refrigeration. Product on a counter was observed to be at 52-53°F. The product was moved to the walk-in to be rapidly cooled to 45°F or less.

Enough refrigerated storage was not maintained so that potentially hazardous foods were kept below 45°F. Products in a refrigerated storage unit were observed to be at 48-52°F. The products were moved to the walk-in to be rapidly chilled to 45°F or less before use.

#### **Akashi Thai Fusion & Poke Bowl, V-Lansing**

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

Potentially hazardous food was not stored under refrigeration. Product on a counter was observed to be at 54°F. The product was placed into refrigerated storage to be rapidly chilled to 45°F or less before use.

#### **Easy Wok, V-Lansing**

Potentially hazardous foods were not cooled by an approved method. Product on a table in the back room was observed to be at 68-98°F. The product was moved to the walk-in cooler to be rapidly cooled to 45°F or less before use.

Potentially hazardous foods were not stored under refrigeration. Product on a counter in the kitchen was observed to be at 113°F. The product was discarded during the inspection.

#### **The Watershed, C-Ithaca**

Potentially hazardous food was not stored under refrigeration. Products on a counter were observed to be at 58°F and 52°F. The product was discarded during the inspection.

#### **FoodNet at Lifelong, C-Ithaca**

Potentially hazardous foods were not kept at or above 140°F during hot holding. Product in hot holding was observed to be at 114°F. The product was reheated to 165°F or above before being returned to service.

#### **Super 8 Motel, C-Ithaca**

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

#### **2<sup>nd</sup> Landing Café, V-Lansing**

An accurate probe thermometer was not available to evaluate potentially hazardous food temperatures. A metal probe thermometer and calibration instruction were provided during the inspection.

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

#### **Subway – Dryden, T-Dryden**

Enough refrigerated storage equipment was not maintained so that potentially hazardous foods were kept below 45°F as required. Products in a refrigerated storage unit were observed to be at 52-62°F. The products were either discarded during the inspection or moved to functioning refrigeration equipment to be rapidly chilled to 45°F or less before use.

Commercially processed precooked potentially hazardous foods were not heated to 140°F or above within two hours. Product in hot holding was observed to be at 88-102°F. The product was removed from service and rapidly reheated to 165°F or above before use.

#### **Spicy Asian, C-Ithaca**

Potentially hazardous foods were not stored under refrigeration. Product on a counter was observed to be at 56°F, and product in a different location was observed to be at 68-70°F. All products were moved to the walk-in to be rapidly chilled to 45°F or less before use.

#### **Ciao, V-Lansing**

Enough hot holding equipment was not maintained so that potentially hazardous foods were kept above 140°F. Products in a hot holding unit were observed to be at 115-120°F. The products were removed from service and rapidly reheated to 165°F or above before use.

#### **Seneca Place Food Service / Kilpatrick's, C-Ithaca**

Precooked, refrigerated potentially hazardous foods were not reheated to 165°F or above within two hours. Products in hot holding were observed to be at 115-130°F. The product was removed from service and rapidly reheated to 165°F or above before use.

#### **Fraternal Order of Eagles #1253, C-Ithaca**

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

#### **ICSD – Ithaca High School, C-Ithaca**

Potentially hazardous foods were not prechilled to 45° or below before being stored on buffet lines. Products on a service line were observed to be at 53-58°F. The products were removed from service and rapidly chilled to 45°F or less before use.

#### **SUMO Japanese Steakhouse & Sushi, V-Lansing**

Potentially hazardous foods were not stored under refrigeration. Observed product on a counter in the kitchen at 58°F. The product was moved to refrigerated storage during the inspection to be rapidly chilled to 45°F or less. Also, observed product in a container at the sushi station at 115°F. The facility has a waiver to use time as a public health control for this item but was not fulfilling the requirements of the waiver.

#### **Subway – Dryden, T-Dryden**

Potentially hazardous foods were not kept below 45°F during cold holding. Products in cold holding were observed to be at 49-50°F. The products were removed from service and placed in the walk-in to be rapidly chilled to 45°F or less before use.

#### **Sunset Grill, T-Ithaca**

Potentially hazardous foods were not stored under refrigeration. Product on a counter was observed to be at 57-59°F. The product was moved to the walk-in to be rapidly chilled to 45°F or less before use.

#### **ICSD – South Hill Elementary School, C-Ithaca**

Enough refrigerated storage was not maintained so that potentially hazardous foods were kept below 45°F. Products in a refrigerated storage unit were observed to be at 57-60°F. The products were moved to the freezer to be rapidly chilled to 45°F or less before use.

### **Sangam Restaurant, C-Ithaca**

Potentially hazardous foods are not stored under refrigeration. Product on top of a prep station was observed to be at 58°F. The product was moved to refrigerated storage to be rapidly chilled to 45°F or less before use.

Potentially hazardous foods were not kept at or above 140°F during hot holding. Product in hot holding was observed to be at 105-111°F. The products were removed from service and rapidly reheated to 165°F or greater before use.

Enough hot holding equipment was not operated to keep potentially hazardous foods above 140°F. Product in a hot holding unit with no heat source was observed to be at 105°F. The product was removed from service and rapidly reheated to 165°F or greater before use.

***Temporary Food Service Operation Permits*** are issued for single events at one location. The Food Protection Program issued 28 temporary permits.

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

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

CU – Solar Boat Fundraiser, C-Ithaca

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

#### **AOE Cornell Gimme Coffee Fundraiser, C-Ithaca**

Potentially hazardous foods were held at an improper temperature. Product for customer service was observed to be at 63°F. The product was rapidly chilled to 45°F or less.

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

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

No pre-operational inspections were conducted this month.

### **Plans Approved:**

No plans were approved this month.

### **New Permits Issued:**

Eat the Food!, C-Ithaca  
Finger Lakes Music Bar, C-Ithaca  
Friends & Pho, V-Lansing



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

### **Engineering Plans Received**

- OWTS Plan for Replacement System – Blueox Service Station, Town of Ulysses
- Public Water System – Creekwood Apartments, Town of Dryden

### **Problem Alerts/Emergency Responses**

- A boil water order was issued at Elm Tree Inn in the Town of Dryden on November 7<sup>th</sup>, due to no chlorine found in the water system. The chlorine residual was re-established and the boil water order was released on November 9<sup>th</sup>, following the receipt of satisfactory sampling results.
- A boil water order was issued at Fountain Glow Apartments in the Town of Dryden on November 15<sup>th</sup>, due to no chlorine found in the water system. The chlorine residual was re-established and the boil water order was released on November 26<sup>th</sup>, following the receipt of satisfactory sampling results.
- Boil water orders were issued at Dryden Subway in the Town of Dryden on November 15<sup>th</sup>, and again on November 27<sup>th</sup>, due to no chlorine found in the water system. The chlorine residual was re-established and the boil water orders were released on November 21<sup>st</sup> and December 6<sup>th</sup>, following the receipt of satisfactory sampling results on both occasions.
- A boil water order was issued at Country Manor Mobile Home Park in the Town of Dryden on November 17<sup>th</sup>, due to the presence of E.Coli found in a sample collected by the TCHD. Resampling was performed by TCHD at the same sit of the positive sample, upstream and at the raw water source. The boil water order was released on November 21<sup>st</sup>, following confirmation of the satisfactory samples.

### **Childhood Lead Program**

CHILDHOOD LEAD PROGRAM	MONTH	YTD 2018	YTD 2017	TOTAL 2017
<b>A: Active Cases (total referrals):</b>				
<b>A1: # of Children w/ BLL&gt;19.9ug/dl</b>	0	1	1	1
<b>A2: # of Children w/ BLL 10-19.9ug/dl</b>	0	5	3	3
<b>B: Total Environmental Inspections:</b>				
<b>B1: Due to A1</b>	0	1	1	1
<b>B2: Due to A2</b>	0	5	3	3
<b>C: Hazards Found:</b>				
<b>C1: Due to B1</b>	0	1	1	1
<b>C2: Due to B2</b>	0	5	3	3
<b>D: Abatements Completed:</b>	0	0	0	0
<b>E: Environmental Lead Assessment Sent:</b>	0	4	2	2
<b>F: Interim Controls Completed:</b>	0	3	0	0
<b>G: Complaints/Service Requests (w/o medical referral):</b>	4	52	53	56
<b>H: Samples Collected for Lab Analysis:</b>				
- Paint	0	0	2	2
- Drinking Water	0	0	0	0
- Soil	0	0	2	2
- XRF	0	5	3	3
- Dust Wipes	0	6	5	5
- Other	0	1	1	1

ENVIRONMENTAL HEALTH DIVISION  
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## ENVIRONMENTAL HEALTH HIGHLIGHTS

### December 2018

#### Outreach and Division News (includes November 2018)

**NYSDOH Field Coordination Visit:** On November 19, staff from the NYSDOH Regional Office conducted a half-day introductory visit with all EH staff. Regional Engineer and Manager John Strepelis, P.E., introduced new staff and provided an opportunity for discussion with several of his staff, Sanitarians Laurie Sheltra, Michelle Penoyer and Tim Wiant. The meeting covered all Community Environmental Health programs including Food Service Establishments, Temporary Food, Children's Camps, Temporary Residences, Mass Gatherings, Pools and Beaches, and Cooling Towers. The discussions provided helpful information on a range of topics and county-specific issues and questions. Tim Wiant will continue to be our Regional field representative.

**NYSDOH SDWIS Visit:** Representatives from NYSDOH visited EH on December 10 to provide hands-on training in the antiquated and cumbersome State Drinking Water Information System (SDWIS) database. Adriell Shea, Scott Freyburger, Liz Cameron, Chris Laverack, and Skip Parr participated in all or parts of the training provided by John Strepelis, Joe Brant, and Garrett Cappon from NYSDOH. During this exhausting day, topics covered included entering violations and enforcement, new system data entry, Boil Water Orders, reporting violations, public notification, and running reports using the software.

**Village of Dryden Public Water Supply:** The Village of Dryden's new drinking water wells, transmission lines, and water storage tanks are now constructed and operational. The work was conducted to address an arsenic Maximum Contaminant Level (MCL) violation. The Jay Street well, which has the highest level of arsenic of wells in their system and was the source of the violation, will be disconnected from the system and abandoned. Until this happens, the Village is required to collect samples from the well and could thus continue to have water samples that exceed the MCL for arsenic. The well is only operated for a very short period of time in order to collect the required sample. The Village has also complied with all the requirements of the Public Health Director's Orders that were issued on November 19, 2018, regarding concerns with their chlorine gas well and pump houses. No further action by the Department is anticipated.

**Interview - Lead in Drinking Water at Schools:** Adriell Shea and Liz Cameron, along with Gail Birnbaum from CHS, were interviewed by Cecilia Clarke from WSKG on November 8. Ms. Clarke had or was going to also interview others regarding the levels of lead in drinking water at schools in the Ithaca City School District (ICSD). She stated that she plans to have the interview show together for when the ICSD starts using the drinking water supplied to each school instead of bottled water. It was not clear when this switch would occur but is expected to occur first at the elementary schools.

**Meeting with Cornell Risk Management:** On November 27, Kristee Morgan and Liz Cameron met with Elliott Young from Cornell's Office of Risk Management and Insurance. We requested the meeting because of continuing difficulties with Workers' Compensation and Disability Insurance requirements for Cornell student organizations that apply for a temporary food service permit. The meeting was informative for all parties. Cornell was in the process of reviewing their procedures for student events. We recently were informed that Cornell updated their website and now include information on how to obtain a Tompkins County Temporary Food Service permit and also on how to obtain a Workers' Compensation/Disability Insurance certificate of exemption CE-200:  
<http://www.risk.cornell.edu/events/special-events-guidelines/temporary-food-permits/>  
We are optimistic that this will noticeably decrease the time that EH staff spend assisting Cornell students with the permit application process.

**Accela**: Brenda Coyle and/or Liz Cameron, with Katy Prince and Greg Potter from ITS on occasion, continued to meet with sCube as sCube works through issues related to the public permit application portal (ACA) and our permit renewal process. The latest revised estimated completion date for the project is the end of January 2019.

**WRC Presentation on Drinking Water**: Liz Cameron made a presentation to the Tompkins County Water Resources Council on November 19. The presentation provided information on safe public drinking water and oversight by the Tompkins County Health Department.

**Personnel**: In December we received approval to post the vacancy for the Public Health Technician in the Division. We plan to interview applicants in January and hope to have the position filled early in 2019.

**Training**:

Todd Baker from Empowerment Ergonomics presented *Creating a Healthier Workspace for the Workplace* that focused on ergonomic issues on November 5. All EH staff attended.

**Rabies Control Program**

There were two confirmed cases of rabies in Tompkins County during December 2018. A raccoon was heard fighting with cats at a mobile home park in Dryden. No one saw the interaction, but the raccoon was spotted a short time later and dispatched. No human exposures occurred, but residents were reminded to keep pets up to date on vaccinations and avoid contact with wildlife and stray cats. A second raccoon attacked a person in the town of Enfield. The person began post exposure on the day of the attack due to the holiday schedule and concern for possible delay of results.

The January Free Rabies Clinic has been scheduled for January 23, 2018, at the SPCA. Online pre-registration is open and early timeslots are already filling up. Last year's pre-registration significantly reduced the average wait time of attendees and most attendees arriving after 6:30 were able to check in immediately upon arrival.

<b>Key Data Overview</b>				
	<b>This Month</b>	<b>YTD 2018</b>	<b>YTD 2017</b>	<b>TOTAL 2017</b>
<b>Bites<sup>1</sup></b>	14	306	275	275
<b>Non Bites<sup>2</sup></b>	4	226	203	203
<b>Referrals to Other Counties</b>	2	37	22	22
<b>Submissions to the NYS Rabies Lab</b>	7	222	218	218
<b>Human Post-Exposure Treatments</b>	2	144	140	140
<b>Unvaccinated Pets Quarantined<sup>3</sup></b>	0	3	0	0
<b>Unvaccinated Pets Destroyed<sup>4</sup></b>	0	0	1	1
<b>Rabid Animals (Lab Confirmed)</b>	2	18	13	13

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

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

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

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

<b>Reports by Animal Type</b>												
	<b>Bites</b>				<b>Animals sent to the NYS Rabies Laboratory</b>				<b>Rabid Animals</b>			
	<b>Mo</b>	<b>YTD 2018</b>	<b>YTD 2017</b>	<b>Total 2017</b>	<b>By TCHD</b>	<b>By Cornell</b>	<b>Totals</b>		<b>Mo</b>	<b>YTD 2018</b>	<b>YTD 2017</b>	<b>Total 2017</b>
							<b>Mo</b>	<b>YTD</b>				
<b>Cat</b>	3	115	108	108	0	0	0	20	0	0	1	1
<b>Dog</b>	9	158	146	146	0	0	0	10	0	0	0	0
<b>Cattle</b>	0	1	0	0	0	1	1	7	0	0	0	0
<b>Horse/Mule</b>	0	0	0	0	0	0	0	0	0	0	0	0
<b>Sheep/Goat</b>	0	0	1	1	0	0	0	0	0	0	0	0
<b>Other Domestic</b>	0	0	2	2	0	0	0	0	0	0	0	0
<b>Raccoon</b>	1	5	2	2	0	2	2	8	2	5	4	4
<b>Bats</b>	1	10	9	9	4	0	4	159	0	7	5	5
<b>Skunks</b>	0	3	0	0	0	0	0	3	0	1	0	0
<b>Foxes</b>	0	6	4	4	0	0	0	5	0	3	3	3
<b>Other Wild</b>	0	8	3	3	0	0	0	10	0	2	0	0
<b>Totals</b>	<b>14</b>	<b>306</b>	<b>275</b>	<b>275</b>	<b>4</b>	<b>3</b>	<b>7</b>	<b>222</b>	<b>2</b>	<b>18</b>	<b>13</b>	<b>13</b>

## Food Program

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

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

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

Argos Warehouse, C-Ithaca	Meadow Court – Royal Court Restaurant, C-Ithaca
At the Ridge, T-Lansing	Moonshadow Tavern, C-Ithaca
Ba-li Cravings, Throughout Tompkins	Oishii Bowl, C-Ithaca
Boatyard Grill, C-Ithaca	Old Mexico, C-Ithaca
BOCES – Snack Shack, T-Ithaca	On a Roll, T-Dryden
Bowl-O-Drome, C-Ithaca	On the Street Commissary, T-Danby
Carriage House Café, C-Ithaca	Osaka-Ya Catering, V-Groton
Casca-Deli @ The Rink, T-Lansing	Pete's Cayuga Bar, C-Ithaca
Corner Store, C-Ithaca	Rose's Home Dish, Throughout Tompkins
Dryden Queen Diner, V-Dryden	Ruloff's, C-Ithaca
Econo Lodge, V-Lansing	S&F Ithaca, C-Ithaca
Emoticakes, V-Trumansburg	Sahara, C-Ithaca
Falls Restaurant, V-Trumansburg	Saigon Kitchen, C-Ithaca
Friends & Pho, V-Lansing	Salt Point Brewing, T-Lansing
H&J Hospitality Lansing Event Center, V-Lansing	Stella's Barn Restaurant & Gift Shop, T-Newfield
The Heights Café, V-Cayuga Heights	Tucker's Catering, C-Ithaca
Ithaca Courtyard Hotel, V-Lansing	Van Noble Smokehouse, T-Enfield
Kitchen Theatre Company, C-Ithaca	William Henry Miller Inn, C-Ithaca
Longview, T-Ithaca	

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

Foodnet Central Kitchen, V-Lansing

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

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

2nd Landing Café, V-Lansing	Collegetown Bagels – Collegetown, C-Ithaca
Akashi, V-Lansing	Easy Wok, V-Lansing
Allechant, V-Cayuga Heights	Fraternal Order of Eagles #1253, C-Ithaca
Atlas Bowl, V-Trumansburg	Hampton Inn – FSE, C-Ithaca
Barnes & Noble Booksellers #2122, C-Ithaca	Hope's Events & Catering, V-Cayuga Heights
Best Western University Inn FSE, T-Ithaca	ICSD – Ithaca High School, C-Ithaca
BOCES – The Horizon Café, T-Ithaca	ICSD – South Hill Elementary School, C-Ithaca
The Chanticleer, C-Ithaca	Mitsuba Hibachi Sushi Restaurant, V-Lansing
Ciao!, V-Lansing	Quality Inn, C-Ithaca

Regal Cinema #677, V-Lansing  
 Sangam Indian Curry & Spice, C-Ithaca  
 Sangam Restaurant, C-Ithaca  
 Seneca Place Food Service / Kilpatrick's, C-Ithaca  
 Spicy Asian, C-Ithaca  
 Subway-Dryden, T-Dryden

SUMO Japanese Restaurant, V-Lansing  
 Super 8 Motel FSE, C-Ithaca  
 Tamarind, C-Ithaca  
 Taste of Thai, C-Ithaca  
 Trip Hotel Ithaca – FSE, V-Lansing

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

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

**Atlas Bowl, V-Trumansburg**

Toxic chemicals were improperly labeled so that contamination of food could occur. The chemicals were labeled during the inspection.

**Moe's Southwest Grill, C-Ithaca**

Product in hot holding was not kept at or above 140°F in hot holding. Product in a steam table was observed to be at 127°F. The product was removed from service and rapidly reheated to 165°F or above before use.

**Hampton Inn, C-Ithaca**

Potentially hazardous foods were not kept at or below 45°F in cold holding. Products for customer service were observed to be at 66°F and 53°F. The products were discarded during the inspection.

**Trip Hotel Ithaca, V-Lansing**

Food was adulterated on premises. The product was discarded during the inspection.

**Best Western University Inn, T-Ithaca**

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

Potentially hazardous foods were not stored under refrigeration. Product on a counter for customer service was observed to be at 56°F. The product was moved to refrigerated storage to be rapidly cooled to 45°F or less before use.

Enough refrigerated storage was not maintained so that all potentially hazardous foods were stored below 45°F. Product in a refrigerated storage unit was observed to be at 50°F. The product was discarded during the inspection.

**Super 8 Motel, C-Ithaca**

Potentially hazardous foods were not stored under refrigeration. Product on a counter for customer service was observed to be at 60°F. The product was moved to refrigerated storage to be rapidly chilled to 45°F or less before use.

**Quality Inn, C-Ithaca**

Potentially hazardous foods were not kept at or above 140°F in hot holding. Product in hot holding was observed to be at 120-131°F. The product was removed from service and rapidly reheated to 165°F or above.

**Apollo Restaurant, C-Ithaca**

Food workers did not wash hands thoroughly upon resuming food service after visiting the toilet, coughing, sneezing, smoking or otherwise contaminating their hands.

Potentially hazardous foods were not cooled by an approved method. Product cooling on a counter was observed to be at 112-119°F. The product was moved to the walk-in to be cooled to 45°F or less.

**Mix Social Grill, C-Ithaca**

Enough refrigerated storage was not maintained so that all potentially hazardous foods were stored below 45°F in cold holding. Products in a refrigerated storage unit were observed to be at 50-53°F. The products were discarded during the inspection.

**Ithaca Marriott FSE, C-Ithaca**

Potentially hazardous foods were not kept at or below 45°F in cold holding. Products in a refrigerated storage unit were observed to be at 48°F and 50°F. The products were discarded during the inspection.

*Temporary Food Service Operation Permits are issued for single events at one location. The Food Protection Program issued 10 temporary permits.*

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

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

Dryden Sports Boosters Boys Varsity Basketball and Wrestling, T-Dryden  
 Dryden Sports Boosters JV Girls Basketball, T-Dryden  
 Dryden Sports Boosters Varsity Girls Basketball and JV Boys, T-Dryden  
 Fitnell Farms Catering, T-Dryden  
 Graduate Student Association of Economics at Cornell University, C-Ithaca  
 Lansing High School – Student Council Organization at Moore Tree Farm, T-Groton  
 Willard Straight Hall Student Union Board at Cornell University, C-Ithaca

**Critical Violations were found at the following establishments:****Fitnell Farms Catering at Hopshire, T-Dryden**

Potentially hazardous foods were held at an improper temperature. Products in hot holding were observed to be at 109°F and 124°F. Product for use in customer service was observed to be at 55°F. The products were discarded during the inspection.

**Girl Scout Troop 40510 at Trumansburg Craft Fair, V-Trumansburg**

Potentially hazardous food was held at an improper temperature. Product for customer service was observed to be at 50°F. The product was moved to an ice bath to be rapidly chilled to 45°F or less before use.

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

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

No inspections conducted this month.

**Plans Approved:**

No plans approved this month.

**New Permits Issued:**

Finger Lakes Music Bar, C-Ithaca

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

**Engineering Plans Approved**

- OWTS Plan for New Construction – Town of Groton
- OWTS Plan for Replacement System – Town of Lansing
- Public Water System Backflow Prevention Device - Cornell, Town of Ithaca

**Problem Alerts/Emergency Responses**

- None reported this month.

**Childhood Lead Program**

CHILDHOOD LEAD PROGRAM	MONTH	YTD 2018	YTD 2017	TOTAL 2017
<b>A: Active Cases (total referrals):</b>				
<b>A1: # of Children w/ BLL&gt;19.9ug/dl</b>	0	1	1	1
<b>A2: # of Children w/ BLL 10-19.9ug/dl</b>	0	5	3	3
<b>B: Total Environmental Inspections:</b>				
<b>B1: Due to A1</b>	0	1	1	1
<b>B2: Due to A2</b>	0	5	3	3
<b>C: Hazards Found:</b>				
<b>C1: Due to B1</b>	0	1	1	1
<b>C2: Due to B2</b>	0	5	3	3
<b>D: Abatements Completed:</b>	0	0	0	0
<b>E: Environmental Lead Assessment Sent:</b>	0	4	2	2
<b>F: Interim Controls Completed:</b>	0	3	0	0
<b>G: Complaints/Service Requests (w/o medical referral):</b>	2	54	56	56
<b>H: Samples Collected for Lab Analysis:</b>				
- Paint	0	0	2	2
- Drinking Water	0	0	0	0
- Soil	0	0	2	2
- XRF	0	5	3	3
- Dust Wipes	0	6	5	5
- Other	0	1	1	1



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

For the period of October through December, 91 permit applications (29% of the 318 total applications that can be received through Accela Citizen Access) and 51 payments in the amount of \$11,376 were received electronically. The table below lists records by program for the 4<sup>th</sup> quarter of 2018.

Program	Total Records Processed			Total Records Processed Electronically		
	4 <sup>th</sup> Quarter	YTD 2017	Total 2016	4 <sup>th</sup> Quarter	YTD 2017	Total 2016
Ag Fairground/Mass Gathering	0	2	2	0	0	0
Campground	2	9	11	1	1	4
Childrens' Camp	0	33	32	0	5	1
Complaints	35	166	155	*	*	*
Enforcement	51	156	91	*	*	*
Food Service Establishments	144	534	533	9	19	42
Individual Water	5	64	33	*	*	*
Information Requests	15	75	72	*	*	*
Mobile Home Park	10	42	39	0	0	2
OWTS	45	254	264	2	49	59
Other (Admin)	15	42	95	*	*	*
Plan Review	4	52	29	*	*	*
Public Water	0	143	146	0	9	13
Swimming Pool/Beaches	32	58	59	13	10	30
Temporary Food	56	408	423	55	320	387
Temp. Residence	29	36	33	11	2	13
<b>Total</b>	<b>443</b>	<b>2074</b>	<b>2017</b>	<b>91</b>	<b>415</b>	<b>551</b>

\* Not available in ACA

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

**Summary of Open BOH Enforcement Actions:**

<b>Date of BOH Action</b>	<b>Facility</b>	<b>Owner/ Operator</b>	<b>Basis for Action</b>	<b>Penalty Assessed</b>	<b>Next BOH Order Deadline</b>	<b>Status</b>
12/04/18	Finger Lakes GrassRoots Festival	Finger Lakes GrassRoots Festival Org.	Mass Gathering, Campground, Public Water Systems Violations	\$2,500	Payment due 1/15/19.	Monitoring Compliance
12/04/18	Scooby Steve's Ice Cream	Steve Willcox	Public Water System Violations	\$400	Payment due 1/15/19.	Monitoring Compliance
12/04/18	Lao Village	Vicky Sisombath	Temporary Food Service Establishment – Violation of Board of Health Orders	\$1,000	Payment due 1/15/19.	Monitoring Compliance
12/04/18	Taste of Thai	Saududee Pancharoen	Food Service Establishment – Violation of Board of Health Orders	\$1,500 (paid \$300)	2 <sup>nd</sup> Payment of \$300 due 2/15/19.	Monitoring Compliance
10/23/18	Sicilian Delight	Frank Crocilla	Food Service Establishment – Violation of Board of Health Orders	\$1,000 (paid \$100)	2 <sup>nd</sup> payment of \$100 due 01/28/19.	Monitoring Compliance
10/23/18	Tamarind	Sadudee Pancharoen	Food Service Establishment – Violation of Board of Health Orders	\$1,250 (paid \$417)	2 <sup>nd</sup> Payment of \$417 due 01/15/19.	Monitoring Compliance
8/28/18	Ko Ko Restaurant	Sungyoon Hwang	Food Service Establishment – Violation of Board of Health Orders	\$800 (paid 9/20)	Food Safety Training due by 10/15/18	Awaiting receipt of 2 <sup>nd</sup> Serv-Safe Certificate
2/27/18	Ulysses WD #3	Town of Ulysses	Prior Public Water System Violations – Disinfection Byproducts	N/A	Submission of quarterly compliance reports for 1 year.	Monitoring Compliance
10/25/16	City of Ithaca WTP	City of Ithaca	Public Water System Violations – Maximum Contaminant Level exceedances	\$500 (Paid)	NA	Monitoring Compliance
12/11/12	Village of Dryden PWS	Village of Dryden	Public Water System Violations – Arsenic and Storage Tank Replacement	N/A	NA	Monitoring Compliance



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

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

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

**CERTIFIED, REGULAR, & ELECTRONIC MAIL**

December 11, 2018

Edward Franzoni  
Franzoni Apartments  
PO Box 758  
Ithaca, NY 14850

**Re: Tompkins County Board of Health Draft Resolution # EH-ENF-18-0010  
Franzoni Apartments, T-Dryden**

Dear Edward Franzoni:

Thank you for signing the Stipulation Agreement on December 4, 2018, for the public water system at Franzoni Apartments.

Enclosed is a copy of the Draft Resolution that the Tompkins County Board of Health will consider at its meeting on **Tuesday, January 22, 2019**. You or a representative has the right to speak to the Board for a few minutes prior to them taking action. If you wish to speak to the Board, please contact Skip Parr or me at (607) 274-6688 at least one day before the meeting. If you plan to attend, please arrive by 12:00 p.m. (noon).

Sincerely,

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

Enclosure (s) – Draft Resolution, Stipulation Agreement and Orders, and Case Summary

pc: F:\EH\WATER (SW)\Public Water (SW)\Facilities (SW-4)\Apartments (SC-9)\Franzoni Apts\Enforcement\Draft Resolution 18-0010.docx  
ec: Tompkins County Board of Health (via; Shelley Comisi, TCHD)  
CEO T-Dryden; Supervisor T-Dryden; Martha Robertson, TC Legislature; TCHD: Elizabeth Cameron, P.E., Director of Environmental Health; Frank Kruppa, Public Health Director; Adriel Shea; Chris Laverack; Skip Parr; Brenda Coyle  
scan: Signed copy to Accela

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

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Fx: (607) 274-6695

**DRAFT RESOLUTION # 18-0010 FOR**

**Franzoni Apartments  
Edward Franzoni, Owner/Operator  
1729 Slaterville Road  
Ithaca, NY 14850**

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

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

**Whereas**, Subpart 5-1.51(b) of the NYSSC requires Franzoni Apartments to submit quarterly total coliform sampling results to the Tompkins County Health Department (TCHD); **and**

**Whereas**, Franzoni Apartments did not submit the 2018 2<sup>nd</sup> and 3<sup>rd</sup> quarter total coliform sample results to the TCHD; **and**

**Whereas**, previous violations were cited in 2017 for failing to submit total coliform sample results and the annual nitrate sample result to the TCHD; **and**

**Whereas**, Edward Franzoni, Owner/Operator, signed a Stipulation Agreement with Public Health Director's Orders on December 4, 2018, agreeing that Franzoni Apartments violated this provision of the New York State Sanitary Code; **now therefore be it**

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

1. Pay a penalty of \$200 for these violations, **due by March 15, 2019 (Do Not** submit penalty payment until notified by the Tompkins County Health Department.); **and**
2. Submit total coliform sample test results for each quarter of operation **by the 10<sup>th</sup> day of the following month; and**
3. Submit completed monthly operation reports of daily free chlorine residual readings **by the 10<sup>th</sup> day of the following month** for every month; **and**
4. Submit the 2018 annual nitrate sample for Franzoni Apartments by **December 15, 2018; and**
5. Comply with all the requirements of Subpart 5-1 of the NYSSC.



Your Partner for a Healthy Community

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

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

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

**STIPULATION AGREEMENT AND ORDERS # EH-ENF-18-0010**

**Franzoni Apartments  
Edward Franzoni, Owner/Operator  
1729 Slaterville Road  
Ithaca, NY 14850**

I, Edward Franzoni, as a representative for Franzoni Apartments, agree that I am in violation of:

Subpart 5-1.51(b) of the New York State Sanitary Code (NYSSC) for not submitting required total coliform sampling results for the second and third quarters of 2018; **and**

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

I acknowledge that previous violations have been cited in 2017 for failure to submit required total coliform sampling and the 2017 annual nitrate sample.

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

1. Submit total coliform sample test results for each quarter of operation **by the 10<sup>th</sup> day of the following month; and**
2. Submit completed monthly operation reports of daily free chlorine residual readings **by the 10<sup>th</sup> day of the following month** for every month; **and**
3. Submit the 2018 annual nitrate sample for Franzoni Apartments by **December 15, 2018; and**
4. Comply with all the requirements of Subpart 5-1 of the NYSSC.

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

Signed:  Date: 12-4-18

Edward Franzoni is hereby ordered to comply with these Orders of the Public Health Director.

Signed:  Date: 12/4/18  
Frank Kruppa  
Public Health Director

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

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

**CASE SUMMARY – FOR RESOLUTION # EH-ENF-18-0010**

**Franzoni Apartments  
Edward Franzoni, Owner/Operator  
1729 Slaterville Road  
Ithaca, NY 14850**

**December 2018**

Date	Action
12/4/18	Inspection performed by TCHD. Stipulation agreement was signed in the field by Edward Franzoni. Samples were collected for total coliform and nitrate by Franzoni Apartments. TCHD spoke with a maintenance person at the apartments and scheduled an inspection. The maintenance person provided contact information for Edward Franzoni and provided notification to him.
12/3/18	TCHD went to the Apartments and request contact information from a tenant.
11/5/18	No response from Franzoni Apartments regarding stipulation agreement. Email and telephone calls were made by TCHD without a response.
10/30/18	Surveillance Sample collected by TCHD and result was satisfactory.
10/19/18	Stipulation Agreement sent by TCHD. Office conference scheduled for 11/5/18.
10/17/18	Email sent by TCHD regarding missing 3 <sup>rd</sup> quarter Total Coliform sample result.
8/3/18	Notice of Violation 18-0050 sent requiring submission of 2 <sup>nd</sup> quarter total coliform sample result.
7/19/18	Email sent by TCHD regarding missing 2 <sup>nd</sup> quarter Total Coliform sample result.
4/17/18	Email sent by TCHD regarding missing 1 <sup>st</sup> quarter Total Coliform sample result. Result was received later that day.
2/26/18	Notice of Violation 18-0004 sent by TCHD for missing 2017 annual nitrate sample and the 2017 4 <sup>th</sup> quarter Total Coliform sample.
2017	January through November MORs received by TCHD.
11/21/17	Surveillance Sample collected by TCHD and result was satisfactory.
11/6/17	Water system sampling requirement reminder for nitrate sampling sent water system operators by TCHD.
10/6/17	2017 3 <sup>rd</sup> Quarter Total Coliform sample result received by TCHD and was satisfactory.
7/9/17	2017 1 <sup>st</sup> Quarter Total Coliform sample result received by TCHD and was satisfactory.
6/28/17	2017 2 <sup>nd</sup> Quarter Total Coliform sample result received by TCHD and was satisfactory.
<b>Franzoni Apartments is a public water system with 6 service connections. Ground water from a drilled well is treated with chlorine for disinfection.</b>	



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

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

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

**CERTIFIED, REGULAR, & ELECTRONIC MAIL**

December 11, 2018

Keith Mercovich  
Cornell University College of Arts & Science  
G-41 Goldwin Smith Hall  
Ithaca, NY 14853

**Re: Tompkins County Board of Health Draft Resolution # EH-ENF-18-0045  
CU – Klarman Hall Café, C-Ithaca**

Dear Keith Mercovich:

Thank you for signing the Stipulation Agreement on November 27, 2018, for the Klarman Hall Café at Cornell University.

Enclosed is a copy of the Draft Resolution that the Tompkins County Board of Health will consider at its meeting on **Tuesday, January 22, 2019**. You or a representative has the right to speak to the Board for a few minutes prior to them taking action. If you wish to speak to the Board, please contact Skip Parr or me at (607) 274-6688 at least one day before the meeting. If you plan to attend, please arrive by 12:00 p.m. (noon).

Sincerely,

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

Enclosure (s) – Draft Resolution, Stipulation Agreement and Orders, and Case Summary

pc: F:\EH\FOOD (SF)\FSE (SF)\Facilities (SF-4)\CU - Klarman Hall Cafe\Enforcement\Draft Resolution 18-0045.docx  
ec: Tompkins County Board of Health (via; Shelley Comisi, TCHD)  
Mike Niechwiadowicz, Ithaca Building Department; Mayor Svante Myrick; Henry Granison, TC Legislature; TCHD:  
Elizabeth Cameron, P.E., Director of Environmental Health; Frank Kruppa, Public Health Director; Kristee Morgan; Skip  
Parr; Brenda Coyle  
scan: Signed copy to Accela

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

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

**DRAFT RESOLUTION # 18-0045 FOR**

**CU – Klarman Hall Café**  
**Keith Mercovich, Cornell University College of Arts & Science, Operator/Owner**  
**232 East Ave., C-Ithaca**  
**Ithaca, NY 14850**

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

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

**Whereas**, on September 27, 2018, the Tompkins County Health Department (TCHD) observed approximately five pounds of sliced tomatoes available for service in the top of a sandwich prep unit were observed at temperatures between 50°F and 55°F; **and**

**Whereas**, during a re-inspection on November 1, 2018, TCHD staff observed a repeat critical violation where approximately two pounds of sliced tomatoes available for service in the top of a sandwich prep unit were observed at temperatures of 52°F; **and**

**Whereas**, Keith Mercovich, Operator, signed a Stipulation Agreement with Public Health Director's Orders on November 27, 2018, agreeing that CU - Klarman Hall Café violated this provision of the New York State Sanitary Code; **now therefore be it**

**Resolved, on recommendation of the Tompkins County Board of Health,**  
**That Cornell University College of Arts & Science, Owner, is ordered to:**

1. Pay a penalty of \$400 for these violations, due within 30 days notice. (**Do Not** submit penalty payment until notified by the Tompkins County Health Department.); **and**
2. Maintain Potentially Hazardous Food at or below 45°F, except smoked fish which must be maintained at or below 38°F, during cold storage; **and**
3. Prepare all potentially hazardous food using ingredients pre-chilled to 45°F or below prior to placing into sandwich units; **and**
4. Comply with all the requirements of Subpart 14-1 of the New York State Code for Food Service Establishments.





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

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

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

**STIPULATION AGREEMENT AND ORDERS # EH-ENF-18-0045**

**CU – Klarman Hall Café  
Keith Mercovich, Cornell University College of Arts & Science, Operator/Owner  
232 East Ave., Ithaca, NY 14850**

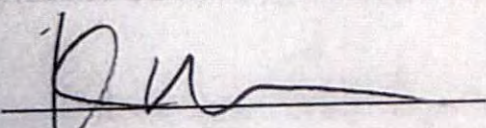
I, Keith Mercovich, as a representative for Cornell University College of Arts & Science, agree that on September 27, 2018, and November 1, 2018, CU-Klarman Hall Café was in violation of Subpart 14-1 of the New York State Sanitary Code for failure to provide and maintain potentially hazardous foods at or below 45°F during cold holding.

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

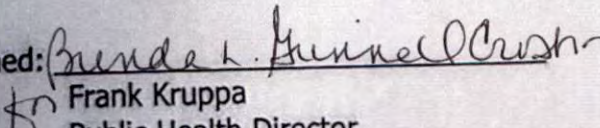
I also agree to comply with the following Orders when signed by the Tompkins County Public Health Director:

1. Maintain Potentially Hazardous Food at or below 45°F, except smoked fish which must be maintained at or below 38°F, during cold storage; **and**
2. Prepare all potentially hazardous food using ingredients pre-chilled to 45°F or below prior to placing into sandwich units; **and**
3. Comply with all the requirements of Subpart 14-1 of the New York State Code for Food Service Establishments.

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

Signed:  Date: 11/27/18

Cornell University College of Arts & Science is hereby ordered to comply with these Orders of the Public Health Director.

Signed:  Date: 11/27/18  
for Frank Kruppa  
Public Health Director

**From:** [Keith R. Mercovich](#)  
**To:** [Brenda Coyle](#)  
**Cc:** [Mike Niechwiadowicz](#); [Annie Sherman](#); [Henry Granison](#); [Elizabeth Cameron](#); [Frank Kruppa](#); [Kristee Morgan](#); [Skip Parr](#)  
**Subject:** Re: Stipulation Agreement - CU Klarman Hall Cafe  
**Date:** Tuesday, November 27, 2018 11:42:59 AM

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Thank you Brenda, that summary does look accurate. I've attached the signed document and will await instruction. We have taken action on this violation and seen results. I discussed the situation with our inspector at the time and Kristee Morgan after the fact, which was very helpful and guided us to develop new practices for sliced tomatoes. We feel confident there has been no extra risk due to this violation and moving forward we will keep all Potentially Hazardous Food at or below 45 F (at all times). We are tracking the tomato temperature specifically 4 times a day and it has been at or below 40 F every time.

We take food safety very seriously and appreciate your help. Having an outside view is invaluable. Paying a penalty is alright with us, but defiantly not a part of our motivation to stay safe. Hopefully the money helps you all do your work.

Keith Mercovich  
Temple of Zeus  
Goldwin Smith Hall  
607-592-4566  
[krm238@cornell.edu](mailto:krm238@cornell.edu)

---

**From:** Brenda Coyle <[bcoyle@tompkins-co.org](mailto:bcoyle@tompkins-co.org)>  
**Sent:** Tuesday, November 27, 2018 9:40:14 AM  
**To:** Keith R. Mercovich  
**Cc:** [Mike Niechwiadowicz](#); [Annie Sherman](#); [Henry Granison](#); [Elizabeth Cameron](#); [Frank Kruppa](#); [Kristee Morgan](#); [Skip Parr](#)  
**Subject:** Stipulation Agreement - CU Klarman Hall Cafe

Please find attached a Stipulation Agreement from the Tompkins County Health Department, Environmental Health Division. Please save a copy of this documentation for your records.

For further assistance, please contact our office at [TCEH@tompkins-co.org](mailto:TCEH@tompkins-co.org) or by phone at (607) 274-6688, Monday-Friday, 8:30am-4:30pm.

*Brenda Coyle*  
Administrative Assistant IV  
Tompkins County Health Dept.  
Environmental Health Division  
55 Brown Road  
Ithaca, NY 14850  
(607) 274-6688



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

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

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

**CASE SUMMARY – FOR RESOLUTION # EH-ENF-18-0045**

**CU – Klarman Hall Café**  
**Keith Mercovich, Cornell University College of Arts & Science, Operator/Owner**  
**232 East Ave., C-Ithaca**  
**Ithaca, NY 14850**

**December 2018**

Date	Action
11/27/2018	Stipulation agreement sent by TCHD and office conference scheduled for December 11, 2018. The signed stipulation agreement was returned to TCHD by Keith Mercovich later in the day.
11/01/2018	Re-inspection by TCHD. <b>Violations:</b> Potentially hazardous food was not kept at or below 45°F during cold holding. Product in a refrigerated storage unit was observed to be at 52°F.
09/27/2018	Inspection by TCHD. <b>Violations:</b> Potentially hazardous food was not kept at or below 45°F during cold holding. Product in a refrigerated storage unit was observed to be at 50-56°F.
10/18/2017	Inspection by TCHD. No critical violations observed.
09/22/2016	Inspection by TCHD. No critical violations observed.
12/30/2015	Pre-operational inspection by TCHD. Permit to operate issued to Cornell University College of Arts & Science.



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

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**CERTIFIED, REGULAR, & ELECTRONIC MAIL**

December 11, 2018

Robert Quackenbush  
Sunset Grill  
823 Danby Road  
Ithaca, NY 14850

**Re: Tompkins County Board of Health Draft Resolution # EH-ENF-18-0047  
Sunset Grill, Food Service Establishment, T-Ithaca**

Dear Robert Quackenbush:

Enclosed is a copy of the Draft Resolution that the Tompkins County Board of Health will consider at its meeting on **Tuesday, January 22, 2019**. On December 5, 2017, the Tompkins County Board of Health adopted Resolution EH-ENF-17-0045 requiring you to:

- Maintain refrigerated storage so that potentially hazardous foods remain at or below 45°F during cold holding at all times; and
- Comply with all the requirements of Subpart 14-1 of the New York State Sanitary Code.

On November 9, 2018, the Tompkins County Health Department (TCHD) observed critical violations of Subpart 14-1 of New York State Sanitary Code and Board of Health Orders # EH-EHF-17-0045. including:

- Failure to store potentially hazardous food under refrigeration. Two flats of whole shell eggs were observed on a counter at temperatures between 52°F and 53°F.
- Failure to provide enough refrigerated storage to properly cool and maintain potentially hazardous food at or below 45°F. Products in a refrigerated unit were observed at temperatures between 48°F and 52°F.

In addition, at a re-inspection on November 26, 2018, TCHD staff observed a repeat violation where approximately 5-6 pounds of cooked chicken were observed stored unrefrigerated at temperatures between 57°F and 59°F in the prep area.

Enclosed is a copy of the Draft Resolution that the Tompkins County Board of Health will consider at its meeting on **Tuesday, January 22, 2019**. You or a representative has the right to speak to the Board for a few minutes prior to them taking action. If you wish to speak to the Board, please contact Skip Parr or me at (607) 274-6688 at least one day before the meeting. If you plan to attend, please arrive by 12:00 p.m. (noon).

Sincerely,



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

Enclosures – Draft Resolution, Resolution EH-ENF-17-0045, and Case Summary

pc: F:\EH\FOOD (SF)\FSE (SF)\Facilities (SF-4)\Sunset Grill\Enforcement\2018\Draft Resolution 18-0047.docx  
ec: Tompkins County Board of Health (via; Shelley Comisi, TCHD)  
CEO T-Ithaca; Supervisor T-Ithaca; Amanda Champion, TC Legislature; TCHD: Elizabeth Cameron, P.E., Director of  
Environmental Health; Frank Kruppa, Public Health Director; Kristee Morgan; Skip Parr; Brenda Coyle  
scan: Signed copy to Accela

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

Ph: (607) 274-6688  
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**DRAFT RESOLUTION # EH-ENF-18-0047 FOR**

**Sunset Grill**  
**Robert Quackenbush, Operator**  
**823 Danby Rd., T-Ithaca**  
**Ithaca, NY 14850**

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

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

- Fail to store potentially hazardous food under refrigeration; **and**
- Failure to provide enough refrigerated storage to properly cool and maintain potentially hazardous food at or below 45°F.

**Whereas**, on December 5, 2017, Tompkins County Board of Health Resolution #ENF-17-0045 ordered Sunset Grill to maintain refrigerated storage so that potentially hazardous foods remain at or below 45°F during cold holding at all times and to comply with all the requirements of Subpart 14-1 of the New York State Code for Food Service Establishments; **and**

**Whereas**, on November 9, 2018, the Tompkins County Health Department (TCHD) observed two flats of whole shell eggs were observed on a counter at temperatures between 52°F and 53°F and observed cut tomatoes and cheeses in a refrigerated unit at temperatures between 48°F and 52°F; **and**

**Whereas**, on November 26, 2018, the TCHD observed a repeat violation where approximately 5-6 pounds of cooked chicken was observed stored at temperatures between 57°F and 59°F in the prep area; **and**

**Whereas**, on November 9, 2018, and November 26, 2018, Sunset Grill violated these provisions of the NYSSC and the provisions of Board of Health Resolution #ENF-17-0045 were not met; **now therefore be it**

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

1. Pay a penalty of \$800 for these violations, **due by March 15, 2019.** (**Do Not** submit penalty payment until notified by the Tompkins County Health Department.); **and**
2. Maintain refrigerated storage so that potentially hazardous foods remain at or below 45°F during cold holding at all times, except smoked fish which shall remain at or below 38°F during cold holding; **and**
3. Store potentially hazardous food at or below 45°F at all times during cold holding except during necessary preparation or approved precooling procedures; **and**
4. Store potentially hazardous food under refrigeration at all times except during necessary preparation or approved precooling procedures; **and**

5. Ensure that at least two food service workers attend and successfully complete a food safety training course approved by the TCHD. The certificates documenting successful completion of the course must be submitted to the TCHD by **February 15, 2019; and**
6. After February 15, 2019, at least one employee who has successfully completed the food safety training must be on-site during hours of operation. In the event that a trained employee separates from employment, another employee must successfully complete an approved food safety course within 90 days. Training certificates must be retained and made available during an inspection; **and**
7. Comply with all the requirements of Subpart 14-1 of the New York State Code for Food Service Establishments.



Your Partner for a Healthy Community

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

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**RESOLUTION # EH-ENF-17-0045 FOR**

**Sunset Grill  
Frank Rogan, Owner/Operator  
823 Danby Rd., T-Ithaca  
Ithaca, NY 14850**

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

**Whereas**, on October 5, 2017, and October 24, 2017, the Tompkins County Health Department (TCHD) observed critical violations of Subpart 14-1 of the NYSSC including failure to maintain potentially hazardous foods at or below 45°F during cold holding. During the initial inspection and during the re-inspection potentially hazardous foods were observed by the TCHD at temperatures between 49°F and 50°F in the cooler below the grill; **and**

**Whereas**, Robert Quackenbush, a representative for the Sunset Grill, signed a Stipulation Agreement with Public Health Director's Orders on November 17, 2017, agreeing that the Sunset Grill violated this provision of the New York State Sanitary Code; **now therefore be it**

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

1. Pay a penalty of \$400 for these violations, **due by January 15, 2018; and**
2. Maintain refrigerated storage so that potentially hazardous foods remain at or below 45°F during cold holding at all times, except smoked fish which shall remain at or below 38°F during cold holding; **and**
3. Comply with all the requirements of Subpart 14-1 of the New York State Code for Food Service Establishments.

**This action was adopted by the Tompkins County Board of Health at its regular meeting on December 5, 2017.**

*for*   
Frank Kruppa  
Public Health Director

12/6/17  
Date





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

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**CASE SUMMARY – FOR RESOLUTION # EH-ENF-18-0047**

**Sunset Grill**  
**Robert Quackenbush, Owner/Operator**  
**823 Danby Rd., T-Ithaca**  
**Ithaca, NY 14850**

**November 2018**

Date	Action
11/26/2018	Re-inspection by TCHD. <b>Violations:</b> Potentially hazardous foods were not stored under refrigeration. Product on a counter was observed to be at 57-59°F. Item 5E cited on 11/09/2018 was corrected.
11/09/2018	Inspection by TCHD. <b>Violations:</b> Potentially hazardous foods were not stored under refrigeration. Product on a counter was observed to be at 52-53°F. Enough refrigerated storage was not maintained so that potentially hazardous foods were kept below 45°F. Products in cold holding were observed to be at 48-52°F.
03/09/2018	Inspection by TCHD. No violations noted.
12/5/2017	BOH adopts Resolution EH-ENF-17-0045.
11/17/2017	Office conference with representative (Robert Quackenbush) from Sunset Grill and TCHD staff. The enforcement procedures were discussed as well as the violations.
11/03/2017	TCHD sent stipulation agreement to Sunset Grill. An office conference was scheduled for 11/17/2017.
10/24/2017	Re-inspection by TCHD. <b>Violations:</b> Potentially hazardous foods were not kept at or below 45°F during cold holding. Product in a refrigerated storage unit was observed to be at 49-50°F.
10/05/2017	Inspection by TCHD. <b>Violations:</b> Potentially hazardous foods were not kept at or below 45°F during cold holding. Product in a refrigerated storage unit was observed to be at 49-50°F.
03/20/2017	Inspection by TCHD. No violations noted.
09/15/2016	Re-inspection by TCHD. Violations observed on 08/08/2016 were corrected.
08/08/2016	Inspection by TCHD. <b>Violations:</b> Potentially hazardous foods were not kept below 45°F during cold holding. Product in cold holding was observed to be at 51-55°F.
03/17/2016	Inspection by TCHD. No violations noted.
12/02/2015	Re-inspection by TCHD. Violations observed on 11/05/2015 were corrected.
11/05/2015	Inspection by TCHD. <b>Violations:</b> Potentially hazardous foods were not cooled by an approved method when the food temperature can be reduced from 120°F to 70°F in two hours or less. Product was observed cooling at room temperature at between 105°F and 115°F.
07/01/2015	Permit to Operate Sunset Grill issued to Frank Rogan.