

Eastern Highlands Health District  
Board of Directors Regular Meeting  
Agenda  
Coventry Town Hall Annex  
Thursday January 16, 2020 4:30 PM

***Scheduled Item: EHHD Public Hearing – Proposed FY20/21 Operating Budget, Proposed FY 20/21 CNR Budget, Proposed FY20/21 Fee Schedule***

Call to Order

Approval of Minutes (December 12, 2019)

Public Comments

Old Business

1. Proposed Fiscal Year 20/21 Operating Budget, Proposed FY 20/21 CNR Budget, Proposed FY20/21 Fee schedule, and FY20/21 employee medical insurance cost share

New Business - none

Subcommittee Reports

2. Finance Committee - Quarterly financial report for the period ending 12/31/2019 (to be distributed at meeting)

Town Reports

Directors Report

3. Strategic Plan Objectives - Updates
  - a. ViewPoint Cloud Launch (no attachment)
  - b. Cosmetology permitting and inspection program
  - c. Sodium/Chloride private well contamination – public education/state workgroup
  - d. FDA Food Code transition – Inspector Certification Extension

Communications/Other

4. US Health & Human Services re: SAMHSA survey
5. DPH re: Influenza Season Update for week 35
6. R DeVito re: Resignation from Board of Directors
7. DPH re: Vaping Associated Lung Injury
8. R Miller re: UConn Mumps Outbreak
9. DPH re: Food Inspector Certification

Adjournment

*Next Board Meeting – February 20, 2020, 4:30PM at Coventry Town Hall Annex*

Eastern Highlands Health District  
Board of Directors Regular Meeting Minutes - DRAFT  
Coventry Town Hall – Conference Room B  
Thursday, December 12, 2019

**Members present:** J. Carrington (Mansfield), J. Elsesser (Coventry), J. Kelly (Bolton), T. Nuccio (Tolland), E. Paterson (Mansfield), M. Rosen (Tolland), D. Walsh (Coventry), M. Walters (Columbia),

**Staff present:** R. Miller, M. Brosseau, C. Trahan, K. Dardick (5:35 pm)

**Others:** R. Fletcher (Ashford), E. Anderson (Andover)

**Call to Order:** E. Paterson called the meeting to order at 4:35 pm.

**Election of Board Officers (Chair, Vice Chair, Assistant Treasurer)**

E. Paterson called for nominations.

D. Walsh made a MOTION, seconded by J. Carrington to nominate and elect E. Paterson as Chair, J. Elsesser as Vice Chair and M. Walter as Assistant Treasurer. MOTION PASSED unanimously.

**Approval of minutes of October 17, 2019**

J. Elsesser made a MOTION, seconded by J. Carrington to approve the minutes of the October 17, 2019 meeting as presented. MOTION PASSED unanimously.

**Proposed Fiscal Year 2020/2021 Operating Budget, CNR Budget, and fee schedule – set public hearing date**

R. Miller gave an overview of the salient points of the proposed finance committee operating budget, fee schedule and Capital Non Recurring budget. The primary points included:

- Total spending proposal of \$890,350 which is an increase of 6.5% from FY 19/20
- Member Town contribution rate increased by 6% from \$5.42 to \$5.745 per capita

R. Miller noted that drivers of the budget included increases in staff salary account appropriation, an increase in the medical insurance appropriation, and an increase in Other Purchased Services line.

R. Miller noted that the Finance Committee met and reviewed the budget on November 25, 2019. The committee supported forwarding the proposed budgets and fee schedule to the board for consideration and that any savings realized by lower than currently budgeted health insurance premiums offset the town contribution rate increase to no lower than 4.9% with any additional savings applied to offset the increase in the appropriation of fund balance.

J. Elsesser reported that the Finance Committee had a discussion about the use of fund balance and took the position that a formal fund balance policy should be considered by the

committee and taken up by the full board and that a multi-year increase in the PPO employee cost share should be considered.

T. Nuccio noted that the HDHP employee cost share contribution rate is generous as compared to the private sector. T. Nuccio expressed concern with the increase in fund balance contribution and the effect on the out years. R. Miller agreed it is not sustainable.

D. Walsh made a MOTION, seconded by T. Nuccio to set a public hearing date of Thursday, January 16, 2020 at 4:30 PM, Coventry Town Hall Annex, 1712 Main Street Coventry, Connecticut, to hear the public's comments regarding the Eastern Highlands Health District Proposed Fiscal Year 2020/2021 Operating budget, capital non-recurring budget, and fee schedule as presented on December 12, 2019. MOTION PASSED unanimously.

### **Policy/Environmental Change for Chronic Disease Prevention grant contract – ratify**

R. Miller requested ratification of the contract for this annual grant the district has been receiving for the last 9 years. The funds from this grant are used to fund limited chronic disease prevention services to member towns for which the primary object is to identify, develop, and implement sustainable policy, systems, and environmental changes that promote healthy behaviors. The amount awarded is \$21,932 annually for the next 3 years.

D. Walsh made a MOTION, seconded by J. Carrington to ratify the FY 2019-2022 Policy/Environmental Change for Chronic Disease Prevention, Contract #2020-0054, as signed by the Director of Health on November 6, 2019. MOTION PASSED unanimously.

### **Comprehensive Annual Financial Audit Report – June 30, 2019; Independent Auditors Report on Internal Control; Auditors communication to Board of Directors**

C. Trahan presented a brief overview of the audited financial statement done by Blum Shapiro.

J. Elsesser made a MOTION, seconded by J. Carrington to accept the financial audit. MOTION PASSED unanimously.

### **Town Reports**

**Columbia** – M. Walter reported that the Thunderbird Café has recently been remodeled and recommended all try it. In addition he reported that the Maine Moose had a successful season and is looking to expand.

**Coventry** – J. Elsesser reported DEEP has denied the tie in to the Bolton sewer system. J. Elsesser also reported that Cumberland Farms has started Development and are planning to open by the end of April. J. Elsesser informed the board that the Farmers' Market has moved indoors for the winter.

**Andover** – E. Anderson informed the board that development of regulations by planning and zoning for water quality protection in the lake area is a possibility. They will also be looking into regulations to reduce phosphorous run off into the lake.

**Mansfield** - J. Carrington informed the board that the 4 Corners Sewer project has been completed. The town is now receiving a lot of requests for student housing hook ups.

**Tolland** – M. Rosen noted that the Town Council goal setting session, identified advocating for the salt/well contamination issue. T. Nuccio noted that College View Condos

will be hooking into the sewers at some point. T. Nuccio requested an update from R. Miller regarding the NaCl issue. R. Miller and T. Nuccio will meet at a future date.

J. Elsesser informed the board that Coventry has initiated activities regarding the NaCl issue. R. Miller will pursue getting Health District representation on the state NaCl task force.

J. Elsesser reported that UConn is developing new techniques that will help with the crumbling foundation issue.

## **Subcommittee Reports**

### **Finance Committee Report – Financial report for the period ending 9/30/2019**

R. Miller reported that the finance committee met on November 25, 2019 at which time they reviewed and accepted the quarterly financial report for the period ending 9/30/2019

### **Director's Report**

### **Strategic Plan Updates**

#### **Viewpoint Cloud upgrade**

R. Miller informed the board that the Viewpoint Cloud upgrade will be launched January 7<sup>th</sup>; staff has been trained and will be using the next month to practice on the new system. A draft of the letter to be sent to contractors was shared with the board.

#### **Cosmetology permitting and inspection program**

R. Miller reported that he has drafted an ordinance and sent it to the attorney for legal review. R. Miller informed the board that his office will be engaging the regulated community beginning with an open forum to be held in January. At this forum owners/operators will be able to give input on fees, regulations and the inspection form.

#### **FDA food code**

R. Miller reported that there is no regulations from the state as of yet. Regulations are held up in OPM.

#### **Annual Reports (DPH & EHHD)**

R. Miller noted that the state annual report is framed after the 10 essential services. This framework aligns with national standards of accreditation of local health departments. R. Miller stated that it appears that DPH is collecting data to support future proposed changes to local public health departments either in funding and/or structure.

#### **Quarter Activity Report period ending 9/30/2019**

R. Miller called attention to the quarterly report from the Community Health and Wellness Coordinator, noting that the Health District is enrolled in the CT vaccine program for children 18 and under. This gives the district the option of running vaccine clinics for children.

## **Communications**

Dr. Dardick reported that while flu activity in the Nation statistics has it as widespread, he is not seeing that in his office. He further noted that Pharmacies have run out of the high dose vaccine.

He also reported a shortage of the shingles vaccine.

Dr. Dardick noted that the Lonestar tick which is widely prevalent in the Southeast United States, is slowly making its way north. There have been scattered sightings in Connecticut. This tick carries diseases other than Lyme and the sugar molecule in the tick's saliva can cause a person bitten by the tick to become sensitive to eating red meat.

#### Communications

R. Miller noted that in response to the editorial regarding the rabies press release, Dr. Dardick wrote a response.

R. Miller noted that based on rates released by DPH there are schools in our district with kindergarten aged population that fall below the recommended herd immunization rate. These are in Ashford, Mansfield, Willington and Columbia.

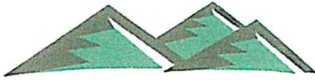
#### **Adjournment**

J. Elsesser made a MOTION, seconded by T. Nuccio to adjourn at 6:30pm. Motion PASSED.

**Next Board Meeting, January 16, 2020, 4:30 PM at Coventry Town Hall Annex**

Respectfully submitted,

Robert Miller  
Secretary



Eastern Highlands Health District

4 South Eagleville Road • Mansfield CT 06268 • Tel: (860) 429-3325 • Fax: (860) 429-3321 • Web: [www.EHHD.org](http://www.EHHD.org)

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**Eastern Highlands Health District  
Public Hearing  
Proposed FY 20/21 Operating Budget & CNR Budget, and Fee Schedule**

The Eastern Highlands Health District will hold a Public Hearing on Thursday, January 16, 2020, at 4:30 p.m. at the Coventry Town Hall Annex, 1712 Main Street, Coventry, Connecticut, to hear citizen's comments on the Proposed FY 2020-2021 District Operating, Capital Nonrecurring Budget, and Fee Schedule. At this hearing interested persons may appear and be heard and written communications received. Copies of the proposed District Budgets and Fee Schedule are available in the Andover, Ashford, Bolton, Chaplin, Columbia, Coventry, Mansfield, Scotland, Tolland and Willington Town Clerk offices. Written comments will be received up to the close of the hearing and can be directed to the Health District Board of Directors at 4 South Eagleville Road, Storrs, CT 06268

Dated at Mansfield, Connecticut, this 2nd day of January, 2020.

Robert L. Miller  
Director of Health

**Do Just 1 THING**

Using cloth dish towels is an economical and ecological way to quickly clean up spills and keep your kitchen tidy. But over time, they can get smelly and dirty, and actually spread germs and bacteria in the kitchen. The solution is not to bleach the towels, instead, soak the towels in the sink in a mixture of hot water and white vinegar for 20 minutes. When the towels cool, ring out

**860-423-8466 X3363**



**Legal Notice**

**LEGAL NOTICE**

**NOTIFICACION Y ADVERTENCIA DE REUNION MUNICIPAL ESPECIAL DE LA CIUDAD DE WINDHAM, CT**

Los votantes debidamente calificados de la Ciudad de Windham, Connecticut y cualquier otra persona con derecho a votar sobre los asuntos que se incluyen en la Notificación y Advertencia, quedan notificados y avisados por el presente documento para que acudan a una reunión municipal especial que se celebrará en Windham, Connecticut, el día 7 de enero, 2020, a las 6:00 p. m. para considerar y tomar medidas respecto a los siguientes propósitos:

1. Elección de un moderador.

2. Para considerar, discutir y votar la suma adicional de \$1,000,000 para cubrir el costo del proyecto de centro comunitario/para adultos mayores para llegar a un total asignado de \$15,593,635 (la Asignación Total); dicho proyecto incluirá, entre otras transacciones, la compra de la propiedad inmobiliaria situada en 1 Jilison Square, cuadrante 13-3, manzana 89, lote 17-1 (Lote 17-1) y todas las estructuras allí situadas, el trabajo de demolición asociado a las estructuras situadas en el Lote 17-1 y la construcción de estructuras en el Lote 17-1 y el lote adyacente situado en cuadrante 13-3, manzana 89, lote 17, para su uso como centro comunitario/para adultos mayores, incluido todo el trabajo de preparación del predio, así como la compra de muebles, accesorios y equipos, y los costos de ingeniería, arquitectura y financiación temporal y permanente (el "Proyecto"), que equivaldrá a la mencionada asignación total y, en lugar de un impuesto pertinente, se emitirán bonos de obligación general del Municipio en virtud del Capítulo 109 de los Estatutos Generales de Connecticut, según sus enmiendas, o cualquier otra disposición jurídica que lo permita, por una cantidad adicional de \$1,000,000, para alcanzar la suma total de \$15,593,635 o la cantidad que sea necesaria después de deducir las subvenciones u otras fuentes de fondos disponibles para ello, y los demás actos y formalizar los documentos que fueran necesarios o apropiados para emitir los bonos y obligaciones, in-

**Trecker**

Continued from Page 9

the men's game that garners most of the international attention and huge payoffs. The women will consume most of the oxygen, too, because their bid for equal pay is the biggest soccer story in a country which still cares little about the actual game but responded

road to Qatar starts next fall.

—And right here in the Land of Steady Habits, we will see the University of Connecticut back in the Big East Conference. Having gotten what they fervently wished for, UConn's leaders, backers and fans will learn if hopes of Big East glory are more than hot air. If the

**Huskies**

Continued from Page 9

night." "We came out slow," added fellow freshman James Bouknight. "They got the better of us. They out-toughed us. Everything we knew they were gonna do, they just played better than us, really. That's just what it comes down to."

**UConn**

Continued from Page 9

ranked No. 1 longer anyone over the last decade (111 weeks), but times changed. "In 2010, we were No. 2 and No. 3," Aueremma referring to the team went 39-0 and won national title behind stars Mavea, Moore and

**Classifieds**

classified@thechronicle.cc



**Legal Notice**

**Legal Notice**

Eastern Highlands Health District  
Public Hearing  
Proposed FY 2021 Operating Budget & CNR Budget  
and Fee Schedule

The Eastern Highlands Health District will hold a Public Hearing on Thursday, January 16, 2020, at 4:30 p.m. at the Coventry Town Hall Annex, 1712 Main Street, Coventry, Connecticut, to hear citizen's comments on the Proposed FY 2020-2021 District Operating, Capital Nonrecurring Budget, and Fee Schedule. At this hearing, interested persons may appear and be heard and written communications received. Copies of the proposed District Budgets and Fee Schedule are available in the Andover, Ashford, Bolton, Chaplin, Columbia, Coventry, Mansfield, Scotland, Tolland and Willington Town Clerk offices. Written comments will be received up to the close of the hearing and can be directed to the Health District Board of Directors at 4 South Eagleville Road, Storrs, CT 06268

Dated at Mansfield, Connecticut, this 2nd day of January, 2020.

Robert L. Miller  
Director of Health

**Legal Notice**

**MERCHANDISE**

**Legal Notice**

**Legal Notice**

WINDHAM FIRST TAXING DISTRICT  
REGULAR MEETING  
MONDAY, JANUARY 6, 2020 AT 7:00 P.M.  
WINDHAM CENTER FIRE  
DEPARTMENT

AGENDA  
CALL TO ORDER  
APPROVAL OF MINUTES DECEMBER 2019 (REGULAR AND SPECIAL)  
TREASURERS REPORT  
PUBLIC COMMENT  
ELAINE ROGERS REPORT ON THE WINDHAMS  
REPORT FROM JOHN WYLIE FIRST RESPONDER STUDY COMMITTEE  
REPORT FROM SUB-COMMITTEE ATTORNEYS  
WYO / BUDGET  
GUILFORD SMITH LIBRARY / BUDGET  
WINDHAM FREE LIBRARY / BUDGET  
WINDHAM CENTER FIRE DEPARTMENT / BUDGET  
SOUTH WINDHAM FIRE DEPARTMENT / BUDGET  
NORTH WINDHAM FIRE DEPARTMENT / BUDGET  
OLD BUSINESS  
NEW BUSINESS  
PUBLIC COMMENT  
ADJOURNMENT

735 AUTOS, TRUCKS WANTED

CASH PAID for Wrecked and Vehicles.

Meet Auto 2036

CS & JUES

Side both rare. -8322

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PUBLIC NOTICE

PUBLIC NOTICE

TOWN OF SOMERS ZONING COMMISSION

The Somers Zoning Commission will hold a Public Hearing on Monday, January 13, 2020 at 6:30 PM in the Somers Town Hall, 600 Main Street, Somers, CT to receive public comments on the following:

- 1. #19-016: Adoption of amended Zoning Regulations.
2. #19-017: Adoption of amended Zoning Map.

Said applications are on file in the Land Use Office of the Town of Somers, Somers Town Hall. At this hearing, interested persons may be heard and written communications received.

Dated at Somers, Connecticut this 9th day of December 2019

Zoning Commission Jill Conklin, Chairman

Journal Inquirer January 2, 2020 January 9, 2020

LEGAL NOTICE COLLECTOR OF REVENUE TOWN OF VERNON

Notice is hereby given to the taxpayers of the Town of Vernon that the second installment of Personal Property and Real Estate as well as Supplemental Motor Vehicle tax bills on the Grand List of October 1, 2018 will become due and payable on January 1, 2020.

February 3, 2020 is the last day to pay these taxes to avoid penalty interest. Per State Statute 12-145 interest of 1 1/2% per month from the due date, January 1, 2020, with a minimum charge of \$2.00 will be applied to all delinquent bills.

Payments will be accepted at the Tax Office, 8 Park Place, Vernon Connecticut: Monday through Wednesday 8:30 a.m. to 4:30 p.m.; Thursday 8:30 a.m. to 7:00 p.m.; and Friday 6:30 a.m. to 1:00 p.m. Tax payments may be mailed to P.O. Box 387, Vernon CT or paid online at www.vernon-ct.gov department of Collector of Revenue.

Terry Hjame, CCMC Collector of Revenue - Town of Vernon

Journal Inquirer December 26, 2019 January 2, 2020 January 23, 2020

PUBLIC NOTICE

Eastern Highlands Health District Public Hearing Proposed FY 2021 Operating Budget & CNR Budget, and Fee Schedule

The Eastern Highlands Health District will hold a Public Hearing on Thursday, January 16, 2020, at 4:30 p.m. in the Coventry Town Hall Annex, 1712 Main Street, Coventry, Connecticut, to hear citizen's comments on the Proposed FY 2020-2021 District Operating, Capital Nonrecurring Budget, and Fee Schedule. At this hearing interested persons may appear and be heard and written communications received. Copies of the proposed District Budgets and Fee Schedule are available in the Andover, Ashford, Bolton, Chaplin, Columbia, Coventry, Mansfield, Scotland, Tolland and Willington Town Clerk offices. Written comments will be received up to the close of the hearing and can be directed to the Health District Board of Directors at 4 South Eagleville Road, Storrs, CT 06268

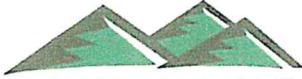
Dated at Mansfield, Connecticut, this 2nd day of January, 2020.

Robert L. Miller Director of Health

Journal Inquirer January 2, 2020

STREET RODNEY





## Eastern Highlands Health District

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### Memorandum

**To:** Board of Directors

**From:** Robert L. Miller, MPH, RS, Director of Health

**CC:** Finance Committee

Cherie Trahan, Chief Financial Officer

**Date:** 12/4/2019

**Re:** Proposed Operating Budget, CNR Budget, and Fee Schedule for Fiscal Year 2020/2021

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### Proposed Fiscal Year 2020/2021 Operating Budget

Submitted herewith for your review is a proposed operating budget for fiscal year 2020/2021. The proposal incorporates an expenditure increase of \$53,968, or 6.5%. The total budget has increased from \$836,382 to \$890,350. The member town contribution rate increased by 6.0% from \$5.42 to \$5.745 per capita (The average FY19/20 contribution rate for contiguous health districts is \$6.76).

### Primary Budget Drivers

The primary issues driving the fiscal year 2020/2021 budget are a proposed increase in the staff salary account appropriation, an increase in the medial insurance appropriation, and an increase in Other Purchased Services line. The following salient factors are incorporated into this budget proposal.

1. A **benefit** expenditure increase of 23.7%. The increase is due to an increase in health insurance enrollment of eligible staff. *This figure anticipates holding annual premium rates flat* (The flat rate is a conservative placeholder figure provided by the Mansfield Finance Department. Final rates may be lower, and were not available at the time of this memo.)
2. An increase in the appropriation from the adopted FY19/20 figure is proposed for the **state grant – in - aid**. The state appropriated; and, we have received 112% of the FY19/20 budgeted revenues for this line. At this time, the state biennial budget appropriates level funding into FY20/21 for local health departments.
3. A total member **town contribution** increase of 5.7%. This includes a per capita rate increase of 6%, plus changes in the population estimates.

4. A **fee for service** revenue decrease of 4.4%. This is an aggregate of all service fee categories and incorporates estimated projections for the current fiscal year, extrapolates them into FY20/21, then adds proposed rate increases for selected service fee categories.
5. An **appropriation from fund balance** of \$52,900 is proposed to balance the budget. This appropriation is an increase of \$26,689 as compared to the FY19/20 adopted budget.
6. An increase of 21.4% in **grant deductions** for regular staff salary and benefits is anticipated.
7. A **salary** line item increase of 2.0%. This increase accommodates proposed merit wage increases pursuant to our personnel policies.
8. An increase in **operational expenditures** of 6.1%. This increase is due primarily to Other Purchased Services to address an increase associated with our online permit tracking/payment software.

The above changes are summarized on the following chart:

PROPOSED EXPENDITURE/REVENUE CHANGES FOR FY20/21					
	Adopted- Amended 19/20	Proposed 20/21		Change	Percent
<b>Revenues</b>					
State Grant in Aid	\$ 119,990	\$ 133,600	\$ 13,610		11.3%
Town contributions	\$ 437,590	\$ 462,360	\$ 24,770		5.7%
Fees for Service	\$ 252,591	\$ 241,490	\$ (11,101)		-4.4%
Appropriation of Fund Balance	\$ 26,211	\$ 52,900	\$ 26,689		101.8%
<b>Total</b>	<b>\$ 836,382</b>	<b>\$ 890,350</b>	<b>\$ 53,968</b>		<b>6.5%</b>
<b>Expenditures</b>					
Grant Deductions	\$ (40,938)	\$ (49,681)	\$ (8,743)		21.4%
Salaries	\$ 585,660	\$ 597,361	\$ 11,701		2.0%
Benefits	\$ 189,530	\$ 234,530	\$ 45,000		23.7%
Operations	\$ 99,130	\$ 105,140	\$ 6,010		6.1%
Transfers Out to CNR	\$ 3,000	\$ 3,000	\$ -		0.0%
<b>Total</b>	<b>\$ 836,382</b>	<b>\$ 890,350</b>	<b>\$ 53,968</b>		<b>6.5%</b>

**Highlighted below is additional narrative for selected account proposals for FY20/21**

**Revenues**

- **State Grant – in – Aid.** This line item increases 11.3% with a total proposed appropriation of \$133,600. This is based on flat funding for the second year of the adopted state biennial budget. There is no information from DPH at this time regarding anticipated actual appropriations for FY20/21 at this time.

- **Town Contributions.** A total combined increase of \$24,770, or 5.7% is proposed for this revenue category. The increase is due to a proposed increase in the per capita contribution rate for member towns of 6.0%, plus changes in the population estimates provided by DPH. Overall population estimates have slightly declined. Individual town increases can be reviewed on pages 6 and 7 of the budget presentation. Contribution rate history can be found on page 13 of the budget presentation.
- **Fees for Service.** A combined total decrease for all service fee categories is estimated at \$11,101, or 4.4%. While still early in the year, FY19/20 fee revenue is 12% *below* revenue levels this time last fiscal year. This proposed revenue estimate is based on lower than budgeted revenue projection for the current fiscal year, and increases in selected service fee rates. Fee schedule history, and the FY20/21 proposed fee schedule changes can be found on page 11. Comparison rates for other area health districts can be found on page 12 of the budget presentation.
- **General Fund Appropriation.** An appropriation of \$52,900 is proposed in this budget. This is an increase of 101.8% from the previous fiscal year. Of note, this budget estimates year-end fund balance on June 30, 2021 will be 40% of the FY19/20 operating expenditures. (See page 4 for the GF roll forward report for FY19/20.) While adopted budgets in the recent past have been balanced with the general fund, the fund balance has not actually been drawn down during this period. At this time based on current budget factors, we are estimating a drawdown of approximately \$2,300, for FY19/20.

#### Expenditures

- **51050 Grant Deductions.** While projecting grant funding is difficult due to its volatility, this proposed budget anticipates an increase of 21.4% in grant deductions. This is based on an anticipated material increase in the Medical Reserve Corp, and Public Health Preparedness Grants. (See page 15 for details on total grant revenue anticipated.)
- **51601 Regular Salaries.** The total increase presented for salaries is \$11,701, or 2.0%. Pursuant to our broad band, merit based pay plan this is the appropriation recommended to fund on average 2.3% merit increases for regular staff. The 2.3% rate increase is consistent with current state labor data.
- **52105 Medical Insurance.** The total increase anticipated is \$44,220, or 45%. This figure assumes holding the annual premium rates flat. The primary driver for the increase is a material change in eligible employee enrollment. Specifically, two positions changed from payment in lieu, to family coverage. A third position changed from single to couples coverage. With the above stated, the Mansfield Finance Department stated that final insurance rates for FY20/21 may decrease. However, this line item appropriation does assume an increase in the employee cost share of 1.5% from 17% to 18.5% for the PPO option. No change in the cost share is assumed for the HDHP/HSA.
- **53960 Other Purchased Services.** A total increase of \$4,860 is proposed. This is due to the upgrade in our online permit application and payment software authorized by the board earlier this year.

## Proposed FY 20/21 Capital Nonrecurring Budget Narrative (See Page 14)

### Revenues

- **Transfer In – General Fund.** This is a planned transfer of \$3,000 from the general fund.
- **Surplus Vehicle Proceeds.** Estimated proceeds of \$2,500 from the surplus sale of one fleet vehicle.

### Expenditures

- **Automobiles.** An expenditure of \$17,000 is proposed for the purpose of replacing one fleet vehicle in accordance with our fleet replacement schedule.
- **Strategic Planning update/CHA/CHIP.** An appropriation of \$10,000 is proposed to provide funding for a consultant to support the update of our agency strategic plan, community health assessment, and community health improvement plan.
- **IT Infrastructure Upgrade.** An expenditure of \$4,000 is proposed to provide funding for internet kiosks at 7 agency satellite offices to accommodate online permitting and payments.

### Recommendation

The budget detailed here within incorporates direction provided by the Finance Committee at their November 25, 2019 special meeting. Based on a consensus action by the Finance Committee, the following motion is recommended: *Move, to set public hearing date of Thursday, January 16, 2020 at 4:30 PM, Coventry Town Hall Annex, 1712 Main Street, Coventry Connecticut to hear the public's comments regarding the Eastern Highlands Health District Proposed Fiscal Year 2020/2021 Operating Budget, Capital non-recurring budget, and fee schedule as presented on December 12, 2019.*

**Eastern Highlands Health District**

**Proposed Budget**

**Fiscal Year 2020 – 2021**

**December 12, 2019**

**Board of Directors Meeting**

<u>Table of Contents</u>	<u>Page #</u>
Budget Presentation	1
Organizational Chart	2
Budget Calendar	3
Estimated Statement of Revenues and Expenditures & Change in Fund Balance	4
Proposed Budget Summary	5
Rational of Objects	6
Analysis of Service Fee Revenues	10
Proposed FY19/20 Fee Schedule	11
Fee Schedule w/ Average & Median Comparisons to Other HD	12
Town Contribution, CPI, Per Capita Expenditure, Per Capita Grant - Comparisons	13
Capital Nonrecurring Budget & Changes in Fund Balance	14
Estimated Statement of Revenues & Expenditures – Special Grants & Programs	15
Fund Balance Analysis	16

# Eastern Highlands Health District

## Budget Presentation

### FY 20/21

Vision – Healthy people, healthy communities...healthier future.

Mission Statement – Eastern Highlands Health District is committed to enhancing the quality of life in its communities through the prevention of illness, promotion of wellness and protection of our human environment.

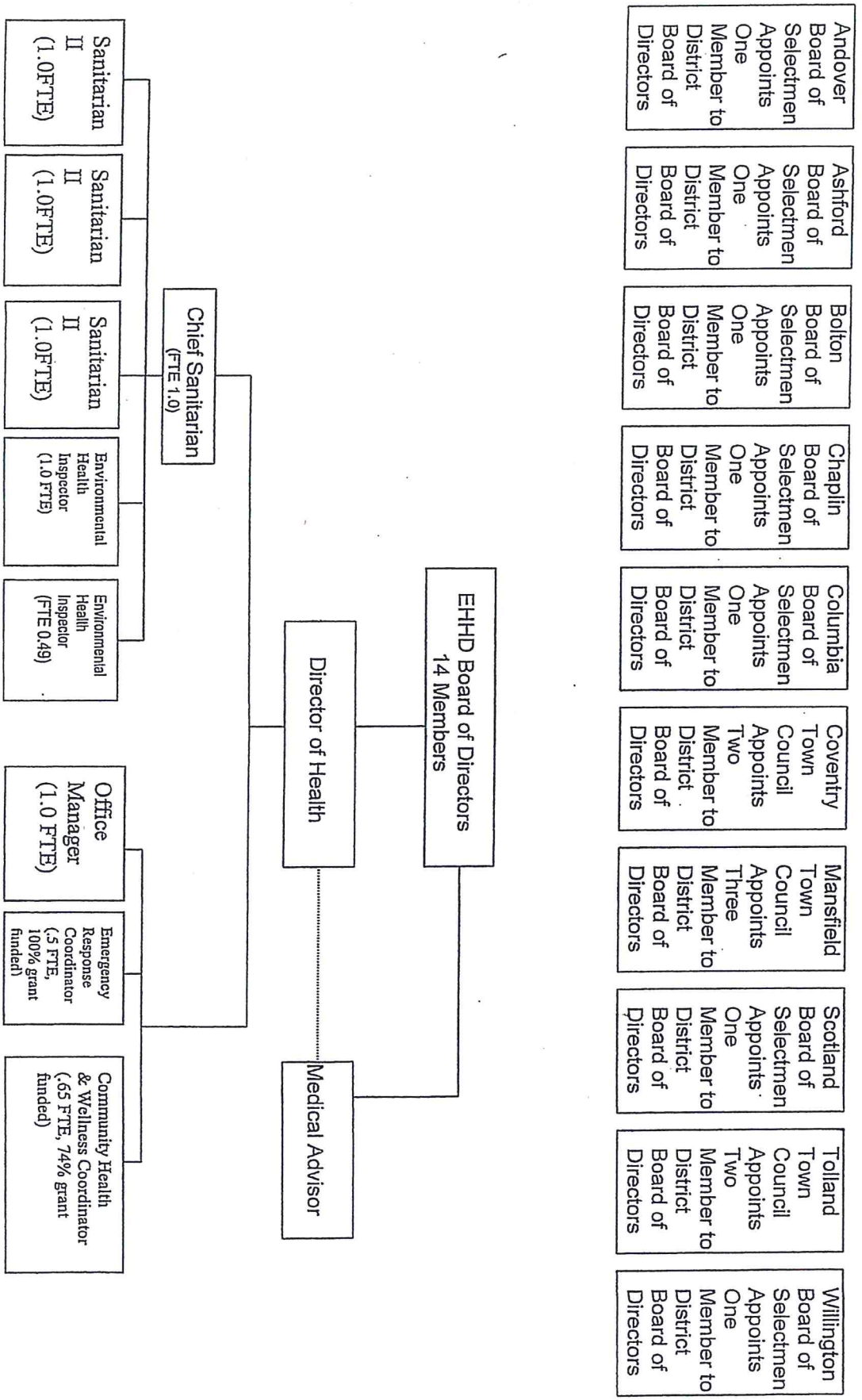
#### AGENCY SUMMARY AND AUTHORITY

The Eastern Highlands Health District (EHHD) is one of twenty local Health Districts in the State of Connecticut. Established on June 6, 1997, it serves the towns of Andover, Ashford, Bolton, Chaplin, Columbia, Coventry, Mansfield, Tolland, Scotland and Willington with a total population of 80,481.

The District is a governmental entity authorized under Connecticut statutes for the purpose of providing local public health services. The governing authority is by a Board of Directors and the Director of Health, who acts as an agent of the State Commissioner of Public Health for the purpose of enforcing the Public Health Code.

The District services include regulatory activities in the area of environmental health, including septic system inspection and approval; well and water quality monitoring; food service; lead investigations; radon, bathing water monitoring; and public health complaint investigations. Preventing epidemics is a critical service, which includes communicable disease control involving disease surveillance and outbreak investigation. Through grants and other alternative funding, the District is expanding the number of programs it provides on a variety of public health topics that affect membership communities, such as cardiovascular health, cancer prevention and emergency preparedness. Other public health functions conducted by the District include data collection, analysis and health planning activities.

## Proposed Fiscal Year 2020/2021 Eastern Highlands Health District Organizational Chart





### Fiscal Year 2020/2021 Budget Calendar

Finance Committee Budget Meeting	November 25, 2019
Finance Committee Budget Meeting	December 12, 2019
Budget Presentation to Board	December 12, 2019
Deadline for final budget estimates per By Laws	January 1, 2020
Fiscal Year 2020/2021 Budget Public Hearing	January 16, 2020 (recommended)
Budget Public Hearing Deadline per By Laws	February 1, 2020
Adoption of Budget	February 20, 2020 (If needed)

EASTERN HIGHLANDS HEALTH DISTRICT  
ESTIMATED STATEMENT OF REVENUES, EXPENDITURES AND  
CHANGES IN FUND BALANCE

Roll Forward FY 2020/21

	Actual 13/14	Actual 14/15	Actual 15/16	Actual 16/17	Actual 17/18	Actual 18/19	Adopted &		Estimated 19/20	Proposed 20/21	Projected 21/22	Projected 22/23	Projected 23/24	Projected 24/25	Projected 25/26
							Amended 19/20	Estimated 19/20							
<b>Revenues:</b>															
Member Town Contributions	377,577	390,841	405,820	423,080	429,282	429,260	437,590	437,590	437,590	462,360	473,919	485,767	497,911	510,359	523,118
State Grant-In-Aid	151,852	149,857	142,234	133,164	149,985	133,327	119,990	134,430	134,430	133,600	133,600	133,600	133,600	133,600	133,600
Services Fees	188,798	197,796	212,942	224,874	234,393	257,937	252,591	245,791	245,791	241,490	248,735	256,197	263,883	271,799	279,953
Local Support				800											
<b>Total Revenues</b>	<b>718,227</b>	<b>738,495</b>	<b>760,996</b>	<b>781,918</b>	<b>813,660</b>	<b>820,525</b>	<b>810,171</b>	<b>817,811</b>	<b>837,450</b>	<b>856,254</b>	<b>875,564</b>	<b>895,394</b>	<b>915,758</b>	<b>936,671</b>	
<b>Expenditures:</b>															
Salaries & Benefits	613,970	656,060	644,630	686,253	691,797	658,453	734,252	697,550	782,210	797,854	813,811	830,088	846,689	863,623	
Insurance	13,826	15,607	15,607	15,599	15,599	14,511	15,800	15,800	15,800	15,800	15,800	15,800	15,800	15,800	
Professional & Technical Services	12,242	14,961	13,162	47,455	46,954	45,014	48,390	66,140	48,890	49,134	49,380	49,627	49,875	50,125	
Other Purchased Services & Supplies	43,157	43,382	46,162	11,713	15,879	24,092	31,340	34,050	36,850	39,176	41,514	41,722	41,930	42,140	
Equipment	1,132	645	762	300	1,612	1,401	3,600	3,600	3,600	4,000	4,000	4,000	4,000	4,000	
Sub-total Expenditures	684,327	730,655	720,323	761,320	771,841	743,311	833,382	817,140	887,350	905,965	924,506	941,236	958,295	975,688	
Operating Transfers Out	142,000	-	-	-	-	3,000	3,000	3,000	3,000	6,000	9,000	12,000	15,000	18,000	
Total Expenditures and Operating Transfers Out	826,327	730,655	720,323	761,320	771,841	746,311	836,382	820,140	890,350	911,965	933,506	953,236	973,295	993,688	
Excess/(Deficiency) of Revenues over Expenditures	(108,100)	7,840	40,673	20,598	41,819	74,214	(26,211)	(2,329)	(52,900)	(55,711)	(57,942)	(57,842)	(57,537)	(57,017)	
Fund Balance, July 1	355,251	247,151	254,991	295,664	316,282	358,082	432,296	432,296	429,967	377,067	321,356	263,414	205,572	148,035	
Fund Balance, June 30	\$247,151	\$254,991	\$295,664	\$316,282	\$358,082	\$432,296	\$406,085	\$429,967	\$377,067	\$321,356	\$263,414	\$205,572	\$148,035	\$91,019	

**Assumptions:**  
 Member Town increase of 2.5% per year  
 State Grant-In-Aid: FY19 8% below CGA budget, held flat each year  
 Service Fee revenue increase of 3% annually  
 Salary & Benefit Increases of 2% per year  
 Grant Deduction line for salaries held flat at \$90,000 per year starting FY21 (per Rob \$49,681 in FY2021)  
 Professional & Technical increase of .5% per year  
 Purchased Services increase of .5% per year

	Expenditures per Above	
Grant Deduction	746,311	836,382
Total Expenditures	80,234	40,998
FB as a % of Total Exp	826,545	877,380
	46.29%	49.47%

**Eastern Highlands Health District**  
**Summary of Revenues and Expenditures for FY20/21**

Fund: 634 Eastern Highlands Health District  
Activity: 41200

Object	Description	Adopted/amend	Estimated	Proposed	%	Dollar
		19/20	19/20	Budget 20/21	change	change
<b>Revenues:</b>						
40220	Septic Permits	52,840	52,840	43,930	(16.9)	(8,910)
40221	Well Permits	13,890	13,890	9,970	(28.2)	(3,920)
40491	State Grant-In-Aid	119,990	134,430	133,600	11.3	13,610
40630	Health Inspec. Service Fees	3,301	3,301	3,500	6.0	199
40633	Health Services-Bolton	26,640	26,640	28,090	5.4	1,450
40634	Health Services-Coventry	67,420	67,420	71,320	5.8	3,900
40635	Health Services-Mansfield	140,440	140,440	148,320	5.6	7,880
40636	Soil Testing Service	35,610	35,610	36,760	3.2	1,150
40637	Food Protection Service	74,900	74,900	84,170	12.4	9,270
40638	B100a Review	29,680	29,680	24,410	(17.8)	(5,270)
40639	Engineered Plan Rev	30,700	30,700	27,240	(11.3)	(3,460)
40642	Health Services - Ashford	23,000	23,000	24,480	6.4	1,480
40643	Health Services - Willington	32,090	32,090	33,820	5.4	1,730
40645	Nonengineered Rev	-	-	-	-	-
40646	GroupHome/Daycare inspection	1,380	1,380	1,210	(12.3)	(170)
40647	Subdivision Review	1,050	1,050	1,000	(4.8)	(50)
40648	Food Plan Review	2,440	2,440	2,500	2.5	60
40649	Health Services - Tolland	79,790	79,790	84,190	5.5	4,400
40685	Health Services - Chaplin	12,150	12,150	12,960	6.7	810
40686	Health Services - Andover	17,600	17,600	18,560	5.5	960
40687	Health Services - Columbia	29,370	29,370	30,940	5.3	1,570
40688	Health Services - Scotland	9,090	9,090	9,680	6.5	590
	Cosmology Inspections	6,800	-	6,800	-	-
40999	Appropriation of Fund Balance	26,211	2,329	52,900	101.8	26,689.0
	<b>Total Revenues</b>	<b>836,382</b>	<b>820,140</b>	<b>890,350</b>	<b>6.5</b>	<b>53,968</b>
<b>Expenditures:</b>						
51050	Grant deductions	(40,938)	(49,000)	(49,681)	21.4	(8,743)
51601	Regular Salaries - Non-Union	585,660	560,000	597,361	2.0	11,701
52001	Social Security	36,320	35,000	37,040	2.0	720
52002	Workers Compensation	10,160	10,160	10,150	(0.1)	(10)
52007	Medicare	8,500	8,100	8,620	1.4	120
52010	ICMA (Pension)	31,260	30,000	31,200	(0.2)	(60)
52103	Life Insurance	2,250	2,250	2,270	0.9	20
52105	Medical Insurance	98,130	98,130	142,350	45.1	44,220
52117	RHS	2,260	2,260	2,250	(0.4)	(10)
52112	LTD	650	650	650	-	-
52203	Dues & Subscriptions	2,000	2,000	2,100	5.0	100
52210	Training	3,500	3,500	3,500	-	-
52212	Mileage Reimbursement	600	600	600	-	-
53120	Professional & Tech	7,120	18,870	7,120	-	-
53122	Legal	2,000	8,000	2,000	-	-
53125	Audit Expense	6,900	6,900	6,900	-	-
53303	Vehicle Repair & Maintenance	3,200	3,200	3,200	-	-
53801	General Liability	15,800	15,800	15,800	-	-
53924	Advertising	1,000	1,000	1,000	-	-
53925	Printing & Binding	1,000	1,000	1,150	15.0	150
53926	Postage	1,500	1,500	1,500	-	-
53940	Copier maintenance	1,000	1,000	1,000	-	-
53960	Other Purchased Services	11,340	14,050	16,200	42.9	4,860
53964	Voice Communications	3,800	3,800	3,800	-	-
54101	Instructional Supplies	800	800	800	-	-
54214	Books & Periodicals	200	200	200	-	-
54301	Office Supplies	2,000	2,000	2,000	-	-
54601	Gasoline	2,600	2,600	3,000	15.4	400
55420	Office Equipment	3,000	3,000	3,000	-	-
55430	Equipment - Other	600	600	600	-	-
56302	Admin. Overhead	29,170	29,170	29,670	1.7	500
56303	Other General Expenditures	-	-	-	-	-
56312	Contingency	-	-	-	-	-
58410	Capital Nonrecurring Fund	3,000	3,000	3,000	na	-
	<b>Total Expenditures</b>	<b>836,382</b>	<b>820,140</b>	<b>890,350</b>	<b>6.5</b>	<b>53,968</b>

DEPARTMENT: EHHD

LOCATION: Main Office

ACTIVITY: 41200

RATIONAL OF OBJECTS

BUDGET FIGURES IN BOLD

REVENUES:

40220 Septic Permits  
Proposed estimate: \$43,930

40221 Well Permits  
Proposed estimate: \$9,970

40491 State Grant-in-aid

	<u>Population 2018</u>	<u>Per Capita Value</u>	<u>Total</u>
Andover	3,231	1.66	5,363
Ashford	4,261	1.66	7,073
Bolton	4,890	1.66	8,117
Chaplin	2,256	1.66	3,745
Columbia	5,385	1.66	8,939
Coventry	12,414	1.66	20,607
Scotland	1,685	1.66	2,797
Tolland	14,655	1.66	24,327
Mansfield	25,817	1.66	42,856
Wilmington	5,887	1.66	9,772
<b>Total</b>	<b>80,481</b>		<b>\$133,596</b>

40633 Health Services - Bolton

<u>Bolton Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>	<u>Dollar Increase</u>	<u>% increase</u>
4,890	\$ 5.745	\$28,090	\$1,450	5.44

40634 Health Services - Coventry

<u>Coventry Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>	<u>Dollar Increase</u>	<u>% increase</u>
12,414	\$ 5.745	\$71,320	\$3,900	5.78

40635 Health Services - Mansfield

<u>Mansfield Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>	<u>Dollar Increase</u>	<u>% increase</u>
25,817	\$ 5.745	\$148,320	\$7,880	5.61

40642 Health Services - Ashford

<u>Ashford Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>	<u>Dollar Increase</u>	<u>% increase</u>
4,261	\$ 5.745	\$24,480	\$1,480	6.43

40649 Health Services - Tolland

<u>Tolland Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>	<u>Dollar Increase</u>	<u>% increase</u>
14,655	\$ 5.745	\$84,190	\$4,400	5.51

40643 Health Services - Wilmington

<u>Wilmington Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>	<u>Dollar Increase</u>	<u>% increase</u>
5,887	\$ 5.745	\$33,820	\$1,730	5.39

40685 Health Services - Chaplin

<u>Chaplin Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>	<u>Dollar Increase</u>	<u>% increase</u>
2,256	\$ 5.745	\$12,960	\$810	6.67

40686 Health Services - Andover

<u>Andover Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>	<u>Dollar Increase</u>	<u>% increase</u>
3,231	\$ 5.745	\$18,560	\$960	5.45

DEPARTMENT: EHHD

LOCATION: Main Office

ACTIVITY: 41200

RATIONAL OF OBJECTS

BUDGET FIGURES IN BOLD

REVENUES:

40687 Health Services - Columbia

<u>Columbia Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>	<u>Dollar increase</u>	<u>% increase</u>
5,385	\$ 5,745	\$30,940	\$1,570	5.35

40688 Health Services - Scotland

<u>Scotland Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>		
1,685	\$ 5,745	\$9,680	\$590	6.49

40630 Health Inspection Service Fees  
Proposed estimate: \$3,500

40636 Health Services - Soil Testing  
Proposed estimate: \$36,760

40637 Food Protection Service  
Proposed estimate: \$84,170

40638 B100a (Public Health Review)  
Proposed estimate: \$24,410

40639 Plan Review Engineered Design  
Proposed estimate: \$27,240

40645 Plan Review Non-engineered Design  
Proposed estimate: \$0

40646 Group Home / Daycare Inspections  
Proposed estimate: \$1,210

40647 Subdivision Review  
Proposed estimate: \$1,000

40648 Food Plan Review  
Proposed estimate: \$2,500

40890 Cosmetology Inspections \$6,800

40999 Appropriation of Fund Balance \$ 52,900

DEPARTMENT: EHHD

LOCATION: Main Office

ACTIVITY: 41200

RATIONAL OF OBJECTS

BUDGET FIGURE IN BOLD ITALICS

Expenditures:

51601 Regular Salaries - Non-Union

	FY 20/21		FY 20/21		
	Proposed	Appropr	FTE	Grant deduc	FTE
	585,823		8.32	42,085	0.88
Longevity/bor	<b>\$11,538</b>				
<b>Total Salaries</b>	<b>\$597,361</b>				

	<b>Salary Deductions</b>	42,085
	<b>Benefit Deductions</b>	7,596
51050 Grant Deductions	<b>Total Grant Deductions</b>	<b>\$ 49,681</b>

52001 Social Security

<u>Total Regular Salaries</u>	597,361	<u>Social Security Percentage (6.2%)</u>	\$37,036
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52002 Workers compensation  
 Estimated Premium \$10,150

52007 Medicare

<u>Total Regular Salaries</u>	\$ 597,361	<u>Medicare Percentage (1.45%)</u>	\$8,618
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52010 ICMA (Pension Plan)

Estimated Salaries of Full-time employees		555,822
Employer percent contribution		0.06
<b>Total estimated employer contribution</b>	<b>Total</b>	<b>31,196</b>

52103 Life Insurance  
 Proposed estimate: \$2,275

52105 Medical Insurance  
 Proposed estimate: \$142,350

52117 RHS Contribution  
 Proposed estimate: \$2,250

52112 LTD  
 Proposed estimate: \$650

52203 Dues & Subscriptions  
 Proposed estimate: \$2,100

52210 Training  
 Proposed estimate: \$3,500

52212 Mileage Reimbursement  
 Proposed estimate: \$600

53120 Professional and Technical Services

Medical advisor stipend	5500
website license/hosting	1120
Lead XRF inspection	500
<b>Total</b>	<b>\$7,120</b>

53122 Legal Services  
 Proposed estimate: \$2,000

53125 Audit Expense  
 Proposed estimate: \$6,900

53303 Vehicle Maintenance and Repair  
 Proposed estimate: \$3,200

DEPARTMENT: EHHD

LOCATION: Main Office

ACTIVITY: 41200

RATIONAL OF OBJECTS

BUDGET FIGURE IN BOLD ITALICS

Expenditures:

53801 General Liability Insurance

Coverage by CIRMA:  
General Liability, Auto liability, Professional and Public Official Liability

Estimated premium: **\$15,800**

53924 Advertising

Proposed estimate: **\$1,000**

53925 Printing and Binding

Proposed estimate: **\$1,150** (based on FY19 actual)

53926 Postage

Proposed estimate: **\$1,500**

53940 Copier Maintenance

Proposed estimate: **\$1,000**

53960 Other Purchased Services

Proposed estimate: **16,200** (Viewpermit contract)

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53964 Voice Communications

Proposed estimate: **\$3,800** (cell/ipad data)

54101 Instructional Supplies

Proposed estimate: **\$800**

54214 Books and Periodicals

Proposed estimate: **\$200**

54301 Office supplies

Proposed estimate: **\$2,000**

54601 Gasoline

Proposed estimate: **\$3,000** (Based on FY19 actual)

55420 Office equipment

Maintenance and replacement **\$3,000** (3 PC replacements)

55430 Equipment - Other

Field Equipment: **\$600**

56302 Administrative Overhead

Propose estimate: **\$29,670** (Sept 18 to Sept 19 - 1.7%)

This appropriation funds support service cost provided by the Town of Mansfield such as accounting, payroll, IT and personnel support.

56312 Contingency

**\$0**

58410 Capital Nonrecurring Fund

**\$3,000**

Analysis of Service Fee Revenues

REVENUE PERFORMANCE	Actual																Adopted	Rec'd	Estimated Actuals 2019-20	Proposed 2020-21
	2004-05	2005-06	2006-07	2007-08	2008-09	2009-2010	2010-11	2011-12	2012-13	2013-2014	2014-2015	2015-2016	2016-2017	2017-18	2018-2019	2019-20				
40220 Septic Permits (New and repair permits)	40,750	56,765	43,885	31,410	28,160	31,000	28,100	29,285	28,455	31,845	31,655	31,285	34,400	43,680	51,145	52,950	15,230	41,883	43,933	
40221 Well permits	14,120	23,205	19,590	22,655	11,280	10,775	19,604	12,135	12,505	13,600	15,535	14,345	16,985	12,925	12,955	13,990	3,480	9,570	9,970	
40630 Health Inspection Services (Other inspections & services)	12,325	0	14,948	2,943	32,928	21,273	5,675	14,133	14,521	1,657	3,318	5,375	13,716	3,993	3,210	3,301	8,108	2,469	9,000	3,500
40636 Health Services - Soil testing (Test Holes & Pure Tests)	73,880	73,780	60,140	46,805	32,229	37,610	33,330	31,475	33,590	32,380	32,955	39,710	33,595	41,775	40,980	35,510	13,030	35,833	36,758	
40637 Food Protection Service (License fees)	24,573	25,735	29,700	37,973	41,307	37,630	41,583	48,930	55,060	57,796	60,088	61,743	66,413	71,399	83,951	74,900	4,650	84,000	84,170	
40638 B100a Review (Public health review)	19,595	25,870	22,235	23,420	21,605	22,350	21,880	20,770	24,790	28,005	24,810	29,225	30,040	27,470	29,445	29,680	8,975	24,406	24,406	
40639 Engineered Plan Review	14,360	25,605	21,455	11,955	10,000	17,130	19,500	13,220	9,595	10,360	8,685	8,905	7,290	8,175	29,535	30,700	9,525	26,194	27,244	
40645 Nonengineered Plan Review	4,505	3,235	6,615	7,635	5,720	6,285	5,905	8,550	10,575	13,500	12,970	14,205	16,565	16,565	80	-	175	-	-	
40646 Group Home/Daycare Insp.	840	1,022	1,175	1,740	955	695	1,400	900	1,135	1,200	1,190	1,255	1,230	1,470	1,210	1,380	440	1,210	1,210	
40647 Subdivision Review	24,530	6,455	7,965	9,765	4,225	23,400	30,100	2,595	6,050	2,200	3,680	3,105	2,360	2,070	1,170	1,050	125	1,000	1,000	
40648 Food Plan Review	1,380	2,050	2,040	2,465	2,747	5,500	5,027	2,851	4,641	3,075	3,220	3,790	3,095	2,670	4,290	2,440	360	2,500	2,500	
40890 Cosmology (other)																6,800			6,800	
<b>Total</b>	<b>230,250</b>	<b>243,722</b>	<b>229,848</b>	<b>198,930</b>	<b>189,156</b>	<b>200,598</b>	<b>172,014</b>	<b>193,818</b>	<b>197,798</b>	<b>212,943</b>	<b>224,874</b>	<b>234,392</b>	<b>257,941</b>	<b>64,008</b>	<b>25%</b>	<b>235,595</b>	<b>241,490</b>			





Proposed Fee Schedule  
FY 20/21 (Bold denotes change)

	Adopted FY 15/16	Adopted FY 16/17	Adopted FY 17/18	Adopted FY 18/19	Adopted FY 19/20	Proposed FY 20/21	Est. Revenue net
<b>Food Service Fees*</b>							
Application Review**	\$85	\$90	\$95	\$95	\$95	No change	
Class I & II Plan Review	\$150	\$155	\$175	\$175	\$175	No change	
Class III & IV Plan Review	\$235	\$240	\$245	\$245	\$245	No change	
Class I License	\$120	\$125	\$125	\$125	\$125	No change	\$200
Class II License	\$160	\$165	\$165	\$255	\$255	No change	
Class III License	\$240	\$245	\$255	\$355	\$355	No change	
Class IV License	\$330	\$340	\$355	\$380	\$380	No change	
Grocery Store >10,000ft <sup>2</sup> - Class II&III				\$420	\$420	No change	
Temporary Food Event Permit	\$55	\$55	\$60	\$65	\$65	No change	
Temporary Permit - samples only		\$30	\$30	\$30	\$30	No change	
Expedited Temp food permit application review***				\$20	\$20	No change	
Late License renewal (plus app fee)/operating without License				\$200	\$200	No change	
CFM Process Fee (No CFM in place)				\$50	\$50	No change	
Re-Inspection fee	\$65	\$70	\$85	\$120	\$120	No change	
2 <sup>nd</sup> Re-inspection fee	\$115	\$120	\$135	\$135	\$135	No change	
<b>Subsurface Sewage Disposal</b>							
Permit - New	\$175	\$185	\$200	\$205	\$205	\$220	\$700
Permit - Major Repair	\$170	\$175	\$185	\$185	\$185	\$190	\$1,200
Permit - Construction by owner occupant				\$275	\$275	No change	
Permit/inspection- Minor Repair	\$90	\$95	\$95	\$95	\$95	\$100	\$100
Permit - Design Flow >2000 GPD	\$330	\$350	\$350	\$350	\$350	No change	
Design Flow ≥ 7500 GPD/ DEP system Inspection	\$440	\$460	\$460	\$460	\$460	No change	
Plan Review (per plan)	\$120	\$125	\$125	\$125	\$125	\$130	\$1,000
Septic Tank/System Abandonment	\$60	\$60	\$60	\$60	\$60	No change	
Review plans revised more than once	\$35	\$40	\$40	\$40	\$40	No change	
Plan Review for Tank Replacement	\$55	\$60	\$60	\$60	\$60	No change	
<b>Soil Testing</b>							
Percolation (perc) Test	\$85	\$85	\$85	\$90	\$90	No change	
Deep Hole Test (fee includes 3 pits per site)	\$100	\$105	\$105	\$105	\$105	\$110	\$900
Each Additional Pit	\$30	\$30	\$30	\$30	\$30	No change	
<b>Public Health &amp; Subdivision Reviews</b>							
Public Health Review (assessory structure/ lot line change)	\$50	\$50	\$50	\$50	\$50	No change	
Public Health Review (building addition/ change of use)	\$60	\$65	\$65	\$70	\$70	No change	
Subdivision Plan Review (per lot)						No change	
(Fee includes review of one set of revisions)	\$115	\$120	\$125	\$125	\$125	No change	
Subdivision Plan Revisions Reviewed (per lot)						No change	
(Fee is for each added set of revisions)	\$35	\$40	\$40	\$40	\$40	No change	
<b>Miscellaneous</b>							
Commercial Bank Mortgage Inspection/Report	\$110	\$115	\$115	\$115	\$115	No change	
Family Campground Inspection	\$110	\$110	\$110	\$130	\$130	No change	
Group Home/Daycare /Other Institution Inspection	\$90	\$95	\$105	\$110	\$110	No change	
Misc. Inspection/consultation fee per Sanitarian****	\$65/hr	\$65/hr	\$65/hr	\$80/hr	\$80/hr	No change	
Mortgage Inspection/Report for FHA,VA	\$60	\$60	\$60	\$75	\$75	No change	
Pool Inspection	\$75	\$80	\$100	\$105	\$105	No change	
Private well Water Treatment Waste disposal plan review					\$50	No change	
Cosmotology Registration/Inspection - One or two chairs					\$80	\$100	\$0
Cosmotology Registration/Inspection - Three chairs or more					\$150	No change	
Well Permit	\$105	\$110	\$120	\$120	\$120	\$125	\$400
<b>Farmers Market Food Vendor Seasonal License Categories</b>							
Farmer Food Vendor License - Cold samples only	no fee	no fee	no fee	no fee	\$40	No change	
Farmer Food Vendor License - Low Risk Food Preparation	\$30	\$30	\$30	\$40	\$60	No change	
<b>Non-farmer Food Vendor License - Cold samples only</b>							
One market location	\$30	\$35	\$35	\$40	\$75	No change	
Multiple-market locations	\$45	\$50	\$50	\$60	\$90	No change	
<b>Non-farmer Food Vendor License - Low Risk Food Preparation</b>							
One market location	\$45	\$50	\$50	\$75	\$90	No change	
Multiple-market locations	\$65	\$70	\$70	\$85	\$120	No change	
Farmer & Non-farmer Food Vendor License - High Risk Food Preparation	\$210	\$220	\$220	\$220	\$220	No change	
	Est. Net Rev.						\$4,500

\* License application fees waived for non-profit and municipal entities. Late fees and re-inspection fees still apply.

All food service fees apply to public school food operations.

\*\*This fee will be deducted against the total plan review fee

\*\*\*Application of expedited review fee is subject to written policy established by the Director

\*\*\*\*Application of this service fee is subject to written policy established by the Director.

TABLE A

FY20 EHHHD Fee Schedule with Average and Median Comparisons to Other Health Districts(1)

Service Categories(2)

Food Protection(3)	EHHHD Adopted FY2020	Four Contiguous Districts		Four Contiguous Districts		Eastern Ct Median	Eastern Ct Average	ALL CT HD Median	ALL CT HD Average	5% Increase	10% Increase	15% Increase	20% Increase
		Median	Average	Median	Average								
Class I License	\$ 125	150	143	150	143	150	149	160	163	\$ 131	\$ 130	\$ 144	\$ 150
Class II License	\$ 255	250	256	245	256	245	248	265	270	\$ 268	\$ 281	\$ 293	\$ 306
Class III License	\$ 355	350	352	330	352	330	329	365	371	\$ 373	\$ 391	\$ 408	\$ 426
Class IV License	\$ 380	350	379	350	379	350	351	403	398	\$ 359	\$ 418	\$ 437	\$ 456
Temp event	\$ 65	150	215	150	215	150	58	60	66	\$ 68	\$ 45	\$ 75	\$ 78
Re-inspection	\$ 120	NA	NA	NA	NA	NA	NA	NA	NA	\$ 126	\$ 132	\$ 138	\$ 144
2nd re-inspection	\$ 135	NA	NA	NA	NA	NA	NA	NA	NA	\$ 142	\$ 149	\$ 155	\$ 162
Plan review - Class I	\$ 175	185	202	200	202	200	223	175	203	\$ 184	\$ 193	\$ 201	\$ 210
Plan review - Class II	\$ 175	185	212	200	212	200	230	213	241	\$ 184	\$ 193	\$ 201	\$ 210
Plan review - Class III	\$ 245	245	238	245	238	245	249	248	300	\$ 257	\$ 270	\$ 282	\$ 294
Plan review - Class IV	\$ 245	245	238	245	238	245	249	250	249	\$ 257	\$ 270	\$ 282	\$ 294
Subsurface Sewage Disposal													
Permit - new	\$ 205	205	210	175	210	175	198	175	217	\$ 215	\$ 226	\$ 236	\$ 246
Permit - Major repair	\$ 185	165	181	150	181	150	158	150	166	\$ 194	\$ 204	\$ 213	\$ 222
Permit - Minor repair	\$ 95	100	103	100	103	100	103	100	97	\$ 100	\$ 105	\$ 109	\$ 114
Permit - Design flow >2000GPD	\$ 350	350	NA	NA	NA	NA	NA	NA	NA	\$ 368	\$ 385	\$ 403	\$ 420
Percolation Test(4)													
Deep Hole Test	\$ 195	205	169	150	169	150	159	150	158	\$ 205	\$ 215	\$ 224	\$ 234
each additional pit													
Subdivision Plan Review (per lot)	\$ 30	55	59	75	59	75	62	75	60	\$ 32	\$ 33	\$ 35	\$ 36
Subdivision Plan Revisions Reviewed (per lot)	\$ 125	55	124	120	124	120	124	125	132	\$ 131	\$ 138	\$ 144	\$ 150
Plan review (per plan)	\$ 40	120	NA	NA	NA	NA	NA	50	52	\$ 42	\$ 44	\$ 46	\$ 48
Review plan revisions	\$ 125	55	130	125	130	125	131	178	190	\$ 131	\$ 138	\$ 144	\$ 150
Plan review for minor repair	\$ 40	125	NA	NA	NA	NA	NA	50	69	\$ 42	\$ 44	\$ 46	\$ 48
B100a - accessory structure	\$ 60	NA	NA	NA	NA	NA	NA	NA	NA	\$ 63	\$ 66	\$ 69	\$ 72
B100a - additional/use change	\$ 50	50	52	50	52	50	55	50	67	\$ 53	\$ 55	\$ 58	\$ 60
Septic tank/system abandonment inspection	\$ 70	60	59	60	59	60	60	68	83	\$ 74	\$ 77	\$ 81	\$ 84
Misc	\$ 60	NA	NA	NA	NA	NA	NA	NA	NA	\$ 63	\$ 66	\$ 69	\$ 72
Well Permit	\$ 120	120	123	120	123	120	116	123	124	\$ 126	\$ 132	\$ 138	\$ 144
Mortgage Inspection/letter for FHA, VA	\$ 75	NA	NA	NA	NA	NA	NA	NA	NA	\$ 79	\$ 83	\$ 86	\$ 90
Commercial Bank Mortgage Inspection/letter	\$ 115	NA	NA	NA	NA	NA	NA	NA	NA	\$ 121	\$ 127	\$ 132	\$ 138
Group Home Inspection	\$ 110	110	128	100	128	100	120	100	102	\$ 116	\$ 121	\$ 127	\$ 132
Daycare inspection	\$ 110	110	116	110	116	110	114	123	129	\$ 116	\$ 121	\$ 127	\$ 132
Lead inspection per inspector per hour	\$ 65	NA	NA	NA	NA	NA	NA	NA	NA	\$ 68	\$ 72	\$ 75	\$ 78
Family Camp ground inspection	\$ 130	123	119	120	119	120	115	110	113	\$ 137	\$ 143	\$ 150	\$ 156
Pool Registration/Inspection	\$ 105	105	116	100	116	100	111	135	159	\$ 110	\$ 116	\$ 121	\$ 126
cosmetology inspection - small	\$ 80	NA	NA	NA	NA	NA	NA	NA	NA	\$ 84	\$ 88	\$ 92	\$ 96
cosmetology inspection - large	\$ 150	NA	NA	NA	NA	NA	NA	NA	NA	\$ 158	\$ 165	\$ 173	\$ 180
Fee total for single lot development(s)	\$ 645	645	623	570	623	570	604	625	690				
FY18 Health District Per Capita Rate	\$ 5.42	5.42	6.76	6.61	6.76	6.61	7.51	6.80	8.64				

(1) Data obtained from attached documents titled, "Food Protection Program Fee Survey for All Connecticut Health Districts FY 2020", and "Survey of Fees Selected Services FY1920 - All Connecticut Health Districts"  
 (2) Categories in bold italics are high volume, high revenue generating service areas.  
 (3) Many Health Districts use a range of fees based on class and zoning capacity.  
 (4) Most Health Districts use a single fee that includes both a perand deep hole testing.  
 (5) Combine cost of well, soil testing, permit, plan review, and subdivision fees

Eastern Highlands Health District  
Town Contribution, CPI, Per Capita Expenditure, State Per Capita Grant - Comparisons

Fiscal Year	Town Contribution Increases		CPI (1)	Town Contribution Per Capita (\$)	Adopted Expenditures Per Capita (4)	State grant allocation per capita (\$)		
	Proposed %	Adopted %				Pop. < 5000	Pop. > 5000	
1998	NA	NA	1.7	3.51	6.86	1.78	1.52	
1999	2.85	0	2	3.51	6.93	1.78	1.52	
2000	3.1	1	3.7	3.54	7.31	2.09	1.79	
2001	1	1	3.2	3.58	9.42	2.32	1.99	
2002	0	0	1.1	3.58	8.67	2.32	1.99	
2003	3	3	2.1	3.69	8.74	1.95	1.68	
2004	3	0	3.3	3.69	8.55	1.95	1.66	
2005	6.77	6.77	2.5	3.94	8.91	1.95	1.66	
2006	6.6	2.9	4.3	4.055	8.73	1.95	1.66	
2007	3.08	0.62	2.26	4.08	8.87	1.95	1.66	
2008	5.15	5.15	5	4.29	9.35	2.43	2.08	
2009	5.1	5.1	-1.16	4.51	9.85	2.43	2.08	
2010	0	0	1.7	4.51	9.09	1.85	1.85	
2011	0	0	3.36	4.51	8.99	1.85	1.85	
2012	1.1	0	1.45	4.51	8.85	1.85	1.85	
2013	2.4	0	1.48	4.51	8.67	1.85	1.85	
2014	3.1	2	1.89	4.6	8.83	1.85	1.85	
2015	4.9	4.9	0.0	4.85	9.46	1.85	1.85	
2016	5.18	3.8	1.0	5.01	9.77	1.76	1.76	
2017	5.7	4.1	1.5	5.215	10.15	1.64	1.64	
2018	1.5	1.5	2.5	5.295	10.06	1.85	1.85	
2019	2.5	0.3	1.7	5.31	10.05	1.65	1.65	
2020	2	2		5.42	10.39	1.66	1.66	
				<b>Total % Increase (3)</b>	<b>59</b>	<b>54</b>	<b>51</b>	<b>9.2</b>

(1) Each number represents the percentage change from June to June for "All Urban Consumers", with the exception of 2010 that is September to September  
(2) Total percentage increase from September 1997 to September 2019.  
(3) Figures do not include other state, federal grants, nor contracted services.

EASTERN HIGHLANDS HEALTH DISTRICT  
 CAPITAL NONRECURRING FUND - FUND 695  
 ESTIMATED STATEMENT OF REVENUES, EXPENDITURES AND  
 CHANGES IN FUND BALANCE

Roll Forward FY 2020/21

	Actual 14/15	Actual 15/16	Actual 16/17	Actual 17/18	Actual 18/19	Adopted 19/20	Estimated 19/20	Proposed 20/21	Projected 21/22	Projected 22/23	Projected 23/24	Projected 24/25	Projected 25/26
Revenues:													
Transfer In - General Fund													
Equity Fund Transfer													
Dept of Transportation Grant													
Transfer In - Other Operating													
Surplus Vehicle proceeds					1,910	3,000	5,000	2,500	2,000	3,000			3,000
Total Revenues					4,910	6,000	8,000	5,500	8,000	12,000	12,000	18,000	18,000
Expenditures by Project:													
Automobiles													
Computer/Office Equipment													
Strategic Planning Priorities:													
Strategic Plannin & CHA/CHIP	2,209	4,828		15,992	725	17,000	17,000	17,000	17,000	17,000			17,000
IT Infrastructure Upgrade	5,000	17,979		17,979		10,000	10,000	10,000	10,000	10,000			
Office Reorganizing Project	38,928	17,979		20,907		6,000	11,800	4,000					
Digitizing records											5,000	5,000	5,000
Total Expenditures	46,137	43,714		34,696		33,000	38,800	31,000	27,000	27,000	5,000	22,000	5,000
Excess/(Deficiency) of Revenues over Expenditures	(46,137)	(43,714)		(34,696)	4,910	(27,000)	(30,800)	(25,500)	(19,000)	(15,000)	7,000	(4,000)	13,000
Fund Balance, July 1	251,416	205,279	161,566	161,566	126,870	131,780	131,780	100,980	75,480	56,480	41,480	48,480	44,480
Fund Balance, June 30	\$205,279	\$161,566	\$161,566	\$126,870	\$131,780	\$104,780	\$100,980	\$75,480	\$56,480	\$41,480	\$48,480	\$44,480	\$57,480

EASTERN HIGHLANDS HEALTH DISTRICT  
 OTHER OPERATING - FUND 636  
 ESTIMATED STATEMENT OF REVENUES, EXPENDITURES

Roll Forward FY 2020/21

	Actual 12/13	Actual 13/14	Actual 14/15	Actual 15/16	Actual 16/17	Actual 17/18	Actual 18/19	Estimated 19/20	Proposed 20/21
Revenues:									
Local Support- ECHIP	\$38,015	\$600	\$15,784		\$15,248	\$5,254	\$21,680	\$20,100	\$21,932
State Support - Preventive Health Block									
State Support - Cardiovascular Disease Prevention									
State Support - Women's Healthy Heart									
State Support - Bioterrorism Response									
State Support - Bioterrorism Response-Base	51,728	54,694	54,887	58,908	58,569	55,456	56,011	56,050	54,478
State Support - H1N1 Planning/Preparedness									
State Support - H1N1 Administration									
State Support - Community Transformation Grant	87,126	104,068	11,593						
State Support - Comprehensive Cancer Control Grant	14,751	10,000							
State Support - Policy/Environ. Change for Chronic Disease	11,101	16,279		17,024	4,386	13,604			
Local Support - Safe Routes Grant									
Local Support - Be Well Program Mansfield	48,031	52,365	53,936	55,741	56,707	61,064	40,946	7,500	7,500
Local Support - Be Well Program Tolland	5,733	8,148	7,333	7,903	6,886	7,579	8,307		
Cooperative Grant - CT Chapter of American Planning			25,031	72,969					
Cooperative Grant - Putting on "AIRS"									
Cooperative Grant - Lyme Disease Grant									
Cooperative Grant - Lead Poisoning	2,500	7,919	4,858	5,428	7,817	5,000	1,709	1,000	1,000
Cooperative Grant - ACHEIVE	6,915	498	3,629	228	3,451	378			
Cooperative Grant - CRI Cities Readiness Initiatives				5,622	2,479				
MRC Capacity Building Award		1,161	3,056	2,479	8,598	58	2,344	1,000	1,000
MRC Region 4				129				13,500	13,500
HHP/MRC		1,500	(31)						
Citizen Corps Program		69	5,431						
Community Based Wellness Service									
Total Revenues	265,900	257,301	185,636	234,902	153,500	147,956	130,997	99,150	99,410
Expenditures by Project:									
Salaries & Benefits	167,523	171,132	148,572	170,608	132,149	114,068	79,908	60,482	60,640
Professional & Technical Services	3,000	3,050	7,063	28,538	8,981	6,540	1,310	992	994
Other Purchased Services & Supplies	95,378	89,119	30,000	35,756	12,070	27,348	49,779	37,677	37,776
Equipment					300				
Transfer Out									
Total Expenditures	265,900	257,301	185,636	234,902	153,500	147,956	130,997	99,150	99,410

EASTERN HIGHLANDS HEALTH DISTRICT  
FUND BALANCE ANALYSIS


FY 2016/17 - Projected FY 2025/26

	Adopted &										
	Actual 16/17	Actual 17/18	Actual 18/19	Amended 19/20	Estimated 19/20	Proposed 20/21	Projected 21/22	Projected 22/23	Projected 23/24	Projected 24/25	Projected 25/26
General Fund											
Operating Expenditures	761,320	771,841	746,311	836,382	820,140	890,350	911,965	933,506	953,236	973,295	993,688
Grant Deduction	86,938	80,234	80,234	40,938	49,000	49,681	49,681	49,681	49,681	49,681	49,681
Total Expenditures	848,258	852,075	826,545	877,320	869,140	940,031	961,646	983,187	1,002,917	1,022,976	1,043,369
Fund Balance	316,262	358,082	432,296	406,085	429,967	377,067	321,356	263,414	205,572	148,035	91,019
FB as a % of Total Expenditures	37.28%	42.02%	52.30%	46.29%	49.47%	40.11%	33.42%	26.79%	20.50%	14.47%	8.72%
Capital Non-Recurring Fund											
Total Expenditures	-	34,696	-	33,000	38,800	31,000	27,000	27,000	5,000	22,000	5,000
Fund Balance	161,566	126,870	131,780	104,780	98,980	73,480	54,480	39,480	46,480	42,480	55,480
FB as a % of Total Expenditures	n/a	365.67%	n/a	317.52%	255.10%	237.05%	201.78%	146.22%	929.60%	193.09%	1109.60%
All Funds											
Total Expenditures	848,258	886,770	826,545	910,320	907,940	971,031	988,646	1,010,187	1,007,917	1,044,976	1,048,369
Fund Balance	477,828	484,952	564,076	510,865	528,947	450,547	375,836	302,894	252,052	190,515	146,499
FB as a % of Total Expenditures	56.33%	54.69%	68.24%	56.12%	58.26%	46.40%	38.02%	29.98%	25.01%	18.23%	13.97%
Service Fees & State Grant Revenue	358,038	384,378	391,265	372,581	380,221	375,090	382,335	389,797	397,483	405,399	413,553
Target Fund Balance - 50% of Service Fees & State Grant Revenue	179,019	192,189	195,632	186,291	190,111	187,545	191,167	194,898	198,741	202,700	206,777
General Fund - Fund Balance Variance	316,262	358,082	432,296	406,085	429,967	377,067	321,356	263,414	205,572	148,035	91,019
	137,243	165,893	236,663	219,794	239,857	189,522	130,189	68,516	6,831	(54,664)	(115,758)

**Barbershop, Hairdressing,  
Nail Salon, and  
Cosmetology**

**Permitting and Inspection Program**

January 6, 2020  
Mansfield Town Hall  
Council Chambers




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**Presentation Outline**

- ▶ Background/History
- ▶ State Inspection Guidelines - overview
- ▶ Proposed EHHD Sanitary Code - overview
  - ▶ Permitting Process
  - ▶ Inspection Standards
- ▶ Program Implementation - tentative timeline
- ▶ Questions & Comments




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**Background/History**

- ▶ Public Health Risk - Disease Transmission, Chemical Exposures
- ▶ Individual Licensing
- ▶ Mandate to conduct annual inspections - CGS 19a-231 & P.A. 19-117
- ▶ Neighboring Health Department Programs
- ▶ Proposed EHHD program




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**State Inspection Guidelines (PA 19-177)**

- ▶ Salon Definition
  - ▶ ...as any shop, store, day spa, or other commercial establishment at which the practice of barbering, hairdressing and cosmetology, or the services of a nail technician, esthetician, or eyelash technician is offered and provided.
- ▶ Inspection mandate
  - ▶ The director of health for any town, city, borough or district department of health, or the director's authorized representative, shall...inspect (annually) all salons within the director's jurisdiction... such inspection shall be in accordance with such standards.




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**State Inspection Guidelines**

- ▶ Public Act 19-117, Section 196
  - ▶ Department of Public Health, in collaboration with the local directors of health of the state, shall establish a standardized inspection form and guidelines concerning standards for the inspection of the sanitary condition of a salon.
    - ▶ Personal Protective Equipment
    - ▶ Disposal of signal service materials/tools
    - ▶ Cleaning and sanitizing finger bowls, and other surfaces, equipment
    - ▶ Handwashing
    - ▶ <https://portal.ct.gov/DPH/Practitioner-Licensing-Investigations/SalonInspection/Salon-Inspections>




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**Proposed EHHD Sanitary Code - Section 5, Overview**

- ▶ Authority - GGS, Section 19a-243
- ▶ Permitting Process
  - ▶ Require valid permit to operate
    - ▶ Complete and submit application and fee
      - ▶ Plan review for new construction/renovation
  - ▶ Not transferable
  - ▶ Independent contractor provisions
  - ▶ Renewed annually
  - ▶ Suspension/Revocation provisions




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### Inspection Standards

- ▶ Sanitary Condition/Infection Control (Section 5.8)
  - ▶ PPE
  - ▶ Disinfection of reusable equipment, and work area
  - ▶ Hand washing sink available
  - ▶ No re-use of single service items
  - ▶ No sick workers
- ▶ Customer Protection (Section 5.9)
  - ▶ Wash hands, soap/paper towels available
  - ▶ Proper labeling
  - ▶ No prohibited items
  - ▶ Good hygiene
  - ▶ Equipment cleaning sink
  - ▶ Clean equipment properly protected
  - ▶ Clean paper strips or towels for reusable cape



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### Inspection Standards - Continued

- ▶ Licensure (Section 5.10)
  - ▶ Establishment permit
  - ▶ Individual licensed
- ▶ Facility (Section 5.11)
  - ▶ Hot/cold water
  - ▶ Proper waste water disposal
  - ▶ Ventilation
  - ▶ Surfaces in good repair
  - ▶ Clean laundry
  - ▶ Proper garbage receptacles



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### Inspection Standard - Continued

- ▶ Facility (Section 5.11) - cont.
  - ▶ Adequate lighting
  - ▶ No animals (except service animals)
  - ▶ Work area separate from private home
  - ▶ Commercial equipment
  - ▶ Proper plumbing
- ▶ Restrooms (Section 5.12)
  - ▶ Clean, separate hand sink, good repair
  - ▶ Soap, paper towels, cover waste receptacle



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## Questions & Comments

Robert Miller, MPH, RS  
Director of Health

Lynette Swanson, RS  
Chief Sanitarian

[ehhd@ehhd.org](mailto:ehhd@ehhd.org)  
860-429-3325



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## Robert L. Miller

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**From:** Millie C. Brosseau  
**Sent:** Tuesday, January 7, 2020 10:47 AM  
**To:** Robert L. Miller  
**Subject:** FW: Hairdressing Power Point

See below

*Millie*

*Millie CW Brosseau*  
Office Manager  
Eastern Highlands Health District



**From:** Robin Tuczkewycz [mailto:robintucz@gmail.com]  
**Sent:** Tuesday, January 7, 2020 10:44 AM  
**To:** EHHD General Info <ehhd@ehhd.org>  
**Subject:** Hairdressing Power Point

Att Mr Miller

I just thought I would drop you a line to tell you how informative and pleasant the presentation was Monday I appreciate all the information and feel that you have our best interest and the Public's in mind. Thank you and your staff for taking the time and being so kind. I believe we all felt as though we were heard that means a lot thanks again.

Sincerely Robin Tuczkewycz

**Robert L. Miller**

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**From:** Robert L. Miller  
**Sent:** Thursday, December 19, 2019 2:18 PM  
**To:** 'Tammy nuccio'; 'Michael Rosen'  
**Cc:** John Elsesser; Elizabeth Paterson (home); Michael Wilkinson  
**Subject:** State NaCl Workgroup  
**Attachments:** Sodium Chloride - Summarized Notes - Chloride Stakeholder Workgroup Meet....pdf

Hello Tammy & Michael – Subsequent to our board meeting I followed up with the Connecticut Department of Public Health, Water Supply Section. The DPH is the agency spearheading the state-wide “Chloride Stakeholder Workgroup”. The workgroup currently includes the DPH, DOT, DEEP, Connecticut Environmental Health Association, Connecticut Association of Directors of Health, municipal public works directors, and others. By way of background they have only met once so far back in June. The notes for that initial meeting are attached for your information. I have been informed they intend to meet again this winter. At my request, I will be included in the list serve for any future communications, and notified of future meetings. I'll forward such notifications accordingly.

Please let me know if you have any questions, and when you may wish meet to discuss the Tolland associated issues.

Yours in Health,  
Rob

*Robert L. Miller, MPA, RS*

Director of Health  
Eastern Highlands Health District  
4 South Eagleville Road  
Storrs, CT 06268  
860-429-3325  
860-429-3321 (Fax)  
Twitter: @RobMillerMPH  
[www.ehhd.org](http://www.ehhd.org)



*Preventing Illness and Promoting Wellness in the Communities We Serve*

**Primary Objective:**

- The primary objective of the first Chloride Stakeholder workgroup is to listen to and receive feedback about a wide perspective of concerns regarding sodium, chloride and other contaminants that arise due to the presence of any form of the first two.
- Other objectives included:
  - o Identifying ways to standardize the testing of private wells in a manner similar to public water wells for a wider range of contaminants (and do so more frequently than is required by the RCSA)
  - o Establish relationships between agencies, education institutions and other regulatory services
  - o Address outdated statutes and regulations which do not provide enough authority to adequately address the rising trends of sodium chloride and other chloride salts in the environment
  - o Utilize the State Water Plan to push an agenda forward that recognizes these contaminants as a cause for concern

**Shared Concerns:**

- Transient, non-community (TNC) systems seem to have a higher occurrence of issues, although whether this is due to location or their own winter maintenance practices is unclear; it is likely a combination of both.
- When addressing issues surrounding lead and copper leaching resulting from corrosion, looking for lower-cost alternatives installed at point of use (POU) may be a quick fix for consumers
  - o There are notable issues with this solution, however, including the fact that this does not address whole-house plumbing protection and the fact that consumers seldom practice media exchange or cleaning with scheduled regularity.
  - o Policies for POU which address maintenance and cost may be necessary to protect public health if this option is offered.
- There is a particular emphasis on schools due to higher levels of service and expectations of safety on school properties
  - o Grade schools expect a minimal number of delays and closings, requiring clear roads and sidewalks to safely transport students
  - o Students in higher education institutions, some of which may not be accustomed to winters in the North, have unrealistic expectations regarding travelling to class on walkways.
  - o Both institutions, if served by public water supply wells on their properties, are at risk for sodium chloride or other salt contamination, as well as lead and copper leaching depending on the age of the infrastructure or the level of corrosion.
  - o Typically walkways are maintained by institution custodial services, who may not have proper training on correct salt application and snow removal practices
- Public Works departments seem to struggle with meeting the high expectations of residents and undergoing practices that are protective of vehicles, infrastructure and human health.
  - o Without resetting proper expectations for residents, utilizing best management practices can and has resulted in lawsuits from plaintiffs who claim poor snow/ice removal practices resulted in injuries or loss.

Chloride Stakeholder Workgroup: Condensed Notes  
June 11, 2019

- Private contractors are reluctant to modify their salt usage due to fears of legal liability; even if properly trained, there is no way to guarantee that these practices will be applied in the field if there are no protections in place to incentivize best practice.
- Lawsuits may also arise from infrastructure damages; these may fall on towns or they may fall on private contractors, which raises additional legal concerns.
- Solutions should begin at where the salt is being applied, not where it's damaging infrastructure
  - Education programs such as Green Snow Pro may be one of the greatest factors to influence salt use practices
    - CT's Green Snow Program is in its preliminary stages, and the directors of the program are taking a phased approach to rolling out education
    - There are hold-ups with granting certification to contractors as well as hold ups to legislation that would limit liability for those certified as Green Snow Pro trainees
    - There is an opportunity to discuss the legislative component to Green Snow Pro with New Hampshire, who has passed limited liability legislation for certified winter maintenance operators
  - Adequate technological advancements is another opportunity which would strengthen operation efficiencies during winter storm events
    - GPS systems to monitor vehicles and road coverage (amount of salt applied, how recently, the current status of a given storm, etc.)
    - Town-wide weather and temperature monitoring systems to address the variability of different microclimates in each town
    - Robust and precise recordkeeping systems to monitor salt usage, weather conditions, duration of work and storm events, etc.
    - Training directly from manufacturers to encourage investments from towns into newer salt distribution technologies
  - In addition to winter maintenance practices, identifying other sources of salt application or use (such as from water softeners) is another component to address
  - Emphasizing benefits that apply directly to consumers, winter maintenance operators, etc. is another key education component
    - Identifying financial benefits for those charged with using salts
    - Identifying health benefits to the public
    - Identifying environmental benefits to private industries who seek to reduce their footprint
  - Begin education process with fact sheets that can be distributed from those taking Green Snow Pro courses to other employees

### **Action Items and Next Steps**

#### **Action Items:**

- As three agencies, we should be thinking of ways to best-promote the Chloride Stakeholder Workgroup (henceforth "The Workgroup") agenda
- Green Snow Pro training should be given to more state agency employees, and this information should be disseminated to a wider range of employees; the ultimate goal of this is to begin resetting expectations about how to manage winter conditions

Chloride Stakeholder Workgroup: Condensed Notes  
June 11, 2019

- The Private Well Program should look to finding a means to standardize the testing of private wells in a fashion similar to that of public wells
- The Workgroup should be looking to leaders in sodium chloride and other chloride salts research for best practices, ideas and possible solutions to addressing chloride contamination and corrosion issues
- Internally, DPH should work towards better-defining the linkage between sodium chloride and public health concerns
- DPH should begin addressing the collection of new types of data from water sources, such as collecting raw water sample data as well as point of entry (POE) sample data
- The Workgroup needs to broaden the discussion of private wells and how to address them in the State Water Plan
- The Workgroup should begin finding ways to educate municipalities on proper snow management practices
  - o Finding a way to expand the reach of Green Snow Pro training to more towns is a major factor
  - o Promoting Green Snow Pro as a Workgroup may strengthen the idea that it's an idea that really works
- More parties should be involved with the Workgroup to gather more diverse input on the growing issues. Parties to consider include, but are not limited to:
  - o Private entities such as condo and homeowner's associations
  - o Private snow maintenance contractors
  - o Environmental law groups
  - o Town and State legislators
  - o Education institutions
  - o Businesses
- The Workgroup should consider modifying the mission statement to include a broader list of possible sources of contamination and include a focus on surface waters as well as groundwater
- The Workgroup should find a location to centralize available information, make it available publicly and develop a means to standardize practices that can be followed by any entity who works with road salts and water softeners, etc.
- The Workgroup should look into identifying planning and zoning regulations for each municipality to aid in predicting patterns of salt usage.
- The Workgroup should begin drafting ideas for a statewide Public Service Announcement, and utilize local media (newspaper, radio, television, etc.) to incept proper expectations about the realities of winter in Connecticut.

**Next Steps:**

- Provide regular updates to stakeholder members
- Draft legislative concepts
  - o The Workgroup should develop three or four ideas to bring to the front of its agenda
- Share figures on savings seen by municipalities as a result of Green Snow Pro training / best management practices
- Invite other parties to the Workgroup's meetings to begin education / awareness initiatives
  - o Partnering with more members of UCONN, DEEP, DOT and DPH for broader outreach



Chloride Stakeholder Workgroup: Condensed Notes  
June 11, 2019

- Publish Green Snow Pro educational materials and factsheets to help reach more audiences
  - o This is an opportunity to emphasize the several benefits of proper winter maintenance practices (financial, environmental, public health, etc.)
- Identify and share more information on other sources of possible salt contamination (i.e. water softeners), including such information as cost, environmental impacts, contributions to the over sodium chloride and other chloride salt issues, alternatives, etc.
- Attend conferences and meetings hosted by the Workgroup's target audiences
  - o June 26, 2019: DPH Commissioner's Semi-Annual Meeting of State Local Health Officials
  - o CCM Conference

**Next Meeting: Tentative Date of Early September 2019 (prior to September 20, 2019)**

DRAFT

**Robert L. Miller**

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**From:** CTDPHHealth\_Alert\_Network@ct.gov <ctdphhan@ct.gov>  
**Sent:** Tuesday, December 31, 2019 4:57 PM  
**To:** Robert L. Miller  
**Subject:** Extension of Certification for Currently Certified Food Inspectors



DEPARTMENT OF PUBLIC HEALTH

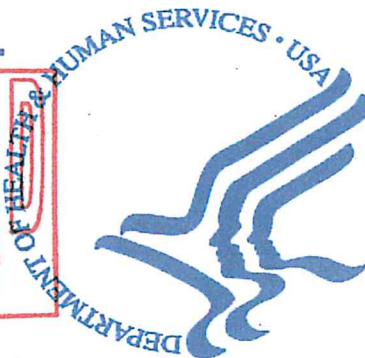
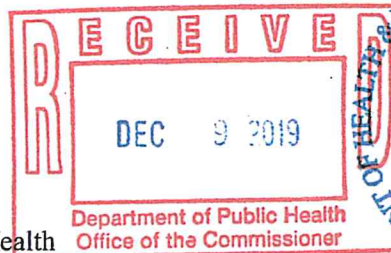
[Please click here to acknowledge receipt of this message](#)

This purpose of this notice is to inform you that the certification expiration date for currently certified food inspectors has been extended from the previous date of 12/31/19 to 12/31/22. Individual letters will be sent to each certified food inspector with the new expiration date and additional information beginning on 1/2/20.

If you have questions please contact the DPH Food Protection Program at 860-509-7297 or [DPH.FoodProtectionProgram@ct.gov](mailto:DPH.FoodProtectionProgram@ct.gov)

Thank you,  
Tracey Weeks, MS, RS  
Food Protection Program Coordinator  
CT Dept. of Public Health

**UNITED STATES DEPARTMENT OF HEALTH & HUMAN SERVICES**  
 ROCKVILLE, MD 20857



December 6, 2019

Renee Coleman-Mitchell  
 Commissioner, Connecticut Department of Public Health  
 410 Capitol Avenue, MS 13 COM  
 Hartford, CT 06106

Dear Commissioner Coleman-Mitchell:

We are writing to inform you that the National Survey on Drug Use and Health (NSDUH) will be conducted in your state in 2020. NSDUH is sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA), part of the U.S. Department of Health and Human Services (HHS) and is being conducted by RTI International, a nonprofit research organization<sup>1</sup>. Note, this study is authorized by Section 505 of the Public Health Service Act (42 USC 290aa4).

**Your office and local health departments may receive inquiries from the general public about the legitimacy of this nationwide study. SAMHSA is asking for your assistance in disseminating information about the NSDUH to the appropriate personnel in Connecticut who may receive inquiries.**

The NSDUH, is a scientific, national survey of the U.S. civilian non-institutionalized population aged 12 and older, that provides up-to-date information on alcohol, tobacco, and drug use, mental health and other health-related issues. Since 1971, local, state and national agencies have used the study findings to develop education, prevention, and treatment programs.

More information about this study can be found in the enclosed printed materials. Here are a few important things to note:

- Addresses are randomly chosen, through scientific methods, and cannot be replaced. Across the country, about 230,000 addresses are randomly chosen.
- A field interviewer first asks general questions to determine if any residents are selected for the interview. One or possibly two residents may be randomly selected to complete the full interview. Sometimes no one is selected. Each person who completes the full interview will receive \$30 in cash.
- All information collected for this study will be kept confidential and protected under federal law.

**Thank you in advance for sharing NSDUH information with all pertinent public health officials in your state.** These efforts will help increase the accuracy and reliability of the data results, and we at SAMHSA greatly appreciate your assistance.

If you have any questions, please contact me at (240) 276-0513.

Sincerely,

Grace Medley, NSDUH National Study Director, SAMHSA, Center for Behavioral Health Statistics and Quality

Enclosures

<sup>1</sup> Additional information about the NSDUH, SAMHSA, and RTI International can be obtained at [nsduhweb.rti.org](http://nsduhweb.rti.org), [www.samhsa.gov](http://www.samhsa.gov), and

**UNITED STATES DEPARTMENT OF HEALTH & HUMAN SERVICES**

ROCKVILLE, MD 20857



Dear Resident:

The U.S. Department of Health and Human Services is conducting a study called the National Survey on Drug Use and Health. This study asks questions about use or non-use of alcohol, tobacco and other substances. The study also asks about mental health and other health-related topics relevant for all people. Since 1971, this information has been used by local, state and national agencies for planning and providing treatment and prevention programs.

Your address was randomly chosen, through scientific methods, along with almost 200,000 others across the country. RTI International, a nonprofit organization, was selected to conduct this study. Soon, an RTI interviewer will be in your neighborhood to give you more information. The interviewer will carry an identification card like the example shown below.

First, the interviewer will ask a few general questions. Then the interviewer may ask one or two members of your household to complete the full interview. It is possible no one will be chosen to be interviewed. **If anyone is chosen and completes the full interview, he or she will receive \$30 in cash.**

By Federal law\*, the answers you give will be kept confidential and will be used only for statistical purposes.

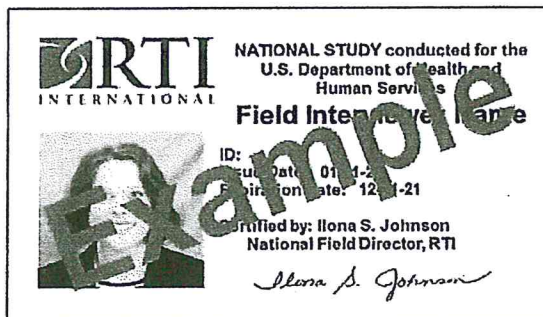
Please share this information with any others in your household. Feel free to ask the interviewer any questions you have about this study. More information is also available on the study website at: <http://nsduhweb.rti.org> or you may contact us at 1-800-848-4079.

Your help is very important to this study's success. Thank you for your cooperation.

Sincerely,

Grace E. Medley  
National Study Director, DHHS

Ilona S. Johnson  
National Field Director, RTI



You will be contacted by: \_\_\_\_\_  
Interviewer Name

\*Confidentiality protected by the Confidential Information Protection and Statistical Efficiency Act of 2002 (PL 107-347)  
Authorized by the U.S. Congress as part of Section 505 of the Public Health Service Act (42 USC 290aaa4)  
Approved by Office of Management and Budget (OMB Approval No. 0930-0110)

# Connecticut Department of Public Health

## Weekly Influenza Update



### 2019-2020 Quick Notes for Week 52 (December 22-December 28, 2019)

<b>Influenza Geographic Activity = WIDESPREAD</b>		
<b>Influenza-associated Hospitalizations:</b>	<b>Reported This Week: 75</b>	<b>Season To Date: 278</b>
<b>Influenza-associated Deaths:</b>	<b>Reported This Week: 1</b> <b>Pediatric New This Week: 0</b>	<b>Season To Date: 5</b> <b>Pediatric Season Total: 0</b>
<b>Influenza-like illness was 4.83%, higher than the 3.47% observed last week.</b>		

### 2019-2020 Overview for Week 52 (December 22-December 28, 2019)

Outpatient Influenza-like illness (ILI) activity was higher than the previous week. Influenza geographic activity continues at <b>WIDESPREAD</b> .	A total of 278 influenza-associated hospitalizations have been reported since the beginning of the 2019-20 season.
The percent of emergency department visits for ILI statewide was 10.27%, higher than the previous week, but similar to this time in the previous year.	One new influenza-associated death was reported this week, resulting in a total of 5 influenza-associated deaths reported since the beginning of the 2019-20 season.
Of 1,050 positive influenza tests reported to DPH this season, 48 (5 %) were Influenza A 2009 (H1N1), 14 (1 %) Influenza A (H3N2), 440 (42 %) Influenza B, and 548 (52 %) Influenza A (type unspecified).	No influenza-associated pediatric deaths were reported this week. No influenza-associated pediatric deaths have been reported since the beginning of the 2019-20 season. Annual vaccination is the best way to protect children from influenza.
<b>ALL DATA ARE PRELIMINARY AND SUBJECT TO CHANGE.</b>	

National influenza statistics through [Flu View](#).

Annual vaccination is the best way to protect against severe illness due to influenza.

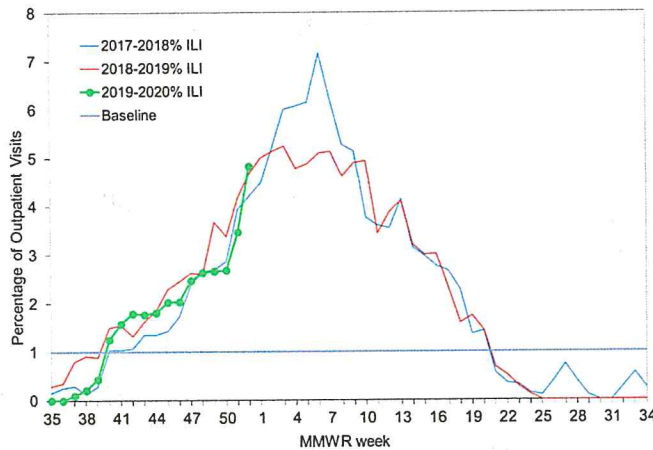
This year's flu season data collection begins with Week 35; August 25, 2019.



### ILINet Surveillance

Each week a network of volunteer outpatient providers, including clinics, health centers, urgent care centers, and emergency departments, known as ILINet, report the percentage of patient visits with influenza-like illness (ILI), which consists of cough and/or sore throat and a fever >100°F in the absence of a known cause. The ILINet system was expanded in 2019 and should not be directly compared with previous seasons. As of December 28, 2019, outpatient ILI is **4.83%**.

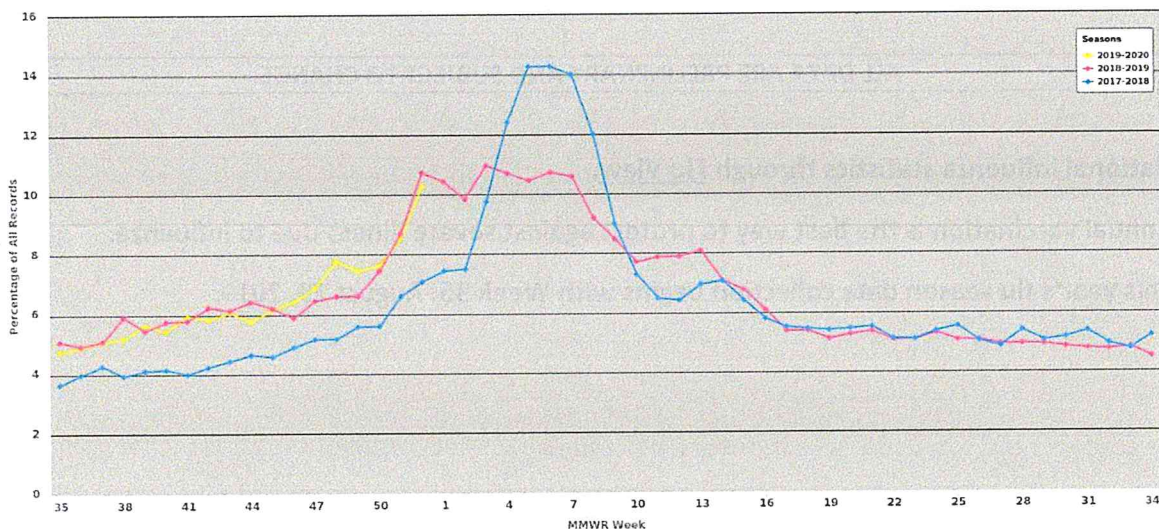
Percentage of outpatient patient visits associated with ILI per MMWR week.



### Hospital Syndromic Surveillance

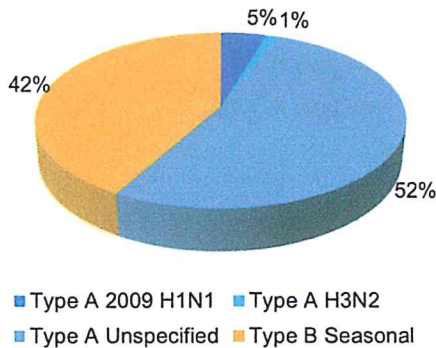
DPH receives near real-time information about emergency department (ED) visits from all 38 licensed, hospital EDs in Connecticut. This system was fully in place starting with the 2018-2019 season. Data from previous years are derived from the Hospital Emergency Department Syndromic System. As of December 28, 2019, **10.27%** of ED patients had ILI.

Percentage of patients presenting to emergency departments statewide with complaints of ILI.



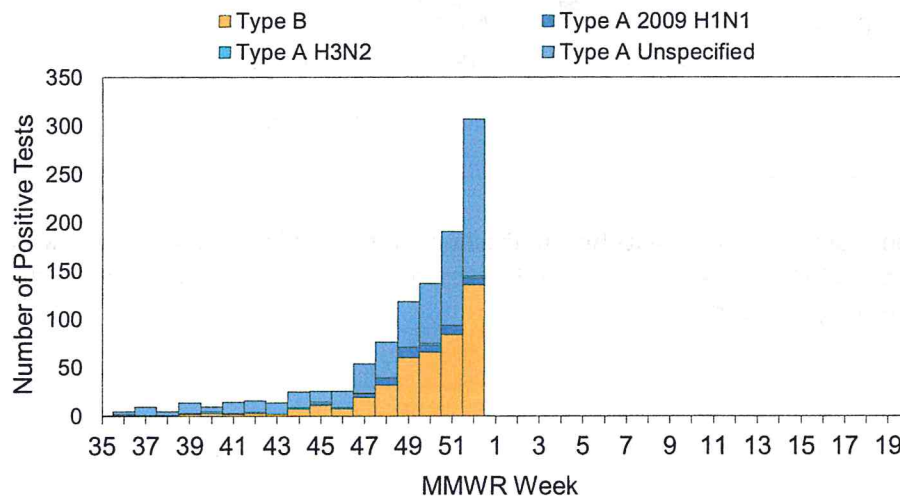
### Laboratory Surveillance

Laboratories report positive influenza tests to DPH. Test results may include the virus subtype (as H3N2), which helps determine the specific virus strains circulating in CT. Other results only provide a general type (Type A Unspecified, Type B). As of December 28, 2019, **1,050** positive influenza tests have been reported. Increased numbers of circulating influenza B viruses have been observed in recent weeks in Connecticut.

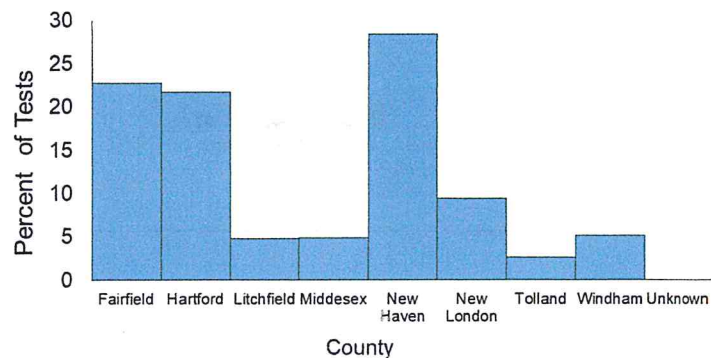


Percent of each influenza virus type reported to DPH during the current season.

Total number of positive influenza tests and the number of each influenza virus type reported to DPH per MMWR week during the current season.



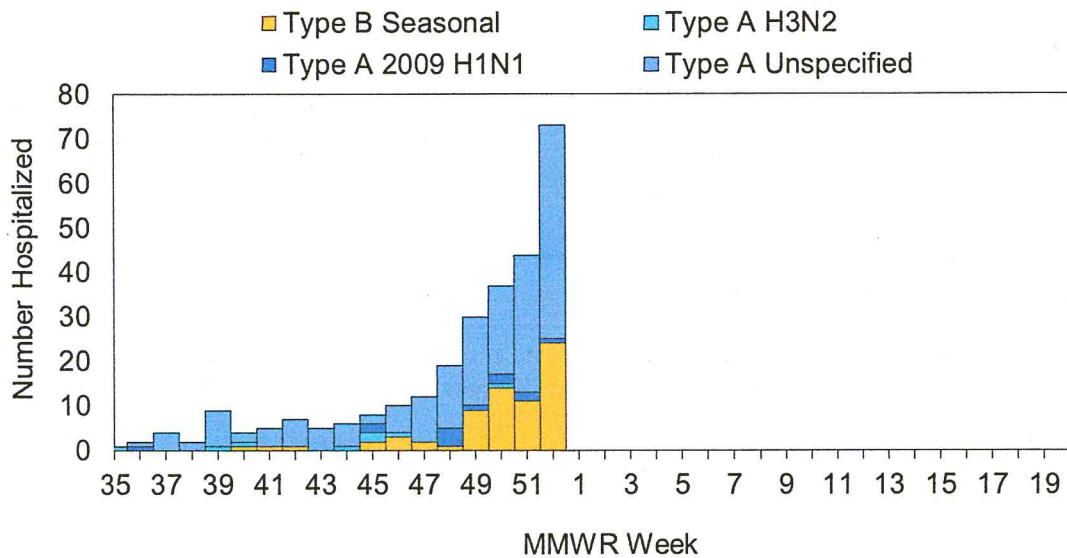
Percentage of all positive laboratory tests reported from each county in Connecticut during the current season.



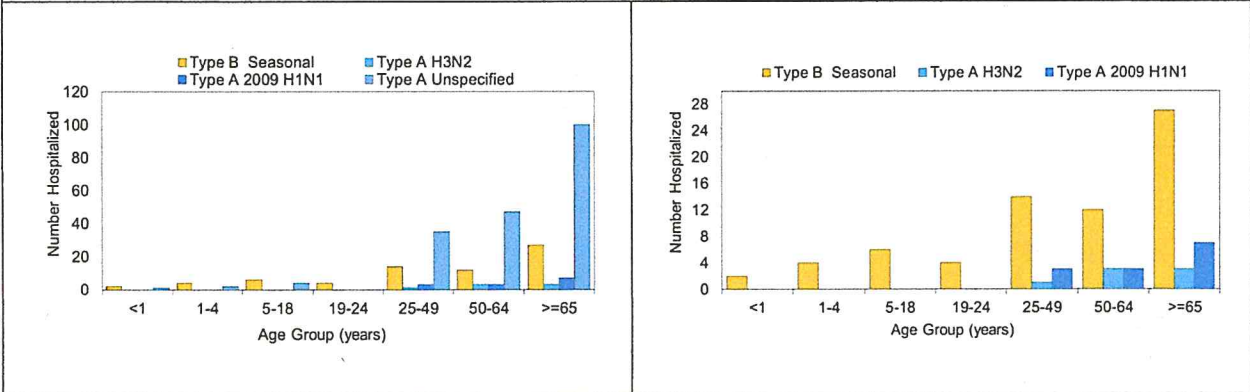
### Hospital Surveillance

Hospitals report patients hospitalized with influenza to DPH. As of December 28, 2019, **278** patients have been hospitalized with influenza during the current season.

**Total number of patients hospitalized with laboratory-confirmed influenza by virus type per MMWR week.**



**Total number of reported patients hospitalized with influenza by age and influenza virus type during the current season.** NOTE: Type A Unspecified test results are not displayed in the second figure below so other results may be clearly seen.

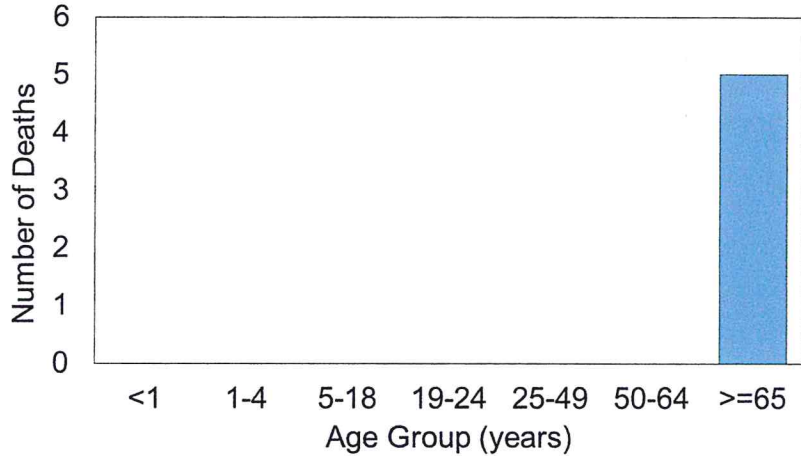




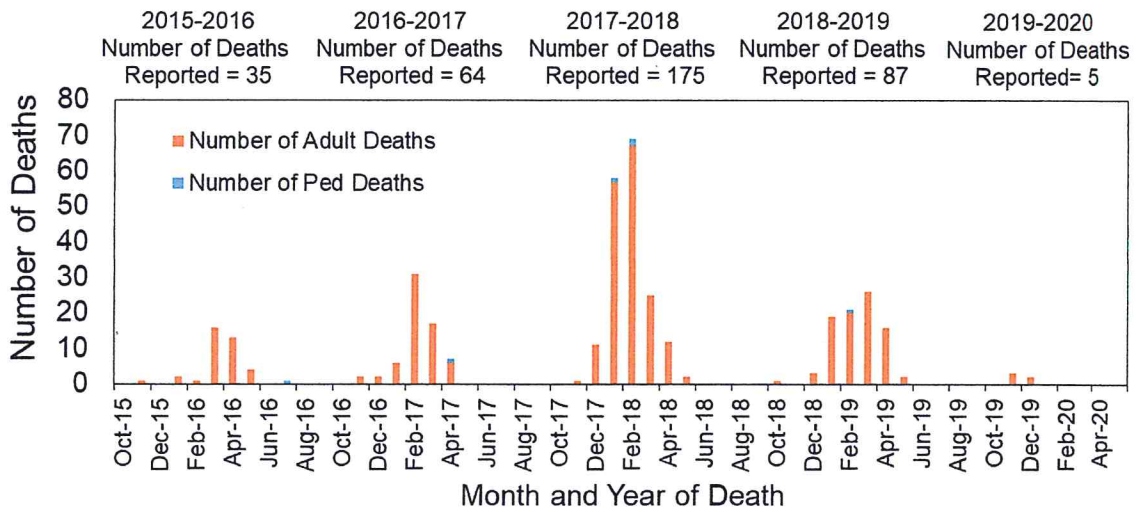


**Influenza-associated Deaths**

Influenza-associated deaths are reported to DPH. The graph shows the number of deaths associated with influenza by age group. Comparisons to previous years are provided when new data are available. **Due to the need to confirm reports and reporting delays, consider the current week data preliminary. As of December 28, 2019, 5 influenza-associated deaths have been reported to DPH this season.**



**Total number of influenza-associated deaths per month for the 2015-2016, 2016-2017, 2017-2018, 2018-2019, and current influenza seasons.**



December 15, 2019

6

Elizabeth Paterson  
Board of Directors Chairperson  
Eastern Highlands Health District

Re: Letter of Resignation as Board Member, Robert De Vito, Town of Ashford

Madam Chairperson,

I am writing to you to inform you that I am resigning from my position as a Board Member of the Eastern Highlands Health District representing the Town of Ashford.

As a career public health official and as a military leader I believe I have a lot to offer as a Board Member. However, I have felt ineffective in representing what seems to be a minority view. There is more recognition of the opinions of town CEO's, politicians, and long term members with little understanding of public health, than those of individuals with public health experience.

Additionally there is a lack of consideration to the district's greatest assets, its employees, as is evident from the most recent departure of fifty percent of the staff. The Board should be pursuing the reasons these employees left. Their departure could be driven by a common theme that permeates the organization. Feedback I have received from contractors has noted lower morale in recent years.

In the past several years the district's reputation as an employment destination where people aspire to work has greatly diminished. In my view, the Health Director has lost sight of the local perspective of public health and is concerned with other outside interests and committees rather than the best interest of the district. The employees need a consistent presence and someone they can count on for support.

It is the responsibility of the Board of Directors as it pertains to the Public Health Code and the General Statues not just to provide direction but to hold the Director of Health accountable for their actions. My observation of the board is the reverse exists within the Eastern Highlands Health District. Over the years the organization has become stagnant in its forward thinking and innovation.

The Board should contact the State Health Department and request assistance to ensure it is operating appropriately. The employees deserve to have a Board of Directors that look out for their best interest and not just the interest of the Director of Health. The Board of Director has a legal and moral obligation to oversee and run the district for the best interest of the residents of the district. It should not just be another monthly meeting on the Boards calendar, but a chance to make a difference. If the Board truly knew the extent of their authority, they could really make a significant difference in the daily lives of their residents.

Therefore I request that acknowledgement of this letter be my official notice of resignation.



**For Immediate Release**

December 18, 2019

**For More Information**

Av Harris [av.harris@ct.gov](mailto:av.harris@ct.gov)

(860) 509-7270

**CONNECTICUT DPH REPORTING A TOTAL OF 46 CASES  
OF VAPING-ASSOCIATED LUNG INJURY; NOW  
REPORTING ONLY CASES RESULTING IN  
HOSPITALIZATION**

FUTURE UPDATES ON VAPING RELATED LUNG INJURY WILL BE POSTED ONLINE

**Hartford** – The Connecticut Department of Public Health (DPH) today is reporting that 46 Connecticut residents have been hospitalized with lung injuries associated with using e-cigarettes or vaping since August. Consistent with national changes in reporting cases of E-Cigarette and Vaping Product use Associated Lung Injuries (EVALI) by the federal Centers for Disease Control and Prevention (CDC), the Connecticut DPH will now only be reporting cases that result in hospitalization. In addition, all future vaping related lung injury updates will be provided through a new information page on the DPH website that will be updated weekly:

<https://portal.ct.gov/DPH/Health-Education-Management--Surveillance/Tobacco/Vaping>

“Over 150 products containing THC have been reported by the patients who have been treated for these lung injuries,” said DPH Commissioner Renée D. Coleman-Mitchell. “I am recommending that Connecticut residents consider refraining their use of e-cigarette or vaping products with THC until a definitive source for these serious injuries are identified.”

THC is the psychoactive ingredient in cannabis, and even though CDC has identified that Vitamin E acetate is likely associated with these injuries, other chemicals may also be contributing, and many different substances and product sources remain under investigation.

According to the federal Centers for Disease Control and Prevention (CDC), as of December 10, 2019, a total of 2,409 hospitalized cases have been reported to CDC from all 50 states, the District of Columbia, and two U.S. territories (Puerto Rico and U.S. Virgin Islands). The CDC also reports there have been 52 deaths confirmed in 26 states (including one in CT) and the District of Columbia.

For people who would like assistance with quitting tobacco use, the statewide tobacco use cessation telephone Quitline is available via 1-800-QUIT-NOW (1-800-784-8669), online at CommitToQuitCT.com, and smartphone apps may be downloaded from <https://SmokeFree.gov>. Teens may text DITCHJUUL to 88-709. For anyone who would like assistance with quitting their use of cannabis products, residents may call 211 or (800) 203-1234 for a referral.

Ongoing information about the national investigation from the Centers for Disease Control and Prevention (CDC) can be found online:

[https://www.cdc.gov/tobacco/basic\\_information/e-cigarettes/severe-lung-disease.html](https://www.cdc.gov/tobacco/basic_information/e-cigarettes/severe-lung-disease.html)

## Robert L. Miller

---

**From:** Robert L. Miller  
**Sent:** Tuesday, December 24, 2019 12:48 PM  
**To:** Adam B. Libros; 'Chaplin First Selectman'; Charles Rexroad; 'Coventry EMD'; 'Daniel Syme'; 'EMD, Ashford'; 'Erika Wiwecenski - 1st Selectman Willington'; 'Ernie Mellor'; Francis P. Raiola; Jerry James (jjames246@earthlink.net); 'Jim Rupert'; John C. Carrington; John Elsesser; 'Andover Town Administrator'; 'Joshua Kelly'; Keith M. Timme; Ken Dardick (kdardick@gmail.com); Michael Zambo, Ashford First Selectman (firstselectman@ashfordtownhall.org); 'Mike Gardner'; 'mpalmer@coventryct.org'; 'Tolland County TN'; Tolland Fire Chief John Littell (jlittell@tolland.org); 'Town Administrator (townadministrator@columbiact.org)'; 'Travis Irons'; 'UConn SHS'; 'Michael Rosen'; Toni Moran; Town Administrator (townadministrator@columbiact.org); 'Tammy nuccio'  
**Cc:** EHHD-Staff; Elizabeth Paterson (home)  
**Subject:** UConn Mumps Outbreak  
**Attachments:** 2019 Mumps Outbreak Communication Final.docx; Mumps+statewide+advisory+12-23-2019.pdf

Greetings Everyone – The University of Connecticut community is experiencing an outbreak of Mumps. While this office has been participating in the response and communication team conference calls, the Connecticut DPH in partnership with UConn Student health services in spearheading the investigation. Three probable cases have been identified among the on campus student population. There are other suspected cases. However as of yet, they have not been linked to the 3 index cases. As most the of student population is now home for the holidays the Connecticut DPH has issued a statewide advisory to healthcare providers (See attached). Additionally, Uconn human resources issued an advisory to all staff, and student health services issued an advisory to all students (See attached).

Mumps is a viral infection that is spread through infected respiratory droplets, like sneezing or coughing. The infection is not usually dangerous, but can be painful. Typical signs and symptoms of mumps are swelling of the face/cheek/jaw (parotitis), jaw pain, headache, and/or low grade fever. Treatment is focused on symptom management. Additional information can be found at <http://www.cdc.gov/mumps>.

The risk to the broader community is low. No action is recommended for area towns at this time. As there may be some media coverage, this is for awareness purposes only.

*Happy holidays,*

*Rob*

*Robert L. Miller, MPH, RS*

Director of Health

Eastern Highlands Health District

4 South Eagleville Road

Storrs, CT 06268

860-429-3325

860-429-3321 (Fax)

Twitter: @RobMillerMPH

[www.ehhd.org](http://www.ehhd.org)



**EHHD**  
 Eastern Highlands Health District

# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH



Renée D. Coleman-Mitchell, MPH  
Commissioner

Ned Lamont  
Governor  
Susan Bysiewicz  
Lt. Governor

### Environmental Health Section

January 2, 2020

Mr. Rob Miller, Director of Health  
Eastern Highlands Health District  
4 South Eagleville Road  
Mansfield, CT 06268

Re: Food Inspector Certification

Dear Mr. Miller:

I'm pleased to inform you that Zachary Jezek has successfully completed the requirements for food inspector certification effective December 20, 2019 and may begin conducting enforcement inspections of food establishments in accordance with the Connecticut Public Health Code. Please note that the expiration date is December 31, 2022 due to the adoption of the FDA Model Food Code. The certification process is being reviewed and will be revised after the review is complete. All local health departments will be notified of changes being made.

Zac will need your continued support in order to strengthen your food protection program efforts. If I can be of any assistance please contact me at 860-509-7297.

Sincerely,

*Christine Applewhite*

Christine Applewhite  
Epidemiologist 2  
Food Protection Program



Phone: (860) 509-7297 • Fax: (860) 509-8071  
Telecommunications Relay Service 7-1-1  
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