

**AGENDA
Tompkins County Board of Health
Rice Conference Room
Tuesday, June 23, 2020
12:00 Noon
Via Zoom**

Live Stream at Tompkins County YouTube Channel:

<https://www.youtube.com/channel/UCkpJNVbpLLbEbhoDbTIEgSQ>

- 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 May 26, 2020 Minutes (2 mins.)
- 12:06** IV. Financial Summary (9 mins.)
- 12:15** V. Reports (15 mins.)
- | | |
|-------------------------------|----------------------------------|
| Administration | Children with Special Care Needs |
| Health Promotion Program | County Attorney’s Report |
| Medical Director’s Report | Environmental Health |
| Division for Community Health | CSB Report |
- 12:30** VI. New Business
- 12:30** ***Environmental Health***
Administrative Actions:
- 12:30** ***Environmental Health*** (5 mins.)
Enforcement Actions:
1. Resolution #EH-ENF-20-0016 – TOSA Apartment, T-Dryden, Violations of BOH Orders #EH-ENF-20-0001 and Subpart 5-1 of New York State Sanitary Code (Water) (5 mins.)
- 12:35** ***Administration*** (5 mins.)
1. Board of Health Vacancy Update
- 12:40** ***Adjournment***

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MINUTES
Tompkins County Board of Health
May 26, 2020
12:00 Noon
Virtual Meeting via Zoom

Present: Shawna Black; Melissa Dhundale, MD; David Evelyn, MD, MPH; Edward Koppel, MD; Susan Merkel; Janet Morgan, Ph.D.; and Christina Moylan, Ph.D., President

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; Skip Parr, Senior Public Health Sanitarian; Deb Thomas, Director of Children with Special Care Needs; Jonathan Wood, County Attorney; Shelley Comisi, Administrative Assistant; and Karan Palazzo, Administrative Assistant

Call to Order: Dr. Moylan called the regular meeting of the Board of Health (BOH) to order at 12:00 p.m.

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

Approval of February 25, 2020 Minutes: Ms. Black moved to approve the minutes of the February 25, 2020 meeting as written; seconded by Dr. Evelyn. The vote to approve the minutes as written; unanimous approval; motion carried.

Financial Summary: Ms. Grinnell Crosby referred to the 2019/13th financial period summary included in the packet as closed for the 2019 budget. We fared well with nothing more to add. Ms. Grinnell Crosby referred to the April 2020 financial report also included in the packet, due to COVID, expenses and revenues are monitored regularly and since there is minimal coming in and higher expenses are expected in other lines to address COVID response. She had nothing more to add.

Ms. Merkel asked, are there contingency plans for external funding if we must pay overtime or other expenses. Mr. Kruppa answered, that the stimulus which is for both state and local municipalities, is unknown right now, but in the interim the County Administrator has directed county operations to continue under the restrictions put in place. Ms. Grinnell Crosby stated the department received \$159k in CDC funding through HRI (Health Research Inc.) which will offset overtime expenses and some supply purchases. Frank stated, financially things are uncertain, maximizing reimbursement is priority which will ultimately include FEMA. There will be more conversations about where monies come from for different projects and expenses related to COVID.

Administration Report – Coronavirus Update: Mr. Kruppa shared a PowerPoint presentation titled “COVID-19 Tompkins County Response” giving an overview of what has happened since the last meeting. The Emergency Operation Center (EOC) has been following the disease, informing the public, preparing for transmission in the community and responding to community impacts related to COVID-19, and continuing County operations to meet the community needs including food, childcare and homelessness.

Responding to Community Needs:

- Food distribution: Schools, Foodnet, food banks and pantries
- Child Care: Spots were made available for essential workers and registered facilities that had closed were reopened
- Homelessness: Shelters moved their regular guest into hotels in preparation for walk-ins; Reach Medical provided telehealth services; and other community outreach partners supplied masks for those in the encampments/ jungle

Reopening Considerations:

- Executive Orders/Announcements: Orders expanding testing criteria to include essential workers; phased reopening plan was launched; and the schools were closed for the rest of the year
- County Operations: Operations included mask making; offering two hours of excused leave to essential employees seeking COVID-19 testing; conversations with community leaders regarding reopening; the furlough process was initiated and meeting with higher education regularly
- Communications/Messaging: Paneled participant updates with the Chamber; all staff virtual Q & A with Mr. Molino; PSAs via YouTube page and Twitter to stay home; and Mr. Kruppa’s participation on WRFI radio panel

Mr. Kruppa presented demographic data comparing all positive cases through 5/4/2020 and Tompkins County’s total population. Mr. Kruppa noted the data for ages 20-29 was in line with our general population as well as race and ethnicity. Geographic data was broken down by municipalities, noting some had zero but we are all susceptible and must still take precautions.

Mr. Kruppa stated we are doing well on the reopening guidelines from Governor Cuomo and will be discussing moving into Phase II on Friday. Weekly/regular conversations with the community and higher education leaders, daily conversations with county legislature as well as with Ithaca City Mayor, Svante Myrick and County Administrator, Jason Molino both now appointed to the regional control room. Daily control room meetings consist of Jason Molino, Amy Hendricks and Dominick Recckio, Communications Director. At these meetings many questions are asked by different counties about their issues and on questions that we don’t have answers for, are sent to the control room. Mr. Kruppa referred to the NY Forward website which provides updated, cataloged and comprehensive information of the Phased Reopenings.

Mr. Kruppa reported 141 positive cases, dashboard published, executive orders continued with approved furloughs, ROOPS were submitted, calls to local libraries and landlords,

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county encourages using Tompkins County Health Department Moving Forward webpage and continuation of weekly WRFI Town Halls and staying vigilant.

Mr. Kruppa reported COVID-19 related expenses totaling \$58,969.95 as of 5/18/2020 include overtime and emergency leave for Tompkins County.

Mr. Kruppa reported County Reconstitution of Operations Planning (ROOP) is broken down into a two phased approach.

Phase 1 – Partial reopening and doors open

Phase 2 – Fully functioning and operating in the new normal

Staffing considerations, employee engagement, facility considerations, office operation and field operations were all components leadership considered and documented.

Mr. Kruppa reported that Environmental Health handles complaint calls related to reopening business operations; 211 fields, directs and dispatches calls; NYS PAUSE - complaints are lodged via a form on their website; law enforcement is notified when necessary. The public is asked to be respectful and take personal responsibility, if you think someone is not compliant.

Mr. Kruppa ended his presentation with an update on phased reopening: Regional Control Room; Phased Opening by Industry Group; sharing updates; and referring people to the NY Forward website for reopening questions.

Questions from Dr. Dhundale regarding random testing for children and is there any funding available for testing children:

- Mr. Kruppa responded No, testing is only for healthcare workers, sick individuals, essential workers and nursing home, the focus is on new potential exposures. The Cares Act Money is associated as long as we follow the directives and criteria.

Question from Dr. Koppel regarding if all childcare facilities are having their employees and children tested.

- Mr. Kruppa responded No, it is not mandated but childcare workers are essential workers and can be tested if they choose. The only mandate is for nursing home employees for twice a week testing.

Health Promotion Program Report: Ms. Hillson reported the Health Promotion Program has been put on hold due to COVID.

Medical Director's Report: Dr. Klepack discussed testing and referred to Dr. Dhundale's question to random testing for children. He stated an epidemiologist for surveillance testing would give meaning to the data obtained but will probably come later. Dr. Klepack stated most all primary care physician practices are participating in testing and report daily any COVID positive cases. Some pharmacies are also participating in COVID-19 testing.

Question from Ms. Merkel regarding antibody testing in the county alone.

- Dr. Klepack stated to his knowledge it is by region, not by county. Mr. Kruppa stated antibody testing is under 3% and they are not focusing resources or attention to antibody testing because of the many antibody testing and are not sure of the reliability of all of them or what they mean.
- Dr. Klepack responded that because of the low prevalence rate we wrestle with the positive predictive value of the tests.

Question from Dr. Koppel regarding reporting positive antibody testing to the health department.

- Mr. Kruppa responded that it generally happens through the lab's reporting mechanism and we don't use the antibody testing results to make decisions.

Question from the chat room regarding WellNow tests.

- Mr. Kruppa spoke to the general manager at WellNow who stated that they are doing PCR testing only on symptomatic individuals; they do offer antibody testing and specimens are sent to a lab in Boston, MA with a 7-10 day return; they could not give a capacity number.
- Dr. Klepack stated the turnaround time depends on the testing methodology.

Question from Dr. Dhundale regarding WellNow's reliability.

- Mr. Kruppa responded he could not verify the reliability of WellNow's testing.

Comment from Ms. Black regarding from her WellNow antibody testing results were 94 – 97% accuracy with a turnaround time of 4 days.

- Dr. Klepack responded it depends on the type of accuracy and with a low prevalence rate in the area, you must consider the positive predicted value which could bring it down to 80%. The challenge is the with the positive predictive value and the low prevalence capacity in the region.

Question from Ms. Merkel regarding if colleges will be doing their own testing in the fall or is CMC going to take that on.

- Dr. Evelyn responded conversations with the local higher educational institutions look toward a collaborative effort with CMC (Cayuga Medical Center) continuing the testing. Dr. Koppel has heard the same. Mr. Kruppa stated as Public Health Director he has encouraged the colleges to work with CMC as well.

Question from Dr. Moylan regarding K-12 testing.

- Dr. Evelyn responded No, we are waiting to see what develops with the colleges and then go through K-12.
- Mr. Kruppa pointed out the prioritization of resources available for testing and with the large higher education population returning to the area from various communities, they are a higher priority.

Division for Community Health Report: Ms. Bishop reported their primary activity has been the COVID-19 response to reported positive cases including case investigations,

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contact tracing, daily video chats and daily phone calls with positive cases; monitoring persons on mandatory quarantine and calling and daily texting persons on precautionary quarantine. Thirty-six staff members have completed the John's Hopkins training module greatly enhancing effective interviewing and communication skills. The department went live with the COVID-19 specific contact tracing software called CommCare. As of May 25th, there were 153 positive cases and 128 of those have fully recovered. Ms. Bishop reported the department is current with all reportable communicable disease investigations and continues to provide limited services; Telehealth/video chat is utilized to keep in contact with clients. All other program service areas continue to be suspended.

Question from Dr. Moylan regarding the average number of contacts you trace.

- Ms. Bishop responded the average traced is 6-8.

Question from Dr. Moylan regarding how many people do you anticipate tracing in the college environments.

- Mr. Kruppa responded with a recent conversation with Cornell, the challenge is not knowing what the operations /environment is going to look like.

Question from Dr. Dhundale regarding encouraging community members to be trained in contact tracing.

- Mr. Kruppa responded if we get to a time for that need, we would start with other county employees first and they would be trained closer to that time of need as the training is 4-6 hours.

Question from Dr. Koppel regarding extending the contact training to the colleges.

- Mr. Kruppa responded with experience in contact investigations, people were more open to giving the department the full story over their employer or educator. The colleges would be valuable in navigating the daily follow-ups.

Question from Ms. Merkel regarding the success of unreachable people in contact tracing.

- Ms. Bishop responded that they have been very successful in reaching people.
- Mr. Kruppa stated the new CommCare software has Amazon Connect which masks the phone number as "New York Contact Tracing."

Question from Dr. Moylan regarding the vaccinations of immunization services status in Phase II.

- Ms. Bishop stated the status of routine vaccinations is on temporary hold. People who had appointments will be rescheduled in the next Phase, with the priority being primary immunizations for children.

Question from Dr. Dhundale regarding relaxing guidelines in the fall for state mandates.

- Mr. Kruppa stated the state has not decided to open schools in the fall.

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Children with Special Care Needs Report: Ms. Thomas reported the first two weeks all programs were suspended, and the entire staff was immersed in COVID-19 work. After the two weeks all programs were fully operational; referrals were down, no face-to-face visits; therapists and service coordinators are not out in the field and only utilizing virtual platforms, teletherapy or phone conferencing; and continue with COVID-19 work daily and weekend coverage.

County Attorney's Report: Mr. Wood reported courts are now open for filings; hearings are skyped; unsure of jury hearings.

Environmental Health Report: Ms. Cameron reported EH involvement in re-opening; receiving complaints under PAUSE; receiving questions regarding the re-opening process; starting to look at issuing new permits. Ms. Cameron reported that the Grassroots enforcement action was pulled due to Grassroots not holding the festival this year; Country Inn and Suites submitted a request and there are several changes in today's resolutions.

Report on the Community Services Board (CSB) Meeting: Mr. Kruppa reported that the Community Services Board Meeting in May was an update of COVID-19 and departmental status and activities.

Question from Dr. Moylan regarding update of integration activities and an anticipated timeline to re-engage on the topic.

- Mr. Kruppa responded everything has been postponed until August.

Question from Ms. Merkle regarding the availability of mental health support services to the public as we re-open.

- Mr. Kruppa responded that mental health services are available; the suicide prevention crisis hotline calls have almost doubled; the hospital is busy with behavior health clients; both the clinic and family and children are about 50% of intake numbers pre-COVID. Mr. Kruppa stated messages have gone out and will continue informing and messaging the public that services are available.

Review of Proposed 2021 Environmental Health Division Fees: Ms. Cameron referred to materials included in the packet and proposed holding all the fees at the current 2020 level with no changes in the fees for 2021.

Discussion of the Budget: Mr. Kruppa stated it is not a usual budget year and believes the county administrator will maintain the June 1st - July 1st submittal time frame for departments. Submission of multiple budgets with varying degrees of revenue will be more fluid. Mr. Kruppa agrees with maintaining the fees with the uncertainty of the county budget. Ms. Cameron stated the fees are presented ahead of the budget giving the BOH (Board of Health) a chance to make comments but no formal approval is needed.

Revised Resolution #EH-ENF-20-0006 – Easy Wok, V-Lansing, Violations of BOH Orders #EH-ENF-19-0007 and Subpart 14-1 of the New York State Sanitary Code (Food): Ms. Cameron stated that Easy Wok is requesting an extension on a previously approved resolution - Easy Wok, located in the Mall is currently closed and not in operation. EH (Environmental Health) is proposing a change in the fee penalty deadline date from July 15th to September 15th for your consideration.

Dr. Dhundale moved to accept as written with change; Dr. Koppel seconded.

Vote to approve with a change to #1 from July 15th to September 15th. All in favor; motion carried.

Resolution #EH-ENF-20-0008 – Jim’s Mobile Home Park, T-Newfield, Violations of Subpart 5-1 of the New York State Sanitary Code (Water): Ms. Cameron explained that there were no changes in the current resolution. In 2019 they failed to submit sample results and this resolution is requiring penalty payment and a sample collection and submission schedule for samples not previously submitted.

Dr. Evelyn moved to accept the resolution as written; seconded by Ms. Merkel.

All in favor; motion carried.

Resolution #EH-ENF-20-0009 – Brew 22 Coffee and Espresso, T-Dryden, Violations of Subpart 5-1 of the New York State Sanitary Code (Water): Ms. Cameron stated that there were no proposed changes to the draft resolution and stated that Brew 22 failed to submit samples results as required in 2019.

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

All in favor; motion carried.

Resolution #EH-ENF-20-0011 – John Joseph Inn, T-Lansing, Violations of Subpart 5-1 of the New York State Sanitary Code (Water): Ms. Cameron explained that this temporary residence cannot currently allow any wedding at their facility. The resolution proposes to extend the \$500.00 penalty deadline to September 15th.

Dr. Morgan moved to accept resolution as written with change; Dr. Dhundale seconded. All in favor as written with changes; motion carried unanimously.

Discussion of not submitting samples for second, third and fourth quarters of 2019 and that they are compliant with 2020 sample requirements.

Resolution #EH-ENF-20-0013 – Country Inn and Suites Main Pool and Spa Pool, T-Ithaca, Violations of Subpart 6-1 of the New York State Sanitary Code (Pools): Ms. Cameron stated that the enforcement action is about not maintaining adequate disinfection in the operation of their pool. They are requesting the proposed fines be waived or reduced and have submitted an invoice showing purchase of a new flow meter with maintenance done as well as hiring a maintenance company to manage their pool. The pool is currently not open due to COVID-19 restrictions and it is not certain when it will be opened. EH proposes to waive the penalty due to the current situation.

Discussion of eliminating penalty. Ms. Cameron stated they have taken all the measures to make corrective actions as requested, they have not been able to operate the pool, and will have to pass an inspection before they reopen.

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Dr. Koppel moved to accept as written with changes; Dr. Dhundale seconded. All in favor as written with changes; motion carried.

Question from Dr. Klepack regarding clarification of Phase to Phase period:

- Mr. Kruppa clarified the phase periods are every two weeks if the metrics don't change.

Question from Dr. Dhundale regarding the board position:

- Mr. Kruppa stated he will follow up with the mayor and it will be put on next month's agenda.

Question from Dr. Klepack regarding an estimate of after hour calls.

- Ms. Cameron stated not many COVID-19 related complaint calls come in after hours. The calls received are not emergency situations and can wait until the next business day.

Adjournment: Dr. Moylan adjourned the meeting at 1:30 p.m.

Board of Health
June 23, 2020
Financial Report

May 2020 / Month 5

The department continues to monitor the impacts of the pandemic on our budget. CDC funding has been made available through HRI (\$159,943 plus \$15,000 in our Preparedness grant). It is expected we will claim overtime salary and associated fringe against the COVID grant, in addition to the Rheonix analyzer, supplies and education/promotion expenses. These funds are not currently on the county books. The \$15,000 will roll to the COVID grant at the close of the Preparedness grant. The department has not received any information regarding reductions as of June 1.

Tompkins County Financial Report for Public Health

Percentage of Year 41.67%

	Expenditures			Revenues			Local Share		
	Budget	Paid YTD	%	Budget	YTD	%	Budget	TD	%
4010 PH ADMINISTRATION	1,249,770	443,344	35.47%	133,522	24,224	18.14%	1,116,248	419,120	37.70%
4011 EMERGING LEADERS IN PH	0	16,390	0.00%	0	0	0.00%		16,390	
4012 WOMEN, INFANTS & CHILDREN	550,812	181,651	32.98%	550,812	145,769	26.46%		35,882	
4013 OCCUPATIONAL HLTH.& SFTY.	110,313	42,850	38.84%	0	0	0.00%	110,313	42,850	38.84%
4015 VITAL RECORDS	76,626	25,547	33.34%	108,000	38,715	35.85%	-31,374	-13,168	41.97%
4016 COMMUNITY HEALTH	1,610,839	519,521	32.25%	371,214	64,306	17.32%	1,239,625	455,215	40.14%
4018 HEALTHY NEIGHBORHOOD PROG	172,368	61,417	35.63%	172,368	44,729	25.95%		16,688	
4047 PLNG. & COORD. OF C.S.N.	1,427,818	528,139	36.99%	383,223	57,759	15.07%	1,044,595	470,380	46.56%
4048 PHYS.HANDIC.CHIL.TREATMNT	8,000	0	0.00%	4,000	0	0.00%	4,000	0	
4090 ENVIRONMENTAL HEALTH	1,761,351	607,465	34.49%	588,490	149,043	25.33%	1,172,861	458,421	39.73%
4095 PUBLIC HEALTH STATE AID	0	0	0.00%	1,269,389	653,888	51.51%	-1,269,389	-653,888	51.51%
Total Non-Mandate	6,967,897	2,426,323	34.82%	3,581,018	1,178,433	32.91%	3,386,879	1,247,890	36.84%
2960 PRESCHOOL SPECIAL EDUCATI	5,868,647	1,238,662	21.11%	3,737,762	909,546	24.33%	2,130,885	329,116	15.45%
4017 MEDICAL EXAMINER PROGRAM	276,942	95,898	34.63%	0	0	0.00%	276,942	95,898	34.63%
4054 EARLY INTERV (BIRTH-3)	655,000	184,821	28.22%	318,500	252	0.08%	336,500	184,569	54.85%
Total Mandate	6,800,589	1,519,381	22.34%	4,056,262	909,798	22.43%	2,744,327	609,583	22.21%
Total Public Health	13,768,486	3,945,704	28.66%	7,637,280	2,088,230	27.34%	6,131,206	1,857,473	30.30%

BALANCES (Includes Encumbrances)

	Available Budget	Revenues Needed		Available Budget	Revenues Needed
NON-MANDATE			MANDATE		
4010 Administration	804,707	109,298	2960 Preschool	4,629,985	2,828,216
4012 WIC	346,217	405,043	4054 Early Intervention	470,179	318,248
4013 Health & Safety	67,463	0	4017 Medical Examiner	76,259	0
4014 Medical Examiner	0	0		<u>5,176,423</u>	<u>3,146,464</u>
4015 Vitals	51,079	69,285			
4016 Community Health	1,048,938	306,908			
4018 Healthy Neighborhood	110,951	127,639			
4047 CSCN	883,647	325,464			
4048 PHCP	8,000	4,000			
4090 Environmental Health	1,146,359	439,447			
4095 State Aid	0	615,501			
	<u>4,467,361</u>	<u>2,402,585</u>			

Total Public Health Balances	
Available Budget	Revenues Needed
<u>9,643,784</u>	<u>5,549,050</u>

HEALTH PROMOTION PROGRAM – MAY 2020

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

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

Highlights

- COVID-19 response continues to be a focus of our work during the past several months.
- Health Promotion staff continue to support COVID-19 Communications as part of the Emergency Operations Center (EOC).

Community Outreach

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

Groups, Programs, Organizations	Activity	Date
PIO COVID Communications Team for the EOC	Daily briefing calls, press releases, virtual town halls, social media	
Health Planning Council	Advisory Board	5/11
TST BOCES Mask Making Operation	Cloth face coverings to distribute to essential businesses	

Healthy Neighborhoods Program

- Planning for June re-start with virtual home visits and contactless drop off of home safety supplies and products.
- HNP flyers were updated and delivered to Tompkins Mutual Aid Blue food cabinets in Groton and Dryden.

Tobacco Free Tompkins

- Weekly call with Cortland and Chenango colleagues working on the Cortland-Tompkins-Chenango grant

Media, Website, Social Media

- Press Releases:

- Covid-19 Health Alert: Greenstar employee, [5/13/20](#), [5/14/20](#).
- Covid-19 Stay vigilant during reopening, [5/16/20](#).
- Seeking a dog, [5/1/20](#), [5/27/20](#)

Social media related to COVID-19 ongoing (TCHD Facebook and Twitter accounts)

Website page sections related to COVID-19:

- [FAQ](#)
- [Search COVID](#) related pages
- [Moving Forward](#) to reopening

Meetings and Trainings

- Susan Dunlop and Pat Jebbett completed the NYS Johns Hopkins Contact Tracing online training if support is needed to our COVID contact tracing efforts.

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

- Rescheduling Strategic Planning meetings for Fall 2020

Medical Director's Report Board of Health June 2020

Coronavirus:

As was true in my last report, most of my time is devoted to coronavirus. In the past month, I have created weekly bulletins for local practitioners regarding coronavirus. In each bulletin, I try to keep them abreast of developments from studies as well as state guidelines and Health Department operations.

Our economy is “opening up”; Should you?

I have written a piece which addresses this subject. Its basic thrust is that our citizens are individuals each with their own level of risk from COVID. Even though the economy is opening in a measured manner, an individual's risk may argue that their schedule for “opening themselves up” might best be on a different schedule.

I also addressed the fact that individual businesses should assess their personal risk tolerance and let that guide them in whether they should open up.

You might find this piece interesting. It is on our website page devoted to messages from the Medical Director – it is currently the lead article:

(<https://tompkinscountyny.gov/health/factsheets/coronavirusmeddirector>)

Essential Worker Testing – when and how often?

I am frequently asked, “what are the guidelines regarding this? How often should my staff get tested? Shouldn't the State be mandating health care workers and others to get tested and specify when and how often?” We often complain about directives mandating actions; but, sometimes absence of directives leads to uncomfortable uncertainty.

There are no explicit directives on this subject. Those in healthcare must ponder the specific characteristics of their own practices and determine what is the appropriate policy to follow. The same is true of business. The risks of one practice/business can be very different from another. The personal risks of one staffer/employee can be very different from another one. One may limit their activity in and out of the office/business scrupulously while another not so much. One may have contact with a relative on chemotherapy and another may be virtually a

hermit. Their risk to the practice/business and to their family can vary equally as much. Frank discussion within the practice/business should lead to decisions about whether to adopt a routine screening schedule and what that should be. Emphasizing screening for symptoms and exposures and encouraging people to remain sensitive to symptoms should be done often. And when situations occur which cause a break in prevention techniques, recommendations should be made about rescreening.

How long to wait to screen after a potential exposure?

This is a topic I am also asked about often and now (with mass protests occurring) even more often. The *mean* period from exposure to onset of symptoms is 5 days. The incubation period is up to 14 days. Therein lies the problem. Too short a time and a person's screen may be negative. Too long and one risks having an infected worker. NYSDOH guidelines do address aspects of this situation for subgroups of people (mostly in healthcare). A significant exposure should prompt testing and perhaps time from work until the status of the worker can be clarified.

For the public who wants to be screened (after, for example, being at a protest event) it does not make sense to be tested the very next day since it takes time to become positive. Counseling them to presume the worst, scrupulously use preventive measures, in some cases quarantining themselves and getting tested is the best they can do. Remaining in quarantine until the end of the 14 days and having a negative COVID test at that point is the best assurance that they are not a risk.

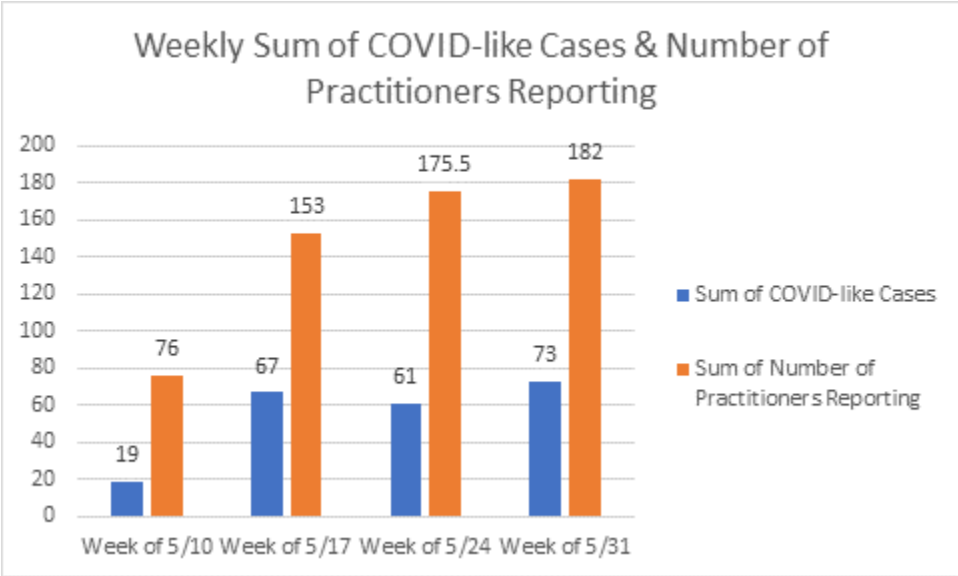
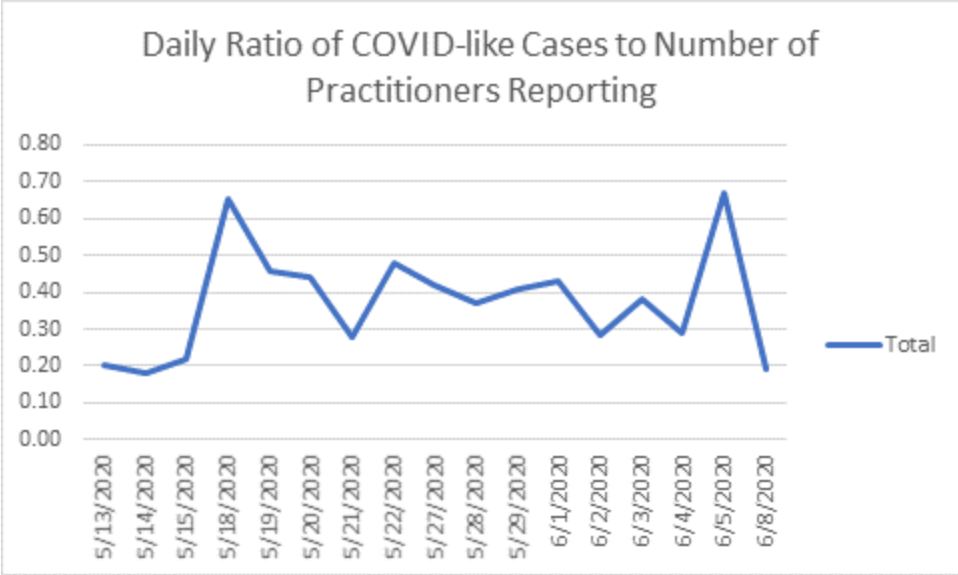
COVID LIKE ILLNESS (CLI) Surveillance:

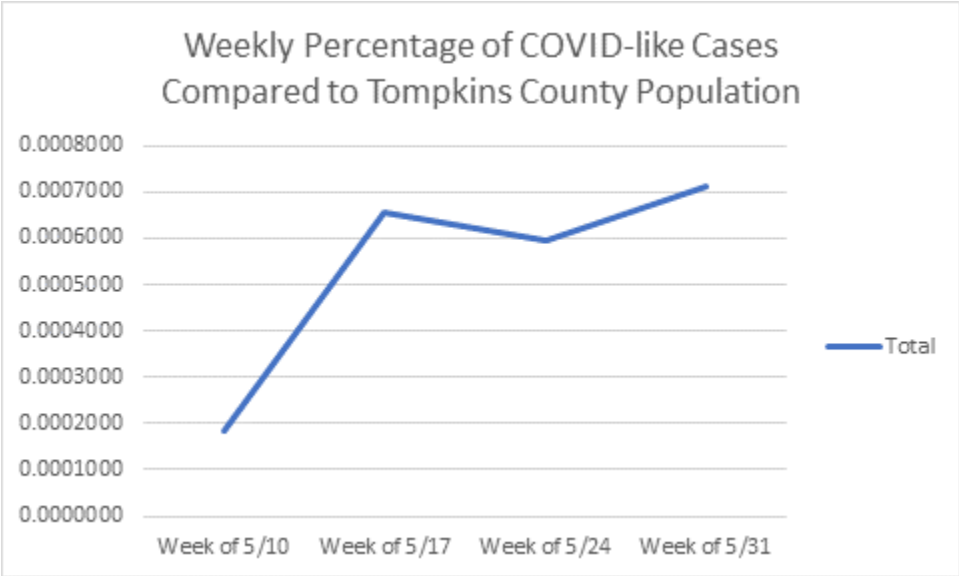
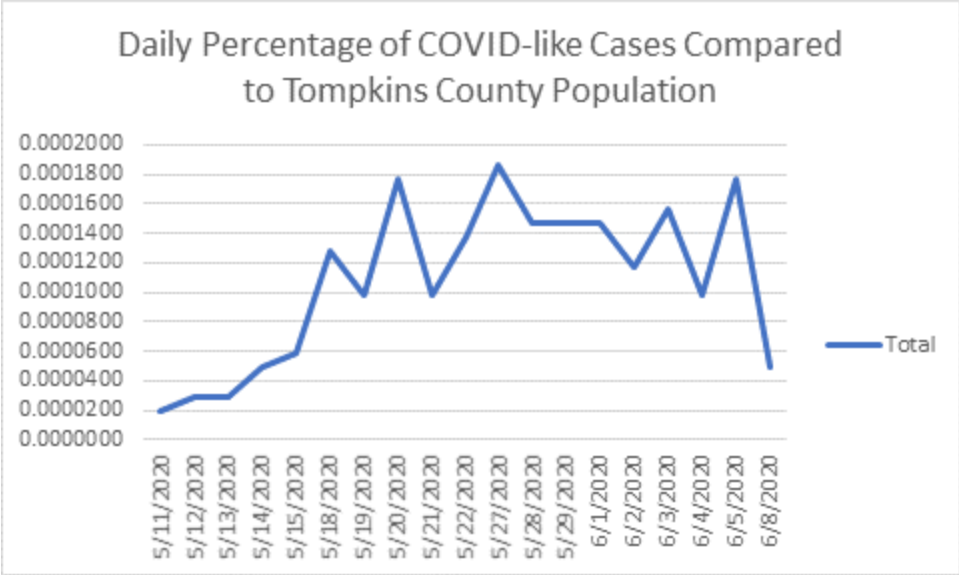
The physician surveillance primary care network has been up and running for about three weeks (at the time of my dictation). I have attached some sample data from that monitoring which I also share with the Tompkins County Emergency Operations Center. Please note that the initial week of data was a "ramping up" period in which practitioners were coming on-line with their reporting. This data, along with other measurements of healthcare in our region, helps to guide our decision making regionally about our economy "opening up".

Primary care practitioners are reporting the number of people exhibiting CLI symptoms each day. They would be recommending testing in all these cases, but these data are not using test results. The CLI data is close to a real time monitoring of what is going on. In addition, this data may be a more complete indication of our status since not all CLI identified persons will actually go through testing.

I am collaborating with faculty in the Masters in Public Health program at Cornell to see the data can be presented in ways that may be even more relevant.

The good news is that we are not seeing upward trends. The bad news is that COVID has not gone away.





Participation in Town of Lansing Board Committee assessing the impacts of conversion of the former power plant on Cayuga Lake to other uses:

I was asked in January to participate on this advisory board for the Town of Lansing. My role on the committee is to advise regarding public health issues as the former power plant site converts to another function. Currently, the presumed use to which it will be converted is a data processing center which would draw electricity from both a solar farm on site plus dedicated electricity approved by the New York State Power Authority. It is also projected to continue to use lake source water presumably for cooling and route warm water back to the lake.

On the site are coal ash dumps and perhaps other waste dumps which are said to be mitigated at least to some extent. In the past there has been at least one instance of mercury releases into Cayuga.

I am participating in my role as Medical Director of the Health Department to provide input on potential public health impacts. The committee has no regulatory power. It advises the Town of Lansing Board and its input may be used to craft that board's actions regarding the plant as well to influence an environmental impact assessment if one is required as this project moves forward.

I include this in my report for your information.

Division for Community Health
June 23, 2020 Board of Health Meeting

Karen Bishop, Director of Community Health
May 2020 Report

COVID-19 –

- Throughout the month of May, our primary activity was COVID-19 response to reported positive cases including case investigations, contact tracing, daily video chats with cases, daily phone call monitoring of persons on mandatory quarantine and calls/texts to persons on precautionary quarantine. Response activity operations continued 7 days per week utilizing nursing and support staff from multiple divisions within the department. Continued morning debrief meetings with staff to assign tasks for the day and to update staff on NYSDOH guidance and/or protocol changes. Our response time to reported positive cases was immediate which allowed for timely contact tracing in order to minimize the spread of disease. All staff reported to work at the department Monday through Friday. Staff working on weekends/holiday were given the option to work remotely.
- As of June 15, the cumulative number of reported COVID-19 cases to date was 166 of which 156 recovered and were released from isolation. Hospitalizations to date have been less than 10.
- Highest total **daily** reported new COVID-19 cases to date: 16.
- Highest total **daily** number of persons monitored on mandatory isolation/quarantine to date: 81
- Implemented use of CommCare, statewide COVID case/contact tracing documentation system as one of the earliest upstate counties to do so and were able to offer suggestions for improvement to benefit all NYS counties.
- All other reportable communicable disease report investigations were attended to and completed.
- All home visits, clinic services, committee/network meetings remained suspended.
- Telehealth visits via phone call and or video chat occurred with MOMS, SafeCare and Tuberculosis DOT clients.

Statistical Reports –

- Communicable disease reports for May – attached.

WIC

- Staff continued working remotely successfully reaching participants via phone to provide nutrition education and to electronically issue benefits to their eWIC card.

June 2020 BOH Report

Community Health Services

By Melissa Gatch, Supervising Community Health Nurse

Maternal Child and SafeCare Programs:

- Community Health Nurses continue to offer and provide Maternal Child and SafeCare telehealth visits as clients are able to participate.

Immunization Clinics:

- Immunization clinics were put on hold in mid March and will resume on a limited basis during July. We will be revising our clinic procedures to reflect COVID-19 safety requirements.

Communicable Disease:

- **COVID-19:** At the time of this report, Health Department nursing staff have investigated and provided daily monitoring of 166 positive COVID-19 cases. Of the 166 cases, 156 cases have recovered.
- **Acute Hepatitis C:** 44 year old male with history of substances abuse, incarceration, and homeless/unstable housing. Case was admitted to local hospital as an assault victim and then referred to local rehab center. As part of the admission process, labs were drawn. Case had a positive antibody, viral load, elevated liver enzymes, but was without jaundice. History also included a negative antibody and negative viral load in January 2020. Per NYSDOH case definition, criteria was met for acute case. Interview completed. Education and counseling provided.
- **HIV Testing/Counseling:** During March HIV testing was put on hold and will resume on a limited basis during July. We will be revising our procedures to reflect COVID-19 safety requirements as well as addressing need to maintain testing on an anonymous basis.

Lead Poisoning Prevention- (5 ongoing cases and 3 new cases)

- Lead nurse Gail Birnbaum is providing care coordination to eight children with elevated Blood Lead Levels (BLL's); three of the eight cases were new during May. At this time, NYSDOH is recommending that visits to a home in response to children with elevated blood lead levels greater than or equal to 5mcg/dL be postponed until further notice. Care coordination, environmental management, risk reduction guidance and lead education are being provided by Environmental Health and Community Health staff over the phone. These actions are intended to address immediate risks to the child in order to reduce lead exposures until a time when a home visit can be completed. The three cases during May were in a 1 year old with a BLL of 9.6mcg/dL on 5/15/20; two year old with a BLL of 7.3 mcg/dL on 5/20/20; and one year old with a BLL of 8.0 on 5/21/20. All three cases will have repeat testing in August. Cases are followed to ensure repeat testing is done as ordered and BLL's are decreasing. Discharge from lead case management will occur when two venous BLL's are less than 5mcg/dL drawn 3 months apart.

Tuberculosis- (2 active cases)

Case #1: 43 year old female from Pakistan; came to the US several years ago. Through a screening process for a job change, case found to have abnormal CXR (9/11), positive QFT (9/13) and was asymptomatic. Sputum smears were collected x 3 (10/21, 10/22, 10/23); 10/21 specimen was both smear & culture positive for MTB. Case was ordered in-home isolation (2 weeks) & was started on 4-drug therapy. Additional smears x 3 (11/13, 11/14, 11/15) were AFB negative & case was released from isolation and has resumed daily activities. She is being followed with DOT (Direct Observed Therapy), initially daily, then Monday through Friday by LHD staff. Contact investigation completed with no additional active TB or LTBI cases identified. Due to COVID-19, DOT is accomplished via telehealth visits. To date, client is doing well on therapy, with treatment adjustment to 2-drug therapy. Due to results of chest xray at the end of April, TB consultant ordered continued therapy for an additional 60 days with treatment completion end of June 2020.

Case #2: 30 year old female with travel/work history to India 2011-2015; Nepal, Sri-Lanka, Turkey and to the Ukraine. Onset of symptoms began 11/2019 with a cough. Saw PCP in 1/2020; had an inhaler prescribed. In February 2020, she developed low grade fever, night sweats, chills, fatigue and worsening cough; received antibiotic with some resolution of symptoms. However, both Chest xray on 3/13/20 and CT results on 3/20/20 were abnormal, with case having a positive blood test (QFT) on 3/19/20. PCP referred case to LHD. After consulting with TB consultant, sputum was ordered x 3 (3/23, 3/23 3/24) with results AFB smear and PCR positive. Case placed on in-home isolation (2 weeks) and was started on 4-drug therapy on 3/24/20. Molecular detection of drug resistance on 4/13/20 revealed case susceptible to all first line medications. Contact investigation was initiated and is ongoing with 8 week TST's scheduled. Subsequent sputa were collected (4/6, 4/6, 4/7); all were AFB smear negative. Case doing well on treatment with DOT through Zoom video throughout treatment due to pandemic; initial evaluation on 3/24/20 completed in negative pressure room at TCHD. Anticipate 6 months of treatment with completion end of September 2020.

N.Y.S. Department of Health
 Division of Epidemiology
 Communicable Disease Monthly Report*, DATE: 06JUN20
 Rates are defined as: Cases/100,000 population/Month

County=TOMPKINS Month=May

Disease	2020		2019		2018		2017		Ave (2017-2019)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
ANAPLASMOSIS**	0	0.0	2	23.3	1	11.7	2	23.3	2	23.3
CAMPYLOBACTERIOSIS**	1	11.7	5	58.4	2	23.3	3	35.0	3	35.0
COVID-19	24	280.2	0	0.0	0	0.0	0	0.0	0	0.0
CRYPTOSPORIDIOSIS**	1	11.7	0	0.0	0	0.0	1	11.7	0	0.0
ECOLI SHIGA TOXIN**	0	0.0	0	0.0	1	11.7	1	11.7	1	11.7
ENCEPHALITIS, OTHER	0	0.0	1	11.7	0	0.0	1	11.7	1	11.7
GIARDIASIS	0	0.0	3	35.0	2	23.3	0	0.0	2	23.3
HAEMOPHILUS INFLUENZAE, NOT TYPE B	0	0.0	1	11.7	2	23.3	0	0.0	1	11.7
HEPATITIS B,CHRONIC**	0	0.0	0	0.0	1	11.7	5	58.4	2	23.3
HEPATITIS C,ACUTE**	1	11.7	1	11.7	1	11.7	0	0.0	1	11.7
HEPATITIS C,CHRONIC**	5	58.4	1	11.7	2	23.3	6	70.0	3	35.0
INFLUENZA A, LAB CONFIRMED	1	11.7	5	58.4	3	35.0	1	11.7	3	35.0
INFLUENZA B, LAB CONFIRMED	1	11.7	1	11.7	2	23.3	6	70.0	3	35.0
LEGIONELLOSIS	0	0.0	1	11.7	0	0.0	1	11.7	1	11.7
LYME DISEASE** ****	0	0.0	5	58.4	2	23.3	2	23.3	3	35.0
MENINGITIS, ASEPTIC	0	0.0	0	0.0	0	0.0	1	11.7	0	0.0

Disease	2020		2019		2018		2017		Ave (2017-2019)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
PERTUSSIS**	0	0.0	0	0.0	3	35.0	0	0.0	1	11.7
SALMONELLOSIS**	1	11.7	0	0.0	2	23.3	1	11.7	1	11.7
STREP, GROUP A INVASIVE	0	0.0	0	0.0	1	11.7	0	0.0	0	0.0
STREP PNEUMONIAE, INVASIVE**	1	11.7	1	11.7	0	0.0	0	0.0	0	0.0
YERSINIOSIS**	0	0.0	0	0.0	1	11.7	0	0.0	0	0.0
SYPHILIS TOTAL.....	1	11.7	1	11.7	2	23.3	3	35.0	2	23.3
- P&S SYPHILIS	0	0.0	0	0.0	0	0.0	2	23.3	1	11.7
- EARLY LATENT	1	11.7	1	11.7	1	11.7	0	0.0	1	11.7
- LATE LATENT	0	0.0	0	0.0	1	11.7	1	11.7	1	11.7
GONORRHEA TOTAL.....	10	116.7	4	46.7	12	140.1	3	35.0	6	70.0
- GONORRHEA	9	105.1	4	46.7	11	128.4	3	35.0	6	70.0
- GONORRHEA, DISSEMINATED	1	11.7	0	0.0	1	11.7	0	0.0	0	0.0
CHLAMYDIA	15	175.1	45	525.3	45	525.3	45	525.3	45	525.3
CHLAMYDIA PID	0	0.0	0	0.0	0	0.0	1	11.7	0	0.0

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

**Confirmed and Probable cases counted

***Not official number

**** In 2017, 27 counties investigated a sample of positive laboratory results; in 2018, 30 counties sampled; in 2019, 33 counties sampled; in 2020, 36 counties sampled.

N.Y.S. Department of Health
 Division of Epidemiology
 Communicable Disease Monthly Report*, DATE: 06JUN20

Through May

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

County=TOMPKINS

Disease	2020		2019		2018		2017		Ave (2017-2019)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
ANAPLASMOSIS**	0	0.0	2	4.7	1	2.3	3	7.0	2	4.7
BABESIOSIS**	2	4.7	0	0.0	0	0.0	0	0.0	0	0.0
CAMPYLOBACTERIOSIS**	4	9.3	10	23.3	12	28.0	10	23.3	11	25.7
COVID-19	156	364.2	0	0.0	0	0.0	0	0.0	0	0.0
CRYPTOSPORIDIOSIS**	7	16.3	2	4.7	4	9.3	8	18.7	5	11.7
DENGUE FEVER**	0	0.0	0	0.0	0	0.0	1	2.3	0	0.0
ECOLI SHIGA TOXIN**	3	7.0	1	2.3	1	2.3	1	2.3	1	2.3
ENCEPHALITIS, OTHER	0	0.0	1	2.3	1	2.3	1	2.3	1	2.3
GIARDIASIS	2	4.7	9	21.0	7	16.3	2	4.7	6	14.0
HAEMOPHILUS INFLUENZAE, NOT TYPE B	1	2.3	3	7.0	3	7.0	0	0.0	2	4.7
HEPATITIS A	1	2.3	0	0.0	0	0.0	0	0.0	0	0.0
HEPATITIS B,CHRONIC**	3	7.0	3	7.0	4	9.3	14	32.7	7	16.3
HEPATITIS C,ACUTE**	1	2.3	2	4.7	3	7.0	1	2.3	2	4.7
HEPATITIS C,CHRONIC**	11	25.7	10	23.3	23	53.7	29	67.7	21	49.0
INFLUENZA A, LAB CONFIRMED	524	1223.4	743	1734.7	456	1064.7	388	905.9	529	1235.1
INFLUENZA B, LAB	731	1706.7	26	60.7	560	1307.5	147	343.2	244	569.7

Disease	2020		2019		2018		2017		Ave (2017-2019)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
CONFIRMED										
INFLUENZA UNSPECIFIED, LAB CONFIRMED	0	0.0	1	2.3	0	0.0	2	4.7	1	2.3
LEGIONELLOSIS	0	0.0	1	2.3	0	0.0	2	4.7	1	2.3
LISTERIOSIS	0	0.0	0	0.0	1	2.3	0	0.0	0	0.0
LYME DISEASE** ****	2	4.7	10	23.3	10	23.3	2	4.7	7	16.3
MALARIA	2	4.7	0	0.0	0	0.0	0	0.0	0	0.0
MENINGITIS, ASEPTIC	0	0.0	1	2.3	1	2.3	1	2.3	1	2.3
MUMPS**	0	0.0	0	0.0	2	4.7	0	0.0	1	2.3
PERTUSSIS**	1	2.3	3	7.0	4	9.3	1	2.3	3	7.0
SALMONELLOSIS**	4	9.3	1	2.3	5	11.7	1	2.3	2	4.7
SHIGELLOSIS**	0	0.0	0	0.0	1	2.3	0	0.0	0	0.0
STREP,GROUP A INVASIVE	1	2.3	1	2.3	3	7.0	1	2.3	2	4.7
STREP,GROUP B INVASIVE	1	2.3	2	4.7	4	9.3	1	2.3	2	4.7
STREP,GROUP B INV,EARLY/LATE ONSET	1	2.3	0	0.0	0	0.0	0	0.0	0	0.0
STREP PNEUMONIAE,INVASIVE**	5	11.7	3	7.0	4	9.3	4	9.3	4	9.3
TUBERCULOSIS***	2	4.7	1	2.3	1	2.3	1	2.3	1	2.3
YERSINIOSIS**	0	0.0	1	2.3	1	2.3	0	0.0	1	2.3
SYPHILIS TOTAL.....	8	18.7	9	21.0	4	9.3	4	9.3	6	14.0
- P&S SYPHILIS	3	7.0	4	9.3	0	0.0	2	4.7	2	4.7
- EARLY LATENT	5	11.7	5	11.7	3	7.0	0	0.0	3	7.0

Disease	2020		2019		2018		2017		Ave (2017-2019)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
- LATE LATENT	0	0.0	0	0.0	1	2.3	2	4.7	1	2.3
GONORRHEA TOTAL.....	40	93.4	44	102.7	56	130.7	31	72.4	44	102.7
- GONORRHEA	39	91.1	44	102.7	55	128.4	31	72.4	43	100.4
- GONORRHEA,DISSEMINATED	1	2.3	0	0.0	1	2.3	0	0.0	0	0.0
CHLAMYDIA	148	345.5	216	504.3	202	471.6	188	438.9	202	471.6
CHLAMYDIA PID	0	0.0	0	0.0	1	2.3	1	2.3	1	2.3
OTHER VD	0	0.0	1	2.3	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 2017, 27 counties investigated a sample of positive laboratory results; in 2018, 30 counties sampled; in 2019, 33 counties sampled; in 2020, 36 counties sampled.

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

Children with Special Care Needs Highlights
May 2020

Staff Activities

General overview of program work

- All CSCN staff participated in morning Covid 19 work. Two support staff and Director removed from Covid 19 work at this time.
- All CSCN nurses and 2 full time support staff continue daily Covid 19 work 7 days a week
- Early Intervention services which restarted on 3/27/20 resume with no face to face visits and all services offered to parents via teletherapy.
- Reopened Preschool services in Tompkins County 4/2/20-no face to face visits and all services offered to parents by teletherapy and meetings by phone conferencing or video conferencing.

Staff Committees & Meetings

- Margo Polikoff participated in Cradle 2 Career Meeting via Zoom 5/8/20
- Staff Meeting via Zoom 5/18/20

Staff Training

- Medicaid Webinar on reimbursement for teletherapy 5/5/20
- Cdess Training for Covid19 work
- Contact Investigation Training for Community Health Nurses
- Comm Course Training

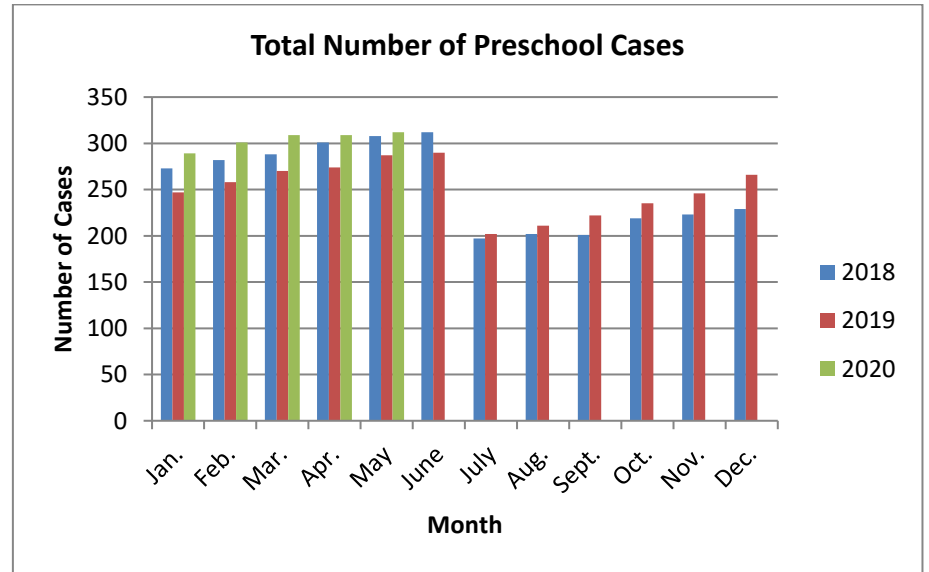
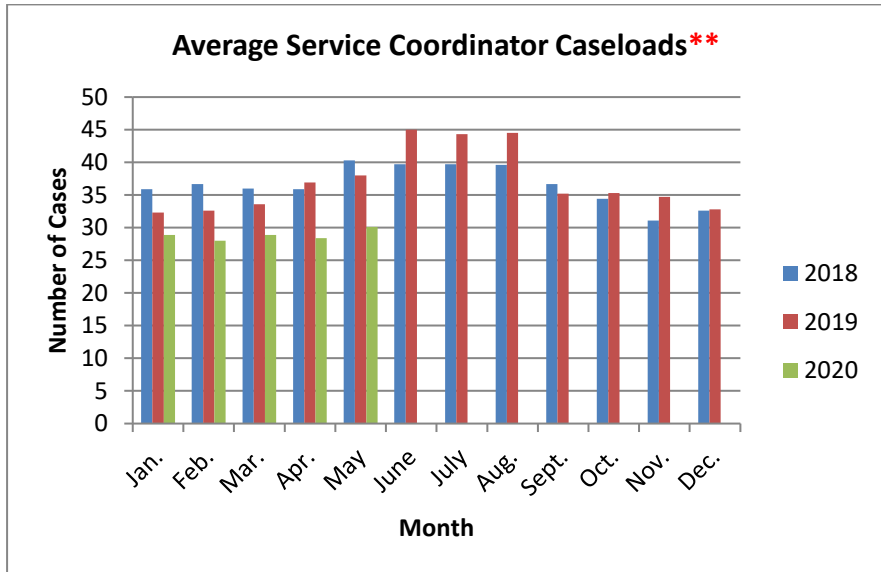
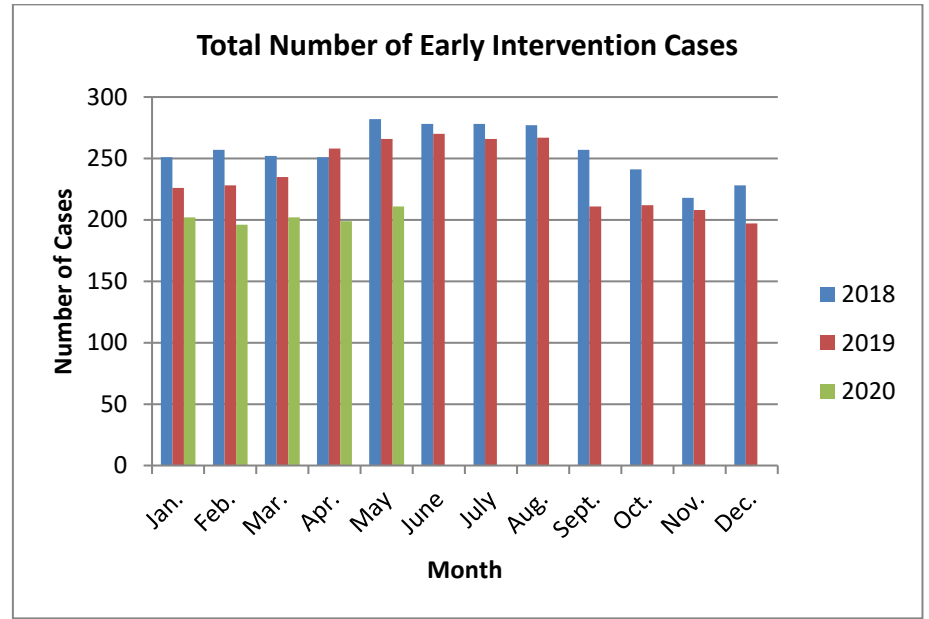
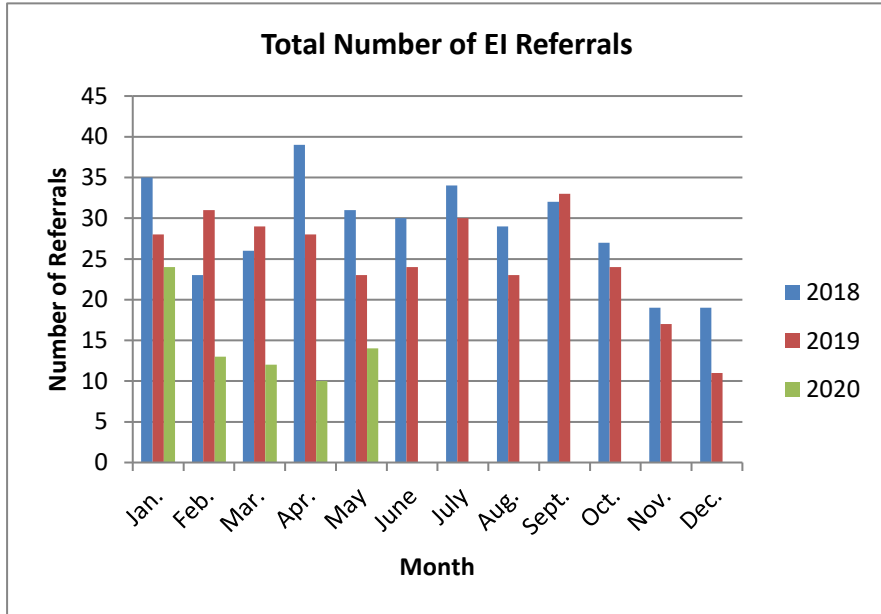
Division Manager--Deb Thomas:

- Senior Leadership Meetings-Debrief meetings every Monday and Thursday to review current Covid 19 work and Program work.
- CPSE Chairs meeting via Zoom 5/29/20
- NYSED Rep Phone conference 5/18/20
- BOH meeting 5/26/20
- Early Childhood Collaborative meeting 5/4/20
- NYSACHO/EI Fiscal Group call 5/5/20
- iCentral software conference call with City Pro Group 5/7/20
- iCentral software Zoom demo with City Pro Group 5/28/20
- S2AY Network Zoom call 5/12/20
- Zoom mtgs with Cornell Cooperative Ext group for Parent Resource Zoom Chat 5/12/20, 5/13/20, 5/15/20
- Parent Zoom Chats regarding Covid changes for families 5/21/20 and 5/29/20
- Meeting with Hear 2 Learn agency regarding county need for preschool evaluations 5/22/20
- Racker Zoom meeting regarding preschool evaluations 5/19/20
- Bus reimbursement discussion with County Attorney 5/27/20
- *** Parent Resource Zoom Chat is a new offering due to Covid 19 stress on families. Started by Deb Thomas with 2 staff at Cornell Cooperative Extension to offer families a venue to talk to each other, share their needs and get resources that are happening in out county due to Covid 19.

5/21/20 had 15 participants and featured speakers Michele Hall from WIC and Deb Thomas speaking about Early Intervention and Preschool changes due to Covid 19 and 5/29/20 had 25 participants and featured Sue Dale-Hall from the Child Development Council and Sally Manning from Racker Center.

Children with Special Care Needs Division

Statistics Based on Calendar Year



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

**Children with Special Care Needs Division
Statistical Highlights 2020**

EARLY INTERVENTION PROGRAM

Number of Program Referrals	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2020 Totals	2019 Totals
Initial Concern/reason for referral:														
-- DSS Founded Case				1									1	10
-- Gestational Age													0	2
-- Gestational Age/Gross Motor													0	0
-- Global Delays													0	1
-- Hearing													0	2
-- Physical													0	
-- Feeding	1	3	1										5	17
-- Feeding & Gross Motor													0	4
-- Feeding & Social Emotional													0	1
-- Gross Motor	3	1	1	2	3								10	55
-- Gross Motor & Feeding													0	2
-- Gross Motor & Fine Motor													0	1
-- Fine Motor													0	1
-- Social Emotional	2	1											3	13
-- Social Emotional & Adaptive													0	0
-- Speech	13	7	8	5	7								40	164
-- Speech & Feeding													0	2
-- Speech & Fine Motor													0	1
-- Speech & Gross Motor	4				2								6	11
-- Speech & Sensory													0	0
-- Speech & Social Emotional	1			1									2	4
-- Speech, Feeding & Gross Motor		1											1	0
-- Adaptive													0	0
-- Adaptive/Sensory			1										1	1
-- Adaptive/Fine Motor													0	0
-- Qualifying Congenital / Medical Diagnosis			1	1	2								4	6
-- Other -- Birth Trauma													0	2
-- Maternal Drug Use													0	1
Total Number of Early Intervention Referrals	24	13	12	10	14	0	0	0	0	0	0	0	73	301

Caseloads	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2020 Totals	2019 Totals
Total # of clients qualified and receiving svcs	176	186	186	189	199									
Total # of clients pending intake/qualification	26	10	16	10	12									
Total # qualified and pending	202	196	202	199	211									
Average # of Cases per Service Coordinator	28.9	28.0	28.9	28.4	30.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0		

**Children with Special Care Needs Division
Statistical Highlights 2020**

EARLY INTERVENTION PROGRAM

Family/Client visits	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2020 Totals	2019 Totals
-- Intake visits	21	15	11	10	11									282
-- IFSP Meetings	26	33	20	28	36									424
-- Amendments	15	18	12	3	2									203
-- Core Evaluations	17	19	9	5	10									237
-- Supplemental Evaluations	3	6	6	2	2									54
-- EIOD visits	8	6	2	0	2									13
-- Observation Visits	43	45	26	0	4									518
-- CPSE meetings	6	9	0	1	3									78
-- Family Training/Team Meetings	0	3	1	0	0									16
-- Transition meetings	4	22	18	2	3									115
-- Other Visits	3	3	0	0	0									11
IFSPs and Amendments														
# of Individualized Family Service Plans Completed	26	33	16	28	36									418
# of Amendments to IFSPs Completed	17	19	14	7	15									254
Services and Evaluations Pending & Completed														
Children with Services Pending														
-- Feeding	1	3	2	2	2									
-- Nutrition	0	0	0	0	0									
-- Occupational Therapy	3	0	1	0	0									
-- Physical Therapy	2	3	4	0	4									
-- Social Work	0	0	0	0	0									
-- Special Education	3	3	0	1	1									
-- Speech Therapy	3	7	7	7	6									
# of Supplemental Evaluations Pending	24	23	10	25	23	0	0	0	0	0	0	0		
Type:														
-- Audiological	1	5	1	5	9									
-- Developmental Pediatrician	5	7	4	5	0									
-- Diagnostic Psychological	6	0	0	0	0									
-- Feeding	3	2	1	1	1									
-- Physical Therapy	2	1	2	1	1									
-- Speech	3	2	3	6	6									
-- Occupational Therapy	4	6	6	7	6									
-- Other	0	0	0	0	0									

**Children with Special Care Needs Division
Statistical Highlights 2020**

EARLY INTERVENTION PROGRAM

Early Intervention Discharges	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2020 Totals	2019 Totals
-- To CPSE	5	0	0	0	2								7	87
-- Aged out	1	1	0	0	1								3	14
-- Declined	5	0	2	0	5								12	46
-- Skilled out	1	0	0	2	0								3	37
-- Moved	1	0	3	1	4								9	24
-- Not Eligible	4	7	6	2	4								23	92
-- Other	0	1	0	0	3								4	14
Total Number of Discharges	17	9	11	5	19	0	0	0	0	0	0	0	61	314
Child Find														
Total # of Referrals	1	0	0	1	2								4	4
Total # of Children in Child Find	1	1	1	2	4									
Total # Transferred to Early Intervention	1	0	0	0	0								1	0
Total # of Discharges	6	0	0	0	0								6	9

**Children with Special Care Needs Division
Statistical Highlights 2020**

PRESCHOOL SPECIAL EDUCATION PROGRAM

Clients Qualified and Receiving Services	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2020 Totals	2019 Totals
Children per School District														
-- Ithaca	139	143	144	144	148									
-- Dryden	57	60	62	63	62									
-- Groton	31	32	34	33	33									
-- Homer	1	1	1	1	1									
-- Lansing	22	23	23	23	24									
-- Newfield	28	28	30	30	30									
-- Trumansburg	10	13	14	14	13									
-- Spencer VanEtten	0	0	0	0	0									
-- Newark Valley	1	1	1	1	1									
-- Odessa-Montour	0	0	0	0	0									
-- Candor	0	0	0	0	0									
-- Moravia	0	0	0	0	0									
-- Cortland	0	0	0	0	0									
Total # of Qualified and Receiving Services	289	301	309	309	312	0	0	0	0	0	0	0		

Services Provided	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec		
Services /Authorized by Discipline														
-- Speech Therapy (individual)	175	178	189	188	188									
-- Speech Therapy (group)	20	20	23	21	19									
-- Occupational Therapy (individual)	69	77	80	78	76									
-- Occupational Therapy (group)	1	1	0	0	0									
-- Physical Therapy (individual)	29	29	34	33	34									
-- Physical Therapy (group)	0	0	2	2	2									
-- Transportation														
-- Birnie Bus	29	28	28	27	26									
-- Dryden Central School District	4	6	6	6	6									
-- Ithaca City School District	41	39	39	39	40									
-- Parent	14	11	11	11	11									
-- Service Coordination	31	32	34	34	32									
-- Counseling (individual)	57	54	65	63	63									
-- 1:1 (Tuition Program) Aide	6	7	6	6	6									
-- Special Education Itinerate Teacher	33	32	37	37	39									
-- Parent Counseling	27	29	31	31	32									
-- Program Aide	0	0	0	0	0									
-- Teaching Assistant	0	0	0	0	0									
-- Audiological Services	4	4	4	4	4									
-- Teacher of the Deaf	3	3	3	3	3									
-- Music Therapy	0	0	0	0	0									
-- Nutrition	5	5	5	5	6									
-- Skilled Nursing	0	0	0	0	0									
Total # of children rcvg. home based related svcs.	204	218	226	227	229									

**Children with Special Care Needs Division
Statistical Highlights 2020**

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	2020 Totals	2019 Totals
-- Ithaca	45	44	44	44	46									
-- Dryden	43	23	23	23	22									
-- Groton	8	7	7	6	6									
-- Lansing	3	3	3	3	3									
-- Newfield	4	4	4	4	4									
-- Trumansburg	2	2	2	2	2									
-- Odessa-Montour	0	0	0	0	0									
-- Spencer VanEtten	0	0	0	0	0									
-- Moravia	0	0	0	0	0									
-- # attending Dryden Central School	8	8	8	8	8									
-- # attending Franziska Racker Centers	46	44	44	43	44									
-- # attending Ithaca City School District	31	31	31	31	31									
Total # attending Special Ed Integrated Tuition Progr.	85	83	83	82	83	0	0	0	0	0	0	0		

Municipal Representation Committee on Preschool Special Education	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2020 Totals	2019 Totals
-- Ithaca	18	15	9	26	18								86	198
-- Candor	0	0	0	0	0								0	0
-- Dryden	6	5	5	7	6								29	77
-- Groton	6	1	1	1	11								20	25
-- Homer	0	0	0	0	0								0	1
-- Lansing	2	0	3	0	2								7	18
-- Newfield	3	0	0	0	4								7	24
-- Trumansburg	0	1	0	1	1								3	14

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

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ENVIRONMENTAL HEALTH HIGHLIGHTS May 2020

Outreach and Division News:

EH COVID-19 Activities: The COVID-19 pandemic continues to dominate Environmental Health activities. EH continues to be a primary contact in the county for both NY Forward general inquiries and complaints and for our regulated facilities. This workload varied as the County went from PAUSED to Phase 1 to Phase 2 during the month of May. These transitions were generally accompanied by either last minute or a lack of guidance in many areas. However, questions and inquiries seem to be diminishing somewhat as the County gets used to re-opening and as NYS provides additional guidance and clarification. EH Support Staff continue to provide critical support to the nursing contact tracing effort.

With the transition to Phase 1, which allowed new construction, EH started work on new Onsite Wastewater Treatment System (OWTS) construction permits in addition to replacement systems. EH also started issuing campground permits during May.

COVID 19 Early Warning Wastewater Surveillance Platform: This is a collaborative project with SU, SUNY ESF and Update Medical. Scott Freyburger is coordinating with SU/SUNY-ESF/UM, the City of Ithaca and Cayuga Heights Wastewater Treatment Plants on this project. The purpose of the project is to estimate the number of people in a given population that would test positive for SARS-CoV-2 in a snapshot 24 hr period by testing the wastewater in that area (sewer network, municipality...) and then model that against the number of individuals that were tested and the results of the tests from those designated areas of the county. This program may assist with SARS-CoV-2 transmission trends in real time, provide instant feedback on social distancing and reopening phases, predict hospitalizations from COVID-19 and give confidence in absence of transmission for areas with zero cases.

Rabies: The spring rabies clinics normally held during the month of May were postponed due to NYS PAUSE. All spring clinics historically have greater than 50 people in attendance, with a general attendance of over 500 pets, and are designed for volume, not social distancing. Plans are being reviewed for alternate clinics to be held in the summer months, which ensure social distancing measures while being able to provide a valuable service to the pets in the community.

In addition, the EH Program Manager, Cynthia Mosher, has been working with Cayuga Medical Center to coordinate Rabies Postexposure Prophylaxis follow-up for Days 3, 7, and 14. Typically, administration of the rabies vaccine is performed by TCHD CHS nursing staff on these days but EH has been tracking and scheduling with local medical providers to reduce the constraints on nursing staff as they respond to the COVID-19 emergency.

Human Resources: EH continues to operate with reduced staffing due to one Public Health Sanitarian and one Key Board Specialist being on furlough effective May 7 and other staff needing to use emergency leave. EH Managers greatly appreciate the flexibility staff have shown learning new program and work areas, reading guidance as soon as it is available and disseminating it to operators, and sometimes switching work areas weekly as we adjust to changing requirements.

Virtual Meetings and Conference Calls:

- Summer Camp Planning with Frank and operators: May 7 – René Borgella
- Hydrilla Monthly Task Force: May 13 - Mik Kern
- OWTS Team meeting: May 15 – Adriel Shea, Becky Sims, Joel Scogin, Janice Koski, Chris Laverack, and Scott Freyburger
- COVID call with Landlords and EOC: May 15 – Skip Parr and Liz Cameron
- Water Resources Council: May 18 - Liz Cameron
- Lead Poisoning Prevention Coordination call with NYSDOH: May 19 – René Borgella, Chris Laverack, and Liz Cameron
- Public Water Supply Engineering Plan Submittal with the City of Ithaca: May 26 - Scott Freyburger and Liz Cameron
- Office Conferences: none during May
- Vitals Coverage: May 1, 5, 12, 19, 26 – Brenda Coyle
- Accela/ITS: May 4, 14, 22 – Brenda Coyle, Greg Potter (ITS) and/or Liz Cameron
- County Staff Town Hall with Jason: May 4, 15, 22, 29 – interested EH staff
- EH Managers: May 4, 8, 15, 29 - Skip Parr, Kristee Morgan, Adriel Shea, and Liz Cameron, and/or Brenda Coyle
- TCHD Briefings: May 4, 11, 14, 18, 25, 28 – Liz Cameron with TCHD leadership
- Conference of Environmental Health Directors (CEHD) membership calls: May 6, 13, 20
- Tompkins County Food Security Task Force: May 6, 13, 20, and 27 – René Borgella
- Tompkins County Summer Youth Planning Task Force and Sub-committees: May 7, 21 – René Borgella
- COVID Complaint and Enforcement with Law Enforcement: May 8, 14, 15, 19 – Liz Cameron and/or Skip Parr
- Regional Control Room Calls: generally daily since May 11 - Skip Parr, Liz Cameron
- Statewide CEHD-CEH calls: every Tuesday during COVID – Skip Parr, Liz Cameron, Kristee Morgan, Adriel Shea, and/or Scott Freyburger

Training:

- NYSDOH Contact Tracing Webinar, May 14 - Skip Parr
- All EH technical staff completed the Contact Tracing Training by May 15, 2020 (or very shortly thereafter).
- CPR recertification, May 18 - Adriel Shea
- EH Annual Rabies Refresher, May 28 – all EH technical staff

Boil Water Orders

New:

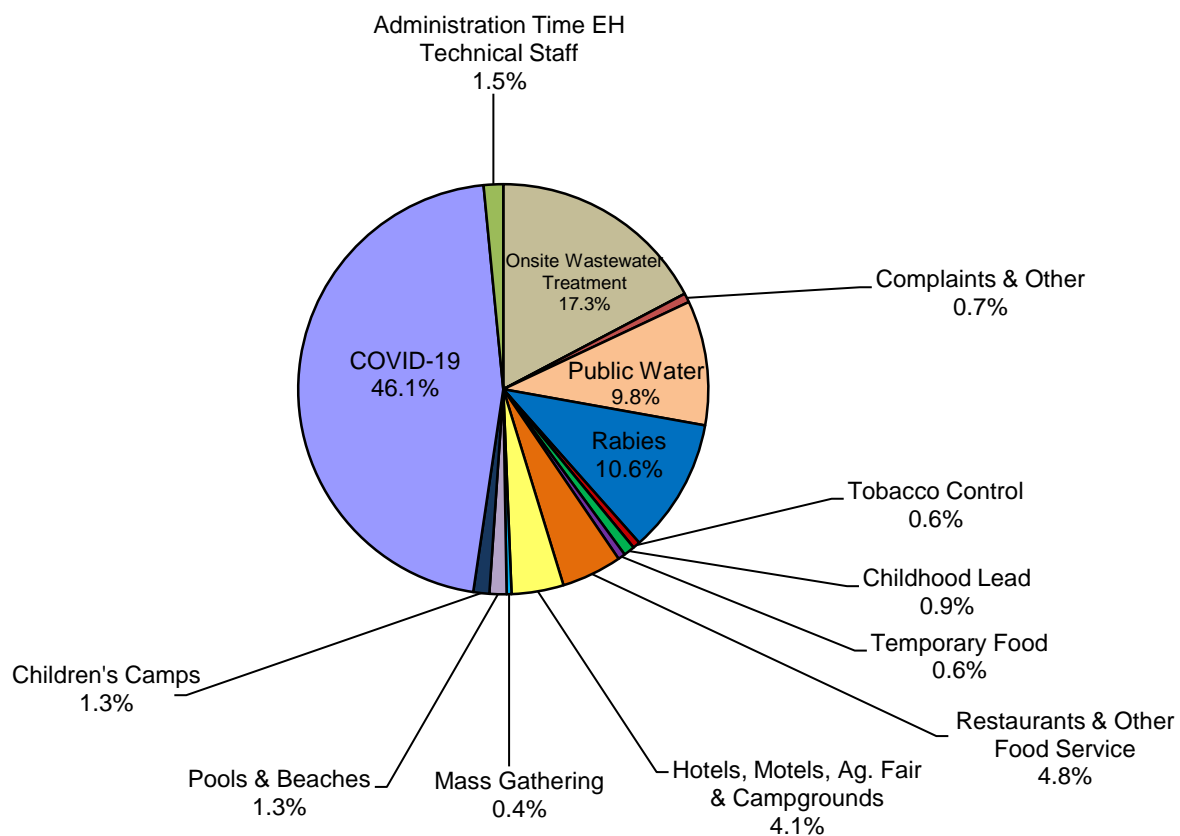
- None issued in May.

Continuing:

- The BWO issued on 10/25/19 remains in effect for Hanshaw Village Mobile Home Park, T-Dryden. Engineering plans have been received and reviewed by TCHD to address treatment issues with the system. The park has been given a deadline of April 15th to complete the required modifications to the system to release the BWO. The boil water order will remain in effect until modifications have been made.
- The BWO issued on 4/23/20 remains in effect for Glenwood TOSA Apts, T-Dryden. Board of Health action is pending.

EH Programs Overview:

Staff Time in Environmental Health Programs - May 2020



Division of Environmental Health
Summary of Activity (2020), cont'd

ON-SITE WASTEWATER TREATMENT SYSTEMS (OWTS)															
Permits Issued	16	11	13	17	15	0	0	0	0	0	0	0	0	72	227
New Construction/Conversions	12	8	6	3	8									37	113
Replacements	4	3	7	14	7									35	114
Completion Certificates Issued	25	15	5	6	7	0	0	0	0	0	0	0	0	58	183
New Construction/Conversions	13	7	2	3	6									31	85
Replacements	12	8	3	3	1									27	98
ENGINEERING PLAN REVIEWS															
Realty Subdivisions	0	0	1	1	0									2	4
OWTS	1	3	0	1	2									7	30
Collector Sewer	0	0	0	0	0									0	1
Public Water Systems	0	0	0	0	0									0	4
Water Main Extension	0	1	0	1	1									3	6
Cross-Connection Control Devices	3	3	1	0	0									7	16
Other Water System Modification	0	1	0	0	0									1	4
Other Engineering Reviews	0	1	0	0	0									1	3
RABIES CONTROL PROGRAM															
Potential Human Exposure Investigations	23	22	25	14	41									125	512
Human Post-X Treatments	1	3	3	1	7									15	115
Animal Specimens Tested	3	6	5	3	16									33	201
Animals Testing Positive	1	1	1	1	1									5	11
Rabies Clinics Offered	1	0	0	0	0									1	11
Dogs Vaccinated	91	0	0	0	0									91	643
Cats Vaccinated	52	0	0	0	0									52	439
Ferrets Vaccinated	0	0	0	0	0									0	0
Pet Quarantine	0	1	0	0	0									1	3
CHILDHOOD LEAD PROGRAM															
Children with Elevated Blood Lead Levels	1	3	0	0	3									7	3
Sites Inspected	0	4	0	0	0									4	4
Abatement Completed	0	0	0	0	0									0	0
Lead Assessments Sent	0	0	0	0	0									0	2
FOIL REQUESTS															
Total Received	4	3	3	6	5									21	44
ADOLESCENT TOBACCO USE PREVENTION ACT (ATUPA) (61 Operations *) & CLEAN INDOOR AIR ACT (CIAA)															
ATUPA (Adult & Minor) Compliance Checks	7	10	41	0	0									58	112
Violations	0	0	2	0	0									2	1
CIAA Complaints	0	0	1	0	0									1	2
COMPLAINTS - Facility & General/Nuisance															
Complaint Investigations Opened	7	13	6	3	1									30	115
ENFORCEMENT ACTIONS															
Total Cases	5	4	0	0	4									13	41
Cases Related to FSE	2	3	0	0	0									5	28
BOH Penalties Assessed	\$5,000	\$1,900	\$0	\$0	\$1,400									\$8,300	\$30,100
BOH Penalties Collected	\$1,800	\$600	\$4,500	\$0	\$0									\$6,900	\$36,333
CUSTOMER SERVICE/SUPPORT															
Calls Received	637	544	1162	720	1161									4224	n/a
Walk-In Customers	60	101	48	5	10									224	n/a
TCEH Emails Received	130	192	482	406	418									1628	n/a
Applications Processed	77	204	150	95	88									614	2119
Payment Receipts Processed	40	159	137	51	95									482	1526
Renewals/Billings Sent	264	41	22	140	2									469	825

* As of 1/1/2020

** Includes Pre-op, Inspection, Re-inspection, HAACP, Field Visits, Sanitary Surveys

Food Program Detailed Report:

The following plans were approved this May:

- No plans approved in May

New permits were issued for the following facilities:

- No new permits were issued during May

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 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.

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 food service establishments:

No routine inspections performed in May

Childhood Lead Program Detailed Report:

CHILDHOOD LEAD PROGRAM	March/April	YTD 2020	YTD 2019	TOTAL 2019
A: Active Cases (total referrals):				
A1: # of Children w/ BLL >19.9ug/dl	0	0	0	0
A2: # of Children w/ BLL 10-19.9ug/dl	0	0	0	5
A3: # of Children w/ BLL 5-9.9ug/dl	3	7	0	3
B: Total Environmental Inspections:				
B1: Due to A1	0	0	0	0
B2: Due to A2	0	0	0	0
B3: Due to A3	0	4	0	4
C: Hazards Found:				
C1: Due to B1	0	0	0	0
C2: Due to B2	0	0	0	0
C3: Due to B3	0	4	0	2
D: Abatements Completed:	0	0	0	0
E: Environmental Lead Assessment Sent:	0	0	0	2
F: Interim Controls Completed:	0	0	0	0
G: Complaints/Service Requests (w/o medical referral):	4	11	15	43
H: Samples Collected for Lab Analysis:				
- Paint	0	4	0	0
- Drinking Water	0	0	0	0
- Soil	0	1	0	1
- XRF	0	3	0	2
- Dust Wipes	0	3	0	2
- Other	0	0	0	0

Summary of Open BOH Enforcement Actions:

Date of BOH Action	Facility	Owner/ Operator	Basis for Action	Penalty Assessed	Next BOH Order Deadline	Status
5/26/20	Jim's Mobile Home Park	Christine & Scott Cutter	Public Water – Violation of Monitoring Requirements	\$500 (paid)	Sample for disinfection byproducts and submit results by 9/7/20.	Monitoring Compliance
5/26/20	Brew 22 Coffee and Espresso	Riley Brewer	Public Water – Violation of Monitoring Requirements	\$400	Payment due 7/15/20.	Monitoring Compliance
5/26/20	John Joseph Inn	John Hamilton	Public Water – Violation of Monitoring Requirements	\$500	Payment due 9/15/20.	Monitoring Compliance
5/26/20	Easy Wok	Easy Wok Restaurant Inc.	Food Service Establishment – Violation of BOH Orders	\$400	Training certificates due 7/15/20.	Monitoring Compliance
1/28/20	TOSA Apartments	Tony Busse	Public Water – Violation of BOH Orders	\$1,000	Submit engineering report and penalty due 3/13/20.	Pending additional action
10/22/19	Taste of Thai Express	Sirathorn Balakula	Food Service Establishment – Violation of BOH Orders	\$3,000 (paid \$1,200)	\$1,200 payment due 6/15/20.	Monitoring Compliance



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

ENVIRONMENTAL HEALTH DIVISION
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CERTIFIED, REGULAR, & ELECTRONIC MAIL

June 12, 2020

Tony Busse
331 Willow Walk Lane
Knoxville, TN 37922

**Re: Tompkins County Board of Health Draft Resolution # EH-ENF-20-0016
TOSA Apartments, T-Dryden- Violation of Board of Health Orders**

Dear Tony Busse:

Enclosed is a copy of a Draft Resolution that the Tompkins County Board of Health will consider at its at its Zoom Meeting scheduled for 12:00 p.m. (noon) on **Tuesday, June 23, 2020**. On January 28, 2020, the Tompkins County Board of Health adopted Resolution #EH-ENF-20-001. The following requirements of that resolution that have not been met and are violations of Board of Health Orders:

- Pay a penalty of \$1,000 for these violations, **due by March 13, 2020; and**
- Submit an engineering report from a licensed professional engineer that evaluates water use, well yield, and water treatment design **by March 13, 2020; and**
- Submit completed monthly operation reports for TOSA Apartments of daily free chlorine residual readings by the 10th day of the following month for every month **(2020 - April MOR not submitted. March MOR received after the 10th of the following month).**
- Comply with all the requirements of Subpart 5-1 of the NYSSC **(4/23/2020 – Boil Water Order issued and remains in effect due to failure to submit bacteriological samples following reported water outage and delivery of bulk water to water system’s storage tanks).**

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 by Friday, May 22, 2020, so that we can coordinate access to allow you to speak at the beginning of the Zoom Meeting.

In lieu of joining the Zoom Meeting to speak, you can submit a written statement for the Board of Health to consider by sending it to: tceh@tompkins-co.org . The meeting will also be broadcast through the Tompkins County YouTube Channel, which can be accessed through the following web address: <https://www.youtube.com/channel/UckpJNVbpLLbEbhoDbTIEgSQ> .

Sincerely,

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

Enclosures – Draft Resolution and Resolution EH-ENF-20-0001

pc: F:\EH\WATER (SW)\Public Water (SW)\Facilities (SW-4)\Apartments (SC-9)\Tosa\Enforcement\2020\Violation of BOH Orders\Draft Revised Resolution 20-0016.docx
ec: Tompkins County Board of Health (via; Shelley Comisi & Karen Palazzo)
NYS DOH: John Strepelis, P.E.; Garrett Cappon; Erin Ingles, P.E.; CEO T-Dryden; Supervisor T-Dryden; Martha Robertson, TC Legislature; TCHD: Elizabeth Cameron, P.E., Director of Environmental Health; Frank Kruppa, Public Health Director; Adriel Shea; Chris Laverack; Skip Parr; Brenda Coyle; Shelley Comisi
scan: Signed copy to Accela

ENVIRONMENTAL HEALTH DIVISION
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DRAFT RESOLUTION # EH-ENF-20-0016 FOR

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

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

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

Whereas, on January 28, 2020, Tompkins County Board of Health Resolution #EH-ENF-20-0001 ordering Tony Busse to, in part, pay a penalty of \$1,000 due March 13, 2020, submit an engineering report from a licensed professional engineer due March 13, 2020, maintain acceptable free chlorine residuals at all times, submit completed monthly operation reports of daily free chlorine residual readings by the 10th day of the following month, and meet all requirements of Subpart 5-1 of NYSSC; **and**

Whereas, as of June 8, 2020, the penalty payment in the amount of \$1,000 has not been received by the Tompkins County Health Department (TCHD); **and**

Whereas, as of June 8, 2020, an engineering report from a licensed professional engineer that evaluates water use, well yield, and water treatment design has not been received by TCHD; **and**

Whereas, in 2020, the April MOR has not been received, and the March MOR was received after the 10th of the following month, **and**

Whereas, on April 23, 2020, the TCHD observed that a certified water hauler had delivered water to the distribution system without assurance that a sanitary condition of the system was maintained. As a result, TCHD issued a Boil Water Order; **and**

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

Whereas, on May 26, 2020, the Town of Dryden issued Notice of Violation #: 2020-013, stating that the plumbing system is creating a hazard to the occupants of the structure by reason of inadequate service; **and**

Whereas, as of June 8, 2020, the provisions of Board of Health Resolution #EH-ENF-20-0001 have not been met; **now therefore be it**

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

1. Pay the outstanding penalty of \$1,000 for previous violations, and an additional penalty of \$2,000 for these violations, for a total amount of \$3,000 **due by August 15, 2020.** (**Do Not** submit penalty payment until notified by the Tompkins County Health Department.); **and**
2. To conspicuously post at all times boil water notices at each rental unit. The signs must be maintained until the Health Department has given written release that the signs can be removed; **and**
3. Notify the Health Department within 24 hours of a delivery of bulk water, **and**
4. Comply with all requirements and corrective actions of Health Department Boil Water Orders; **and**
5. Maintain acceptable free chlorine residuals **at all times** in the TOSA Apartments' Water Treatment System. The free chlorine residual in the water disinfection system must be at least 0.2 milligrams per liter (mg/l) and not more than 4.0 mg/l; **and**
6. Submit total coliform sample results for TOSA Apartments each quarter of operation **by the 10th day of the following month; and**
7. Submit completed monthly operation reports signed by a certified water treatment operator or qualified water treatment specialist for TOSA Apartments of daily free chlorine residual readings **by the 10th day of the following month** for every month **beginning March 10, 2020; and**
8. Collect the annual nitrate sample within the calendar year and submit the sample result to TCHD no later than the 15th of the following January; **and**
9. Comply with all the requirements of Subpart 5-1 of the NYSSC; **and**
10. Submit an engineering report from a licensed professional engineer that evaluates water use, well yield, and water treatment system design. The report must propose corrective actions to ensure that the water system for TOSA Apartments meets the requirements of Subpart 5-1 of the New York State Sanitary Code. The report must be submitted to the TCHD for approval **by August 15, 2020.** Complete the corrective actions **within 60 days** of the TCHD's approval of the report; **or**
11. **By August 15, 2020,** submit a plan for review and approval by TCHD that includes a timeline to permanently reduce both the number of units rented to four or less and the occupancy to sixteen persons or less.