

**AGENDA  
Tompkins County Board of Health  
Rice Conference Room  
Tuesday, September 27, 2022  
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 the August 23, 2022 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** (10 mins)  
**Enforcement Action:**
1. Resolution #EH-ENF-22-0028 – Potala Café/Tibetan Momo Bar, C-Ithaca, Violation of Subpart 14-1 of New York State Sanitary Code (Food) (5 mins.)
  2. Resolution #EH-ENF-22-0031 – Canopy by Hilton – Strand Café, C-Ithaca, Violations of Subpart 6-1 and of BOH Orders #EH-ENF-21-0014 (Pool) (5 mins.)
- 12:40 Administrative Action** (10 mins.)  
**Discussion/Action:**
1. Discussion of Bylaws (10 mins.)
    - Term limits
    - Community Health Quality Advisory Committee (CHQAC)
- 12:50 Adjournment**

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**MINUTES**  
**Tompkins County Board of Health**  
**August 23, 2022**  
**12:00 Noon**  
**Virtual Meeting via Zoom**

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

**Staff:** Brenda Grinnell-Crosby, Public Health Administrator; Liz Cameron, Director of Environmental Health; Claire Espey, Director of Community Health; William Troy, County Attorney; Ted Schiele, Health Promotion Program; Harmony Ayers-Friedlander, DCS; and Karan Palazzo, LGU Administrative Assistant

**Excused:** David Evelyn, MD; Shawna Black; and Ravinder Kingra

**Guests:** None

**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:** None.

**Approval of the July 26, 2022 Minutes:** Ms. Merkel moved to approve the minutes of the July 26, 2022 meeting as written; seconded by Dr. Dhundale. The vote to approve the July 26, 2022 meeting minutes as written was unanimously approved; motion carried.

**Financial Summary:** Ms. Grinnell Crosby referred to the July 2022 financial summary included in the packet. She reports nothing to add to her written report, but they are waiting for the finance office to post the COVID testing bills resolutions to the system. Claims are being filed and next month's report should include all adjustments filed.

**Administration Report:** Mr. Kruppa was not present, and Ms. Grinnell Crosby spoke on his behalf with nothing additional to report.

**Health Promotion Program Report:** Mr. Schiele reported on Ms. Hillson's behalf and had nothing additional to add to the written report included in the package. The Community Health Assessment and Community Health Improvement Plans are moving forward and anticipates providing updates at the September meeting. The survey received 1500 responses on the close of August 1, 2022 and the data is being analyzed.

**Medical Director's Report and Discussion:** Dr. Klepack was not present and Dr. Moylan referred to his report included in the packet for any questions.

**Division for Community Health (DCH) Report:** Ms. Espey had nothing new to add to her written report. She said that Tompkins County is in the low CDC community level for COVID 19 and they are monitoring the increasing Monkey POX outbreaks which are currently three (3) cases.

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Ms. Merkel asked about increases in Lyme disease cases. Ms. Espey responded that the case definition expanded and will look further into it for any alarming patterns, as it is the season for upticks in cases and they continue educate the public.

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

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

**Environmental Health Report:** Ms. Cameron had nothing to add to the written report included in the packet.

**Community Mental Health Services Board (CSB) Report:** Ms. Ayers-Friedlander reported that the CSB did not meet in August and had nothing to report.

**Resolution #EH-ENF-22-0024 – Econo Lodge, V-Lansing, Violation of Subpart 7-1 of New York State Sanitary Code (Temp. Residence)** Dr. Koppel moved to accept the resolution as written; seconded by Ms. Merkel.

Ms. Cameron explained that Econo Lodge had repeat fire safety violations on the first and second inspections. EH's proposes a penalty of \$400.

Discussion: Ms. Merkel questioned the \$400 penalty. Ms. Cameron explained that EH has an established penalty policy for food service establishments and historically proposes an initial \$400 for other facilities unless there is found obvious intent not to comply.

The vote to approve the resolution as written was unanimous.

**Resolution #EH-ENF-22-0026 – Country Inn & Suites, T-Ithaca, Violations of Subpart 6-1 and of BOH Orders #EH-ENF-21-0014 (Pool)** Dr. Dhundale moved to accept the resolutions as written; seconded by Ms. Touchton.

Ms. Cameron explained that this is a hotel where both the main pool and spa pool had inadequate bromine disinfection levels during two inspections. The hotel has a history of not maintaining safe pool disinfection. EH has not been successful in previous efforts with them to maintain their disinfection and is requiring additional actions including hiring a certified pool operator to ensure safe operation. EH is proposing a fine of \$1,500.

Discussion: Ms. Cameron confirmed that both Country Inn & Suites and Econo Lodge have the same owner.

The vote to approve the resolution as written was unanimous.

**Administrative Action:**

1. Bylaw review/update discussion – Dr. Moylan thanked Dr. Evelyn and Ms. Merkel for their support and efforts in reviewing the BOH bylaws as we move forward with the process of integrating the two departments with two separate boards governed by a different set of regulatory laws. She said that both the BOH and CSB bylaws will remain separate but creating some consistency between the two was needed, as well as updating the language reflective of what will become the new nomenclature and the direction of the agency around the integrated agencies consistent within the bylaws. Dr. Moylan referred to the edited draft bylaws for discussion.

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Discussion:

Board meetings, Section 6.0.01 – Reduce the number of consecutively missed meetings from four (4) to three (3) for grounds of dismissal from the BOH while acknowledging that many members are clinicians. All were in approval.

Term limits or no term limits – Current term limits are two, six-year terms that can be extended with a request. Dr. Koppel said that history dictates long-term membership and questions if there is difficulty recruiting people for the BOH but not sure if term limits would be helpful. Ms. Merkel feels it has not been a challenge to find quality members and feels term limits would be good to attract new people. Dr. Koppel agrees with Ms. Merkel on term limits. Dr. Dhundale feels she can go either way with term limits but can agree with term limits. Ms. Touchton can agree with term limits as well. Dr. Moylan can agree to term limits. With some ambivalence, all seemed to agree with term limits but feels that the BOH members that are not in attendance today, need to weigh in on the matter at the next BOH in September.

Dr. Moylan summarized today's discussion on the bylaw edits and term limits:

- Bylaws - No objections with the edits on the bylaws, all attending members approved
  - Term limits – Final decision pending additional information from Mr. Kruppa and absent BOH members
2. Quality Improvement - Dr. Moylan referred to Section 10.0.2, Community Health Quality Advisory Committee (CHQAC) of the bylaws and requirements about interaction with the BOH with appointments on the committee. She met with Ms. Espey prior to the meeting and agreed that a re-educating of this committee is needed.

Ms. Espey provided an update of the CHQAC. She said that the committee is to establish and assure standards of care and meet at least quarterly to:

- Review policies pertaining to the delivery of the health care services provided by the Agency and, when revisions are indicated, recommend such policies to the Board of Health for adoption
- Conduct a clinical record review of the safety, adequacy, type, and quality of services provided which includes: a random selection of patients currently receiving services and report the review findings, conclusions, recommendations, and actions to the Board of Health for necessary action, if applicable
- Assist the agency in maintaining liaison with other health care providers in the community

The CHQAC met on June 14<sup>th</sup> after a pause due to COVID. The notes from that meeting were approved by Dr. Moylan and noted that the member and staff changes will be shared at September's meeting for approval and updating the existing list appointed by the BOH.

In closing, Dr. Moylan said that the BOH will report back to Mr. Kruppa based on the edits of the bylaws and the BOH finds no concerns if put to an official vote in September. The BOH will finalize term limits but if anyone has any concerns on the language or other edits of the bylaw draft, please contact Dr. Moylan.

The next meeting is Tuesday, September 27<sup>th</sup>, 2022 @ Noon.

**Adjournment:** Adjourned at 12:50 p.m.

Board of Health  
September 27, 2022  
Financial Report

August 2022 / Month 8

COVID sampling costs (\$1,350,960) not budgeted inflate expenditures in functional unit 4010. The County continues to seek FEMA reimbursement (90% as of 7/1/22; 10% county funded) on these expenses. A resolution passed the Legislature to add \$2.3 million to 4010 to cover COVID testing costs, Finance has not posted this resolution. Adjustments to salary and fringe will be going to the Legislature to adjust for retro pay and the 2022 salary schedule. Revenues continue to be lower than budgeted in most program areas. Grant claims and second quarter state aid have been submitted, pending posting by Finance.

# Tompkins County Financial Report for Public Health

Year: **22**

Month: **8**

Percentage of Year: <b>66.67%</b>		<u>Expenditures</u>			<u>Revenues</u>			<u>Local Share</u>		
		Budget	Paid YTD	%	Budget	YTD	%	Budget	YTD	%
4010	PH ADMINISTRATION	2,350,629	2,463,367	104.80%	886,062	74,590	8.42%	1,464,567	2,388,777	163.10%
4012	WOMEN, INFANTS & CHILDREN	508,520	326,311	64.17%	508,520	292,534	57.53%	0	33,776	
4013	OCCUPATIONAL HLTH. & SFTY.	100,376	54,549	54.34%	0	0		100,376	54,549	54.34%
4014	MEDICAL EXAMINER	0	0		0	0		0	0	
4015	VITAL RECORDS	78,674	59,398	75.50%	108,000	74,117	68.63%	-29,326	-14,719	50.19%
4016	COMMUNITY HEALTH	2,671,038	1,319,657	49.41%	1,513,361	371,785	24.57%	1,157,677	947,872	81.88%
4018	HEALTHY NEIGHBORHOOD PROG	172,368	85,501	49.60%	172,368	28,709	16.66%	0	56,792	
4047	PLNG. & COORD. OF C.S.N.	1,430,374	897,622	62.75%	407,690	221,936	54.44%	1,022,684	675,686	66.07%
4048	PHYS.HANDIC.CHIL.TREATMNT	0	0		0	0		0	0	
4090	ENVIRONMENTAL HEALTH	2,046,987	1,377,535	67.30%	625,195	864,309	138.25%	1,421,792	513,226	36.10%
4092	PUB HLTH COVID SCHOOL GRN	2,000,000	321,472	16.07%	2,000,000	0		0	321,472	
4095	PUBLIC HEALTH STATE AID				1,458,348	635,403	43.57%	-1,458,348	-635,403	43.57%
<b>Non-Mandate</b>		<b>11,358,966</b>	<b>6,905,412</b>	<b>60.79%</b>	<b>7,679,544</b>	<b>2,563,384</b>	<b>33.38%</b>	<b>3,679,422</b>	<b>4,342,028</b>	<b>118.01%</b>
2960	PRESCHOOL SPECIAL EDUCATI	6,122,407	3,060,617	49.99%	3,992,177	1,648,518	41.29%	2,130,230	1,412,099	66.29%
4017	MEDICAL EXAMINER PROGRAM	329,516	160,790	48.80%	0	0		329,516	160,790	48.80%
4054	EARLY INTERV (BIRTH-3)	578,000	287,430	49.73%	283,220	105,297	37.18%	294,780	182,133	61.79%
<b>Mandate</b>		<b>7,029,923</b>	<b>3,508,837</b>	<b>49.91%</b>	<b>4,275,397</b>	<b>1,753,814</b>	<b>41.02%</b>	<b>2,754,526</b>	<b>1,755,022</b>	<b>63.71%</b>
<b>Total Public Health</b>		<b>18,388,889</b>	<b>10,414,248</b>	<b>56.63%</b>	<b>11,954,941</b>	<b>4,317,198</b>	<b>36.11%</b>	<b>6,433,948</b>	<b>6,097,051</b>	<b>94.76%</b>

## BALANCES (Including Encumbrances)

<b>Non-Mandate</b>		<b>Available Budget</b>	<b>Revenues Needed</b>	<b>Mandate</b>		<b>Available Budget</b>	<b>Revenues Needed</b>
4010	PH ADMINISTRATION	-236,789	811,472	2960	PRESCHOOL SPECIAL EDUCATI	3,061,790	2,343,659
4012	WOMEN, INFANTS & CHILDREN	163,837	215,986	4017	MEDICAL EXAMINER PROGRAM	91,756	0
4013	OCCUPATIONAL HLTH. & SFTY.	45,827	0	4054	EARLY INTERV (BIRTH-3)	290,570	177,923
4014	MEDICAL EXAMINER	0	0			<b>3,444,116</b>	<b>2,521,583</b>
4015	VITAL RECORDS	19,276	33,883				
4016	COMMUNITY HEALTH	1,298,733	1,141,576				
4018	HEALTHY NEIGHBORHOOD PROG	86,867	143,659				
4047	PLNG. & COORD. OF C.S.N.	532,467	185,754				
4048	PHYS.HANDIC.CHIL.TREATMNT	0	0				
4090	ENVIRONMENTAL HEALTH	652,878	-239,114				
4092	PUB HLTH COVID SCHOOL GRN	1,678,528	2,000,000				
4095	PUBLIC HEALTH STATE AID	0	822,945				
		<b>4,241,623</b>	<b>5,116,160</b>				

### Total Public Health Balances

<u>Available Budget</u>	<u>Revenues Needed</u>
<b>7,685,739</b>	<b>7,637,743</b>

## HEALTH PROMOTION PROGRAM – August 2022

Samantha Hillson, Director, PIO  
Ted Schiele, Planner/ Evaluator  
Diana Crouch, Healthy Neighborhoods Education Coordinator  
Shannon Alvord, Communications Coordinator  
Pat Jebbett, Project Assistant  
Mara Schwartz and Tenzin Aaya, Community Health Workers  
Deidre Gallow, Administrative Assistant

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

### Highlights

- PICHC grant, CHWs and Supervisor interviews underway.
- Deidre Gallow has slowly transitioned to the HPP team over the past two years. She was instrumental in supporting CHS during COVID and continues to assist across both divisions. She is currently working on Community Health Assessment data and will be providing support for the PICHC program.
- Application submitted for the NACCHO Health Equity and Overdose Prevention Mentorship Program.

### Monkeypox

- [Webpage](#) developed, ongoing updates
- [3rd local case](#), August 9<sup>th</sup>, which was the first case with local contacts.
- Creation of MPX & Sexual Activity [fact sheet](#)
- Kits put together for distribution, college-student population primary recipients – kits include KN95 masks, MPX & Sexual Activity fact sheet, NYS Text Alert sign up card, condoms and lube.
- Peace of Mind community partners meeting convened Aug. 16<sup>th</sup>
- Plans continuing for further outreach and communications work as needed.
- Considerations for language re: the LGBTQ+ population.

### PICHC (Perinatal and Infant Community Health Collaborative)

- In collaboration with Community Health Services, planning for implementation of the PICHC grant.

- The PICHC funding will enable CHS to hire 2 additional Community Health Workers, a CHW Supervisor, and further promotion of Moms Plus+ services to the community. Interviews underway.

### Community Health Workers (CHWs)

- Community Health Workers: continue to work with community partners who have similar roles, or plans for similar roles, including Cayuga Health, CCE, REACH Medical, and HSC; community outreach.
- Outreach events in August 2022:
  - August 2, “Community Health Connection” session, Southworth Library, Dryden
  - August 8, Canvassing, Danby
  - August 9, tabling, Freeville Mobile Food Pantry
  - August 16, “Community Health Connection” session, Groton Public Library
  - August 18, tabling, Trumansburg Kids Farmers Market
  - August 19, tabling, Danby Market
  - August 20, tabling, Brooktondale Farmers Market
  - August 26, tabling, Loaves & Fishes, Ithaca
  - August 30, “Community Health Connection” session, Lansing Community Library

### COVID-19

- Outreach and promotion around COVID-19 Vaccine and Boosters; 30 second commercial produced, airing now – December 2022 on local tv stations: featuring [BIPOC](#); featuring [rural, white farmer](#).
- Advertisements for Boosters commercially promoted on Facebook with WSYR contract.
- Booster ads running regularly in the Freeville Shopper and in Tompkins Weekly.
- Updated COVID-19 Guidance [video](#) produced.
- Outreach, promotion, and distribution of KN95 masks and self-test kits continues. KN95 mask video filmed and narrated by local videographer Shira Evergreen, <https://vimeo.com/693836241>; video is being translated into multiple languages, including Spanish, Karen, Mandarin, Cantonese, and Russian.
- In collaboration with COVID Communications team, develop and disseminate public information on guidance updates. Update website and social media.
- Ongoing website updates related to COVID-19 developments (see Media, Website section below).
- Ongoing review, analysis, and updates of COVID-related data. Regularly updated data is available on the COVID [Data Page](#).



- Bi-weekly Communications Team meetings – planning a vaccination/booster and masking campaign with funding from NYS. Includes a KN95 video and print advertising in local weeklies and online. Filming concluded for the development of 30 second commercial to run on public television and YouTube for promotion of vaccines/boosters, featuring TCHD staff and community members; development concluded for creation of longer video outlining current COVID-19 guidance, featuring TCHD staff.

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

### 2022-2024 Progress

- Community Health Survey closed Aug 1.
- Local and Secondary Data working group partnering with Cornell MHP students to produce data visualizations.
- Qualitative Data group: reviewing existing community reports and plans.
- The CHA/CHIP Steering Committee meets monthly (first Thursday) to support the workgroups both individually and collectively through consultation, feedback, and community networking.
- Cancer screening intervention and Social Determinants of Health (SDoH) intervention meeting regularly.
- Maternal and Child Health/Prenatal working group – will become PICHC advisory board.

## Healthy Neighborhoods Program

- HNP staff continues to receive calls requesting information regard indoor air quality, radon, mold and mildew, bed bug infestations, etc.
- HNP outreach at Newfield Library and to Danby Community.
- Outreach at Various Food Pantries within Tompkins County
- Canvassed Several Areas in Tompkins County, and left fliers in Many Blue Pantry Boxes.
- HNP staff are continuing to assist with COVID work.

### August 2022

HEALTHY NEIGHBORHOODS PROGRAM	MONTH	YTD 2022	Aug. 2021	TOTAL 2021*
# of Initial Home Visits (including asthma visits)	38	163	12	100
# of Revisits	5	9	0	0
# of Asthma Homes (initial)	5	31	2	19
# of Homes Approached	60	343	2	448

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

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## Tobacco Free Tompkins

- Tobacco Free Zone for Cortland-Tompkins-Chenango grant staff call.
- Planning for hiring of a Health Educator to serve half-time in Tobacco and half-time in HNP is on hold. The position was reposted and closed on 9/5. Interviews expected to be held in September.

## Media, Website, Social Media

- [Health](#) and [Mental Health](#) websites updated regularly.
- Ongoing work with Mental Health to update/ upgrade the [TCMH website](#).
- Continue building out the Tompkins County Suicide Prevention Coalition [website](#).
- Ongoing work with CHS and WIC re: social media pages

## Press Releases in August 2022:

- August 1, 2022: [COVID-19 Update: TCHD to host Moderna Booster Clinic, Wed, Aug 10, 2pm to 6pm ages 18 plus](#)
- August 12, 2022: [COVID-19 Update: CDC Adjusts Quarantine Guidelines, Provides Guidance for School Reopening](#)
- August 9, 2022: [Health Alert: Third Case of Monkeypox Identified in Tompkins County Resident](#)
- August 10, 2022: [HABs Alert: Harmful Algal Blooms in Tompkins County](#)
- August 26, 2022: [Health Alert: Health Department Seeks Information About A Dog To Rule Out Rabies Infection](#)
- August 30, 2022: [Tompkins County Mental Health and Public Health Departments Closed Aug. 31 afternoon](#)

## PH-MH Strategic Planning

- Cross-Functional Integration Team: Branding agency Iron Design of Ithaca moving from Branding Discovery to development of logo.
- Services Team will be meeting monthly.
  - Updated Staff Directory (created at the end of 2019) is progressing.
  - Results from an internal connectivity/social network survey are being analyzed.
  - Review of County HR on-boarding training materials and development of our own “buddy system” for new employees.
- Integration of Services Team will have their first meeting in October.
- Planning for a new CFT to work on a DEI plan and evaluation for the Department.

### Training/Professional Development

- JEDI: General Meeting and subcommittees (Shannon – Communications, Samantha – Data and Analysis, Diana – Recognition).
- Cultural Humility Training (Shannon, cohort 1, Samantha, cohort 2), [Cornell Center for Cultural Humility](#); a two-part training to be completed by HPP, CHS and TCMH staff, with community partners working collaboratively on the PICHC project invited.
- PICHC Monthly Call, state-wide partners
- Webinar: Social Determinants of Health: Evidence for Interventions ([HealthExecWire](#))
- Webinar: Healing Trauma for Better Health ([County Health Rankings & Roadmaps](#))
- Webinar: Addressing Pediatric Vaccine Hesitancy

### Community Outreach

<b>Group, Organization</b>	<b>Activity/Purpose</b>	<b>Date</b>
Childhood Nutrition Collaborative	Collective Impact, Healthiest Cities and Counties Challenge, Steering Committee and Monthly meeting	monthly
Long Term Care Committee	Planning and sharing resources for long-term care in the community.	quarterly
Health Planning Council	Advisory Board and Executive Committee, Hillson reappointed as Secretary and Co-Chair of Community Health and Access Cte	Bi-monthly
Community Health and Access Committee	Sub-committee of the HPC. Focus on telehealth, maternal health, etc.	quarterly
COFA Advisory Board	Updates and Age Friendly	quarterly
Suicide Prevention Coalition	Revival of this coalition, new leadership, strategic planning process	monthly
Immunization Coalition	Quarterly meeting, updates about COVID-19 vaccine and discussion/feedback, youth vaccination promotion	quarterly
Lead Poisoning Prevention Network	Quarterly meeting, review lead cases, prevention, new regulation	quarterly
Cayuga Health Women's Service Line	Re-launch of this service line and discussion. Collaboration with community partners	quarterly
Aging Services Network	Regular meeting	
Homeless & Housing Taskforce	Regular meeting	

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**Medical Director's Report**  
**Board of Health**  
**September 2022**

**Vaccination – New challenges**

I must share with you some disturbing trends that I have become aware of.

Primary care practices are under siege in a particularly acute manner at this point in time. Reimbursements (which don't keep up with inflationary changes in expenses), and staffing shortages are playing havoc with vaccination. I heard that a primary care practice is dropping Vaccines For Children (VFC – the program for un and underinsured children) as a result. I know of many examples of practices severely stressed and forced to curtail activities by inability to replace staff. A particular practice experienced yet another staffing dynamic. They had a front desk staffer resign who felt they were morally liable if a child had a complication from receiving an mRNA Covid vaccine. These individual stories are likely to be repeated in practices of which I am not aware. And all of this is on top of a generalized staffing shortage that is plaguing healthcare.

And on top of that *Polio* vaccine is not available through vaccines for adults (VFA) –NYSDOH has a small amount of polio vaccine and can distribute it on case-by-case basis for adults, but this is cumbersome and means that a practitioner cannot vaccinate at the point of care. I understand that NYS's limited supply is being targeted at people in regions where usage is most likely to limit spread. And I am told that NYS's limited supply stems from limited supplies coming from the CDC.

We need a more robust program.

In the short term we need a VFA and VFC program that recognizes the challenges our primary care practices are facing. It is not a viable option for primary practices to opt out of VFC and A. We have worked long and hard to encourage healthcare facilities to participate. We need our state system to recognize that we must make it as easy as possible for practices to participate until this staffing shortage and economic downturn is over. We need it to make temporary changes in the programs which make participation possible.

NYS Bureau of Immunization should take a close look now at trends in drop out of VFC and A of practices. If as I suspect the drop out rate is unacceptable, the program should take steps such as reducing reporting and monitoring requirements that require staff time and cost. I recognize the necessary steps that have been taken to preserve the "cold-chain" which are essential for vaccine potency, and the steps that have been taken to prevent fraud and abuse. But particularly the latter may be less pressing in an atmosphere where practices are dropping out. The former may now be sufficiently in the culture of practices that time consuming site visits and reporting

could be relaxed for a sufficient period of time to allow the staffing and economic issues to abate.

If this is not rectified ever more practices will send their VFC/VFA patients to their LHD for vaccination. Unfortunately, health departments are facing their own staffing and economic issues. Plus making children and adults take an extra step to get their vaccination means that many will not. Vaccination at the point of care is a basic principle that is well established and is being threatened by these recent developments.

NYSDOH (by reviewing trends in registration and participation by practices) should be able to assess if my observations are borne out statewide. I believe this should be the first step.

I have shared this information with the immunization program of NYS and we will see what they find.

### **Covid Current status –**

When the President says the pandemic is “over” what is over? We know that if you are vaccinated and receive your boosters including the new bivalent booster available now that the extreme fear of death is over which gripped us at the pandemic’s onset. We know that the need to stop our normal activities and *constantly* take precautions is over. Is the disease still killing people around the world? Yes. Is it still killing an unacceptable number of people in the U.S. per day (in excess of 400)? Yes. Is it about 10 times more likely you will land in hospital if you have not taken advantage of the vaccines that have been developed? Yes. So, the pandemic is “over” in some of its aspects but not over in that we still need to look out for ourselves and mask, etc. when it is wise to do so.

We take precautions to avoid getting tetanus – we get our booster shots because tetanus requires it. We don’t want to get tetanus – it’s a very unpleasant disease. We should not make light of getting covid – it is very unpleasant, and it takes you out of work and school. In these ways the pandemic is not over even for the vaccinated.

For the vaccinated the threat of Covid has been modified significantly. For the unvaccinated the risk of severe illness and death is still present and unchanged should they contract the virus.

Local data show our local hospital having 5.3 covid admissions per 100,000 population. There have been consistently fewer than 10 covid patients in the hospital per day. 6 Covid patients have died in the past quarter with a mean age of 83. Two of them were unvaccinated. 3 died of other causes and were vaccinated – their covid was an incidental finding – not the primary cause of admission. 1 was vaccinated and died while receiving comfort care.

I was asked on WHCU what would be found to be “right and wrong” about public health’s handling of the pandemic when future analyses are done.

I took pains to state that we must remember that at the onset of the pandemic we were dealing with a virus of unknown biology which was killing and sickening unacceptably large numbers of our population and was instilling fear in our people. That we had to (were forced to) take prudent steps which we believed would help protect our fellow citizens and hoped would help curtail the virus' spread and impact. That only as months and years have passed have we been able to characterize the virus more completely and that that work is not finished by a long way. And that as knowledge has been accrued, we have modified our approach – especially since the advent of vaccines.

In addition, as our knowledge increased, and the vaccines began to make an impact, the equation calculating measures that should be taken began to shift. As mental health and economic concerns and impacts began to be proportionately larger and hospitalization and death risks smaller, we began to shift our advice on measures the public should take.

When we do get to “Monday morning quarterbacking” it will be hard to remember the state we were in at the beginning, the early phase, and the middle phases of the pandemic (especially for some analysts who may have additional agendas). What was done “right” and “wrong” must be judged using knowledge of what state *we were in at that time*, not from Monday morning's armchair. People are used to thinking of “right” and “wrong” as absolute when they are, in truth, relative.

*Update on Covid vaccinations:* bivalent boosters – we have received Pfizer and Moderna bivalent booster doses. No mass clinics are planned but we are offering vaccine in TCHD Friday immunization clinics. We are also offering to redistribute vaccine to regional practices (including Novavax which can only be ordered specially from NYSDOH by a facility willing to redistribute it. TCHD will order some depending on how much interest area practitioners have.)

## **Polio**

Because of our polio incidence rate, the U.S. has been added by WHO to a list of countries with circulating polio.

There has been one case in Long Island – wastewater results continue to come back with over 50 being positive. (Some are repeat positives and therefore represent the same locality). The number of and geographic spread of wastewater testing has increased. In addition, CDC is ramping up a nationwide wastewater testing program.

No cases have arisen in Tompkins County.

The emergency declaration of Polio in NYS is to draw increased public attention to its incidence, and to expand the categories of people who can vaccinate (e.g. EMTs etc.), and to increase the reporting of adult vaccination into NYSIIS. (Under an emergency declaration it is mandated to be reported into NYSIIS). Additionally, the thrust is to persuade physicians who care for adults to stock polio vaccine in their offices. Typically, physicians caring for children/adolescents do stock polio vaccine. But internists are less likely to.

We need to vaccinate those adults who either don't know if they have been vaccinated or definitely have not been. Injectable Polio Vaccine is a very low risk vaccine. It is not advised to check a person's antibody levels when it is likely they have not been vaccinated. Checking antibody levels is time consuming, costs about 90 dollars and misses opportunities to vaccinate. Administering an adult 3 doses of IPV is low risk and efficient.

If an adult states they were definitely vaccinated as a child they do not need boosters. Primary vaccination is lifelong. The only exceptions to this do not apply in our region currently.

NYSDOH released the polio vaccination rates for all NYS counties as of August 1, 2022 here: [https://health.ny.gov/diseases/communicable/polio/county\\_vaccination\\_rates.htm](https://health.ny.gov/diseases/communicable/polio/county_vaccination_rates.htm)

Tompkins is at 77%. It is lower than I expected. While the NYS data for adults is "soft" (due to a lack of data in NYSIIS which is a result of our past history of requiring adults to "opt-in" rather than "out"), this number is disturbing. Clearly, there is room for improvement. I have urged practitioners to include a careful vaccination history in their care of adults and to vaccinate as appropriate.

Remember that travel is a risk for polio. Both international travel and travel into areas with polio *domestically*. WHO has listed the US as a country in which polio is circulating!

**Monkeypox** numbers in NYC continue to decrease and are now below 10/d. In upstate it also has dropped off. NYS is still considering whether to declare Monkeypox a sexually transmitted infection (STI). If declared as an STI minors could be tested, vaccinated, and treated without parental consent. Social stigma of this designation plus the scientific criteria needed to be an STI are part of the discussion.

Another issue raised by vaccine folks is that vaccination will be entered into the NYS vaccine data base and then visible to parents. Not sure how to address this for adolescents that do not want to come out to their parents

Vaccine eligibility has been expanded to include "hi risk of having been exposed, definite exposure plus pre-exposure probability (a person who is in a lifestyle likely to expose themselves in the future to monkeypox)".

Here is the main monkeypox website landing page for this vaccine information:  
<https://health.ny.gov/diseases/communicable/zoonoses/monkeypox/>

Monkeypox cases are also dropping in CA.  
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Monkeypox-Data.aspx>

**Influenza** – There has been a significant increase in cases in the past week (9/14 -21) - out of line with the past 14 years (41 % increase in cases mostly in Long Island and rising to a regional outbreak level). Not a cause of panic but warrants close attention. In the S. hemisphere a

particularly severe influenza A outbreak has occurred. Cases in NYS average about 300 / week rather than the expected 20-30 for this time of year. The question is: Is this due to increased testing such as with rapid tests for Covid? Or does it portend what we can expect this season?

*Timing of influenza vaccination:* NYSDOH advice is generally don't wait to get vaccinated. CDC concurs that people should vaccinate at the first opportunity and no later than the end of October. Australia was alarmed enough to offer free flu vaccine to all citizens who had not been vaccinated.

This year's vaccine – last year's vaccine was 37% effective due to H3N2 being the primary virus. This year's vaccine has enhanced H3N2 virus protection – so the hope is that it will be more effective. The vaccine of choice for 65 and over is the enhanced dose (hi dose) vaccine. However, if you have a person is over 65 and hi dose is not available then a practitioner should give them what they do have. If they don't, they may never get vaccinated and hi dose becomes unavailable as the year goes on.

General information on global picture: <https://www.who.int/teams/global-influenza-programme/surveillance-and-monitoring/influenza-updates/current-influenza-update>

*Coadministration of Flu vaccine and other vaccines:* One should not hesitate to get flu with any other vaccine including Covid. It is important to vaccinate when the person is in front of a healthcare person. In addition, there is no recommended waiting interval between flu vaccine and other vaccines. Get it when you can.

**Legionella** – in Western NY 10-11 cases have occurred half of which were linked to each other. One patient in an adult care facility was infected. In Long Island a nursing home reported to have 7 cases over a short period of time. Water restrictions were imposed on the facility. In instances where cases are arising and water is contaminated, water restrictions are typically imposed. Additionally, clinical surveillance is typically imposed for six months following the last case. Typical sources are potable water or cooling towers. Cooling towers are mandated to have frequent cultures taken to detect legionella and mitigation measures are standard.



## COMMUNICABLE DISEASE REPORT \_ SELECTED AREAS OF CONCERN

So far, anaplasmosis and babesiosis have not taken off as we had feared. The Lyme numbers are skewed by the change in reporting criteria which went into effect in early 2022. It therefore prevents us from assessing a trend.

	2022		2021		2020		2019		Ave (2019-2021)	
ANAPLASMOSIS**	52	76.3	86	126.2	31	45.5	11	16.1	43	63.1
BABESIOSIS**	7	10.3	20	29.4	8	11.7	3	4.4	10	14.7
LYME DISEASE** ****	293	430.1	44	64.6	37	54.3	55	80.7	45	66.1

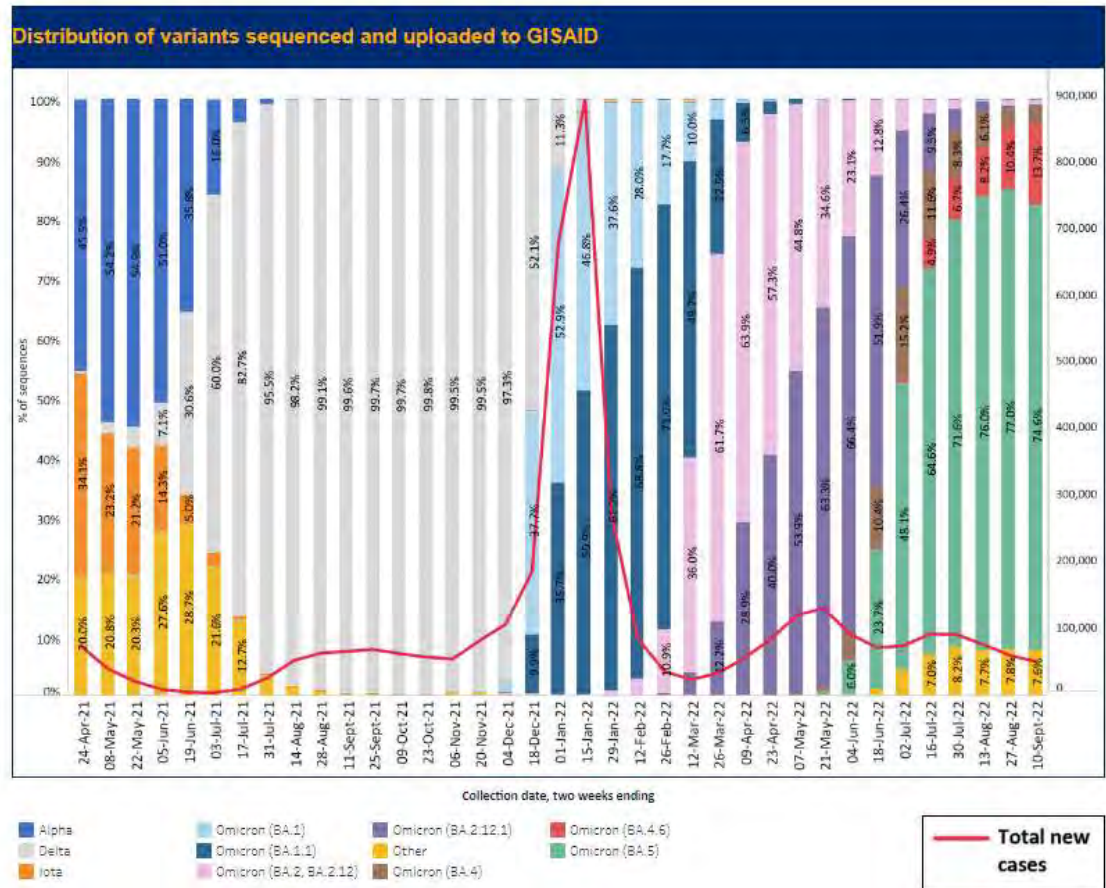
On the STD front Syphilis continues to warrant a place in your differential and, where relevant, screening for the other STDs does as well. Remember these when evaluating persons regarding monkeypox.

SYPHILIS TOTAL.....	27	39.6	24	35.2	20	29.4	22	32.3	22	32.3
- P&S SYPHILIS	12	17.6	7	10.3	8	11.7	8	11.7	8	11.7
- EARLY LATENT	11	16.1	11	16.1	8	11.7	9	13.2	9	13.2
- LATE LATENT	3	4.4	6	8.8	4	5.9	5	7.3	5	7.3
- CONGENITAL SYPHILIS	1	1.5	0	0.0	0	0.0	0	0.0	0	0.0
GONORRHEA TOTAL.....	66	96.9	142	208.5	97	142.4	118	173.2	119	174.7
- GONORRHEA	66	96.9	142	208.5	96	140.9	117	171.8	118	173.2
- P.I.D.	0	0.0	0	0.0	0	0.0	1	1.5	0	0.0
- GONORRHEA, DISSEMINATED	0	0.0	0	0.0	1	1.5	0	0.0	0	0.0
CHLAMYDIA	262	384.6	337	494.7	396	581.3	513	753.1	415	609.2
CHLAMYDIA PID	0	0.0	0	0.0	0	0.0	2	2.9	1	1.5

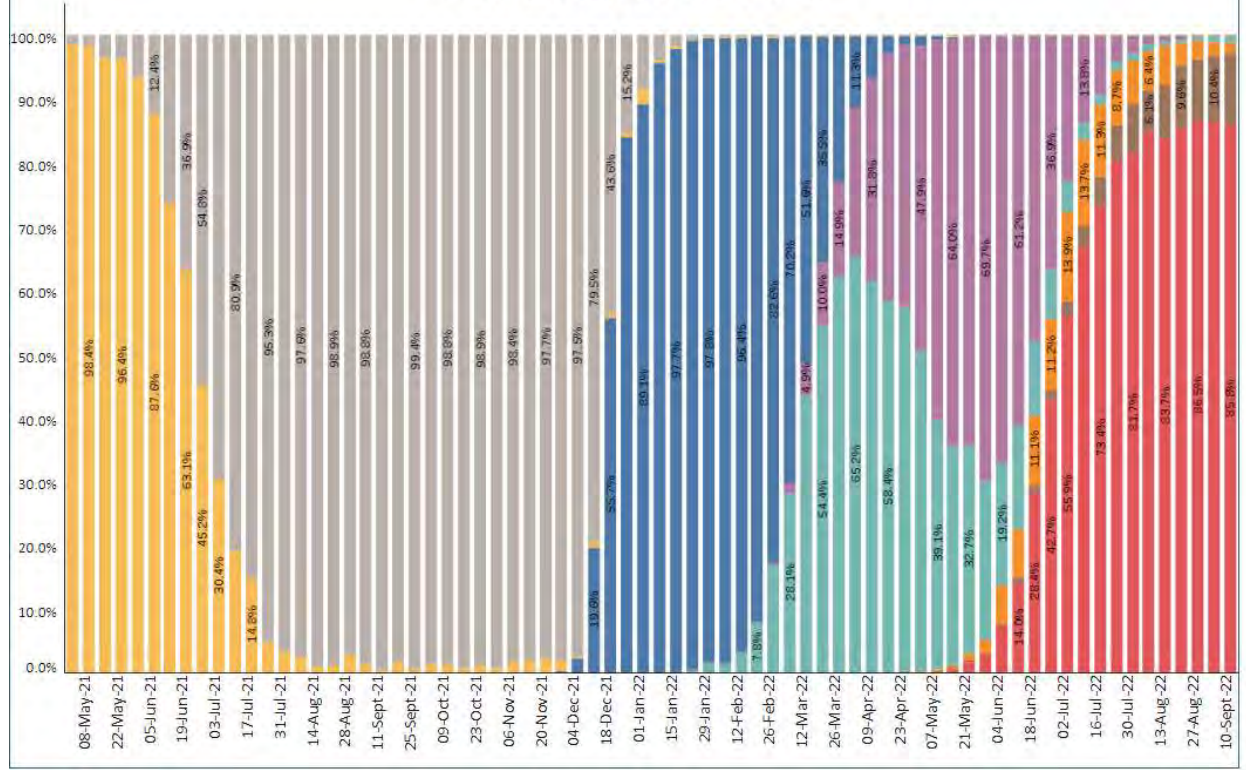
## The Covid data – remember case numbers are underreported due to home antigen tests

Variants – BA.5 is still 85+% of what we are seeing and has been considerably stable for quite some time. So far, no other variant is appearing to be rising to dominate.

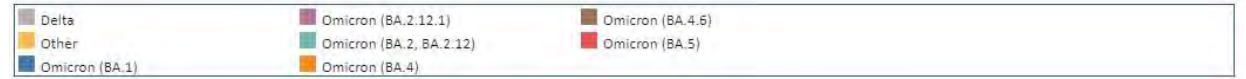
## COVID-19 Variant Results



Variant distribution: Region 2 (including NY)



Collection date, week ending



## TOMPKINS COUNTY COVID-19 DATA

As of 09/06/2022 at 8:30 a.m.

Active COVID-19 Hospitalizations (a)	6
Total TC Resident Deaths ( <a href="#">Source</a> )	66

Total Tests (b)	1,936,179
Daily Tests	97
New Positive Cases	18
Total Positive Cases	23,835

Daily Positive Self-Tests Reported (c)	4
Total Positive Self-Tests Reported	3,642

NYS Vaccine Tracker 1st Dose (d)	88,104
NYS Vaccine Tracker Completed	79,809

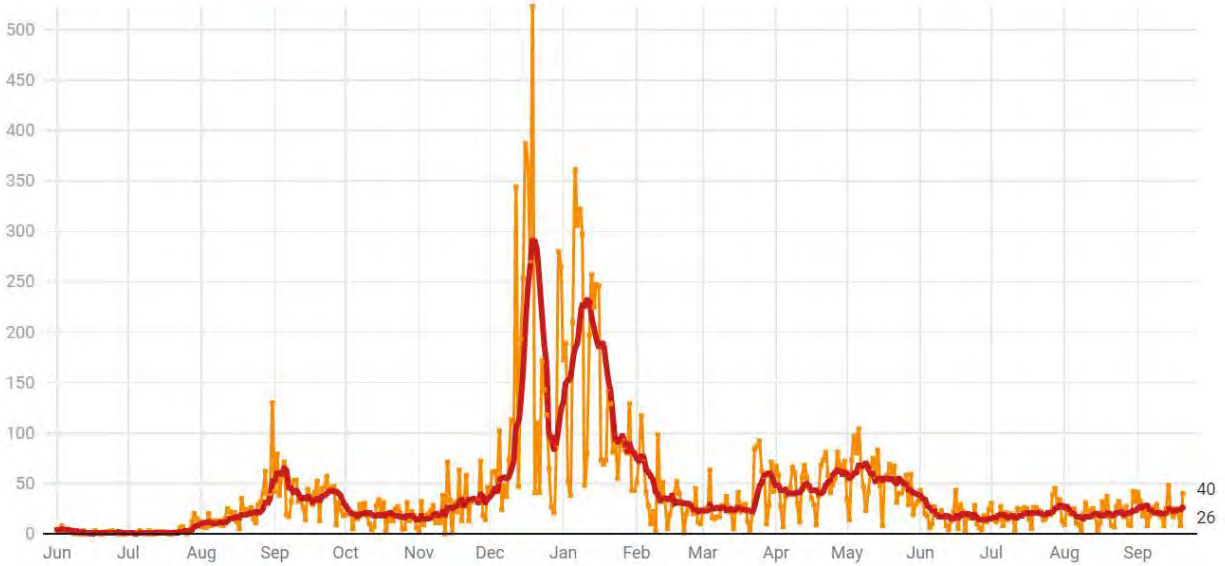
Date ▼	Total Tests	Daily Tests (ECLRS)	New Positive Cases (NYSDOH)	Total Positive Cases (TCHD)	Released from Isolation (TCHD)	Active Cases (TCHD)	Active COVID-19 Hospitalizations (CHS)	Total TC Resident Deaths (TCHD)
9/20/22	1,939,591	284	40	24,164			7	67
9/19/22	1,939,307	238	8	24,124			6	67
9/18/22	1,939,069	70	21	24,116			6	67
9/17/22	1,938,999	403	25	24,095			5	67
9/16/22	1,938,596	237	17	24,070			7	67
9/15/22	1,938,359	325	21	24,053			7	66
9/14/22	1,938,034	319	48	24,032			7	66



## Daily New Cases + 7-Day Avg. New Cases

From June 1, 2021. COVID-19, Tompkins County, N.Y.

— Daily New Positive Cases — 7-day Avg. New Positive Cases



Updates may lag. See <http://bit.ly/dwgraphsref> for data prior to 6/1/21.

Chart: TCHD • Source: TCHD • [Get the data](#) • Created with [Datawrapper](#)

## Transmission Level

COVID-19, Tompkins County, N.Y. 7-day total cases per 100,000 population. (6/1/21 to the present.)

— Level of Community Transmission



TRANSMISSION LEVEL (Level of Community Transmission) defined by the CDC as the "total number of new cases per 100,000 persons within the last 7 days." County pop. 102,180 (2019 US Census pop. estimate).

Percent positive tests is skewed (I believe) by PCR testing being now done in a relatively small subset of the population which is more likely to be positive (such as those with a positive home antigen test who are seeking confirmation).

# Percent Positive Tests (avg. cases /avg. tests; from 6/1/21)

## Percent Positive Tests, 7-day Average (from 6/1/21)

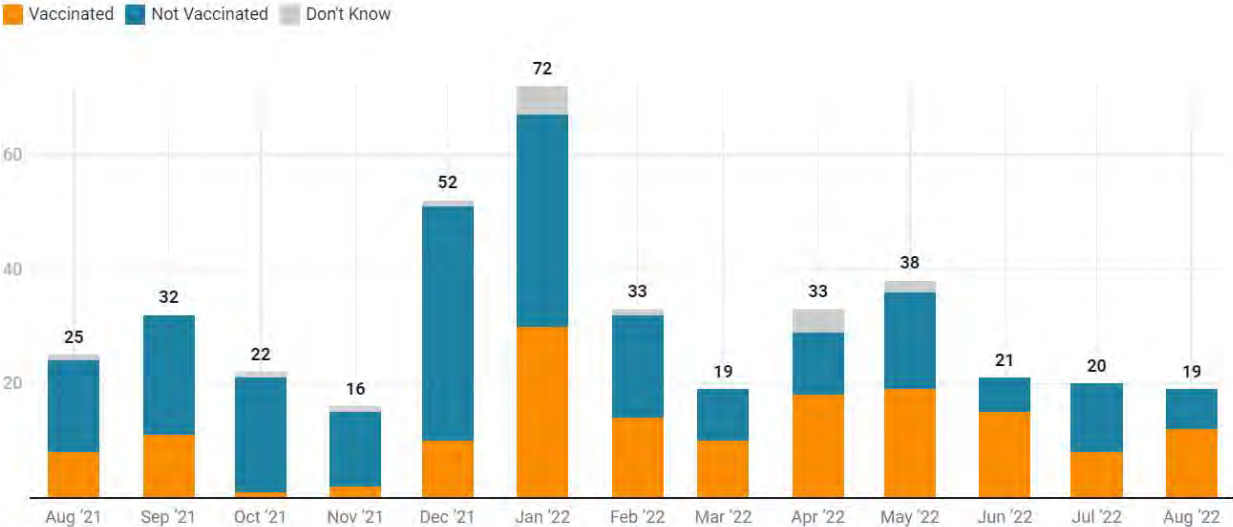
COVID-19, Tompkins County, N.Y. Rate calculation is 7-day average cases/ 7-day average tests. From 6/1/21 to the present.



Chart: TCHD • Source: TCHD & Electronic Clinical Laboratory Report System (ECLRS) at NYSDOH • [Get the data](#) • Created with [Datawrapper](#)

## COVID-19-Positive Hospitalizations: Month Admitted and Vaccination Status

Tompkins County residents who tested positive for COVID-19 upon admission to Cayuga Medical Center. Totals are for the period Aug. 1, 2021 to Aug. 19, 2022. N=402.



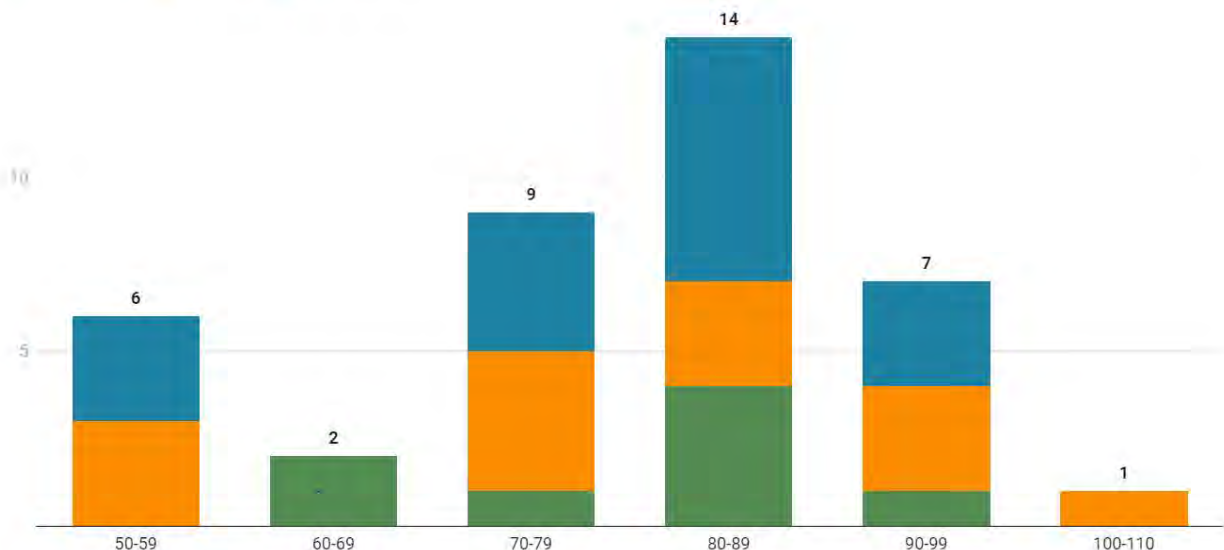
Average age: Vaccinated=67.4 yrs, Unvaccinated=61.0 yrs, Don't Know=68.5. For explanation of vaccination status, go to <https://bit.ly/dwgraphsref>

Chart: TCHD • Source: Cayuga Health System, compiled by TCHD • Created with [Datawrapper](#)

## Resident Deaths X Age and Vaccination Status from Feb. 1, 2021

Tompkins County residents. Totals Feb. 1, 2021 through July 29, 2022. N=39.

Vaccinated +1 Vaccinated Not Vaccinated



Vaccinated +1 is the first full series plus one or more additional dose(s).

Chart: TCHD • Source: Cayuga Health System, compiled by TCHD • Created with [Datawrapper](#)

Most recent local data reported by CMC show our local hospital having 5.3 covid admissions per 100,000 population. There have been consistently fewer than 10 covid patients in the hospital per day. Of those Covid patients 6 have died in the past quarter with a mean age of 83. 2 of them were unvaccinated. 3 died of other causes and were vaccinated – their covid was an incidental finding – not the primary cause of admission. 1 was vaccinated and died while receiving comfort care.

**Are we moving into an endemic status?** It is too early to know. Endemicity implies that we have the tools to control the disease, and to understand its behavior. Hospitalizations and deaths are reduced to a minimal level. We are not there yet – we are still holding our breath regarding future variants. Likely the coming year will see additional advances in vaccines, and we will likely move to an annual Covid booster dose.

Respectfully submitted

Dr. Wm Klepack

## Division for Community Health

September 27<sup>th</sup>, 2022 Board of Health meeting

August 2022 monthly report

By Rachel Buckwalter and Celeste Rakovich, Senior Community Health Nurses and Michelle Hall, WIC director

### Communicable Disease:

- **COVID-19:** Tompkins County remained at a low CDC community level for Covid-19 during the month of August. Masks are still required in healthcare settings and public transportation. CDC updated isolation and quarantine guidance in August, eliminating the need for quarantine following exposure to Covid-19 (masking is recommended for close contacts for 5-10 days). School guidance was also issued in August. Disease severity remains low. Covid positive patients hospitalized at CMC during the month of August remained in the single digits. There was one Covid death reported in the month of August. CHS staff continue to monitor Covid cases in high-risk settings.
- **Monkeypox:** The monkeypox outbreak continued to grow during the month of August. Tompkins County had two more cases of monkeypox in August, bringing the total to three cases. We continued to provide guidance to local providers on testing and what symptoms to watch for. During the month of August, Jynneos vaccine remained in short supply and was allocated for counties with higher incidence of cases. TCHD convened a meeting of the Peace of Mind Coalition in August to collaborate with partner agencies regarding monkeypox communication and guidance with the public.
- **Polio:** Following the confirmed case of paralytic polio in Rockland County in July of 2022, NYSDOH is monitoring polio in wastewater. So far it has been found in Sullivan County, Rockland County, Orange County and NYC, indicating community spread in those areas. TCHD is providing guidance to the public and providers and continues to emphasize vaccination as the primary strategy to prevent polio. So far fully immunized children and adults are only recommended to receive a polio booster if they have certain risk factors.



Anyone who is unvaccinated for polio should get vaccinated. See attached August 19<sup>th</sup>, 2022 polio health alert from NYSDOH. TCHD carries VFC polio vaccine only (for uninsured, underinsured or Medicaid-eligible children under age 18) so adults or those with private insurance should seek polio vaccination at their primary care office. NYSDOH released a detailed report of polio vaccination rates by zip code—the report for Tompkins County is attached to this report.

#### **SafeCare Program:**

- SafeCare has restarted—currently two families are receiving services through this program. A third referral was received during the month of August. Communication between TCHD and DSS is happening regularly to ensure coordination of services.
- The SafeCare accreditation survey is due in October. We are preparing to submit data and details regarding program implementation which will be reviewed by the National SafeCare Training and Research Center (NSTRC).

#### **Maternal Child Health:**

- August saw 44 referrals to the Moms PLUS+ program. Census is 33 with 8 of those being high risk clients.
- Moms PLUS+ nurses meet weekly to discuss client issues and community outreach, workflow, data tracking, documentation and referral process among other topics that arise. There are 2 full time MCH nurses and 3 with a partial client load.
- Survivor Moms Companion is being offered to all clients with a history of trauma and or other mental health needs. In addition, CHS is working and meeting monthly with MH on the referral process.
- CHS offering lactation support after hours through the on-call service. There have been no calls for Aug. CHS plans to do more advertising of this service through social media platforms, TCHD website and stakeholder engagement. Community event with LACH planned for Sept.

**Immunization Clinics:**

- Our on-site immunization clinic is back in full swing. Clinic schedules are filling up with the back to school rush to get kids immunized. During the month of August we vaccinated 25 patients at our Friday on-site clinic.
- On August 10<sup>th</sup> TCHD held a Covid booster vaccination clinic at Lifelong in Ithaca. This clinic was well received—83 people received Moderna boosters that day.
- The homebound program continues. During the month of August three Tompkins County residents received Covid boosters in their home.

**Rabies:**

- August saw 83 new rabies clients who were authorized for Rabies Post Exposure Prophylaxis. Most exposures were from bats.
- Cornell Health continues to treat their students with school insurance and while reaching out to the health department for guidance and forwarding records.
- For the last week in Aug, CHS took incoming calls for rabies to start the transition of authorizations from EH to CHS. EH and CHS to discuss feasibility of the transition.

**Lead:**

- There was one new lead case in August. The current census is 23. Half of those are due for medical discharge pending one more blood draw to confirm a BLL of below 5. Primary lead nurse is working with providers to get that last confirmatory lab.
- Lead grant reporting to the state continues for CLPPP.
- CHS continues to seek an installer for the Lead Testing banners that were created and printed in 2019.
- The social media will increase the number of lead poisoning prevention posts and educational information on all HD platforms and at community engagements.

- The Lead Poisoning Prevention Network will have a quarterly meeting next month to discuss collaboration with community partners and EH.

## **HIV**

- No anonymous testing performed in August. Meeting with STAP director to develop a work plan in collaboration with REACH Medical that will involve HIV anonymous testing and potentially assist with Hep C interventions.

## **PICHC (jointly implemented with Health Promotion Division):**

- Recruitment completed for two CHWs, one will begin in September and the other in October. Recruitment ongoing for the CHW supervisor.
- In addition to program start up activities we are refining partnerships with other organizations (LATCH, Mamas Comfort Camp, Doula Access Initiative, etc) and adapting existing committees and working groups addressing related issues to meet program needs, including the Perinatal Working Group.

## **Outreach:**

- CHS attended the following community events to do program outreach and disseminate information on various CHS programs including moms PLUS+, WIC, Lead, Tick-borne illness, and COVID prevention: Thrive Mobile Food Pantry on August 9th; Vaccine Clinic @ Lifelong on August 11th; Trumansburg Farmer's Market on August 18th; Danby Market on August 19th ; and Brooktondale Farmers Market on August 20<sup>th</sup>.

## **WIC program**

### **Caseload Data:**

#### **July final caseload data:**

Enrollment: 1165  
Participation: 1071  
Participation/Enrollment %: 91.93  
89.97  
Participation/Caseload %: 71.40  
70.00  
**Total participants seen in July: 478**  
**August: 454**  
**Appointment show rate: 97**

#### **Preliminary August**

Enrollment: 1167  
Participation: 1050  
Participation/Enrollment %:  
  
Participation/Caseload %:  
  
**Total participants seen in**  
  
**Appointment show rate: 87%**

**The program is serving 48% of the eligible population in Tompkins County.**

### **Program Highlights**

- Tompkins County WIC program continues to work with the NYS DOH and the NYS WIC Vendor Agency to navigate and respond to the infant formula supply chain issues. In the month of August, the county seemed to have an increased shortage of hypoallergenic formulas. To reduce the burden of hypoallergenic formulas, The NYS WIC program added 3 additional formulas to our formulary. Tompkins County WIC Program continues to receive drop shipments directly from the manufacture to give to participant in need that can't find formula.
- In September we filled both WIC Clerk vacancies and the Nutrition Educator II position. All positions are provisional.
- For budget reasons, the vacant WIC Program Nutritionist position Grade 12 was changed to a Nutrition Educator II position, grade 10. The Community Health Director and WIC Director worked with HR to revise the job description and post the position. The position was posted the end of August and closed September 12. WIC Director scheduled interview for the one applicant.

N.Y.S. Department of Health  
 Division of Epidemiology  
 Communicable Disease Monthly Report\*, DATE: 01SEP22  
 Rates are defined as: Cases/100,000 population/Month

County=TOMPKINS Month=August

Disease	2022		2021		2020		2019		Ave (2019-2021)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
ANAPLASMOSIS**	6	70.5	12	140.9	7	82.2	2	23.5	7	82.2
BABESIOSIS**	3	35.2	1	11.7	0	0.0	1	11.7	1	11.7
CAMPYLOBACTERIOSIS**	5	58.7	2	23.5	1	11.7	3	35.2	2	23.5
COVID-19	766	8995.9	851	9994.1	129	1515.0	0	0.0	0	0.0
CRYPTOSPORIDIOSIS**	1	11.7	3	35.2	1	11.7	1	11.7	2	23.5
ECOLI SHIGA TOXIN**	1	11.7	0	0.0	1	11.7	1	11.7	1	11.7
GIARDIASIS	1	11.7	0	0.0	0	0.0	3	35.2	1	11.7
HAEMOPHILUS INFLUENZAE, INV B	1	11.7	0	0.0	0	0.0	0	0.0	0	0.0
HEPATITIS A	0	0.0	0	0.0	3	35.2	0	0.0	1	11.7
HEPATITIS B,CHRONIC**	3	35.2	0	0.0	0	0.0	0	0.0	0	0.0
HEPATITIS C,ACUTE**	0	0.0	0	0.0	0	0.0	2	23.5	1	11.7
HEPATITIS C,CHRONIC**	0	0.0	0	0.0	8	94.0	4	47.0	4	47.0
INFLUENZA A, LAB CONFIRMED	1	11.7	0	0.0	0	0.0	0	0.0	0	0.0
INFLUENZA B, LAB CONFIRMED	0	0.0	0	0.0	2	23.5	1	11.7	1	11.7
LEGIONELLOSIS	0	0.0	0	0.0	0	0.0	2	23.5	1	11.7
LYME DISEASE** ****	67	786.8	5	58.7	2	23.5	11	129.2	6	70.5
MALARIA	1	11.7	0	0.0	0	0.0	0	0.0	0	0.0
SALMONELLOSIS**	3	35.2	1	11.7	1	11.7	2	23.5	1	11.7
YERSINIOSIS**	1	11.7	0	0.0	0	0.0	0	0.0	0	0.0
SYPHILIS TOTAL.....	5	58.7	2	23.5	0	0.0	2	23.5	1	11.7

Disease	2022		2021		2020		2019		Ave (2019-2021)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
- P&S SYPHILIS	1	11.7	0	0.0	0	0.0	0	0.0	0	0.0
- EARLY LATENT	2	23.5	1	11.7	0	0.0	0	0.0	0	0.0
- LATE LATENT	2	23.5	1	11.7	0	0.0	2	23.5	1	11.7
GONORRHEA TOTAL.....	7	82.2	4	47.0	4	47.0	4	47.0	4	47.0
- GONORRHEA	7	82.2	4	47.0	4	47.0	4	47.0	4	47.0
CHLAMYDIA	35	411.0	25	293.6	27	317.1	27	317.1	26	305.3

\*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: 01SEP22  
 Through August  
 Rates are defined as: Cases/100,000 population/Month

County=TOMPKINS

Disease	2022		2021		2020		2019		Ave (2019-2021)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
AMEBIASIS	1	1.5	0	0.0	0	0.0	0	0.0	0	0.0
ANAPLASMOSIS**	52	76.3	86	126.2	31	45.5	11	16.1	43	63.1
BABESIOSIS**	7	10.3	20	29.4	8	11.7	3	4.4	10	14.7
CAMPYLOBACTERIOSIS**	16	23.5	19	27.9	17	25.0	27	39.6	21	30.8
CHIKUNGUNYA**	0	0.0	0	0.0	0	0.0	1	1.5	0	0.0
COVID-19	13758	20197	9627	14132	2448	3593.7	0	0.0	0	0.0
CRYPTOSPORIDIOSIS**	8	11.7	14	20.6	14	20.6	11	16.1	13	19.1
DENGUE FEVER**	1	1.5	0	0.0	0	0.0	0	0.0	0	0.0
ECOLI SHIGA TOXIN**	2	2.9	6	8.8	5	7.3	4	5.9	5	7.3
EHRlichiosis (CHAFEENSIS)**	2	2.9	0	0.0	0	0.0	1	1.5	0	0.0
EHRlichiosis (UNDETERMINED)**	0	0.0	0	0.0	0	0.0	1	1.5	0	0.0
ENCEPHALITIS, OTHER	0	0.0	1	1.5	2	2.9	1	1.5	1	1.5
ENCEPHALITIS, POST	0	0.0	0	0.0	1	1.5	0	0.0	0	0.0
GIARDIASIS	4	5.9	15	22.0	7	10.3	26	38.2	16	23.5
HAEMOPHILUS INFLUENZAE, INV B	1	1.5	0	0.0	0	0.0	0	0.0	0	0.0
HAEMOPHILUS INFLUENZAE, NOT TYPE B	1	1.5	0	0.0	2	2.9	4	5.9	2	2.9
HEPATITIS A	0	0.0	7	10.3	12	17.6	0	0.0	6	8.8
HEPATITIS B,CHRONIC**	14	20.6	18	26.4	9	13.2	7	10.3	11	16.1
HEPATITIS C,ACUTE**	2	2.9	1	1.5	5	7.3	6	8.8	4	5.9
HEPATITIS C,CHRONIC**	10	14.7	32	47.0	36	52.8	37	54.3	35	51.4

	2022		2021		2020		2019		Ave (2019-2021)	
Disease	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
HEPATITIS C,PERINATAL	0	0.0	1	1.5	0	0.0	0	0.0	0	0.0
INFLUENZA A, LAB CONFIRMED	292	428.7	265	389.0	526	772.2	772	1133.3	521	764.8
INFLUENZA B, LAB CONFIRMED	2	2.9	6	8.8	738	1083.4	62	91.0	269	394.9
INFLUENZA UNSPECIFIED, LAB CONFIRMED	3	4.4	1	1.5	0	0.0	1	1.5	1	1.5
LEGIONELLOSIS	3	4.4	3	4.4	0	0.0	3	4.4	2	2.9
LISTERIOSIS	1	1.5	0	0.0	0	0.0	0	0.0	0	0.0
LYME DISEASE** *****	293	430.1	44	64.6	37	54.3	55	80.7	45	66.1
MALARIA	1	1.5	0	0.0	2	2.9	0	0.0	1	1.5
MENINGITIS, ASEPTIC	0	0.0	0	0.0	1	1.5	1	1.5	1	1.5
MONKEYPOX	1	1.5	0	0.0	0	0.0	0	0.0	0	0.0
MUMPS**	0	0.0	0	0.0	0	0.0	1	1.5	0	0.0
PERTUSSIS**	0	0.0	0	0.0	1	1.5	6	8.8	2	2.9
SALMONELLOSIS**	11	16.1	13	19.1	8	11.7	7	10.3	9	13.2
SHIGELLOSIS**	0	0.0	1	1.5	0	0.0	0	0.0	0	0.0
STREP,GROUP A INVASIVE	2	2.9	3	4.4	2	2.9	5	7.3	3	4.4
STREP,GROUP B INVASIVE	5	7.3	10	14.7	6	8.8	9	13.2	8	11.7
STREP,GROUP B INV,EARLY/LATE ONSET	0	0.0	0	0.0	1	1.5	0	0.0	0	0.0
STREP PNEUMONIAE,INVASIVE**	2	2.9	4	5.9	6	8.8	4	5.9	5	7.3
TUBERCULOSIS***	1	1.5	1	1.5	2	2.9	3	4.4	2	2.9
VIBRIO - NON 01 CHOLERA**	1	1.5	1	1.5	0	0.0	0	0.0	0	0.0
YERSINIOSIS**	5	7.3	1	1.5	0	0.0	2	2.9	1	1.5
SYPHILIS TOTAL.....	27	39.6	24	35.2	20	29.4	22	32.3	22	32.3
- P&S SYPHILIS	12	17.6	7	10.3	8	11.7	8	11.7	8	11.7
- EARLY LATENT	11	16.1	11	16.1	8	11.7	9	13.2	9	13.2
- LATE LATENT	3	4.4	6	8.8	4	5.9	5	7.3	5	7.3



Disease	2022		2021		2020		2019		Ave (2019-2021)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
- CONGENITAL SYPHILIS	1	1.5	0	0.0	0	0.0	0	0.0	0	0.0
GONORRHEA TOTAL.....	66	96.9	142	208.5	97	142.4	118	173.2	119	174.7
- GONORRHEA	66	96.9	142	208.5	96	140.9	117	171.8	118	173.2
- P.I.D.	0	0.0	0	0.0	0	0.0	1	1.5	0	0.0
- GONORRHEA,DISSEMINATED	0	0.0	0	0.0	1	1.5	0	0.0	0	0.0
CHLAMYDIA	262	384.6	337	494.7	396	581.3	513	753.1	415	609.2
CHLAMYDIA PID	0	0.0	0	0.0	0	0.0	2	2.9	1	1.5
OTHER VD	0	0.0	0	0.0	0	0.0	1	1.5	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

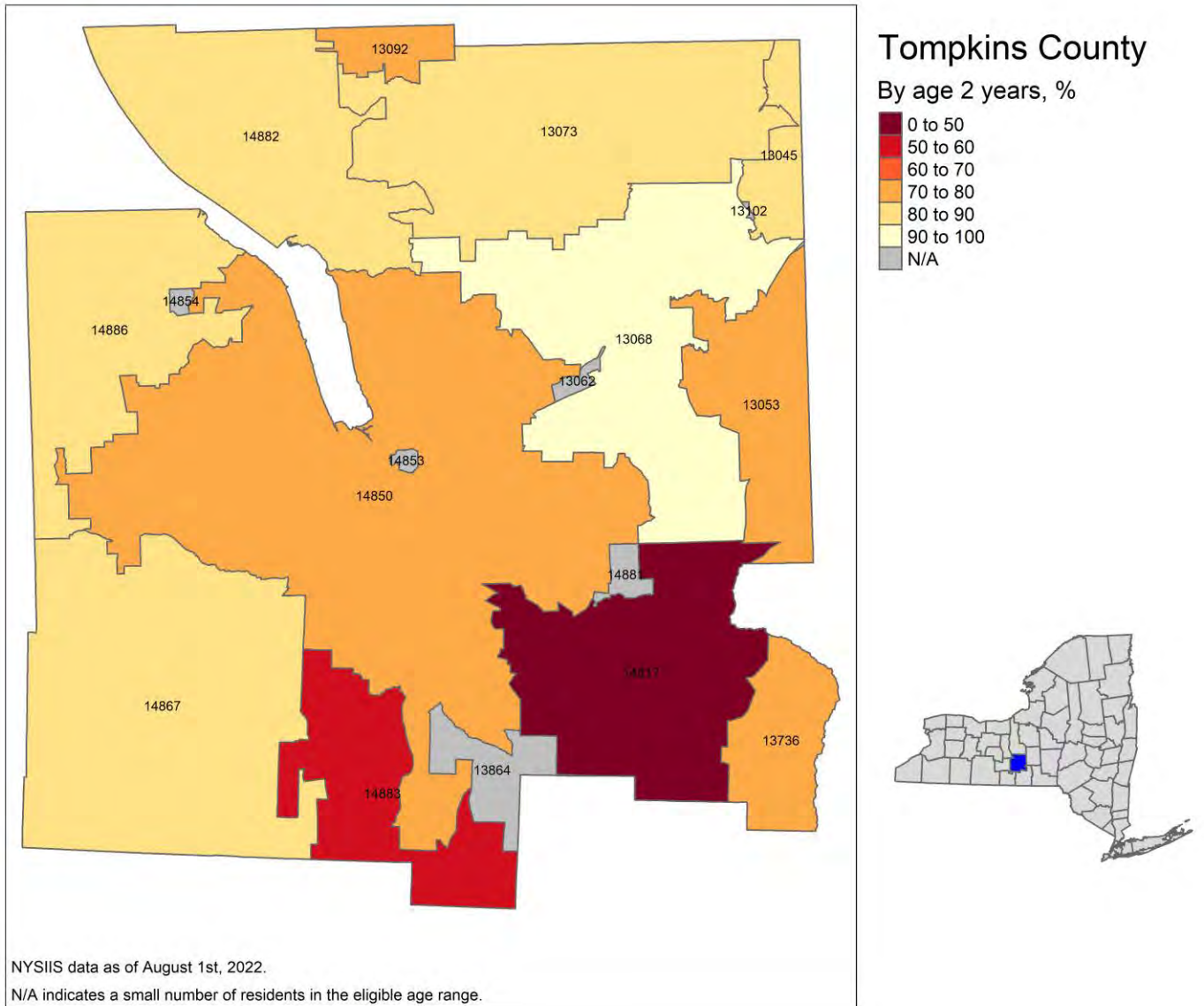
\*\*\*\* In 2017, 27 counties investigated a sample of positive laboratory results; in 2018, 30 counties sampled; in 2019, 33 counties sampled; in 2020, 36 counties sampled.

## Polio Vaccination Rates by Zip Code: Tompkins County

This report is based on data as of August 1, 2022 from the New York State Immunization Information System (NYSIIS). The rates below are calculated based on data of children that have received 3 polio immunizations by 2 years of age, reported their residency as the State of New York, provided their New York State county of residence, and have at least one immunization or have a New York State birth record outside of New York City.

- As of January 8, 2008, all health care providers in New York State, outside of New York City, are required to report all immunizations administered to people less than 19 years of age, along with the person's immunization histories, to NYSDOH using NYSIIS.
- Calculated rates are based on where the individual resides, based on the most recent resident information reported through NYSIIS.
- ZIP codes that straddle more than one county are designated to a single county based on the [open data page here](#) and in consultation with local county health departments, in which the entire ZIP code is included in the rate.
- Data is not included for ZIP codes where there are less than 20 residents in the eligible age range.
- Some entities that are not under the regulatory authority of the State of New York (e.g., federal entities such as federal military reservations, first nations, and jurisdictions outside of New York State), may not report this data to New York State, and would therefore not have their data included in NYSDOH rates.
- The New York City Department of Health and Mental Hygiene (NYCDOHMH) maintains non-COVID-19 immunization records for New York City residents through the Citywide Immunization Registry (CIR).

**Figure 1: Tompkins County Polio Vaccination Rates by Zip Code**



\*Some ZIP codes' labels may be in a different place than they would appear on a geographic map or not be visible due to formatting limitations with the software used to generate the NYSDOH polio vaccination rate ZIP code map. If you do not see a ZIP code label on the map, please refer to Table 1 for the corresponding polio vaccination rate for each ZIP code available or the data description for more information about the data source.

**Table 1: Tompkins County Polio Vaccination Rates by Zip Code**

ZIP Code	Polio Vaccination Rate
13045	86.8%
13053	77.8%
13068	91.7%
13073	81.1%
13092	76.9%
13736	75.0%
14817	24.6%
14850	78.8%
14867	82.5%
14882	82.5%
14883	51.9%
14886	81.0%
13062	*
13102	*
13864	*
14853	*
14854	*
14881	*

\*Not shown, due to a small number (<20) of residents in the eligible age range.



**DATE:** August 19, 2022

**TO:** Healthcare Providers, Hospitals, Clinical Laboratories, and Local Health Departments (LHDs)

**FROM:** New York State Department of Health (NYSDOH), Division of Epidemiology

**HEALTH ADVISORY: Update #2 Regarding Poliovirus in New York State**

*For clinical staff in Epidemiology/Infection Control, Emergency Department, Infectious Disease, Neurology, Radiology, Nursing, Internal Medicine, Pediatrics, Family Medicine, Intensive Care, Pharmacy, Laboratory Services, and all patient care areas.*

**Updates Since Last Advisory**

- All providers in Rockland and Orange counties who are capable of delivering vaccines in their practice should stock IPV and offer IPV to patients according to the recommendations below. Combination vaccines including IPV can be given to children and is preferred as appropriate, according to ACIP guidelines. IPV alone can be given to children and adults and is available through your usual vaccine ordering channels or may be available from the local health department.
- All children, adolescents, and adults who are **unvaccinated or under-vaccinated** should be brought up to date with all routine CDC-recommended inactivated polio vaccine (IPV) doses. This is particularly important and urgent if they live, work, attend school, or have frequent social interactions with communities in Rockland and Orange Counties; these groups are considered to be at greater risk for exposure to polioviruses than the general population (see ACIP recommendations below).
  - For children with a record of OPV (e.g., given abroad), only trivalent OPV (tOPV) counts toward fully vaccinated status. Doses of OPV given before April 1, 2016 should be counted unless specifically noted as monovalent, bivalent, or as given during a poliovirus immunization campaign. Doses of OPV given on or after April 1, 2016 should not be counted.
    - OPV given on or after April 1, 2016 as part of routine immunization regimens outside the U.S. does not protect against type 2 poliovirus, which is the type circulating in New York.
    - If there is uncertainty about whether a dose of OPV should be counted, give a dose of IPV.
  - IPV protects against all three types of poliovirus, regardless of whether it was given in the U.S. or abroad.
  - If an individual at risk thinks they are unimmunized, and records cannot be easily and quickly obtained, then treat them as if they are unimmunized. Polio immunization has been available since 1955 and has been part of the routine childhood immunization schedule for decades.

- Particular emphasis should be placed on catch-up immunization for young children who are unimmunized or under-immunized, such as those whose parents might have planned to delay immunization until shortly before school enrollment. The hygiene habits of young children and the fact that they are often cared for in congregate settings place them at greater risk for acquiring poliovirus.
- For persons who have previously completed a vaccine series against poliovirus, **booster doses** of IPV should be offered to those at highest risk of infection:
  - Individuals who will or might have close contact with a person known or suspected to be infected with poliovirus or such person's household members or other close contacts.
  - Healthcare providers working in areas with community transmission of poliovirus (e.g., Rockland and Orange counties) who might handle specimens that might contain polioviruses or who treat patients who might have polio (e.g., urgent care, emergency department, neurology, virology laboratory workers).
  - Individuals with occupational exposure to wastewater can consider a booster.

Adults who meet the criteria above should receive only one lifetime booster. At this time, booster doses are not recommended for individuals traveling to the New York City metropolitan area, including Orange and Rockland Counties, merely because of their travel status.

- These vaccination recommendations are consistent with guidelines from the Advisory Committee on Immunization Practices (ACIP, <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr4905a1.htm>), which state that:
  - For children:
    - “All children should receive four doses of IPV at ages 2, 4, and 6--18 months and 4--6 years.”
      - “If accelerated protection is needed, the minimum interval between doses is 4 weeks, although the preferred interval between the second and third doses is 2 months.”
    - “Those who are inadequately protected should complete the recommended vaccination series. No additional doses are needed if more time than recommended elapses between doses.”
  - For adults:
    - “Vaccination is recommended for certain adults who are at greater risk for exposure to polioviruses than the general population...”, e.g., certain travelers, members of communities or specific population groups with disease caused by polioviruses, certain laboratory workers, health-care workers who have close contact with patients who might be excreting polioviruses.
    - “Unvaccinated adults who are at increased risk should receive a primary vaccination series with IPV.”
    - “Available data do not indicate the need for more than a single lifetime booster dose with IPV for adults.”
- NYS Medicaid providers should follow the coverage and billing guidance for the poliovirus vaccine and its administration provided in the upcoming August edition of the NYS Department of Health's (DOH) Medicaid Update article. Once published, the article can be found under the “Current Issue” section of the DOH Medicaid Update webpage located at: [https://www.health.ny.gov/health\\_care/medicaid/program/update/main.htm](https://www.health.ny.gov/health_care/medicaid/program/update/main.htm).

- In view of misinformation and rumors spreading in the involved areas, we strongly encourage healthcare providers, who tend to be highly trusted, to speak out about the reality of the threat and the presence of circulating poliovirus in New York State.
  - See below for continuing recommendations for diagnosis of individuals with non-specific viral symptoms or with meningitis who are at risk for poliovirus infection. The groups of individuals who should be included in this enhanced surveillance has been expanded to include individuals who have frequent social interactions with communities in Rockland or Orange County.
  - Previous NYSDOH advisories on polio, which include additional guidance for healthcare providers, can be found at:
    - August 4, 2022 Health Advisory: Update Regarding Poliomyelitis in Rockland County, New York State, [https://www.health.ny.gov/diseases/communicable/polio/docs/health\\_advisory\\_8-4-22.pdf](https://www.health.ny.gov/diseases/communicable/polio/docs/health_advisory_8-4-22.pdf)
    - July 22, 2022 Health Advisory: Poliomyelitis Case in Rockland County, New York State, [https://www.health.ny.gov/diseases/communicable/polio/docs/2022-07-29\\_han.pdf](https://www.health.ny.gov/diseases/communicable/polio/docs/2022-07-29_han.pdf)
  - New York City’s recent advisory “2022 Health Alert #20: Update on Poliovirus in New York City” can be found at <https://www1.nyc.gov/assets/doh/downloads/pdf/han/alert/2022/polio-in-nyc.pdf>.
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### **Polio Immunization Recommendations**

- Please see updated recommendations above.
- Additionally:
- Polio vaccine may be given to children and adults as a stand-alone vaccine (not combined) in an outbreak setting.
  - IPV or the first dose of combination products containing IPV can be given as early as 6 weeks of age and should be considered for administration when infants who are at least 6 weeks old and reside in Rockland or Orange County present for care. Otherwise, it should be given at 2 months of age according to the usual recommended schedule.
  - Polio vaccine can be given during pregnancy and is recommended if otherwise indicated. Pregnant persons should discuss the risks and benefit of IPV with their healthcare provider.
  - Polio vaccine may be given at the same time as other vaccines.
  - IPV, the only polio vaccine available in the US, is highly effective, with 90% or more of vaccine recipients developing protective antibody levels to all three poliovirus types after 2 doses, and 99% developing protective antibody levels following 3 doses.
  - Unvaccinated adults at risk for poliovirus infection should get three doses of IPV: two doses separated by 1 to 2 months, and a third dose 6 to 12 months after the second dose. Often during an outbreak, the first dose may be administered by a public health agency but follow up doses can be obtained where the patient receives regular health care.
  - The schedule for polio vaccination for unvaccinated or under-vaccinated children through age 17 years is 2 doses of IPV separated by 4–8 weeks, and a third dose 6–12 months after the second dose. For details and age groups, refer to the [ACIP IPV catch-up vaccine table](#).
  - To obtain IPV for your patients, please order through your usual vaccine ordering channels. Contact your local health department if you have concerns about obtaining vaccine.

## Routine and enhanced polio surveillance

- Surveillance for non-paralytic polio – non-specific viral symptoms
  - NYSDOH recommends that the following individuals undergo testing for enterovirus (poliovirus is a type of enterovirus):
    - Unimmunized for polio, or unknown immunization status (patient report acceptable if records are not available), and
    - Resident of Rockland or Orange County, or works or attends school in Rockland or Orange County, or has frequent social interactions with communities in Rockland or Orange County, and
    - Symptoms consistent with non-paralytic polio:
      - Sore throat and/or fever, AND
      - At least two of the following symptoms (sore throat and/or fever can count as one or both): sore throat, fever, tiredness, headache, nausea, stomach pain.
    - If tested, negative results for COVID-19, influenza, streptococcal infection, and other respiratory pathogens (with the exception of enterovirus or “rhino-enterovirus”, for which positive results might indicate poliovirus).
  - Individuals who meet the criteria above should have a diagnostic **stool specimen collected for enterovirus PCR** and **sent to the clinical laboratory** that you routinely use.
    - If a stool specimen cannot be obtained, then an oropharyngeal (OP) swab is also acceptable, although stool is preferred.
    - The relevant ICD-10 code should be included on the lab requisition (e.g., B34.9, J02.9).
    - **The Rockland or Orange County connection and the polio immunization status should be included on the lab requisition.**
    - An enterovirus-specific PCR test should be ordered; that is, point-of-care or other tests that return a “rhino-enterovirus” result are not acceptable.
  - NYSDOH will contact clinical laboratories and request that they send specimens positive for enterovirus to the New York State public health laboratory, Wadsworth Center, for poliovirus testing.
- Surveillance for non-paralytic polio – meningitis
  - NYSDOH recommends that the following individuals with meningitis undergo diagnostic testing for poliovirus:
    - Resident of Rockland or Orange County, or works or attends school in Rockland or Orange County, or has frequent social interactions with communities in Rockland or Orange County, and
    - If tested, positive results for enterovirus in cerebrospinal fluid (CSF). If not tested for enterovirus, then no other apparent cause for the meningitis.
  - Individuals who meet the criteria above should have a diagnostic **stool specimen collected for enterovirus PCR** and **sent to the clinical laboratory** that you routinely use.
    - If a stool specimen cannot be obtained, then an OP swab is also acceptable, although stool is preferred.
    - **The Rockland or Orange County connection should be included on the lab requisition.**
    - An enterovirus-specific PCR test should be ordered; that is, point-of-care or other tests that return a “rhino-enterovirus” result are not acceptable.



- NYSDOH will contact clinical laboratories and request that they send specimens positive for enterovirus to the New York State public health laboratory, Wadsworth Center, for poliovirus testing.
- Surveillance for paralytic polio or strongly-suspected non-paralytic polio
  - **Immediately notify the local health department** where the patient resides and/or contact the New York State Department of Health. See additional information in August 4, 2022 Health Advisory: Update Regarding Poliomyelitis in Rockland County, New York State (PDF) under the section entitled “Guidelines for Healthcare Providers” [August 4, 2022 Health Advisory: Update Regarding Poliomyelitis in Rockland County, New York State \(PDF\)](#).
  - The specimen collection recommendations in this section apply for cases of possible paralytic polio, or when there is a high suspicion of non-paralytic polio (e.g., compatible illness in a contact of a polio case).
  - Specimens should be collected as follows (in order of priority) and **sent directly to Wadsworth Center**:
    - **Two stool specimens** collected 24 hours apart
    - **Oropharyngeal swab**
    - **Nasopharyngeal swab**
    - **Cerebral spinal fluid (CSF; 2-3 cc, if available, in sterile collection tube)**
    - **Serum** (acute and convalescent), collected **before** treatment with intravenous immunoglobulin (IVIG; 2-3 cc in red or tiger-top tube)
    - A shipping manifest from an electronically-submitted Remote Order OR an [Infectious Disease Requisition](#) form should accompany all specimens sent to Wadsworth, noting symptoms and immunization history.
    - Specimens should be stored refrigerated and shipped on frozen gel packs.
- **Specimen collection, storage, and shipping**
  - For stool specimens, a quarter-sized amount of stool should be collected in a sterile, wide-mouth container with no additives.
  - For OP swabs, flocked swabs are preferred. Sterile Dacron or rayon swabs with plastic or metal handles may also be used. Do NOT use cotton or calcium alginate swabs or swabs with wooden sticks. Place the swab in liquid viral transport media (VTM) or universal transport media (UTM). The same swabs and media used for COVID or influenza PCR testing can be used. Do not use saline or send dry swabs.
  - Specimens should be stored refrigerated and shipped on frozen gel packs.

## Resources

- CDC Suspect Polio Factsheet: <https://www.cdc.gov/polio/pdf/Polio-Fact-Sheet-Suspect-Polio-508.pdf>
- ACIP Recommendations for Polio Vaccination: <https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/polio.html>
- CDC Polio Vaccination: What Everyone Should Know: <https://www.cdc.gov/vaccines/vpd/polio/public/index.html>
- CDC Polio Vaccine Information Statements: <https://www.cdc.gov/vaccines/hcp/vis/vis-statements/ipv.html>
- CDC Polio Education Materials: <https://www.cdc.gov/vaccines/vpd/polio/public/index.html#educational-materials>
- Vaccine Derived Polio FAQ: <https://www.cdc.gov/vaccines/vpd/polio/hcp/vaccine-derived-poliovirus-faq.html>

- Polio: For Healthcare Providers | CDC: <https://www.cdc.gov/polio/what-is-polio/hcp.html>
- Report of polio detection in United States – GPEI: <https://polioeradication.org/news-post/report-of-polio-detection-in-united-states/>
- Guidance for assessment of poliovirus vaccination status and vaccination of children who have received poliovirus vaccine outside the United States: [https://www.cdc.gov/mmwr/volumes/66/wr/mm6606a7.htm?s\\_cid=mm6606a7\\_w](https://www.cdc.gov/mmwr/volumes/66/wr/mm6606a7.htm?s_cid=mm6606a7_w).
- Clinicians with questions can contact the NYSDOH at 1-866-881-2809 evenings, weekends, and holidays. In New York City clinicians may contact the healthcare provider access line at 1-866-692-3641.

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

**Children with Special Care Needs Highlights**  
**August 2022**

**Staff Activities**

**Staff Group Training-**

- McGuinness Pre-K Software trainings- 8/11/2022
- Margo Polikoff and Deb Thomas participated in Cultural Humility Training 8/25/2022

**Committees/Meetings**

- CSCN Staff meeting -Cancelled

**Division Manager—Deb Thomas:**

- Senior Leadership Meetings 8/4/22
- BOH meeting -missed on 8/23
- Early Childhood Collaborative Meeting 8/1/22
- Strategic Planning Cross Functional Team check in with Sr Leadership 8/5/22, 8/19/22
- Meeting with Deb Jordan at ICSD for PreK software discussion 8/8/22
- Meeting with HR Director and PH Director 8/11/22
- Meeting with ITS Director- Laserfiche Request document 8/15/22
- McGuinness software meeting for Pre-K Portal 8/15/22, 8/22/22
- CYSHCN meeting to update Family Engagement Plan for TC 8/17/22, 8/24/22
- Meeting with Initial Service Coordinators to discuss ISC duties 8/24/22
- Pre-K Birnie Bus meeting to discuss rates 8/25/22, 8/30/22
- Strategic Planning Services CFT meeting 8/26/22

Pre-K software CPSE Portal went live for Pre-K digital billing on 7/1/22

Pre-K digital record through Laserfiche implementation started at the end of August 2022.

Pre-K program records and billing is now completely digital with the exception of a few independent providers that rarely do billing, who will continue using paper billing.

**\*\* Early Intervention experiencing wait lists for speech services, Special Instruction Teachers and PT.**

**NYSDOH BEI notified monthly or current needs.**

**Advocacy for the Early Intervention Program:**

NYS DOH Bureau of Early Intervention- Capacity Task Force committee working on Rate structure, tuition reimbursement, incentives, decreased clinical hours for early childhood education, more student internships.

For letter writing, emails or phone calls to the Bureau of Early Intervention here is the contact info:

Website: [https://www.health.ny.gov/community/infants\\_children/early\\_intervention/](https://www.health.ny.gov/community/infants_children/early_intervention/)

New York State Department of Health

Bureau of Early Intervention

Corning Tower, Room 287

Empire State Plaza

Albany, NY 12237-0660

Phone: (518) 473-7016

E-mail: [bei@health.ny.gov](mailto:bei@health.ny.gov)<https://thechildrensagenda.org/the-agenda/earlychildhood/kids-cant-wait/?emci=fb7e0d9b-7aed-ec11-b47a-281878b83d8a&emdi=a8843c6b-82ed-ec11-b47a-281878b83d8a&ceid=24741490>

## Other Advocacy by parents and organizations:

Kids Can't Wait



- 
- 
- *The Children's Agenda advocates for effective policies and drives evidence-based solutions for the health, education and success of children. We are especially committed to children who are vulnerable because of poverty, racism, health inequities and trauma.*
- **The Kids Can't Wait campaign has launched a social media campaign to urge the Governor to sign into law a piece of legislation that was passed this month. The legislation is an important step to reach our goal of decreasing wait times. The way it works is:**
  - Parents take a photo of themselves or their child with one of the attached signs (either saying how long they've been waiting for Early Intervention services or celebrating that Early Intervention worked for their child)
  - They post the photo on social media, tagging the Governor and using the hashtag #KidsCantWait. When you post your photo, be sure to tag the Governor! On Facebook use @Governor Kathy Hochul. On Twitter use @GovKathyHochul.
- Attached is a flyer you can post. There are two versions of it:

- One lets parents print out a sign themselves
- The other is if you have signs sitting in the waiting room so they can jump right to the "take a photo holding the sign" part. (I think this one is easier because most people don't print from their phones.)

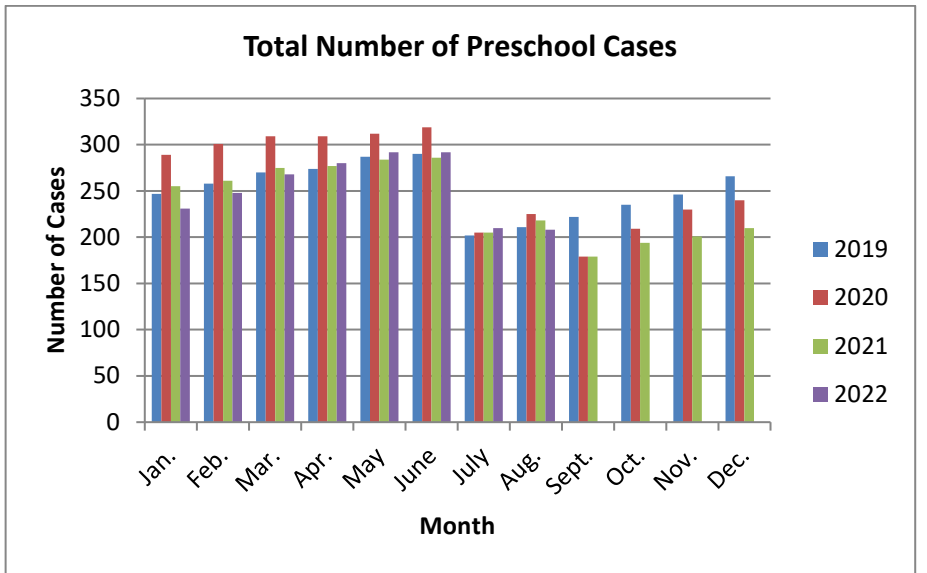
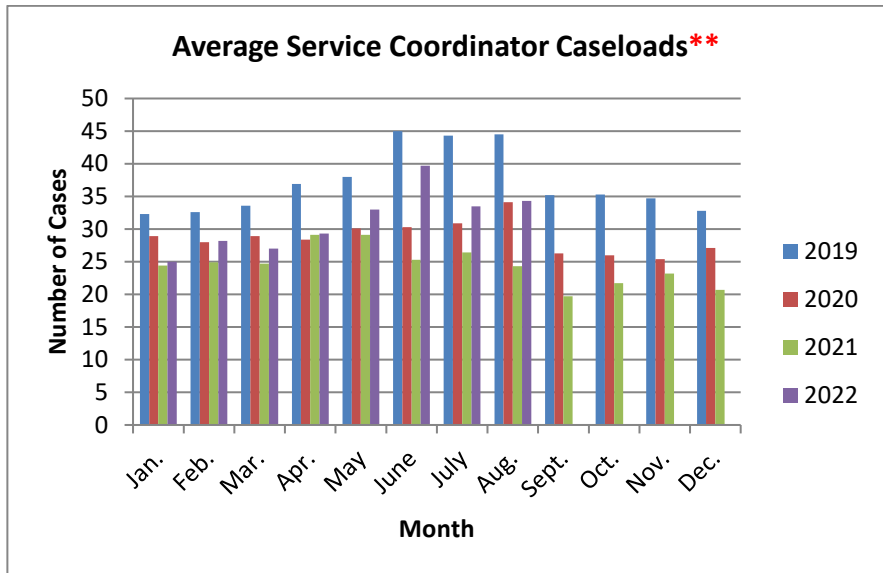
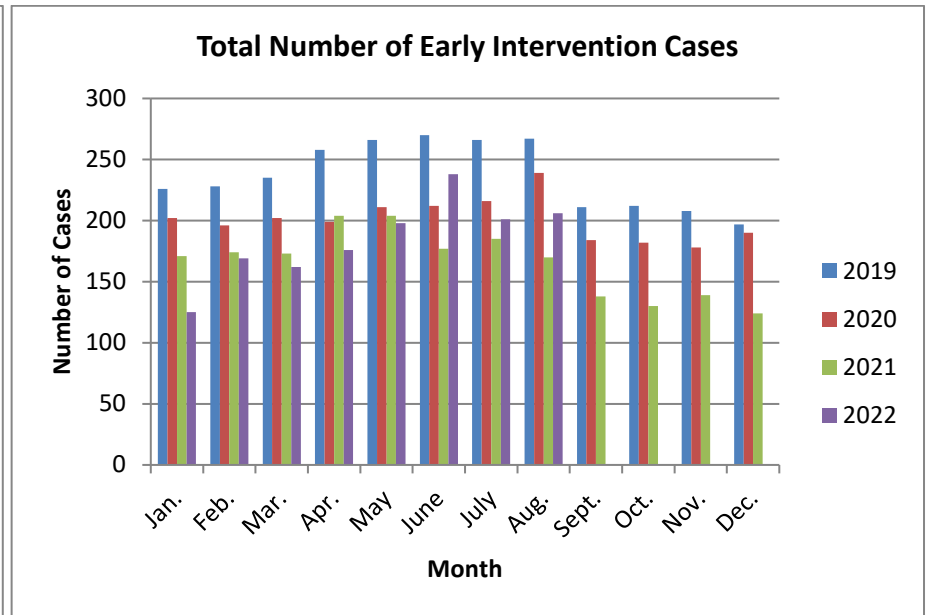
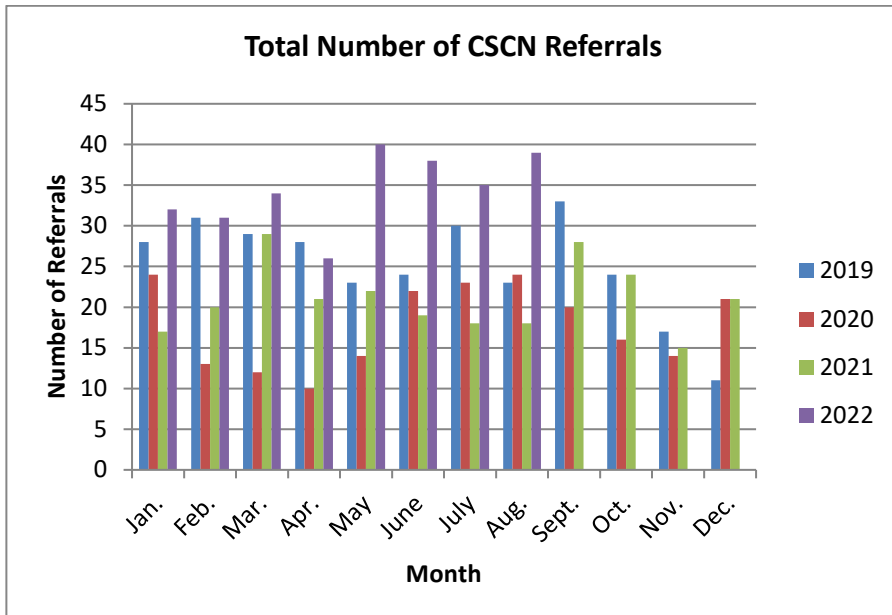
<https://thechildrensagenda.org/> go to Take Action and sign up for Advocacy Network. You will get notifications on petitions going to the state Governor's office.

<https://www.facebook.com/groups/725883804499635> Parents helping Parents of Monroe County

<https://www.facebook.com/search/top?q=kids%20can%27t%20wait%20nys%20campaign> Kids Can't Wait NYS Campaign

<https://www.facebook.com/groups/725883804499635> Parents helping Parents of Monroe County

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 2022  
EARLY INTERVENTION PROGRAM**

Number of Program Referrals	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2022 Totals	2021 Totals
<b>Initial Concern/reason for referral:</b>														
-- DSS Founded Case														7
-- Gestational Age		1	1	1				1						6
-- Gestational Age/Gross Motor														0
-- Global Delays				1										0
-- Hearing						1								0
-- Physical														
-- Feeding	4	1	2		1	3								14
-- Feeding & Gross Motor	1				1	2	1	2						0
-- Feeding & Social Emotional							1	1						0
-- Gross Motor	3		3		7	6		8						37
-- Gross Motor & Fine Motor							7	1						2
-- Gross Motor, Speech & Social Emotional					1			2						2
-- Fine Motor														0
-- Social Emotional			1			1								8
-- Social Emotional & Adaptive					1									0
-- Speech	13	13	13	12	14	13	10	10						147
-- Speech & Cognitive														1
-- Speech & Feeding		1	1											1
-- Speech & Fine Motor			1											0
-- Speech & Gross Motor	1	4	1		1	1								15
-- Speech & Hearing	2		1		1									0
-- Speech & Sensory														0
-- Speech & Social Emotional	1		2	1		1	1	3						4
-- Speech, Feeding & Gross Motor														2
-- Adaptive														0
-- Adaptive/Sensory														1
-- Adaptive/Fine Motor														0
-- Qualifying Congenital / Medical Diagnosis				1										6
-- Other -- Birth Trauma														0
-- Maternal Drug Use														4
Total # of CYSHCN Referrals	0	1	1	5	5	0	4	0						
Total # of Information and Referalls (I&R)	3	2	0	0	5	10	2	6						
Total # of Child Find Referrals	4	8	7	5	3	0	9	5						15
<b>Total Number of CSCN Program Referrals</b>	<b>32</b>	<b>31</b>	<b>34</b>	<b>26</b>	<b>40</b>	<b>38</b>	<b>35</b>	<b>39</b>						<b>252</b>
<b>Caseloads</b>														
Total # of clients worked with during this month	125	169	162	176	198	238	201	206						
Average # of Cases per Full Time Service Coordinator	25.0	28.2	27.0	29.3	33.0	39.7	33.5	34.3						

**EARLY INTERVENTION PROGRAM**

Family/Client visits	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2022 Totals	2021 Totals
-- Intake visits	19	17	27	18	22	19	18	24						245
-- IFSP Meetings	18	19	35	31	28	26	25	15						301
-- Core Evaluations	13	19	19	17	17	19	22	20						207
-- Supplemental Evaluations	5	4	5	5	4	6	1	10						57
-- Observation Visits	12	39	44	19	39	28	26	17						392
-- CPSE meetings	5	2	7	2	5	10	6	5						53
-- Family Training/Team Meetings	0	0	0	0	0	0	1	0						17
-- Transition meetings	3	7	7	2	1	0	4	2						97

Services and Evaluations Pending & Completed	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2022 Totals	2021 Totals
<b>Children with Services Pending(Needs List)</b>														
-- Feeding	6	4	4	4	4	3	5	0						11
-- Nutrition	0	0	0	0	0	0	0	0						0
-- Occupational Therapy	0	1	3	3	2	2	2	0						13
-- Physical Therapy	4	2	6	6	5	2	5	7						11
-- Social Work	0	0	0	0	2	0	0	0						3
-- Special Education	7	6	11	11	15	13	10	4						13
-- Speech Therapy	37	39	33	36	47	52	54	38						144

**EARLY INTERVENTION PROGRAM**

Early Intervention Discharges	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2022 Totals	2021 Totals
-- To CPSE	14	1	2	1	0	0	3	29						42
-- Aged out	1	1	1	2	2	0	0	2						14
-- Skilled out	4	2	3		4	3	1	1						36
-- Moved	2	0	0	0	3	10	4	3						16
-- Not Eligible/DNQ	5	3	9	6	5	7	16	10						78
-- Family Refused/Unable to Locate	3	4	5	4	3	6	8	2						21
<b>Total Number of Discharges</b>	<b>29</b>	<b>11</b>	<b>20</b>	<b>13</b>	<b>17</b>	<b>26</b>	<b>32</b>	<b>47</b>						<b>238</b>
<b>Child Find</b>														
Total # of Referrals	4	8	6	5	3	0	9	5						15
Total # of Children in Child Find	13	20	20	21	25	22	20	21						
Total # Transferred to Early Intervention	0	0	1	3	2	1	2	1						0
Total # of Discharges	0	3	6	1	1	4	0	4						4



**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>2022 Totals</b>	<b>2021 Totals</b>
Children per School District														
-- Ithaca	112	120	131	136	144	145	108	106						
-- Dryden	44	47	49	51	54	54	38	40						
-- Groton	34	35	38	40	40	40	26	23						
-- Homer	0	0	0	0	0	0	0	1						
-- Lansing	26	27	27	29	28	27	17	17						
-- Newfield	6	8	13	14	15	15	12	12						
-- Trumansburg	9	11	10	10	11	11	9	9						
-- Spencer VanEtten	0	0	0	0	0	0	0	0						
-- Newark Valley	0	0	0	0	0	0	0	0						
-- Odessa-Montour	0	0	0	0	0	0	0	0						
-- Candor	0	0	0	0	0	0	0	0						
-- Moravia	0	0	0	0	0	0	0	0						
-- Cortland	0	0	0	0	0	0	0	0						
<b>Total # of Qualified and Receiving Services</b>	<b>231</b>	<b>248</b>	<b>268</b>	<b>280</b>	<b>292</b>	<b>292</b>	<b>210</b>	<b>208</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)	148	160	172	177	182	182	114	111						
-- Speech Therapy (group)	7	11	16	15	19	19	5	5						
-- Occupational Therapy (individual)	58	61	62	65	71	71	50	45						
-- Occupational Therapy (group)	1	2	3	3	9	6	1	1						
-- Physical Therapy (individual)	35	36	38	42	42	43	21	20						
-- Physical Therapy (group)	0	0	0	0	0	0	0	0						
-- Transportation														
-- Birnie Bus	26	18	16	16	18	17	21	19						
-- Dryden Central School District	6	7	7	6	6	6	0	0						
-- Ithaca City School District	31	31	35	32	31	31	32	34						
-- Parent	6	8	7	7	5	5	3	3						
-- Service Coordination	34	36	3	38	44	41	21	20						
-- Counseling (individual)	43	51	55	62	70	66	55	52						
-- 1:1 (Tuition Program) Aide	4	4	5	5	5	5	5	5						
-- Special Education Itinerate Teacher	31	39	41	42	45	43	29	26						
-- Parent Counseling	44	51	58	63	66	63	35	37						
-- Program Aide	1	1	1	1	1	1	1	1						
-- Teaching Assistant	0	0	0	0	0	0	0	0						
-- Audiological Services	2	2	2	2	2	2	0	0						
-- Teacher of the Deaf	2	2	2	2	3	1	1	1						
-- Music Therapy	0	0	0	0	0	0	0	0						
-- Nutrition	15	15	16	17	17	16	8	8						
-- Skilled Nursing	0	0	0	0	0	0	0	0						
-- Interpreter	1	1	1	1	2	2	1	1						
<b>Total # of children rcvg. home based related svcs.</b>	<b>162</b>	<b>182</b>	<b>199</b>	<b>215</b>	<b>229</b>	<b>230</b>	<b>153</b>	<b>152</b>						

**PRESCHOOL SPECIAL EDUCATION PROGRAM**

<b>Number of Children Served Per School District Attending Tuition Based Programs</b>	<b>Jan</b>	<b>Feb</b>	<b>March</b>	<b>April</b>	<b>May</b>	<b>June</b>	<b>July</b>	<b>Aug</b>	<b>Sept</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>2022 Totals</b>	<b>2021 Totals</b>
-- Ithaca	35	31	35	32	31	31	34	34						
-- Dryden	14	16	16	15	15	15	8	8						
-- Groton	7	7	7	7	7	7	6	5						
-- Lansing	9	8	7	7	6	5	6	6						
-- Newfield	2	2	2	2	2	2	1	1						
-- Trumansburg	2	2	2	2	2	2	2	2						
-- Odessa-Montour	0	0	0	0	0	0	0	0						
-- Spencer VanEtten	0	0	0	0	0	0	0	0						
-- Moravia	0	0	0	0	0	0	0	0						
-- # attending Dryden Central School	8	8	8	7	7	7	0	0						
-- # attending Franziska Racker Centers	35	35	34	34	33	32	33	32						
-- # attending Ithaca City School District	26	23	27	24	23	23	24	24						
<b>Total # attending Special Ed Integrated Tuition Progr.</b>	<b>69</b>	<b>66</b>	<b>69</b>	<b>65</b>	<b>63</b>	<b>62</b>	<b>57</b>	<b>56</b>						

<b>Municipal Representation Committee on Preschool Special Education</b>													<b>2022 Totals</b>	<b>2021 Totals</b>
-- Ithaca	11	23	35	31	28	12	12	2						206
-- Candor	0	0	0	0	0	0	0	0						0
-- Dryden	8	6	13	7	4	7	1	2						51
-- Groton	3	2	10	14	8	0	3	1						41
-- Homer	0	0	0	0	1	1	0	0						0
-- Lansing	1	2	2	4	3	1	0	4						19
-- Newfield	3	0	1	1	2	6	0	0						16
-- Trumansburg	3	2	0	3	4	6	0	1						20
-- Spencer VanEtten	1	0	0	0	0	0	0	0						1
-- Moravia	0	0	0	0	0	1	0	0						0
<b>Total CPSE Meetings Attended</b>	<b>30</b>	<b>35</b>	<b>61</b>	<b>60</b>	<b>50</b>	<b>34</b>	<b>16</b>	<b>10</b>						

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

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## ENVIRONMENTAL HEALTH HIGHLIGHTS August 2022

### Outreach and Division News:

**Elevated Legionella in Mental Health Cooling Tower:** On September 8, 2022, Environmental Health was notified of a Legionella bacteria exceedance in the cooling tower located at the Tompkins County Mental Health building. Legionella is a bacteria found in the environment that grows best in warm waters, like those found in cooling towers, hot tubs, water tanks, large water systems, and decorative fountains.

In New York State, all owners of cooling towers are required to test their towers routinely for *Legionella* to assess the effectiveness of routine disinfection and maintenance. Integrated Water Management (IWM), who is contracted to manage the tower at the Mental Health building, received sample results on September 1, 2022, showing the concentration of Legionella in the cooling tower was >1,500 colony forming units per milliliter (CFU/mL).

As required by DOH, IWM performed decontamination of the cooling tower on September 8, 2022, notified Tompkins County Environmental Health of the elevated levels, reviewed the cooling tower treatment protocol, and retested the cooling tower within 3-7 days. If the results remain elevated, further disinfection or decontamination of the cooling tower will be required. Note that a review of the Legionellosis cases in Tompkins County to date found that none were connected to the exceedance at the tower.

A press release was issued which can be found at:

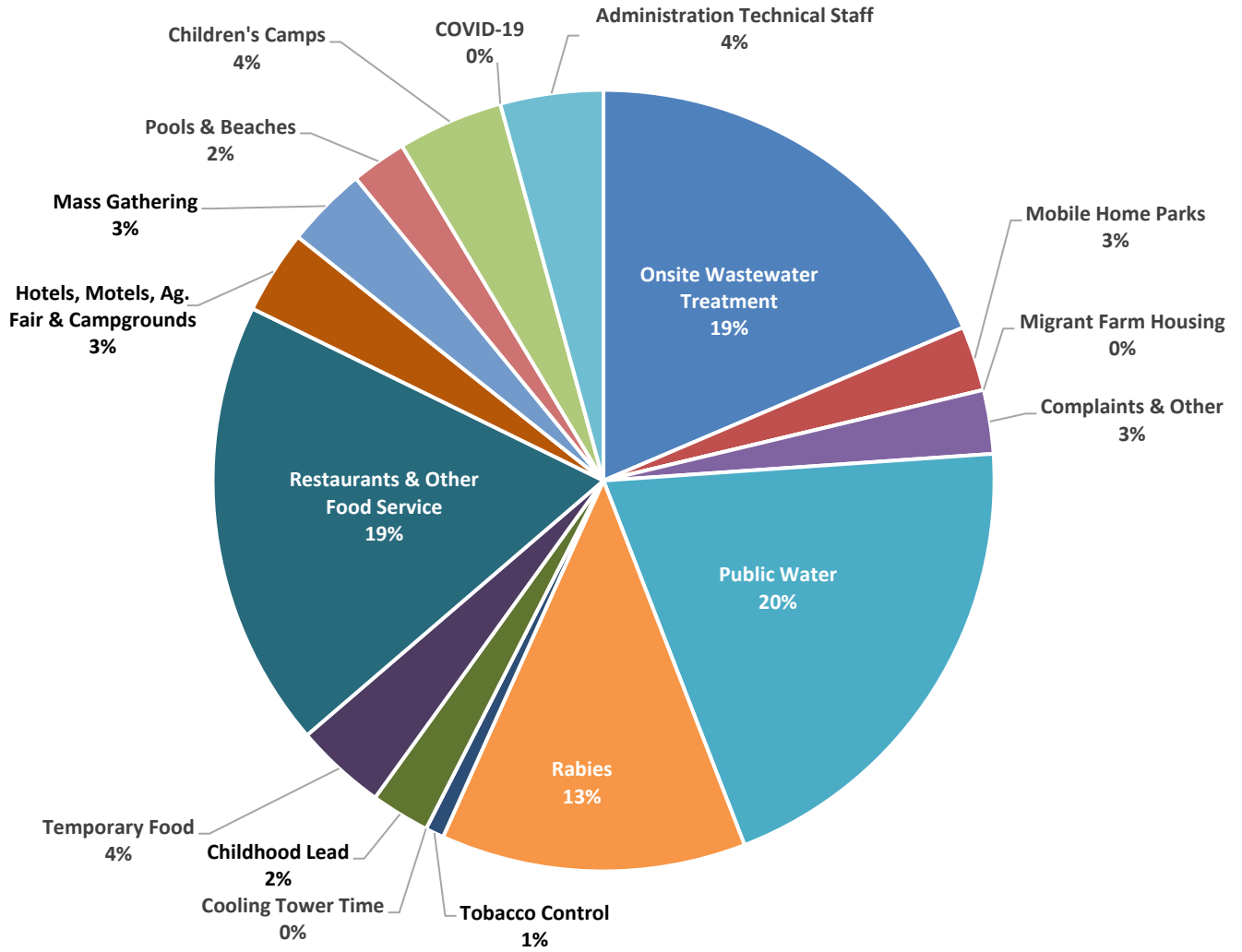
<https://www.tompkinscountyny.gov/health/health-alert-tests-show-elevated-legionella-cooling-tower-tompkins-county-mental-health>

Kudos to Cynthia Mosher for her work handling this exceedance!

**Finger Lakes GrassRoots Festival of Music and Dance:** Environmental Health staff continued to be occupied with GrassRoots as we pursue enforcement in connection with this year's festival. Enforcement was coordinated internally with County Administrator Lisa Holmes, County Attorney Bill Troy, Frank Kruppa, and Liz Cameron, as well as with EH staff. A draft resolution was sent to GrassRoots on September 14, 2022. It is scheduled to be discussed at an Office Conference on September 22, 2022. Next steps will be determined after the Office Conference.

**EH Programs Overview:**

**Staff Time in Environmental Health Programs - August 2022**



Division of Environmental Health  
Summary of Activity (2022)

	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD	2021 Totals
<b>FOOD PROTECTION PROGRAM - Restaurants &amp; Other Food Service</b>														
<i>Permitted Operations (518 Permitted Operations*)</i>														
Inspections**	34	52	71	67	97	54	67	108					550	830
Critical Violations	7	10	11	31	17	13	24	35					148	166
Other Violations	6	31	22	44	28	31	31	53					246	250
Plans Approved	1	0	4	0	0	1	0	0					6	15
Complaints Received	1	1	6	3	1	2	1	5					20	22
<i>Temporary FSE (375 Estimated Operations)</i>														
Permits Issued	1	4	9	9	8	30	19	36					116	92
Inspections**	0	0	4	0	5	12	16	32					69	0
Critical Violations	0	4	0	0	2	2	5	13					26	0
Other Violations	0	0	1	0	2	1	1	3					8	0
<b>MOBILE HOME PARKS (39 Permitted Operations, 2012 Lots*)</b>														
Inspections**	3	0	1	1	1	0	1	7					14	21
Critical Violations	0	0	0	0	0	0	0	11					11	0
Other Violations	12	0	4	0	0	6	0	38					60	1
Complaints Received	0	0	0	0	1	2	1	1					5	8
<b>TEMPORARY RESIDENCES - Hotels &amp; Motels (34 Permitted Operations, 2225 Rooms*)</b>														
Inspections**	0	4	0	0	2	10	0	7					23	47
Critical Violations	0	8	0	2	3	7	0	10					30	62
Other Violations	0	28	0	3	6	7	0	13					57	97
Complaints Received	0	1	0	1	2	1	3	4					12	10
<b>MASS GATHERING (Fingerlaks GrassRoots Festival)</b>														
Inspections**	0	0	0	0	0	0	9	0					9	0
Critical Violations	0	0	0	0	0	0	13	0					13	0
Other Violations	0	0	0	0	0	0	22	0					22	0
Complaints Received	0	0	0	0	0	0	0	0					0	0
<b>MIGRANT FARM WORKER HOUSING (1 Operation)</b>														
Inspections**	0	1	0	0	0	1	0	0					2	0
Critical Violations	0	0	0	0	0	0	0	0					0	0
Other Violations	0	0	0	0	0	0	0	0					0	0
Complaint Investigations	0	0	0	0	0	0	0	0					0	0
<b>CAMPGROUNDS &amp; AGRICULTURAL FAIRGROUNDS (13 Operations, 973 Sites*)</b>														
Inspections**	0	0	0	4	6	2	15	10					37	34
Critical Violations	0	0	0	0	0	0	21	2					23	4
Other Violations	0	0	0	0	0	1	11	5					17	20
Complaints Received	0	0	0	0	0	0	0	0					0	0
<b>CHILDREN'S CAMPS (35 Operations)</b>														
Inspections**	0	0	0	0	0	15	26	14					55	32
Critical Violations	0	0	0	0	0	0	3	0					3	2
Other Violations	0	0	0	0	0	0	0	0					0	0
Injury/Illness Investigations	0	0	0	0	0	0	0	0					0	7
Complaints Received	0	0	0	0	0	0	0	0					0	1
<b>SWIMMING POOLS &amp; BATHING BEACHES - (58 Operations*)</b>														
Inspections**	0	4	8	6	9	12	9	19					67	107
Critical Violations	0	2	0	0	0	1	1	4					8	18
Other Violations	0	11	2	4	0	2	5	7					31	64
Injury/Illness Investigations	0	0	0	0	0	0	1	0					1	0
Complaints Received	0	0	0	1	0	0	1	0					2	0
<b>PUBLIC WATER SYSTEMS (PWS) 89 Community PWS, 63 Other PWS*)</b>														
Inspections**	2	2	6	9	13	1	4	5					42	94
Boil Water Orders Issued	0	1	0	1	1	1	0	2					6	4
Disinfection Waivers (Total)	19	19	19	19	19	19	19	19					n/a	20
Complaints Received	0	0	0	0	0	0	0	0					0	0



Division of Environmental Health  
Summary of Activity (2022)

	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD	2021 Totals
<b>ON-SITE WASTEWATER TREATMENT SYSTEMS (OWTS)</b>														
<b>Permits Issued</b>	6	3	9	18	27	20	20	25	0	0	0	0	128	220
New Construction/Conversions	4	2	6	11	19	10	10	10					72	105
Replacements	2	1	3	7	8	10	10	15					56	115
<b>Completion Certificates Issued</b>	7	1	3	4	15	17	23	9	0	0	0	0	79	185
New Construction/Conversions	6	1	2	3	8	10	8	5					43	90
Replacements	1	0	1	1	7	7	15	4					36	95
<b>ENGINEERING PLAN REVIEWS</b>														
Realty Subdivisions	0	0	1	0	0	0	1	1					3	0
OWTS	2	2	3	2	2	2	4	1					18	29
Collector Sewer	0	0	1	2	1	0	1	0					5	0
Public Water Systems	0	0	0	0	1	1	0	1					3	7
Water Main Extension	0	0	1	3	2	1	1	0					8	5
Cross-Connection Control Devices	3	1	1	0	0	1	1	0					7	7
Other Water System Modification	0	0	1	2	0	0	0	1					4	3
Other Engineering Reviews	0	0	0	3	2	0	0	2					7	0
<b>RABIES CONTROL PROGRAM</b>														
Potential Human Exposure Investigations	22	19	29	30	37	53	76	134					400	472
Human Post-X Treatments	3	2	3	3	3	21	31	71					137	115
Animal Specimens Tested	8	9	11	9	9	17	15	62					140	172
Animals Testing Positive	1	1	0	1	0	2	2	1					8	4
Rabies Clinics Offered	0	0	1	0	1	1	0	0					3	4
Dogs Vaccinated	0	0	42	0	109	60	0	0					211	398
Cats Vaccinated	0	0	23	0	47	41	0	0					111	258
Ferrets Vaccinated	0	0	0	0	0	0	0	0					0	2
Pet Quarantine	0	0	0	0	0	0	2	2					4	0
<b>CHILDHOOD LEAD PROGRAM</b>														
Children with Elevated Blood Lead Levels	1	1	0	2	3	2	1	1					11	10
Sites Inspected	0	3	0	0	0	0	2	2					7	6
Abatement Completed	0	0	1	0	0	0	0	0					1	1
Lead Assessments Sent	0	0	0	0	0	0	0	0					0	2
<b>FOIL REQUESTS</b>														
Total Received	2	6	2	2	2	5	7	4					30	45
<b>ADOLESCENT TOBACCO USE PREVENTION ACT (ATUPA) (65 Operations *) &amp; CLEAN INDOOR AIR ACT (CIAA)</b>														
ATUPA (Adult & Minor) Compliance Checks	13	47	30	0	0	0	4	0					94	28
Violations	0	0	0	0	0	0	0	0					0	2
CIAA Complaints	0	0	0	0	0	0	0	0					0	5
<b>COMPLAINTS - General/Nuisance</b>														
Complaint Investigations Opened	2	1	3	3	5	4	9	17					44	44
<b>ENFORCEMENT ACTIONS</b>														
Total Cases	5	0	5	0	0	9	6	2					27	17
Cases Related to FSE	4	0	1	0	0	0	3	0					8	6
BOH Penalties Assessed	\$4,900	\$0	\$2,500	\$0	\$0	\$7,700	\$2,000	\$1,900					\$19,000	\$8,450
BOH Penalties Collected	\$200	\$200	\$1,900	\$5,300	\$0	\$200	\$1,400	\$1,400					\$10,600	\$8,000
<b>CUSTOMER SERVICE/SUPPORT</b>														
Calls Received	579	462	642	676	828	830	835	1074					5926	11156
Walk-In Customers	15	35	26	30	60	65	45	75					351	440
TCEH Emails Received	424	374	373	398	436	462	402	533					3402	6415
Applications Processed	41	167	140	170	176	131	117	165					1107	1500
Payment Receipts Processed	18	150	137	112	128	108	92	146					891	1269
Renewals/Billings Sent	107	152	60	143	13	32	99	39					645	872

\* As of 1/1/2022

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

**Food Program Detailed Report:**

The results of food service establishment inspections conducted in Tompkins County can be viewed directly on the Environmental Health website (<https://www2.tompkinscountyny.gov/health/eh/food#fsetable>). Inspections can be sorted to meet the needs of the viewer (by facility, date, etc.) by clicking on the column heading of interest.

The following plans were approved this period:

- There were no plans approved in August.

New permits were issued for the following facilities:

- Via's Cookies, C-Ithaca
- Yxi's Arepas, Throughout Tompkins

**Boil Water Orders (BWOs):**

Ongoing:

- On April 14, 2022, a BWO was issued to TOSA Apartments located in the Town of Dryden. The water system did not have adequate chlorine residual when inspected by the Tompkins County Health Department.
- On June 24, 2022, a BWO was issued to Cayuga Nature Center located in the Town of Ulysses. The water system did not have adequate chlorine residual when inspected by the Tompkins County Health Department. TCHD is awaiting results of re-sampling prior to releasing the BWO.

New:

- On August 9, 2022, a BWO was issued to Country Acres MHP located in the Town of Dryden. The water system reported a pump malfunction impacting disinfection. The BWO was released on August 15, 2022, after the equipment was repaired, the chlorine residual was re-established, and satisfactory samples were received.
- On August 15, 2022, a BWO was issued to Hillside Apartment located in the Town of Dryden. The water system did not have adequate chlorine residual when inspected by the Tompkins County Health Department. TCHD is awaiting results of re-sampling prior to releasing the BWO.

**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>
6/28/22	Dream Vape & Smoke	Dream Vape & Smoke LLC.	ATUPA Retailer- Sale of Prohibited Flavored Nicotine Product and Sale of Nicotine to Person Under 21	\$2500	Payment due 8/15/22	Additional Action Pending
6/28/22	Jason's Grocery & Deli	Jason Burnham	ATUPA Retailer - Sale of Prohibited Flavored Nicotine Product	\$600	Payment due 8/15/22	Late penalty letter sent.
6/28/22	Finger Lakes GrassRoots	Finger Lakes GrassRoots Festival Org., Inc.	Mass Gathering – Violation of Board of Health Orders for Failure to Submit Approvable Water Plans	\$500	Payment due 8/15/22	Late penalty notice sent.
6/28/22	TOSA Apartments	Tony Busse	Public Water Supply - Violation of Board of Health Orders for Failure to Maintain Disinfection and to Adhere to Monitoring Requirements	\$1500	Payment due 8/15/22	Late penalty notice sent. Additional enforcement action may be required.
7/26/22	ZaZa Exotics	ZaZa Exotics Inc.	ATUPA - Sale of Prohibited Flavored Nicotine Product	\$600	Payment due 9/15/22	Late penalty letter sent.
7/26/22	Homewood Suites	Waterford Hotel Group, LLC.	Food Service Establishment – Repeat Critical Violations	\$400	Payment due 9/15/22	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**

September 13, 2022

Yeshi Tsondu  
Potala Café / Tibetan Momo Bar  
185 E. King Rd.  
Ithaca, NY 14850

**Re: Tompkins County Board of Health Draft Resolution # EH-ENF-22-0028  
Potala Café / Tibetan Momo Bar, Food Service Establishment, C-Ithaca**

Dear Yeshi Tsondu:

Thank you for signing the Stipulation Agreement on August 24, 2022, for Potala Café/ Tibetan Momo Bar. Enclosed is a copy of the Draft Resolution that the Tompkins County Board of Health will consider at its meeting on **Tuesday, September 27, 2022.**

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, September 23, 2022, so that we can coordinate access to the Zoom Meeting.

In lieu of joining the Zoom Meeting, you can submit a written statement for the Board of Health to consider by sending it to: [tceh@tompkins-co.org](mailto:tceh@tompkins-co.org) by September 23, 2022. The meeting can be viewed through the Tompkins County YouTube Channel, which can be accessed through the following web address: <https://www.youtube.com/channel/UCkpJNVbpLLbEbhoDbTIEgSQ>.

Sincerely,

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

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

pc: F:\EH\FOOD (SF)\FSE (SF)\Facilities (SF-4)\Potala Cafe\Enforcement\Draft Resolution 22-0028.docx  
ec: Tompkins County Board of Health (via; Karan Palazzo, TCHD)  
City of Ithaca Building Department; Mayor Laura Lewis, Travis Brooks, 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



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

**DRAFT RESOLUTION # EH-ENF-22-0028 FOR**

**Potala Café / Tibetan Momo Bar  
Yeshi Tsondu, Owner  
171 E. State St.  
Ithaca, NY 14850**

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

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

**Whereas**, on July 21, 2022, and July 22, 2022, the TCHD observed potentially hazardous foods stored at temperatures between 110°F and 113°F during hot holding; **and**

**Whereas**, Yeshi Tsondu, Operator, signed a Stipulation Agreement with Public Health Director's Orders on August 24, 2022, agreeing that Potala Café / Tibetan Momo Bar violated these provisions of the New York State Sanitary Code; **now therefore be it**

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

1. Pay a penalty of \$200 for these violations, due by **November 15, 2022**. (**Do Not** submit penalty payment until notified by the Tompkins County Health Department.); **and**
2. Maintain potentially hazardous foods at or above 140°F in hot holding; **and**
3. Comply with all the requirements of Subpart 14-1 of the New York State Code for Food Service Establishments.



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

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

**STIPULATION AGREEMENT AND ORDERS # EH-ENF-22-0028**

**Potala Café / Tibetan Momo Bar**  
**Yeshi Tsondu, Owner**  
**171 E. State St.**  
**Ithaca, NY 14850**


I, Yeshi Tsondu, as a representative for Potala Café / Tibetan Momo Bar., agree that on July 21, 2022, and July 22, 2022, Potala Café / Tibetan Momo Bar was in violation of Subpart 14-1 of New York State Sanitary Code for failure to maintain potentially hazardous foods ~~under refrigeration.~~ <sup>S.P.</sup> ~~at or above 140°F in hot holding.~~

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.)

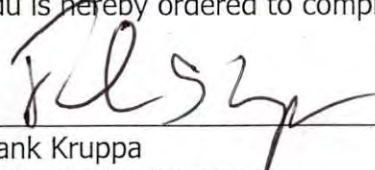
I also agree to comply with the following Orders when signed by the Tompkins County Public Health Director:

1. Maintain potentially hazardous foods at or above 140°F in hot holding; **and**
- ~~2. Maintain potentially hazardous foods under refrigeration except during necessary preparation; **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: 8/24/22

Yeshi Tsondu is hereby ordered to comply with these Orders of the Public Health Director.

Signed:  Date: 9/2/22  
Frank Kruppa  
Public Health Director

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

## Food Service Establishment Inspection Summary Report

Operation: POTALA CAFE / TIBETAN MOMO BAR (ID: 751818 )  
Facility Name: POTALA CAFE / TIBETAN MOMO BAR  
Facility Code: 54-AG50 Facility Email: momobar2008@gmail.com  
Facility Address: 171 East State Street, Ithaca, NY 14850

### To the Attention of:

Yeshi Tsondu  
TIBETAN MOMO BAR  
Yeshi Tsondu  
185 East King Rd  
Ithaca, NY 14850  
Email: momobar2008@gmail.com

### Inspection

Date: July 21, 2022 02:11 PM  
Inspector: Kristee Morgan (kmorgan@tomkins-co.org)  
Responsible Person: Operator

### Summary

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

### Reinspection is Required

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

## IMPROPER HOT HOLDING OF POTENTIALLY HAZARDOUS FOODS.

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

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

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

**Inspector Findings:** Observed two pans with about 3-4 pounds each of cooked chicken dishes in hot holding on top of grill at 113°F. The product had been cooked within the last two hours and placed in a pan with hot water, however the water in the pan was 133°F. Product was removed from hot holding and reheated to 165°F or above. Action: Maintain hot holding so that all foods are kept at or above 140°F.

## NO ADDITIONAL VIOLATIONS REPORTED



**Additional Information Collected During Inspection**

**Comments:** Part I - Item 6B cited. Re-inspection required.  
Part II - No violations cited.

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*KM RB*

Inspector: Kristee Morgan (kmorgan@tompkins-co.org)

*YMD*

Received by: Operator

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

**Food Service Establishment Inspection Summary Report**

Operation: POTALA CAFE / TIBETAN MOMO BAR (ID: 751818 )  
Facility Name: POTALA CAFE / TIBETAN MOMO BAR  
Facility Code: 54-AG50 Facility Email: momobar2008@gmail.com  
Facility Address: 171 East State Street, Ithaca, NY 14850

**To the Attention of:**

Yeshi Tsondu  
TIBETAN MOMO BAR  
Yeshi Tsondu  
185 East King Rd  
Ithaca, NY 14850  
Email: momobar2008@gmail.com

**Re-Inspection**

Date: July 22, 2022 04:10 PM  
Inspector: Thomas Palmer (tpalmer@tompkins-co.org)  
Responsible Person: Operator

**Summary**

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

**Reinspection is Required**

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

**IMPROPER HOT HOLDING OF POTENTIALLY HAZARDOUS FOODS.**

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

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

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

**Inspector Findings:** Observed a approximately 4 lb. of chicken being hot-held in a metal pan above the flat top grill at 110 F. Per the operator, the chicken was cooked within the last half hour and was placed in hot water for hot holding. Product was removed from hot holding and reheated to greater than 165F prior to serving to patrons. Action: Maintain hot holding so that all foods are kept at 140F or above.

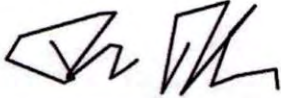
**NO ADDITIONAL VIOLATIONS REPORTED**

**Additional Information Collected During Inspection**

**Comments:** Part 1: 1 critical violation observed.  
Part 2: no blue violations observed.

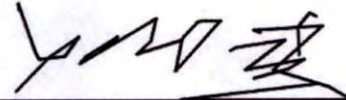
Reinspection required. Item was a repeat violation from a previous inspection.

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Inspector: Thomas Palmer (tpalmer@tompkins-co.org)



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Received by: Operator





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-22-0028**

**Potala Café / Tibetan Momo Cafe  
Yeshi Tsondu, Owner  
171 E. State St.  
Ithaca, NY 14850**

**September 2022**

Date	Action
08/24/2022	Phone conference held with Yeshi Tsondu (owner) and TCHD. Violations were discussed and owner agreed to sign the stipulation agreement. Modifications to stipulation were made after signed stipulation was received to reflect the correct violation citation.
07/23/2022	Re-inspection by TCHD. Violation cited on 7/21/22 and 7/22/22 corrected. No violations were observed.
07/22/2022	Re-inspection by TCHD. <b>Violation:</b> See attached inspection report.
07/21/2022	Inspection by TCHD. <b>Violation:</b> See attached inspection report.
03/11/2022	Inspection by TCHD. No critical violations were observed.
10/22/2021	Inspection by TCHD. No critical violations were observed.
05/05/2021	Inspection by TCHD. No critical violations were observed.
02/19/2020	Inspection by TCHD. No critical violations were observed.
12/10/2019	Re-inspection by TCHD. Violation cited on 11/6/19 was corrected. No critical violations were observed.
11/06/2019	Inspection by TCHD. <b>Violation:</b> Potentially hazardous foods were not cooled by an approved method.
06/25/2019	Inspection by TCHD. No critical violations were observed.
11/07/2018	Inspection by TCHD. No critical violations were observed.
01/24/2018	Inspection by TCHD. No critical violations were observed.
09/13/2017	Inspection by TCHD. No critical violations were observed.
06/02/2017	Inspection by TCHD. No critical violations were observed.
11/29/2010	Permit to operate Potala Café at 171 E. State St. issued.





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**

September 19, 2022

Neil Patel  
Canopy by Hilton – Strand Cafe  
324 E. State St.  
Ithaca, NY 14850

**Re: Tompkins County Board of Health Draft Resolution # EH-ENF-22-0031  
Canopy by Hilton – Strand Cafe, Food Service Establishment, C-Ithaca**

Dear Neil Patel:

Thank you for signing the Stipulation Agreement on September 12, 2022, for the Canopy by Hilton – Strand Cafe. Enclosed is a copy of the Draft Resolution that the Tompkins County Board of Health will consider at its meeting on **Tuesday, September 27, 2022.**

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, September 23, 2022, so that we can coordinate access to the Zoom Meeting.

In lieu of joining the Zoom Meeting, you can submit a written statement for the Board of Health to consider by sending it to: [tceh@tompkins-co.org](mailto:tceh@tompkins-co.org) by September 23, 2022. The meeting can be viewed through the Tompkins County YouTube Channel, which can be accessed through the following web address: <https://www.youtube.com/channel/UCkpJNVbpLLbEbhoDbTIEgSQ>.

Sincerely,

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

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

pc: F:\EH\FOOD (SF)\FSE (SF)\Facilities (SF-4)\Canopy by Hilton\Enforcement\Draft Resolution 22-0031.docx  
ec: Tompkins County Board of Health (via; Karan Palazzo, TCHD)  
Kathy Taylor, Canopy by Hilton; City of Ithaca Building Department; Mayor Laura Lewis, Travis Brooks, TC Legislature;  
TCHD: Elizabeth Cameron, P.E., Director of Environmental Health; Frank Kruppa, Public Health Director; Kristee  
Morgan; Skip Parr; Brenda Coyle  
scan: Signed copy to Accela

---

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

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

**DRAFT RESOLUTION # EH-ENF-22-0031**

**Canopy by Hilton – Strand Cafe  
Ithaca Downtown Associates LLC., Owner; Neil Patel, Operator  
324 E. State Street  
Ithaca, NY 14850**

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

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

**Whereas**, on April 7, 2022, and August 17, 2022, the TCHD observed potentially hazardous foods stored at temperatures between 124°F and 125°F during hot holding; **and**

**Whereas**, Kathy Taylor, General Manager, signed a Stipulation Agreement with Public Health Director's Orders on September 12, 2022, agreeing Canopy by Hilton – Strand Café violated these provisions of the New York State Sanitary Code; **now therefore be it**

**Resolved, on recommendation of the Tompkins County Board of Health,  
That Ithaca Downtown Associates, LLC., Owner, is ordered to:**

1. Pay a penalty of \$400 for these violations, due by **November 15, 2022**. (**Do Not** submit penalty payment until notified by the Tompkins County Health Department.); **and**
2. Maintain potentially hazardous foods at or above 140°F in hot holding; **and**
3. Keep handwash facilities accessible and stocked with soap and single service paper towels at all times during operation; **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-22-0031**

**Canopy by Hilton – Strand Cafe  
Ithaca Downtown Associates LLC., Owner; Neil Patel, Operator  
324 E. State Street  
Ithaca, NY 14850**

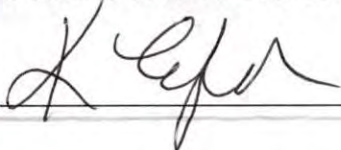
I, Neil Patel, as a representative for Ithaca Downtown Associates LLC., agree that on April 7, 2022, and August 17, 2022, the Canopy by Hilton Strand Cafe was in violation of Subpart 14-1 of New York State Sanitary Code for failure to maintain potentially hazardous foods at or above 140°F in hot holding.

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

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

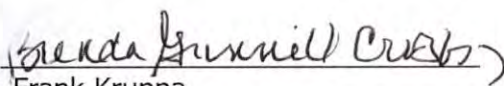
1. Maintain potentially hazardous foods at or above 140°F in hot holding; **and**
2. Keep handwash facilities accessible and stocked with soap and single service paper towels at all times during operation; **and**
3. Comply with all the requirements of Subpart 14-1 of the New York State Code for Food Service Establishments.

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

Signed: 

Date: 9-12-2022

Ithaca Downtown Associates, LLC. is hereby ordered to comply with these Orders of the Public Health Director.

Signed:   
Frank Kruppa  
Public Health Director

Date: 9/15/2022

RECEIVED

SEP 14 2022

TOMPKINS COUNTY  
HEALTH DEPARTMENT





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-22-0031**  
**Canopy by Hilton Strand Cafe**  
**Ithaca Downtown Associates LLC., Owner; Neil Patel, Operator**  
**324 E. State Street**  
**Ithaca, NY 14850**

**September 2022**

Date	Action
09/14/2022	Signed stipulation agreement received by TCHD.
09/07/2022	TCHD sent stipulation agreement to Canopy by Hilton. Phone conference scheduled for 9/22/22.
08/17/2022	Re-inspection by TCHD. <b>Violation:</b> See attached inspection report.
04/07/2022	Inspection by TCHD. <b>Violation:</b> See attached inspection report.
12/10/202	Re-inspection by TCHD. Violation cited on 12/01/2021 was corrected, no violations were observed.
12/01/2021	Inspection by TCHD. <b>Violation:</b> Foodworkers did not use proper utensils to eliminate bare hand contact with cooked or prepared foods.
02/08/2020	Inspection by TCHD. No violations were observed.
12/13/2019	Re-inspection by TCHD. Violation cited on 11/25/19 was corrected, no violations were observed.
11/25/2019	Inspection by TCHD. <b>Violation:</b> Cooked or prepared foods were subject to cross-contamination from raw foods.
09/18/2019	Permit to operate Canopy by Hilton Strand Cafe approved.

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

**Food Service Establishment Inspection Summary Report**

Operation: CANOPY BY HILTON - STRAND CAFE (ID: 1032467 )  
Facility Name: CANOPY BY HILTON  
Facility Code: 54-AM63 Facility Email: teri.tarshus@baywoodhotels.com  
Facility Address: 324 East State Street, Ithaca, NY 14850

**To the Attention of:**

Jenna Miles  
ITHACA DOWNTOWN ASSOCIATES LLC  
791 Mile Square Road  
Pittsford, NY 14534  
Email: jenna@scnhospitality.com

**Inspection**

Date: April 7, 2022 06:37 AM  
Inspector: Joan Pike (jpik@tom-pkins-co.org)  
Responsible Person: Carl Bump  
Additional Email(s): kmorgan@tom-pkins-co.org

**Summary**

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

**Reinspection is Required**

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

**IMPROPER HOT HOLDING OF POTENTIALLY HAZARDOUS FOODS.**

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

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

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

**Inspector Findings:** Observed on the buffet line a pan of scrambled eggs at 124F. Only one sterno was being used for a full size steam table pan. Advised cook to use 2 sternos next time.

Correction: eggs were discarded

Hot held foods must be held at 140F and above



## POOR HYGIENE AND ACTIVITIES OF FOOD WORKERS.

### ITEM # 9B WAS FOUND IN VIOLATION 1 TIME(S).

All or parts of the item are violations.

**Code Requirements:** Tobacco is used; eating, drinking in food preparation, dishwashing food storage areas

**Inspector Findings:** Observed employee food and beverage on the counter in the bar area

Action: they were removed and placed in an area where food or beverage were not being prepared

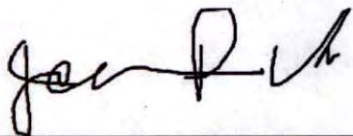
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### Additional Information Collected During Inspection

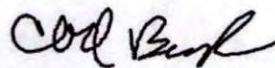
**Comments:** One Part I Critical Item Violations  
One Part II Blue Item Violations

Re inspection needed

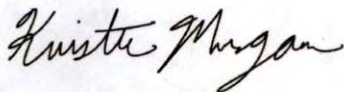
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Inspector: Joan Pike (jpik@tompkins-co.org)



Received by: Carl Bump



4/7/22

## Food Service Establishment Inspection Summary Report

Operation: CANOPY BY HILTON - STRAND CAFE (ID: 1032467 )  
Facility Name: CANOPY BY HILTON  
Facility Code: 54-AM63 Facility Email: lisa.sparks@baywoodhotels.com  
Facility Address: 324 East State Street, Ithaca, NY 14850

### To the Attention of:

Jenna Miles  
ITHACA DOWNTOWN ASSOCIATES LLC  
791 Mile Square Road  
Pittsford, NY 14534  
Email: jenna@scnhospitality.com

### Re-Inspection

Date: August 17, 2022 09:44 AM  
Inspector: Thomas Palmer (tpalmer@tom-pkins-co.org)  
Responsible Person: Kathy Taylor  
Additional Email(s): kmorgan@tom-pkins-co.org; kathy.taylor@baywoodhotels.com; teri.tarshus@baywoodhotels.com

### Summary

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

### Reinspection is Required

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

## IMPROPER HOT HOLDING OF POTENTIALLY HAZARDOUS FOODS.

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

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

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

**Inspector Findings:** At 9:45pm observed top layer of scrambled eggs at 125F in covered chaffing dish being hot held with 2 lit sterno cans. Bottom of the scrambled had a temperature of above 140F. Per staff, the facility goes through pans of scrambled eggs quickly and that they were not on the self service bar for more than an hour.

Correction: Staff will reheat scrambled eggs to 165F prior to being put back on the buffet line for patrons

Action: Advised operator that potentially hazardous food items must be hot held at a temperature of 140F or above, throughout the entire food item.



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## IMPROPER SANITARY FACILITIES AND CONTROLS.

### ITEM #12E WAS FOUND IN VIOLATION 1 TIME(S).

All or parts of the item are violations.

**Code Requirements:** Handwashing facilities inaccessible, improperly located, dirty, in disrepair, improper fixtures, soap, and single service towels or hand drying devices missing

**Inspector Findings:** Observed handwash sink by the kitchen door clogged with food debris and standing water in the basin of the sink.

Action: Advised operator that designated hand wash sinks are for hand washing only, and they are to be clean, and maintained in good repair.

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### Additional Information Collected During Inspection

**Comments:** Part 1: One critical violation observed.

Part 2: One blue violation observed.

Reinspection required.

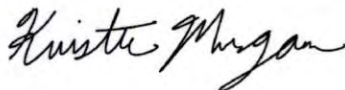
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Received by: Kathy Taylor



8/18/22