



Eastern Highlands Health District
Board of Directors Orientation Manual



Eastern Highlands Health District

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

WELCOME TO NEW BOARD MEMBERS

Welcome to the Eastern Highlands Health District. You have been appointed as a Board member because you have an interest in promoting public health in your community. We are providing you with this manual as a source of information that will assist in making your involvement in the Health District beneficial to you personally and to the community/district that you represent.

The Health District Board is a governing board and has the legislative authority to carry out specific public health duties and to establish and/or enforce regulatory rules and ordinances in multiple areas of jurisdiction. Among other responsibilities noted in the By-laws, the Board identifies community assets that may need to be mobilized to support the public health mission, develops and monitors the strategic plan and evaluates the performance of the Health Director.

This Board Manual is to help you in your new job as a Board Member. Please take the time to read the information in this manual as it will give you some understanding of where the Health District started, where it is now and where it hopes to be in the future. We trust that it will serve as a resource that will assist you in identifying and clarifying the roles, responsibilities, functions and expectations of a governing board and its members.

We are very pleased that you have decided to join the Health District Board and look forward to your involvement in the continuation of a healthy community.

Elizabeth Paterson
Board Chairperson

Robert L. Miller
Director of Health

Eastern Highlands Health District Policies and Procedures

Board Development/Orientation

POLICY

In order to function effectively as a Board of Health, members of the Eastern Highlands Health District Board of Directors need a basic understanding of the Health District's mission and goals and knowledge of its public health programs and services, the environment in which it functions; and the trends and issues affecting the Health District. Board members also need an understanding and knowledge of their legal mandates, duties and responsibilities as a Board.

It is the policy of the Eastern Highlands Health District ("the Health District") that all new Board members receive a comprehensive orientation to the Health District, the Board of Health and public health within three months of their appointment to the Board.

In addition to the initial orientation, the Board will make available the opportunity for on-going professional development to ensure that all Board members maintain or improve their skills. As Board needs are identified, board development activities shall be planned and provided to Board members by the Health District.

The Director of Health and agency staff will support and facilitate specific new Board orientation and development activities for Board members.

PURPOSE:

The purpose of this policy is to ensure all members of the Board receive the information and training needed to fulfill their governance roles and responsibilities.

PROCEDURE

Orientation

1. The Director of Health will send a welcome letter to new members upon their appointment.
2. The Director of Health will arrange to meet with the new board member prior to or soon after their first Board meeting. At this time introductions to EHHD staff will be done and a tour of headquarters will be arranged. Field visits will be provided as needed and requested.
3. New Board members shall receive a Board orientation manual prior to their first board meeting.
4. Within three months of taking office each new member will participate in a group or individual orientation session, with the Director of Health and the Board Chair.
5. As appropriate, the Director will provide an overview of applicable personnel policies, the Health District's financial plan and governance issues.

Board Development

1. When feasible, the Board will make funds available for board development activities.
2. As Board needs are identified, board development activities shall be planned and provided to board members by the Health District.

RESPONSIBILITIES:

1. The Chairperson of the Board is responsible for assuring that board development activities are planned and provided and for designation of one or more individuals to provide new board member orientation.
2. The Director of Health is responsible for support and facilitation of specific orientation activities for new Board members and general board development activities. These includes provision of an orientation manual and materials prior to their first Board meeting; participation in new Board member orientation; and arrangements for field observations or meetings with program staff as needed.
3. New Board members are expected to attend and participate in the Board orientation process and to provide feedback as requested. New Board members are also responsible for identifying individual needs for orientation outside of the formal process.
4. All Board members are responsible for identifying individual and collective needs for board development and for participation in opportunities offered.

RELATED REFERENCES, POLICIES, AND PROCEDURES

1. Section 19a-241(a) of the Connecticut general statutes (District Board of Health)
2. Section 19a-241(b) of the Connecticut general statutes (Board appointments)
3. Article IV of the Bylaws of theEHHD Board (Board functions)
4. Article V of the Bylaws of the EHHD Board (Standing Committees)

**APPROVED BY EASTERN HIGHLANDS HEALTH DISTRICT BOARD OF DIRECTORS
ON
EFFECTIVE DATE:**

What is a Health District?

Health Districts are much like full-time municipal health departments in the services they provide. They are governmental entities that carry out critical local health functions that include: infectious disease control, code enforcement and health education. Through a binding relationship with member towns (provided for in state statutes), services are offered to a group of towns that may not otherwise have a full-time health department without district membership. Joining a health district is an attractive option for towns because they are provided with access to full-time public health services at minimal cost. District membership increases the ability of a town to benefit from grant-funded public health programs. Towns that are members of health districts provide annual per capita contributions to support health district operations.

10 Essential Services of Local Public Health¹

1. **Monitor** health status to identify community health problems.
2. **Diagnose** and **investigate** health problems and health hazards in the community.
3. **Inform, educate** and **empower** people about health issues.
4. **Mobilize** community partnerships to identify and solve health problems.
5. **Develop** policies and plans that support individual and community health efforts.
6. **Enforce** laws and regulations that protect health and ensure safety.
7. **Link** people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. **Assure** a competent public and personal health care workforce.
9. **Evaluate** effectiveness, accessibility and quality of personal and population-based health services.
10. **Research** for new insights and innovative solutions to public health problems.

¹National Association of County and City Health Officials, "Operational Definition of a functional health department", November 2005

Top 10 Benefits Your Community Receives as a Member of a Public Health District:

1. A professionally staffed department with fully trained and certified personnel.
2. Improved availability of services; seven days a week, 24 hours a day for emergencies.
3. Less fragmentation of services.
4. Uniform enforcement of state laws and regulations, codes and ordinances.
5. A regional approach to public health problems that cross town lines.
6. Pooling of manpower for backup services in times of need.
7. The capability to address a wider scope of public health problems and issues than your community could manage on its own.
8. Reduction of waste and maximized effectiveness through problem identification, priority setting, improved coordination and more efficient use of resources.
9. Eligibility for extensive state and federal funding, bringing services to the local level that might not otherwise be possible.
10. An opportunity for your town to network with other local health departments and state agencies.

State of Connecticut - Local Health Departments and Districts, June 2019

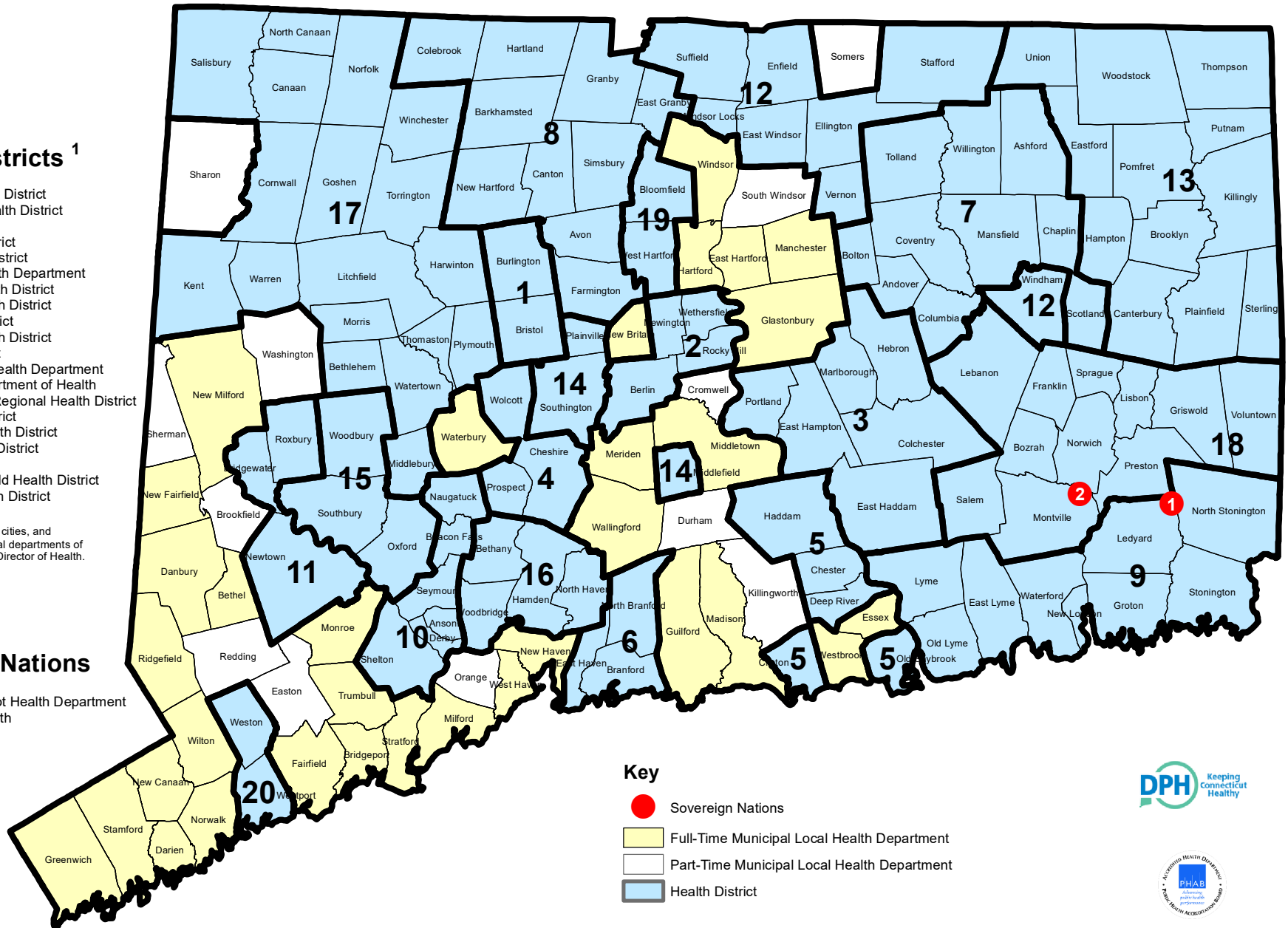
Health Districts ¹

1. Bristol-Burlington Health District
2. Central Connecticut Health District
3. Chatham Health District
4. Chesprocott Health District
5. CT River Area Health District
6. East Shore District Health Department
7. Eastern Highlands Health District
8. Farmington Valley Health District
9. Ledge Light Health District
10. Naugatuck Valley Health District
11. Newtown Health District
12. North Central District Health Department
13. Northeast District Department of Health
14. Plainville-Southington Regional Health District
15. Pomperaug Health District
16. Quinnipiac Valley Health District
17. Torrington Area Health District
18. Uncas Health District
19. West Hartford-Bloomfield Health District
20. Westport Weston Health District

¹ Health Districts are towns, cities, and boroughs united to form local departments of health and have a full-time Director of Health.

Sovereign Nations

1. Mashantucket Pequot Health Department
2. Mohegan Tribal Health



Eastern Highlands Strategic Plan 2013 - 2017

MISSION:

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.

VISION:

Healthy people, healthy communities ... healthier future

GOALS:

Goal 1: Improve organizational capacity, governance and maintain financial stability

Goal 2: Enhance delivery of environmental services

Goal 3: Deliver quality programming to meet District's public health needs

Goal 4: Enhance visibility and public awareness of the District

Goal 5: Promote and apply best practices within the District

Goal 1: Improve organizational capacity, governance and maintain financial stability

Objectives:

- Increase Board's attention to governance issues including: Board composition, Board member job description, committee assignments, orientation and development

- Monitor grants and other revenue sources and prepare multi-year forecasts
- Upgrade the technological infrastructure to improve services and communications
- Analyze feasibility of pursuing PHAB accreditation and pursue if approved
- Research options for expanded office space, relocate if necessary
- Improve staff communications across Health District's programs and services
- Develop and expand partnerships with academic institutions
- Analyze feasibility of and implement addition of towns to the Health District
- Review and consider revising the staffing model to include recruitment, retention and succession planning
- Conduct Board training including new member orientation and ongoing education sessions

Goal 2: Enhance delivery of environmental services

Objectives:

- Improve communications within Health District staff and between Health District and towns
- Improve customer service
- Identify and implement staffing and productivity improvements (e.g. use of tablets in the field) to increase mandated inspection rates

Goal 3: Deliver quality programming to meet District's public health needs

Objectives:

- Support improvement of school food programs in the Health District
- Conduct a community health assessment
- Increase advocacy for healthy lifestyles – youth middle age and seniors.
- Seek additional funding for community health programs

Goal 4: Enhance visibility and public awareness of the District

Objectives:

- Draft and implement agency plan to improve agency visibility and public awareness

Goal 5: Promote and apply best practices within the District

Objectives:

- Develop and implement a standard methodology for program evaluation and quality improvement
- Identify and incorporate performance measures
- Be an advocate with legislators and state officials for public health issues

EASTERN HIGHLANDS HEALTH DISTRICT

History

Serving the towns of:

Andover, Ashford, Bolton, Chaplin, Columbia, Coventry, Mansfield, Scotland, Tolland, and
Wilmington

Population: 80

Service Area: Approximately 204668 Square Miles

As one of 53 full time health departments in Connecticut, the Eastern Highlands Health District provides services to a little more than two percent of the state's population. The district was formed in June of 1997, when the town leaders and residents of Bolton, Coventry and Mansfield realized that pooling resources could increase the scope and quality of public health services by providing a full-time public health staff while reducing expenses. In 2000, the Town of Tolland joined the District, and subsequently, the Towns of Wilmington (in 2001) and Ashford (in 2004) also joined. In June of 2005, four other contiguous towns (Andover, Chaplin, Columbia and Scotland) became part of the Health District. Each of these ten towns now has the benefits of full-time public health services, ensuring that the essential services of local public health are met for these communities.

Eastern Highlands Health District
Board of Directors Roster

Name / Work Adress/Phone - Fax No.'s	End of Term	Email
Town of Andover Eric Anderson 17 School Road Andover, CT 06232 860-742-7305	February, 2023	banderson@andoverct.org
Town of Ashford Ralph Fletcher 5 Town Hall Road Ashford, CT 06278	December, 2021	frstselectman@ashfordtownhall.org
Town of Ashford (Alternate)		
Town of Bolton Joshua Kelly 222 Bolton Center Rd Bolton CT 06043 (W) 860 649-8066 x 115(F) 860 643-0021 (C) 860 604-9	December, 2020	jkelly@boltonct.org
Town of Bolton (Alternate) Robert Morra 15 Tinker Pond Road Bolton CT 06043	December, 2021	robertmorra@snet.net
Town of Chaplin	vacant	
Town of Columbia Mark Walter 323 Route 87 Columbia CT 06237 (W) 228-0110 (F) 228-1952	February, 2023	townadministrator@columbiact.org jlavoie@columbiact.org
Town of Coventry John Elsesser 1712 Main Street Coventry CT 06238 (W) 860 742-6324 (H) 860 742-7025 (F) 860 742-8911 ©860 982-6034	June, 2022	jelsser@coventryct.org
Town of Coventry M. Deborah Walsh 110 Nathan Hale Road Coventry CT 06238 860 742-7116	March, 2020	debwalshbell@gmail.com
Town of Mansfield William Kaufold 240 Mulberry Road Mansfield Center, CT 06250 860-230-6577	June, 2023	wjkaufold@yahoo.com

Town of Mansfield Elizabeth Paterson 79 Independence Dr Mansfield Center CT 06250 (W) 486-1676 (H) 456-8553 (F)429-6863 Town Hall or 486-5234 at UCONN	October, 2021	betsypaterson725@GMail.com
Town of Mansfield (Alternate) John Carrington 4 South Eagleville Rd Mansfield CT 06268 (W) 860-429-3336	May, 2021	carringtonjc@mansfieldct.org
Town of Scotland Barbara Syme 349 Brooklyn Turnpike Hampton, CT 06247 860-617-0835	February, 2022	barbarasyme@yahoo.com
Town of Tolland Tammy Nuccio 71 Webber Road Tolland CT 06084	November, 2020	tnuccio@tolland.org cc emails to: lbielawiec@tolland.org
Town of Tolland Michael Rosen 21 Tolland Green Tolland CT 06084	September, 2022	mrosen@tolland.org
Town of Willington		
Town of Willington 40 Old Farms Road Willington, CT 06279 487-3100(p) 487-3103 (f)	May, 2021	ewieczenski@willingtonct.org

Updated June, 2020

Finance Committee

Elizabeth Paterson, Chair
John Elsesser
John Carrington
Joshua Kelly
Staff: Aga Gonzalez
Staff: Cherie Trahan

betsypaterson725@GMail.com
jelsesser@coventryct.org
carringtonjc@mansfieldct.org
jkelly@boltonct.org
gonzalezad@mansfieldct.org
trahanca@mansfieldct.org

Personnel Committee

Deb Walsh, Chair
Elizabeth Paterson
Mark Walter
Michael Rosen

debwalshbell@gmail.com
betsypaterson725@GMail.com
townadministrator@columbiact.org
mrosen@tolland.org

Executive Committee

Elizabeth Paterson, Chair
John Elsesser, Asst Chair
Mark Walter, Asst Treasurer

betsypaterson725@GMail.com
jelsesser@coventryct.org
townadministrator@columbiact.org

BOARD OF DIRECTORS- COMMITTEE MEMBERSHIP 2020

Executive Committee

E. Paterson, Board Chair

J. Elsesser, Board Vice Chair

M. Walter, Asst. Treasurer

Finance Committee

E. Paterson, Chair

J. Elsesser

J. Carrington

J. Kelly

Personnel Committee

D. Walsh, Chair

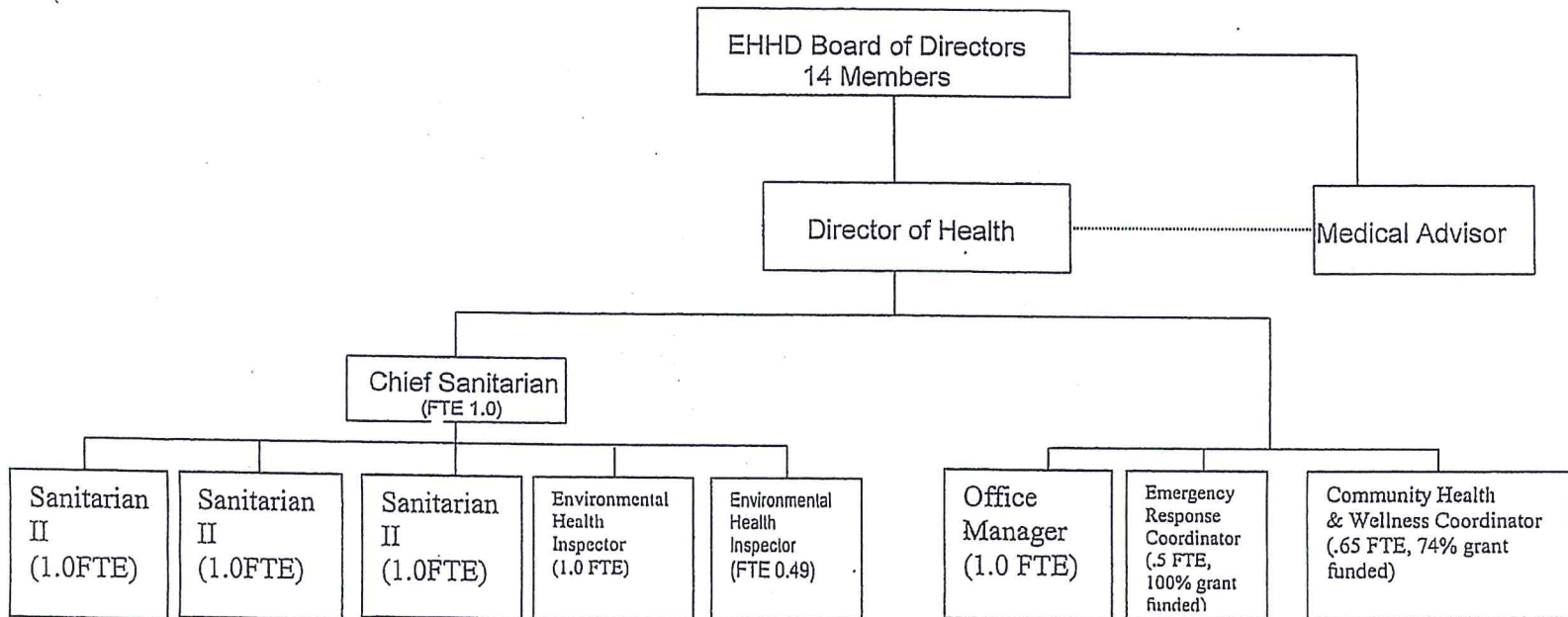
E. Paterson

M. Walter

M. Rosen

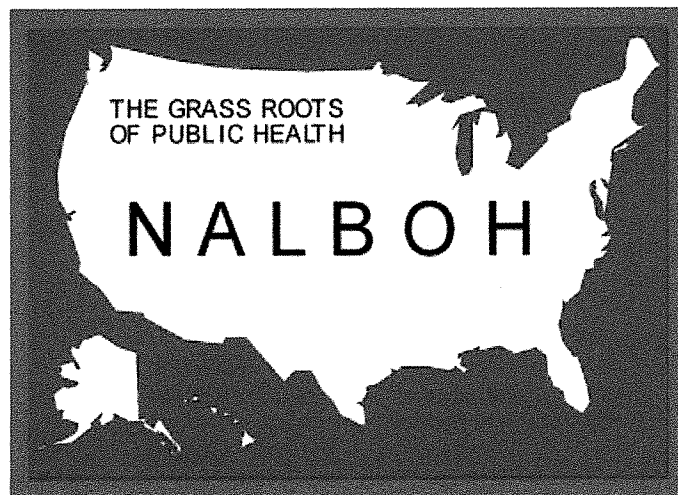
Proposed Fiscal Year 2020/2021 Eastern Highlands Health District Organizational Chart

Andover Board of Selectmen Appoints One Member to District Board of Directors	Ashford Board of Selectmen Appoints One Member to District Board of Directors	Bolton Board of Selectmen Appoints One Member to District Board of Directors	Chaplin Board of Selectmen Appoints One Member to District Board of Directors	Columbia Board of Selectmen Appoints One Member to District Board of Directors	Coventry Town Council Appoints Two Member to District Board of Directors	Mansfield Town Council Appoints Three Member to District Board of Directors	Scotland Board of Selectmen Appoints One Member to District Board of Directors	Tolland Town Council Appoints Two Member to District Board of Directors	Wilmington Board of Selectmen Appoints One Member to District Board of Directors
---	---	--	---	--	--	---	--	---	--



Being an Effective Local Board of Health Member

Your Role in the Local Public Health System



National Association of Local Boards of Health

Additional NALBOH Materials:

Videotapes/Digital Media

- *Assurance, Policy Development, and Assessment: The Role of the Local Board of Health*
- *The Changing Roles of Local Boards of Health: From Service Provision to Assurance - Dr. Susan Scrimshaw, 3rd Annual Ned E. Baker Lecturer*
- *Communicating Under Fire: Focus on Public Health Situations - Dr. Vincent Covello, 4th Annual Ned E. Baker Lecturer*
- *Local Responsibilities Related to National Environmental Health Priorities - Dr. Richard Jackson, 5th Annual Ned E. Baker Lecturer*
- *Multiple Partnerships: Endless Opportunities - Dr. William Keck, 1st Annual Ned E. Baker Lecturer*
- *Working with Local Elected Officials to Improve Public Health - Dr. Vaughn Mamlin Upshaw, 6th Annual Ned E. Baker Lecturer*

Print Publications

- *Clean Indoor Air Action Plans*
- *Legal Authority for Tobacco Control in the U.S.*
- *Local Board of Health Environmental Health Primer*
- *National Public Health Performance Standards Governance Instrument*
- *NALBOH NewsBrief*
- *Public Health Over Time*

Online Resources

- *NALBOH Website - www.nalboh.org*
- *Public Health on the Web - www.nalboh.org/webhealth/index.htm*
- *NALBOH Members Only Website - www.nalboh.org/MO/memlogin.htm*

TABLE OF CONTENTS

Introduction	4
The Local Public Health System	5
Public Health’s Guiding Principles	5
The Ten Essential Public Health Services	6
The Role of the Local Board of Health	7
The Role of a Board of Health Member	7
About NALBOH	9

INTRODUCTION

Congratulations! You are a vital member of the nation's public health system. You and thousands of other volunteer local board of health members provide the necessary guidance, oversight, and leadership for your local public health agency (LPHA). This role is important because it is up to you and your fellow board members to make sure that the health needs of your community are met.

The responsibilities of a local board member are varied. You may be required to make decisions about environmental public health matters, learn about and approve health education programs, decide what clinical services are needed and can be provided, work with community leaders, act as a liaison between the health department and the public, advise a governing body (e.g., county commissioners or city council) on effective public health policy, propose health-related ordinances or statutes, and approve financial budgets and expenditures.

The National Association of Local Boards of Health (NALBOH) has developed a series of guides to prepare you to confidently and effectively meet these varied responsibilities. This first guide is an introduction to the local public health system and your role as a board member. Additional resources are available from NALBOH to educate board members to address environmental public health issues, the National Public Health Performance Standards Programs, and tobacco use prevention and control.

For more information or assistance, please contact NALBOH by telephone, (419) 353-7714 or e-mail, nalboh@nalboh.org.

Welcome to public health service!

THE LOCAL PUBLIC HEALTH SYSTEM

The local public health system (LPHS) is made up of all the organizations and entities within the community that contribute to the public's health. The center of the system is the primary governmental public agency, usually the health department, responsible for protecting the public's health. Sometimes, however, this agency is not solely the local health department. Because in some places environmental public health departments operate outside the jurisdiction of the local health department, it is important to identify the local public agency(ies) at the center of your local public health system.

There are many community examples for protecting the public's health. To encompass the various examples, this guide uses local public health agency (LPHA) to include any and all government bodies (e.g., health departments, environmental health departments, etc.) that deliver public health services.

With the LPHA at its center, the local public health system expands to include hospitals and clinics, healthcare practitioners, state or local agriculture departments, state or local environmental protection agencies, and schools and universities. In some communities it may also include county commissioners, mayors, city councils, drinking and waste water operators, sewage haulers, substance abuse clinics, mental health and social service agencies, the department of parks and recreations, local nonprofit organizations, places of religious worship, land use planners, federal agencies, and many more. Generally speaking, however, it is the LPHA that assures public health services and programs are available in the community. The board of health provides oversight of the agency.

PUBLIC HEALTH'S GUIDING PRINCIPLES

Local public health agencies in the United States rely on the three Core Functions of Public Health to guide them. The functions are assessment, policy development, and assurance. Together, the three functions define the roles of federal, state, and local agencies within the public health system. All public health agencies, including the LPHA, are responsible for **assessing** the status of public health in their communities, **developing policies** to address public health needs, and **assuring** that public health needs are met.

While the three Core Functions provide guidance to agency leaders in what they should be doing, the Ten Essential Public Health Services describe how these agencies should carry out the assessment, policy development, and assurance functions. The Ten Essential Services are the actions that the LPHA should take to guarantee that community health needs are met.

Regardless of their legal responsibilities, local boards of health are guided by these principles. A state's constitution or legal code grants the boards of health their specific responsibilities and authorities. For example, in one state, a board's authority may be to advise or make recommendations about public health activities; while in another state, the law permits the board to pass public health rules and regulations and to enforce them.

Common public health principles standardize the way public health officials work to improve community health. While each community has specific health concerns and population needs, the public health principles provide a uniform framework for analysis and response.

Because the Ten Essential Services define the actions of public health officials, including local board of health members, they are discussed in greater detail in the following pages.

THE TEN ESSENTIAL PUBLIC HEALTH SERVICES

The Ten Essential Public Health Services detail a list of activities associated with the assessment, policy development, and assurance functions of the LPHA.

The following are the Ten Essential Public Health Services:

1. Monitor health status to identify community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of healthcare when otherwise unavailable.
8. Assure a competent public health and personal healthcare workforce.
9. Evaluate the effectiveness, accessibility, and quality of personal and population-based health services.
10. Research new insights and innovative solutions to health problems.

Each of the Ten Essential Services is associated with at least one core function. As Figure 1 shows, the last service (Research) is vital to all services and may be linked to all of the core functions.

Local board of health members are responsible for making sure the Ten Essential Services are performed in their community. By identifying what public health services are needed locally, making sure that these services can be provided, and promoting local needs to the state and federal government, local boards of health fulfill their core function responsibilities.

Most board members do not actually monitor, diagnose, evaluate, or actively perform the Ten Essential Services in the community. The board members work behind the scenes to create the circumstances in which the LPHA staff provide the Ten Essential Services.

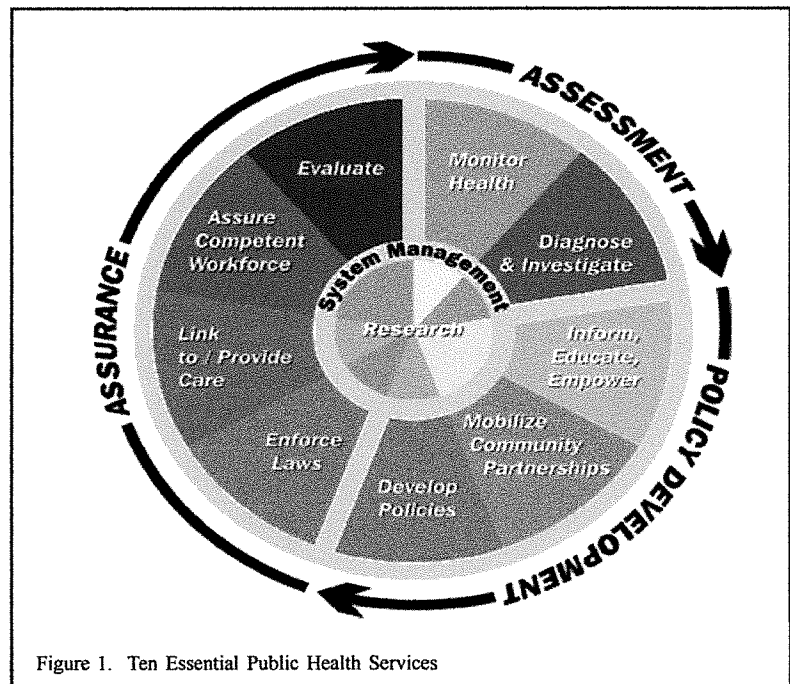


Figure 1. Ten Essential Public Health Services

Each essential service requires that the board of health ensure five roles and responsibilities. The five assurances are that:

1. the board and LPHA are legally required to provide the service;
2. the LPHA has the resources (e.g., financial, technical, personnel) to carry out the service;
3. the board of health establishes policies for the delivery of the service;
4. there is regular evaluation of the service or program to ensure that it is meeting its intended goals; and
5. the board and LPHA solicit input from partners, stakeholders, and the public about the service or program.

Using the first essential service—to monitor health status to identify community health problems—a local board of health’s responsibility may include the following:

- **Assure legal authority:** The board may call for a community health needs assessment. Working with other partners or groups, the board defines and clarifies the roles, responsibilities, and relationships of the LPHA to avoid overlapping or conflicting authority.
- **Assure resources:** If conducting a needs assessment, the board ensures that the project has the necessary staff, money, technology, and resources available to complete it. Board members do this by overseeing and approving the budget.
- **Assure policy making:** Once the needs assessment is complete, the board may define new policies to address health issues. The new policies define a program’s goals, its intended outcomes, and evaluation process.
- **Assure accountability:** Reviewing and requesting regular program evaluation ensures that services are meeting its intended needs and achieving the desired targets and goals.
- **Assure collaboration:** During the assessment process, the board should hold public meetings to gather information about the community’s perceived public health needs, concerns, and issues. The board may act as a liaison between other partners and stakeholders during this process.

THE ROLE OF THE LOCAL BOARD OF HEALTH

Local boards of health around the United States have different authorities for carrying out their responsibilities. Some boards enact rules and regulations, while others advise or make recommendations to the local governing body for public health. All boards of health, regardless of the extent of their legal authority, are obligated to either enact or to recommend policies that serve the interest of the public’s health.

The local board of health is responsible for determining or advising on LPHA policy; adopting or making recommendations on the annual budget; determining, monitoring, and evaluating the LPHA’s goals and the programs implemented to meet them; and ensuring there is adequate agency funding.

THE ROLE OF A LOCAL BOARD OF HEALTH MEMBER

A primary responsibility of a local board of health member is to study and to learn as much as possible about the obligations of the board, the LPHA’s activities, the community’s health problems, and the need for planning solutions that address these concerns.

Board members fulfill these expectations by:

- Being prepared for meetings by reading all pertinent material prior to the meeting, being informed about issues in order to discuss them responsibly, and researching additional information, as needed.
- Attending and actively participating in board of health meetings.
- Becoming familiar with and understanding the meeting process and following the rules of order.
- Ensuring that time at board of health meetings is set aside for updates on public health problems and what the LPHA is doing, or needs to do, in response to existing challenges.
- Involving others in LPHA functions, special events, and activities to promote and support programs and services.
- Advocating for public health by communicating regularly with community leaders and elected officials about perceived needs and possible resources.
- Serving as a liaison between the community and the LPHA, and between the health agency and the community.
- Working cooperatively with the health officer or health commissioner.
- Learning about every aspect of the LPHA and the local public health system, including identifying possible partners.
- Being patient. Changing health status, enforcing procedures, and solving public health problems takes time.
- Identifying priorities to ensure that the appropriate resources are available to meet the LPHA's long-term goals and objectives.
- Making decisions that must be made, even in the midst of adverse public reactions and/or opinions of the governmental body responsible for the appointment or election of board members.
- Knowing the difference between private problems and those that actually impact the public's health.
- Taking responsibility when asked and following through on commitments.
- Being visionary by planning where the board and the LPHA should be in two to three years and actively participating in identifying and training new board members who support this vision.

While these functions are basic responsibilities of any board, members must be aware that their decisions, deliberations, and actions are part of the public record. As such, they or their actions may become highly visible in the community. Consequently, the board must ensure that it is operating within its legal duties and is operating under the principles of good faith.

It is important to remember that the board is responsible for the financial stability of the LPHA. It is imperative that all board members understand the agency's financial statements and ask questions to ensure clear understanding of these matters.

As a member of a local board of health, you have accepted a significant responsibility to your fellow board members, your local public health agency, and your community. You are indeed a vital component of the grassroots of the nation's public health system. NALBOH provides education, technical assistance, and advocacy to strengthen local boards of health in promoting and protecting the health of their communities. We look forward to assisting you as you serve the public.

ABOUT NALBOH

The National Association of Local Boards of Health (NALBOH) represents the interests of local boards of health in the United States. NALBOH is nationally recognized as the voice of local boards of health.

NALBOH board and members:

- Have a voice in emerging national public health policy formulation
- Have access to programs and materials specifically designed for local board of health members
- Receive training and educational materials
- Are informed about new public health issues, programs, and funding opportunities
- Serve on NALBOH committees
- Communicate and share ideas with members of other local boards of health
- Attend NALBOH's Annual Conference to receive information from national public health leaders
- Are eligible for NALBOH-sponsored grants and discounts

For more information about member benefits or to join NALBOH, please contact us.

National Association of Local Boards of Health

1840 East Gypsy Lane Road

Bowling Green, OH 43402

Ph: (419) 353-7714 Fax: (419) 352-6278

Web: www.nalboh.org E-mail: nalboh@nalboh.org

Eastern Highlands Health District Staff Roster

Name / Work Address	Contact Numbers
Glenn Bagdoian , Sanitarian II Town of Columbia & Coventry 1721 Main Street Coventry, CT 06238	(H) 860-230-7366 (W) 860-742-4064 (Fax) 860-742-4059 (Cell) 860-208-9942 bagdoiangh@ehhd.org
Millie Brosseau , Office Manager 4 South Eagleville Road Mansfield, CT 06268	(W) 860-429-3325 (Fax) 860-429-3321 (Personal Cell) 860-420-8169 mbrosseau@ehhd.org
Dr. Ken Dardick , Medical Advisor Mansfield Family Practice 40 Professional Park Road Mansfield, CT 06268	(H) 860-487-0422 (W) 860-487-0002 (Fax) 860-429-1663 kdardick@dardick.com
Holly Hood , Sanitarian II Towns of Tolland & Willington 22 Tolland Green Rd Tolland, CT 06084	(H) 860- 508-1719 (W) 860-871-3608 (Fax) 860-871-3628 (Cell) 860-377-3909 hoodhd@ehhd.org
Zachary Jezek , Environmental Health Inspector 4 South Eagleville Road Mansfield, CT 06268	(H) 860-334-6631 (W) 860-429-3325 (Fax) 860-429-3321 (Cell) 860-550-8796 hoodhd@ehhd.org
Thad King , Sanitarian II Towns of Andover, Bolton, Mansfield 4 South Eagleville Road Mansfield, CT 06268	(H) 860- 304-8466 (W) 860-429-3325 (Fax) 860-429-3321 (Cell) 860-208-9941 kingtd@ehhd.org
Derek May , Public Health Emergency Preparedness Coordinator 4 South Eagleville Road Mansfield, CT 06268	(H) 860-928-4408 (W) 860-429-3378 (Fax) 860-429-3321 maydn@ehhd.org

<p>Robert L. Miller, Director of Health Town of Mansfield 4 South Eagleville Road Mansfield, CT 06268</p>	<p>(H) 860-742-2348 (W) 860-429-3325 (Fax) 860-429-3321 (Cell) 860-209-8990 millerrl@ehhd.org</p>
<p>Cecile Serazo, Community Health & Wellness Coordinator 4 South Eagleville Road Mansfield, CT 06268</p>	<p>(H) 860-938-9333 (W) 860-429-3325 (Fax) 860-429-3321 (Cell) 860-208-9943 serazocc@ehhd.org</p>
<p>Lynette Swanson, Chief Sanitarian Towns of Ashford, Chaplin & Scotland 4 South Eagleville Road Mansfield CT 06268</p>	<p>(H) 860-774-9184 (W) 860-429-3325 (Fax) 860-429-3321 swansonls@ehhd.org</p>
<p>Cherie Trahan, Chief Financial Officer Town of Mansfield 4 South Eagleville Road Mansfield, CT 06268</p>	<p>(W) 860-429-3344</p>

Revised 6/17/2020

Job Descriptions

- Director of Health
- Chief Sanitarian
- Sanitarian II
- Office Manager
- Community Health & Wellness Coordinator
- Public Health Preparedness Coordinator
- Environmental Health Inspector

DIRECTOR OF HEALTH

GENERAL DESCRIPTION

This is a responsible position, work is performed with considerable latitude for independent judgment and action subject to the requirements of applicable laws, rules, regulations and established policies. Work is performed primarily in a professional office environment. May be some exposure to infectious or contagious disease/s. May require the use of protective clothing or gear. May work in confined or restricted areas and may occasionally involve incidental exposure to physical harm.

SUPERVISION RECEIVED

Work is performed under the direction of the Eastern Highlands Health District Board.

ESSENTIAL JOB FUNCTIONS

Consults with and advises the District Board on the development and review of strategic district plans and policies as well as issues concerning the management and administration of the Health District; researches information and makes recommendations to the Board.

Acts as Treasurer and Secretary to the Health District Board, and as Executive Officer of the District.

Identifies community health needs, develops and coordinates programs, implements legislative changes and disseminates public health information; oversees and directs all environmental health inspections and activities; communicates to educate and persuade other agencies, appropriate public and private entities and various other community organizations on health issues; conducts hearings, appeals, and investigations regarding health issues, practices and enforcement actions.

Establishes goals, objectives and performance standards and conducts administrative reviews and program evaluations in order to monitor and improve the effectiveness and efficiency of District services.

Appoints employees in the District, conducts and reviews performance evaluations; approves salary adjustments and disciplinary actions; participates in employee relations and acts as a liaison with the Board; adjusts employee grievances.

Identifies programmatic needs and strives toward the development of comprehensive health district programs; develops effective working relationships with town agencies and appropriate public and private entities, and various community groups and organizations.

DIRECTOR OF HEALTH

Conducts a variety of administrative tasks, including budget preparation, authorizing and monitoring expenditures, preparing reports and grant applications, monitoring staffing patterns and workloads, and establishing employee performance standards and goals.

ADDITIONAL JOB RESPONSIBILITIES

Performs the duties associated with the position of Sanitarian as required.

Performs related work as required.

KNOWLEDGE, SKILLS AND ABILITIES

Extensive knowledge of laws and regulations governing communicable disease prevention and control; thorough knowledge of clinical manifestations of communicable diseases and measures for their control and eradication.

Thorough knowledge of public health laws, ordinances and regulations.

Extensive knowledge of modern environmental sanitation practices and requirements.

Knowledge of causes, methods of transmission, treatment and control of communicable diseases.

Knowledge of principles of epidemical, disease pathogenesis and treatment.

Knowledge of health promotion/risk reduction strategies and program implementation; ability to develop a plan of care to meet identified individual, family, school or community health problems.

Extensive managerial ability including the ability to plan and set objectives, direct and control diverse programs, develop and train employees, and work with advisory boards, citizen groups and various local, state, and federal officials.

Skill in expressing ideas clearly and logically both written and orally.

Skill in decision making under uncertain conditions with limited data.

Ability to analyze data in order to determine

**EASTERN HIGHLANDS HEALTH DISTRICT
POSITION DESCRIPTION**

Class Title: Chief Sanitarian
Group: Eastern Highlands Health District
Pay Grade: Health District Grade TBA
FLSA: Exempt
Effective Date: July 1, 2007

General Description/Definition of Work

This is a working professional supervisory position for all environmental health programs and services of the Eastern Highlands Health District. Primary responsibilities include assisting the Director with the supervision of environmental health staff, coordination of assignments and program implementation. Position requires both administrative skills and field experience. Responsible for development of environmental health procedures and policies to ensure consistent implementation of environmental inspections, appraisals and oversight. Responsible for enforcement of the Connecticut Public Health Code and other applicable laws, regulations, codes and ordinances pertaining to environmental health. Duties include inspections, investigations, surveying and report preparation. This position has the responsibility for making difficult public health regulatory decisions. The work requires that the employee understand the laws, rules and regulations governing the enforcement of environmental health codes. This position works under the direction and supervision of the Director of Health.

Essential Job Functions/Typical Tasks

- Supervises and trains environmental health staff in inspections and enforcement work to ensure competency, consistency and standardization. Monitors and recommends training as needed.
- Monitors and evaluates environmental health programs and services, activity levels and assignments and makes adjustments and recommendation to senior management as necessary to ensure objectives are met.
- Assists in the development and recommends environmental health policies and procedures to the Director of Health as public health trends change. Assists in the development and maintenance of the environmental health policies and procedures manual.
- Serves as the lead field Inspector on the day to day activities, and supports the development and maintenance of adequate environmental health records, statistical data and reporting.
- Investigates environmental complaints regarding housing, garbage and rubbish disposal, rodent and insect infestations, noise, air and water quality, disease vectors, mosquito control, lead paint, unsanitary environmental conditions and food or water-borne diseases.
- Assists the Director of Health in enforcement of the Connecticut Public Health Code, Connecticut General Statutes and all other applicable laws, regulations, codes and ordinances. Develops and recommends environmental health enforcement orders.
- Serves as the lead Sanitarian and reviews construction plans and makes necessary inspections and investigations of regulated facilities and installations including food service establishments, day care centers, motels, public swimming pools, septic systems and drinking water supply wells. Issues permits.
- Issues notices of violation and assists in the training and implementation of all environmental health enforcement.

EASTERN HIGHLANDS HEALTH DISTRICT POSITION DESCRIPTION

- Coordinates public education on environmental health matters including the education of owners, operators and staff of regulated facilities. Promotes training programs, gives public health advice to the public and facility personnel.
- Responds by telephone, in person, or in writing to persons seeking information regarding health rules and regulations, specific complaints, license requirements, and other environmental health problems.
- Contributes to the maintenance of the Health District's web page by providing current and relevant environmental health information/notices for posting.
- Prepares monthly reports, reports of inspections and investigations and other reports.
- Evaluates environmental health staff performance and reports results to the Director of Health.
- Performs related work as required.
- Serves as the agent of the Director of Health.

Knowledge, Skills, and Abilities

- Thorough knowledge of the modern methods, principles and practices of public health. Knowledge of inspection and investigation techniques; knowledge of the causes, impacts of, and solutions to current public health problems.
- Considerable knowledge of the sanitary sciences, including bacteriology, biology, chemistry and personal hygiene.
- Considerable knowledge of and the ability to interpret, analyze, explain and to firmly and tactfully enforce the laws, ordinances and regulations pertaining to environmental health.
- Ability to communicate effectively, both orally and in writing and to follow oral and written directions.
- Ability to read and understand complex written material and to interpret statistical data, laboratory test results, maps and construction plans.
- Ability to establish, prepare and maintain various complex records, files and reports, including computerized records and reports.
- Ability to be a team player and a team leader and to establish and maintain effective working relationships with Health District staff and the public.
- Ability to deal effectively with individuals in highly sensitive and confidential matters.
- Strong organizational skills and an ability to work effectively with minimum direct supervision.
- Strong interpersonal skills with a desire to work collaboratively with individuals, groups, multiple agencies, the general public, and diverse communities.
- Strong computer skills and ability to use the computer software utilized by the division.
- Knowledge of disease and injury causation and control techniques.
- Understanding of the structural aspects of buildings including plumbing, electrical wiring, heating systems, ventilation, waste disposal and water supply.
- Knowledge of public health sampling and testing techniques, and laboratory procedures.
- Ability to prepare and present oral and written statistical, narrative and technical reports.

**EASTERN HIGHLANDS HEALTH DISTRICT
POSITION DESCRIPTION**

- Ability to investigate, analyze and evaluate environmental health problems and propose solutions.
- Ability to identify and respond to emergency situations in the absence of the Director of Health.

Additional Duties

- May be required to attend night meetings of local commissions and boards.
- May be required to work evenings and weekends.
- Provides emergency “on-call” coverage as needed.
- Participates in professional education/training.

Education and Experience

- Bachelor’s Degree from an accredited college or university in Environmental Health, Public Health, or related field and five years of experience in the field of environmental health or related field, one of which are directly related to staff supervisor and management; or, Master’s Degree from an accredited college or university in Environmental Health, Public Health, or related field and one year of experience in the field of environmental health or related field which are directly related to staff supervisor and management.

Physical Demands and Work Environment

Required for essential duties. Reasonable accommodations will be considered under the Americans with Disabilities Act. This list is not all inclusive and may be supplemented as necessary.

- Must be mobile with the ability to get from one location in the office or work site(s) to other locations in and outside from the primary office or work site(s).
- Ability to reach and bend, and push/pull or lift objects less than fifty pounds.
- Mobility to inspect sites which may include walking over rough terrain and climbing and crawling in the examination of test pits, crawl spaces, confined areas, basements, attics and other restricted quarters.
- Ability to perform manipulative skills such as writing, using a keyboard and/or calculator with accuracy.
- Ability to see and read objects closely as in reading/proof reading narrative or financial reports. Ability to read plans, maps or diagrams and read from a computer monitor. Ability to see objects far away as in driving. Ability to discriminate between colors.
- Ability to hear normal sounds with background noise as in hearing/using a telephone. Ability to distinguish verbal communication and communicate through speech.
- Ability to maintain files and records and make mathematical calculations using a calculator.
- Ability to concentrate on complicated detail and complex issues for more than three hours at a time with some interruption, pressure and changing priorities.
- Memory to perform multiple and diverse tasks over long periods of time and ability to remember information that has been read, studied or previously learned.
- Ability to use knowledge and reasoning to solve complex problems.

**EASTERN HIGHLANDS HEALTH DISTRICT
POSITION DESCRIPTION**

- Ability to learn and apply new information, methodologies, techniques and legislation applicable to departmental activities.
- Work is performed in various settings including normal business office, food service establishments, and in residential or commercial properties. Typical office setting subject to interruptions, heavy traffic flow and heavy work volume expectations. Performs outside inspections, which include exposure to fluctuations in temperature and seasonal weather. Work includes exposure to hazards that may require special safety precautions. Will require occasional work outside normal business hours. Required to travel to inspection sites. May interact with agitated individuals.

Special Requirements

- Must possess a valid Connecticut motor vehicle operator’s license and a driving record, which meets the appropriate driving standards.
- Certification as a Connecticut Registered Sanitarian.
- Phase I and II Subsurface Sewage Disposal Certification from the State of Connecticut.
- Food Establishment Inspector Certification from the State of Connecticut.
- Lead Inspector Certification from the State of Connecticut.
- An employee must maintain such certification(s) as a condition of employment.

The above description is illustrative of tasks and responsibilities. It is not meant to be all-inclusive of every task or responsibility. The description does not constitute an employment agreement between the Health District and the employee and is subject to change by the Health District as the needs of the Health District and requirements of the job change.

Approved by: _____
Robert L. Miller, Director of Health

Date: _____

SANITARIAN II

GENERAL DESCRIPTION

This is a responsible professional sanitary inspection work at the full performance level involving enforcement of the public health code.

Work involves responsibility for maintaining environmentally safe town conditions through the enforcement of the Public Health Code and Statutes and local ordinances pertaining to environmental health. Duties include inspections, investigations, surveying and report preparation. This position also has the responsibility for making difficult health and safety decisions. The work requires that the employee understand the laws, rules and regulations governing the enforcement of environmental health codes for which they are responsible.

SUPERVISION RECEIVED

Works under the direction of the Director of Health.

ESSENTIAL FUNCTIONS OF WORK

Review plans and inspects sites for septic system installation including consultation with owners and contractors, and soil testing. Issues septic permits.

Review plans and makes necessary inspection for approval of new restaurants, food stores, day care centers and other businesses, as provided by statute.

Regulates new water supply wells including site inspections of property, issuing permits to well drillers and reviewing water sample analysis reports. Issue well permits.

Investigates environmental complaints such as garbage and rubbish disposal, rodent and insect infestations, noise, air and water quality, disease vectors, mosquito control, obnoxious weeds and unsanitary environmental conditions.

Educates food handlers, promotes training programs, gives advice to food service personnel on proper food sanitation techniques, and investigates food-borne illnesses.

Responds by telephone, in person, or in writing to persons seeking information regarding health rules and regulations, specific complaints, license requirements, and other environmental health problems.

Prepares reports of inspections and investigations.

Prepares reports for supervisor as requested.

SANITARIAN II

ESSENTIAL FUNCTIONS OF WORK CONTINUED

Performs related work as required.

Participates in public health programming as required.

ADDITIONAL DUTIES

Participates in professional education/training.

May be required to attend night meetings of commissions and boards.

May provide supervision and guidance to Sanitarian I as well as other staff.

PHYSICAL AND MENTAL REQUIREMENTS/WORK ENVIRONMENT

Required for essential duties; reasonable accommodations will be considered under the Americans with Disabilities Act; this list is not all inclusive and may be supplemented as necessary.

Must be mobile with the ability to get from one location in the office or work site/s to other locations in and outside from the primary office or work site/s. Ability to sit and/or stand for prolonged periods of time.

Ability to reach and bend, and push/pull or lift objects less than twenty pounds.

Mobility to inspect sites that may include walking over rough terrain and climbing and crawling in the examination of test pits.

Ability to perform manipulative skills such as writing, using a keyboard and/or calculator with accuracy.

Ability to see and read objects closely as in reading/proof reading narrative or financial reports. Ability to read plans, maps or diagrams and read from a computer monitor. Ability to see objects far away as in driving. Ability to discriminate between colors.

Ability to hear normal sounds with background noise as in hearing using a telephone. Ability to distinguish verbal communication and communicate through speech.

Ability to communicate effectively in oral and written form.

Ability to maintain files and records. Makes mathematical calculations using a calculator.

SANITARIAN II

PHYSICAL AND MENTAL REQUIREMENTS/WORK ENVIRONMENT CONTINUED

Ability to concentrate on complicated detail and complex issues for more than three hours at a time with some interruption, pressure and changing priorities.

Memory to perform multiple and diverse tasks over long periods of time and ability to remember information that has been read, studied or previously learned.

Ability to use knowledge and reasoning to solve complex problems.

Ability to learn and apply new information, methodologies, techniques and legislation applicable to departmental activities.

Works in typical office setting subject to interruptions, heavy traffic flow and heavy work volume expectations and performs outside inspections which include exposure to fluctuations in temperature and seasonal weather. May be exposed to dust and electromagnetic radiation from computer monitors. May be exposed to body fluids, hazardous wastes material, toxins and poisonous substances.

QUALIFICATIONS

Graduation from a four year college or university or university course work of study with major course work in environmental health, bacteriology or a closely related field, plus three years of experience in environmental health, laboratory work or related field.

SPECIAL REQUIREMENTS

Must have a valid Connecticut Class 3 driver's license. Must be a Connecticut Registered Sanitarian.

Phase I and II Subsurface Sewage Disposal Certification from the State of Connecticut; Certification as a Food Establishment Inspector from the Connecticut Department of Public Health.

Must have completed and passed "Qualified Lead Inspector" Training Program.

Adopted August 21, 1997

Eastern Highlands Health District
POSITION DESCRIPTION

Class Title: Office Manager
Group: Eastern Highlands Health District
Pay Grade:
FLSA: Exempt
Effective Date: September 2019

General Description/Definition of Work

The Office Manager assists the Director of Health in aspects of district administration, operations, financial and general management for a local governmental public health district. Provides a variety of advanced administrative support activities through selecting appropriate use of procedures in order to meet the District's goals. The position will serve as the hub of the main office operations so that support can be given to all staff. Work is performed in a normal business office setting. Some assignments may occur outside the office setting, and outside normal business hours. This position reports to the Director of Health.

Essential Job Functions/Typical Tasks

- Responsible for financial controls and processes within the main office setting including collections, purchasing, and works in cooperation with accounting services, and auditor.
- Makes recommendations and collaboratively implements internal improvements that streamline administrative functions and increases cost effectiveness across the District.
- Responsible for the performance and maintenance of all health district electronic data platforms and systems. Modifies and updates platform content, workflows, and reports as needed. Liaises with IT services, and software vendors to assure performance and maintenance of electronic data management systems.
- Identifies and employs technology improvements for customer, administrative, permitting, and financial systems where appropriate.
- Supports Director with oversight with purchasing; makes recommendations on the purchasing of services, and equipment based on cost analysis, function and quality.
- Collects, records and deposits revenue from all sources including grants, per capita fees, licensing fees, etc. Processes all invoices and prepares all payments, follows up as needed.
- Performs research and technical work in the preparation of the Health District's operating budget as directed.
- Responsible for the generation of data collection and statistical analysis associated with district and agency reporting requirements (e.g. activity statistics, annual report, performance management system).
- Assures and coordinates administrative support for the Director, and all front office customer and administrative services. Supervises clerical and intern support staff as necessary.
- Establishes and maintains property files, confidential records, receipts, financial expenditures, grant reporting and correspondence for various health programs as they occur.
- Responsible for upkeep of website material including timely posting of meeting agendas and minutes.
- Assists and leads as needed in promoting, planning, scheduling, and implementing District programs.
- As needed, may type and/or transcribe confidential letters, reports, statistics, records, agendas and minutes of meetings from rough draft.
- Provides administrative support to emergencies, and local public health occurrences of an urgent nature during and beyond the standard hours of operation.

Office Manager

- Attends meetings of various boards and commissions; takes and transcribes minutes; assists with the preparation and dissemination of agenda.
- Performs related tasks as required.

Knowledge, Skills and Abilities:

- Ability to follow oral and written instructions; ability to communicate ideas effectively in both oral and written forms.
- Ability to read and understand complex written material.
-
- Strong interpersonal skills with a desire to work collaboratively with individuals, groups, multiple agencies, the general public, and diverse communities.
- Strong organizational and time management skills, ability to competently manage multiple tasks, and an ability to work effectively with minimum direct supervision
- Computer skills and proficiency of office, accounting, and data management software packages
- Knowledge of business management principals and bookkeeping
- Knowledge of and skill in procurement procedures and practices
- Computer skills and proficiency in the maintenance and manipulation of database, financial, and other software applications used by the District
- Problem analysis and sound decision-making
- Ability to identify and respond to situations requiring immediate attention in the absence of the Director
- Ability to deal effectively and courteously with District staff, and the public
- Ability to deal with individuals in highly sensitive and confidential matters
- Adaptability and ability to deal with ambiguity

Education and Experience:

Four (4) year degree from accredited college or university with one year of administrative and/or business experience, OR associates degree with three years experience with increasingly responsible skilled administrative or office management responsibilities; OR and equivalent combination of experience and training.

Physical Demands and Work Environment:

(The physical demands and work environment characteristics described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. The list is not all-inclusive and may be supplemented as necessary. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.)

- This is sedentary work requiring the exertion of up to 10 pounds of force occasionally, and a negligible amount of force frequently or constantly to move objects.

Office Manager

- Work requires fingering, grasping, and repetitive motions.
- Vocal communication is required for expressing or exchanging ideas by means of the spoken word.
- Hearing is required to perceive information at normal spoken word levels.
- Visual acuity is required for preparing and analyzing written or computer data, operation of machines, determining the accuracy and thoroughness of work, and observing general surroundings and activities.
- The worker is not subject to adverse environmental conditions.

Special Requirements:

May require Notary Public certification.

The above description is illustrative of tasks and responsibilities. It is not meant to be all-inclusive of every task or responsibility. The description does not constitute an employment agreement between the Eastern Highlands Health District and the employee and is subject to change by the health district as the needs of the health district and requirements of the job change.

Approved by: _____
Robert L. Miller, Director of Health

Date: _____

**EASTERN HIGHLANDS HEALTH DISTRICT
POSITION DESCRIPTION**

Class Title: Community Health & Wellness Coordinator
Group: Eastern Highlands Health District
Pay Grade: EHHD Management/Supervisor
FLSA: Exempt
Effective Date: July 1, 2012

General Description/Definition of Work

This position performs advanced professional work in planning, designing, and coordinating the implementation of a wide range of community health and wellness activities as well as related work as required. Duties include: program design and implementation; researching and writing educational materials; promotion; outreach; agency communications; public relations; grant writing and grant administration; and administrative support. Supervises staff assigned to community health and wellness activities. Position reports to the Director of Health.

Essential Job Functions/Typical Tasks

- Plans, designs, implements and evaluates a variety of risk reduction and health education programs that educate and empower residents to make healthy lifestyle choices, including but not limited to employee wellness coordination, and enhanced existing services offered by the Health District.
- Works collaboratively with Health District staff, local agencies and organizations to advance disease prevention and health education and promotion initiatives.
- Sustains existing and develops new partnerships with community agencies, state agencies, and other organizations to further departmental goals and objectives, which includes but is not limited to management of Health District sponsored community coalitions.
- Assesses the community's health status through the collection and analysis of data from various sources.
- Manages contracted programs and services as assigned.
- Develops grant proposals that respond to identified community health issues and needs; oversees implementation of grant awards; ensures compliance with requirements of grant funded activities/agencies; prepares grant applications and related material; researches grant opportunities.
- Supervises community health and wellness staff, assigned volunteers, and student interns as needed.
- Performs promotion, outreach, and communication tasks including but not limited to writing press releases, serving as media point of contact, maintaining and updating EHHD website, developing and implementing media campaigns addressing public health needs in the community.
- Provides health education and information for groups and individuals with diversified public health needs; develops guides, manuals and teaching aids.
- Maintains Health District's health education materials and records.
- Provides technical information and referrals for the public regarding disease, disability, prevention, treatment resources and appropriate services.
- Administration support includes but is not limited to development of EHHD annual report, program reporting and analysis, and consultation to Director in areas of community health & wellness.
- Ability to support the Director of Health with the development, and administration of grant and contract operating budgets.
- Supports public health emergency preparedness, and response efforts as needed.
- Performs related tasks as required.

Knowledge, Skills and Abilities:

Community Health & Wellness Coordinator (cont'd.)

- General knowledge of public health, behavioral science, community health assessment methods, individual health and wellness, program planning and evaluation methods, statistical analysis and community, and coalition organizing practices.
- General knowledge and appreciation of the influence of socioeconomic status, culture and race/ethnicity on health practices and health outcomes; general knowledge of public health systems and interaction of health system; some knowledge of education theory and practice.
- Considerable ability to communicate ideas effectively both orally and in writing; considerable ability to organize and facilitate groups and meetings; some experience with public speaking.
- Ability to establish and maintain effective working relationships with coworkers, various municipal officials and the general public; ability to exercise leadership; ability to foster team building, negotiation and conflict resolution.
- Ability to prepare grant and contract proposals and to develop/sustain grant funded and contracted programs and services; ability to analyze problems and issues, and to make sound recommendations to resolve the same.
- Computer proficiency required in the areas of Microsoft Word, Outlook, Powerpoint, Publisher, with proficiency in internet/web assets, and social media.
- Ability to supervise the work of others.
-

Education and Experience:

Graduation from an accredited college or university with a bachelor's degree in public health, community health education, nursing or a related field, with four years' related experience. Master's degree in public health, nursing, community health education or related field highly desirable. Consideration may be given to equivalent training and experience.

Physical Demands and Work Environment:

(The physical demands and work environment characteristics described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. The list is not all-inclusive and may be supplemented as necessary. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.)

- Sedentary work requiring the exertion of up to 10 pounds of force occasionally, and a negligible amount of force frequently or constantly to move objects, and some light work requiring the exertion of up to 20 pounds of force occasionally, up to 10 pounds of force frequently, and a negligible amount of force constantly to move objects.
- Work requires reaching, standing, walking, grasping, and repetitive motions
- Vocal communication is required for expressing or exchanging ideas by means of the spoken word.
- Hearing is required to perceive information at normal spoken word levels.
- Visual acuity is required for preparing and analyzing written or computer data, operation of motor vehicles or equipment, determining the accuracy and thoroughness of work, and observing general surroundings and activities.
- Worker is not subject to adverse environmental conditions.

Special Requirements:

Must have a valid Connecticut Class 3 driver's license.

The above description is illustrative of tasks and responsibilities. It is not meant to be all-inclusive of every task or responsibility. The description does not constitute an employment agreement between the Health District and the employee and is subject to change by the Health District as the needs of the Health District and requirements of the job change.

Community Health & Wellness Coordinator (cont'd.)

Approved by: _____
Robert L. Miller, Director of Health

Date: _____

EASTERN HIGHLANDS HEALTH DISTRICT POSITION DESCRIPTION

Class Title: Public Health Preparedness Coordinator
Group: Eastern Highlands Health District
Pay Rate: Hourly Wage
FLSA: Non-Exempt
Effective Date: December 1, 2007

General Description/Definition of Work

This is a high level technical position involving planning and coordination of the local health department response to public health emergencies, including those that result from terrorist acts. The Public Health Emergency Response Coordinator will report directly to the Health Director, but will serve the Health District towns as directed.

Essential Job Functions

- Maintain and update a public health emergency plan for the Health Department pertaining primarily to biological agents, but inclusive of other hazards, and provide assistance to the Health District towns with public health preparedness as needed.
- Participate in established municipal emergency planning committees and lend support to the process.
- Recruit lay and medical volunteers to assist with local and regional response to public health emergencies, and particularly the implementation of points of dispensing (POD) clinics or mass dispensing of drugs.
- Update and develop job descriptions for all emergency response volunteer roles and identify specific volunteers who are qualified to fill all positions.
- Maintain and update a database of all volunteers with contact information, credentials, days and hours of availability, assigned job roles and other pertinent data.
- Maintain and update a rapid and secure communications system to summon volunteers and paid staff to respond to public health emergencies.
- Assist with and/or provide training for volunteers and paid staff.
- Maintain and update a local health alert network to be used by the Health District to communicate with key groups, such as health care providers, veterinarians and others on timely issues involving the protection of public health.
- Provide staff support to regional planning efforts to develop an all-hazards response plan for DEMHS region 4.
- Assist with the development of mutual aid agreements between towns and agencies in the Health District that will assure a coordinated and adequate response to public health emergencies.
- Plan, orchestrate and/or assist with drills of local and regional public health emergency response plans and other related exercises.
- Provide ongoing communication to Health District staff and all key players on emergency planning issues, bioterrorism and related subjects.
- Attend state and federal bioterrorism preparedness and emergency response planning meetings and trainings as directed.

EASTERN HIGHLANDS HEALTH DISTRICT POSITION DESCRIPTION

- Develop written communications and resources for the public, the media and policy makers on issues of public health emergency response and bioterrorism.
- Contribute to maintenance of Health District webpage on emergency response and bioterrorism.
- Administer related grants, grant budgets and prepare grant progress reports and other public health grant proposals as directed.
- Assist with actual response to local and regional public health emergencies as needed.
- All other public health duties as assigned by the director.

Knowledge, Skills and Abilities

- Working knowledge of public health systems and interaction of health system and emergency response sectors.
- Strong oral, interpersonal and written communication skills.
- Training and experience in risk communications.
- Computer proficiency in word processing programs, Power Point, spreadsheet and other document formatting techniques, ability to create and maintain rapid electronic communications networks and maintain webpage.
- Familiarity with operation of emergency communications equipment.
- Ability to organize and facilitate groups.
- Knowledge of public health emergency response planning models and ability to create plans.
- Ability to work with diverse organizations and interests and to work collaboratively.
- Ability to develop and conduct training programs.
- Willingness to take direction.
- Strong initiative and ability to work independently.

Physical Demands and Work Environment

Required for essential duties; reasonable accommodations will be considered under the Americans with Disability Act. This list is not all-inclusive and may be supplemented as necessary.

- Must be mobile with the ability to get from location in the office or work site(s) to other locations in and outside from the primary office or worksite(s). Ability to sit and/or stand for prolonged periods of time.
- Ability to reach and bend, and push/pull or lift objects less than twenty (20) pounds.
- Ability to perform manipulative skills, such as writing, using a keyboard and/or calculator with accuracy.
- Ability to see and read objects closely, as in reading/proofreading narrative or financial reports. Ability to read plans, maps or diagrams and read from a computer monitor. Ability to see objects far away, as in driving. Ability to discriminate between colors.
- Ability to hear normal sounds with background noise, as in hearing using a telephone. Ability to distinguish verbal communication and communicate through speech.
- Ability to communicate effectively in oral and written form.

**EASTERN HIGHLANDS HEALTH DISTRICT
POSITION DESCRIPTION**

- Ability to maintain files and records. Makes mathematical calculations using calculator.
- Ability to concentrate on complicated detail and complex issues for more than three hours at a time with some interruption, pressure and changing priorities.
- Memory to perform multiple and diverse tasks over long periods of time and ability to remember information that has been read, studied or previously learned.
- Ability to use knowledge and reasoning to solve complex problems.
- Ability to learn and apply new information, methodologies, techniques and legislation applicable to departmental activities.

Education and Experience

Bachelors degree in public health, clinical health, public safety, or related field required, with three or more years of professional experience in a public health agency or comparable setting. Masters degree preferred. Planning background and emergency response orientation desirable.

Special Requirements:

Must have a valid Connecticut Class 3 driver's license.

The above description is illustrative of tasks and responsibilities. It is not meant to be all-inclusive of every task or responsibility. The description does not constitute an employment agreement between the Health District and the employee and is subject to change by the Health District as the needs of the Health District and requirements of the job change.

Approved by: _____ Date: _____
Robert L. Miller, Director of Health

EASTERN HIGHLANDS HEALTH DISTRICT POSITION DESCRIPTION

Class Title: Environmental Health Inspector
Group: Eastern Highlands Health District
Pay Grade: Health District Grade 6
FLSA: Non-exempt
Effective Date: July 1, 2007

General Description/Definition of Work

This is a responsible professional sanitary inspection position involving enforcement of the public health code. Primary responsibilities include: maintaining environmentally safe Health District conditions through the enforcement of the Public Health Code and Statutes and local ordinances pertaining to environmental health; inspections; investigations; surveying; and report preparation. The work requires that the employee understands the laws, rules and regulations governing the enforcement of environmental health codes for which they are responsible. The position works under the direction and supervision of the Chief Sanitarian.

Essential Job Functions

- Inspects restaurants and other food service establishments, enforces ordinances, rules and regulations governing sanitary conditions of such establishments, and enforces Health District and State laws in environmental health.
- Performs water samplings of pools, wells, rivers, lakes, etc. for environmental surveys as required.
- Investigates environmental complaints, such as garbage and rubbish disposal, rodent and insect infestations, noise, air and water quality, disease vectors, mosquito control, obnoxious weeds, housing concerns and unsanitary environmental conditions.
- Prepares inspection/investigation reports, confers with supervisor regarding deficiencies and the measures necessary to correct them, performs follow-up inspections to ensure conditions have been remedied.
- Responds by telephone, in person or in writing to persons seeking information regarding health rules and regulations, specific complaints, license requirements and other environmental health issues.
- Provides friendly, courteous and responsive service to the residents and constituents of the Health District.
- Prepares reports for Supervisor as requested.
- Performs related work as required.
- Participates in public health programming as required.

EASTERN HIGHLANDS HEALTH DISTRICT POSITION DESCRIPTION

Knowledge, Skills and Abilities

- Ability to read and understand complex written material and to interpret statistical data, laboratory test results, maps and constructions plans.
- Ability to be a team player and to establish and maintain effective working relationships with Health District staff and the public.
- Computer skills and ability to use the computer software utilized by the division.
- Knowledge of public health sampling and testing techniques, and laboratory procedures.
- Ability to prepare and present oral and written statistical, narrative and technical reports.
- Ability to investigate, analyze and evaluate environmental health problems and propose solutions.

Additional Duties

- May be required to attend night meetings of commissions and boards.
- May be required to work evenings and weekends.
- Participates in professional education/training.

Physical Demands and Work Environment

Required for essential duties; reasonable accommodations will be considered under the Americans with Disabilities Act. This list is not all-inclusive and may be supplemented as necessary.

- Must be mobile with the ability to get from one location in the office or work site(s) to other locations in and outside from the primary office or work site(s).
- Ability to reach and bend and push/pull or lift objects less than fifty pounds.
- Mobility to inspect sites, which may include walking over rough terrain and climbing and crawling in the examination of crawl spaces, confined areas, basements, attics and other restricted quarters.
- Ability to perform manipulative skills such as writing, using a keyboard and/or calculator with accuracy.
- Ability to see and read objects closely as in reading/proof reading narrative or financial reports. Ability to read plans, maps or diagrams and read from a computer monitor. Ability to see objects far away as in driving. Ability to discriminate between colors.
- Ability to hear normal sounds with background noise as in hearing/using a telephone. Ability to distinguish verbal communication and communicate through speech.
- Ability to maintain files and records. Makes mathematical calculations using a calculator.

EASTERN HIGHLANDS HEALTH DISTRICT POSITION DESCRIPTION

- Ability to concentrate on complicated detail and complex issues for more than three hours at a time with some interruption, pressure and changing priorities.
- Memory to perform multiple and diverse tasks over long periods of time and ability to remember information that has been read, studied or previously learned.
- Ability to use knowledge and reasoning to solve complex problems.
- Ability to learn and apply new information, methodologies, techniques and legislation applicable to departmental activities.
- Work is performed in various settings including normal business office, food service establishments, and in residential or commercial properties. Typical office setting subject to interruptions, heavy traffic flow and heavy work volume expectations. Performs outside inspections, which include exposure to fluctuations in temperature and seasonal weather. Work includes exposure to hazards that may require special safety precautions. Will require occasional work outside normal business hours. Required to travel to inspection sites. May interact with agitated individuals.

Education and Experience

Graduation from a four-year college or university. Prefer college course work of study with major course work in environmental health, bacteriology or a closely related field. Prefer two years of experience in environmental health, laboratory work or related field.

Special Requirements

Must have a Connecticut Driver's license.

Food establishment Inspector Certification from the Connecticut Department of Public Health, or ability to obtain such certification within one year.

The above description is illustrative of tasks and responsibilities. It is not meant to be all-inclusive of every task or responsibility. The description does not constitute an employment agreement between the Health District and the employee and is subject to change by the Health District as the needs of the Health District and requirements of the job change.

Approved by: _____ Date: _____
Robert L. Miller, Director of Health



Eastern Highlands Health District

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

Memo

To: Board of Directors
From: Robert L Miller, Director of Health
Date: 10/18/2019
Re: **Approved** 2020 Regular Meeting Schedule EHHD Board of Directors

Below is the approved regular meeting schedule for 2020 calendar year:

January 16 (Typically, Budget Public Hearing)

February 20

April 23

June 18

August 20

October 15

December 10

Location and time of each meeting will be the Coventry Town Hall, Annex at 4:30 pm, unless otherwise indicated. (With the exceptions of April 23 & December 10, all dates fall on the third Thursday of the Month.)

Minutes

- January 16, 2020
- December 12, 2019
- October 17, 2019

Eastern Highlands Health District
Board of Directors Regular Meeting Minutes
Coventry Town Hall Annex
Thursday, January 16, 2020

Members present: J. Elsesser (Coventry), E. Paterson via phone (Mansfield), M. Rosen (Tolland), T. Nuccio (Tolland), D. Walsh (Coventry), M. Walter (Columbia)

Staff present: R. Miller, C. Trahan, K. Dardick, M. Brosseau

Others: E. Anderson (Andover), E. Wicenski (Willington)

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

J. Elsesser called the public hearing to order at 4:37pm. R. Miller read the notice into the record. (See attached) R. Miller noted that there were no written comments received. Hearing no public comment, J. Elsesser closed the public hearing at 4:40pm.

As there was no quorum, R. Miller gave his Directors report

Directors Report

View Permit Cloud Launch

R. Miller reported that an issue with the data migration from ViewPermit to View Point Cloud has delayed the launch.

Cosmetology permitting and inspection program

R. Miller reported that the January 6th, Public forum was well attended. 14 establishments were represented. The timeline was reviewed. There was discussion about when the state code went into effect. R. Miller stated that the state statute went into effect about 14 years about. The standards for inspection are new. T. Nuccio inquired as to whether anything should be done to notify local establishments. R. Miller noted that mailings and emails have been sent out. And communication will continue. D. Walsh asked if another forum will be held. R. Miller stated that if necessary another will be held. E. Anderson questioned whether this applied to mobile vendors. R. Miller noted that the standards apply to brick and mortar establishments.

Sodium/Chloride private well contamination-public education/state workgroup

R. Miller reported that the group at the state discussed at the last meeting is not a task force, but a workgroup. R. Miller is now part of the workgroup. R. Miller extended the invitation for anyone to attend with him.

R. Miller informed the board that online information is being updated.

J. Elsesser requested that information articles be send out via social media and local newsletters.

FDA Food Code transition – Inspector Certification Extension

R. Miller informed the board that this will likely be extended another year.

Call to Order

E. Paterson joined the meeting via phone at 5:14pm and J. Elsesser called the meeting to order.

T. Nuccio made a MOTION seconded by D. Walsh to approve the minutes of the December 12, 2019 meeting as presented. MOTION PASSED unanimously.

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

R. Miller outlined the following proposed amendments to the proposed budget:

- 4.8% reduction in medical insurance premiums to \$135,540.
- Member town rate increase of 4.9% changing the town contribution per capita rate to \$5.685.
- Reduction in appropriation of fund balance to \$50,920.
- Total operational spending of \$883,540.

E. Paterson made a MOTION, seconded by D. Walsh to amend the proposed FY 20/21 budget as presented. MOTION PASSED unanimously. J. Elsesser noted for the record that this concurs with the finance committee recommendations.

J. Elsesser made a motion, seconded by D. Walsh to adopt the proposed FY 20/21 budget as amended. MOTION PASSED unanimously.

D. Walsh made a motion, seconded by T. Nuccio to adopt the proposed FY 20/21 CNR budget as presented. MOTION PASSED unanimously.

R. Miller informed the board that based on feedback from owners on an inequity of fees for independent contractor vs an establishment an amendment has been made to the fee schedule, adding a new fee of \$25 for independent cosmetology contractors.

D. Walsh made a MOTION seconded by E. Paterson to amend the proposed FY 20/21 fee schedule to add the fee of \$25 for independent contractors. MOTION PASSED unanimously.

D. Walsh made a MOTION seconded by T. Nuccio to adopt the proposed FY 20/21 fee schedule as amended. MOTION PASSED unanimously.

E. Paterson made a MOTION, seconded by M. Walter to set the employee medical insurance premium cost share for the PPO at 18.5%. MOTION PASSED unanimously.

Finance Committee – Quarterly financial report for the period ending 12/31/19

R. Miller provided an overview of the quarterly financial report for the period ending 12/31/2019. D. Walsh made a MOTION, seconded by T. Nuccio to accept the quarterly financial report as presented. MOTION PASSED unanimously.

Communications

R. Miller noted the resignation letter from former member R. DeVito. D. Walsh noted that the Personnel Committee had already instructed the Director to establish an exit interview program.

Adjournment

E. Paterson made a MOTION, seconded by D. Walsh to adjourn the regular meeting at 5:47pm. MOTION PASSED unanimously.

Town Reports

Report from Dr. Dardick

Dr. Dardick reported on the mumps outbreak at UConn. R. Miller noted that there are 6 cases that are epidemiologically linked. Of particular importance is the incubation period of 21 days.

Dr. Dardick expressed that influenza in the area is sporadic.

Meningococcal case is significant because if there are 2 separate cases at the Storrs campus in a 6 month period, then mass vaccination will be necessary.

DPH re: Vaping associated lung injury

R. Miller reported that CDC has published an association of THC and vitamin e-acetate in vaping products with lung injury.

Andover

E. Anderson reported that there is an Andover resident who has started a septic pumping business at his residence. This has been referred to the Health District and the Zoning department.

Willington


E. Wicenski informed the board that there is still no resolution in the situation where a homeowner is looking to connect to a public water system.

Tolland

M. Rosen reported that the town of Tolland is in conversations with DEEP regarding the NaCl issue. There is potential that DEEP will hold a meeting in Tolland on the issue.

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

Respectfully submitted,



Robert Miller
Secretary

Eastern Highlands Health District
Board of Directors Regular Meeting Minutes
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 7th; 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.

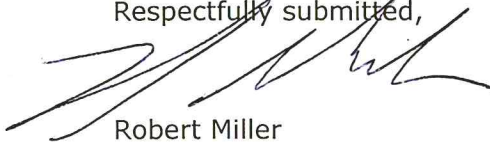
R. Miller noted that based on rates released by DPH there are schools in our district with kindergarten aged population that fall below the recommended herd immunization rate. These are in Ashford, Mansfield, Willington and Columbia.

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
Board of Directors Regular Meeting Minutes
Mansfield Community Center, Community Room
Thursday, October 17, 2019

Members present: J. Carrington (Mansfield), J. Elsesser (Coventry), J. Kelly (Bolton), T. Nuccio (4:43pm Tolland), E. Paterson (Mansfield), M. Rosen (Tolland) D. Walsh (Coventry) M. Walter (Columbia)

Staff present: R. Miller, K. Dardick, L. Phaneuf

Call to order: E. Paterson called the meeting to order at 4:32 pm, and requested everyone introduce themselves to new members of the board.

Approval of minutes of August 15, 2019 M. Walter made a MOTION, seconded by J. Kelly to approve the minutes of the August 15, 2019 meeting as presented. MOTION PASSED unanimously with M. Rosen abstaining.

E. Paterson requested to move the Executive Session to item 3a on the agenda. It was agreed by consensus to move the executive session to item 3a.

New Business

Memorandum of Agreement for the DPH Public Health Preparedness Program, By and Between the Ledge Light Health District and Eastern Highlands Health District 2019-2020

R. Miller presented an overview of the memorandum.

D. Walsh made a MOTION, seconded by J. Kelly to ratify the "Memorandum of Agreement for the DPH Public Health Preparedness Program, By and Between the Ledge Light Health District and Eastern Highlands Health District 2019-2020", as presented on October 17, 2019. MOTION PASSED unanimously.

Proposed 2020 Regular Meeting schedule D. Walsh made a MOTION, seconded by M. Rosen to adopt the Eastern Highlands Health District Board of Directors 2020 Regular meeting schedule as presented. MOTION PASSED unanimously.

Personnel Committee

D. Walsh made a MOTION to reclassify the incumbent in the Administrative Assistant position to Office Manager; set the position pay range at \$50,890/yr to \$68,830/yr; accept the revised job description as presented; approve the job title of Office Manager for the reclassified position; and, increase the incumbents annual salary to \$50,890, effective January 1, 2020. MOTION PASSED unanimously.

Executive Session

J. Elsesser made a motion seconded by T. Nuccio to enter executive session at 4:45pm to discuss personnel matters in accordance with accordance with CGS 1-200(6)(a), Director of Health Performance Review. Executive Session ended at 5:00pm.

Regular meeting resumed at 5:00pm.

D. Walsh made a MOTION, seconded by M. Walter to accept the Director's performance review as presented on October 17, 2019. D. Walsh will meet with R. Miller to review the results of the survey. MOTION PASSED unanimously.

D. Walsh made a MOTION, seconded by J. Kelly to approve the Director of Health's personal vehicle stipend, payable in bi-weekly installments, and not to exceed \$5,400 annually, effective July 1, 2019. These payments do not constitute an increase in the Director's base salary; and, is conditional upon the execution of a liability waiver with the Director, subject to review by the Health District Insurance carrier. MOTION PASSED unanimously.

Town Reports

Coventry J. Elsesser reported that Wicked Slice Pizza is open. There was discussion about a breakfast place opening. J. Elsesser also reported that they continue to work on the project to extend sewers into the Bolton system.

Bolton J. Kelly reported that due to the threat of EEE, there has been a ban on all after school activities held after 6:00pm. This will be reevaluated. D. Walsh inquired about the status of the threat. R. Miller elaborated on the many factors contributing to the situation.

Tolland M. Rosen expressed interest in joining the personnel committee.

M. Rosen informed the board that a potential brewery is coming to Tolland. He further noted that Dari Farms will be closing. As a result, 91 people will be losing their jobs.

M. Rosen inquired about the status of public information regarding the sodium chloride in well waters.

R. Miller related what the Health District is doing in response to the NaCl issue. R. Miller informed the board that the health district reviews the reports that are received following the installation of a new well, or for testing done during a sale or within 6 months of a sale. Residents are notified of any exceedances. R. Miller noted that the health district has a protocol in place for any concerns about Sodium Chloride expressed by private residents. Anything related to a private water supply is public information. E. Paterson requested that any written materials the Health District has be forwarded to M. Rosen.

J. Elsesser noted that towns are being held liable. T. Nuccio noted that owners may be self-contaminating with water softeners. She further expressed the need to support and advocate for the private property owners.

Mansfield J. Carrington reported that the sewer project is ahead of schedule.

Columbia M. Walter reported that a follow-up treatment for invasive species on Columbia Lake has been done. And, the small algae bloom is solved. M. Walter noted that the Main Moose is booming and planning to expand. They are adding more parking and considering a liquor license.

5:27 pm E. Paterson left the meeting. J. Elsesser took over running the meeting.

Medical Advisor Report Dr. Dardick reported that there has been no flu activity yet. He also noted that some pharmacies are running out of the high dose vaccine for seniors.

Tolland T. Nuccio noted that The Spot held a grand opening. Demolition has begun at Birch Grove Elementary. T. Nuccio reiterated desire to advocate for community members regarding the sodium chloride issue.

Director's Report

EHHD Scope of Services R. Miller presented The 10 Essential Public Health Services.

Substance abuse in our communities workgroup- update

R. Miller reported that the committee worked with the Coventry police department on a drug take back campaign.

J. Elsesser inquired if anything was being done regarding vaping. R. Miller noted that the committee members have attended some of the workshops, and meetings with Board of Educations. J. Elsesser noted that middle schoolers are vaping THC in the bathrooms.

Radon Testing Initiative

R. Miller reported that the health district will be partnering with DPH for distributing Radon Testing kits. These kits will be available soon.

Communications

R. Miller called attention to item 10

CADH re: FDA Food code implementation and workforce development issues.

R. Miller noted that Local health departments have concerns regarding the quality assurance component as this initiative triples the workload burden on local health departments as it pertains to training for staff.

D. Walsh made a MOTION, seconded by T. Nuccio to adjourn the meeting at 6:05 pm.
MOTION PASSED unanimously.

Respectfully submitted,



Robert Miller
Secretary

**Eastern Highlands Health District
Summary of Revenues and Expenditures for FY19/20**

**Fund: 634 Eastern Highlands Health District
Activity: 41200
Adopted/Amended 3-21-19**

Object	Description	Adopted/Amended				Dollar change
		Adopted 18/19	Estimated 18/19	Budget 19/20	% change	
Revenues:						
40220	Septic Permits	40,080	40,080	52,840	31.8	12,760
40221	Well Permits	15,960	15,960	13,890	(13.0)	(2,070)
40491	State Grant-In-Aid	123,280	133,327	119,990	(2.7)	(3,290)
40630	Health Inspec. Service Fees	4,980	4,980	3,301	(33.7)	(1,679)
40633	Health Services-Bolton	26,180	26,180	26,640	1.8	460
40634	Health Services-Coventry	66,020	66,020	67,420	2.1	1,400
40635	Health Services-Mansfield	137,900	137,900	140,440	1.8	2,540
40636	Soil Testing Service	32,550	32,550	35,610	9.4	3,060
40637	Food Protection Service	73,400	73,400	74,900	2.0	1,500
40638	B100a Review	30,700	30,700	29,680	(3.3)	(1,020)
40639	Engineered Plan Rev	9,190	9,190	30,700	234.1	21,510
40642	Health Services - Ashford	22,490	22,490	23,000	2.3	510
40643	Health Services - Willington	31,180	31,180	32,090	2.9	910
40645	Nonengineered Rev	15,340	15,340	-	(100.0)	(15,340)
40646	GroupHome/Daycare inspection	1,320	1,320	1,380	4.5	60
40647	Subdivision Review	1,940	1,940	1,050	(45.9)	(890)
40648	Food Plan Review	2,820	2,820	2,440	(13.5)	(380)
40649	Health Services - Tolland	78,540	78,540	79,790	1.6	1,250
40685	Health Services - Chaplin	11,930	11,930	12,150	1.8	220
40686	Health Services - Andover	17,270	17,270	17,600	1.9	330
40687	Health Services - Columbia	28,850	28,850	29,370	1.8	520
40688	Health Services - Scotland	8,910	8,910	9,090	2.0	180
	Cosmotology Inspections			6,800		6,800
40999	Appropriation of Fund Balance	31,407	48,360	26,211	(16.5)	(5,196.0)
	Total Revenues	812,237	839,237	836,382	3.0	24,145
Expenditures:						
51050	Grant deductions	(82,542)	(82,542)	(40,938)	(50.4)	41,604
51601	Regular Salaries - Non-Union	584,555	584,555	585,660	0.2	1,105
52001	Social Security	36,240	36,240	36,320	0.2	80
52002	Workers Compensation	10,150	10,150	10,160	0.1	10
52007	Medicare	8,430	8,430	8,500	0.8	70
52010	ICMA (Pension)	33,980	33,980	31,260	(8.0)	(2,720)
52103	Life Insurance	2,450	2,450	2,250	(8.2)	(200)
52105	Medical Insurance	116,220	116,220	98,130	(15.6)	(18,090)
52117	RHS	2,210	2,210	2,260	2.3	50
52112	LTD	640	640	650	1.6	10
52203	Dues & Subscriptions	2,000	2,000	2,000	-	-
52210	Training	2,000	2,000	3,500	75.0	1,500
52212	Mileage Reimbursement	600	600	600	-	-
53120	Professional & Tech	7,120	7,120	7,120	-	-
53122	Legal	2,000	9,000	2,000	-	-
53125	Audit Expense	6,800	6,800	6,900	1.5	100
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	1,000	-	-
53926	Postage	1,500	1,500	1,500	-	-
53940	Copier maintenance	1,000	1,000	1,000	-	-
53960	Other Purchased Services	11,340	11,340	11,340	-	-
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	2,600	-	-
55420	Office Equipment	3,000	3,000	3,000	-	-
55430	Equipment - Other	600	600	600	-	-
56302	Admin. Overhead	28,544	28,544	29,170	2.2	626
56303	Other General Expenditures	-	-	-	-	-
56312	Contingency	-	-	-	-	-
58410	Capital Nonrecurring Fund	3,000	23,000	3,000	na	-
	Total Expenditures	812,237	839,237	836,382	3.0	24,145

Food Service Fees*	
Application Review**	\$95
Class I & II Plan Review	\$175
Class III & IV Plan Review	\$245
Class I License	\$135
Class II License	\$255
Class III License	\$355
Class IV License	\$380
Grocery Store >10,000ft ² - Class II&III	\$420
Temporary Food Event Permit	\$65
Temporary Permit - samples only	\$30
Temp Food Permit late fee***	\$20
Late License renewal/operating without License (In addition to renewal/app fee)	\$200
CFPM/QFO Process Fee (No CFPM/QFO in place)	\$50
Re-Inspection fee	\$120
2 nd Re-inspection fee	\$135
Farmers Market Food Vendor Seasonal License Categories	
Farmer Food Vendor License - Cold samples only	\$40
Farmer Food Vendor License - Low Risk Food Preparation	\$60
Non-farmer Food Vendor License - Cold samples only	
One market location	\$75
Multiple-market locations	\$90
Non-farmer Food Vendor License - Low Risk Food Preparation	
One market location	\$90
Multiple-market locations	\$120
Farmer & Non-farmer Food Vendor License - High Risk Food Preparation	\$220
Subsurface Sewage Disposal	
Permit – New	\$220
Permit – Major Repair	\$185
Permit - Construction by owner occupant	\$275
Permit/inspection– Minor Repair	\$100
Permit – Design Flow >2000 GPD	\$350
Design Flow ≥ 5000 GPD/ DEP system Insp	\$460
Plan Review (per plan)	\$130
Septic Tank/System Abandonment	\$60
Review plans revised more than once	\$40
Plan Review for Tank Replacement	\$60
Private well Water Treatment Waste disposal	\$50
Soil Testing	
Percolation (perc) Test	\$90
Deep Hole Test (fee includes 3 pits per site)	\$110
Each Additional Pit	\$30

Eastern Highlands Health District
Board of Directors Roster

Name / Work Adress/Phone - Fax No.'s	End of Term	Email
Town of Andover Eric Anderson 17 School Road Andover, CT 06232 860-742-7305	February, 2023	banderson@andoverct.org
Town of Ashford Ralph Fletcher 5 Town Hall Road Ashford, CT 06278	December, 2021	frstselectman@ashfordtownhall.org
Town of Ashford (Alternate)		
Town of Bolton Joshua Kelly 222 Bolton Center Rd Bolton CT 06043 (W) 860 649-8066 x 115(F) 860 643-0021 (C) 860 604-9	December, 2020	jkelly@boltonct.org
Town of Bolton (Alternate) Robert Morra 15 Tinker Pond Road Bolton CT 06043	December, 2021	robertmorra@snet.net
Town of Chaplin	vacant	
Town of Columbia Mark Walter 323 Route 87 Columbia CT 06237 (W) 228-0110 (F) 228-1952	February, 2023	townadministrator@columbiact.org jlavoie@columbiact.org
Town of Coventry John Elsesser 1712 Main Street Coventry CT 06238 (W) 860 742-6324 (H) 860 742-7025 (F) 860 742-8911 ©860 982-6034	June, 2022	jelsser@coventryct.org
Town of Coventry M. Deborah Walsh 110 Nathan Hale Road Coventry CT 06238 860 742-7116	March, 2020	debwalshbell@gmail.com
Town of Mansfield William Kaufold 240 Mulberry Road Mansfield Center, CT 06250 860-230-6577	June, 2023	wjkaufold@yahoo.com

Town of Mansfield Elizabeth Paterson 79 Independence Dr Mansfield Center CT 06250 (W) 486-1676 (H) 456-8553 (F)429-6863 Town Hall or 486-5234 at UCONN	October, 2021	betsypaterson725@GMail.com
Town of Mansfield (Alternate) John Carrington 4 South Eagleville Rd Mansfield CT 06268 (W) 860-429-3336	May, 2021	carringtonjc@mansfieldct.org
Town of Scotland Barbara Syme 349 Brooklyn Turnpike Hampton, CT 06247 860-617-0835	February, 2022	barbarasyme@yahoo.com
Town of Tolland Tammy Nuccio 71 Webber Road Tolland CT 06084	November, 2020	tnuccio@tolland.org cc emails to: lbielawiec@tolland.org
Town of Tolland Michael Rosen 21 Tolland Green Tolland CT 06084	September, 2022	mrosen@tolland.org
Town of Willington		
Town of Willington 40 Old Farms Road Willington, CT 06279 487-3100(p) 487-3103 (f)	May, 2021	ewieczenski@willingtonct.org

Updated June, 2020

Finance Committee

Elizabeth Paterson, Chair
John Elsesser
John Carrington
Joshua Kelly
Staff: Aga Gonzalez
Staff: Cherie Trahan

betsypaterson725@GMail.com
jelsesser@coventryct.org
carringtonjc@mansfieldct.org
jkelly@boltonct.org
gonzalezad@mansfieldct.org
trahanca@mansfieldct.org

Personnel Committee

Deb Walsh, Chair
Elizabeth Paterson
Mark Walter
Michael Rosen

debwalshbell@gmail.com
betsypaterson725@GMail.com
townadministrator@columbiact.org
mrosen@tolland.org

Executive Committee

Elizabeth Paterson, Chair
John Elsesser, Asst Chair
Mark Walter, Asst Treasurer

betsypaterson725@GMail.com
jelsesser@coventryct.org
townadministrator@columbiact.org

B100a & Subdivision Reviews	
B100a Review (Building/Zoning Permit - assessor structure/ lot line change)	\$50
B100a Review (Building/Zoning Permit - building addition/ change of use)	\$70
Subdivision Plan Review (per lot) (Fee includes review of one set of revisions)	\$125
Subdivision Plan Revisions Reviewed (per lot) (Fee is for each added set of revisions)	\$40

Miscellaneous	
Commercial Bank Mortgage Inspection/Report	\$115
Family Campground Inspection	\$130
Group Home/Daycare /Other Institution Inspection	\$110
Misc. Inspection/consultation fee per Sanitarian****	\$80/hr
Mortgage Inspection/Report for FHA,VA	\$75
Pool Inspection	\$105
Cosmotology Registration/Inspection - One or two chairs	\$100
Cosmotology Registration/Inspection - Three chairs or more	\$150
Well Permit	\$125

*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.

**deducted against total plan review fee

***Application of late fee is subject to written policy established by the Director

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

To the Board of Directors
Eastern Highlands Health District
Mansfield, Connecticut

We have audited the financial statements of the governmental activities and each major fund information of the Eastern Highlands Health District for the year ended June 30, 2019. Professional standards require that we provide you with information about our responsibilities under generally accepted auditing standards (and, if applicable, *Government Auditing Standards* and the Uniform Guidance), as well as certain information related to the planned scope and timing of our audit. We have communicated such information in our letter to you dated May 28, 2019. Professional standards also require that we communicate to you the following information related to our audit.

Qualitative Aspects of Accounting Practices

Management is responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by the Eastern Highlands Health District are described in Note 1 to the financial statements. No new accounting policies were adopted, and the application of existing policies was not changed during the year. We noted no transactions entered into by the governmental unit during the year for which there is a lack of authoritative guidance or consensus. All significant transactions have been recognized in the financial statements in the proper period.

Accounting estimates are an integral part of the financial statements prepared by management and are based on management's knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ significantly from those expected. The most sensitive estimates affecting the financial statements was as follows:

Management's estimate of the net other post employment benefit (OPEB) liability is based on an actuarial valuation utilizing various assumptions and estimates approved by management. We evaluated the key factors and assumptions used to develop the above estimates in determining that they are reasonable in relation to the financial statements taken as a whole.

The financial statement disclosures are neutral, consistent and clear. There were no sensitive disclosures affecting the financial statements.

Difficulties Encountered in Performing the Audit

We encountered no significant difficulties in dealing with management in performing and completing our audit.

Corrected and Uncorrected Misstatements

Professional standards require us to accumulate all known and likely misstatements identified during the audit, other than those that are trivial, and communicate them to the appropriate level of management. Management has corrected all such misstatements. In addition, none of the misstatements detected as a result of audit procedures and corrected by management were material, either individually or in the aggregate, to each opinion unit's financial statements taken as a whole.

Disagreements with Management

For purposes of this letter, a disagreement with management is a financial accounting, reporting or auditing matter, whether or not resolved to our satisfaction, that could be significant to the financial statements or the auditors' report. We are pleased to report that no such disagreements arose during the course of our audit.

Management Representations

We have requested certain representations from management that are included in the management representation letter dated November 5, 2019.

Management Consultations with Other Independent Accountants

In some cases, management may decide to consult with other accountants about auditing and accounting matters, similar to obtaining a "second opinion" on certain situations. If a consultation involves application of an accounting principle to the governmental unit's financial statements or a determination of the type of auditor's opinion that may be expressed on those statements, our professional standards require the consulting accountant to check with us to determine that the consultant has all the relevant facts. To our knowledge, there were no such consultations with other accountants.

Other Audit Findings or Issues

We generally discuss a variety of matters, including the application of accounting principles and auditing standards, with management each year prior to retention as the governmental unit's auditors. However, these discussions occurred in the normal course of our professional relationship and our responses were not a condition to our retention.

OTHER MATTERS

We applied certain limited procedures to the management's discussion and analysis, which are required supplementary information (RSI) that supplements the basic financial statements. Our procedures consisted of inquiries of management regarding the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We did not audit the RSI and do not express an opinion or provide any assurance on the RSI.

RESTRICTION OF USE

This information is intended solely for the information and use of the Board of Directors and management of the Eastern Highlands Health District and is not intended to be and should not be, used by anyone other than these specified parties.

Blum, Shapiro & Company, P.C.

West Hartford, Connecticut
November 5, 2019

**Independent Auditors' Report on Internal Control over
Financial Reporting and on Compliance and Other Matters
Based on an Audit of Financial Statements Performed in
Accordance with *Government Auditing Standards***

To the Members of the Board of Directors
Eastern Highlands Health District
Mansfield, Connecticut

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States, the financial statements of the governmental activities and each major fund of the Eastern Highlands Health District as of and for the year ended June 30, 2019, and the related notes to the financial statements, which collectively comprise the Eastern Highlands Health District's basic financial statements, and have issued our report thereon dated November 5, 2019.

Internal Control over Financial Reporting

In planning and performing our audit of the financial statements, we considered the Eastern Highlands Health District's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Eastern Highlands Health District's internal control. Accordingly, we do not express an opinion on the effectiveness of the Eastern Highlands Health District's internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A material weakness is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A significant deficiency is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Eastern Highlands Health District's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Eastern Highlands Health District's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Eastern Highlands Health District's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Blum, Shapiro & Company, P.C.

West Hartford, Connecticut
November 5, 2019

step forward →

EASTERN HIGHLANDS HEALTH DISTRICT

FINANCIAL STATEMENTS
JUNE 30, 2019

blumshapiro
accounting • tax • advisory

**EASTERN HIGHLANDS HEALTH DISTRICT
TABLE OF CONTENTS
JUNE 30, 2019**

Independent Auditors' Report	1-2
Management's Discussion and Analysis	3-8

Exhibit

	Basic Financial Statements:	
	Government-Wide Financial Statements:	
I	Statement of Net Position	9
II	Statement of Activities	10
	Fund Financial Statements:	
III	Balance Sheet - Governmental Funds	11-12
IV	Statement of Revenues, Expenditures and Changes in Fund Balances - Governmental Funds	13-14
V	Statement of Revenues, Expenditures and Changes in Fund Balances - Budget and Actual - General Fund	15-16
	Notes to the Financial Statements	17-27
	Required Supplementary Information:	
RSI-1	Schedule of Changes in Total OPEB Liability and Related Ratios	28

Independent Auditors' Report

To the Board of Directors
Eastern Highlands Health District
Mansfield, Connecticut

Report on the Financial Statements

We have audited the accompanying financial statements of the governmental activities and each major fund of the Eastern Highlands Health District as of and for the year ended June 30, 2019, and the related notes to the financial statements, which collectively comprise the Eastern Highlands Health District's basic financial statements as listed in the table of contents.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express opinions on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditors consider internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

Opinions

In our opinion, the financial statements referred to above present fairly, in all material respects, the respective financial position of the governmental activities and each major fund of the Eastern Highlands Health District as of June 30, 2019 and the respective changes in financial position, and the respective budgetary comparison for the General Fund for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matters

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the management's discussion and analysis and OPEB schedule, as listed in the table of contents, be presented to supplement the basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board, who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated November 5, 2019 on our consideration of the Eastern Highlands Health District's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Eastern Highlands Health District's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Eastern Highlands Health District's internal control over financial reporting and compliance.

Blum, Shapiro & Company, P.C.

West Hartford, Connecticut
November 5, 2019



Eastern Highlands Health District

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

MANAGEMENT'S DISCUSSION AND ANALYSIS FOR THE YEAR ENDED JUNE 30, 2019

Management of the Eastern Highlands Health District (the District) offers readers of these financial statements this narrative overview and analysis of the financial activities of the District for the fiscal year ended June 30, 2019.

Financial Highlights

- The assets of the District exceeded its liabilities at the close of the most recent fiscal year by \$653,786 (*net position*). Of this amount, \$521,926 (*unrestricted net position*) may be used to meet the District's ongoing obligations to creditors.
- The District's total net position increased by \$65,502. The District had an operational surplus of \$79,127 coming from revenues in excess of budget (\$39,696), less budgeted use of fund balance (\$31,407) which did not occur, and expenditures less than budget (\$65,928) in the General Fund, plus an increase of \$4,910 in Capital Projects from unspent revenues. The operational surplus was offset by an increase in the compensated absence liability and depreciation in excess of asset additions.
- As of the close of the current fiscal year, the District's governmental funds reported combined ending fund balances of \$564,075, an increase of \$79,127 in comparison with the prior year. Of combined fund balances, \$432,295 is *available for spending* at the District's discretion (*unassigned fund balance*).
- At the end of the current fiscal year, unassigned fund balance for the General Fund was \$432,295 or 58% of total General Fund expenditures and transfers out.

Overview of the Basic Financial Statements

This discussion and analysis is intended to serve as an introduction to the District's basic financial statements. The District's basic financial statements comprise three components: 1) government-wide financial statements, 2) fund financial statements, and 3) notes to the basic financial statements.

Government-Wide Financial Statements - The government-wide financial statements are designed to provide readers with a broad overview of the District's finances, in a manner similar to a private-sector business.

The *statement of net position* presents information on all of the District's assets and liabilities, with the difference between the two reported as net position. Over time, increases or decreases in net position may serve as a useful indicator of whether the financial position of the District is improving or deteriorating.

The *statement of activities* presents information showing how the District's net position changed during the most recent fiscal year. All changes in net position are reported as soon as the underlying event giving rise to the change occurs, regardless of the timing of related cash flows. Thus, revenues and expenses are reported in this statement for some items that will only result in cash flows in future fiscal periods (e.g., earned but unused vacation leave).

Fund Financial Statements - A fund is a grouping of related accounts that is used to maintain control over resources that have been segregated for specific activities or objectives. The District uses fund accounting to ensure and demonstrate compliance with finance-related legal requirements. All of the funds of the District are governmental funds.

MANAGEMENT'S DISCUSSION AND ANALYSIS (CONTINUED)

Governmental Funds - Governmental funds are used to account for essentially the same functions reported as governmental activities in the government-wide financial statements. However, unlike the government-wide financial statements, governmental fund financial statements focus on near-term inflows and outflows of spendable resources, as well as on balances of spendable resources available at the end of the fiscal year. Such information may be useful in evaluating a District's near-term financing requirements.

Because the focus of governmental funds is narrower than that of the government-wide financial statements, it is useful to compare the information presented for governmental funds with similar information presented for governmental activities in the government-wide financial statements. By doing so, readers may better understand the long-term impact of the District's near-term financing decisions. Both the governmental fund balance sheet and the governmental fund statement of revenues, expenditures and changes in fund balances provide a reconciliation to facilitate this comparison between governmental funds and governmental activities.

The District maintains three governmental funds. Information is presented separately in the governmental fund balance sheet and in the governmental fund statement of revenues, expenditures and changes in fund balances for the General Fund, Health Grants Fund and Capital Projects Fund, all of which are considered to be major funds.

The General Fund is the general operating fund of the District and operates under a budget. Annually, the budget is voted upon by District Board Members. A budgetary comparison statement has been provided for the General Fund to demonstrate compliance with this budget.

Notes to the Basic Financial Statements - The notes provide additional information that is essential to a full understanding of the data provided in the government-wide and fund financial statements.

Government-Wide Financial Analysis

As noted earlier, net position may serve over time as a useful indicator of a district's financial position. In the case of Eastern Highlands Health District, assets exceeded liabilities by \$653,786 at the close of the most recent fiscal year.

Of the net position, \$131,860 reflects the District's investment in capital assets (e.g., office equipment and vehicles). These assets are not available for future spending.

MANAGEMENT'S DISCUSSION AND ANALYSIS (CONTINUED)

**EASTERN HIGHLANDS HEALTH DISTRICT
NET POSITION
JUNE 30, 2019 AND 2018**

	<u>2019</u>	<u>2018</u> <u>(as Restated)</u>
Current and other assets	\$ 629,782	\$ 565,602
Capital assets, net of accumulated depreciation	<u>131,860</u>	<u>150,141</u>
Total assets	<u>761,642</u>	<u>715,743</u>
Deferred outflows of resources	<u>180</u>	<u> </u>
Long-term liabilities outstanding	42,250	46,805
Other liabilities	<u>65,707</u>	<u>80,654</u>
Total liabilities	<u>107,957</u>	<u>127,459</u>
Deferred inflows of resources	<u>79</u>	<u> </u>
Net Position:		
Net investment in capital assets	131,860	150,141
Unrestricted	<u>521,926</u>	<u>438,143</u>
Total Net Position	<u>\$ 653,786</u>	<u>\$ 588,284</u>

At the end of the current fiscal year, the District is able to report positive balances in both of the categories of net position.

MANAGEMENT'S DISCUSSION AND ANALYSIS (CONTINUED)

- **Governmental Activities** - The District's net position increased by \$65,502 during the current fiscal year. The District had an operational surplus of \$79,127 coming from revenues in excess of budget (\$39,696), less budgeted use of fund balance (\$31,407) which did not occur, and expenditures less than budget (\$65,928), primarily from unanticipated staff vacancies in the General Fund, plus an increase of \$4,910 in Capital Projects from unspent revenues. The operational surplus was offset by an increase in the compensated absence liability (\$6,537) and depreciation in excess of asset additions.

**EASTERN HIGHLANDS HEALTH DISTRICT
CHANGE IN NET POSITION
FOR THE YEARS ENDED JUNE 30, 2019 AND 2018**

	<u>2019</u>	<u>2018</u>
Revenues:		
Program revenues:		
Charges for services	\$ 298,887	\$ 295,456
Operating grants and contributions	223,378	236,878
General revenues:		
Assessment to member towns	429,258	429,280
Miscellaneous	1,910	
Total revenues	<u>953,433</u>	<u>961,614</u>
Expenses:		
Health services	<u>887,931</u>	<u>940,347</u>
Change in net position	65,502	21,267
Net Position - July 1	588,284	581,003
Restatement		<u>(13,986)</u>
Net Position - June 30	<u>\$ 653,786</u>	<u>\$ 588,284</u>

- Charges for services increased from the prior year by \$3,431, primarily due to fluctuations in demand for the following services: food protection services increase of \$12,562, engineered plan reviews increase of \$2,855 and septic permits increase of \$7,265, offset by a decrease in wellness program services for Mansfield of \$20,118.
- Operating grants and contributions decreased by a net of \$13,500, primarily due to the following:
 - Decrease in the State Grant in Aid for \$16,658
 - Increase for the receipt of the Medical Reserve Corp (MRC) grant for Region 4 for \$2,344
- Assessment to member towns showed no major change.

Health services expenditures decreased by \$52,416, primarily due to a decrease in salaries and benefits due to unfilled vacancies partially offset by an increase in purchased services.

Financial Analysis of the District's Funds

As noted earlier, the District uses fund accounting to ensure and demonstrate compliance with finance-related legal requirements.

Governmental Funds

The focus of the District's governmental funds is to provide information on near-term inflows, outflows and balances of spendable resources. Such information is useful in assessing the District's financing requirements. In particular, unassigned fund balance may serve as a useful measure of a District's net resources available for spending at the end of the fiscal year.

As of the end of the current fiscal year, the District's governmental funds reported combined ending fund balances of \$564,075, an increase of \$79,127 in comparison with the prior year. Of the ending fund balances, \$432,295 constitutes unassigned fund balance, which is available for spending at the District's discretion.

The General Fund is the operating fund of the District. At the end of the current fiscal year, unassigned fund balance of the General Fund was \$432,295.

The fund balance of the District's General Fund increased by \$74,217 during the current fiscal year. The key factors in this increase are revenues in excess of budget by \$39,696, primarily in charge for services and expenditures less than budget primarily for salaries and benefits due to unfilled vacancies,

The Capital Projects Fund has a total fund balance of \$131,780, all of which is restricted for capital projects. There was no Capital outlay for the fiscal year. Disposals for the year included a 2006 vehicle and computer equipment, totaling \$16,103.

General Fund Budgetary Highlights

During the year, expenditures were less than budgetary estimates by \$65,928. The key factors are a reduction in salary and benefit costs of \$53,882 primarily due to unfilled vacancies. In addition, there were savings in multiple service and supply accounts, including: training (\$1,744), legal expense (\$1,555), liability insurance (\$1,449), purchased services (\$3,827) and office equipment (\$2,339).

MANAGEMENT'S DISCUSSION AND ANALYSIS (CONTINUED)

Capital Assets

Capital Assets - The District's investment in capital assets for its governmental activities as of June 30, 2019 amounts to \$131,860 (net of accumulated depreciation). This investment in capital assets includes office equipment and vehicles. Depreciation expense was \$16,671 for the year. Asset disposals this year for \$16,103 included a 2006 vehicle (\$13,504) and computer equipment (\$2,599).

**EASTERN HIGHLANDS HEALTH DISTRICT CAPITAL ASSETS
(NET OF DEPRECIATION)**

	<u>2019</u>	<u>2018</u>
Office equipment	\$ 87,604	\$ 96,651
Vehicles	<u>44,256</u>	<u>53,490</u>
Total	<u>\$ 131,860</u>	<u>\$ 150,141</u>

Economic Factors and Next Year's Budgets and Rates

The facilities and offices of the Eastern Highlands Health District are located east of Hartford, Connecticut. The Eastern Highlands Health District is one of 20 local health districts in the state of Connecticut. Established on June 6, 1997, it now serves the towns of Andover, Ashford, Bolton, Chaplin, Columbia, Coventry, Scotland, Tolland, Willington and Mansfield, with a total district population of 82,082. The main District office is located in the town of Mansfield.

The budget for fiscal year 2020 was passed by its Board of Directors on February 21, 2019 for \$836,382. We anticipate being able to operate according to the Board's Adopted Budget for fiscal year 19/20.

Requests for Information

This financial report is designed to provide a general overview of the District's finances for all those with an interest in the government's finances. Questions concerning any of the information provided in this report or requests for additional financial information should be addressed to Cheryl A. Trahan, Director of Finance, Town of Mansfield, 4 South Eagleville Road, Mansfield, CT 06268.

**EASTERN HIGHLANDS HEALTH DISTRICT
STATEMENT OF NET POSITION
JUNE 30, 2019**

	<u>Governmental Activities</u>
Assets:	
Cash and cash equivalents	\$ 609,465
Receivables:	
Accounts	20,317
Capital assets being depreciated (net of accumulated depreciation):	
Office equipment	87,604
Vehicles	<u>44,256</u>
Total assets	<u>761,642</u>
Deferred Inflows of Resources:	
Deferred inflows of resources related to OPEB	<u>180</u>
Liabilities:	
Accounts payable	4,378
Accrued liabilities	20,783
Unearned revenue	40,546
Noncurrent liabilities:	
Compensated absences, due within one year	5,256
Compensated absences, due in more than one year	21,026
Total OPEB liability	<u>15,968</u>
Total liabilities	<u>107,957</u>
Deferred Outflows of Resources:	
Deferred outflows of resources related to OPEB	<u>79</u>
Net Position:	
Net investment in capital assets	131,860
Unrestricted	<u>521,926</u>
Total Net Position	<u>\$ 653,786</u>

The accompanying notes are an integral part of the financial statements

EASTERN HIGHLANDS HEALTH DISTRICT
 STATEMENT OF ACTIVITIES
 FOR THE YEAR ENDED JUNE 30, 2019

Functions/Programs	Program Revenues			Net Revenues (Expenses) and Changes in Net Position
	Expenses	Charges for Services	Operating Grants and Contributions	
Governmental Activities:				
Health services	\$ 887,931	\$ 298,887	\$ 223,378	\$ (365,666)
General revenues:				
Assessment to member towns				429,258
Miscellaneous				1,910
Total general revenues				431,168
Change in Net Position				65,502
Net Position at Beginning of Year, as Restated				588,284
Net Position at End of Year				\$ 653,786

The accompanying notes are an integral part of the financial statements

**EASTERN HIGHLANDS HEALTH DISTRICT
BALANCE SHEET - GOVERNMENTAL FUNDS
JUNE 30, 2019**

	<u>Major Funds</u>			<u>Total Governmental Funds</u>
	<u>General</u>	<u>Health Grants</u>	<u>Capital Projects</u>	
ASSETS				
Cash and cash equivalents	\$ 450,467	\$ 27,218	\$ 131,780	\$ 609,465
Receivables:				
Accounts	<u>3,222</u>	<u>17,095</u>		<u>20,317</u>
Total Assets	<u>\$ 453,689</u>	<u>\$ 44,313</u>	<u>\$ 131,780</u>	<u>\$ 629,782</u>
LIABILITIES AND FUND BALANCES				
Liabilities:				
Accounts and other payables	\$ 835	\$ 3,543	\$	\$ 4,378
Accrued liabilities	20,559	224		20,783
Unearned revenue		<u>40,546</u>		<u>40,546</u>
Total liabilities	<u>21,394</u>	<u>44,313</u>	<u>-</u>	<u>65,707</u>
Fund Balances:				
Restricted for capital projects			131,780	131,780
Unassigned	<u>432,295</u>			<u>432,295</u>
Total fund balances	<u>432,295</u>	<u>-</u>	<u>131,780</u>	<u>564,075</u>
Total Liabilities and Fund Balances	<u>\$ 453,689</u>	<u>\$ 44,313</u>	<u>\$ 131,780</u>	<u>\$ 629,782</u>

(Continued on next page)

**EASTERN HIGHLANDS HEALTH DISTRICT
BALANCE SHEET - GOVERNMENTAL FUNDS (CONTINUED)
JUNE 30, 2019**

Reconciliation of the Balance Sheet - Governmental Funds to the Statement of Net Position:

Amounts reported for governmental activities in the statement of net position
(Exhibit I) are different because of the following:

Total Fund Balances (Exhibit III, Page 1)	\$ 564,075
---	------------

Capital assets used in governmental activities are not financial
resources and, therefore, are not reported in the funds:

Governmental capital assets	\$ 273,314	
Less accumulated depreciation	<u>(141,454)</u>	
Net capital assets		131,860

Other long-term assets are not available to pay for current-period expenditures
and, therefore, are not recorded in the funds:

Deferred outflows of resources related to OPEB	180
--	-----

Some liabilities are not due and payable in the current period and, therefore,
are not reported in the funds:

Compensated absences	(26,282)
Deferred inflows of resources related to OPEB	(79)
Total OPEB liability	<u>(15,968)</u>

Net Position of Governmental Activities (Exhibit I)	<u>\$ 653,786</u>
---	-------------------

The accompanying notes are an integral part of the financial statements

**EASTERN HIGHLANDS HEALTH DISTRICT
STATEMENT OF REVENUES, EXPENDITURES AND CHANGES IN FUND BALANCES
GOVERNMENTAL FUNDS
FOR THE YEAR ENDED JUNE 30, 2019**

	Major Funds			Total Governmental Funds
	General	Health Grants	Capital Projects	
Revenues:				
Member town contributions	\$ 429,258	\$ 51,597	\$	\$ 480,855
Intergovernmental	133,327	79,400		212,727
Septic permits	51,145			51,145
Well permits	12,955			12,955
B100a building permit review	29,445			29,445
Soil testing service	40,960			40,960
Engineered plan review	29,535			29,535
Food protection service	83,961			83,961
Non-engineered plan review	60			60
Group home/daycare inspection	1,210			1,210
Subdivision review	1,170			1,170
Food plan review	4,290			4,290
Other health services	3,210		1,910	5,120
Total revenues	<u>820,526</u>	<u>130,997</u>	<u>1,910</u>	<u>953,433</u>
Expenditures:				
Current:				
Payroll and benefits	656,231	78,300		734,531
Other purchased services	54,114	38,927		93,041
Liability insurance	14,351			14,351
Supplies and services	11,308	4,847		16,155
Repairs and maintenance	2,663			2,663
Other	4,642	8,923		13,565
Total expenditures	<u>743,309</u>	<u>130,997</u>	<u>-</u>	<u>874,306</u>
Excess of Revenues over Expenditures	<u>77,217</u>	<u>-</u>	<u>1,910</u>	<u>79,127</u>
Other Financing Sources (Uses):				
Transfers in			3,000	3,000
Transfers out	<u>(3,000)</u>			<u>(3,000)</u>
Total other financing sources (uses)	<u>(3,000)</u>	<u>-</u>	<u>3,000</u>	<u>-</u>
Net Change in Fund Balances	74,217	-	4,910	79,127
Fund Balances at Beginning of Year	<u>358,078</u>	<u>-</u>	<u>126,870</u>	<u>484,948</u>
Fund Balances at End of Year	<u>\$ 432,295</u>	<u>\$ -</u>	<u>\$ 131,780</u>	<u>\$ 564,075</u>

(Continued on next page)

**EASTERN HIGHLANDS HEALTH DISTRICT
STATEMENT OF REVENUES, EXPENDITURES AND CHANGES IN FUND BALANCES
GOVERNMENTAL FUNDS (CONTINUED)
FOR THE YEAR ENDED JUNE 30, 2019**

Reconciliation of the Statement of Revenues, Expenditures and Changes in Fund Balances of Governmental Funds to the Statement of Activities:

Amounts reported for governmental activities in the statement of activities (Exhibit II) are different because:

Net change in fund balances - total governmental funds (Exhibit IV)	\$ 79,127
Governmental funds report capital outlays as expenditures. However, in the statement of activities, the cost of those assets is allocated over their estimated useful lives and reported as depreciation expense. This is the amount by which depreciation exceeded capital outlays in the current period:	
Depreciation expense	(16,671)
Loss on disposal of capital assets	(1,610)
Revenues in the statement of activities that do not provide current financial resources are not reported as revenues in the funds.	
Change in deferred outflows of resources related to OPEB	180
Some expenses reported in the statement of activities do not require the use of current financial resources and, therefore, are not reported as expenditures in governmental funds:	
Compensated absences	6,537
Change in deferred inflows of resources related to OPEB	(79)
Change in total OPEB liability	<u>(1,982)</u>
Change in Net Position of Governmental Activities (Exhibit II)	<u>\$ 65,502</u>

The accompanying notes are an integral part of the financial statements

**EASTERN HIGHLANDS HEALTH DISTRICT
STATEMENT OF REVENUES, EXPENDITURES AND CHANGES IN FUND BALANCES
BUDGET AND ACTUAL - GENERAL FUND
FOR THE YEAR ENDED JUNE 30, 2019**

	<u>Original Budget</u>	<u>Final Budget</u>	<u>Actual</u>	<u>Variance with Final Budget</u>
Revenues:				
Member town contributions	\$ 429,270	\$ 429,270	\$ 429,258	\$ (12)
Intergovernmental	123,280	123,280	133,327	10,047
Septic permits	40,080	40,080	51,145	11,065
Well permits	15,960	15,960	12,955	(3,005)
B100a building permit review	30,700	30,700	29,445	(1,255)
Soil testing service	32,550	32,550	40,960	8,410
Engineered plan review	9,190	9,190	29,535	20,345
Food protection service	73,400	73,400	83,961	10,561
Non-engineered plan review	15,340	15,340	60	(15,280)
Group home/daycare inspection	1,320	1,320	1,210	(110)
Subdivision review	1,940	1,940	1,170	(770)
Food plan review	2,820	2,820	4,290	1,470
Other health services	4,980	4,980	3,210	(1,770)
Total revenues	<u>780,830</u>	<u>780,830</u>	<u>820,526</u>	<u>39,696</u>
Expenditures:				
Current:				
Regular salaries - nonunion	502,013	502,013	459,360	(42,653)
Social Security	36,240	36,240	31,967	(4,273)
Workers' compensation	10,150	10,150	9,183	(967)
Medicare	8,430	8,430	7,476	(954)
ICMA	33,980	33,980	29,585	(4,395)
Life insurance	2,450	2,450	1,810	(640)
RHS contribution	2,210	2,210	2,222	12
Dues and subscriptions	2,000	2,000	2,024	24
Training	2,000	2,000	256	(1,744)
Mileage reimbursement	600	600	140	(460)
Professional and technical	7,120	7,120	7,086	(34)
Legal	2,000	2,000	445	(1,555)
Audit expense	6,800	6,800	6,700	(100)
Vehicle repair and maintenance	3,200	3,200	2,663	(537)
General liability	15,800	15,800	14,351	(1,449)
Medical insurance	116,220	116,220	116,220	-
Long-term disability Insurance	640	640	630	(10)
Advertising	1,000	1,000	598	(402)
Printing and binding	1,000	1,000	1,151	151

(Continued on next page)

**EASTERN HIGHLANDS HEALTH DISTRICT
STATEMENT OF REVENUES, EXPENDITURES AND CHANGES IN FUND BALANCES
BUDGET AND ACTUAL - GENERAL FUND (CONTINUED)
FOR THE YEAR ENDED JUNE 30, 2019**

	<u>Original Budget</u>	<u>Final Budget</u>	<u>Actual</u>	<u>Variance with Final Budget</u>
Postage	\$ 1,500	\$ 1,500	\$ 1,517	\$ 17
Copier maintenance fees	1,000	1,000		(1,000)
Other purchased services	11,340	11,340	8,513	(2,827)
Voice communications	3,800	3,800	3,250	(550)
Instructional supplies	800	800		(800)
Books and periodicals	200	200	199	(1)
Supplies	2,000	2,000	3,427	1,427
Gasoline	2,600	2,600	3,015	415
Office equipment	3,000	3,000	661	(2,339)
Equipment - other	600	600	740	140
Administrative overhead	28,544	28,544	28,120	(424)
Total expenditures	<u>809,237</u>	<u>809,237</u>	<u>743,309</u>	<u>(65,928)</u>
Excess of Revenues over (under) Expenditures	<u>(28,407)</u>	<u>(28,407)</u>	<u>77,217</u>	<u>105,624</u>
Other Financing Sources (Uses):				
Appropriation of fund balance	31,407	31,407	-	(31,407)
Transfers out	<u>(3,000)</u>	<u>(3,000)</u>	<u>(3,000)</u>	<u>-</u>
Total other financing sources (uses)	<u>28,407</u>	<u>28,407</u>	<u>(3,000)</u>	<u>(31,407)</u>
Net Change in Fund Balances	<u>\$ -</u>	<u>\$ -</u>	74,217	<u>\$ 74,217</u>
Fund Balances at Beginning of Year			<u>358,078</u>	
Fund Balances at End of Year			<u>\$ 432,295</u>	

The accompanying notes are an integral part of the financial statements

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Reporting Entity

The Eastern Highlands Health District (the District) was formed in June 1997 as a cooperative effort to create a regional, full-time professional health department and consists of the following member towns in the state of Connecticut: Andover, Ashford, Bolton, Chaplin, Columbia, Coventry, Mansfield, Scotland, Tolland and Willington. The Board of Directors of the District consists of appointed representatives from each member town. The District provides a wide range of public health services for its member towns. The services are funded by local assessments, federal and state grants and direct charges for specific services.

B. Basis of Presentation

The accompanying financial statements have been prepared in conformity with accounting principles generally accepted in the United States of America (GAAP) as applied to government units. The Government Accounting Standards Board (GASB) is the accepted standard-setting body for establishing governmental accounting and financial reporting principles. The more significant of the District's accounting policies are described below.

Government-Wide and Fund Financial Statements

The government-wide financial statements (i.e., the statement of net position and the statement of activities) report information on all of the activities of the District. For the most part, the effect of interfund activity has been removed from these statements. Governmental activities are normally supported by member town assessments and intergovernmental revenues.

The statement of activities demonstrates the degree to which the direct expenses of a given function or segment is offset by program revenues. Direct expenses are those that are clearly identifiable with a specific function or segment. Program revenues include 1) charges to customers or applicants who purchase, use or directly benefit from goods, services or privileges provided by a given function or segment, and 2) grants and contributions that are restricted to meeting the operational or capital requirements of a particular function or segment. Member town assessments and other items not properly included among program revenues are reported instead as general revenues.

Separate financial statements are provided for governmental funds. Major individual governmental funds are reported as separate columns in the fund financial statements.

Measurement Focus, Basis of Accounting and Financial Statement Presentation

The government-wide financial statements are reported using the economic resources measurement focus and the accrual basis of accounting. Revenues are recorded when earned and expenses are recorded when a liability is incurred, regardless of the timing of related cash flows. Grants and similar items are recognized as revenues as soon as all eligibility requirements imposed by the provider have been met.

Governmental fund financial statements are reported using the current financial resources measurement focus and the modified accrual basis of accounting. Revenues are recognized as soon as they are both measurable and available. Revenues are considered to be available when they are collectible within the current period or soon enough thereafter to pay liabilities of the current period. For this purpose, the government considers revenues to be available if they are collected within 60 days of the end of the current fiscal period. Expenditures generally are recorded when a liability is incurred, as under accrual accounting. However, expenditures related to compensated absences are recorded only when payment is due.

**EASTERN HIGHLANDS HEALTH DISTRICT
NOTES TO THE FINANCIAL STATEMENTS
JUNE 30, 2019**

Member town assessments, expenditure reimbursement type grants, certain intergovernmental revenues and transfers associated with the current fiscal period are all considered to be susceptible to accrual and so have been recognized as revenues of the current fiscal period. All other revenue items are considered to be measurable and available only when cash is received by the District.

The District reports the following major governmental funds:

The *General Fund* is the government's primary operating fund. It accounts for all financial resources of the general government, except those required to be accounted for in another fund.

The *Health Grants Fund* accounts for the grants activity of the District. The major source of revenue for this fund is governmental grants.

The *Capital Projects Fund* accounts for the financial revenues to be used for major capital asset construction and/or purchases. The major source of revenue for this fund is transfers from the General Fund.

As a general rule, the effect of interfund activity has been eliminated from the government-wide financial statements.

Amounts reported as program revenues include 1) charges to customers or applicants for goods, services or privileges provided, 2) operating grants and contributions, and 3) capital grants and contributions. Internally dedicated resources are reported as general revenues rather than as program revenues.

When both restricted and unrestricted resources are available for use, it is the District's policy to use restricted resources first, then unrestricted resources as they are needed. Unrestricted resources are used in the following order: committed, assigned then unassigned.

C. Cash Equivalents

The District's cash and cash equivalents are considered to be cash on hand, demand deposits and short-term investments with original maturities of three months or less from the date of acquisition.

D. Receivables

Intergovernmental receivables are considered to be fully collectible, and no allowance has been recorded.

E. Capital Assets

Capital assets, which include property, plant and equipment, are reported in the government-wide financial statements. Capital assets are defined by the government as assets with an initial, individual cost of more than \$1,000 and an estimated useful life in excess of two years. Such assets are recorded at historical cost or estimated historical cost if purchased or constructed. Donated capital assets are recorded at estimated fair market value at the date of donation.

The costs of normal maintenance and repairs that do not add to the value of the asset or materially extend assets' lives are not capitalized.

Major outlays for capital assets and improvements are capitalized as projects are constructed.

**EASTERN HIGHLANDS HEALTH DISTRICT
NOTES TO THE FINANCIAL STATEMENTS
JUNE 30, 2019**

Property, plant and equipment of the District are depreciated using the straight-line method over the following estimated useful lives:

<u>Assets</u>	<u>Years</u>
Office equipment	5-10
Vehicles	6-10

F. Compensated Absences

A limited amount of vacation earned may be accumulated by employees until termination of their employment, at which time they are paid for accumulated vacation. Sick time does not vest.

G. Long-Term Obligations

In the government-wide financial statements, long-term obligations are reported as liabilities in the governmental activities statement of net position.

H. Total Other Postemployment Benefits Other than Pensions (OPEB) Liability

The total OPEB liability is measured as the portion of the actuarial present value of projected benefits that is attributed to past periods of employee service. The total OPEB liability is measured as of a date (measurement date) no earlier than the end of the employer's prior fiscal year and no later than the end of the current fiscal year, consistently applied from period to period.

I. Deferred Outflows/Inflows of Resources

In addition to assets, the statement of net position will sometimes report a separate section for deferred outflows of resources. This separate financial statement element, deferred outflows of resources, represents a consumption of net position or fund balance that applies to a future period or periods and so will not be recognized as an outflow of resources (expense/expenditure) until then. The District reports deferred outflows related to OPEB in the government-wide statement of net position. A deferred outflow of resources related to OPEB results from differences between expected and actual experience, changes in assumptions or other inputs. These amounts are deferred and included in OPEB expense in a systematic and rational manner over a period equal to the average of the expected remaining service lives of all employees that are provided with benefits through the pension plan (active employees and inactive employees).

In addition to liabilities, the statement of net position will sometimes report a separate section for deferred inflows of resources. This separate financial statement element, deferred inflows of resources, represents an acquisition of net position or fund balance that applies to a future period or periods and so will not be recognized as an inflow of resources (revenue) until that time. The District reports a deferred inflow of resources related to OPEB in the government-wide statement of net position. A deferred inflow of resources related to OPEB results from differences between expected and actual experience, changes in assumptions or other inputs. These amounts are deferred and included in OPEB expense in a systematic and rational manner.

J. Interfund Transfers

Transfers are for regularly recurring operational transfers that are appropriated in the General Fund and paid to other funds during the year.

K. Fund Equity and Net Position

In the fund financial statements, governmental funds report reservations of fund balance for amounts that are not available for appropriation or are legally restricted by outside parties for use for a specific purpose. Designations of fund balance represent tentative management plans that are subject to change.

In the government-wide financial statements, net position is classified into the following categories:

Net Investment in Capital Assets

This category presents the net position that reflects the value of capital assets, net of accumulated depreciation.

Unrestricted Net Position

This category presents the net position of the District that is not restricted.

The equity of the fund financial statements is defined as “fund balance” and is classified in the following categories:

Nonspendable Fund Balance

This represents amounts that cannot be spent due to form (e.g., inventories and prepaid amounts).

Restricted Fund Balance

This represents amounts constrained for a specific purpose by external parties, such as grantors, creditors, contributors or laws and regulations of their governments.

Committed Fund Balance

This represents amounts constrained for a specific purpose by a government using its highest level of decision-making authority (Eastern Highlands Health District Board of Directors).

Assigned Fund Balance

This represents amounts constrained for the intent to be used for a specific purpose by the Director of Health.

Unassigned Fund Balance

This represents fund balance in the General Fund in excess of nonspendable, restricted, committed and assigned fund balance. If another governmental fund has a fund balance deficit, it is reported as a negative amount in unassigned fund balance.

L. Estimates

The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, including disclosures of contingent assets and liabilities and reported revenues, expenses and expenditures during the fiscal year.

2. STEWARDSHIP, COMPLIANCE AND ACCOUNTABILITY

A. Budgets and Budgetary Accounting

The District adheres to the following procedures in establishing the budgetary data included in the financial statements of the General Fund, the only fund with a legally adopted annual budget.

Annually, the budget is voted upon by District Board members.

The District Board may amend the budget. A public hearing is required if the per capita costs to the member towns increase as a result of the amendment. With the exception of payroll, Social Security, workers' compensation, Medicare, retirement, health insurance and life insurance, the Director of Health may make necessary line item transfers in the operating portion of the budget without Board approval, provided the total operating portion of the budget does not increase. Transfers greater than \$5,000 shall be reported to the Finance committee. Changes in payroll, Social Security, workers' compensation, Medicare, retirement, health insurance and life insurance line items shall be approved by the Finance committee. There were no additional appropriations this year.

Formal budgetary integration is employed as a management control device during the year.

Legal level of control (the level at which expenditures may not legally exceed appropriations) is at the total budget level.

Encumbrances are recognized as a valid and proper charge against a budget appropriation in the year in which the purchase order, contract or other commitment is issued, and, accordingly, encumbrances outstanding at year end are reported in budgetary reports (Exhibit V) as expenditures in the current year. Generally, all unencumbered appropriations lapse after a year, except those of the Capital Projects Fund. Encumbered appropriations are carried forward to the ensuing fiscal year, and as of June 30, 2019, the District did not have outstanding encumbrances.

**EASTERN HIGHLANDS HEALTH DISTRICT
NOTES TO THE FINANCIAL STATEMENTS
JUNE 30, 2019**

3. DETAILED NOTES ON ALL FUNDS

A. Deposits

At June 30, 2019, the carrying amount of the District's deposits was \$609,465 and is part of the Town of Mansfield, Connecticut's pooled cash account. The District does not have a deposit policy for custodial credit risk. Separate risk classification is not available.

B. Capital Assets

Capital asset activity for the year ended June 30, 2019 was as follows:

	<u>Beginning Balance</u>	<u>Increases</u>	<u>Decreases</u>	<u>Ending Balance</u>
Governmental activities:				
Capital assets being depreciated:				
Office equipment	\$ 141,390	\$	\$ 2,599	\$ 138,791
Vehicles	148,027		13,504	134,523
Total capital assets being depreciated	<u>289,417</u>	<u>-</u>	<u>16,103</u>	<u>273,314</u>
Less accumulated depreciation for:				
Office equipment	44,739	8,787	2,339	51,187
Vehicles	94,537	7,884	12,154	90,267
Total accumulated depreciation	<u>139,276</u>	<u>16,671</u>	<u>14,493</u>	<u>141,454</u>
Total capital assets being depreciated, net	<u>150,141</u>	<u>(16,671)</u>	<u>1,610</u>	<u>131,860</u>
Governmental Activities Capital Assets, Net	<u>\$ 150,141</u>	<u>\$ (16,671)</u>	<u>\$ 1,610</u>	<u>\$ 131,860</u>

Depreciation expense was charged to functions/programs of the primary government as follows:

Governmental activities:	
Health Services	\$ <u>16,671</u>

C. Interfund Transfers

Transfers are used to transfer budgeted resources to other funds to finance various projects. For the year ended June 30, 2019, the District transferred \$3,000 from the General Fund to the Capital Projects Fund.

**EASTERN HIGHLANDS HEALTH DISTRICT
NOTES TO THE FINANCIAL STATEMENTS
JUNE 30, 2019**

D. Long-Term Debt

Long-term liability activity for the year ended June 30, 2019 was as follows:

	<u>Beginning Balance</u>	<u>Additions</u>	<u>Reductions</u>	<u>Ending Balance</u>	<u>Due Within One Year</u>
Governmental Activities:					
Total OPEB Liability	\$ 13,986	\$ 1,982	\$	\$ 15,968	\$
Compensated Absences	<u>32,819</u>	<u>35,827</u>	<u>42,364</u>	<u>26,282</u>	<u>5,256</u>
Total governmental activities:					
Long-Term Liabilities	<u>\$ 46,805</u>	<u>\$ 37,809</u>	<u>\$ 42,364</u>	<u>\$ 42,250</u>	<u>\$ 5,256</u>

4. OTHER POST EMPLOYMENT BENEFITS PLAN

Plan Description

The District administers one single-employer, post-retirement healthcare plan, the plan. The plan provides medical benefits to eligible retirees and their spouses. The plan is administered by the District. Plan provisions are determined by District Policy.

The District currently pays for post employment health care benefits on a pay-as-you-go basis. As of June 30, 2019, the District has not established a trust fund to irrevocably segregate assets to fund liability associated with the postemployment benefits, which would require the reporting of a trust fund in accordance with GASB guidelines. Administration costs are financed from current operations.

Benefit Provided

The District plan provides for medical and dental benefits for all eligible retirees. Benefit provisions are set by District policy, and require employees to complete 25 years of aggregate service; or attainment of age 55 with 10 years of continuous service or 15 years of aggregate service.

Employees Covered by Benefit Terms

Membership in the plan consisted of the following at July 1, 2018, the date of the last actuarial valuation.

Active Employees	<u><u>8</u></u>
------------------	-----------------

Total OPEB Liability

The District's total OPEB liability of \$15,968 was measured as of June 30, 2019 and was determined by an actuarial valuation as of that date.

**EASTERN HIGHLANDS HEALTH DISTRICT
NOTES TO THE FINANCIAL STATEMENTS
JUNE 30, 2019**

Actuarial Assumptions and Other Inputs

The total OPEB liability in the June 30, 2019 actuarial valuation was determined using the following actuarial assumptions and other inputs, applied to all periods included in the measurement unless otherwise specified:

Inflation	2.60%
Salary increases	3.60%, average, including inflation
Discount rate	3.51%
Healthcare cost trend rates	7.00% in 2018, reducing by 0.5% each year to an ultimate rate of 4.60% per year rate for 2023 and later
Retirees' share of benefit-related costs	100% of projected health insurance premiums for retirees

The discount rate was based on the 20-year AA municipal bond index.

Mortality rates were based on RP-2014 Adjusted to 2006 Total Dataset Mortality Table projected to valuation date with Scale MP-2017.

The actuarial assumptions used in the July 1, 2018 valuation were based on standard tables modified for certain plan features and input from the plan sponsor.

Changes in the Total OPEB Liability

	Total OPEB Liability
Balances as of July 1, 2018	\$ <u>13,986</u>
Changes for the year:	
Service cost	1,278
Interest on total OPEB liability	590
Difference between expected and actual experience	(90)
Changes in assumptions or other inputs	<u>204</u>
Net changes	<u>1,982</u>
Balances as of June 30, 2019	\$ <u><u>15,968</u></u>

Changes of assumptions and other inputs reflect a change in the discount rate from 3.87% in 2018 to 3.51% in 2019.

**EASTERN HIGHLANDS HEALTH DISTRICT
NOTES TO THE FINANCIAL STATEMENTS
JUNE 30, 2019**

Sensitivity of the Total OPEB Liability to Changes in the Discount Rate

The following presents the total OPEB liability of the District, as well as what the District's total OPEB liability would be if it were calculated using a discount rate that is 1 percentage point lower (2.51%) or 1 percentage point higher (4.51%) than the current discount rate:

	<u>1% Decrease</u>	<u>Current Discount Rate</u>	<u>1% Increase</u>
Total OPEB Liability	\$ 16,509	\$ 15,968	\$ 15,395

Sensitivity of the Total OPEB Liability to Changes in the Healthcare Cost Trend Rates

The following presents the total OPEB liability of the District, as well as what the District's total OPEB liability would be if it were calculated using healthcare cost trend rates that are 1 percentage point lower (6.00% decreasing to 3.60%) or 1 percentage point higher (8.00% decreasing to 5.60%) than the current healthcare cost trend rates:

	<u>1% Decrease</u>	<u>Healthcare Cost Trend Rates</u>	<u>1% Increase</u>
Total OPEB Liability	\$ 14,714	\$ 15,968	\$ 17,333

OPEB Expense and Deferred Outflows of Resources and Deferred Inflows of Resources Related to OPEB

For the year ended June 30, 2019, the District recognized OPEB expense of \$1,881. At June 30, 2019, the District reported deferred outflows of resources and deferred inflows of resources related to OPEB from the following sources:

	<u>Deferred Outflows of Resources</u>	<u>Deferred Inflows of Resources</u>
Differences between expected and actual experience	\$	\$ 79
Changes of assumptions or other inputs	180	
Total	<u>\$ 180</u>	<u>\$ 79</u>

**EASTERN HIGHLANDS HEALTH DISTRICT
NOTES TO THE FINANCIAL STATEMENTS
JUNE 30, 2019**

Amounts reported as deferred outflows of resources and deferred inflows of resources related to OPEB will be recognized in OPEB expense as follows:

Year Ending June 30

2020	\$	13
2021		13
2022		13
2023		13
2024		13
Thereafter		36

5. PRIOR PERIOD ADJUSTMENT AND RESTATEMENT

The following restatement was recorded to the beginning of net position of the governmental activities as a result of a change in estimate regarding GASB Statement No. 75, *Accounting and Financial Reporting for Postemployment Benefits Other than Pensions*:

Governmental Activities:

Net position at June 30, 2018, as previously reported	\$	602,270
Adjustment:		
Record total OPEB liability per GASB No. 75		<u>(13,986)</u>
Net Position at July 1, 2018, as Restated	\$	<u><u>588,284</u></u>

6. OTHER INFORMATION

A. Risk Management

The District is exposed to various risks of loss related to public officials, torts, injuries to employees or acts of God. The District purchases commercial insurance for all risks of loss, except for medical insurance. Settled claims have not exceeded commercial coverage in any of the past three fiscal years. There have been no significant reductions in insurance coverage from coverage in the prior year.

Hospital and medical surgical health coverage for District employees is administered by the Town of Mansfield, Connecticut (the Town), which has been recorded in the Town's records as an internal service fund. The fund's general objectives are to formulate, on behalf of the members, a health insurance program at lower cost of coverage and to develop a systematic method to control health costs.

A third party administers the plan through a contract with the Town for which the fund pays a fee. The fund has purchased \$175,000 of combined medical surgical and major medical individual stop-loss coverage.

**EASTERN HIGHLANDS HEALTH DISTRICT
NOTES TO THE FINANCIAL STATEMENTS
JUNE 30, 2019**

B. Related Party Transactions

As disclosed in Note 1, the District's Board of Directors consists of appointed representatives from the member towns consisting of Andover, Ashford, Bolton, Chaplin, Columbia, Coventry, Mansfield, Scotland, Tolland and Willington. Revenues received from these member towns are as follows for the year ended June 30, 2019:

Andover	\$	17,268
Ashford		22,493
Bolton		26,178
Chaplin		11,926
Columbia		28,849
Coventry		66,019
Mansfield		137,895
Scotland		8,910
Tolland		78,540
Willington		<u>31,180</u>
	\$	<u><u>429,258</u></u>

No amounts were due to or from the member towns as of June 30, 2019.

C. Contingent Liabilities

The District's management indicates that there are no material or substantial claims, judgments or litigation against the District.

**EASTERN HIGHLANDS HEALTH DISTRICT
SCHEDULE OF CHANGES IN TOTAL OPEB LIABILITY AND RELATED RATIOS
LAST FISCAL YEAR***

	<u>2019</u>
Total OPEB liability:	
Service cost	\$ 1,278
Interest	590
Differences between expected and actual experience	(90)
Changes of assumptions and other inputs	<u>204</u>
Net change in total OPEB liability	1,982
Total OPEB liability - beginning	<u>13,986</u>
 Total OPEB Liability - Ending	 \$ <u><u>15,968</u></u>
 Covered payroll	 \$ 585,429
 Total OPEB liability as a percentage of covered-employee payroll	 2.73%

* This schedule is intended to show information for ten years. Additional years' information will be displayed as it becomes available.

Notes to Schedule:

The discount rate was changed from 3.87% in 2018 to 3.51% in 2019.



2018-2019 ANNUAL REPORT



SERVING THE TOWNS OF:
ANDOVER, ASHFORD, BOLTON, CHAPLIN, COLUMBIA, COVENTRY,
MANSFIELD, SCOTLAND, TOLLAND AND WILLINGTON

POPULATION: 80,466 SERVICE AREA: APPROXIMATELY 208 SQUARE MILES

Health District Staff

Robert L. Miller, MPH, RS Director of Health
 Kenneth Dardick, MD..... Medical Advisor
 Glenn Bagdoian, RS..... Sanitarian II
 Millie Brosseau Administrative Assistant
 Diane Collelo, RS Sanitarian I
 Holly Hood, MPH, RS Sanitarian II
 Derek May Public Health Emergency
 Preparedness Coordinator
 Sherry McGann, RS..... Sanitarian II
 Jeff Polhemus, RS Chief Sanitarian
 Lynette Swanson Environmental Health Specialist
 Brian Clinton, MA, MCHES..... Community Health and
 Wellness Coordinator



Back left to Right: Jeff Polhemus, Rob Miller, Brian Clinton, Glenn Bagdoian *Front left to Right:* Holly Hood, Sherry McGann, Diane Collelo, Millie Brosseau

EHHHD Board of Directors

Elizabeth Paterson (Chair)..... Town of Mansfield
 John Elsesser (Vice Chair)..... Town of Coventry
 Joyce Stille (Assistant Treasurer)..... Town of Bolton

 Robert DeVito Town of Ashford
 Joseph Higgins Town of Andover
 Derek Kenndy Town of Mansfield
 Robert Morra (Alternate)..... Town of Bolton
 Tammy Nuccio Town of Tolland
 Paul Shapiro..... Town of Mansfield
 Barbara Syme Town of Scotland
 M. Deborah Walsh Town of Coventry
 Mark Walter Town of Columbia
 Steve Werbner Town of Tolland
 Mike Zambo Town of Ashford
 Vacant Town of Chaplin
 Vacant Town of Willington



Back: R. DeVito, P. Shapiro, K. Dardick, M. Walter, J. Elsesser, J. Higgins
Front: D. Kennedy, J. Stille, E. Paterson, D. Walsh

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.

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



Message from the Director *Another Year Gone By*

Once again I have the honor of sharing the highlights of another year gone by here at the Eastern Highlands Health District. These highlights are the culmination of the passion and dedication our staff applies to what we do. Protecting your environment, promoting wellness, and preventing illness is the result of this passion and dedication. With that, below is a rundown of the highlighted activities and initiatives for the 2018-2019 Fiscal Year.

Community Health – The Substance Abuse in Our Communities Workgroup was very active this year. Among other items, salient activities included partnering with the Coventry Police Department on a successful drug take back campaign, and partnering with the Town of Mansfield in the development of town policies to stage NARCAN in public buildings. We are also very pleased to now employ a Registered Nurse, thereby improving our communicable disease control and public health clinical services.

Emergency Public Health Preparedness – The efforts and activities of our Medical Reserve Corps unit continues to expand, with new members and more exercises and real world events. A few examples include Medical Aid Station Team support for the Hartford Marathon, pop up flu clinics, and a deployment in response to Hurricane Florence. Additionally, in partnership with area local health district agencies we agreed upon a structure to consolidate the 5 Mass Dispensing Areas (MDA) in Region 4 into one MDA.

Environmental Health – We experienced a number of staffing changes and vacancies in the environmental health program this year. Most notably after 22 years we said good bye to our long time Chief Sanitarian, Jeff Polhemus, whose contribution to the agency cannot be understated. With this change comes renewed excitement as we welcomed Lynette Swanson. With 20 years of environmental health experience under her belt, she has admirably filled the role of Chief Sanitarian.

In closing and with the end of other year, I want to assure our communities that we here at the Eastern Highlands Health District remain committed, and dedicated to providing essential, quality local public health services. If you have any ideas, or suggestions on how we might better serve our communities, please feel free to email us at ehhd@ehhd.org, or call 860-429-3325.

My door is always open.
 Yours in Health,

Robert L. Miller, MPH, R.S.
 Director of Health





Public Health

Prevent. Promote. Protect.

Local health departments work across the nation to prevent disease, promote health and protect communities. The National Association of County and City Health Officials (NACCHO) developed this logo to promote universal recognition of this critical work and to provide a consistent image and message for local health departments. EHHD is proud to support this national effort.

What is a Health District?

Health districts are much like full-time municipal health departments in the services they provide. They are governmental entities that carry out critical local public health functions that include: infectious disease control, code enforcement and health education. Through a binding relationship with member towns (provided for in state statutes), services are offered to a group of towns that may not otherwise have a full-time health department without district membership. Joining a health district is an attractive option for towns because they are provided access to full-time public health services at minimal cost. District membership increases the ability of a town to benefit from grant-funded public health programs. Towns that are members of health districts provide annual per capita contributions to support health district operations.

Top 10 Benefits Your Community Receives as a Member of a Public Health District:

1. A professionally staffed department with fully trained and certified personnel.
2. Improved availability of services; seven days a week, 24 hours a day for emergencies.
3. Less fragmentation of services.
4. Uniform enforcement of state laws and regulations, codes and ordinances.
5. A regional approach to public health problems that cross town lines.
6. Pooling of manpower for backup services in times of need.
7. The capability to address a wider scope of public health problems and issues than your community could manage on its own.
8. Reduction of waste and maximized effectiveness through problem identification, priority setting, improved coordination and more efficient use of resources.
9. Eligibility for extensive state and federal funding, bringing services to the local level that might not otherwise be possible.
10. An opportunity for your town to network with other local health departments and state agencies.

10 Essential Services of Local Public Health:

1. **Monitor** health status to identify community health problems.
2. **Diagnose** and **investigate** health problems and health hazards in the community.
3. **Inform, educate** and **empower** people about health issues.
4. **Mobilize** community partnerships to identify and solve health problems.
5. **Develop** policies and plans that support individual and community health efforts.
6. **Enforce** laws and regulations that protect health and ensure safety.
7. **Link** people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. **Assure** a competent public and personal health care workforce.
9. **Evaluate** effectiveness, accessibility and quality of personal and population-based health services.
10. **Research** for new insights and innovative solutions to public health problems.

EHHD'S PROGRAMS AND SERVICES

We provide the community with a range of programs and services to promote and protect environmental, personal, and community health.

Emergency Preparedness

All-hazards emergency preparedness cannot be addressed by one agency working alone. Eastern Highlands Health District (EHHD) continues to build partnerships and link services to prepare for a successful community response to any emergency or disaster.

EHHD works inside and outside of its health district borders on collaborative emergency planning. EHHD is an active participant in the CT DEMHS Region 4 ESF8 workgroup, which brings together healthcare and community health in Eastern Connecticut. Regional activities this year included participation in communications drills, a regional hospital evacuation exercise, and a full scale Drive-Thru infectious disease exercise. Although linked to Region 4 for grant deliverables and fiduciary reporting, EHHD also continues to support preparedness work in Region 3. EHHD staff participated in a preparedness forum in Bolton, an infectious disease tabletop exercise with University of Connecticut, and supported Mansfield/UCConn in a FEMA-evaluated



radiological exercise by simulating distribution of potassium iodide (KI) tablets. As part of a statewide push to increase vaccination rates, EHHD provided seasonal flu clinics in Mansfield and in Coventry. The "Until Help Arrives" bystander first aid program was offered in Tolland and a Medical Aid Station Team (MAST) initial training was offered in Scotland.

EHHD continues to recruit and engage and organize medical and non-medical community volunteers with its Medical Reserve Corps (MRC) program. Throughout the year the volunteers are invited to participate in preparedness-related trainings, exercises, and real-world events. MRC volunteers supported multiple exercises, the statewide flu clinics, provided MAST medical support for the Hartford Marathon, and one MRC nurse deployed to support the response to Hurricane Florence. The recent addition of a Wellness Coordinator with a nursing background will be of great advantage to the EHHD MRC. This position will work closely with the EHHD preparedness coordinator to engage medical volunteers and to increase capacity to deliver vaccinations in case of pandemic or infectious disease outbreak. Anyone with interest in becoming an EHHD MRC volunteer can go to www.EHHD.org and find the link under the Emergency Preparedness tab.

Although EHHD takes an all-hazards approach to emergency planning, Mass Countermeasures, the ability to rapidly distribute medications in an emergency, remains a key driver of our preparedness program. Building on years of detailed anthrax planning, we are working with federal, state, and regional partners to re-strategize and improve planning for pandemic flu and protecting individuals through vaccinations

Environmental Programs

Water Quality – EHHD reviews and approves private well sites and drinking water analysis reports to assure that the drinking water supplies are free of harmful bacteria, chemicals and pollutants. Our sanitarians provide guidance and information to residents with water quality issues and concerns. The health district also inspects and monitors the water quality at public bathing areas and public swimming pools to ensure compliance with water quality and health safety standards.



Subsurface Sewage Disposal – EHHD sanitarians conduct site evaluations and soil testing, review septic system design plans, issue permits to construct, and perform site inspections during construction to verify compliance with codes and technical standards. The health district is also required to evaluate the septic system impacts from proposed building additions, accessory structures and use changes on all properties served by on-site subsurface sewage disposal systems.

Food Protection – All food service establishments are inspected frequently and operating licenses are renewed annually. Temporary and special events, including Farmers' Markets, where food is served to the public, are also permitted and inspected for food safety compliance.

Campground/Daycare/Youth Camp Inspections – EHHD conducts annual family campground inspections, biennial daycare inspections, and assists the State of Connecticut with youth camp kitchen inspections.

Complaint Investigation/Code Enforcement – EHHD staff investigate all complaints received by the department, ranging from food protection and water quality concerns to housing, sewage, and vermin problems. Where conditions are found that violate the Public Health Code or Connecticut General Statutes, and such conditions are not corrected in due course, property owners or violators are then subject to enforcement procedures.

Childhood Lead Poisoning Prevention – EHHD receives laboratory reports of blood lead tests for children under age 6 when blood lead levels are 5 µg/dL or above, and tracks these cases until the child's blood lead level is confirmed below this reference level. The health district provides re-test reminder letters and educational packets to these families to help them understand the health risks associated with lead exposure and assist them in identifying and reducing lead hazards in their child's environment. Elevated blood lead levels can require additional intervention by the health district including property inspections and lead abatement enforcement.

Communicable Disease Surveillance & Control

Disease Surveillance – EHHD conducts communicable disease surveillance to detect outbreaks. Examples of communicable diseases include but are not limited to: hepatitis, rabies, and foodborne illness. Statistics detailed at the end of this report represent the total number of reported disease cases that have public health significance in member towns (it is generally acknowledged that these diseases are underreported within the population).

Disease Control – Clinical laboratory and physician case reports are reviewed for possible follow-up and investigation. Outbreaks of disease are investigated, and measures to prevent and control further spread of disease are implemented when necessary.

Community Health

Health Promotion initiatives in the Health District focus on developing sustainable interventions and nurturing partnerships to build a healthier community. While targeted programming is utilized when appropriate, our current focus is on policy, systems, and environmental changes to promote and encourage healthy lifestyles for all member town residents, employees, and visitors. In the summer months EHHD worked diligently to mitigate the spread of disease from mosquitos and ticks.



During the winter, EHHD distributed radon test kits to residents. These kits allow residents to be aware of the current radon levels in their home, and to take action if necessary. In response to the wide-spread flu activity this year EHHD conducted two flu clinics and created a flu prevention flyer. The flyer was distributed to member town libraries, community centers, health centers, senior centers, and schools. EHHD staff worked with several school districts to create model school health and wellness policies.

Tobacco Free Living – Focusing on policy, systems, and environmental changes, EHHD developed toolkits to encourage towns in Tolland County to adopt smoke free policies or ordinances to make their workplaces smoke free. The toolkits can be found at www.ehhd.org/Tobacco-Free-Living. EHHD continues to assist the town of Mansfield with implementation of its smoke free workplaces policy. A toolkit was developed to assist other



organizations/communities to implement similar policies. This toolkit can be found at www.ehhd.org/tobacco. In addition, EHHD continues to update a summary of smoking cessation resources. The resources include web, phone, text, and nicotine replacement therapy cessation methods and can be found at www.ehhd.org/tobaccocessation

Substance Abuse In Our Community Workgroup -



In response to the opioid and substance use epidemic affecting our towns, EHHD created a workgroup comprised of representatives from municipal leadership, human services, social workers, first responders, school leadership, and child advocacy. The workgroup initiated several projects this year. Salient activities included partnering with the Coventry Police Department on a successful drug take back campaign, and partnering with the Town of Mansfield in the development of town policies to stage NARCAN in public buildings. For information on treatment options, resources and walk-in services and emergency care information please go to www.ehhd.org/opioidepidemic. The brochures have been distributed to town leadership, libraries and social service departments.

Be Well – Developed by EHHD in 2006, this program provides comprehensive programming and promotion on a contractual basis to local employers. The goal of this employee wellness program is to improve the overall health and wellness of employees through initiatives that target risk factors for health. This program is provided as a full contracted service to four employers in health district towns (Town of Mansfield, Mansfield BOE, Region 19 BOE, and the Town of Tolland). Basic Be Well initiatives are also provided to member town, school employees and private sector businesses through the State Preventive Health Block Grant (to focus on policy and environmental changes to reduce the incidence of obesity in worksites). Each year Be Well contributes to strong health outcomes and a significant return-on-investment for participating employers. Examples of programs and policies implemented include, but aren't limited to, monthly wellness newsletters, online wellness resources, on-site biometric health screenings, and wellness seminars. You may learn more about the program at www.ehhd.org/be_well. If you're interested in having Be Well part of your business or organization please email Be Well at Be_well@ehhd.org.



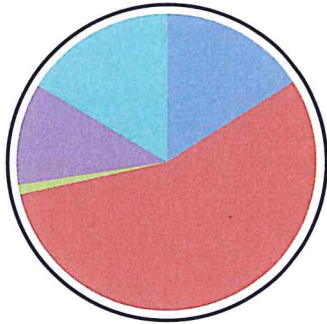
Health Education: EHHD provides its member towns and residents with newsletters, social media sites and web pages for health information, and regular updates with health and wellness "hot topics." EHHD continually updates the social media pages (Facebook: www.facebook.com/EHHDCHART and Twitter: <https://twitter.com/EHHDHealth>) with information about health, wellness and safety issues. We focus our "hot topic" health updates on providing clear and concise information on health topics pertaining to a particular month or season. EHHD staff participated in several educational workshops and health fairs throughout the year focusing on topics such as hurricane/emergency preparedness, childhood vaccines, healthy snacks for kids, planning for care as you age, and flu prevention and treatment.

Plan4Health Initiative: **PLAN4Health**
Anchored by the American Planning Association (APA) and the American Public Health Association (APHA), the Plan4Health grant funded EHHD and the Community Health Action Response Team (CHART) to implement strategies to increase physical activity and access to healthy food for our region. During the year EHHD continually marketed the Toolkit to the planning and zoning boards and commissions of small and rural town in Connecticut. The Toolkit is continually maintained and updated to provide the most current and accurate information. A survey was introduced last year to gain feedback on the Toolkit and its ability to meet the needs of users. This survey will be reviewed and analyzed to make changes for the future. The toolkit and survey is available online at www.healthyeasternct.com

EHHD

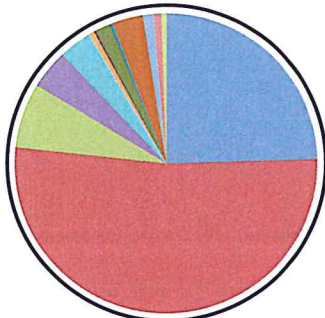
Budget Fiscal Year
2018/2019*

FY 2018/2019 Revenue (see table below)



Licensure Fees	\$152,351
Local Funds	\$536,868
Other	\$4,910
Program Fees	\$105,586
State Funds	\$156,717
Total Operating Revenues	\$956,432.50

FY 2018/2019 Expenses (see table below)



Personnel: Administrative/Management	\$215,396
Personnel: Environmental Health	\$457,911
Personnel: Community Health	\$61,224
Emergency Preparedness	\$36,989
Administrative Overhead	\$31,159
Communications	\$4,870
Education/Training	\$256
Equipment	\$1,401
Insurance	\$14,351
Legal	\$445
Other	\$3,000
Purchased Services	\$28,170
Supplies & Materials	\$10,176
Vehicles/Travel	\$7,117
Miscellaneous	\$4,844
Total Operating Expenditures	\$877,308.65

EHHD Service and Activities Data by Town

	Andover	Ashford	Bolton	Chaplin	Columbia	Coventry	Mansfield	Scotland	Tolland	Willington	District Totals
COMPLAINTS											
AIR QUALITY	0	0	0	0	0	0	0	0	3	0	3
ANIMALS/ANIMAL WASTE	0	2	0	1	0	0	2	0	1	0	6
ACTIVITY WITHOUT PROPER PERMITS	0	0	0	0	0	0	0	0	0	0	0
FOOD PROTECTION	1	2	1	1	0	0	9	0	5	2	21
HOUSING ISSUES	0	13	2	5	1	5	21	2	4	6	59
EMERGENCY RESPONSE	0	1	1	3	0	0	1	0	2	1	9
REFUSE/GARBAGE	0	1	0	0	0	0	1	0	1	1	4
RODENTS/INSECTS	0	0	1	1	0	0	1	0	1	1	5
SEPTIC/SEWAGE	1	6	3	2	0	1	2	0	6	0	21
OTHER	1	0	2	0	0	2	3	0	0	0	8
WATER QUALITY	0	1	0	2	1	2	2	0	6	5	19
TOTAL	3	26	10	15	2	10	42	2	29	16	155
HEALTH INSPECTION											
GROUP HOMES	0	0	0	0	0	1	0	0	0	0	1
DAY CARE	0	0	0	0	2	2	1	0	1	0	6
CAMPS	0	1	0	0	0	0	1	0	4	2	8
PUBLIC POOL	0	2	0	0	0	0	5	0	2	0	9
OTHER	0	0	0	1	0	0	1	0	0	0	2
SCHOOLS	0	0	0	0	0	0	4	0	0	0	4
MORTGAGE, FHA, VA	0	0	0	0	0	0	0	0	0	0	0
BATHING AREAS	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	3	0	1	2	3	12	0	7	2	30
ON-SITE SEWAGE DISPOSAL											
SITE INSPECTION - ALL SITE VISITS	61	89	78	71	85	196	182	21	165	28	976
DEEP HOLE TESTS - NUMBER OF HOLES	44	52	66	37	54	169	107	6	113	48	696
PERCOLATION TESTS - NUMBER OF HOLES	15	15	19	13	16	26	33	4	42	11	194
PERMITS ISSUED, NEW	6	5	7	1	8	13	4	0	9	2	55
PERMITS ISSUED, REPAIR	20	22	26	12	27	32	46	2	49	10	246
SITE PLANS REVIEWED	21	25	31	9	35	55	48	2	48	12	286
PUBLIC HEALTH REVIEWS	33	41	50	9	47	90	73	5	153	24	525
WELLS											
WELL SITES INSPECTED	1	7	2	10	15	8	9	0	1	1	54
WELL PERMITS ISSUED	6	14	9	6	10	22	11	1	10	5	94
LABORATORY ACTIVITIES (SAMPLES TAKEN)											
POTABLE WATER	0	1	0	1	0	0	3	0	19	2	26
SURFACE WATER	15	16	30	0	31	133	14	0	31	30	300
GROUND WATER	0	0	0	0	0	0	0	0	0	0	0
RABIES	0	0	0	0	1	0	0	0	0	0	1
LEAD	0	0	0	0	0	0	0	0	0	8	8
OTHER	2	1	3	3	2	3	6	1	5	0	26
FOOD PROTECTION											
INSPECTIONS	16	30	21	23	24	48	161	3	60	27	413
REINSPECTIONS	3	7	2	2	1	2	27	0	11	11	66
TEMPORARY PERMITS	4	19	12	7	6	123	29	13	16	10	239
TEMPORARY INSPECTIONS	0	4	8	1	0	90	7	7	0	1	118
PLAN REVIEWS	0	1	2	3	1	3	10	1	1	1	23
PRE-OPERATIONAL INSPECTIONS	2	4	0	4	2	1	16	1	1	0	31
LEAD ACTIVITIES											
HOUSING INSPECTION	0	0	1	0	0	2	0	0	0	0	3
ABATE PLAN REVIEWED	0	0	0	0	0	0	0	0	0	0	0
MISCELLANEOUS ACTIVITIES											
PLANNING AND ZONING REFERRALS	0	0	0	0	0	1	0	0	1	0	2
SUBDIVISION REVIEWED (PER LOT)	0	0	0	0	0	2	0	0	3	1	6

* Figures not audited at the time of this publication.

Selected Reportable Diseases by Town*

	Andover	Ashford	Bolton	Chaplin	Columbia	Coventry	Mansfield	Scotland	Tolland	Willington	District Totals
Babesiosis	2	1	0	0	1	0	2	0	1	1	8
Campylobacter	1	0	1	0	2	2	1	2	1	2	12
Cryptosporidium	0	0	0	0	0	0	1	0	1	0	2
Cyclospora	0	0	0	0	0	0	0	0	1	0	1
E. Coli 0157/STEC	0	0	0	0	0	1	0	0	0	0	1
Ehrlichiosis/Anaplasmosis	0	0	0	0	0	0	0	0	0	0	0
Giardia	0	0	1	0	0	1	0	0	0	1	3
Gonorrhea	2	1	1	0	0	2	17	0	1	1	25
Group A Streptococcus	0	0	2	0	1	0	0	0	1	0	4
Group B Streptococcus	1	0	0	0	0	1	2	0	2	0	6
Haemophilus Influenzae	0	0	0	0	0	0	0	0	0	0	0
Hepatitis A	0	0	0	0	0	0	0	0	0	0	0
Hepatitis B	0	0	0	0	0	0	0	0	0	0	0
Hepatitis C	1	1	2	1	1	4	3	0	3	2	18
Lead-Elevated Blood Lead Levels in children up to age 6 (5-9.9 ug/dl)	2	0	0	0	0	2	2	0	3	6	15
Lead-Elevated Blood Lead Levels in children up to age 6 (10-19 ug/dl)	1	1	0	1	0	0	0	0	0	1	4
Lead-Elevated Blood Lead Levels in children up to age 6>20 ug/dl	0	0	0	0	0	0	0	0	0	0	0
Listeria	0	0	0	0	0	0	0	0	0	0	0
Lyme Disease	5	2	0	4	5	5	9	1	10	5	46
Measles	0	0	0	0	0	0	0	0	0	0	0
Methicillin Resistant Staphylococcus Aureus	0	0	0	0	0	0	0	0	0	0	0
Mumps	0	0	0	0	0	0	0	0	0	0	0
Neisseria Meningitis	0	0	0	0	0	0	0	0	0	0	0
Pertussis	0	0	1	0	0	0	0	0	0	0	1
Rubella	0	0	0	0	0	0	0	0	0	0	0
Salmonella	0	0	1	0	3	1	3	0	4	0	12
Shigella	1	0	0	0	0	0	0	0	0	0	1
Streptococcus Pneumoniae	0	1	0	0	0	1	1	0	1	1	5
Syphilis	0	0	0	0	0	3	0	0	0	0	3
Tuberculosis Cases (Active)	0	0	0	1	0	0	0	0	1	0	2
Varicella	0	0	0	0	0	0	0	0	0	0	0
Vibrio	0	0	0	0	0	0	0	0	0	0	0
West Nile Virus	0	0	0	0	0	0	0	0	0	0	0
Yersinia	0	0	0	0	0	0	0	0	0	0	0

* The case numbers above are considered to be below actual figures due to under reporting.



4 South Eagleville Road
Mansfield, CT 06268

Eastern Highlands Health District By-Laws

Article I Name

The name of the district shall be the Eastern Highlands Health District, or EHHD.

Article II Objective

The purpose of the district shall be to preserve and improve the status of the public health in the member towns by:

- (1) Upholding and enforcing the Connecticut Public Health Code, relevant State Statutes pertaining to public health, local ordinances and such regulations as may be adopted by the Board, and,
- (2) Working with other providers of health services in the member towns to coordinate existing programs and to plan and implement new public health programs.

Article III Membership

Section I – The Eastern Highlands Health District shall be composed of municipalities, which by vote of their respective legislative bodies, have joined the District. The Board of Health of the Eastern Highlands Health District shall vote upon the admission of other towns to the District provided the legislative body of the requesting municipality has voted to enter the District and has duly applied for admission.

Section 2 – Representation – Each municipality in the District shall appoint one member to the Eastern Highlands Health District for each 10,000 population or part thereof, but no municipality shall have more than five representatives.

Section 3 – Withdrawal – Any member municipality by vote of the legislative body may withdraw from the Eastern Highlands Health District in conformance with State Statute.

Article IV Board of Health

Section 1 – Membership – Each municipality which has voted to become a part of the District shall, by its duly elected body, appoint a representative(s) to serve on the Eastern Highlands Health District Board of Health, as called for in Article III, Section 2. Alternate representative(s) may be appointed to the Board at the option of the appointing authority.

Section 2 – Duties of the Board – The Board may make and promulgate reasonable rules and regulations for the promotion of general health within the District not to conflict with law and with the Public Health Code. The powers of the Board shall include, but are not limited to, the following enumerated powers:

To sue or be sued; to make and execute contracts and other instruments necessary or convenient to the exercise of the powers of the Health District; to make and from time to time amend and repeal by-laws, rules and regulations; to acquire real estate and to have whatever other powers are necessary to properly carry out their powers and an independent entity of government. The Board functions as the general policy making body for the District and has overall budget adoption authority. However, the Board does not have any direct administrative authority over the daily operations of the District.

Section 3 – Officers – The Board at its December meeting shall elect a Chairperson, Vice Chairperson and Assistant Treasurer. The Director of Health will serve as Secretary and Treasurer.

Section 4 – Term of Office – The term of office for members of the Board shall be for three (3) years and they may be appointed for successive terms.

Section 5 – Meetings – The Board shall meet at least quarterly or at other times determined by the Chairperson. Notice of the meetings shall conform to the requirements of the Freedom of Information Act.

Section 6 – Minutes and Meeting Notices – The Board shall transmit all meeting notes and minutes of each meeting to the respective Town Clerk's Offices.

Section 7 – Quorum – The presence of at least one representative member or alternate from a majority of towns in the District shall constitute a quorum. In a district having an even number of member towns, a quorum will be one-half the member towns with appointed representation plus one. A quorum shall not include any member town who fails to appoint representation to the Board.

Section 8 – Attendance – Each Board member will earnestly try to attend all meetings of the Board. In the event of the continued absence of a member, the Board will contact the appointing authority with its concerns. The appointing authority shall have the power to request that the member resign and another member shall be appointed.

Section 9 – Conflict of Interest – In the event that an apparent or real conflict of interest exists, the member will disqualify him(her)self from discussion or voting on the issue.

Article V Standing Committees

Section 1 – Personnel Committee – The Personnel Committee will be appointed by the Chairperson and will include at least three members, including the Chairperson. The committee is empowered to consult with non-members for advice and recommendations as the need arises. The committee will meet at least yearly to study and recommend changes in policies, position and salary ranges. The committee will present recommendations on all personnel policies and practices to the Board of Health for approval.

Section 2 – Finance Committee – The Finance Committee will be appointed by the Board Chairperson and consist of at least three (3) members, including the Board Chairperson who may or may not serve as the committee chair, with no one town having more than one representative. The Director of Health and Chief Financial Officer shall serve without a vote. The committee is empowered to consult with non-members as needed. The duties of the Finance Committee shall include preparation and presentation of the budget to the Board at a special budget meeting held prior to April 1 of each year ; monitoring fiscal transactions of the District; representing the District on fiscal matters before appropriate organizations; and, may review and approve program and grant proposal budgets prior

to their submission to the funding sources. Any budget so approved shall be submitted to the full Board for approval at the next regularly scheduled meeting.

Section 3 – Executive Committee – The Board may elect an executive committee, consisting of at least three (3) members that shall include the Chairperson, Vice Chair and Assistant Treasurer. The Director of Health shall serve without a vote. The committee is empowered to consult with non-members as needed. Meetings may be held as necessary and called by the Chairperson. Only when necessary because of time constraints, this committee is empowered to act in the interim between sessions of the full Board. Activities and actions taken by the Executive Committee shall be reported to the board membership prior to the next regularly scheduled Board meeting. The full Board shall have the authority, upon a majority vote, to reverse or modify any action or decision made by the Executive Committee. The Executive Committee may serve as either the Personnel Committee or the Finance Committee or both, if authorized by a majority vote of the full Board.

Article VI Director of Health

Section 1 – Qualifications – The Director of Health shall be trained in public health and hold a Master’s Degree in Public Health and shall have at least two (2) years public health administration experience.

Section 2 – Duties – The Director of Health shall serve in a full-time capacity and perform such duties as are required of Directors of Health by the general statutes or the Public Health Code and as the Board specifies in its by-laws, regulations and policies. The Director of Health shall act as Secretary and Treasurer of the Board, without the right to vote. The Director of Health shall be the Executive Officer of the District. The Director of Health is an ex officio member of all standing committees.

Section 3 – Appointment – The Board, by majority vote shall, after approval of the Commissioner of Health Services, appoint some discreet person, possessing the qualifications specified in Section 1, Article VI to be Director of Health. The Board may appoint a person to serve as the acting Director of Health during such a time as the Director of Health is absent or a vacancy exists, provided such acting Director shall meet the qualifications for Directors of Health in Section 1, Article VI.

Section 4 – Removal – The Director of Health may be removed pursuant to Connecticut General Statutes.

Article VII Finances

Section 1 – Fiscal Years – The fiscal year of the District shall be from July 1 to June 30, inclusive.

Section 2 – Annual Budget – Prior to January 1 of each year, the Board shall estimate the amount of money required to pay the costs and expenses of the District during the ensuing year. A cash flow analysis for the budget year, indicating a plan for receipt of cash matching proposed expenditures, shall accompany the budget. Before February 1 of each year, the Board shall hold a public hearing on its proposed budget, two weeks notice of which shall be given in a newspaper having a circulation in each constituent municipality. Notice of the anticipated per capita costs to the member towns shall be sent as soon as possible to the chief executive officer of the towns, and quarterly bills sent to the towns beginning July 1. The Board of Health will appear before and present its budget to each Town Council, Board of Selectmen and/or Board of Finance during each council’s budget adopting process.

Section 3 – An affirmative vote of three-quarters majority of members present at a meeting must be cast to approve the budget, with a quorum as defined in Article IV, Section 7.

Section 4 – Budget Amendments – The Board may amend a legally adopted budget without holding a public hearing, provided the per capita costs to the member towns do not increase as a result of the amendment. In the event that the District does not have adequate funds available, the Board shall notify each Chief Executive Officer of the anticipated increase in the per capita cost and schedule a public hearing for the supplemental appropriation. With the exception of payroll, social security, workers compensation, medicare, retirement, health insurance and life insurance, the Director of Health may make necessary line item transfers in the operating portion of the budget without Board approval providing the total operating portion of the budget does not increase. Transfers greater than \$5,000 shall be reported to the Finance committee. Changes in payroll, social security, workers compensation, medicare, retirement, health insurance and life insurance line items shall be approved by the finance committee.

The Director of Health must obtain the Board’s approval for transferring money from reserve or depreciation accounts to any other part of the budget. The budget change must be brought to the attention of the Board at its next regularly scheduled meeting.

Section 5 – Audit – The Board shall require an annual audit of the finances of the Eastern Highlands Health District and the Board shall select the auditor annually.

Section 6 – Borrowing – Borrowing by the Board is prohibited unless the Town Council of each of the appointing towns affirmatively approve same.

Section 7 – Bonding – The Board shall purchase bonds with a surety company authorized to transact business in the state, for the faithful performance of the duties of Treasurer and Assistant Treasurer, in such sum and upon such conditions as the Board requires.

Section 8 – Insurances – The Eastern Highlands Health District shall purchase the following insurances; Professional Liability, Auto Liability, General Liability, Public Officials Liability and Workers’ Compensation. The Board shall determine the appropriate levels of insurance with input from outside sources.

Section 9 – Fiscal Agent – The Town of Mansfield shall serve as Fiscal Agent for the Health District and the Director of Finance for the Town shall serve as the Chief Financial Officer for the Health District.

Article VIII Amendments

Amendments to the by-laws of the Eastern Highlands Health District shall be made only at a regularly scheduled meeting. Notice of the proposed changes shall be included in the notice of meeting at which the amendments will be considered. An affirmative vote of three-quarters majority of members present at a meeting must be cast to approve the amendment, with a quorum as defined in Article IV, Section 7.

Amended June 17, 2004
Amended April 20, 2006
Amended October 18, 2007
Amended August 20, 2015

SANITARY CODE
EASTERN HIGHLANDS HEALTH DISTRICT

TABLE OF CONTENTS

SECTION I

TITLE AND AUTHORITY

1.1. TITLE 6
1.2. AUTHORITY 6
1.3. PURPOSE..... 6

SECTION 2

EFFECTIVE DATE

2.1. EFFECTIVE DATE 8

SECTION 3

DEFINITIONS

3.1. HEALTH DISTRICT..... 10
3.2. BOARD OF HEALTH..... 10
3.3. DIRECTOR OF HEALTH 10
3.4. THE PUBLIC HEALTH CODE OF THE STATE OF CONNECTICUT 11
3.5. PERSON..... 11
3.6. PUBLIC PLACE..... 11
3.7. LICENSE 12
3.8. JURISDICTION..... 12

SECTION 4

FOOD SERVICE REGULATIONS

4.1. PURPOSE OF FOOD SERVICE REGULATIONS 14

4.2. LICENSES 17

4.3. FOOD SERVICE ESTABLISHMENT LICENSE APPLICATION
PROCEDURE 18

4.4. INSPECTIONS 20

4.5. FEE SCHEDULE AND CRITERIA 24

4.6. PLAN SUBMISSION 24

4.7. CATERER 25

4.8. HOME KITCHENS 27

4.9. FOOD PROTECTION DURING EMERGENCIES 27

4.10. COMMUNICABLE DISEASE INFECTIONS 28

4.11. EXAMINATION, EMBARGO AND CONDEMNATION OF FOOD 29

4.12. FOOD SERVICE ESTABLISHMENT CLASSIFICATION 30

SECTION 5
(RESERVED)

SECTION 6
FEE SCHEDULE

6.1. FEE SCHEDULE AND CRITERIA – FOOD SERVICE 34

6.2. FEE SCHEDULE AND CRITERIA – WELLS, SITE INVESTIGATIONS,
SEPTIC PERMITS, MORTGAGE INSPECTIONS 34

SECTION 7
SEVERABILITY CLAUSE

7.1. SEVERABILITY CLAUSE..... 36

SANITARY CODE
EASTERN HIGHLANDS HEALTH DISTRICT

SECTION 1
TITLE AND AUTHORITY

SANITARY CODE

EASTERN HIGHLANDS HEALTH DISTRICT

SECTION 1

TITLE AND AUTHORITY

1.1. TITLE

The rules and regulations contained herein shall be known as the “Sanitary Code” of the Eastern Highlands Health District. The Sanitary Code shall be the Health District’s regulations which shall be in force in all towns throughout the Eastern Highlands Health District.

1.2. AUTHORITY

These regulations have been prepared by the Eastern Highlands Health District in accordance with the provisions of the General Statutes of Connecticut, Title 19a, Section 240 through Section 256 as amended, and as authorized by and pursuant to the General Statutes of Connecticut Title 19a, Section 243, Powers and Duties of the Board; Executive Committee; Apportionment of Expenses.

1.3. PURPOSE

The purpose of this Sanitary Code is to protect and promote the good health, safety, and welfare of all people who live in, work in, or visit the towns within the jurisdiction of the Eastern Highlands Health District.

SANITARY CODE
EASTERN HIGHLANDS HEALTH DISTRICT

SECTION 2

EFFECTIVE DATE

Revised : _____

SANITARY CODE
EASTERN HIGHLANDS HEALTH DISTRICT
SECTION 2
EFFECTIVE DATE

2.1. EFFECTIVE DATE

These regulations shall become effective within thirty (30) days after the day of action of the Board on the Sanitary Code which may only be taken subsequent to a public hearing. All subsequent amendments to this Sanitary Code shall become effective within thirty (30) days after the action of the Board on such amendments subsequent to a public hearing. In its approval of the Sanitary Code or any amendments to the Sanitary Code, the Board may designate a specific time and date the Sanitary Code or any amendment to the Sanitary Code takes effect, provided such time and date is within thirty (30) days of the approval action.

SANITARY CODE
EASTERN HIGHLANDS HEALTH DISTRICT

SECTION 3

DEFINITIONS

SANITARY CODE
EASTERN HIGHLANDS HEALTH DISTRICT

SECTION 3
DEFINITIONS

For the purpose of this Sanitary Code and the regulations that comprise the Sanitary Code, the following are the definitions for specific words. Where the definition for a word is not included in this definitions section, the definition found in Webster's Second Collegiate Edition New World Dictionary of the American Language shall be considered the legal definition.

3.1. "Health District", or Health Department, or Local Health Department, or the District, or the EHHD, shall mean the Eastern Highlands Health District, established under provisions of the General Statutes of Connecticut, Title 19a, Section 240 through Section 246, as amended, and as authorized by and pursuant to the General Statutes of Connecticut, Title 19a, Section 243, Powers and Duties of Board; Executive Committee; Apportionment of Expenses.

3.2. "Board of Health", shall mean the Governing and Policy Making Board, also known as the Board of Directors, of the Eastern Highlands Health District.

3.3. "Director of Health", shall mean the academically qualified Chief Executive Officer of the Eastern Highlands Health District.

3.4. “The Public Health Code of the State of Connecticut” shall mean the Public Health Code of the State of Connecticut and Other Department Regulations established in accordance with the General Statutes of Connecticut, Title 19a, Section 36, as amended, and shall be known herein as “the Code”.

3.5. “Person” shall mean any person, firm, partnership, association, corporation, limited liability, company, organization, or legal entity of any kind including municipal corporations, government agencies, or subdivisions thereof.

3.6. “Public Place” shall mean any place to which the general public has a right to resort, not necessarily a place devoted solely for the use of the public, but a place which is in point of fact public rather than private, a place visited by person or persons and usually accessible by or to the public. This includes any building, structure, premises, or establishment, permanent or temporary in nature, movable or immovable, or any building or group of buildings or portion of a building occupied by any public agency which is open to the public for the purpose of conducting business any place in which the public has an interest as affecting the safety, health, and welfare of the community and includes such areas as Common Interest Ownership Communities as defined by Chapter 828 of the General Statutes of the State of Connecticut and their recreational facilities and areas, fraternal halls, grounds and facilities, health clubs, exercise and fitness clubs, golf, tennis and/or recreational clubs, and the like, and so called private clubs where non-members or members of the general public are allowed under any contractual or other circumstances.

3.7. “License” shall mean the whole or any part of a permit, certificate of approval, or similar form of permission that may be required of any person or persons by the provisions of these regulations. Said license shall be in writing and shall be issued only by the Director of Health or by his duly authorized agent.

3.8. “Jurisdiction” shall mean the geographic area encompassing the member towns of the Eastern Highlands Health District within which boundaries the Eastern Highlands Health District has responsibility in accordance with the General Statutes of Connecticut, Volume 6, Title 19a, Chapter 368f, Sections 19a - 240 to and including 19a - 246, as may be amended from time to time. The District Health Department shall not have jurisdiction over any State facilities except when delegated to the District by the State with the mutual agreement of both parties.

3.9. The word “shall” as used herein indicates a mandatory requirement.

NOTE: Additional definitions pertaining to the Sanitary Code as a whole may be found in the “Definitions” section of each regulation within the Sanitary Code.

SANITARY CODE
EASTERN HIGHLANDS HEALTH DISTRICT

SECTION 4

FOOD SERVICE REGULATIONS

SANITARY CODE
EASTERN HIGHLANDS HEALTH DISTRICT

SECTION 4
FOOD SERVICE REGULATIONS

4.1. PURPOSE OF FOOD SERVICE REGULATIONS

The purpose of the Food Service Regulations Section within the “Sanitary Code” is to protect the public’s health, to prevent the spread of disease and to promote good health through education and prevention.

4.1.1. DEFINITIONS

4.1.1.A. FOOD SERVICE ESTABLISHMENT

Restaurant, coffee shop, cafeteria, short order cafe, tavern, luncheonette, sandwich stand, soda fountain, fast food establishment, and any and all other eating or drinking establishments as well as kitchens or other places in which food or drink is prepared for sale or service to the public on or off the premises.

“Food service establishment” shall also mean any place where food is prepared or served, for consumption on or off the premises, including but not limited to restaurants, industrial or corporate feeding establishments, commissaries, catering establishments or any eating place, whether fixed or mobile. The term does not include a private home where food is prepared for individual family consumption, or the location of food vending machines.

4.1.1.B. TEMPORARY FOOD ESTABLISHMENT

A food service establishment, permanent or temporary structure or design, movable or immovable, which operates for a temporary period of time not to exceed fourteen (14) days during any permit period. Said temporary period shall be counted from the first day of operation to include the next thirteen (13) calendar days whether the temporary food establishment operates on all fourteen days or not.

4.1.1.C. CATERER

A caterer is a person, firm, or corporation who operates or maintains within the District, a catering food service which involves the sale or distribution of food and drink prepared in bulk at one geographic location for service in individual portions at another location or which involves the preparation and service of food on public or private premises not under the ownership or control of the operator of the service.

4.1.1.D. MOBILE FOOD VENDOR/ITINERANT FOOD VENDOR

A mobile food vendor/itinerant food vendor is a person, firm or corporation who operates or maintains within the District an itinerant food vending business serving food or drink from any establishment or conveyance without a fixed location and without connections to water supply and sewage disposal systems.

4.1.1.E. FOOD

Any raw, cooked or processed edible substance, ice, beverage or ingredient used or intended for use, or for sale, in whole or in part for human consumption.

4.1.1.F. LICENSEE

“Licensee” shall mean the person designated by the owner of an establishment to receive all notices required to be sent pursuant to this chapter.

4.1.1.G. OWNER

“Owner” shall mean any individual, partnership, association, corporation, company, governmental agency, club or association of any kind, and includes the plural who wants an establishment.

4.1.1.H. POTENTIALLY HAZARDOUS FOOD

Means any food or food ingredient, natural or synthetic, that is in a form capable of supporting:

(A) The rapid and progressive growth of infectious or toxigenic microorganisms, or

(B) The slower growth of clostridium botulinum.

4.1.1.I. FOOD SERVICE INSPECTOR

“Food Service Inspector” means authorized agent of the director of health certified by the Connecticut State Department of Public Health.

4.2 LICENSES

Any person, firm or corporation owning, operating or maintaining, within any city, town or political subdivision comprising the Eastern Highlands Health District, any food service establishment or place where food or beverage are served to the public shall possess a valid license issued by the Eastern Highlands Health District. Any person who knowingly or willfully owns, operates or maintains a food service establishment in violation of any of the sections of the “Sanitary Code” or without a valid license issued by the Eastern Highlands Health District, shall be fined not more than **\$100.00** for each offense.

Each additional day of operation in violation after receipt of notice shall be considered a separate offense. In addition, said violation shall be considered sufficient grounds for the denial of a pending license or subsequent license application by said violator until corrected.

4.2.1. ISSUANCE OF LICENSE

Upon the issuance of an initial license as a “food service establishment” to a new applicant or establishment, the Director of Health shall sign the license and transmit same to the applicant in person or by mail, to the last known business or personal address of the applicant within seventy-two (72) hours following the issuance of an initial license by the Director of Health.

All food service establishment licenses shall expire not later than one (1) year after the date of issuance. Licenses for temporary food service establishments shall be issued for a period of time not to exceed fourteen (14) consecutive days.

4.3. FOOD SERVICE ESTABLISHMENT LICENSE APPLICATION PROCEDURE

The Regulations of the “Sanitary Code” and any amendments thereto shall be enforced by the Director of Health of the Eastern Highlands Health District or his duly authorized agent. The Director shall not issue a license for the operation or maintenance of a food service establishment unless an application for such purpose has been duly filed in the office of the Eastern Highlands Health District along with the appropriate fee. Said application and the food service establishment shall be in conformity in all respects with the provisions of this “Sanitary Code” as well as the Public Health Code of the State of Connecticut.

4.3.a In the case of a transfer of ownership of an existing food service establishment to a new owner. The new owner shall submit an application for a license on forms provided by the District. The establishment shall be brought into compliance with this “Sanitary Code” and the

Connecticut Public Health Code by correcting all violations before a license to operate can be issued. The license is not transferable.

4.3.1. RENEWAL

An application for a license renewal (yearly license) shall be filed annually not later than thirty (30) days prior to the expiration date of a current valid license. The Director of Health shall issue or deny such renewal application for license within ten (10) working days following the filing of said application for license.

4.4. INSPECTIONS

The Director of Health, or his duly authorized agent, (Sec. 19a-242(d), CGS) , shall inspect each food service establishment and shall make as many additional inspections and re-inspections as are necessary for the enforcement of the Public Health Code and this “Sanitary Code” as well as for the protection of the public.

4.4.1. REINSPECTIONS

Any establishment failing the regular inspection shall be re-inspected within the time requirements of the Public Health Code. There shall be a fee as established in the fee schedule referenced in Section 6 of this “Sanitary Code”.

4.4.2. RIGHT OF ENTRY TO INSPECT

The Director of Health or his duly authorized agent, after proper identification, shall be permitted to enter during business hours or at any other reasonable time, any food service establishment for the purpose of making inspections to determine compliance with this “Sanitary Code”, and the Connecticut Public Health Code. The Director or his agent shall be permitted to examine the records of the establishment to obtain information pertaining to food and supplies purchased, received, used or proposed to be used and persons employed or proposed to be employed, but not including financial records.

4.4.3. SUSPENSION

In the event the Director of Health or his duly authorized agent finds unsanitary or other conditions in the operation of a food service establishment which in his judgment constitutes a violation of this "Sanitary Code" or the Public Health Code, the Director may issue a written notice to the license holder or operator citing such conditions, specifying the corrective action to be taken, specifying the time period within which such corrective action shall be taken, and, if deemed necessary, order immediate correction. If correction is not made in the stated time, the license or permit shall be suspended and a written order issued to cease the food service establishment operations immediately.

4.4.4. SERVICE AND POSTING OF NOTICES OF VIOLATION OR SUSPENSION

Notices of violation or suspension provided for under this "Sanitary Code" shall be deemed to have been properly served when a copy of the inspection report form, or other notice, has been delivered personally or sent by certified mail, return receipt requested, to the owner, permit holder or person in charge of the food service establishment. One copy of the notice of suspension shall be posted upon the window of the front entrance door of the food establishment or upon the nearest window thereto in such a manner as to be clearly visible to the general public from the exterior of such establishment. Said notice of suspension shall not be defaced or removed by any person except the Director of Health, or his authorized agent.

4.4.5. REINSTATEMENT OF SUSPENDED LICENSE

Whenever a license has been suspended, the owner of the suspended license may make a written request for reinstatement of the suspended license. Such request shall include a statement indicating how the conditions causing the suspension have been corrected. Within ten (10) days following receipt of such written request, the director of health, or authorized agent, shall make a re-inspection. Within 72 hours of completion of re-inspection, the Director of Health shall deny or approve request for license reinstatement. If the owner is found to be in compliance with the requirements of this chapter and the Public Health Code of the State of Connecticut, and to have corrected all conditions responsible for the suspension, the license shall be reinstated upon payment of the re-inspection fee.

4.4.6. REVOCACTION OF LICENSE

The Director of Health may, after providing opportunity for an appeal and hearing, revoke a license for serious or repeated violations of any of the requirements of this “Sanitary Code” or of the Public Health Code of the State of Connecticut, or for interference with the Director of Health, or his authorized agent, in the performance of their duties. Prior to revocation, the Director of Health shall notify the license holder or person in charge, in writing, of the reasons for which the license is subject to revocation, and that the license shall be revoked at the end of 14 days following service of such notice, unless an appeal is filed with the Director of Health by the license holder within 48 hours. If no request for appeals is filed within 48 hours, the

revocation of the license becomes final. During the process of appeal, the license shall remain revoked.

4.4.7. APPEAL

The owner or operator of a food service establishment aggrieved by a written notice described above and/or an order may, within forty-eight (48) hours after the receipt of such notice and/or order, appeal to the Director of Health who shall thereupon immediately examine the merits of such case and may vacate, modify or affirm such written notice or order. The owner or operator of a food establishment who is aggrieved by such action of the Director of Health may, within forty eight (48) hours after making of such decision, appeal to the Commissioner of Connecticut Department of Health Services who shall thereupon immediately notify the authority from whose order the appeal was taken and examine the merits of such case and may vacate, modify or affirm such action in accordance with such procedures as are set forth in the Public health Code and the General Statutes of the State of Connecticut.

4.4.8. EXCLUSION CLAUSE

Any food service establishment of any classification which is inspected by the State of Connecticut, Department of Health, for the purpose of monitoring compliance of the State Public Health Code which successfully passes these inspections shall be exempt from District fees related to inspection upon submission to the District of copies of said inspection.

4.5. FEE SCHEDULE AND CRITERIA

Each application for a license to operate and/or maintain a food service establishment, shall be filed on forms provided by the District, accompanied by a fee based on the criteria and fee schedule found in Section 6 of this “Sanitary Code”.

4.6. PLAN SUBMISSION

Whenever a food service establishment is constructed or remodeled and whenever an existing structure is converted to use as a food service establishment, properly prepared plans and specifications for such construction, remodeling or alteration shall be submitted to the Director of Health or his authorized agent for review and approval before construction, remodeling or alteration is begun. The plans and specifications shall indicate the proposed layout, arrangement and construction materials of work areas and the type and model of proposed fixed equipment and facilities. The Director of Health or his authorized agent shall approve the plans and specifications if they meet the requirements of this “Sanitary Code” and the Public Health Code of the State of Connecticut. The initial plan review shall be accomplished in no more than twenty (20) working days after submission.

4.6.1. PLAN REVIEW

To obtain approval from the District, two (2) complete floor plans of the facility must be submitted to the Eastern Highlands Health District prior to construction. Included in the plan must be all pieces of equipment, counters, tables, shelving, cabinets, finish schedules, food

preparation areas, dry storage areas, refrigeration, dish and other washing areas, mop storage areas, cleaning supply storage, trash storage, toilet rooms and employee personal belongings storage and any other data deemed relevant (including a detailing of the space set aside for dining) for the proposed use. This floor plan must include a detailed kitchen equipment layout with brand names for intended table mounted and/or floor mounted equipment. Plans submitted shall demonstrate compliances with all applicable sections of this “Sanitary Code” and the Connecticut Public Health Code.

4.6.2. MENU

A draft of the final menu shall be submitted with the plan of the facility to assist the District in determining the adequacy of the size of the kitchen to handle the proposed food production.

4.6.3. PLANS TO BE APPROVED

Whenever plans are required, the Director of Health or his authorized agent shall inspect the food service establishment prior to its opening to determine that the operation and the facility are in compliance with the approved plans and with the requirements of this Section 4. and the Public Health Code of the State of Connecticut.

4.7. CATERER

4.7.1. REQUIREMENTS

All caterers shall have a licensed kitchen to prepare food for service. The preparation kitchen must meet the requirements of Section 4 of this Sanitary Code and Sections 19-13-B40, 19-13-B42, and 19-13-B49 of the Connecticut Public Health Code.

4.7.2. FOOD TO BE PROTECTED DURING TRANSIT

Any food being transported shall meet the temperature and food protection standards as required in the Public Health code. The vehicle in which such food is being transported shall be clean and constructed and maintained to prevent access by insects or vermin and shall have name and address on the vehicle. The vehicle shall either have facilities to keep proper temperatures or be provided with containers that will hold proper temperatures. Upon arriving at the final destination, the caterer shall take the temperatures of all potentially hazardous food transported.

4.7.3. FOOD, CONTAINERS, EQUIPMENT, SILVERWARE, UTENSILS, LINEN TO BE PROTECTED DURING TRANSIT

All food containers, equipment, silverware, dishes, crystal, utensils, single service items, and linen shall be protected and kept clean during transportation. Prior to service, caterer is responsible for cleaning and sanitizing all food contact surfaces, including rented items.

4.7.4. RECIPROCAL LICENSING

Any caterer wishing to cater or serve food within the towns of the Eastern Highlands Health District jurisdiction shall either (1) be licensed by the Eastern Highlands Health District; or, if

not based within the District, (2) hold a valid caterer's license from another local or district health department. A copy of such license shall have been filed with the Eastern Highlands Health District prior to said caterer operating within the jurisdiction of the Eastern Highlands Health District.

4.8. HOME KITCHENS – Cooking for Public Consumption

Home kitchens will be allowed only when the operation is allowed by the local zoning commission as a home occupation and the following conditions are met:

- a. The kitchen is completely separated from the family used kitchen.
- b. The storage room is separate from the family storage.
- c. All equipment and utensils shall be separate from the household kitchenware.
- d. Food in the facility shall be from an approved source and satisfactory to the Director of Health.
- e. The kitchen facility must comply with all the requirements of Sections 19-13-B40, 19-13-B42, 19-13-B49 of the Connecticut Public Health Code and Section 4 of the "Sanitary Code".

4.9. FOOD PROTECTION DURING EMERGENCIES

In the case of a fire or flood in a food service establishment, the person in charge of the food establishment shall contact the Director of Health immediately. If said event occurs at a time when the District does not normally conduct regular business hours, the person in charge shall

notify the police department who will in turn make all reasonable efforts to contact the Director of Health or his agents.

In the case of a power outage of two hours duration or longer, the person in charge of the food establishment shall take immediate steps to prevent food spoilage (i.e., refrain from opening freezers and refrigerators), and shall also immediately notify the Director of Health of the situation.

4.10. COMMUNICABLE DISEASE INFECTIONS

Any person while affected with any disease in a communicable form, or while a carrier of such disease, or while afflicted with boils, infected wounds, sores or an acute respiratory infection, shall not work in any food service establishment in any capacity in which there is a likelihood of such person contaminating food, drink or food contact surfaces with pathogenic organisms, or transmitting disease to other individuals; and no person known or suspected of being afflicted with any such disease or condition shall be employed in such an area or capacity. If the management of the establishment has reason to suspect that any employee has contracted any disease in a communicable form or has become a carrier of such disease, he/she shall notify the Director of Health immediately. When the Director of Health has reasonable cause to suspect the possibility of disease transmission from any food service establishment employee, he/she may make such other investigation as may be indicated, and take appropriate action.

The Director of Health may require any or all of the following measures:

1. The immediate exclusion of the employee from all food service establishments.
2. The immediate closure of the food service establishment concerned until, in the

Opinion of the Director of Health, no further danger of disease outbreak exists.

3. Restriction of the employee's activities to an area of the establishment where there would be no danger of transmitting disease.
4. Adequate medical and laboratory examination of the employee, or other Employees, and of his/her and/or their body discharges.

4.11. EXAMINATION, EMBARGO AND CONDEMNATION OF FOOD

4.11.1 EXAMINATION

Food may be examined or sampled by the Director of Health as often as necessary for enforcement of this Sanitary Code or the Connecticut Public Health Code.

4.11.1. EMBARGO/HOLD ORDER

The Director of Health may place a hold order on any food or beverage which he believes is adulterated or otherwise unfit for human consumption. The Director of Health shall tag, label, or otherwise identify any food subject to the hold order. No food subject to a hold order shall be used, served, or moved from the establishment. The Director of Health shall direct storage of the food under conditions specified in the hold order. The hold order shall state that a request for a hearing may be filed with the Director of Health within forty-eight (48) hours and if no hearing is requested, the food shall be destroyed as witnessed by the Director of Health or his agent. Within forty-eight (48) hours following receipt of a request for a hearing, the Director of Health shall hold a hearing. On the basis of evidence produced at that hearing, the hold order may be

rescinded or the license holder or person in charge of the food may be directed, by written order, to destroy such food or to bring it into compliance with the provisions of the “Sanitary Code” or the Connecticut Public Health Code.

4.11.2. CONDEMNATION

Food shall be subject to immediate condemnation by the Director of Health when it is found to be unfit for human consumption by reason of the appearance, odor, or decomposition, adulteration contaminated by exposure to fire, water, smoke or heat, lack of proper temperature maintenance; or animal or insect contact. Exposure to non-food chemicals shall also be grounds for condemnation. Said action of condemnation shall only be used when, in the opinion of the Director of Health, there is substantial risk that the suspected food would otherwise be used for human consumption, or if the license holder agrees to the ground for the condemnation.

4.12. FOOD SERVICE ESTABLISHMENT CLASSIFICATION

The Director of Health or Food Service Inspector shall classify each food service establishment by using the criteria outlined in this subdivision. Establishments shall be classified at the time of licensure or otherwise at the time of registration with the Local Director of Health. The classification shall be reviewed by the Director of Health or Food Service Inspector during each inspection and in no case less than annually. The Food Service Establishment shall be placed into the highest classification that describes any of the food operations conducted. When it comes to the attention of the Director of Health or Food Service Inspector that the food service

establishment has changed to a different class the Director of Health or Food Service Inspector shall reclassify that food service establishment. No food service establishment shall change operations to a different classification without prior written approval by the Director of Health. The classes of food service establishment are as follows:

4.12.1. Class I is a Food Service Establishment with commercially prepackaged foods and/or hot or cold beverages only. No preparation, cooking or hot holding of potentially hazardous foods is included except that commercially packaged precooked foods may be heated and served in the original package within four (4) hours.

4.12.2. Class II is a Food Service Establishment using cold or ready-to-eat commercially processed food requiring no further heat treatment and/or hot or cold beverages. No cooking, heating or hot holding of potentially hazardous foods is included except that commercially packaged precooked foods may be heated and served in the original package within (4) hours and commercially precooked hot dogs, kielbasa and soup may be heated if transferred directly out of the original package and served within four (4) hours.

4.12.3. Class III is a Food Service Establishment having on the premises exposed potentially hazardous foods that are prepared by hot processes and consumed by the Public within four (4) hours of preparation.

4.12.4. Class IV is a Food Service Establishment having on the premises exposed potentially hazardous foods that are prepared by hot processes and held for more than four (4) hours prior to consumption by the Public.

SANITARY CODE
EASTERN HIGHLANDS HEALTH DISTRICT
SECTION 6
FEE SCHEDULES

SANITARY CODE
EASTERN HIGHLANDS HEALTH DISTRICT
SECTION 6
FEE SCHEDULES

6.1. Fee Schedule and Criteria – Food Service

See most recent Fee Schedule adopted by Board of Directors attached.

6.1.1. Non-Profit social, charitable, fraternal, churches and synagogues, and residential organizations which maintain permanent kitchen facilities or apply for temporary permits and are subject to regulations Section 19-13-B42 and 19-13-B48 of the Connecticut Public Health Code are hereby exempt from any food service establishment license/permit fee payment.

6.2. Fee Schedule and Criteria – Wells, Site investigations, Septic Permits, Mortgage Inspections

See most recent Fee Schedule adopted by Board of Directors attached.

SANITARY CODE

EASTERN HIGHLANDS HEALTH DISTRICT

SECTION 7

SEVERABILITY CLAUSE

SANITARY CODE
EASTERN HIGHLANDS HEALTH DISTRICT
SECTION 7
SEVERABILITY CLAUSE

7.1. SEVERABILITY CLAUSE

In the event any section, paragraph, sentence, clause or phrase of the Sanitary Code or any part of the regulations included therein be declared unconstitutional by any court of a competent jurisdiction, such decision shall not affect the validity or effectiveness of the remaining portions of this Sanitary Code or any regulation or part thereof. In the event any section, paragraph, sentence, clause, or phrase of the Sanitary Code shall be inconsistent with, or in opposition to, the Public Health Code of the State of Connecticut, the provisions of the Public Health Code of the State of Connecticut are to take precedence. The remainder of the Sanitary Code not inconsistent with and/or not in opposition to the Public Health Code of the State of Connecticut shall not be affected thereby and shall remain in full force and effect.

Food Service Fees*	
Application Review**	\$95
Class I & II Plan Review	\$175
Class III & IV Plan Review	\$245
Class I License	\$135
Class II License	\$255
Class III License	\$355
Class IV License	\$380
Grocery Store >10,000ft ² - Class II&III	\$420
Temporary Food Event Permit	\$65
Temporary Permit - samples only	\$30
Temp Food Permit late fee***	\$20
Late License renewal/operating without License (In addition to renewal/app fee)	\$200
CFPM/QFO Process Fee (No CFPM/QFO in place)	\$50
Re-Inspection fee	\$120
2 nd Re-inspection fee	\$135
Farmers Market Food Vendor Seasonal License Categories	
Farmer Food Vendor License - Cold samples only	\$40
Farmer Food Vendor License - Low Risk Food Preparation	\$60
Non-farmer Food Vendor License - Cold samples only	
One market location	\$75
Multiple-market locations	\$90
Non-farmer Food Vendor License - Low Risk Food Preparation	
One market location	\$90
Multiple-market locations	\$120
Farmer & Non-farmer Food Vendor License - High Risk Food Preparation	\$220
Subsurface Sewage Disposal	
Permit – New	\$220
Permit – Major Repair	\$185
Permit - Construction by owner occupant	\$275
Permit/inspection– Minor Repair	\$100
Permit – Design Flow >2000 GPD	\$350
Design Flow ≥ 5000 GPD/ DEP system Insp	\$460
Plan Review (per plan)	\$130
Septic Tank/System Abandonment	\$60
Review plans revised more than once	\$40
Plan Review for Tank Replacement	\$60
Private well Water Treatment Waste disposal	\$50
Soil Testing	
Percolation (perc) Test	\$90
Deep Hole Test (fee includes 3 pits per site)	\$110
Each Additional Pit	\$30

B100a & Subdivision Reviews	
B100a Review (Building/Zoning Permit - assessor structure/ lot line change)	\$50
B100a Review (Building/Zoning Permit - building addition/ change of use)	\$70
Subdivision Plan Review (per lot) (Fee includes review of one set of revisions)	\$125
Subdivision Plan Revisions Reviewed (per lot) (Fee is for each added set of revisions)	\$40

Miscellaneous	
Commercial Bank Mortgage Inspection/Report	\$115
Family Campground Inspection	\$130
Group Home/Daycare /Other Institution Inspection	\$110
Misc. Inspection/consultation fee per Sanitarian****	\$80/hr
Mortgage Inspection/Report for FHA,VA	\$75
Pool Inspection	\$105
Cosmotology Registration/Inspection - One or two chairs	\$100
Cosmotology Registration/Inspection - Three chairs or more	\$150
Well Permit	\$125

*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.

**deducted against total plan review fee

***Application of late fee is subject to written policy established by the Director

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

EASTERN HIGHLANDS HEALTH DISTRICT
PERSONNEL RULES

Adopted 9/18/97
Amended 10/18/07
Amended 6/19/08
Amended 4/24/14
Amended 7/29/14

TABLE OF CONTENTS

		<u>Page</u>
	DEFINITIONS OF PERSONNEL TERMS	1
ARTICLE 1	GENERAL POLICY	2
ARTICLE 2	PURPOSE AND SCOPE.....	3
ARTICLE 3	PAY PLAN	3
ARTICLE 4	HOURS OF WORK AND OVERTIME	6
ARTICLE 5	RECRUITMENT, SELECTION AND APPOINTMENT OF EMPLOYEES.....	8
ARTICLE 6	PROBATIONARY PERIOD	11
ARTICLE 7	PROMOTION, TRANSFERS, DEMOTIONS AND RE-EMPLOYMENT.....	13
ARTICLE 8	LEAVE	13
ARTICLE 9	SEPARATIONS	20
ARTICLE 10	DISCIPLINE.....	22
ARTICLE 11	APPEALS	24
ARTICLE 12	EMPLOYEE PERFORMANCE.....	25
ARTICLE 13	STAFF DEVELOPMENT	26
ARTICLE 14	RETIREMENT PLAN.....	26
ARTICLE 15	GROUP INSURANCE	27
ARTICLE 16	FLEXIBLE SPENDING ACCOUNTS	29
ARTICLE 17	RECORDS AND REPORTS.....	30
ADDENDA	EMPLOYEE RELATED POLICIES AND PROCEDURES	31
ADDENDUM A	Anti-Harassment Policy	
ADDENDUM B	Family and Medical Leave Policy	
ADDENDUM C	Drug Free Work Place Statement	
ADDENDUM D	Cell Phone Use Policy	
ADDENDUM E	Staff Confidentiality Pledge	
ADDENDUM F	Fraud Policy	
ADDENDUM G	Recruitment Process	

DEFINITIONS OF PERSONNEL TERMS

Appointing Authority means the Director of Health except where it pertains to personnel action in regard to the Director of Health position, in which case it shall mean the District Board of Directors.

District Board of Directors means the appointed municipal representatives from Andover, Ashford, Bolton, Chaplin, Columbia, Coventry, Mansfield, Scotland, Tolland, Willington and/or other member Towns.

Class means a group of positions established under these rules sufficiently similar with respect to the duties, authority and responsibilities.

Continuous Service means employment by the District without a break or interruption in service. Leaves of absence with pay and approved leaves without pay for 12 weeks or less shall not interrupt continuous service nor be deducted therefrom. Military service does not constitute a break in service. All unapproved leaves and suspension of more than five days shall constitute a break in service. Health District staff members who were previously employed by a member town will retain their accrual status for vacation and sick time, and the length of service for these employees will be based on their actual date of full time hire with the member town.

District means the Eastern Highlands Health District.

Exempt Employee means any employee who is not subject to minimum wage and overtime requirements as provided by Connecticut law, the Fair Labor Standards Act and related regulations.

Non-Exempt Employee means any employee subject to minimum wage and overtime requirements as provided by Connecticut law, the Fair Labor Standards Act and related regulations.

Regular Full-time Employee means an employee who is employed on an hourly or salaried basis and who works at least 37 hours per week and who has successfully completed a probationary period.

Regular Part-Time Employee means an employee who is employed on an hourly, or salaried basis and who works less than thirty seven (37) hours per week and who has successfully completed a probationary period.

Seasonal Employee means an employee who works full or part-time only during specific months or seasons of the year.

Temporary Employee means an employee who works a regularly established position in the District created for a designated period of time not to exceed 24 months and includes seasonal employees as defined above.

Management/Supervisor class employee includes the Director of Health, the Chief Sanitarian or any other health district position with permanent management and/or supervisory responsibilities.

Article 1
GENERAL POLICY

1.1 **Personnel Policy.** It is hereby the declared personnel policy of the Eastern Highlands Health District that:

Employment with the Health District shall be based on merit, and free of personal or political considerations;

Just and equitable incentives and conditions of employment shall be established and maintained to promote efficiency and economy in the operation of the Health District;

Positions having similar duties and responsibilities shall be classified and compensated on a uniform basis;

Appointments, promotions and other actions requiring the application of merit principles shall be based on systematic tests and evaluations;

Every consideration shall be given to the rights and interests of employees consistent with the best interests of the public and the Health District;

Every employee is expected to comply with the spirit and intent of this merit system.

1.2 **Equal Opportunity Employer.** The Eastern Highlands Health District is an equal opportunity employer. Except in the case of a bona fide occupational qualification or need, the Health District does not discriminate in hiring or other personnel actions on the basis of: race; color; religious creed; age; sex; sexual orientation; marital status; national origin or ancestry; veteran's status; genetic information; or present or past history of mental disability, mental retardation, learning disability or physical disability, including but not limited to blindness.

1.3 The Eastern Highlands Health District reserves the right to amend and/or revise these Rules at its discretion.

Article 2
PURPOSE AND SCOPE

- 2.1 Purpose of Rules.** These Personnel Rules have been established to ensure equitable and uniform treatment of all employees of the Eastern Highlands Health District; to avoid any misunderstanding of the rights, privileges and benefits available to such employees; and to promote sound and effective administrative principles and practices.
- 2.2 Administration.** The Director of Health or designee shall be responsible for the development of personnel procedures to implement these Personnel Rules. In addition, the Director of Health or designee shall be responsible for the employment, training, supervision and termination of all employees, subject to such rules, regulations and procedures established by the District Board of Directors.
- 2.3 Amendments and/or Revisions.** Amendments and/or revisions to these Rules shall be made by a properly warned action of a quorum of the District Board of Directors based upon the recommendation of a designated committee thereof. Such amendments and/or revisions become effective upon passage by the District Board of Directors.
- 2.4 Scope.** The classified service shall include appointees to all positions now or hereafter created except the members of the District Board of Directors.
- 2.5 Omission.** Provisions relating to the employment and tenure of employees to whom these Rules are applicable and which provisions are not specifically addressed by these Rules shall be determined by the District Board of Directors.

Article 3
PAY PLAN

- 3.1 Guidelines for Establishing Salaries.** In order to assure the recruitment and retention of personnel necessary to maintain a continued high level of public service, it is the goal of the Eastern Highlands Health District that the level of compensation of Health District employees should compare equitably with prevailing rates in the relevant labor market. In determining actual compensation, consideration shall be given the various positions, rates paid for comparable services in public and private employment, experience in recruiting for such positions and availability of funds.
- 3.2 Pay Surveys.** The Director of Health or designee shall make comparative compensation studies for positions within the Health District periodically. On the basis of the information derived from the studies, requests for adjustments in salary ranges or other benefits shall be initiated by the Director of Health and submitted to the District Board of Directors for action.
- 3.3 Pay Increases by Merit.** An employee may receive an annual salary increase for meritorious service consistent with the approved pay plan. Increments are not to be

considered automatic or based on length of service alone. Such increases shall be given upon the recommendation of the Director of Health.

3.4 Entrance Salary Rates.

- a. Starting Rate on Initial Employment.** The beginning pay rate of a class shall normally be offered for recruitment purposes. The Director of Health may approve initial compensation at a rate higher than the minimum in the pay range for the class when the needs of the service make such action necessary and the Personnel Committee has approved the recommendation. The following is an illustrative list of some situations that may warrant initial compensation at a rate higher than the minimum pay range specified for the class:
- (1) The qualifications of the applicant are outstanding in relation to those of competing applicants; the qualifications of the applicant are substantially in excess of the requirements of the class; and the applicant cannot be hired at the minimum rate and/or,
 - (2) There is a shortage of qualified applicants available at the minimum rate of the range.

3.5 Salary Advancement Within Range

- (a) Completion of Probation.** Upon satisfactory completion of a probationary period following initial appointment or promotion, the salary of a regular full or part-time employee may be advanced a half-step.
- (b) Advancement in the Base Range.** Upon the completion of the first 52 weeks of service, the employee may, on recommendation of the Director of Health, be advanced another half-step to the next higher rate above the hiring rate in the appropriate salary range provided performance has been satisfactory. Subsequent advancement within the range shall be dependent upon the recommendation of the Director of Health as follows:
- (1) An employee whose performance is considered to be satisfactory may receive one step each 52 weeks until the base maximum is reached.
 - (2) An employee whose performance is considered to be outstanding may receive one additional step each 52 weeks until the base maximum is reached. No employee shall be granted more than two step increases in any one year.
- (c) Advancement in the range for Management and Supervisor class positions.** Pursuant to Article 3.3, an employee may receive merit increases within budgeted amounts annually, which shall be part of their base salary until the maximum of the base range is reached, unless otherwise specified and approved by the

Personnel Committee.

3.6 Longevity Advancement for Regular Full-time Employees.

- a. **Amount.** Longevity pay is provided in the pay plan as financial recognition for long and faithful service of regular full-time employees to the Health District. Annual longevity payments shall be based on the following schedule:

Continuous Full-Time Service	Annual Payment
6 years but less than 10	\$475
10 years but less than 15	\$550
15 years but less than 20	\$650
20 years or more	\$800

- b. **Payment.** Longevity pay shall be earned on the employee’s anniversary date and payable in the second pay period of November each fiscal year. An employee who has received his/her annual longevity payment but is separated from employment before reaching his/her anniversary date that year shall reimburse the Health District for a pro-rated portion of that longevity payment.
- c. **Eligibility.** Longevity is to be determined on the basis of total years of continuous full-time service in Health District employment. A Health District employees who was previously employed by a member towns shall have his/her years of full time service with the member town credited to his/her service with the Health District. For purposes of this section, an employee’s years of credited service with a member town shall not extend back to a date prior to the formation of the Health District. All Health District employees appointed after January 1, 2009 by either a member town or the health district shall not be eligible to receive longevity payments.

3.7 Full-Time Basis of Salary Schedule. Salary rates are based on full-time employment at normal working hours for each group specified in Article 4. Initial hourly rates are computed by dividing the annual salary by the standard annual scheduled hours of work for each group. Part-time employees in any of the groups will be compensated on a proportional basis for actual hours worked.

3.8 Implementation of Pay Adjustments. Pay changes resulting from satisfactory completion of a probationary period, merit, promotion, demotion, cost-of-living or related salary adjustments shall occur the Sunday following the effective date of the change.

3.9 Compensation for Work in a Higher Classification. When assigned to work in an acting capacity in a higher classification for more than ten (10) days, an employee except when filling in for an employee on vacation, shall be considered for additional compensation to be determined by the Director of Health.

Article 4

HOURS OF WORK AND OVERTIME

4.1 Hours of Work.

- a. **Normal Work Week.** The normal workweek for full-time regular and temporary employees shall total 37 hours.
- b. **Normal Work Day.** The normal workday for full-time regular and temporary employees shall be determined by the Director of Health and shall normally be consistent with the hours of operation of the town in which the staff are located.
- c. **Rest Periods.** The Director of Health may authorize the inclusion of a ten-minute rest period during each half of the daily schedule as time actually worked. In addition, employees receive a maximum one (1) hour unpaid lunch break which shall be scheduled at the convenience of the Health District and its operations.

4.2 Overtime.

- a. **Overtime Administration.** In an emergency as defined by the Director of Health, the Director may prescribe reasonable periods of overtime work to meet operational needs. Complete records of overtime of nonexempt employees shall be maintained by the Health District.
- b. **Authorization.** Overtime shall be compensated only when properly authorized in advance as prescribed by the Director of Health.
- c. **Positions Exempt from Overtime.** Exemption from overtime eligibility shall be determined in accordance with applicable state and federal law. Because supervisory, professional and administrative personnel have an obligation that goes beyond fixed work schedules, these employees shall not be paid for overtime work except under exceptional circumstances and with prior written approval of the Director of Health. However, such employees may be eligible for compensatory time in lieu of overtime as set forth in subsection e below.
- d. **Overtime Payment.** When a nonexempt employee is required to work in excess of 37 hours per week, he or she will receive straight-time payment. When a nonexempt employee is required to work in excess of 40 hours per week, he or she will receive overtime payment in accordance with the Fair Labor Standards Act. Such payment shall be at time and one-half the employee's regular hourly rate for all hours worked in excess of forty (40) hours.
- e. **Compensatory Leave in Lieu of Overtime Payment.**
 - (1) **Non-Exempt.** In lieu of payment, a regular non-exempt full-time employee may request compensatory leave equivalent to the amount of overtime earned. Non-exempt part-time employees are not eligible for

compensatory leave in lieu of overtime. At the end of the fiscal year all unused compensatory leave shall be paid out as overtime payment.

- (2) **Exempt.** All regular exempt full time employees will accrue straight (i.e., on an hour for hour basis) compensatory time after working 40 hours in any one week. Paid leave received during any one week shall not be considered time worked. Compensatory time will not be accrued by employees while on administrative leave for training purposes pursuant to Article 8.12.a. of these rules. Exempt part-time employees and management/supervisory staff are not eligible for compensatory leave.
- (3) **Usage.** The compensatory time can only be taken with the approval of the Director of Health and must be used by the employee during the two (2) quarters following the quarter in which the time was earned. Time not used in the following two (2) quarters will be lost. In special instances, the Director of Health may approve a request to carry ~~to~~ compensatory time over into ~~the~~ future quarters. However, if the Health District specifically requests that the compensatory time not be taken within the two (2) quarters following the one in which the time was earned, then the time will not be lost.
- (4) **Termination/Separation.** Upon termination or separation for any reason, an employee will be paid for compensatory time and which has not been used. There shall be no payment for compensatory time lost pursuant to article 4.2 e.(3).

4.3 Call-Back Time. In the case of an emergency as defined by the Director of Health, the Director may order an employee to report to work after departing from his or her regular scheduled shift.

- a. **Non-Exempt.** When ~~an~~ non-exempt full-time employee is officially ordered to report back to work for emergency service after departing from his or her regularly scheduled shifts, the employee shall be compensated for all hours worked at the rates set forth in Article 4.2.d or two (2) hours pay at his or her regular rate, whichever is greater. If overtime payment does apply, at his/her option, the employee may earn compensatory time in lieu of overtime. Part-time employees shall be paid straight time only, unless he/she is eligible for overtime pursuant to state or federal law. Part-time employees shall not be eligible to receive compensatory time.
- b. **Exempt.** When a full-time employee in an exempt position is officially ordered to report back to work for emergency service after departing from his or her regularly scheduled shifts, the employee shall receive straight compensatory time for all call-back time served. Part-time employees shall be paid straight time only.

4.4 On-Call Time. To assist in the emergency response responsibilities of the Health

District, the Director of Health shall establish staff on-call policies to assure 24/7 emergency response capacity.

- a. On-call duty shall not be credited as hours of work towards a normal work week. However, when a full-time employee is scheduled for on-call duty he/she shall receive one (1) hour of compensatory time for each holiday and weekend day served.
- b. The Director of Health and other management and supervisor class staff are not eligible for on-call compensatory time.

Article 5

RECRUITMENT, SELECTION AND APPOINTMENT OF EMPLOYEES

5.1 Recruitment of Employees.

- a. **Recruitment Policy.** Individuals shall be recruited from a geographic area as wide as is necessary to attain a sufficient number of well-qualified candidates for the various types of positions/vacancies.
- b. **Announcement.** The Director of Health shall cause vacancies for all positions in the Health District to be advertised by posting announcements of such vacancies on official bulletin boards, in print and electronic and in other such places as the Director deems advisable.

5.2 Selection of Employees.

- a. **Application Forms.** Applications for employment shall be accepted only when openings are announced. Each candidate shall make application on the standard form prescribed and provided by the Health District. Such information may be required as is deemed necessary in order to judge the applicant's fitness for service in the Health District. Applications shall not be returned to the applicant, but will remain on file for two (2) years, after which they may be destroyed in accordance with the State's records retention schedule and with the approval of the State's Records Administrator.
- b. **Background Investigations.** Prior to certification of employment, the Director of Health or designee may investigate the candidate's educational record, previous work history, personal record and character.
- c. **Rejection of Applications.** The Director of Health or designee may reject any application which indicates that the applicant does not possess the minimum qualifications required for the position or which was not filed by the announced closing date for receiving applications, unless prior to such date an extension had been publicly announced.

- d. **Disqualification of Applications.** The Director of Health or designee may remove from further consideration the application of any person who has an unsatisfactory employment or personal record as evidenced by reference or other inquiry; has made false statements of any material fact or practiced deception in his or her application; is unable to perform the essential functions of the position to which he or she seeks appointment, with or without reasonable accommodation, or for other good and sufficient reasons.
- e. **Policy of Non-Discrimination.** (See Article 1.2)
- f. **Eligibility for Competitive Examinations.** Only applicants who meet the minimum qualifications shall be permitted to take the examination for a position with the Health District. The Health District may limit the number of applicants accepted for an examination. Advancement within the Health District shall be through promotional tests, which shall be open to all current employees who meet the necessary requirements as determined by the Director of Health, except as provided for in section 7.1.
- g. **Competitive Examination.** All appointments to positions in the Health District shall be made according to merit and fitness. Examinations shall be constructed to reveal the capacity of the candidate for the particular class for which the applicant is being considered and/or to appraise the applicant's general background and related knowledge. These examinations may include written, oral, physical, or performance tests, or any combination of these. Education, experience, aptitude, knowledge, character and physical fitness shall be considered with weights assigned to each factor as may be deemed proper by the Director of Health.
- h. **Evaluation Boards.** When an oral examination forms a part or all of the examination for a position, the Director of Health or his or her designee shall appoint an evaluation board. This board shall normally consist of three (3) or more members, of whom at least one shall be a supervisory or management person technically familiar with the character of the work in the position for which the applicants will be examined. All applicants who qualify for the oral examination shall be rated by the same evaluation board.
- i. **Certification and Notice.** Applicants shall be certified in order of their competence as demonstrated in the testing procedure, and any candidate who has failed to achieve a passing score on the competitive examination of 70% shall be removed from further consideration. The top five (5) applicants shall be certified to the appointing authority and appointment shall normally be made from these top five persons. If the top five persons are shown to be unsuitable by the appointing authority, a second list of top five persons will be submitted to the by Director of Health. All applicants shall be notified of the results of the hiring procedure in writing as soon as possible following the close of the recruitment

process.

j. Right of Test Review. Candidates who wish to review their test scores must submit a written request to do so within seven (7) days of receiving notice of the status of their candidacy. At its option, the Health District will schedule such review or send a copy of such test scores within thirty (30) calendar days of receiving a candidate's written request.

k. Certification List to Remain Active. Rosters of eligible applicants shall remain in effect for one (1) year unless the roster is exhausted sooner. During the time when such roster is in effect, vacancies occurring in applicable positions in *the* Health District may be filled from among applicants on the roster.

5.3 Medical Examination. For certain job categories as determined by the Director of Health, upon receiving a conditional offer of employment and prior to the commencement of employment, each entering employee will be required to take a medical examination to determine the individual's fitness for duty. The Health District may condition an offer of employment on the results of such an examination.

The Health District will treat the results of all medical examinations as confidential and will maintain all documents resulting from such medical examinations in separate medical files. The Health District will pay the cost of all medical examinations which are required by the Health District and will arrange to have such examinations performed by physicians chosen by the Health District.

5.4 Appointment of Employees.

a. Method of Filling Vacancies. All vacancies shall be filled by regular appointment, temporary appointment, regular part-time, or seasonal appointment. Appointment to a vacancy in the Health District shall be by the Director of Health from the list of certified candidates.

b. Regular Appointment. Every regular employee shall serve a probationary period after the initial or promotional appointment, in accordance with the provisions of Article 6 of these rules. The status of the employee shall be probationary until the Director of Health notifies the employee that his/her performance has been satisfactory and that the probationary period is ended. Regular appointments can be part-time or full-time.

c. Temporary Appointment. A temporary appointment indicates that the employee is to work for the Health District for a period of not more than 24 months. When an employee has served 24 months in a temporary appointment, he/she shall be appointed to a regular position or separated from service.

(1) When the appointment of an employee is changed from temporary to regular, annual leave and sick leave shall be credited retroactive to the

date of the initial appointment, provided there has been no break in service.

(2) A temporary employee may be separated at any time within the 24 month appointment when, in the opinion of the Director of Health, his/her services are no longer required. The separation shall not be subject to any appeal including but not limited to an appeal under the Personnel Rules.

(3) Temporary appointments can be part-time or full-time.

d. **Seasonal Positions.** A seasonal position may be full or part-time and is filled only during certain months or seasons of the year. Employees serving in a seasonal position are not eligible for fringe benefits, and the appointment shall not extend for a period in excess of one hundred eighty (180) calendar days. A seasonal employee may be separated at any time when, in the opinion of the Director of Health, his/her services are no longer required. Such separation shall not be subject to any appeal including but not limited to an appeal under the Personnel Rules.

Article 6 **PROBATIONARY PERIOD**

6.1 Objective of Probationary Period. The probationary or working test period shall be regarded as an integral part of the examination process and shall be utilized by supervisors, the Director of Health and the District Board of Directors to closely observe the employee's work to secure the most effective adjustment of each new employee to his or her position, and to reject any employee whose performance does not meet the required work standards or for any other reason.

6.2 Duration. Every person appointed to a regular position or promoted to a higher or new classification shall be required to successfully complete a probationary period which shall be of sufficient length to enable the supervisor, the Director of Health or the District Board of Directors to observe the employee's ability to perform the principal duties pertaining to the position. The probationary period shall begin immediately upon appointment or promotion and shall continue for not less than six (6) months or more than twelve (12) months.

6.3 Evaluation of Performance. At the end of the third (3RD) month of employment during the probationary period and at intervals of three (3) months thereafter for the duration of the probationary period, an evaluation report shall be prepared by the supervisor, and reviewed by the Director of Health. Such reports shall give an accurate and fair appraisal of the employee's work, the person's willingness and ability to perform the duties of the position satisfactorily, as well as observations concerning work habits and dependability. Evaluation of the Director of Health will be conducted by the District Board of Directors on the same basis.

6.4 Successful Completion of Probationary Period. If, after a minimum of six (6) months, the supervisor, the Director of Health or the District Board of Directors determines that the employee's performance is satisfactory, the probationary period may be determined to be ended. If the supervisor, Director of Health or the Board of Directors determines that additional time is needed to review the probationary employee's performance, the probationary period may be extended for up to an additional six (6) months. Notification regarding the successful or unsuccessful completion of the probationary period shall be in writing to the employee. Similar notification will be given to the Director of Health by the District Board of Directors concerning the completion of his or her probation. When the probation period has been successfully completed, the employee shall be deemed a regular employee of the Health District.

6.5 Termination. At any time during the probationary period, the Director of Health or the District Board of Directors may terminate an employee if the working test indicates that such employee is unable or unwilling to perform the duties of the position satisfactorily or that the individual's habits and dependability do not merit continuance in the position. Such action shall be in writing to the employee.

Termination of the Director of Health shall be in accordance with state law.

An employee appointed through promotion who does not successfully complete the probationary period in the higher class shall be reinstated in a position in the class occupied by the employee immediately prior to promotion if the position is still available. If such position is not available, the individual shall be terminated and his or her name placed on a reappointment list.

Any termination made during the probationary period shall not be subject to any appeal including but not limited to an appeal under the Personnel Rules.

6.6 Benefits During Probationary Period. Probationary employees shall accrue the same benefits as regular employees with the following exceptions:

- a. Vacation and Personal days may not be utilized for first six (6) months of the probationary period.
- b. Promotional opportunities shall not be available to probationary employees.
- c. Insurances shall take effect after an initial waiting period as determined by the District insurance carriers.

Article 7

**PROMOTION, TRANSFERS,
DEMOTIONS AND RE-EMPLOYMENT**

- 7.1 Promotion Policy.** The Health District encourages employees to develop skills, attain greater knowledge of their work and make known their qualifications for promotion to more responsible and difficult positions. When the Health District determines that an insufficient number of well-qualified employees are available from within the Health District, outside applicants may be considered in order to provide an adequate number of candidates for consideration.
- 7.2 Re-Employment Policy.** Permanent Employees with a satisfactory employment record who are separated from service in good standing may be considered in the future for positions/vacancies for a period up to two years. It shall be the responsibility of the employee to notify the Health District of any change in mailing address. Provisions of Article 5 may be waived for such re-employments as specified and approved by the Personnel Committee.

**Article 8
LEAVE**

- 8.1 General Policy.** Leave is any authorized absence during regularly scheduled work hours that is approved by proper authority. Leave may be authorized with or without pay and shall be granted in accordance with these rules on the basis of the work requirements of the Health District, and, whenever possible, the personal preferences of the employee.
- 8.2 Types.** The following types of leave are officially established:
- | | |
|-----------------------|-------------------------|
| a. Holiday Leave | f. Bereavement Leave |
| b. Vacation Leave | g. Family Leave |
| c. Sick Leave | h. Other Leave With Pay |
| d. Injury Leave | i. Leave Without Pay |
| e. Compensatory Leave | |
- 8.3 Procedure for Requesting Leave.** For all leave (other than holiday, sick, injury and bereavement leave), a written request on forms prescribed by the Health District indicating the kind of leave, duration, and dates of departure and return must be approved by the Director of Health prior to the taking of leave. In the case of sick, injury or bereavement leave, the employee shall notify their immediate supervisor prior to or during the morning of the first day of such leave. Such notification can be delayed due to extenuating circumstances. In the case of sick, injury or bereavement leave, the leave forms shall be completed and submitted for approval immediately upon the employee's return to duty. Unless an absence is substantiated by an approved leave form, an employee shall not be paid for any absence from scheduled work hours.
- 8.4 Holiday Leave.** The following holidays for regular employees shall be granted with pay subject to the conditions set forth below:

New Year's Day
Good Friday
Labor Day
Friday following
Thanksgiving
Two Floating Holidays

Martin Luther King Day
Memorial Day
Columbus Day

President's Day
Independence Day
Thanksgiving Day
Christmas Day

The use of floating holidays is to be consistent with the holidays observed at the respective work location.

When a holiday falls on a Saturday, it shall be observed on the preceding Friday; when a holiday falls on a Sunday, the following Monday shall be observed.

- a. **Holidays for Regular Part-Time Employees.** Part-time employees shall be paid on a pro rata basis according to the hours worked during their normal workweek.
- b. **Holidays for Temporary Full-Time Employees.** Temporary full-time employees shall receive holiday leave with pay.
- c. **Holidays During Paid Status.** In order to receive pay for an observed holiday, an employee must be in work or a paid leave status on both the scheduled workdays immediately preceding and following the holiday.

8.5 Vacation Leave. Regular employees whose normal work week is thirty-seven (37) hours or more and who have completed six (6) months employment are eligible for vacation leave as follows.

Length of Continuous Service	Earned Vacation Leave
Six months	5 days (.83 per mo.)
1 year up to but not including 5 years	10 days (.83 per mo.)
5 years up to but not including 10 years	15 days (1.25 per mo.)
10 years and over	20 days (1.66 per mo.)

Vacation leave shall be accrued on a monthly pro-rata basis, based on the schedule set forth above.

Vacation leave earned in any month of service may be used in any subsequent month provided that the employee has completed at least six (6) months of service.

- a. **Benefits for Director of Health:** The Director of Health with less than ten (10) years' service shall receive vacation time accrued at the rate of 1.25 days per month. Upon ten (10) years of service, the Director of Health shall receive vacation time in accordance with the schedule set forth above.
- b. **Vacation for Regular Part-Time Employees.** Regular part-time employees shall

receive vacation leave in proportion to their normal workweek.

- c. **Vacation Scheduling.** To apply for vacation leave, employees shall submit a Request for Leave form to the Director of Health. Vacations shall be scheduled in accordance with departmental requirements, as determined by the Director of Health, giving preference to employee choice according to seniority.
- d. **Request for Vacation.** In order to assure the orderly performance and continuity of those services provided by the employees, each employee wishing to schedule a vacation should request such leave as far in advance as reasonably possible, but usually at least one (1) week in advance of the requested vacation period.
- e. **Maximum Accumulation of Vacation Leave.** A regular employee may accumulate from year to year a maximum of ten (10) earned vacation days in addition to his or her yearly earned vacation leave, up to a maximum of thirty (30) days in the aggregate. The maximum number of days must be at or below the prescribed limit on November first of each year, and any excess accumulated vacation time will be forfeited on that date. In special instances, the Director of Health may approve a request to carry vacation time over into the next year.
- f. **Break in Service.** Vacation leave shall be determined by length of continuous service. For purposes of computing vacation leave, employees who leave the Health District service and are later restored shall be considered as new employees. Special provisions covering employees serving in the military are contained in Article 8.11.d.
- g. **Transfer of Accrued Leave Balances.** An employee of the Health District who was previously employed by a member town prior to the town's membership in the Health District shall have his/her accrued vacation leave balance transferred to the Health District.
- h. **Advanced Vacation.** An employee may take vacation leave beyond the amount earned only in the most unusual cases. Requests for advanced vacation must be submitted to the Director of Health in writing, and no advanced vacation shall be approved without a written agreement signed by the employee ensuring to reimburse the Health District for any paid leave granted under this provision if termination occurs before the vacation time is otherwise earned. Forms are available in the Health District office.
- i. **Holiday Celebrated During Vacation Leave.** Observed holidays established by these rules shall not be considered in the computation of vacation credit or as part of the vacation leave.
- j. **Use of Vacation Credit.** An employee may take earned vacation leave with proper authorization except that no employee may take vacation leave in increments of less than one-half the normal work day. There shall be no payment

in lieu of vacation during active employment.

- k. Sickness While on Vacation.** An employee who becomes ill while on vacation leave may not charge such illness to sick leave unless the employee files a physician's certificate describing the nature and duration of the illness.
- l. Payment of Earned Leave Time upon Separation or Dismissal.** Employees who separate from Health District service in good standing shall receive payment for their accumulated vacation days. However, the maximum allowed is one year's vacation time plus five (5) days, subject to deduction for any indebtedness pursuant to Article 9.3.

8.6 Sick Leave. Regular full-time employees whose normal work week is thirty-seven (37) hours or more shall be eligible for sick leave with pay at a rate of fifteen (15) days per year. All regular full-time employees shall earn sick leave credit with pay at the rate of 1.25 working days for each month of continuous service. Sick leave earned in any month of service may be used in any subsequent month.

Regular part-time employees shall earn sick leave on a pro-rata basis, according to the hours worked during their normal workweek.

Employees of the Health District who were employed by a member town prior to the town's membership in the Health District shall have their balance of sick leave transferred to the Health District. Sick leave may be accrued up to a maximum of one hundred (100) days. Employees who have accrued the maximum of one hundred (100) days shall have their sick days deducted from the days they would have earned in that fiscal year had they not been at the maximum. After utilizing the available excess days, any other sick leave shall be deducted from their one hundred (100) days.

Sick leave shall be utilized in no less than one-quarter day increments.

- a. Use of Sick Leave.** Sick leave may be allowed for the following purposes:
 - (1) Personal illness, physical incapacity or non-compensable bodily injury or disease, and disability due to pregnancy and/or childbirth.
 - (2) Enforced quarantine in accordance with public health regulations.
 - (3) To meet medical and dental appointments in excess of two (2) hours in duration when an employee has made reasonable effort to secure appointments outside of normal working hours and provided the Director of Health is notified at least one (1) day in advance of the absence.
 - (4) Illness or incapacity in the employee's immediate family, requiring his or her personal attention and resulting from causes beyond his or her control, up to a maximum of five (5) days per year. Immediate family defined as

set forth in Section 8.9.

- b. Report of Illness.** Illness shall be reported to the employee's supervisor prior to the beginning of the scheduled work assignment, except in cases where a relief employee is required such report must be made at least one hour prior to the beginning of the scheduled work assignment. Nothing in this section shall preclude the payment of sick leave to an employee who cannot comply with provisions of this section due to extenuating circumstances.
- c. Proof of Illness.** Proof of illness may be required for authorized sick leave. Such proof may include a doctor's certificate or other documentation from the employee's physician indicating the nature and duration of the illness. Proof of illness will not ordinarily be needed for absences of less than three (3) days. For absences of three (3) days or more, such proof will normally be required. However, the Health District reserves the right to investigate any absence for which sick leave is requested.
- d. Accumulated Sick Leave Upon Separation or Termination.** If an employee leaves Health District employment for any reason, there shall be no payment for accumulated sick leave.

8.7 Injury Leave. Injury leave, as distinguished from sick leave, shall mean paid leave given to an employee due to absence from duty caused by an accident, injury, or occupational disease that occurred while the employee was engaged in the performance of work-related duties.

- a. Proof of Injury.** Injuries arising out of an accident in the course of employment and while engaged in the performance of one's duties shall be reported immediately by the employee to his or her supervisor who shall make a full report on an Employee's First Report of Work Injury form to the Director of Health. Receipt of this report and a doctor's certificate shall be a condition of payment of injury leave benefits.
- b. Payments.** Employees of the Health District are covered by workers' compensation. All payments while on injury leave shall be made subject to the rules and regulations established by the ~~as~~ workers' compensation insurance carrier and state law. Lost time under injury leave shall not be charged to vacation or sick leave accruals.

 - (1)** In the case of injuries causing temporary disability and for absences of three days or less, the Health District shall pay the employee's full net base pay for that time, since payments are not made under workers' compensation insurance for such accidents. For periods in excess of three days but not exceeding three (3) months, the Health District shall supplement the payments of the insurance company so that the employee will receive full net pay during such absence.

During this six-month period, the employee will accrue sick and vacation benefits as though he or she had been on the job. Health insurance will continue as long as the employee is receiving workers' compensation benefits, as required by law. The Health District will pay the same proportion of the employee's insurance that it would have paid during this six-month period had the employee been on the job.

- (2) In the event of permanent total disability resulting from an accident occurring on the job, supplemental payments shall be made for a period not to exceed six (6) months.
- (3) At an appropriate time, the Director of Health will require a fitness for duty certification from a physician prior to the employee's return to work. The Director of Health may grant a leave of absence without pay when appropriate or as otherwise required by law. The Director of Health may provide a temporary light duty option when appropriate to facilitate an employee's return to work.
- (4) The Health District reserves the right to have the Director of Health or his agent conduct an investigation into the facts and circumstances affecting an employees status under Section 8.7 of these personnel rules.

8.8 Compensatory Leave. Refer to Article 4.2

8.9 Bereavement Leave. Each regular full-time and regular part-time employee shall be eligible for bereavement leave. In the event of a death in the immediate family, employees will be entitled to up to three (3) days paid leave through the date of the funeral. Immediate family includes only spouse, party to a civil union, children, step-children, mother, father, brother, sister, mother-in-law, father-in-law, brother-in-law, sister-in-law, daughter-in-law, son-in-law, grandparents, grandchildren, great grandparents, and any other relative domiciled in the employee's household. Regular part-time employees shall be eligible for bereavement leave on a pro rata basis according the hours worked during their normal workweek.

If the funeral of a member of the immediate family takes place further than one hundred (100) miles from the employee's residence, he or she shall be granted an additional consecutive workday off with pay.

8.10 Family and Medical Leave. In accordance with the Federal Family and Medical Leave Act (FMLA) of 1993, eligible employees may be allowed up to 12 weeks of unpaid leave of absence in any one-year period in the event of the birth or adoption of a child, or to care for a serious illness of a child, spouse or parent, or in the event of serious illness of the employee. An employee who takes leave pursuant to this section shall comply with the Health District's separate policy on family and medical leave.

8.11.1 Other Leave With Pay. Regular full or part-time employees may be granted leave with pay in accordance with the following:

a. Administrative Leave.

(1) **Training.** With the prior approval of the Director of Health and/or District Board of Directors, a leave of absence with pay may be granted by for the purpose of allowing a regular employee to participate in conferences, seminars, training courses and official meetings, which enhance the employee's value to the Health District.

(2) **Special.** The Director of Health and/or District Board of Directors may authorize either full or partial days off with pay in addition to those already authorized in these rules to permit closing some or all District offices in such instances as severe snow storms, public celebrations and days of mourning.

b. Jury Duty. A regular full or part-time employee called to jury duty shall be granted leave with full pay for the period of service, provided that the juror's salary designated by the court shall be included in the computation of full pay. Upon receipt of a jury summons, the employee shall notify the Director of Health of the scheduled jury duty.

c. Court Appearance or Administrative Hearing. A regular employee subpoenaed or directed by proper authority to appear as a witness for a unit of federal, state, county or municipal government, in a matter not related to official duty (such as providing expert testimony), shall be granted leave with full pay for the period he or she is to appear. No leave shall be required for any appearance in connection with official duty.

An employee who is a principal in, or is subpoenaed in connection with private litigation whether or not subpoenaed, must use vacation leave, personal leave or leave without pay in order to appear in court.

d. Military Leave. Any regular employee participating in required field training in the Federal Reserve or National Guard shall be entitled to be absent from his or her District duties while engaged in such training. Such employee shall not be subjected to any loss or reduction of vacation or holiday privileges. The period of absence in any calendar year shall not exceed thirty (30) days.

During this period, the compensation paid to the employee for such leave of absence shall be the difference between the compensation for his or her military service as evidenced by an official military statement listing rank, pay and allowances, and the amount of salary or wages due as an employee of the Health District. If the compensation for military service is equal to or greater than the

salary or wages due as a Health District employee for the period covered by such military leave, then no payment shall be made. In such event and where the employee on military leave has elected to continue his/her health insurance, the employee must make arrangements to have his/her employee premium cost sharing remitted to the Health District during such leave.

An employee participating in such reserve military training shall give the Director of Health sufficient advance notice and shall provide a copy of his or her military orders. Regular full-time or part-time employees who are drafted or enlist in the armed services, or who are members of the Federal Reserve or National Guard and are activated for service, shall be granted additional leave in accordance with applicable state and federal laws.

- e. **Personal Leave.** Regular full-time employees who have completed their probationary period may request, and the Director of Health may grant, up to a maximum of three (3) personal leave days per year with pay for good and sufficient personal reasons. Personal leave may be used in no less than one-quarter day increments.

8.12 Other Leave Without Pay. The Director of Health or District Board of Directors may grant a leave of absence without pay to an employee if such leave is deemed to be in the best interest of the Health District, provided the position remains vacant or is filled by temporary appointment until the expiration of such leave. No benefits or seniority will be earned by the employee during such unpaid leave.

- a. **Professional Development.** The Director of Health or District Board of Directors may grant a regular full-time employee leave of absence without pay for travel or study for a period not to exceed one (1) year. Such leave shall be granted only after consideration of the service record of the employee and when it will not present an undue hardship to the interests of the Health District.

8.13 Absence Without Leave. Absence of an employee from duty, including an absence for a whole or part of a day, that is not authorized by a specific grant of leave of absence under the provisions of these rules shall be deemed an absence without leave. Any such absence shall be without pay and may be subject to disciplinary action. Any employee who is absent from work for three (3) consecutive work days, or on three (3) separate occasions for less than a total of three (3) days without notifying the Director of Health of the reason for such absence(s) shall be considered to have resigned from service.

Article 9

SEPARATIONS

9.1 Separation. Except as otherwise provided in these Rules, the tenure of an employee shall continue during good behavior and the satisfactory performance of assigned duties. All separations of employees from positions in the Health District shall be designated as one

of the following types and accomplished in accordance with the manner indicated.

- a. Removal.** At any time during the probationary period, the Director of Health and/or District Board of Directors may separate, in accordance with Article 6 of these Rules, an employee whose performance does not meet the required standards or for any other reason.
- b. Resignation and Retirement.** An employee may resign or retire from the District service in good standing by submitting in writing the reasons therefore and the effective date to the Director Health at least fourteen (14) calendar days in advance. The Director of Health may permit a shorter period of notice because of extenuating circumstances. Failure to comply with this rule may be cause for denying future employment with the District and/or payment of any accrued vacation time for which the employee would otherwise be eligible to receive.
- c. Lay-off.** When and if deemed necessary by reason of shortage of work, financial resources or restructuring for increased cost savings, the abolition of a position or positions may be required for reasons beyond the Health District's control. If the District Board of Directors determines that a layoff is required, the employees shall be laid off by class considering seniority and/or performance at the Health District's sole discretion. The Health District reserves the right to freeze step and/or merit increases as an alternative to lay-offs.
- d. Dismissal.** Refer to Article 10.1d
- e. Non-Disciplinary Separation.** An employee shall be subject to non-disciplinary separation in the following circumstances:
 - (1) Inability to perform the essential functions of the position;
 - (2) Failure to comply with educational, licensing or other requirements for the position;
 - (3) Lack of a position following the expiration of a leave of absence without pay/position not held.
- f. Death.** Separation shall be effective as of the date of death. All compensation due in accordance with Article 9.3 shall be paid to the estate of the employee, except for such sums as by law may be paid to the surviving spouse.

9.2 Notice of Lay-off. Regular full and part-time employees subject to lay-off shall be notified in writing four (4) calendar weeks prior to the effective date, but in case of an emergency as defined by the Director of Health or District Board of Directors, no less than two (2) calendar weeks notice shall be provided. The affected employee(s) name will then be placed on a recall list for six (6) months. It is the employee's responsibility to notify the Health District of any change in mailing address during this period . The

Director of Health reserves the right not to rehire an employee from the re-employment list if the Director of Health deems it in the best interest of the Health District. Upon the expiration of the six (6) month period, the employee's name will be removed from the recall list. .

- 9.3 Conditions of Separations.** At the time of separation, all records, assets, and other items of District property in the employee's custody shall be returned to the Director of Health. An employee shall be required to reimburse the employer for any unreturned property at the time of separation. In the event of any failure to employee to do so, the District shall engage in other appropriate means to collect such reimbursement or take other appropriate legal action as deemed necessary.

At the time of separation, the employee shall be required to reimburse the District for any salary provided to the employee while on advanced sick leave or advanced vacation leave. In the event of any failure to employee to do so, the District shall engage in other appropriate means to collect such reimbursement or take other appropriate legal action as deemed necessary

- 9.4 Payment of Earned Compensation and Leave Upon Separation.** Employees who separate from District service in good standing shall receive payment for all earned salary, compensatory time, and vacation leave subject to the limitations set forth in Article 9.3.

Article 10 **Discipline**

- 10.1 Disciplinary Actions.** The action to be taken depends on the seriousness of the incident and the whole pattern of the employee's past performance and conduct. In some instances a specific incident in and of itself may justify severe disciplinary action including demotion or dismissal. If appropriate and justified, a reasonable period of time for improvement may be allowed before initiating a disciplinary action.

- a. Oral Reprimand.** If at any time performance, attitude, work habits, or personal conduct fall below a desirable level, the Director of Health, supervisor or appointing authority shall inform the employee promptly and specifically of such lapses and give counsel and assistance. Such oral reprimand shall be confirmed in writing and a copy placed in the employee's personnel file.
- b. Written Reprimand.** In situations where an oral reprimand has not resulted in expected improvements or where more severe initial action is warranted, a written reprimand shall be sent to the employee and a copy shall be placed in the employee's personnel file.
- c. Suspension.** An employee may be suspended by the Director of Health or appointing authority with or without pay for reasons of misconduct, negligence,

inefficiency, insubordination, disloyalty, unauthorized absence or other justifiable reasons when alternate personnel actions are not appropriate in the sole discretion of the Health District. Within 48 hours, exclusive of Saturday, Sunday or holidays, the Director of Health or appointing authority and the employee shall be furnished with a written statement of such action specifically setting forth the reasons for the suspension and the appeals procedure. Except as otherwise provided in these Personnel Rules, any employee so suspended shall have the right to appeal as provided in Article 11 of these Rules. If the employee fails to appeal, the action of the Director of Health or appointing authority shall be effective on the date specified.

c. Dismissal or Demotion. The Director of Health and/or appointing authority may dismiss or demote an employee for the good of the Health District. Reasons for such action may include but shall not be limited to:

- (1) Activities prohibited by the respective Town Charters or Town Ordinances of District member towns.
- (2) Failure to meet prescribed standards of work, morality, or ethical standards applicable to the performance of the employee's duties.
- (3) Theft, misuse or destruction of Health District property.
- (4) Incompetence, inefficiency or negligence in the performance of duties.
- (5) Insubordination
- (6) Unwillingness to perform normal quality or quantity of work as required.
- (7) Conviction of a job-related criminal offense.
- (8) Use of abusive language toward a co-worker or a member of the public.
- (9) Personal conduct that impairs the employee's ability to effectively carry out his or her duties.
- (10) Fraudulently obtaining sick or injury leave.
- (11) Unauthorized absences or abuse of leave privileges.
- (12) Acceptance of any valuable consideration, which was given with the expectation of influencing the employee in the performance of his or her duties or such other conduct as would constitute an actual or perceived conflict of interest.

- (13) Falsification of records or use of official position for personal advantage.
- (14) Dishonesty, deliberate untruthfulness, reckless conduct, habitual tardiness, drunkenness, drug abuse or other misconduct either on-the-job or otherwise job related.
- (15) Action or conduct, which affects or impairs the effectiveness or efficiency of the Health District service or which may bring the District into disrepute.

The above list shall not be construed as all-inclusive. The Director of Health and/or appointing authority reserve the right to dismiss or demote an employee for other reasonable grounds not listed above.

Within forty-eight (48) hours, exclusive of Saturday, Sunday or holidays, the Director of Health or appointing authority shall furnish the employee with a written statement of such action specifically setting forth the reasons for the action and the appeals procedure. Any regular employee dismissed or demoted shall have the right to appeal as provided in Article 11.1 of these Rules. If the employee fails to appeal, the action of the Director of Health or appointing authority shall be effective on the date specified.

It is the policy of the Health District not to rehire former employees who have been dismissed or who resigned while charges were pending.

Article 11 **APPEALS**

- 11.1 Appeals Procedure.** An aggrieved employee shall be entitled to an appeal as provided in these Rules. Such request for appeal shall be made to the Chairperson of the District Board of Directors, in writing, setting forth the reasons therefore, within ten (10) days of his or her notice of reprimand, suspension, demotion or dismissal. The Chairperson of the District Board of Directors, upon receipt of the appeal shall refer the matter to the Personnel Committee of the Board. The Personnel Committee shall hear the appeal within fifteen (15) days of the receipt of the appeal. The hearing will be informal with the employee, the employee's representative (if any) and the supervisor present and such other Health District Representatives as necessary and/or requested. The hearing shall be private, consistent with the provisions of the Connecticut Freedom of Information Act.

The Personnel Committee shall then report back to the District Board of Directors at the Board's next regularly scheduled or specially called meeting. However, the Board reserves the right to table such action until the next regularly scheduled or specially called meeting. The Board of Directors shall then take action by quorum majority, based

on the report of the Personnel Committee, and shall notify in writing the employee and the Director within five (5) days of the Board's decision. Such appeal shall not stay any reprimand, suspension, demotions or dismissal during the period in which the appeal process is carried out.

Article 12
EMPLOYEE PERFORMANCE

- 12.1 Outside Employment.** An employee may engage in additional employment upon proper notification and approval by the Director of Health. Approval shall be granted unless the additional employment could interfere with the proper and effective performance of the duties of his or her position, result in an actual or perceived conflict of interest, or if it is reasonably anticipated that such employment may subject the District to public criticism or embarrassment in the sole discretion of the Director of Health. Upon the employee's receipt in writing from the Director of Health that the employee's outside employment is disadvantageous to the Health District, the employee shall be offered the choice to either terminate his/her outside employment or resign from the District's employ.
- a. Injury and Illness.** The District shall in no respect be liable nor be required to grant sick leave in case of an injury to an employee while he or she is engaged in outside employment or any occupational illness attributed thereto.
 - b. Preference of District Employment.** Any employee who engages in employment outside of his or her regular working hours shall be subject to recall to perform his or her assigned Health District duties first.
- 12.2 Political Activity.** All employees of the Health District shall be able to exercise their rights as citizens consistent with Section 7-421 of the Connecticut General Statutes.
- 12.3 Obligation to Work.** All employees of the Health District are obliged to fulfill the duties and responsibilities of their positions for compensation received. Accordingly, no individual employee may contract out or subcontract to other employees or individuals for the performance of his or her assigned duties. The Health District reserves the right to subcontract out functions when such is deemed to be in the best interest of the District or its members.
- 12.4 Performance Appraisal.** The Director of Health may, in cooperation with appointing authorities and others, develop, adopt, and amend a structured system of appraising the performance of employees in the classified service for purpose of employee development, improving work performance, promotion and salary advancement. The Director of Health shall perform annual evaluations of employees, which will serve as the basis for merit increases. The District Board of Directors will perform an annual evaluation of the Director of Health.

Article 13

STAFF DEVELOPMENT

13.1 Staff Development. The Health District encourages staff development and will seek to provide professional development opportunities for staff through supervision, in-service training, staff meetings, and attendance at related seminars, conference and workshops within the limits of the Health District budget and work schedule.

13.2 Administration. The District Board of Directors and/or Director of Health shall:

- a. Establish standards for training programs and see that training is carried out as approved.
- b. Develop and conduct training sessions to meet the specific needs of the staff.
- c. Develop supervisory and management training for the Director of Health.
- d. Provide assistance to department heads in establishing standards of performance and procedures for evaluating employee efficiency.
- e. Maintain a record of all approved training courses and programs, and a record of employees who successfully complete such courses and programs.

13.3 Management and supervisor class employees shall receive at a minimum the scope of benefits provided for in this article unless otherwise specified and approved by the Board of Directors.

Article 14 RETIREMENT PLAN

14.1 Retirement Plan. Participation in the Health District retirement plan is mandatory for all regular employees not participating in the retirement plan of a member town government, and who work twenty-five (25) or more hours per week and meet the eligibility criteria stipulated by the plan. The retirement plan shall consist of a Section 401(a) Money Purchase Plan, which shall be a qualified defined contribution pension plan established in conformance with Section 401(a) of the Internal Revenue Code (IRC). Plan criteria shall include: a mandatory two-percent contribution of annual salary by the employee; a six-percent contribution of annual salary by the employer; and a graduated vesting schedule with an employee 100-percent vested after seven years of completed service.

A regular employee working twenty-five (25) or more hours a week and who transfers to Health District employment from a member town shall have his/her years of service with the member town credited to the vesting schedule of the Health District's retirement plan

- 14.2 Deferred Compensation Plans.** The Health District may establish one or more deferred compensation plans. Participation in the deferred compensation plans is optional for all employees who meet the eligibility criteria stipulated by the plan.
- 14.3 Social Security and Medicare (FICA).** Compensation paid to eligible employees shall be subject to deductions for the tax under the Federal Insurance Contributions Act (Social Security).
- 14.4 Management and supervisor class employees shall receive at a minimum the scope of benefits provided for in this article unless otherwise specified and approved by the Board of Directors.

Article 15

GROUP INSURANCE

- 15.1 Group Insurance.** On behalf of the employees and their dependents, the Health District shall maintain health, dental and life insurance plans as set forth more fully below and in the plan documents.
- a. **Eligibility.** Employees who work twenty-five (25) or more hours per week shall be eligible to enroll in the Health District's insurance plans upon appointment. For employees working less than full-time but who meet the above-referenced eligibility requirements, the Health District shall pay a prorated share of the employee's premium based on hours worked.
 - a. **Health Insurance.** The group health insurance plan offered by the Health District shall offer substantially equivalent benefits and privileges on the whole to those offered to the employees of the member towns. By resolution of its Board of Directors, the District shall determine the percentage of the premium that shall be paid by the employer on an annual basis. The employee shall be required to pay the remaining cost of such coverage. Full details of the group health insurance coverage in effect can be found in the plan documents.
 - b. **Dental Insurance.** Eligible employees and their dependents may enroll in the Dental program offered under the group health insurance plan. Employees will be responsible for the full payment of premium for such dental coverage.
 - c. **Life Insurance.** In addition, for eligible employees the Health District shall provide, a term life insurance policy in an amount equal to one and one half (1 1/2) times the employee's base salary on July 1 of each year. Accidental death and dismemberment will also be offered in an amount equal to one and one half (1 1/2) times the employee's base salary on July 1 of each year. The Health District shall provide the group life insurance coverage at no cost to the employee.

d. Payment in lieu of Health Insurance. This program is designed for those employees who currently have dual health insurance coverage or who have the ability to acquire health insurance from another source. The program provides some reimbursement for employees who terminate their coverage with the District. The program is limited to group health insurance only and does not include dental or life insurance.

- (1) To enroll in this program, employees must complete the “Waiver of Insurance Agreement” and provide documentation of coverage from their spouse, partner to a civil union or another source. Employees may enroll in the program in June of each year. New employees may enroll at the time of employment or may enroll during the month of June following the date of employment.

The annual payments in lieu of coverage shall be determined by resolution of the Health District Board of Directors. Such resolution shall not be revised more than annually.

These payments shall be prorated accordingly based on the number of hours worked in the case of part-time employees.

- (2) Payments will be made in two installments during the fiscal year, in January and July. If an employee terminates or joins the program at any time following the June enrollment period for that fiscal year, the payments will be prorated on a monthly basis.
- (3) Payments are considered taxable in accordance with the Internal Revenue Code.
- (4) Participating employees can re-enroll in the Health District’s Group Health Insurance Plan under the following circumstances:
 - The coverage that the employee had through another plan is terminated and documents supporting the termination are provided.
 - Employee and/or his/her dependents become ineligible for coverage under the other plan.
 - The employee acquires a new dependent through marriage, civil union, birth or adoption, and the dependent is not covered by the other plan.
 - The coverage that is provided by the other plan is substantially reduced or the cost of that plan becomes prohibitive.
 - The employee has not been enrolled in the Health District’s Group Health Insurance Plan for the past two years from his/her date of cancellation and now wishes to renew coverage.
 - The employee is eligible to retire under the District’s retirement plan and wishes to purchase health insurance from the District in

retirement. The employee must re-enroll one year prior to retirement.

- 15.3 Insurance for Retirees.** Employees who retire from service with the District shall be eligible to continue their insurance coverage at the retiree group rate until age 65 or until eligible for Medicare, and Anthem Medicare Supplement Plan F for those over 65. However, the premiums will be at their own expense. This insurance may be subject to certain restrictions that are set by the insurance carrier and/or provider. Employees are considered eligible for retirement (a) upon completing twenty-five (25) years of aggregate service; or (b) upon attaining the age of fifty-five (55) years provided such employee has had ten (10) years of continuous service or fifteen (15) years of aggregate service
- 15.4 Change of Carriers.** The Health District may change insurance carriers or plans or self-insure any of the foregoing insurance plans provided that any substitute plan will offer substantially equivalent benefits and privileges provided by the plans in effect on the whole, except that differences in the participating physicians network may occur with such changes.
- 15.5 Employee Assistance Program.** This program is designed to offer employees and their families confidential counseling for personal problems that may be affecting job performance. Early intervention and treatment are available through a referral system. Initial evaluation to determine need will be paid for through the Employee Assistance Program. Cost of actual treatment is the responsibility of each employee, but is generally covered by medical insurance.
- 15.6 Insurance for Individuals No Longer Eligible as District Employees and/or Their Dependents.** The Consolidated Omnibus Budget Reconciliation Act (U. S. Public Law 99-272), known as COBRA, makes former employees and their dependents eligible to continue their group health insurance benefits when they would otherwise end. Additional provisions for these individuals are stipulated in CGS 38a-538 as amended by Public Act 92-158. The Health District will extend these benefits as provided by law with the cost to be borne by the subscriber.
- 15.7 Management and supervisor class employees shall receive at a minimum the scope of benefits provided for in this article unless otherwise specified and approved by the Board of Directors.

Article 16

FLEXIBLE SPENDING ACCOUNTS

- 16.1** By resolution of the Health District's Board of Directors, regular employees will be allowed to participate in the *a* Flexible Benefits Plan, established in accordance with federal and state guidelines. The Plan design is at the discretion of the Health District and this Article is not subject to the appeals procedure set forth in Article 11 of these Rules.

Article 17
RECORDS AND REPORTS

- 17.1 Personnel File.** The Director of Health or designee shall be responsible for the maintenance of a personnel file for each employee to include all records that may be pertinent to the employee's service. This record shall include position classification, annual salary, performance reviews and any other personnel records that the Director or designee determines to be in the best interest of the Health District. These records will be maintained for the time period stipulated by state statute.
- 17.2 Financial Record.** The chief financial officer of the Health District shall be responsible for the maintenance of a financial record of each employee. This record shall include payroll, and any other financial records that the chief financial officer determines to be in the best interest of the Health District or otherwise as required by law.
- 17.3 Sick Leave Records.** All sick leave shall be recorded in the attendance records of the Director of Health or designee. Such records shall reflect the current amount of accumulated sick leave, the amount and date when the sick leave was taken, and the current balance available to each employee.
- 17.4 Schedules of Compensation.** The Health District shall maintain complete schedules of compensation for all classes of positions. Compensation paid all employees shall be in accordance with these schedules and/or these rules as they may be amended from time to time.
- 17.5 Public Access to Personnel Records.** Employee personnel files are public records subject to disclosure under the Freedom of Information Act with limited exceptions.

The decision whether or not to release information in a personnel file will be made by the Director of Health or designee. If, after applying the appropriate legal standards, the Director of Health or designee reasonably believes that disclosure of information about an employee would constitute an invasion that employee's personal privacy, the employee will be notified and will be provided an opportunity for objection to the disclosure in accordance with state law.

- 17.6 Written and Oral Reprimands.** Written and documented oral reprimands shall remain a part of an employee's personnel record for twenty-four (24) months from the date of the reprimand. However, if another written or documented oral reprimand for the same type of offense is received within the 24 month period, both reprimands shall be a permanent part of the employee's personnel record. Other more severe disciplinary actions shall remain a permanent part of the employee's personnel record.

Written and documented oral reprimands will become null and void in keeping with the above; however, they will not be literally destroyed by the District unless or until official

permission is received from the State Public Records Administrator.

- 17.7 **Employee Request to Remove Material from File.** An employee who objects to the placement of any information in his/her personnel file on the grounds that it is inaccurate or misleading may add to the material a signed statement relating to it, or may seek, through the appeals procedure in Article 11 of these Rules, to have the material altered or removed from the personnel record. It is understood that no material may be destroyed without the express approval of the State Public Records Administrator.

EMPLOYEE RELATED POLICIES AND PROCEDURES

Addendum	A	Anti-Harassment Policy
Addendum	B	Family and Medical Leave Policy
Addendum	C	Drug Free Work Place Statement
Addendum	D	Cell Phone Use Policy
Addendum	E	Staff Confidentiality Pledge
Addendum	F	Fraud Policy
Addendum	G	Recruitment Process
Addendum	H	Vehicle Use Policy

Policies & Procedures

EHHD Refund Policy

Complaint Records on FileMaker Database

As-Staked or "Red-Lined" plan

Child Care Inspections

Guidelines regarding the application of Code relative to pending sewer construction

Inspection records for temporary food service events

Electronic water test reports

QFO Violations

New food service license numbers

Instructions to Installers



Eastern Highlands Health District

4 South Eagleville Road ♦ Mansfield CT 06268 ♦ Tel: (860) 429-3325 ♦ Fax: (860) 429-3321 ♦ Web: www.EHHD.org

EHHD REFUND POLICY
Policy # 10-29-2010

- 1. Review fees are NOT refundable once review is initiated.**
- 2. No fee is refundable six (6) months from the time of payment.**
- 3. An administrative fee of \$20 shall be retained from any refund.**



4 South Eagleville Road • Mansfield CT 06268 • Tel: (860) 429-3325 • Fax: (860) 429-3321 • www.ehhd.org

MEMO

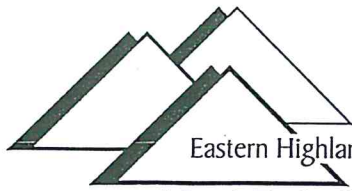
To: Staff
From: Jeff Polhemus, Chief Sanitarian
Date: August 4, 2008

Re: Complaint Records on FileMaker Database

When entering new complaints on the FileMaker database, please assign the complaint to one of the existing categories provided in the complaint box dropdown list and do not create a new complaint category. Just click on the “complaint” box and click on the appropriate category on the list - do not type in the complaint title/category. This list of categories is used to report complaint activities on the quarterly reports. The details of any complaint can be more specifically described in the “nature of complaint” section of the computer complaint file. Listed below are the OFFICIAL complaint categories including a few new ones to capture the miscellaneous complaints, along with some recently used (unofficial) categories sorted for guidance.

COMPLAINT CATEGORIES (recent complaints)

1. FOOD PROTECTION (food service)
2. HOUSING ISSUES (housing - indoor air quality - no heating in dwelling – mold, lead)
3. REFUSE/GARBAGE (refuse - garbage/food dumped)
4. RÔDENTS/INSECTS (insect – flies, mosquitoes)
5. WATER QUALITY (bathing water quality - public water supply - well water)
6. AIR QUALITY (odors – outdoor air pollution)
7. SEPTIC/SEWAGE (septic odor - ssds possible flooding – sewage - watercourse discharge – wastewater discharge - illegal septic work - inadequate ss soil cover)
8. EMERGENCY RESPONSE (any off hour response or emergency services request for assistance - 911, fire, flooding, etc.)
9. ANIMALS/ANIMAL WASTE (rabies - dog kennel waste, manure, dead birds)
10. ACTIVITY WITHOUT PROPER PERMITS (illegal septic work - bldg without a permit – illegal well repair)
11. OTHER (daycare - hazardous materials - health facility - misc. – occupational .hazard - outlet of drain onto property - no heat in office, lead non-residential properties)



Eastern Highlands Health District

4 South Eagleville Road ♦ Mansfield CT 06268 ♦ Tel: (860) 429-3325 ♦ Fax: (860) 429-3321

MEMO

Date: December 5, 2005

To: Professional Engineers, Licensed Septic Installers, Home Builders

From: Robert Miller, MPH, RS, Director of Health

CC: Health District Staff

RE: As –Staked or “Red-Lined” plan required prior to permit to construct approval for all engineer designed septic system.

I would like to clarify Eastern Highlands Health District’s requirements concerning engineered and non-engineered septic system design plans. Currently, we accept plans that are designed using aerial topographic survey data rather than actual site-specific contour elevations. Our rationale in accepting such plans has been that the design engineer must supervise field staking of engineered septic systems, and a licensed septic installer stakes non-engineered septic systems. Adjustments of the elevation and orientation of system components to match site topography is made at the time of staking. However, these changes due to field-truthing are not being accurately communicated to the Health District sanitarians using a memorandum format.

The purpose of this memo is to inform you that as of January 17, 2006, a permit to construct a sewage disposal system will not be issued for engineered designs unless an As-Staked or “Red-Lined” plan has been received and approved by the Health District sanitarian. The red-lined plan must be a copy of the approved plan that includes spot elevations in the area of the leaching trenches, a benchmark conveniently located to the leaching trenches, and any adjustments in the elevation or location of system components that occurred at the time of field staking. In those cases where the septic system is field staked in accordance with the approved plan, and no field adjustments are necessary, a red-lined plan will still be required showing as-staked data. A staking “memo” will no longer be accepted.

For non-engineered designs, red-lined plans will not be accepted from installers. A district sanitarian must inspect the field staking prior to permit approval.

It is the responsibility of the design engineer to ensure that these revised plans are sent to the Health District sanitarian. Licensed installers will be informed that, for engineer designed systems, no permit approval/permit to construct will be issued until the red-line plan has been approved by EHHD.

Thank you for your cooperation in this matter. If you have any questions, please contact your local Easter Highlands Health District Sanitarian.

From: Jeffrey W. Polhemus
Sent: Friday, December 26, 2008 10:44 AM
To: EHHD-Sanitarrians; Cheryl L. Proctor
Cc: Robert L. Miller
Subject: Child Day Care Inspections
Hello All:

The attached correspondence from CTDPH addresses recent changes to licensing and inspection protocols for child day care centers, group day care homes and family day cares.

Although the day care licenses will now require renewals every four years, DPH expects local health departments to continue conducting environmental inspections of day care centers once every two years. For now, we will continue to conduct inspections upon request at the day care facilities in our district.

For the lead inspection protocol changes, we will need to inventory the licensed day care centers and group day care homes in our member towns to identify those facilities that have already had comprehensive lead inspections and those remaining facilities that will require a comprehensive lead inspection for license renewal (any pre 1979 construction). When scheduling a day care inspection at a facility that requires a comprehensive lead inspection, please inform the licensed operator that the health district will not be conducting the lead inspection and will require the day care center to hire a private lead inspector to conduct the lead inspection and submit the report to the health district prior to the completion of the day care Environmental Inspection Report by the health district.

We will be discussing these changes in more detail at our next staff meeting in January.



Child Day Care
Facilities- Lea...



Inspections

Thank you,
Jeff P



4 South Eagleville Road ♦ Mansfield CT 06268 ♦ Tel: (860) 429-3325 ♦ Fax: (860) 429-3321

Memo

To: Developers, Builders, and Engineers

From: Robert Miller, MPH, RS
Director of Health

CC: Health District Staff
Tolland Development Group

Date:

Re: Guidelines regarding the application of Code relative to pending sewer construction

Sections 19-13-100a and 19-13-103 of the Connecticut Public Health need not apply to building permits under review for projects that are located in areas where community sewer, although not immediately available, are nonetheless expected to be available in the near future. The following are conditions that shall be met **before the Health District will approve building permits** during these periods of transition for the proposed sewer areas:

1. Written verification from the Town WPCA confirming that financing is in place and that sewers will be made available to the building site **within one year**. (We understand that this would be their "best guess")
2. Documentation demonstrating that the Connecticut Department of Environmental Protections has **approved construction plans** for the sewer project.
3. Documentation from the appropriate state agency (DPH or DEP, depending on discharge volume) that they would **approve a holding tank** as an interim measure until such time the building is connected to community sewers.
4. **Property owners should be advised of their risks and responsibilities** if they choose to start construction without a currently available community sewer system.

Questions regarding this policy can be directed to my office at 429-3325.

Serving the Communities of Ashford, Bolton, Coventry, Mansfield, Tolland & Willington

Satellite Offices: 222 Bolton Center Road, Bolton, CT 06043 ♦ 1712 Main Street, Coventry, CT 06238

21 Tolland Green, Tolland, CT 06084 ♦ 40 Old Farms Rd, Willington, CT 06279

MEMO

To: EHHD Staff
Cc: Robert Miller, Director of Health
From: Jeff Polhemus, Chief Sanitarian



Date: April 30, 2010

RE: INSPECTION RECORDS FOR TEMPORARY FOOD SERVICE EVENTS

ONE-DAY OR SHORT-TERM TEMPORARY EVENTS

Inspections at temporary food service events need to be recorded in the FileMaker database. Inspections may not always be necessary for one-day or short-term events conducted at facilities that we have inspected previously. However, when you do conduct an inspection for a temporary event, the inspection needs to be entered in the FileMaker database using the procedures described below. If critical food code violations are observed during your inspection of these short term events, the violations would need to be corrected prior to opening or the license should not be approved, so it is not usually necessary to use a food service inspection form and score these inspections. A field inspection form or food inspection overflow page can be used to communicate approval conditions.

To record the inspections with no scores:

- Go to the establishment screen for the Licensed Temporary Event
- Click on the inspections tab
- Click New Inspection
- Click "Routine"
- Select the inspection date and inspector name
- Go to the Violations tab
- Change the inspection status from "open" to "done"
- This will record the inspection with a score of 100 in the database. You're done!

If you need to score the inspection, use the procedures for farmers' market inspections.

FARMERS' MARKET SEASONAL TEMPORARY FOOD VENDORS

For food vendors operating at our farmers' markets, we need to ensure that all critical food code violations we observe are corrected quickly to maintain a safe operation throughout the market season. This requires an inspection of all farmers' market food service vendors prior to their operating at the market. The vendor kiosk should be inspected at the market on the first planned day of operation.

- If the vendor operation is set up properly, ready for approval and you find no critical violations or concerns (hand wash station, food temp., food protection, or approved source concerns), you can follow the procedures noted above for recording your inspection.
- If you do find violations or concerns, you will need to use the food inspection form to record the violations and score the inspection. As with the short-term events, critical violations may need to be corrected on the spot, but all violations should be recorded on the food inspection form and corrections should be required by the next day of operation (one week typically).
- Inspections should be scored and violations recorded as with any routine food service inspection.
- The violations must be listed on the FileMaker inspection record for the temporary license.
- For inspections resulting in 4-point violations or a score below 80, a notice of violation is needed and a reinspection must be conducted. *(At this time, we are not collecting a reinspection fee for these inspections.)*
- If a reinspection is required, be sure to schedule the reinspection date in the FileMaker system.

Please Note: Do not assign a class number to a temporary event license. You can assign a class designation of "T" from the class field on the establishment page or simply leave that field blank.

From: Jeffrey W. Polhemus
Sent: Wednesday, October 06, 2010 10:23 AM
To: EHHD-Sanitarians
Cc: Robert L. Miller; Maria L. Remy
Subject: Electronic Water Test Reports
Hello All,

We are starting to receive, through the EHHD general email address, more electronic water test reports from a couple labs. In the past these were usually just copies of public water system reports, but now we are seeing more private well tests. We will forward these emails to the respective town sanitarians as they come in unless you let us know that you would prefer a paper copy to be placed in your mailbox. Public water supply test reports for food establishments, apartments, etc. that we receive with no violation issues are just going to be filed in the main office files, but any public water system violation notices, sanitary survey reports and related correspondence from DPH will be copied to you as we receive them. Again, emails will be forwarded and snail mail we receive will be scanned and sent to you in an email unless you would prefer a paper copy.

To ensure that our central files are complete and accurate, please be sure to send copies of all inspection reports, violation notices, and written communications to Maria for the following:

- Food service establishments
- Temporary food events
- Daycare inspections
- Group home inspections
- Lead inspections
- Pool inspections
- Campground inspections

Please let me know if you have any questions. Thanks.

Jeff P.

EHHD Administrative Policy – Food Service/QFO

QUALIFIED FOOD OPERATORS (QFO)

New Food Service Establishment (FSE):

A QFO is required at each Class 3 and 4 FSE prior to issuing the license and the QFO certificate or other proper documentation must be provided to the health district. The QFO must be employed on-site full-time (30 hours per week min.) in a supervisory position.

Replacement of QFO:

Whenever a designated QFO terminates employment, is terminated or transferred, the owner/operator/manager of the FSE must notify the health district in writing, and a replacement QFO must be employed within 60 days from the date of termination or transfer of the QFO.

No QFO employed onsite during an inspection:

If you determine, during an inspection of the FSE, that a QFO is not employed on-site in a full-time supervisory position, the FSE has only 30 days to replace the QFO to be in compliance unless the FSE has previously notified the health district in writing of the QFO replacement.

When a QFO violation is discovered during an inspection, a QFO violation notice must be sent to the establishment separate from any other violation notice or order due to the different compliance time requirements. Note on the inspection report form that the QFO must be replaced within 30 days.

Inspectors are to notify the main office whenever a QFO violation is cited and the main office will send the notice of QFO violation to the establishment. The main office will track the status of these QFO violations and replacements and will update the QFO information in the FMP database upon compliance.

No QFO required for temporary food establishments and special events sponsored by non-profit civic organizations such as, but not limited to, school sporting events, little league food booths, church suppers and fairs. Also exempt - meal servers at registered congregate meal sites (see PHC 19-13-B42(s)(4))

From: Jeffrey W. Polhemus
Sent: Thursday, November 19, 2009 5:22 PM
To: EHHD-Sanitarians
Cc: Maria L. Remy; Robert L. Miller
Subject: QFO Violations
Hello all,

Just a reminder that QFO violations discovered during a routine inspection are violations that require a QFO replacement within 30 days [PHC section 19-13-B42(u)(4)].

- 4) If the rating score is eighty (80) or above or if there are any three (3) demerit (point items in violation, the director of health, registered sanitarian or authorized agent shall order correction of any violations and specify time for correction. If a qualified food operator is not employed on-site, except as provided by the qualified food operator replacement provision in section 19-13-B42(s)(7), the food service establishment has thirty (30) days to comply. If correction has not been made after thirty (30) days, the director of health shall take immediate steps to close the food service establishment. The food service establishment shall also be reinspected as frequently as necessary in the determination of the local director of health to ensure compliance with this section.

A restaurant is given 60 days to replace a QFO only when they follow the requirements of PHC section 19-13-B42(s)(7).

- (7) Replacement of qualified food operator. Whenever the qualified food operator terminates employment, is terminated or is transferred, the person owning, operating or managing the food service establishment shall notify the local health department in writing. A replacement qualified food operator shall be employed within sixty (60) days from the date of termination or transfer of the qualified food operator. The local health department may grant an extension not to exceed an additional sixty (60) days to comply with this subdivision if deemed necessary.

If we have not been notified as required by the owners in advance of a routine inspection, we need to inform the owners that they have 30 days to replace the QFO from the time of the inspection and note the same on the inspection reports. The order we send out following the inspection will indicate a 30 day replacement requirement. The owners can call the main office or appeal the order if they do not agree with this (Code) requirement. Whenever we receive written notice of a QFO termination, etc., by a proactive establishment, we will notify the assigned inspector ASAP.

Thanks,

Jeff

From: Jeffrey W. Polhemus
Sent: Monday, March 23, 2009 3:56 PM
To: EHHD-Sanitarians
Cc: Robert L. Miller; Maria L. Remy
Subject: New Food Service License Numbers

Hello All,

In preparation for the upcoming changes to the Filemaker Pro food service database, we will need to stop our practice of recycling establishment ID numbers. Starting immediately, whenever you process an application for any new food service establishment or a change of ownership at an existing establishment, we need to assign a new license ID number. With this change, we will run out of numbers for Mansfield very soon if we stuck with the current town coding system, so we will begin numbering sequentially regardless of establishment location. To facilitate this change, numbers will only be assigned from the main office. When a food service license application is approved and ready to be issued, please fax the approved license application form to Maria and she will assign the new establishment ID number and print a license.

If you have any questions, please give me a call.

Thank you,

Jeff



4 South Eagleville Road • Mansfield CT 06268 • Tel: (860) 429-3325 • Fax: (860) 429-3321 • www.ehhd.org

INSTRUCTIONS TO INSTALLER:

THE ATTACHED PERMIT TO CONSTRUCT IS APPROVED WITH THE FOLLOWING GENERAL CONDITIONS:

1. This subsurface sewage disposal system installation must comply with Connecticut Public Health Code Section 19-13-B103d and the approved plan – including all conditions noted on the attached permit and the Staking Verification Memo (for engineer designed plans).
2. After the permit to construct is approved, the installer must notify the Eastern Highlands Health District (EHHD) at least 24 hours prior to commencement of construction.
3. The licensed installer must contact EHHD to schedule all required inspections of the system construction. A minimum of 24 hours notice is required for all inspection requests.
4. The approval to construct will be valid for a period of one year from the date of issuance.
5. Approvals to construct may be renewed for an additional one year period by the director of health upon a demonstration of reasonable cause for the failure to start construction within the one year period ((PHC 19-13-B103e (f)). You must contact the health district to request a permit renewal.

SELECT FILL MATERIAL used for this project must meet the specifications of the Technical Standards and approved plan. To demonstrate compliance, the installer must provide EHHD with the following documentation prior to placement of fill:

- For "bank run sand" a sieve analysis from the source pit that is 30 days old or less.
- For state approved "manufactured fill" a sieve analysis from the source pile that is 60 days old or less.

Additional testing may be required based on field observations by EHHD inspectors.

To contact the health district or schedule inspections, please call the sanitarian covering the town where the job is located.

Andover.....	Holly Hood	860-649-8066 ext. 108
Ashford.....	Geoffrey Havens	860-429-3325
Bolton.....	Holly Hood	860-649-8066 ext. 108
Chaplin.....	Jeff Polhemus	860-429-3325
Columbia.....	Holly Hood	860-649-8066 ext. 108
Coventry.....	Glenn Bagdoian	860-742-4064
Mansfield.....	Geoffrey Havens	860-429-3325
Scotland.....	Jeff Polhemus	860-429-3325
Tolland.....	Jody Schmidt	860-871-3608
Willington.....	Jody Schmidt	860-871-3608

Please visit our website at www.ehhd.org for printable forms and applications.

4/06/2010

CHAPTER 368f

DISTRICT DEPARTMENTS OF HEALTH

Table of Contents

Sec. 19a-240. (Formerly Sec. 19-105). Definition of "board".

Sec. 19a-241. (Formerly Sec. 19-106). Formation of district departments. Board.

Sec. 19a-242. (Formerly Sec. 19-107). Appointment of director of health. Removal. Sanitarians. Authorized agent.

Sec. 19a-243. (Formerly Sec. 19-108). District rules and regulations. Powers of district. Meetings. Expenses.

Sec. 19a-244. (Formerly Sec. 19-109). Qualifications, term and duties of director of health. Employees.

Sec. 19a-245. (Formerly Sec. 19-110). Reimbursement by state.

Sec. 19a-246. (Formerly Sec. 19-111). Withdrawal from district.

Secs. 19a-247 to 19a-249.

Sec. 19a-240. (Formerly Sec. 19-105). Definition of "board". As used in this chapter, unless the context otherwise requires, "board" means a board of a district department of health created as provided in section 19a-241.

(1949 Rev., S. 3876; P.A. 00-27, S. 19, 24.)

History: Sec. 19-105 transferred to Sec. 19a-240 in 1983; P.A. 00-27 made technical changes, effective May 1, 2000.

<u>(Return to</u>	<u>(Return to</u>	<u>(Return to</u>
<u>Chapter Table of</u>	<u>List of</u>	<u>List of</u>
<u>Contents)</u>	<u>Chapters)</u>	<u>Titles)</u>

Sec. 19a-241. (Formerly Sec. 19-106). Formation of district departments. Board. (a) Towns, cities and boroughs, by vote of their respective legislative bodies, after a public hearing, may unite to form district departments of health, which shall be instrumentalities of their constituent municipalities. The affairs of any such district department of health shall be managed by a board, which shall have all the duties exercised or performed immediately prior to the effective date of the creation of such district by directors of health or boards of health of the municipalities and which shall exercise all the authority as to public health required of or conferred upon the constituent municipalities by law and shall have the powers of the district set forth in section 19a-243. Towns, cities and boroughs may, in like manner, join a district department of health previously formed with the approval of the board of such district.

(b) Each town, city and borough, which has so voted to become a part of any such district, shall, by its board of selectmen, city council or board of burgesses, appoint one person to be a member of such board. Any town, city or borough having a population of more than ten thousand inhabitants, as annually estimated by the Department of Public Health by a method comparable or similar to that used by the United States Bureau of the

Census, shall be entitled to one additional representative for each additional ten thousand population or part thereof, provided no such municipality shall have more than five representatives on a district board of health. The term of office for members of the district board of health shall be three years, except that: (1) A district board of health containing only one town may elect to have one-year or three-year terms of office, and (2) during the initial formation of a board with three-year appointments, appointments shall be so made that approximately one-third of the board shall be appointed for one year, approximately one-third appointed for two years and approximately one-third appointed for three years. Members of the district board of health shall serve without compensation but shall receive their necessary expenses while in the performance of their official duties.

(1949 Rev., S. 3877; 1959, P.A. 236; 1961, P.A. 391, S. 1; 1969, P.A. 527, S. 1; P.A. 77-598, S. 2; 77-614, S. 323, 610; P.A. 93-381, S. 9, 39; P.A. 95-257, S. 12, 21, 58; P.A. 97-96, S. 1; P.A. 99-234, S. 10, 14.)

History: 1959 act provided for annual estimate of population by state department of health rather than using last-completed U.S. census; 1961 act added description of duties and authority of board, deleted requirement that appointment by municipality be annual, provided for one rather than two appointments per town with additional representation for additional population, limited number of representatives to five and added provisions re length of terms and re reimbursement for expenses; 1969 act made provisions applicable to judges of probate serving at any time during any year after December 1, 1967, rather than to those who were subject to Sec. 45-26 before January 1, 1968, deleted other date references which prevented continued applicability of provisions, required filing of sworn statements by person ceasing to hold office and by personal representative of person who dies while holding office, specified that payments from net income are not deductible from gross income, required successors to incumbents taking office after February first file estimates of annual net income and increased penalty from 9% to 10% of deficiency amount and interest from 6% to 9%; P.A. 77-598 restated provision re admission of towns, cities and boroughs to previously formed districts, making admission contingent upon board approval rather than upon vote of municipality which formed the district originally; P.A. 77-614 replaced department of health with department of health services, effective January 1, 1979; Sec. 19-106 transferred to Sec. 19a-241 in 1983; P.A. 93-381 replaced department of health services with department of public health and addiction services, effective July 1, 1993; P.A. 95-257 replaced Commissioner and Department of Public Health and Addiction Services with Commissioner and Department of Public Health, effective July 1, 1995; P.A. 97-96 amended Subsec. (b) to allow one- or three-year terms for single-town districts, where previously three-year terms were required; P.A. 99-234 amended Subsec. (a) by adding "which shall be instrumentalities of their constituent municipalities" after provision re formation of district departments of health and by adding "of the district" in the reference to the powers set forth in Sec. 19a-243, effective June 29, 1999.

Cited. 40 CA 501.

(Return to
Chapter Table of
Contents)

(Return to
List of
Chapters)

(Return to
List of
Titles)

Sec. 19a-242. (Formerly Sec. 19-107). Appointment of director of health. Removal. Sanitarians. Authorized agent. (a) The board shall, after approval of the Commissioner of Public Health, appoint some

discreet person, possessing the qualifications specified in section 19a-244, to be director of health for such district, and if he is not selected within sixty days from the formation of any such district, or if a vacancy in said office continues to exist for sixty days, such director shall then be appointed by said commissioner. The board may appoint a person to serve as the acting director of health during such time as the director of health is absent or a vacancy exists, provided such acting director shall meet the qualifications for directors of health in section 19a-244, or such other qualifications as may be approved by said commissioner. Upon the appointment of a director of health under the provisions of this section, the terms of office of the directors of health of the towns, cities or boroughs forming such district shall terminate.

(b) Such director of health may be removed whenever a majority of the directors of such health district find that such director of health is guilty of misconduct, material neglect of duty or incompetence in the conduct of his office.

(c) On and after July 1, 1988, each district health department shall provide for the services of a sanitarian certified under chapter 395 to work under the direction of the district director of health. Where practical, the district director of health may act as the sanitarian.

(d) As used in this chapter, "authorized agent" means a sanitarian certified under chapter 395 and any individual certified for a specific program of environmental health by the Commissioner of Public Health in accordance with the Public Health Code.

(1949 Rev., S. 3878; P.A. 75-573, S. 2; P.A. 77-598, S. 3; P.A. 78-303, S. 66, 136; P.A. 87-521, S. 4; 87-589, S. 48, 87; P.A. 93-381, S. 9, 39; P.A. 95-257, S. 12, 21, 58.)

History: P.A. 75-573 added Subsec. (b) re removal of director of health; P.A. 77-598 added provisions re appointment of acting director of health; P.A. 78-303 replaced public health council with commissioner of health services; Sec. 19-107 transferred to Sec. 19a-242 in 1983; P.A. 87-521 added Subsecs. (c) and (d) re sanitarians and authorized agents; P.A. 87-589 moved provision authorizing local director of health to act as sanitarian from Subsec. (d) to Subsec. (c); P.A. 93-381 replaced commissioner of health services with commissioner of public health and addiction services, effective July 1, 1993; P.A. 95-257 replaced Commissioner and Department of Public Health and Addiction Services with Commissioner and Department of Public Health, effective July 1, 1995.

See Sec. 19a-209a re authority to issue permits for well drilling on residential premises near approved community water supply system.

(Return to
Chapter Table of
Contents)

(Return to
List of
Chapters)

(Return to
List of
Titles)

Sec. 19a-243. (Formerly Sec. 19-108). District rules and regulations. Powers of district. Meetings. Expenses. (a) Each board may make and adopt reasonable rules and regulations for the promotion of general health within the district not in conflict with law or with the Public Health Code. The powers of each district shall include but not be limited to the following enumerated powers: (1) To sue and be sued; (2) to make and execute

contracts and other instruments necessary or convenient to the exercise of the powers of the health district; (3) to make and from time to time amend and repeal bylaws, rules and regulations; (4) to acquire real estate; (5) to provide for the financing of the programs, projects or other functions of the district in the manner described in subsection (b) of this section; and (6) to have such other powers as are necessary to properly carry out its powers as an independent entity of government.

(b) A district may, without limiting its authority under other provisions of law, borrow money for the purpose of carrying out or administering a district project, program or other function authorized under this chapter, or for the purpose of refinancing existing indebtedness, or temporarily in anticipation of receipt of current revenues, and provided the board shall hold a public hearing on any such proposed borrowing which is estimated by the board to increase the annual apportionment of district expenses made pursuant to subsection (c) of this section by more than seven per cent over levels currently established. The board shall give one week's notice of such hearing in a newspaper having a circulation in each constituent municipality of the district. The district may enter into note, loan or other agreements providing that such borrowings shall be payable from or secured by one or more of the following: (1) A pledge, lien, mortgage or other security interest in any or all of the income, proceeds, revenues and property, real or personal, of its projects, assets, programs or other functions, including the proceeds of payments, grants, loans, advances, guarantees or contributions from the federal government, the state of Connecticut, the constituent municipalities of the district or any other source; or (2) a pledge, lien, mortgage or other security interest in the property, real or personal, of projects to be financed by the borrowing. Such borrowings and obligations shall not constitute an indebtedness within the meaning of any debt limitation or restrictions on, and shall not be obligations of, the state of Connecticut or any municipality. No constituent municipality of a district shall be liable for any such borrowing or obligation of the district upon default. Neither members of the board nor any person executing on behalf of the district any note, mortgage, pledge, loan, security or other agreement in connection with the borrowing of money by a district shall be personally liable on the obligations thereunder or be subject to any personal liability or accountability by reason of the entrance into such agreements. Each pledge, agreement or assignment made for the benefit or security of any such borrowing entered into pursuant to this subsection shall be in effect until the principal and interest on such borrowing for the benefit of which the same were made have been fully paid, or until provision is made for the payment in the manner provided therein. Any pledge or assignment made in respect of such borrowing secured thereby shall be valid and binding from the time when the pledge or assignment is made; any income, proceeds, revenues or property so pledged or assigned and thereafter received by the district shall immediately be subject to the lien of such pledge, without any physical delivery thereof or further act; and the lien of any such pledge or assignment shall be valid and binding as against parties having claims of any kind in tort, contract or otherwise against the district irrespective of whether such parties have notice thereof. Neither the resolution, trust indenture, agreement, assignment or other instrument by which a pledge is created need be recorded or filed, except for the recording of any mortgage or lien on real property or on any interest in real property.

(c) The board shall meet at least quarterly and at other times determined by the chairperson. At its September meeting it shall elect a chairperson and it shall furnish the necessary offices and equipment to enable it to carry out its duties. The board may elect an executive committee, consisting of the chairperson and two other members, and the director of health, who shall serve without a vote, and such executive committee shall have power to act when the board is not in session. The fiscal year of each district department of health shall be from July first to June thirtieth, and, by June thirtieth in each year, the board shall estimate the amount of money required to pay the costs and expenses of the district during the ensuing fiscal year, provided, if any municipality within the district has a fiscal year which begins on July first, such estimate shall be made by April thirtieth of each

year. Such board shall hold a public hearing on its proposed budget, two weeks' notice of which shall be given in a newspaper having a circulation in each constituent municipality of such district. From time to time the board shall draw upon the treasurer of each town, city or borough within the district a proportionate share of the expenses of such district, from such funds as may have been appropriated by each, to pay the cost of operating the district, including debt service on borrowings of the district, such apportionment to be made equitable on a per capita basis as established by the last annual population estimate by the Department of Public Health for each participating town, city or borough.

(1949 Rev., S. 3879; 1961, P.A. 391, S. 2; 1969, P.A. 527, S. 2; 688, S. 1; 1971, P.A. 178; P.A. 77-614, S. 323, 610; P.A. 92-3; P.A. 93-381, S. 9, 39; P.A. 95-257, S. 12, 21, 58; P.A. 99-234, S. 11, 14; P.A. 00-27, S. 20, 24.)

History: 1961 act specified chairman's election be in September, deleted requirement that board determine relative amount of service to be performed in each municipality, added provisions re promulgation of rules and regulations, board meetings and executive committee, provided that board draw proportionate share of expenses of each district, that such apportionment be made on a per capita basis rather than on the basis of average receipts for the preceding three months and deleted provisions authorizing departments to use additional funds secured from federal or official agencies and to disburse money so received; 1969 acts divided section into subsections, moved provision re election of chairman and re offices and equipment into Subsec. (b), enumerated various powers of board, required quarterly meetings rather than annual meetings in September and specified that director of health has no vote; 1971 act required budget estimates be made during April if a municipality in the district has fiscal year beginning on July 1 and added provision re public hearing on budget; P.A. 77-614 replaced department of health with department of health services, effective January 1, 1979; Sec. 19-108 transferred to Sec. 19a-243 in 1983; P.A. 92-3 amended Subsec. (b) to require budget estimates for the health districts by June thirtieth instead of during June and, if any municipality within the district has a fiscal year beginning July first, by April thirtieth instead of during April; P.A. 93-381 replaced department of health services with department of public health and addiction services, effective July 1, 1993; P.A. 95-257 replaced Commissioner and Department of Public Health and Addiction Services with Commissioner and Department of Public Health, effective July 1, 1995; P.A. 99-234 amended Subsec. (a) by changing "powers of the board" to "powers of each district" and adding provision re financing of programs, projects or other district functions to list of powers, added new Subsec. (b) re borrowing money, designated former Subsec. (b) as Subsec. (c) and amended same by adding reference to "debt service on borrowings of the district" and made technical changes, effective June 29, 1999; P.A. 00-27 made technical changes in Subsec. (a), effective May 1, 2000.

See Sec. 7-425 et seq. for duties re retirement of employees.

See Sec. 12-146a re authority to revoke license or permit to do business for an enterprise which has failed to pay personal property taxes.

See Sec. 19a-245 re funds received from state and federal sources.

(Return to
Chapter Table of
Contents)

(Return to
List of
Chapters)

(Return to
List of
Titles)

Sec. 19a-244. (Formerly Sec. 19-109). Qualifications, term and duties of director of health.

Employees. On and after October 1, 2010, any person nominated to be the director of health shall (1) be a licensed physician and hold a degree in public health from an accredited school, college, university or institution, or (2) hold a graduate degree in public health from an accredited school, college or institution. The educational requirements of this section shall not apply to any director of health nominated or otherwise appointed as director of health prior to October 1, 2010. The board may specify in a written agreement with such director the term of office, which shall not exceed three years, salary and duties required of and responsibilities assigned to such director in addition to those required by the general statutes or the Public Health Code, if any. He shall be removed during the term of such written agreement only for cause after a public hearing by the board on charges preferred, of which reasonable notice shall have been given. He shall devote his entire time to the performance of such duties as are required of directors of health by the general statutes or the Public Health Code and as the board specifies in its written agreement with him; and shall act as secretary and treasurer of the board, without the right to vote. He shall give to the district a bond with a surety company authorized to transact business in the state, for the faithful performance of his duties as treasurer, in such sum and upon such conditions as the board requires. He shall be the executive officer of the district department of health. Full-time employees of a city, town or borough health department at the time such city, town or borough votes to form or join a district department of health shall become employees of such district department of health. Such employees may retain their rights and benefits in the pension system of the town, city or borough by which they were employed and shall continue to retain their active participating membership therein until retired. Such employees shall pay into such pension system the contributions required of them for their class and membership. Any additional employees to be hired by the district or any vacancies to be filled shall be filled in accordance with the rules and regulations of the merit system of the state of Connecticut and the employees who are employees of cities, towns or boroughs which have adopted a local civil service or merit system shall be included in their comparable grade with fully attained seniority in the state merit system. Such employees shall perform such duties as are prescribed by the director of health. In the event of the withdrawal of a town, city or borough from the district department, or in the event of a dissolution of any district department, the employees thereof, originally employed therein, shall automatically become employees of the appropriate town, city or borough's board of health.

(1949 Rev., S. 3880; 1969, P.A. 688, S. 2; 1971, P.A. 183; P.A. 78-303, S. 67, 136; P.A. 79-85; P.A. 82-8; P.A. 93-381, S. 9, 39; P.A. 95-257, S. 12, 21, 58; P.A. 10-117, S. 46.)

History: 1969 act replaced statement that necessary assistants and clerks be appointed subject to approval of board with specific provisions re personnel of city, town or borough health departments as employees of district health department and deleted provision that compensation be fixed by the board; 1971 act permitted health director to be "trained in public health and hold a master's degree in public health" as alternative qualification; P.A. 78-303 replaced public health council with commissioner of health services; P.A. 79-85 added provision re written agreement with director setting term of office and duties in addition to those required by state law or public health code; P.A. 82-8 specified that district health departments must hire full-time employees of town, city or borough which joins or forms the district department where previously part-time employees were included by implication through use of term "personnel" without reference to type of employment; Sec. 19-109 transferred to Sec. 19a-244 in 1983; P.A. 93-381 replaced commissioner of health services with commissioner of public health and addiction services, effective July 1, 1993; P.A. 95-257 replaced Commissioner and Department of Public Health and Addiction Services with Commissioner and Department of Public Health, effective July 1, 1995; P.A. 10-117 provided that on and after October 1, 2010, any person nominated to be director of health shall be a licensed physician with a degree in public health or hold a graduate

degree in public health, deleted former training and experience requirements and exempted persons appointed or nominated to be director of health prior to October 1, 2010, from revised educational requirements.

(Return to
Chapter Table of
Contents)

(Return to
List of
Chapters)

(Return to
List of
Titles)

Sec. 19a-245. (Formerly Sec. 19-110). Reimbursement by state. Upon application to the Department of Public Health, each health district that has a total population of fifty thousand or more, or serves three or more municipalities irrespective of the combined total population of such municipalities, shall annually receive from the state an amount equal to one dollar and eighty-five cents per capita for each town, city and borough of such district, provided (1) the Commissioner of Public Health approves the public health program and budget of such health district, and (2) the towns, cities and boroughs of such district appropriate for the maintenance of the health district not less than one dollar per capita from the annual tax receipts. Such district departments of health are authorized to use additional funds, which the Department of Public Health may secure from federal agencies or any other source and which it may allot to such district departments of health. The district treasurer shall disburse the money so received upon warrants approved by a majority of the board and signed by its chairman and secretary. The Comptroller shall quarterly, in July, October, January and April, upon such application and upon the voucher of the Commissioner of Public Health, draw the Comptroller's order on the State Treasurer in favor of such district department of health for the amount due in accordance with the provisions of this section and under rules prescribed by the commissioner. Any moneys remaining unexpended at the end of a fiscal year shall be included in the budget of the district for the ensuing year. This aid shall be rendered from appropriations made from time to time by the General Assembly to the Department of Public Health for this purpose.

(1949 Rev., S. 3881; 1963, P.A. 508; P.A. 77-614, S. 323, 610; P.A. 78-251, S. 1, 2, 7; 78-303, S. 68, 136; P.A. 85-421, S. 2, 3; P.A. 87-414, S. 2, 3; P.A. 93-381, S. 9, 39; P.A. 95-257, S. 12, 21, 58; P.A. 96-180, S. 58, 166; P.A. 98-250, S. 17, 39; P.A. 00-216, S. 3, 28; June 30 Sp. Sess. P.A. 03-3, S. 3; June Sp. Sess. P.A. 07-2, S. 62; Sept. Sp. Sess. P.A. 09-3, S. 41.)

History: 1963 act provided for reimbursement to health district instead of constituent municipalities, made state's payment quarterly instead of annually in June, deleted provision that sums received be one-half those actually paid and limits of \$4,000 per town and \$20,000 in the aggregate, and added provisions that amount received be \$0.25 per capita, limited maximum amount received by district annually to \$100,000, added provision re additional funds from federal agencies or other sources and provided for disbursement of money upon warrants approved by board majority and signed by chairman and secretary; P.A. 77-614 replaced commissioner and department of health with commissioner and department of health services, effective January 1, 1979; P.A. 78-251 increased per capita amount received from \$0.25 to \$0.30 contingent upon approval of public health program and budget by commissioner, increased maximum amount received to \$120,000, removed limit on additional funds of amount equal to one-half the total district budget and, in conjunction with P.A. 78-303, referred to rules prescribed by commissioner rather than by public health council; Sec. 19-110 transferred to Sec. 19a-245 in 1983; P.A. 85-421 increased quarterly per capita payments to health districts from \$0.30 to \$0.425 for each town, city and borough of a district which has a population of 5,000 or less and \$0.325 for each town, city or borough of a district which has a population of more than 5,000 and increased maximum annual payment to a district from \$120,000 to \$145,000; P.A. 87-414 increased the per capita payments to

\$.445 per capita and \$.38 per capita on basis previously established and deleted the annual cap on payments to districts; P.A. 93-381 replaced department and commissioner of health services with department and commissioner of public health and addiction services, effective July 1, 1993; P.A. 95-257 replaced Commissioner and Department of Public Health and Addiction Services with Commissioner and Department of Public Health, effective July 1, 1995; P.A. 96-180 changed "treasurer" to "State Treasurer", effective June 3, 1996; P.A. 98-250 changed the amount received from the state from \$.445 for municipalities under 5,000 and \$.38 for municipalities over 5,000 annually to \$2.09 and \$1.79, annually, effective July 1, 1998; P.A. 00-216 made technical changes and increased annual per capita payments from \$2.09 to \$2.32 and from \$1.79 to \$1.99, effective July 1, 2000; June 30 Sp. Sess. P.A. 03-3 decreased annual per capita payments from \$2.32 to \$1.94 per populations of 5,000 or less, and from \$1.99 to \$0.66 for populations of more than 5,000, and made a technical change, effective August 20, 2003; June Sp. Sess. P.A. 07-2 increased annual per capita payment from \$1.94 to \$2.43 for populations of 5,000 or less, and from \$1.66 to \$2.08 for populations of 5,000 or more, effective July 1, 2007; Sept. Sp. Sess. P.A. 09-3 added requirement that health district have total population of 50,000 or more, or serve 3 or more municipalities irrespective of total combined population, in order to receive state payments, revised payment rate to \$1.85 per capita applicable to all municipalities in the health district and deleted provisions re \$2.43 per capita payment made to municipality with population of 5,000 or less and \$2.08 per capita payment made to municipality with population of more than 5,000, effective October 6, 2009.

(Return to
Chapter Table of
Contents)

(Return to
List of
Chapters)

(Return to
List of
Titles)

Sec. 19a-246. (Formerly Sec. 19-111). Withdrawal from district. (a) Any constituent town, city or borough may, by vote passed prior to January first in any year, withdraw from the district, such withdrawal to become effective on the first day of July following, provided such city, town or borough shall have been a member of the district for at least twenty-four months prior to such vote of withdrawal. A city, town or borough on withdrawal shall at once resume such status with respect to the appointment of its director of health, employees and board of health as it held prior to becoming a member of the district as provided in section 19a-244. Employees shall not lose any benefits or civil services status as a result of the withdrawal from the district.

(b) Notwithstanding the provisions of subsection (a) of this section, no withdrawal or termination of participation by any constituent municipality shall affect any pledge, agreement, assignment or mortgage of any income, revenue proceeds or property of a district made for the benefit or security of any borrowing of the district entered into pursuant to subsection (b) of section 19a-243.

(c) Notwithstanding any other provision of the general statutes, no district shall cease to exist until such time as payment or provision for payment of the outstanding balance of borrowings of such district entered into pursuant to subsection (b) of section 19a-243 is made.

(1949 Rev., S. 3882; 1961, P.A. 391, S. 3; 1969, P.A. 688, S. 3; P.A. 99-234, S. 12, 14.)

History: 1961 act provided that vote for withdrawal be prior to January first rather than April first, required membership for at least 24 months prior to vote or withdrawal and provided that town, city or borough resume

status "with respect to the appointment of its director of health and board of health" as it held prior to district membership; 1969 act included references to status re appointment of employees and added provision protecting benefits and civil service status of employees; Sec. 19-111 transferred to Sec. 19a-246 in 1983; P.A. 99-234 designated existing provisions as Subsec. (a) and added new Subsecs. (b) and (c) re exceptions to statutory provisions upon withdrawal from district, effective June 29, 1999.

(Return to
Chapter Table of
Contents)

(Return to
List of
Chapters)

(Return to
List of
Titles)

Secs. 19a-247 to 19a-249. Reserved for future use.

(Return to
Chapter Table of
Contents)

(Return to
List of
Chapters)

(Return to
List of
Titles)

**THE CONNECTICUT FREEDOM OF INFORMATION ACT
AS CODIFIED IN CHAPTER 14 OF CONNECTICUT
GENERAL STATUTES
(INCLUDING 2013 AMENDMENTS)***

Sec. 1-200. (Formerly Sec. 1-18a). Definitions. As used in this chapter, the following words and phrases shall have the following meanings, except where such terms are used in a context which clearly indicates the contrary:

(1) “Public agency” or “agency” means: (A) Any executive, administrative or legislative office of the state or any political subdivision of the state and any state or town agency, any department, institution, bureau, board, commission, authority or official of the state or of any city, town, borough, municipal corporation, school district, regional district or other district or other political subdivision of the state, including any committee of, or created by, any such office, subdivision, agency, department, institution, bureau, board, commission, authority or official, and also includes any judicial office, official, or body or committee thereof but only with respect to its or their administrative functions, and for purposes of this subparagraph, “judicial office” includes, but is not limited to, the Division of Public Defender Services; (B) Any person to the extent such person is deemed to be the functional equivalent of a public agency pursuant to law; or (C) Any “implementing agency”, as defined in section 32-222.

(2) “Meeting” means any hearing or other proceeding of a public agency, any convening or assembly of a quorum of a multimember public agency, and any communication by or to a quorum of a multimember public agency, whether in person or by means of electronic equipment, to discuss or act upon a matter over which the public agency has supervision, control, jurisdiction or advisory power. “Meeting” does not include: Any meeting of a personnel search committee for executive level employment candidates; any chance meeting, or a social meeting neither planned nor intended for the purpose of discussing matters relating to official business; strategy or negotiations with respect to collective bargaining; a caucus of members of a single political party notwithstanding that such members also constitute a quorum of a public agency; an administrative or staff meeting of a single-member public agency; and communication limited to notice of meetings of any public agency or the agendas thereof. A quorum of the members of a public agency who are present at any event which has been noticed and conducted as a meeting of another public agency under the provisions of the Freedom of Information Act shall not be deemed to be holding a meeting of the public agency of which they are members as a result of their presence at such event.

***NOTE:** This compilation of the Freedom of Information Act is unofficial and for the convenience of the public only. While every effort was made to attain complete accuracy herein, the reader is advised to consult the Connecticut General Statutes for the official codification of the law.

(3) “Caucus” means (A) a convening or assembly of the enrolled members of a single political party who are members of a public agency within the state or a political subdivision, or (B) the members of a multimember public agency, which members constitute a majority of the membership of the agency, or the other members of the agency who constitute a minority of the membership of the agency, who register their intention to be considered a majority caucus or minority caucus, as the case may be, for the purposes of the Freedom of Information Act, provided (i) the registration is made with the office of the Secretary of the State for any such public agency of the state, in the office of the clerk of a political subdivision of the state for any public agency of a political subdivision of the state, or in the office of the clerk of each municipal member of any multitown district or agency, (ii) no member is registered in more than one caucus at any one time, (iii) no such member's registration is rescinded during the member's remaining term of office, and (iv) a member may remain a registered member of the majority caucus or minority caucus regardless of whether the member changes his or her party affiliation under chapter 143.

(4) “Person” means natural person, partnership, corporation, limited liability company, association or society.

(5) “Public records or files” means any recorded data or information relating to the conduct of the public's business prepared, owned, used, received or retained by a public agency, or to which a public agency is entitled to receive a copy by law or contract under section 1-218, whether such data or information be handwritten, typed, tape-recorded, printed, photostated, photographed or recorded by any other method.

(6) “Executive sessions” means a meeting of a public agency at which the public is excluded for one or more of the following purposes: (A) Discussion concerning the appointment, employment, performance, evaluation, health or dismissal of a public officer or employee, provided that such individual may require that discussion be held at an open meeting; (B) strategy and negotiations with respect to pending claims or pending litigation to which the public agency or a member thereof, because of the member's conduct as a member of such agency, is a party until such litigation or claim has been finally adjudicated or otherwise settled; (C) matters concerning security strategy or the deployment of security personnel, or devices affecting public security; (D) discussion of the selection of a site or the lease, sale or purchase of real estate by the state or a political subdivision of the state when publicity regarding such site, lease, sale, purchase or construction would adversely impact the price of such site, lease, sale, purchase or construction until such time as all of the property has been acquired or all proceedings or transactions concerning same have been terminated or abandoned; and (E) discussion of any matter which would result in the disclosure of public records or the information contained therein described in subsection (b) of section 1-210.

(7) “Personnel search committee” means a body appointed by a public agency, whose sole purpose is to recommend to the appointing agency a candidate or candidates for an executive-level employment position. Members of a “personnel search committee” shall not be considered in determining whether there is a quorum of the appointing or any other public agency.

(8) “Pending claim” means a written notice to an agency which sets forth a demand for legal relief or which asserts a legal right stating the intention to institute an action in an appropriate forum if such relief or right is not granted.

(9) “Pending litigation” means (A) a written notice to an agency which sets forth a demand for legal relief or which asserts a legal right stating the intention to institute an action before a court if such relief or right is not granted by the agency; (B) the service of a complaint against an agency returnable to a court which seeks to enforce or implement legal relief or a legal right; or (C) the agency's consideration of action to enforce or implement legal relief or a legal right.

(10) “Freedom of Information Act” means this chapter.

(11) “Governmental function” means the administration or management of a program of a public agency, which program has been authorized by law to be administered or managed by a person, where (A) the person receives funding from the public agency for administering or managing the program, (B) the public agency is involved in or regulates to a significant extent such person’s administration or management of the program, whether or not such involvement or regulation is direct, pervasive, continuous or day-to-day, and (C) the person participates in the formulation of governmental policies or decisions in connection with the administration or management of the program and such policies or decisions bind the public agency. “Governmental function” shall not include the mere provision of goods or services to a public agency without the delegated responsibility to administer or manage a program of a public agency. (P.A. 75-342, §1; P.A. 77-421; P.A. 77-609, §1; P.A. 83-67, §1; P.A. 83-372; P.A. 84-546, §3; P.A. 87-568, §1; P.A. 90-307, §2; P.A. 91-140, §1; P.A. 93-195, §1; P.A. 95-79, §2; P.A. 97-47, §1; P.A. 00-136, §1; P.A. 01-169, §1; P.A. 02-130, §17; P.A. 11-220, §1; P.A.13-263, §7).

Sec. 1-201. (Formerly Sec. 1-19c). Division of Criminal Justice deemed not to be public agency, when. For the purposes of subdivision (1) of section 1-200, the Division of Criminal Justice shall not be deemed to be a public agency except in respect to its administrative functions. (P.A. 84-406, §12; P.A. 00-66, §4.)

Sec. 1-202. (Formerly Sec. 1-20e). Application of freedom of information provisions to agency committee composed entirely of individuals who are not members of the agency. Any public agency may petition the Freedom of Information Commission before establishing a committee of the public agency which is to be composed entirely of individuals who are not members of the agency, to determine whether such committee may be exempted from the application of any provision of the Freedom of Information Act. If the commission, in its judgment, finds by reliable, probative and substantial evidence that the public interest in exempting the committee from the application of any such provision clearly outweighs the public interest in applying the provision to the committee, the commission shall issue an order, on appropriate terms, exempting the committee from the application of the provision. (P.A. 93-195, §2; P.A. 97-47, §7.)

Secs. 1-203 and 1-204. Reserved for future use.

Sec. 1-205. (Formerly Sec. 1-21j). Freedom of Information Commission.

(a) There shall be established, within the Office of Governmental Accountability established under section 58 of Public Act 11-48, a Freedom of Information Commission consisting of nine members. (1) Five of such members shall be appointed by the Governor, with the advice and consent of either house of the General Assembly. Such members shall serve for terms of four years from July first of the year of their appointment, except that of the members appointed prior to and serving on July 1, 1977, one shall serve for a period of six years from July 1, 1975, one shall serve for a period of four years from July 1, 1975, and one shall serve for a period of six years from July 1, 1977. Of the two new members first appointed by the Governor after July 1, 1977, one shall serve from the date of such appointment until June 30, 1980, and one shall serve from the date of such appointment until June 30, 1982. (2) On and after July 1, 2011, four members of the commission shall be appointed as follows: One by the president pro tempore of the Senate, one by the minority leader of the Senate, one by the speaker of the House of Representatives and one by the minority leader of the House of Representatives. Such members shall serve for terms of two years from July first of the year of their appointment. (3) No more than five members of the commission shall be members of the same political party. Any vacancy in the membership of the commission shall be filled by the appointing authority for the unexpired portion of the term.

(b) Each member shall receive two hundred dollars per day for each day such member is present at a commission hearing or meeting, and shall be entitled to reimbursement for actual and necessary expenses incurred in connection therewith, in accordance with the provisions of section 4-1.

(c) The Governor shall select one of its members as a chairman. The commission shall maintain a permanent office at Hartford in such suitable space as the Commissioner of Administrative Services provides. All papers required to be filed with the commission shall be delivered to such office.

(d) The commission shall, subject to the provisions of the Freedom of Information Act promptly review the alleged violation of said Freedom of Information Act and issue an order pertaining to the same. Said commission shall have the power to investigate all alleged violations of said Freedom of Information Act and may for the purpose of investigating any violation hold a hearing, administer oaths, examine witnesses, receive oral and documentary evidence, have the power to subpoena witnesses under procedural rules adopted by the commission to compel attendance and to require the production for examination of any books and papers which the commission deems relevant in any matter under investigation or in question. In case of a refusal to comply with any such subpoena or to testify with respect to any matter upon which that person may be lawfully interrogated, the superior court for the judicial district of Hartford, on application of the commission, may issue an order requiring such person to comply with such subpoena and to testify; failure to obey any such order of the court may be punished by the court as a contempt thereof.

(e) The Freedom of Information Commission, and the Department of Administrative Services with respect to access to and disclosure of computer-stored public records, shall conduct training sessions, at least annually, for members of public agencies for the purpose of educating such members as to the requirements of sections 1-7 to 1-14, inclusive, 1-16 to 1-18, inclusive, 1-200 to 1-202, inclusive, 1-205, 1-206, 1-210 to 1-217, inclusive, 1-225 to 1-232, inclusive, 1-240, 1-241 and 19a-342.

(f) Not later than December 31, 2001, the Freedom of Information Commission shall create, publish and provide to the chief elected official of each municipality a model ordinance concerning the establishment by a municipality of a municipal freedom of information advisory board to facilitate the informed and efficient exchange of information between the commission and such municipality. The commission may amend the model ordinance from time to time.

(g) When the General Assembly is in session, the Governor shall have the authority to fill any vacancy on the commission, with the advice and consent of either house of the General Assembly. When the General Assembly is not in session any vacancy shall be filled pursuant to the provisions of section 4-19. A vacancy in the commission shall not impair the right of the remaining members to exercise all the powers of the commission and three members of the commission shall constitute a quorum.

(h) The commission shall, subject to the provisions of chapter 67, employ such employees as may be necessary to carry out the provisions of this chapter. The commission may enter into such contractual agreements as may be necessary for the discharge of its duties, within the limits of its appropriated funds and in accordance with established procedures.

(i) The Freedom of Information Commission shall not be construed to be a commission or board within the meaning of section 4-9a. (P.A. 75-342, §15; P.A. 77-609, §7; P.A. 77-614, §73; P.A. 78-280, §8; P.A. 78-315, §3; P.A. 79-560, §1; P.A. 79-575, §1; P.A. 86-390, §§1, 2; P.A. 87-496, §5; P.A. 88-230, §1; P.A. 89-251, §57; P.A. 90-98, §1; P.A. 91-347, §3; P.A. 93-142, §§4, 7; P.A. 95-220, §§4-6; P.A. 97-47, §13; June 18 Sp. Sess. P.A. 97-9, §§27, 50; P.A. 00-136, §§8, 10; P.A. 06-187, §69; P.A. 07-202, §13.; P.A. 11-48, §62; P.A. 11-51, §§44, 76.)

Sec. 1-205a. Recommended appropriations. Allotments. (a) Notwithstanding any provision of the general statutes, the appropriations recommended for the division of the Freedom of Information Commission within the Office of Governmental Accountability established under section 58 of Public Act 11-48, which division shall have a separate line item within the budget for the Office of Governmental Accountability, shall be the estimates of expenditure requirements transmitted to the Secretary of the Office of Policy and Management by the executive administrator of the Office of Governmental Accountability and the recommended adjustments and revisions of such estimates shall be the recommended adjustments and revisions, if any, transmitted by said executive administrator to the Office of Policy and Management.

(b) Notwithstanding any provision of the general statutes, the Governor shall not reduce allotment requisitions or allotments in force concerning the Freedom of Information Commission.

(P.A. 04-204, §11; P.A. 11-48, §75.)

Sec. 1-206. (Formerly Sec. 1-21i). Denial of access to public records or meetings. Appeals. Notice. Orders. Civil penalty. Service of process upon commission. Frivolous appeals. (a) Any denial of the right to inspect or copy records provided for under section 1-210 shall be made to the person requesting such right by the public agency official who has custody or control of the public record, in writing, within four business days of such request, except when the request is determined to be subject to subsections (b) and (c) of section 1-214, in which case such denial shall be made, in writing, within ten business days of such request. Failure to comply with a request to so inspect or copy such public record within the applicable number of business days shall be deemed to be a denial.

(b)(1) Any person denied the right to inspect or copy records under section 1-210 or wrongfully denied the right to attend any meeting of a public agency or denied any other right conferred by the Freedom of Information Act may appeal therefrom to the Freedom of Information Commission, by filing a notice of appeal with said commission. A notice of appeal shall be filed not later than thirty days after such denial, except in the case of an unnoticed or secret meeting, in which case the appeal shall be filed not later than thirty days after the person filing the appeal receives notice in fact that such meeting was held. For purposes of this subsection, such notice of appeal shall be deemed to be filed on the date it is received by said commission or on the date it is postmarked, if received more than thirty days after the date of the denial from which such appeal is taken. Upon receipt of such notice, the commission shall serve upon all parties, by certified or registered mail, a copy of such notice together with any other notice or order of such commission. In the case of the denial of a request to inspect or copy records contained in a public employee's personnel or medical file or similar file under subsection (c) of section 1-214, the commission shall include with its notice or order an order requiring the public agency to notify any employee whose records are the subject of an appeal, and the employee's collective bargaining representative, if any, of the commission's proceedings and, if any such employee or collective bargaining representative has filed an objection under said subsection (c), the agency shall provide the required notice to such employee and collective bargaining representative by certified mail, return receipt requested or by hand delivery with a signed receipt. A public employee whose personnel or medical file or similar file is the subject of an appeal under this subsection may intervene as a party in the proceedings on the matter before the commission. Said commission shall, after due notice to the parties, hear and decide the appeal within one year after the filing of the notice of appeal. The commission shall adopt regulations in accordance with chapter 54, establishing criteria for those appeals which shall be privileged in their assignment for hearing. Any such appeal shall be heard not later than thirty days after receipt of a notice of appeal and decided not later than sixty days after the hearing. If a notice of appeal concerns an announced agency decision to meet in executive session or an ongoing agency practice of meeting in executive sessions, for a stated purpose, the commission or a member or members of the

commission designated by its chairperson shall serve notice upon the parties in accordance with this section and hold a preliminary hearing on the appeal not later than seventy-two hours after receipt of the notice, provided such notice shall be given to the parties at least forty-eight hours prior to such hearing. During such preliminary hearing, the commission shall take evidence and receive testimony from the parties. If after the preliminary hearing the commission finds probable cause to believe that the agency decision or practice is in violation of sections 1-200 and 1-225, the agency shall not meet in executive session for such purpose until the commission decides the appeal. If probable cause is found by the commission, it shall conduct a final hearing on the appeal and render its decision not later than five days after the completion of the preliminary hearing. Such decision shall specify the commission's findings of fact and conclusions of law.

(2) In any appeal to the Freedom of Information Commission under subdivision (1) of this subsection or subsection (c) of this section, the commission may confirm the action of the agency or order the agency to provide relief that the commission, in its discretion, believes appropriate to rectify the denial of any right conferred by the Freedom of Information Act. The commission may declare null and void any action taken at any meeting which a person was denied the right to attend and may require the production or copying of any public record. In addition, upon the finding that a denial of any right created by the Freedom of Information Act was without reasonable grounds and after the custodian or other official directly responsible for the denial has been given an opportunity to be heard at a hearing conducted in accordance with sections 4-176e to 4-184, inclusive, the commission may, in its discretion, impose against the custodian or other official a civil penalty of not less than twenty dollars nor more than one thousand dollars. If the commission finds that a person has taken an appeal under this subsection frivolously, without reasonable grounds and solely for the purpose of harassing the agency from which the appeal has been taken, after such person has been given an opportunity to be heard at a hearing conducted in accordance with sections 4-176e to 4-184, inclusive, the commission may, in its discretion, impose against that person a civil penalty of not less than twenty dollars nor more than one thousand dollars. The commission shall notify a person of a penalty levied against him pursuant to this subsection by written notice sent by certified or registered mail. If a person fails to pay the penalty within thirty days of receiving such notice, the superior court for the judicial district of Hartford shall, on application of the commission, issue an order requiring the person to pay the penalty imposed. If the executive director of the commission has reason to believe an appeal under subdivision (1) of this subsection or subsection (c) of this section (A) presents a claim beyond the commission's jurisdiction; (B) would perpetrate an injustice; or (C) would constitute an abuse of the commission's administrative process, the executive director shall not schedule the appeal for hearing without first seeking and obtaining leave of the commission. The commission shall provide due notice to the parties and review affidavits and written argument that the parties may submit and grant or deny such leave summarily at its next regular meeting. The commission shall grant such leave unless it finds that the appeal: (i) Does not present a claim within the commission's jurisdiction; (ii) would perpetrate an injustice; or (iii) would constitute an abuse of the commission's administrative process. Any party aggrieved by the commission's denial of such leave may apply to the superior court for

the judicial district of Hartford, within fifteen days of the commission meeting at which such leave was denied, for an order requiring the commission to hear such appeal.

(3) In making the findings and determination under subdivision (2) of this subsection the commission shall consider the nature of any injustice or abuse of administrative process, including but not limited to: (A) The nature, content, language or subject matter of the request or the appeal; (B) the nature, content, language or subject matter of prior or contemporaneous requests or appeals by the person making the request or taking the appeal; and (C) the nature, content, language or subject matter of other verbal and written communications to any agency or any official of any agency from the person making the request or taking the appeal.

(4) Notwithstanding any provision of this subsection to the contrary, in the case of an appeal to the commission of a denial by a public agency, the commission may, upon motion of such agency, confirm the action of the agency and dismiss the appeal without a hearing if it finds, after examining the notice of appeal and construing all allegations most favorably to the appellant, that (A) the agency has not violated the Freedom of Information Act, or (B) the agency has committed a technical violation of the Freedom of Information Act that constitutes a harmless error that does not infringe the appellant's rights under said act.

(c) Any person who does not receive proper notice of any meeting of a public agency in accordance with the provisions of the Freedom of Information Act may appeal under the provisions of subsection (b) of this section. A public agency of the state shall be presumed to have given timely and proper notice of any meeting as provided for in said Freedom of Information Act if notice is given in the Connecticut Law Journal or a Legislative Bulletin. A public agency of a political subdivision shall be presumed to have given proper notice of any meeting, if a notice is timely sent under the provisions of said Freedom of Information Act by first-class mail to the address indicated in the request of the person requesting the same. If such commission determines that notice was improper, it may, in its sound discretion, declare any or all actions taken at such meeting null and void.

(d) Any party aggrieved by the decision of said commission may appeal therefrom, in accordance with the provisions of section 4-183. Notwithstanding the provisions of section 4-183, in any such appeal of a decision of the commission, the court may conduct an in camera review of the original or a certified copy of the records which are at issue in the appeal but were not included in the record of the commission's proceedings, admit the records into evidence and order the records to be sealed or inspected on such terms as the court deems fair and appropriate, during the appeal. The commission shall have standing to defend, prosecute or otherwise participate in any appeal of any of its decisions and to take an appeal from any judicial decision overturning or modifying a decision of the commission. If aggrievement is a jurisdictional prerequisite to the commission taking any such appeal, the commission shall be deemed to be aggrieved. Notwithstanding the provisions of section 3-125, legal counsel employed or retained by said commission shall represent said commission in all such appeals and in any other litigation affecting said commission. Notwithstanding the provisions of subsection (c) of section 4-183 and section 52-64, all process shall be

served upon said commission at its office. Any appeal taken pursuant to this section shall be privileged in respect to its assignment for trial over all other actions except writs of habeas corpus and actions brought by or on behalf of the state, including informations on the relation of private individuals. Nothing in this section shall deprive any party of any rights he may have had at common law prior to January 1, 1958. If the court finds that any appeal taken pursuant to this section or section 4-183 is frivolous or taken solely for the purpose of delay, it shall order the party responsible therefor to pay to the party injured by such frivolous or dilatory appeal costs or attorney's fees of not more than one thousand dollars. Such order shall be in addition to any other remedy or disciplinary action required or permitted by statute or by rules of court.

(e) Within sixty days after the filing of a notice of appeal alleging violation of any right conferred by the Freedom of Information Act concerning records of the Department of Environmental Protection relating to the state's hazardous waste program under sections 22a-448 to 22a-454, inclusive, the Freedom of Information Commission shall, after notice to the parties, hear and decide the appeal. Failure by the commission to hear and decide the appeal within such sixty-day period shall constitute a final decision denying such appeal for purposes of this section and section 4-183. On appeal, the court may, in addition to any other powers conferred by law, order the disclosure of any such records withheld in violation of the Freedom of Information Act and may assess against the state reasonable attorney's fees and other litigation costs reasonably incurred in an appeal in which the complainant has prevailed against the Department of Environmental Protection. (P.A. 75-342, §14; P.A. 76-435, §25; P.A. 77-403; P.A. 77-603, §2; P.A. 77-609, §6; P.A. 78-331, §57; P.A. 81-431, §2; P.A. 83-129, §1; P.A. 83-587, §69; June Sp. Sess. P.A. 83-31, §1; P.A. 84-112, §2; P.A. 84-136; P.A. 84-311, §1; P.A. 86-408, §1; P.A. 87-285, §2; P.A. 87-526, §4; P.A. 88-230, §1; P.A. 88-317, §39; P.A. 88-353, §2; P.A. 90-98, §1; P.A. 90-307, §1; P.A. 92-207, §2; P.A. 93-142, §§4, 7; P.A. 93-191, §1; P.A. 95-220, §§4-6; P.A. 97-47, §§10-12; P.A. 00-136, §6; P.A. 07-202, §11.)

Secs. 1-207 to 1-209. Reserved for future use.

Sec. 1-210. (Formerly Sec. 1-19). Access to public records. Exempt records.

(a) Except as otherwise provided by any federal law or state statute, all records maintained or kept on file by any public agency, whether or not such records are required by any law or by any rule or regulation, shall be public records and every person shall have the right to (1) inspect such records promptly during regular office or business hours, (2) copy such records in accordance with subsection (g) of section 1-212, or (3) receive a copy of such records in accordance with section 1-212. Any agency rule or regulation, or part thereof, that conflicts with the provisions of this subsection or diminishes or curtails in any way the rights granted by this subsection shall be void. Each such agency shall keep and maintain all public records in its custody at its regular office or place of business in an accessible place and, if there is no such office or place of business, the public records pertaining to such agency shall be kept in the office of the clerk of the political subdivision in which such public agency is located or of the Secretary of the State, as the case may be. Any certified record hereunder attested as a true copy by the clerk, chief or deputy of such agency or by such other person designated or empowered by law to so act, shall be competent evidence in any court of this state of the facts contained therein.

(b) Nothing in the Freedom of Information Act shall be construed to require disclosure of:

(1) Preliminary drafts or notes provided the public agency has determined that the public interest in withholding such documents clearly outweighs the public interest in disclosure;

(2) Personnel or medical files and similar files the disclosure of which would constitute an invasion of personal privacy;

(3) Records of law enforcement agencies not otherwise available to the public which records were compiled in connection with the detection or investigation of crime, if the disclosure of said records would not be in the public interest because it would result in the disclosure of (A) the identity of informants not otherwise known or the identity of witnesses not otherwise known whose safety would be endangered or who would be subject to threat or intimidation if their identity was made known, (B) the identity of minor witnesses, (C) signed statements of witnesses, (D) information to be used in a prospective law enforcement action if prejudicial to such action, (E) investigatory techniques not otherwise known to the general public, (F) arrest records of a juvenile, which shall also include any investigatory files, concerning the arrest of such juvenile, compiled for law enforcement purposes, (G) the name and address of the victim of a sexual assault under section 53a-70, 53a-70a, 53a-71, 53a-72a, 53a-72b or 53a-73a, or injury or risk of injury, or impairing of morals under section 53-21, or of an attempt thereof, or (H) uncorroborated allegations subject to destruction pursuant to section 1-216;

(4) Records pertaining to strategy and negotiations with respect to pending claims or pending litigation to which the public agency is a party until such litigation or claim has been finally adjudicated or otherwise settled;

(5) (A) Trade secrets, which for purposes of the Freedom of Information Act, are defined as information, including formulas, patterns, compilations, programs, devices, methods, techniques, processes, drawings, cost data, customer lists, film or television scripts or detailed production budgets that (i) derive independent economic value, actual or potential, from not being generally known to, and not being readily ascertainable by proper means by, other persons who can obtain economic value from their disclosure or use, and (ii) are the subject of efforts that are reasonable under the circumstances to maintain secrecy; and

(B) Commercial or financial information given in confidence, not required by statute;

(6) Test questions, scoring keys and other examination data used to administer a licensing examination, examination for employment or academic examinations;

(7) The contents of real estate appraisals, engineering or feasibility estimates and evaluations made for or by an agency relative to the acquisition of property or to

prospective public supply and construction contracts, until such time as all of the property has been acquired or all proceedings or transactions have been terminated or abandoned, provided the law of eminent domain shall not be affected by this provision;

(8) Statements of personal worth or personal financial data required by a licensing agency and filed by an applicant with such licensing agency to establish the applicant's personal qualification for the license, certificate or permit applied for;

(9) Records, reports and statements of strategy or negotiations with respect to collective bargaining;

(10) Records, tax returns, reports and statements exempted by federal law or the general statutes or communications privileged by the attorney-client relationship, marital relationship, clergy-penitent relationship, doctor-patient relationship, therapist-patient relationship or any other privilege established by the common law or the general statutes, including any such records, tax returns, reports or communications that were created or made prior to the establishment of the applicable privilege under the common law or the general statutes;

(11) Names or addresses of students enrolled in any public school or college without the consent of each student whose name or address is to be disclosed who is eighteen years of age or older and a parent or guardian of each such student who is younger than eighteen years of age, provided this subdivision shall not be construed as prohibiting the disclosure of the names or addresses of students enrolled in any public school in a regional school district to the board of selectmen or town board of finance, as the case may be, of the town wherein the student resides for the purpose of verifying tuition payments made to such school;

(12) Any information obtained by the use of illegal means;

(13) Records of an investigation or the name of an employee providing information under the provisions of section 4-61dd;

(14) Adoption records and information provided for in sections 45a-746, 45a-750 and 45a-751;

(15) Any page of a primary petition, nominating petition, referendum petition or petition for a town meeting submitted under any provision of the general statutes or of any special act, municipal charter or ordinance, until the required processing and certification of such page has been completed by the official or officials charged with such duty after which time disclosure of such page shall be required;

(16) Records of complaints, including information compiled in the investigation thereof, brought to a municipal health authority pursuant to chapter 368e or a district department of health pursuant to chapter 368f, until such time as the investigation is concluded or thirty days from the date of receipt of the complaint, whichever occurs first;

(17) Educational records which are not subject to disclosure under the Family Educational Rights and Privacy Act, 20 USC 1232g;

(18) Records, the disclosure of which the Commissioner of Correction, or as it applies to Whiting Forensic Division facilities of the Connecticut Valley Hospital, the Commissioner of Mental Health and Addiction Services, has reasonable grounds to believe may result in a safety risk, including the risk of harm to any person or the risk of an escape from, or a disorder in, a correctional institution or facility under the supervision of the Department of Correction or Whiting Forensic Division facilities. Such records shall include, but are not limited to:

(A) Security manuals, including emergency plans contained or referred to in such security manuals;

(B) Engineering and architectural drawings of correctional institutions or facilities or Whiting Forensic Division facilities;

(C) Operational specifications of security systems utilized by the Department of Correction at any correctional institution or facility or Whiting Forensic Division facilities, except that a general description of any such security system and the cost and quality of such system may be disclosed;

(D) Training manuals prepared for correctional institutions and facilities or Whiting Forensic Division facilities that describe, in any manner, security procedures, emergency plans or security equipment;

(E) Internal security audits of correctional institutions and facilities or Whiting Forensic Division facilities;

(F) Minutes or recordings of staff meetings of the Department of Correction or Whiting Forensic Division facilities, or portions of such minutes or recordings, that contain or reveal information relating to security or other records otherwise exempt from disclosure under this subdivision;

(G) Logs or other documents that contain information on the movement or assignment of inmates or staff at correctional institutions or facilities; and

(H) Records that contain information on contacts between inmates, as defined in section 18-84, and law enforcement officers;

(19) Records when there are reasonable grounds to believe disclosure may result in a safety risk, including the risk of harm to any person, any government-owned or leased institution or facility or any fixture or appurtenance and equipment attached to, or contained in, such institution or facility, except that such records shall be disclosed to a law enforcement agency upon the request of the law enforcement agency. Such reasonable grounds shall be determined (A) (i) by the Commissioner of Administrative Services, after consultation with the chief executive officer of an executive branch state agency, with respect to records concerning such agency; and (ii) by the Commissioner of

Emergency Services and Public Protection, after consultation with the chief executive officer of a municipal, district or regional agency, with respect to records concerning such agency; (B) by the Chief Court Administrator with respect to records concerning the Judicial Department; and (C) by the executive director of the Joint Committee on Legislative Management, with respect to records concerning the Legislative Department. As used in this section, “government-owned or leased institution or facility” includes, but is not limited to, an institution or facility owned or leased by a public service company, as defined in section 16-1, a certified telecommunications provider, as defined in section 16-1, a water company, as defined in section 25-32a, or a municipal utility that furnishes electric, gas or water service, but does not include an institution or facility owned or leased by the federal government, and “chief executive officer” includes, but is not limited to, an agency head, department head, executive director or chief executive officer. Such records include, but are not limited to:

- (i) Security manuals or reports;
- (ii) Engineering and architectural drawings of government-owned or leased institutions or facilities;
- (iii) Operational specifications of security systems utilized at any government-owned or leased institution or facility, except that a general description of any such security system and the cost and quality of such system, may be disclosed;
- (iv) Training manuals prepared for government-owned or leased institutions or facilities that describe, in any manner, security procedures, emergency plans or security equipment;
- (v) Internal security audits of government-owned or leased institutions or facilities;
- (vi) Minutes or records of meetings, or portions of such minutes or records, that contain or reveal information relating to security or other records otherwise exempt from disclosure under this subdivision;
- (vii) Logs or other documents that contain information on the movement or assignment of security personnel;
- (viii) Emergency plans and emergency preparedness, response, recovery and mitigation plans, including plans provided by a person to a state agency or a local emergency management agency or official; and
- (ix) With respect to a water company, as defined in section 25-32a, that provides water service: Vulnerability assessments and risk management plans, operational plans, portions of water supply plans submitted pursuant to section 25-32d that contain or reveal information the disclosure of which may result in a security risk to a water company, inspection reports, technical specifications and other materials that depict or specifically describe critical water company operating facilities, collection and distribution systems or sources of supply;

(20) Records of standards, procedures, processes, software and codes, not otherwise available to the public, the disclosure of which would compromise the security or integrity of an information technology system;

(21) The residential, work or school address of any participant in the address confidentiality program established pursuant to sections 54-240 to 54-240o, inclusive;

(22) The electronic mail address of any person that is obtained by the Department of Transportation in connection with the implementation or administration of any plan to inform individuals about significant highway or railway incidents;

(23) The name or address of any minor enrolled in any parks and recreation program administered or sponsored by any public agency;

(24) Responses to any request for proposals or bid solicitation issued by a public agency or any record or file made by a public agency in connection with the contract award process, until such contract is executed or negotiations for the award of such contract have ended, whichever occurs earlier, provided the chief executive officer of such public agency certifies that the public interest in the disclosure of such responses, record or file is outweighed by the public interest in the confidentiality of such responses, record or file;

(25) The name, address, telephone number or electronic mail address of any person enrolled in any senior center program or any member of a senior center administered or sponsored by any public agency;

(26) All records obtained during the course of inspection, investigation, examination and audit activities of an institution, as defined in section 19a-490, that are confidential pursuant to a contract between the Department of Public Health and the United States Department of Health and Human Services relating to the Medicare and Medicaid programs;

(27) Any record created by a law enforcement agency or other federal, state, or municipal governmental agency consisting of a photograph, film, video or digital or other visual image depicting the victim of a homicide, to the extent that such record could reasonably be expected to constitute an unwarranted invasion of the personal privacy of the victim or the victim's surviving family members.

(c) Whenever a public agency receives a request from any person confined in a correctional institution or facility or a Whiting Forensic Division facility, for disclosure of any public record under the Freedom of Information Act, the public agency shall promptly notify the Commissioner of Correction or the Commissioner of Mental Health and Addiction Services in the case of a person confined in a Whiting Forensic Division facility of such request, in the manner prescribed by the commissioner, before complying with the request as required by the Freedom of Information Act. If the commissioner believes the requested record is exempt from disclosure pursuant to subdivision (18) of subsection (b) of this section, the commissioner may withhold such record from such

person when the record is delivered to the person's correctional institution or facility or Whiting Forensic Division facility.

(d) Whenever a public agency, except the Judicial Department or Legislative Department, receives a request from any person for disclosure of any records described in subdivision (19) of subsection (b) of this section under the Freedom of Information Act, the public agency shall promptly notify the Commissioner of Administrative Services or the Commissioner of Emergency Services and Public Protection, as applicable, of such request, in the manner prescribed by such commissioner, before complying with the request as required by the Freedom of Information Act and for information related to a water company, as defined in section 25-32a, the public agency shall promptly notify the water company before complying with the request as required by the Freedom of Information Act. If the commissioner, after consultation with the chief executive officer of the applicable agency or after consultation with the chief executive officer of the applicable water company for information related to a water company, as defined in section 25-32a, believes the requested record is exempt from disclosure pursuant to subdivision (19) of subsection (b) of this section, the commissioner may direct the agency to withhold such record from such person. In any appeal brought under the provisions of section 1-206 of the Freedom of Information Act for denial of access to records for any of the reasons described in subdivision (19) of subsection (b) of this section, such appeal shall be against the chief executive officer of the executive branch state agency or the municipal, district or regional agency that issued the directive to withhold such record pursuant to subdivision (19) of subsection (b) of this section, exclusively, or, in the case of records concerning Judicial Department facilities, the Chief Court Administrator or, in the case of records concerning the Legislative Department, the executive director of the Joint Committee on Legislative Management.

(e) Notwithstanding the provisions of subdivisions (1) and (16) of subsection (b) of this section, disclosure shall be required of:

(1) Interagency or intra-agency memoranda or letters, advisory opinions, recommendations or any report comprising part of the process by which governmental decisions and policies are formulated, except disclosure shall not be required of a preliminary draft of a memorandum, prepared by a member of the staff of a public agency, which is subject to revision prior to submission to or discussion among the members of such agency;

(2) All records of investigation conducted with respect to any tenement house, lodging house or boarding house as defined in section 19a-355, or any nursing home, residential care home or rest home, as defined in section 19a-490, by any municipal building department or housing code inspection department, any local or district health department, or any other department charged with the enforcement of ordinances or laws regulating the erection, construction, alteration, maintenance, sanitation, ventilation or occupancy of such buildings; and

(3) The names of firms obtaining bid documents from any state agency. (P.A. 57-428, §1; P.A. 63-260; P.A. 67-723, §1; P.A. 69-193; P.A. 71-193; P.A. 75-342, §2; P.A. 76-294; P.A. 77-609, §2; P.A. 79-119; P.A. 79-324; P.A. 79-575, §2; P.A. 79-599,

§3; P.A. 80-483, §1; P.A. 81-40, §2; P.A. 81-431, §1; P.A. 81-448, §2; P.A. 83-436; P.A. 84-112, §1; P.A. 84-311, §2; P.A. 85-577, §22; P.A. 90-335, §1; P.A. 91-140, §2; P.A. 94-246, §14; P.A. 95-233; P.A. 96-130, §37; P.A. 97-47, §4; P.A. 97-112, §2; P.A. 97-293, §14; P.A. 99-156, §1; P.A. 00-66, §5; P.A. 00-69, §3; P.A. 00-134, §1; P.A. 00-136, §2; June Sp. Sess. P.A. 00-1, §20; P.A. 01-26, §1; P.A. 02-133, §§1, 2; P.A. 02-137, §2; P.A. 03-200, §17; June 30, Sp. Sess., P.A. 03-6, §104; P.A. 05-287, §26; P.A. 07-202, §12; P.A. 07-213, §22; P.A. 07-236, §5; P.A. 08-18, §1; P.A. 10-17; P.A. 11-51, §§44, 134; P.A. 11-242, §§37, 38; P.A. 13-311, §§1, 2).

Sec. 1-211. (Formerly Sec. 1-19a). Disclosure of computer-stored public records. Contracts. Acquisition of system, equipment, software to store or retrieve nonexempt public records. (a) Any public agency which maintains public records in a computer storage system shall provide, to any person making a request pursuant to the Freedom of Information Act, a copy of any nonexempt data contained in such records, properly identified, on paper, disk, tape or any other electronic storage device or medium requested by the person, including an electronic copy sent to the electronic mail address of the person making such request, if the agency can reasonably make any such copy or have any such copy made. Except as otherwise provided by state statute, the cost for providing a copy of such data shall be in accordance with the provisions of section 1-212, as amended by Public Act 11-150.

(b) Except as otherwise provided by state statute, no public agency shall enter into a contract with, or otherwise obligate itself to, any person if such contract or obligation impairs the right of the public under the Freedom of Information Act to inspect or copy the agency's nonexempt public records existing on-line in, or stored on a device or medium used in connection with, a computer system owned, leased or otherwise used by the agency in the course of its governmental functions.

(c) On and after July 1, 1992, before any public agency acquires any computer system, equipment or software to store or retrieve nonexempt public records, it shall consider whether such proposed system, equipment or software adequately provides for the rights of the public under the Freedom of Information Act at the least cost possible to the agency and to persons entitled to access to nonexempt public records under the Freedom of Information Act. In meeting its obligations under this subsection, each state public agency shall consult with the Department of Administrative Services as part of the agency's design analysis prior to acquiring any such computer system, equipment or software. The Department of Administrative Services shall adopt written guidelines to assist municipal agencies in carrying out the purposes of this subsection. Nothing in this subsection shall require an agency to consult with said department prior to acquiring a system, equipment or software or modifying software, if such acquisition or modification is consistent with a design analysis for which such agency has previously consulted with said department. The Department of Administrative Services shall consult with the Freedom of Information Commission on matters relating to access to and disclosure of public records for the purposes of this subsection. The provisions of this subsection shall not apply to software modifications which would not affect the rights of the public under the Freedom of Information Act. (P.A. 75-342, §4; P.A. 90-307, §3; P.A. 91-347, §1; P.A. 97-47, §5; June 18 Sp. Sess., P.A. 97-9, §26; P.A. 11-51, §76; P.A. 11-150, §21).

Sec. 1-212. (Formerly Sec. 1-15). Copies and scanning of public records.

Fees. (a) Any person applying in writing shall receive, promptly upon request, a plain, facsimile, electronic or certified copy of any public record. The type of copy provided shall be within the discretion of the public agency, except (1) the agency shall provide a certified copy whenever requested, and (2) if the applicant does not have access to a computer or facsimile machine, the public agency shall not send the applicant an electronic or facsimile copy. The fee for any copy provided in accordance with the Freedom of Information Act:

(A) By an executive, administrative or legislative office of the state, a state agency or a department, institution, bureau, board, commission, authority or official of the state, including a committee of, or created by, such an office, agency, department, institution, bureau, board, commission, authority or official, and also including any judicial office, official or body or committee thereof but only in respect to its or their administrative functions, shall not exceed twenty-five cents per page; and

(B) By all other public agencies, as defined in section 1-200, shall not exceed fifty cents per page. If any copy provided in accordance with said Freedom of Information Act requires a transcription, or if any person applies for a transcription of a public record, the fee for such transcription shall not exceed the cost thereof to the public agency.

(b) The fee for any copy provided in accordance with subsection (a) of section 1-211 shall not exceed the cost thereof to the public agency. In determining such costs for a copy, other than for a printout which exists at the time that the agency responds to the request for such copy, an agency may include only:

(1) An amount equal to the hourly salary attributed to all agency employees engaged in providing the requested computer-stored public record, including their time performing the formatting or programming functions necessary to provide the copy as requested, but not including search or retrieval costs except as provided in subdivision (4) of this subsection;

(2) An amount equal to the cost to the agency of engaging an outside professional electronic copying service to provide such copying services, if such service is necessary to provide the copying as requested;

(3) The actual cost of the storage devices or media provided to the person making the request in complying with such request; and

(4) The computer time charges incurred by the agency in providing the requested computer-stored public record where another agency or contractor provides the agency with computer storage and retrieval services. Notwithstanding any other provision of this section, the fee for any copy of the names of registered voters shall not exceed three cents per name delivered or the cost thereof to the public agency, as determined pursuant to this subsection, whichever is less. The Department of Administrative Services shall provide guidelines to agencies regarding the calculation of the fees charged for copies of

computer-stored public records to ensure that such fees are reasonable and consistent among agencies.

(c) A public agency may require the prepayment of any fee required or permitted under the Freedom of Information Act if such fee is estimated to be ten dollars or more. The sales tax provided in chapter 219 shall not be imposed upon any transaction for which a fee is required or permissible under this section or section 1-227.

(d) The public agency shall waive any fee provided for in this section when:

(1) The person requesting the records is an indigent individual;

(2) The records located are determined by the public agency to be exempt from disclosure under subsection (b) of section 1-210;

(3) In its judgment, compliance with the applicant's request benefits the general welfare; or

(4) The person requesting the record is an elected official of a political subdivision of the state and the official (A) obtains the record from an agency of the political subdivision in which the official serves, and (B) certifies that the record pertains to the official's duties; or

(5) The person requesting the records is a member of the Division of Public Defender Services or an attorney appointed by the court as a special assistant public defender under section 51-296 and such member or attorney certifies that the record pertains to the member's or attorney's duties.

(e) Except as otherwise provided by law, the fee for any person who has the custody of any public records or files for certifying any copy of such records or files, or certifying to any fact appearing therefrom, shall be for the first page of such certificate, or copy and certificate, one dollar; and for each additional page, fifty cents. For the purpose of computing such fee, such copy and certificate shall be deemed to be one continuous instrument.

(f) The Secretary of the State, after consulting with the chairperson of the Freedom of Information Commission, the Commissioner of Correction and a representative of the Judicial Department, shall propose a fee structure for copies of public records provided to an inmate, as defined in section 18-84, in accordance with subsection (a) of this section. The Secretary of the State shall submit such proposed fee structure to the joint standing committee of the General Assembly having cognizance of matters relating to government administration, not later than January 15, 2000.

(g) Any individual may copy a public record through the use of a hand-held scanner. A public agency may establish a fee structure not to exceed twenty dollars for an individual to pay each time the individual copies records at the agency with a hand-held scanner. As used in this section, "hand-held scanner" means a battery operated electronic scanning device the use of which (1) leaves no mark or impression on the

public record, and (2) does not unreasonably interfere with the operation of the public agency. (1949 Rev., §3625; P.A. 59-352, §1; P.A. 75-342, §5; P.A. 77-609, §3; P.A. 89-251, §56; P.A. 90-307, §4; P.A. 91-347, §2; P.A. 93-188, §1; P.A. 94-112, §1; P.A. 95-144, §1; P.A. 97-47, §§2, 3; June 18 Sp. Sess., P.A. 97-9, §25; P.A. 99-71, §2; P.A. 99-156, §2; P.A. 00-66, §6; P.A. 02-137, §3; P.A. 09-03, §140; P.A. 11-51, §76; P.A. 11-150, §22; P.A. 11-220, §3; P.A. 12-205, §1).

Sec. 1-213. (Formerly Sec. 1-19b). Agency administration. Disclosure of personnel, birth and tax records. Disclosure of voice mails by public agencies. Judicial records and proceedings. (a) The Freedom of Information Act shall be:

(1) Construed as requiring each public agency to open its records concerning the administration of such agency to public inspection; and

(2) Construed as requiring each public agency to disclose information in its personnel files, birth records or confidential tax records to the individual who is the subject of such information.

(b) Nothing in the Freedom of Information Act shall be deemed in any manner to:

(1) Affect the status of judicial records as they existed prior to October 1, 1975, nor to limit the rights of litigants, including parties to administrative proceedings, under the laws of discovery of this state;

(2) Require disclosure of any record of a personnel search committee which, because of name or other identifying information, would reveal the identity of an executive level employment candidate without the consent of such candidate; or

(3) Require any public agency to transcribe the content of any voice mail message and retain such record for any period of time. As used in this subdivision, "voice mail" means all information transmitted by voice for the sole purpose of its electronic receipt, storage and playback by a public agency. (P.A. 75-342, §3; P.A. 79-118; P.A. 87-568, §3; P.A. 94-246, §15; P.A. 97-47, §6; P.A. 04-171, §1.)

Sec. 1-214. (Formerly Sec. 1-20a). Public employment contracts as public record. Objection to disclosure of personnel or medical files. (a) Any contract of employment to which the state or a political subdivision of the state is a party shall be deemed to be a public record for the purposes of section 1-210.

(b) Whenever a public agency receives a request to inspect or copy records contained in any of its employees' personnel or medical files and similar files and the agency reasonably believes that the disclosure of such records would legally constitute an invasion of privacy, the agency shall immediately notify in writing (1) each employee concerned, provided such notice shall not be required to be in writing where impractical due to the large number of employees concerned and (2) the collective bargaining representative, if any, of each employee concerned. Nothing herein shall require an agency to withhold from disclosure the contents of personnel or medical files and similar

files when it does not reasonably believe that such disclosure would legally constitute an invasion of personal privacy.

(c) A public agency which has provided notice under subsection (b) of this section shall disclose the records requested unless it receives a written objection from the employee concerned or the employee's collective bargaining representative, if any, within seven business days from the receipt by the employee or such collective bargaining representative of the notice or, if there is no evidence of receipt of written notice, not later than nine business days from the date the notice is actually mailed, sent, posted or otherwise given. Each objection filed under this subsection shall be on a form prescribed by the public agency, which shall consist of a statement to be signed by the employee or the employee's collective bargaining representative, under the penalties of false statement, that to the best of his knowledge, information and belief there is good ground to support it and that the objection is not interposed for delay. Upon the filing of an objection as provided in this subsection, the agency shall not disclose the requested records unless ordered to do so by the Freedom of Information Commission pursuant to section 1-206. Failure to comply with a request to inspect or copy records under this section shall constitute a denial for the purposes of section 1-206. Notwithstanding any provision of this subsection or subsection (b) of section 1-206 to the contrary, if an employee's collective bargaining representative files a written objection under this subsection, the employee may subsequently approve the disclosure of the records requested by submitting a written notice to the public agency. (P.A. 73-271; P.A. 78-331, §1; P.A. 87-285, §1; P.A. 88-353, §1; P.A. 92-207, §1.)

Sec. 1-214a. Disclosure of public agency termination, suspension or separation agreement containing confidentiality provision. Any agreement entered into by any public agency, as defined in section 1-200, with an employee or personal services contractor providing for the termination, suspension or separation from employment of such employee or the termination or suspension of the provision of personal services by such contractor, as the case may be, that contains a confidentiality provision that prohibits or restricts such public agency from disclosing the existence of the agreement or the cause or causes for such termination, suspension or separation including, but not limited to, alleged or substantiated sexual abuse, sexual harassment, sexual exploitation or sexual assault by such employee or contractor, shall be subject to public disclosure under this chapter. (P.A. 06-132, §1.)

Sec. 1-215. (Formerly Sec. 1-20b). Record of an arrest as public record.
Exception. (a) Notwithstanding any provision of the general statutes to the contrary, and except as otherwise provided in this section, any record of the arrest of any person, other than a juvenile, except a record erased pursuant to chapter 961a, shall be a public record from the time of such arrest and shall be disclosed in accordance with the provisions of section 1-212 and subsection (a) of section 1-210, except that disclosure of data or information other than that set forth in subdivision (1) of subsection (b) of this section shall be subject to the provisions of subdivision (3) of subsection (b) of section 1-210. Any personal possessions or effects found on a person at the time of such person's arrest shall not be disclosed unless such possessions or effects are relevant to the crime for which such person was arrested.

(b) For the purposes of this section, “record of the arrest” means (1) the name and address of the person arrested, the date, time and place of the arrest and the offense for which the person was arrested, and (2) at least one of the following, designated by the law enforcement agency: The arrest report, incident report, news release or other similar report of the arrest of a person. (P.A. 83-272, §1; P.A. 94-117, §4; P.A. 94-246, §13.)

Sec. 1-216. (Formerly Sec. 1-20c). Review and destruction of records consisting of uncorroborated allegations of criminal activity. Except for records the retention of which is otherwise controlled by law or regulation, records of law enforcement agencies consisting of uncorroborated allegations that an individual has engaged in criminal activity shall be reviewed by the law enforcement agency one year after the creation of such records. If the existence of the alleged criminal activity cannot be corroborated within ninety days of the commencement of such review, the law enforcement agency shall destroy such records. (P.A. 88-227, §2.)

Sec. 1-217. (Formerly Sec. 1-20f). Nondisclosure of residential addresses of certain individuals. (a) No public agency may disclose, under the Freedom of Information Act, from its personnel, medical or similar files, the residential address of any of the following persons employed by such public agency:

(1) A federal court judge, federal court magistrate, judge of the Superior Court, Appellate Court or Supreme Court of the state, or family support magistrate;

(2) A sworn member of a municipal police department, a sworn member of the Division of State Police within the Department of Emergency Services and Public Protection or a sworn law enforcement officer within the Department of Environmental Protection;

(3) An employee of the Department of Correction;

(4) An attorney-at-law who represents or has represented the state in a criminal prosecution;

(5) An attorney-at-law who is or has been employed by the Public Defender Services Division or a social worker who is employed by the Public Defender Services Division;

(6) An inspector employed by the Division of Criminal Justice;

(7) A firefighter;

(8) An employee of the Department of Children and Families;

(9) A member or employee of the Board of Pardons and Paroles;

(10) An employee of the judicial branch;

(11) An employee of the Department of Mental Health and Addiction Services who provides direct care to patients; or

(12) A member or employee of the Commission on Human Rights and Opportunities.

(b) The business address of any person described in this section shall be subject to disclosure under section 1-210 of the 2008 supplement to the general statutes. The provisions of this section shall not apply to Department of Motor Vehicles records described in section 14-10 of the 2008 supplement to the general statutes.

(c) (1) Except as provided in subsections (a) and (d) of this section, no public agency may disclose the residential address of any person listed in subsection (a) of this section from any record described in subdivision (2) of this subsection that is requested in accordance with the provisions of said subdivision, regardless of whether such person is an employee of the public agency, provided such person has (A) submitted a written request for the nondisclosure of the person's residential address to the public agency, and (B) furnished his or her business address to the public agency.

(2) Any public agency that receives a request for a record subject to disclosure under this chapter where such request (A) specifically names a person who has requested that his or her address be kept confidential under subdivision (1) of this subsection, shall make a copy of the record requested to be disclosed and shall redact the copy to remove such person's residential address prior to disclosing such record, (B) is for an existing list that is derived from a readily accessible electronic database, shall make a reasonable effort to redact the residential address of any person who has requested that his or her address be kept confidential under subdivision (1) of this subsection prior to the release of such list, or (C) is for any list that the public agency voluntarily creates in response to a request for disclosure, shall make a reasonable effort to redact the residential address of any person who has requested that his or her address be kept confidential under subdivision (1) of this subsection prior to the release of such list.

(3) Except as provided in subsection (a) of this section, an agency shall not be prohibited from disclosing the residential address of any person listed in subsection (a) of this section from any record other than the records described in subparagraphs (A) to (C), inclusive, of subdivision (2) of this subsection.

(d) The provisions of this section shall not be construed to prohibit the disclosure without redaction of any document, as defined in section 7-35bb, any list prepared under title 9, or any list published under section 12-55.

(e) No public agency or public official or employee of a public agency shall be penalized for violating a provision of this section, unless such violation is wilful and knowing. Any complaint of such a violation shall be made to the Freedom of Information Commission. Upon receipt of such a complaint, the commission shall serve upon the public agency, official or employee, as the case may be, by certified or registered mail, a copy of the complaint. The commission shall provide the public agency, official or employee with an opportunity to be heard at a hearing conducted in accordance with the

provisions of chapter 54, unless the commission, upon motion of the public agency, official or employee or upon motion of the commission, dismisses the complaint without a hearing if it finds, after examining the complaint and construing all allegations most favorably to the complainant, that the public agency, official or employee has not wilfully and knowingly violated a provision of this section. If the commission finds that the public agency, official or employee wilfully and knowingly violated a provision of this section, the commission may impose against such public agency, official or employee a civil penalty of not less than twenty dollars nor more than one thousand dollars. Nothing in this section shall be construed to allow a private right of action against a public agency, public official or employee of a public agency. (P.A. 95-163; P.A. 96-83, §1; P.A. 97-219, §2; P.A. 99-26, §27; P.A. 99-77, §1; P.A. 99-156, §3; P.A. 01-186, §17; P.A. 02-53, §1; P.A. 04-234, §2; P.A. 04-257, §114; P.A. 05-108, §2; P.A. 08-120, §1; P.A. 08-186, §1; P.A. 11-51, §134; P.A. 12-3, §§1, 2.)

Sec. 1-218. Certain contracts for performance of governmental functions. Records and files subject to Freedom of Information Act. Each contract in excess of two million five hundred thousand dollars between a public agency and a person for the performance of a governmental function shall (1) provide that the public agency is entitled to receive a copy of records and files related to the performance of the governmental function, and (2) indicate that such records and files are subject to the Freedom of Information Act and may be disclosed by the public agency pursuant to the Freedom of Information Act. No request to inspect or copy such records or files shall be valid unless the request is made to the public agency in accordance with the Freedom of Information Act. Any complaint by a person who is denied the right to inspect or copy such records or files shall be brought to the Freedom of Information Commission in accordance with the provisions of sections 1-205 and 1-206. (P.A. 01-169, §2.)

Sec. 1-219. Veterans' military records. (a) As used in this section: (1) "Armed forces" means the Army, Navy, Marine Corps, Coast Guard or Air Force of the United States; (2) "veteran" means any person honorably discharged from, or released under honorable conditions from active service or reserve status in the armed forces; (3) "military discharge document" means a United States Department of Defense form, including, but not limited to, a DD 214 form, or any valid paper that evidences the service, discharge or retirement of a veteran from the armed forces that contains personal information such as a service number or Social Security number; (4) "person" means any individual or entity, including, but not limited to, a relative of a veteran, a licensed funeral director or embalmer, an attorney-at-law, an attorney-in-fact, an insurance company or a veterans' advocate; and (5) "public agency" or "agency" means a public agency, as defined in section 1-200.

(b) A veteran or designee may file a military discharge document with the town clerk of the town in which the veteran resides or with any other public agency if the military discharge document is related to the business of the town or other agency, and the town or agency shall maintain and record the military discharge document in accordance with this section.

(c) Notwithstanding any provision of chapter 55, or any provision of section 11-8 or 11-8a, any military discharge document filed by or on behalf of a veteran with a public

agency before, on or after October 1, 2002, except a military discharge document recorded before October 1, 2002, on the land records of a town, shall be retained by the agency separate and apart from the other records of the agency. The contents of such document shall be confidential for at least seventy-five years from the date the document is filed with the public agency, except that:

(1) The information contained in the document shall be available to the veteran, or a conservator of the person of the veteran or a conservator of the estate of the veteran, at all times;

(2) Any information contained in such military discharge document which is necessary to establish, or that aids in establishing, eligibility for any local, state or federal benefit or program applied for by, or on behalf of, the veteran, including, but not limited to, the name of the veteran, the veteran's residential address, dates of qualifying active or reserve military service, or military discharge status, shall be available to the public at all times; and

(3) In addition to the information available under subdivision (2) of this subsection, any other information contained in the document shall be available to (A) any person who may provide a benefit to, or acquire a benefit for, the veteran or the estate of the veteran, provided the person needs the information to provide the benefit and submits satisfactory evidence of such need to the agency, (B) the State Librarian as required for the performance of his or her duties, and (C) a genealogical society incorporated or authorized by the Secretary of the State to do business or conduct affairs in this state or a member of such genealogical society.

(d) The provisions of this section concerning the maintenance and recording of Department of Defense documents shall not apply to the State Library Board or the State Librarian. (P.A. 02-137, §1.)

Secs. 1-220 to 1-224. Reserved for future use.

Sec. 1-225. (Formerly Sec. 1-21). Meetings of government agencies to be public. Recording of votes. Schedule and agenda of meetings to be filed and posted on web sites. Notice of special meetings. Executive sessions. (a) The meetings of all public agencies, except executive sessions, as defined in subdivision (6) of section 1-200, shall be open to the public. The votes of each member of any such public agency upon any issue before such public agency shall be reduced to writing and made available for public inspection within forty-eight hours and shall also be recorded in the minutes of the session at which taken. Not later than seven days after the date of the session to which such minutes refer, such minutes shall be available for public inspection and posted on such public agency's Internet web site, if available, except that no public agency of a political subdivision of the state shall be required to post such minutes on an Internet web site. Each public agency shall make, keep and maintain a record of the proceedings of its meetings.

(b) Each such public agency of the state shall file not later than January thirty-first of each year in the office of the Secretary of the State the schedule of the regular

meetings of such public agency for the ensuing year and shall post such schedule on such public agency's Internet web site, if available, except that such requirements shall not apply to the General Assembly, either house thereof or to any committee thereof. Any other provision of the Freedom of Information Act notwithstanding, the General Assembly at the commencement of each regular session in the odd-numbered years, shall adopt, as part of its joint rules, rules to provide notice to the public of its regular, special, emergency or interim committee meetings. The chairperson or secretary of any such public agency of any political subdivision of the state shall file, not later than January thirty-first of each year, with the clerk of such subdivision the schedule of regular meetings of such public agency for the ensuing year, and no such meeting of any such public agency shall be held sooner than thirty days after such schedule has been filed. The chief executive officer of any multitown district or agency shall file, not later than January thirty-first of each year, with the clerk of each municipal member of such district or agency, the schedule of regular meetings of such public agency for the ensuing year, and no such meeting of any such public agency shall be held sooner than thirty days after such schedule has been filed.

(c) The agenda of the regular meetings of every public agency, except for the General Assembly, shall be available to the public and shall be filed, not less than twenty-four hours before the meetings to which they refer, (1) in such agency's regular office or place of business, and (2) in the office of the Secretary of the State for any such public agency of the state, in the office of the clerk of such subdivision for any public agency of a political subdivision of the state or in the office of the clerk of each municipal member of any multitown district or agency. For any such public agency of the state, such agenda shall be posted on the public agency's and the Secretary of the State's web sites. Upon the affirmative vote of two-thirds of the members of a public agency present and voting, any subsequent business not included in such filed agendas may be considered and acted upon at such meetings.

(d) Notice of each special meeting of every public agency, except for the General Assembly, either house thereof or any committee thereof, shall be posted not less than twenty-four hours before the meeting to which such notice refers on the public agency's Internet web site, if available, and given not less than twenty-four hours prior to the time of such meeting by filing a notice of the time and place thereof in the office of the Secretary of the State for any such public agency of the state, in the office of the clerk of such subdivision for any public agency of a political subdivision of the state and in the office of the clerk of each municipal member for any multitown district or agency. The secretary or clerk shall cause any notice received under this section to be posted in his office. Such notice shall be given not less than twenty-four hours prior to the time of the special meeting; provided, in case of emergency, except for the General Assembly, either house thereof or any committee thereof, any such special meeting may be held without complying with the foregoing requirement for the filing of notice but a copy of the minutes of every such emergency special meeting adequately setting forth the nature of the emergency and the proceedings occurring at such meeting shall be filed with the Secretary of the State, the clerk of such political subdivision, or the clerk of each municipal member of such multitown district or agency, as the case may be, not later than seventy-two hours following the holding of such meeting. The notice shall specify the time and place of the special meeting and the business to be transacted. No other

business shall be considered at such meetings by such public agency. In addition, such written notice shall be delivered to the usual place of abode of each member of the public agency so that the same is received prior to such special meeting. The requirement of delivery of such written notice may be dispensed with as to any member who at or prior to the time the meeting convenes files with the clerk or secretary of the public agency a written waiver of delivery of such notice. Such waiver may be given by telegram. The requirement of delivery of such written notice may also be dispensed with as to any member who is actually present at the meeting at the time it convenes. Nothing in this section shall be construed to prohibit any agency from adopting more stringent notice requirements.

(e) No member of the public shall be required, as a condition to attendance at a meeting of any such body, to register the member's name, or furnish other information, or complete a questionnaire or otherwise fulfill any condition precedent to the member's attendance.

(f) A public agency may hold an executive session as defined in subdivision (6) of section 1-200, upon an affirmative vote of two-thirds of the members of such body present and voting, taken at a public meeting and stating the reasons for such executive session, as defined in section 1-200.

(g) In determining the time within which or by when a notice, agenda, record of votes or minutes of a special meeting or an emergency special meeting are required to be filed under this section, Saturdays, Sundays, legal holidays and any day on which the office of the agency, the Secretary of the State or the clerk of the applicable political subdivision or the clerk of each municipal member of any multitown district or agency, as the case may be, is closed, shall be excluded. (P.A. 57-468, §1; P.A. 67-723, §2; P.A. 71-499; P.A. 75-342, §6; P.A. 76-435, §63; P.A. 77-609, §4; P.A. 83-67, §2; P.A. 83-148; P.A. 84-546, §4; P.A. 85-613, §3; P.A. 97-47, §8; P.A. 99-71, §1; P.A. 00-66, §7; P.A. 07-213, §23; P.A. 08-18, §2; June 11 Sp. Sess., P.A. 08-3, §11; P.A. 10-171, §4.)

Sec. 1-226. (Formerly Sec. 1-21a). Recording, broadcasting or photographing meetings. (a) At any meeting of a public agency which is open to the public, pursuant to the provisions of section 1-225, proceedings of such public agency may be recorded, photographed, broadcast or recorded for broadcast, subject to such rules as such public agency may have prescribed prior to such meeting, by any person or by any newspaper, radio broadcasting company or television broadcasting company. Any recording, radio, television or photographic equipment may be so located within the meeting room as to permit the recording, broadcasting either by radio, or by television, or by both, or the photographing of the proceedings of such public agency. The photographer or broadcaster and its personnel, or the person recording the proceedings, shall be required to handle the photographing, broadcast or recording as inconspicuously as possible and in such manner as not to disturb the proceedings of the public agency. As used herein the term television shall include the transmission of visual and audible signals by cable.

(b) Any such public agency may adopt rules governing such recording, photography or the use of such broadcasting equipment for radio and television stations

but, in the absence of the adoption of such rules and regulations by such public agency prior to the meeting, such recording, photography or the use of such radio and television equipment shall be permitted as provided in subsection (a) of this section.

(c) Whenever there is a violation or the probability of a violation of subsections (a) and (b) of this section the superior court, or a judge thereof, for the judicial district in which such meeting is taking place shall, upon application made by affidavit that such violation is taking place or that there is reasonable probability that such violation will take place, issue a temporary injunction against any such violation without notice to the adverse party to show cause why such injunction should not be granted and without the plaintiff's giving bond. Any person or public agency so enjoined may immediately appear and be heard by the court or judge granting such injunction with regard to dissolving or modifying the same and, after hearing the parties and upon a determination that such meeting should not be open to the public, said court or judge may dissolve or modify the injunction. Any action taken by a judge upon any such application shall be immediately certified to the court to which such proceedings are returnable. (P.A. 67-851, §1; P.A. 69-706; P.A. 74-183, §161; P.A. 75-342, §12; P.A. 76-435, §24; P.A. 76-436, §562; P.A. 77-609, §5; P.A. 78-280, §1; P.A. 05-288, §3.)

Sec. 1-227. (Formerly Sec. 1-21c). Mailing of notice of meetings to persons filing written request. Fees. The public agency shall, where practicable, give notice by mail of each regular meeting, and of any special meeting which is called, at least one week prior to the date set for the meeting, to any person who has filed a written request for such notice with such body, except that such body may give such notice as it deems practical of special meetings called less than seven days prior to the date set for the meeting. Such notice requirement shall not apply to the General Assembly, either house thereof or to any committee thereof. Any request for notice filed pursuant to this section shall be valid for one year from the date on which it is filed unless a renewal request is filed. Renewal requests for notice shall be filed within thirty days after January first of each year. Such public agency may establish a reasonable charge for sending such notice based on the estimated cost of providing such service. (P.A. 75-342, §7.)

Sec. 1-228. (Formerly Sec. 1-21d). Adjournment of meetings. Notice. The public agency may adjourn any regular or special meeting to a time and place specified in the order of adjournment. Less than a quorum may so adjourn from time to time. If all members are absent from any regular meeting the clerk or the secretary of such body may declare the meeting adjourned to a stated time and place and shall cause a written notice of the adjournment to be given in the same manner as provided in section 1-225, for special meetings, unless such notice is waived as provided for special meetings. A copy of the order or notice of adjournment shall be conspicuously posted on or near the door of the place where the regular or special meeting was held, within twenty-four hours after the time of the adjournment. When an order of adjournment of any meeting fails to state the hour at which the adjourned meeting is to be held, it shall be held at the hour specified for regular meetings, by ordinance, resolution, by law or other rule. (P.A. 75-342, §8.)

Sec. 1-229. (Formerly Sec. 1-21e). Continued hearings. Notice. Any hearing being held, or noticed or ordered to be held, by the public agency at any meeting may by

order or notice of continuance be continued or reconvened to any subsequent meeting of such agency in the same manner and to the same extent set forth in section 1-228, for the adjournment of meeting, provided, that if the hearing is continued to a time less than twenty-four hours after the time specified in the order or notice of hearing, a copy of the order or notice of continuance of hearing shall be posted on or near the door of the place where the hearing was held immediately following the meeting at which the order or declaration of continuance was adopted or made. (P.A. 75-342, §9.)

Sec. 1-230. (Formerly Sec. 1-21f). Regular meetings to be held pursuant to regulation, ordinance or resolution. The public agency shall provide by regulation, in the case of a state agency, or by ordinance or resolution in the case of an agency of a political subdivision, the place for holding its regular meetings. If at any time any regular meeting falls on a holiday, such regular meeting shall be held on the next business day. If it shall be unsafe to meet in the place designated, the meetings may be held at such place as is designated by the presiding officer of the public agency; provided a copy of the minutes of any such meeting adequately setting forth the nature of the emergency and the proceedings occurring at such meeting shall be filed with the Secretary of the State or the clerk of the political subdivision, as the case may be, not later than seventy-two hours following the holding of such meeting. (P.A. 75-342, §10.)

Sec. 1-231. (Formerly Sec. 1-21g). Executive sessions. (a) At an executive session of a public agency, attendance shall be limited to members of said body and persons invited by said body to present testimony or opinion pertinent to matters before said body provided that such persons' attendance shall be limited to the period for which their presence is necessary to present such testimony or opinion and, provided further, that the minutes of such executive session shall disclose all persons who are in attendance except job applicants who attend for the purpose of being interviewed by such agency.

(b) An executive session may not be convened to receive or discuss oral communications that would otherwise be privileged by the attorney-client relationship if the agency were a nongovernmental entity, unless the executive session is for a purpose explicitly permitted pursuant to subdivision (6) of section 1-200. (P.A. 75-342, §11; P.A. 81-431, §5; P.A. 86-226; P.A. 97-47, §9.)

Sec. 1-232. (Formerly Sec. 1-21h). Conduct of meetings. In the event that any meeting of a public agency is interrupted by any person or group of persons so as to render the orderly conduct of such meeting unfeasible and order cannot be restored by the removal of individuals who are wilfully interrupting the meetings, the members of the agency conducting the meeting may order the meeting room cleared and continue in session. Only matters appearing on the agenda may be considered in such a session. Duly accredited representatives of the press or other news media, except those participating in the disturbance, shall be allowed to attend any session held pursuant to this section. Nothing in this section shall prohibit such public agency from establishing a procedure for readmitting an individual or individuals not responsible for wilfully disturbing the meeting. (P.A. 75-342, §13.)

Secs. 1-233 to 1-239. Reserved for future use.

Sec. 1-240. (Formerly Sec. 1-21k). Penalties. (a) Any person who wilfully, knowingly and with intent to do so, destroys, mutilates or otherwise disposes of any public record without the approval required under section 1-18 or unless pursuant to chapter 47 or 871, or who alters any public record, shall be guilty of a class A misdemeanor and each such occurrence shall constitute a separate offense.

(b) Any member of any public agency who fails to comply with an order of the Freedom of Information Commission shall be guilty of a class B misdemeanor and each occurrence of failure to comply with such order shall constitute a separate offense. (P.A. 75-342, §16; P.A. 79-631, §24; P.A. 82-188, §2.)

Sec. 1-241. (Formerly Sec. 1-211). Injunctive relief from frivolous, unreasonable or harassing freedom of information appeals. A public agency, as defined in subdivision (1) of section 1-200, may bring an action to the Superior Court against any person who was denied leave by the Freedom of Information Commission to have his appeal heard by the commission under subsection (b) of section 1-206 because the commission determined and found that such appeal or the underlying request would perpetrate an injustice or would constitute an abuse of the commission's administrative process. The action authorized under this section shall be limited to an injunction prohibiting such person from bringing any further appeal to the commission which would perpetrate an injustice or would constitute an abuse of the commission's administrative process. If, after such an injunction is ordered, the person subject to the injunction brings a further appeal to the Freedom of Information Commission and the commission determines that such appeal would perpetrate an injustice or would constitute an abuse of the commission's administrative process, such person shall be conclusively deemed to have violated the injunction and such agency may seek further injunctive and equitable relief, damages, attorney's fees and costs, as the court may order. (P.A. 93-191, §2; P.A. 97-47, §14.)

Sec. 1-242. Actions involving provisions of the Freedom of Information Act. Notice of litigation to the Freedom of Information Commission. Intervention by commission. (a) In any action involving the assertion that a provision of the Freedom of Information Act has been violated or constitutes a defense, the court to which such action is brought shall make an order requiring the party asserting such violation or defense, as applicable, to provide the Freedom of Information Commission with notice of the action and a copy of the complaint and all pleadings in the action by first-class mail or personal service to the address of the commission's office.

(b) Upon the filing of a verified pleading by the commission, the court to which an action described in subsection (a) of this section is brought may grant the commission's motion to intervene in the action for purposes of participating in any issue involving a provision of the Freedom of Information Act. (P.A. 04-206, §1.)

Secs. 1-243 to 1-259. Reserved for future use.

TABLE OF CONTENTS

The Public Health Code of the State of Connecticut

CHAPTER I

REPORTABLE DISEASES

Repealed 19-13-A1—19-13-A 6
 Transferred 19-13-A7—19-13-A37
 Repealed 19-13-A38
 Transferred 19-13-A39—19-13-A59

CHAPTER II

ENVIRONMENTAL HEALTH

Conditions specifically declared to constitute public nuisances . . . 19-13-B 1
 Abatement of nuisance 19-13-B 2

**Septic Tanks, Privies, Cesspools and Other Receptacles for
 Domestic Sewage; Public Toilet Accommodations**

Repealed 19-13-B3—19-13-B20

Subsurface Sewage Disposal

Repealed 19-13-B20a—19-13-B20s
 Garbage and refuse 19-13-B21
 Manufacturing and other wastes 19-13-B22
 Keeping of animals 19-13-B23
 Repealed 19-13-B24—19-13-B24a
 Vacant or abandoned property 19-13-B25
 Sanitation of camp grounds, including trailer camps, mobile home
 parks, motels and overnight cabins 19-13-B26
 Repealed 19-13-B27
 Youth camps 19-13-B27a
 Repealed 19-13-B28
 Motels and overnight cabins 19-13-B29
 Schoolhouses 19-13-B30
 Stagnant water 19-13-B31
 Sanitation of watersheds 19-13-B32

Swimming Pools and Bathing Places

Repealed 19-13-B33—19-13-B33a
 Public pools 19-13-B33b
 Artificial bathing place without controlled water supply 19-13-B34
 Drinking cups and drinking fountains 19-13-B35
 Public bathing establishments 19-13-B36
 Cross connections between water supplies prohibited 19-13-B37
 Repealed 19-13-B38
 Permissible arrangements for connection to public water supply
 lines 19-13-B38a
 Repealed 19-13-B38b—19-13-B38g

Quality of water supplies made available for public and for employees	19-13-B39
Sanitation of foodstuffs	19-13-B40
Sanitation of public fair grounds, horse shows, horse races, and automobile races.	19-13-B41
Sanitation of places dispensing foods or beverages.	19-13-B42
Approved sanitizing process.	Appendix
Repealed	19-13-B43
Artificial ice plants.	19-13-B43a
Sanitation of trailer coaches	19-13-B44
Minimum requirements for drainage and toilet system.	19-13-B45
Notification by water officials in water supply emergencies.	19-13-B46
Disinfection of water mains, valves and structures	19-13-B47
Itinerant food vending	19-13-B48
Catering food-service	19-13-B49
Approved sanitizing processes	Appendix

Water Supply Wells and Springs

Public and semi-public water supplies	19-13-B50
Repealed	19-13-B51
Effective date.	19-13-B51a
Definitions	19-13-B51b
Interconnections	19-13-B51c
Location	19-13-B51d
Precautions	19-13-B51e
Construction	19-13-B51f
Covering	19-13-B51g
Well pits	19-13-B51h
Well pit drains	19-13-B51i
Permanent appurtenances	19-13-B51j
Post construction	19-13-B51k
Testing	19-13-B51l
Well permits	19-13-B51m

Food or Beverage Vending Machine Operations

Food or beverage vending machine operations	19-13-B52
Approved sanitizing processes	Appendix

Sanitation for Agricultural and Migratory Farm Workers

Water supplies and privies for field workers	19-13-B53
First aid kits for field workers.	19-13-B54
Sanitary requirements for housing of workers	19-13-B55
Sleeping quarters for workers	19-13-B56
Bedding in sleeping quarters for workers.	19-13-B57
Kitchen and mess hall or dining room for workers.	19-13-B58
Approved sanitizing processes	Appendix
Food for workers.	19-13-B59
Water supply for workers' quarters	19-13-B60
Sewage disposal for workers' quarters	19-13-B61
Lavatory, bathing and laundry facilities for workers' quarters.	19-13-B62

Refuse disposal for workers' quarters 19-13-B63

Shellfish

Shellfish defined 19-13-B64
 Sale of shellfish — Approved areas 19-13-B65
 Commercial dealers. Requirements for certificates and records of
 shellfish purchases and sales 19-13-B66
 Transplanting of shellfish 19-13-B67
 Water storage of shellfish 19-13-B68
 Cleanliness of shellfish boats 19-13-B69
 Sewage disposal on shellfish boats 19-13-B70
 Sewage disposal from boats near shellfish areas 19-13-B71
 Contamination of shellfish prohibited 19-13-B72
 Approval of shellfish plants 19-13-B73
 Construction requirements for plants handling shellfish 19-13-B74
 Minimum equipment 19-13-B75
 Operation of plant 19-13-B76
 Shipping of shellfish 19-13-B77

Sanitation of Slaughterhouses

Slaughterhouses regulated 19-13-B78
 Construction and sanitary requirements 19-13-B79

Public Water Supplies

Chemical substances in public water supplies 19-13-B80

Mass Gatherings

Application 19-13-B81
 Definitions 19-13-B82
 Prerequisite 19-13-B83
 Drainage 19-13-B84
 Interior roads 19-13-B85
 Illumination 19-13-B86
 Medical services 19-13-B87
 Drinking water 19-13-B88
 Drinking fountains 19-13-B89
 Toilet facilities, sewage disposal 19-13-B90
 Toilet facilities, location 19-13-B91
 Handwashing facilities 19-13-B92
 Bathing facilities 19-13-B93
 Dispensing food or beverages 19-13-B94
 Depositories 19-13-B95
 Noxious weeds 19-13-B96
 Family camp grounds 19-13-B97

Water Company Land

Repealed 19-13-B98

Control of Fumigation

Control of fumigation 19-13-B99

Building Conversion

Repealed 19-13-B100

Building conversions/changes in use, building additions, garages/
 accessory structures, swimming pools, sewage disposal area pres-
 ervation 19-13-B100a

Standards for Quality and Adequacy of Public Drinking Water

Testing of water quality in private water supply systems 19-13-B101
 Standards for quality of public drinking water 19-13-B102

**On-Site Sewage Disposal Systems with Design Flows of 5,000
 Gallons per Day or Less and Non-Discharging Toilet Systems**

Scope 19-13-B103a
 Definitions 19-13-B103b
 General provisions 19-13-B103c
 Minimum requirements 19-13-B103d
 Procedures and conditions for the issuance of permits and approvals 19-13-B103e
 Non-discharging sewage disposal systems 19-13-B103f

**On-Site Sewage Disposal Systems with Design Flows Greater
 than 5,000 Gallons per Day**

Scope 19-13-B104a
 Definitions 19-13-B104b
 General provisions 19-13-B104c
 Minimum requirements 19-13-B104d

**Toilet and Handwashing Facilities at Public Buildings, Places of
 Public Assembly, Places Dispensing Food and Beverage for
 Consumption on the Premises, and for the Patrons of Large
 Stores and Shopping Centers**

Definitions 19-13-B105
 Toilet and handwashing facilities 19-13-B106
 Construction materials for fixtures 19-13-B107
 Accommodations required 19-13-B108
 Construction requirements 19-13-B109
 Lighting, heating and ventilating 19-13-B110
 Water requirements. 19-13-B111
 Prevention of flies and vermin. 19-13-B112
 Waste receptacles 19-13-B113

CHAPTER III

Midwifery

Repealed 19-13-C1—19-13-C23

CHAPTER IV

**Hospitals, Child Day Care Centers and Other Institutions
 and Children's General Hospitals**

Institutions, classifications and definitions 19-13-D 1
 Deemed Status 19-13-D 1a
 Operation and maintenance 19-13-D 2

Short-term hospitals, general and special	19-13-D 3
Repealed	19-13-D 4
Short-term hospitals, children's general	19-13-D 4a
Short-term hospitals, special, hospice	19-13-D 4b
Long-term hospitals: Chronic disease hospital	19-13-D 5
Homes for the aged and rest homes	19-13-D 6
Repealed	19-13-D7—19-13-D 7s
Repealed	19-13-D8—19-13-D 8s
Chronic and convalescent nursing homes and rest homes with nursing supervision.	19-13-D 8t
Intravenous therapy programs in chronic and convalescent nursing homes and rest homes with nursing supervision	19-13-D 8u
Pharmaceutical services in chronic and convalescent nursing homes and rest homes with nursing supervision	19-13-D 8v
Chronic and convalescent nursing homes and rest homes with nursing supervision with authorization to care for persons with manageable psychiatric conditions as determined by a board qualified or certified psychiatrist	19-13-D 9
Repealed	19-13-D10—19-13-D11
Multi-care institutions	19-13-D12
Long-term hospitals: Chronic and convalescent with authorization to care for persons suffering from harmless chronic mental unsoundness	19-13-D13
Minimum requirements for licensing maternity hospitals	19-13-D14
Repealed	19-13-D14a
Repealed	19-13-D15—19-13-D39
Donation of eyes for scientific, educational or therapeutic use	19-13-D40
Tests of infants for phenylketonuria and metabolic errors	19-13-D41
Objection of parents to test	19-13-D42
Repealed	19-13-D43
Licensure of infirmaries operated by educational institutions	19-13-D43a
Industrial health facilities	19-13-D44

Licensing Outpatient Clinics Operated by Corporations or Municipalities

Definition	19-13-D45
Buildings and equipment.	19-13-D46
Governing board, administrator	19-13-D47
Professional staff.	19-13-D48
Records	19-13-D49
Nursing personnel	19-13-D50
Pharmaceuticals	19-13-D51
Maintenance	19-13-D52
Inspection.	19-13-D53
Abortions	19-13-D54
Repealed	19-13-D55
Licensure of an out-patient dialysis unit and standards for in-hospital dialysis units	19-13-D55a

**Licensing of Out-Patient Surgical Facilities
Operated by Corporations**

Licensing of out-patient surgical facilities operated by corporations	19-13-D56
Repealed	19-13-D57
Reserved	19-13-D58—19-13-D59

**Public Health Nursing Grants to Towns Having
Population of Less Than Five Thousand**

Repealed	19-13-D60—19-13-D64
----------	---------------------

Home Health Care Agency

Reserved	19-13-D65
Definitions	19-13-D66
Personnel	19-13-D67
General requirements	19-13-D68
Services	19-13-D69
Contracted services	19-13-D70
Personnel policies	19-13-D71
Patient care policies	19-13-D72
Patient care plan	19-13-D73
Administration of medicines	19-13-D74
Quality assurance program	19-13-D76
Administrative organization and records	19-13-D77
Patients bill of rights and responsibilities	19-13-D78
Facilities	19-13-D79

Homemaker-Home Health Aide Agency

Definitions	19-13-D80
Personnel	19-13-D81
General requirements	19-13-D82
Homemaker-home health aide services	19-13-D83
Contracted services	19-13-D84
Personnel policies	19-13-D85
Service policies	19-13-D86
Plan of care	19-13-D87
Patient records	19-13-D88
Quality assurance program	19-13-D89
Administrative organization and records	19-13-D90
Patient's bill of rights and responsibilities	19-13-D91
Facilities	19-13-D92

Coordination, Assessment and Monitoring Agency

Repealed	19-13-D93—19-13-D104
Assisted living services agency	19-13-D105

CHAPTER V

OCCUPATIONAL HEALTH

Tetraethyl Lead

Definitions	19-13-E 1
-------------	-----------

Manufacture of tetraethyl lead and the blending of the latter to make ethyl fluid	19-13-E 2
Mixing	19-13-E 3
Distribution of ethyl gasoline	19-13-E 4

Occupational Disease

Repealed	19-13-E 5
Standards	19-13-E 5a
Repealed	19-13-E 6
Use of mercurial carroting solutions and mercurial carroted fur . .	19-13-E 7
Use of dyed piece fur in the fur felt hat manufacturing industry prohibited unless processed	19-13-E 8
Repealed	19-13-E 9
Cleaning of wiping cloths	19-13-E10

Radiation Sources and Radioactive Materials

Repealed	19-13-E11—19-13-E24
--------------------	---------------------

X-Ray Devices for Diagnosis and Therapy

Repealed	19-13-E25—19-13-E54
--------------------	---------------------

CHAPTER VI

LAND AND AIR CONVEYANCES OF COMMON CARRIERS

Transportation on land and air conveyances of persons having communicable diseases	19-13-F 1
Sources of water furnished to land and air conveyances, terminals and yards.	19-13-F 2
Delivery of water and ice to land and air conveyances.	19-13-F 3
Sanitation at terminals and yards	19-13-F 4
Sanitary conditions of land and air conveyances	19-13-F 5
Water supply on land and air conveyances	19-13-F 6

CHAPTER VII

AIR POLLUTION CONTROL

Repealed	19-13-G1—19-13-G15
Emission standards.	19-13-G16
Repealed	19-13-G17—19-13-G30

Process Operations

Repealed	19-13-G31—19-13-G36
--------------------	---------------------

Fuel Burning Equipment

Repealed	19-13-G37—19-13-G38
--------------------	---------------------

Robert's Rules of Order Motions Chart

RobertsRules.org

Based on *Robert's Rules of Order Newly Revised (10th Edition)*

Part 1, Main Motions. These motions are listed in order of precedence. A motion can be introduced if it is higher on the chart than the pending motion.

§ indicates the section from Robert's Rules.

§	PURPOSE:	YOU SAY:	INTERRUPT?	2ND?	DEBATE?	AMEND?	VOTE?
§21	Close meeting	I move to adjourn	No	Yes	No	No	Majority
§20	Take break	I move to recess for ...	No	Yes	No	Yes	Majority
§19	Register complaint	I rise to a question of privilege	Yes	No	No	No	None
§18	Make follow agenda	I call for the orders of the day	Yes	No	No	No	None
§17	Lay aside temporarily	I move to lay the question on the table	No	Yes	No	No	Majority
§16	Close debate	I move the previous question	No	Yes	No	No	2/3
§15	Limit or extend debate	I move that debate be limited to ...	No	Yes	No	Yes	2/3
§14	Postpone to a certain time	I move to postpone the motion to ...	No	Yes	Yes	Yes	Majority
§13	Refer to committee	I move to refer the motion to ...	No	Yes	Yes	Yes	Majority
§12	Modify wording of motion	I move to amend the motion by ...	No	Yes	Yes	Yes	Majority
§11	Kill main motion	I move that the motion be postponed indefinitely	No	Yes	Yes	No	Majority
§10	Bring business before	I move that [or "to"] ...	No	Yes	Yes	Yes	Majority

assembly (a main motion)						
--------------------------	--	--	--	--	--	--

Part 2, Incidental Motions. No order of precedence. These motions arise incidentally and are decided immediately.

§	PURPOSE:	YOU SAY:	INTERRUPT?	2ND?	DEBATE?	AMEND?	VOTE?
§23	Enforce rules	Point of Order	Yes	No	No	No	None
§24	Submit matter to assembly	I appeal from the decision of the chair	Yes	Yes	Varies	No	Majority
§25	Suspend rules	I move to suspend the rules	No	Yes	No	No	2/3
§26	Avoid main motion altogether	I object to the consideration of the question	Yes	No	No	No	2/3
§27	Divide motion	I move to divide the question	No	Yes	No	Yes	Majority
§29	Demand a rising vote	I move for a rising vote	Yes	No	No	No	None
§33	Parliamentary law question	Parliamentary inquiry	Yes	No	No	No	None
§33	Request for information	Point of information	Yes	No	No	No	None

Part 3, Motions That Bring a Question Again Before the Assembly.
No order of precedence. Introduce only when nothing else is pending.

§	PURPOSE:	YOU SAY:	INTERRUPT?	2ND?	DEBATE?	AMEND?	VOTE?
§34	Take matter from table	I move to take from the table ...	No	Yes	No	No	Majority
§35	Cancel previous action	I move to rescind ...	No	Yes	Yes	Yes	2/3 or Majority with notice
§37	Reconsider motion	I move to reconsider ...	No	Yes	Varies	No	Majority

RobertsRules.org | Robert's Rules of Order - Summary Version

For Fair and Orderly Meetings & Conventions

Provides common rules and procedures for deliberation and debate in order to place the whole membership on the same footing and speaking the same language. The conduct of ALL business is controlled by the general will of the whole membership - the right of the deliberate majority to decide. Complementary is the right of at least a strong minority to require the majority to be deliberate - to act according to its considered judgment AFTER a full and fair "working through" of the issues involved. Robert's Rules provides for constructive and democratic meetings, to help, not hinder, the business of the assembly. Under no circumstances should "undue strictness" be allowed to intimidate members or limit full participation.

The fundamental right of deliberative assemblies require all questions to be thoroughly discussed before taking action!

The assembly rules - they have the final say on everything!
Silence means consent!

- Obtain the floor (the right to speak) by being the first to stand when the person speaking has finished; state Mr./Madam Chairman. Raising your hand means nothing, and standing while another has the floor is out of order! Must be recognized by the Chair before speaking!
- Debate can not begin until the Chair has stated the motion or resolution and asked "are you ready for the question?" If no one rises, the chair calls for the vote!
- Before the motion is stated by the Chair (the question) members may suggest modification of the motion; the mover can modify as he pleases, or even withdraw the motion without consent of the seconder; if mover modifies, the seconder can withdraw the second.
- The "immediately pending question" is the last question stated by the Chair! Motion/Resolution - Amendment - Motion to Postpone
- The member moving the "immediately pending question" is entitled to preference to the floor!
- No member can speak twice to the same issue until everyone else wishing to speak has spoken to it once!
- All remarks must be directed to the Chair. Remarks must be courteous in language and deportment - avoid all personalities, never allude to others by name or to motives!
- The agenda and all committee reports are merely recommendations! When presented to the assembly and the question is stated, debate begins and changes occur!

The Rules

- **Point of Privilege:** Pertains to noise, personal comfort, etc. - may interrupt only if necessary!
- **Parliamentary Inquiry:** Inquire as to the correct motion - to accomplish a desired result, or raise a point of order
- **Point of Information:** Generally applies to information desired from the speaker: "I should like to ask the (speaker) a question."
- **Orders of the Day (Agenda):** A call to adhere to the agenda (a deviation from the agenda requires Suspending the Rules)
- **Point of Order:** Infraction of the rules, or improper decorum in speaking. Must be raised immediately after the error is made
- **Main Motion:** Brings new business (the next item on the agenda) before the assembly
- **Divide the Question:** Divides a motion into two or more separate motions (must be able to stand on their own)
- **Consider by Paragraph:** Adoption of paper is held until all paragraphs are debated and amended and entire paper is satisfactory; after all paragraphs are considered, the entire paper is then open to amendment, and paragraphs may be further amended. Any Preamble can not be considered until debate on the body of the paper has ceased.
- **Amend:** Inserting or striking out words or paragraphs, or substituting whole paragraphs or resolutions
- **Withdraw/Modify Motion:** Applies only after question is stated; mover can accept an amendment without obtaining the floor
- **Commit /Refer/Recommit to Committee:** State the committee to receive the question or resolution; if no committee exists include size of committee desired and method of selecting the members (election or appointment).
- **Extend Debate:** Applies only to the immediately pending question; extends until a certain time or for a certain period of time
- **Limit Debate:** Closing debate at a certain time, or limiting to a certain period of time
- **Postpone to a Certain Time:** State the time the motion or agenda item will be resumed
- **Object to Consideration:** Objection must be stated before discussion or another motion is stated
- **Lay on the Table:** Temporarily suspends further consideration/action on pending question; may be made after motion to close debate has carried or is pending
- **Take from the Table:** Resumes consideration of item previously "laid on the table" - state the motion to take from the table
- **Reconsider:** Can be made only by one on the prevailing side who has changed position or view
- **Postpone Indefinitely:** Kills the question/resolution for this session - exception: the motion to reconsider can be made this session
- **Previous Question:** Closes debate if successful - may be moved to "Close Debate" if preferred

- **Informal Consideration:** Move that the assembly go into "**Committee of the Whole**" - informal debate as if in committee; this committee may limit number or length of speeches or close debate by other means by a 2/3 vote. All votes, however, are formal.
- **Appeal Decision of the Chair:** Appeal for the assembly to decide - must be made before other business is resumed; NOT debatable if relates to decorum, violation of rules or order of business
- **Suspend the Rules:** Allows a violation of the assembly's own rules (except Constitution); the object of the suspension must be specified

© 1997 Beverly Kennedy

Links to State, Local and National Organizations

Central CT Health District (EHHD) www.ehhd.org

American Public Health Association (APHA) www.apha.org

CT Association of Directors of Health (CADH) www.cadh.org

CT Department of Public Health www.ct.gov/dph

CT Public Health Association (CPHA) www.cpha.info

CT Public Health Code www.ct.gov/DPH/Public-Health-Code/View-Public-Health-Code

CT General Statutes <https://www.cga.ct.gov/lco/statutes.asp>

CT Freedom of Information Commission https://portal.ct.gov/-/media/FOI/The_FOI_ACT/2018FOIAincluding2018amendmentspdf.pdf?la=en

National Assoc. of City and County Health Officials (NACCHO) www.naccho.org

National Assoc. of Local Boards of Health (NALBOH) www.nalboh.org

Public Health Accreditation Board (PHAB) www.phaboard.org



Eastern Highlands Health District Programs and Services

Using the 10 Essential Local Public Health Services Framework



Vision

Healthy people, healthy communities...healthier future

Mission

EHHD 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

Ten Essential Local Public Health Services (CGS 19a-207a)

1. **Monitor** health status to identify and solve community health problems
2. **Investigating** and diagnosing health problems and health hazards in the community concerning health issues
3. **Informing**, educating and empowering persons in the community concerning health issues
4. **Mobilizing** community partnerships and action to identify and solve health problems for persons in the community
5. **Developing** policies and plans that support individual and community health efforts
6. **Enforcing** laws and regulations that protect health and ensure safety
7. **Connecting** persons in the community to needed health care services when appropriate
8. **Assuring** a competent public health and personal care workforce
9. **Evaluating** effectiveness, accessibility and quality of personal and population-based health services
10. **Researching** to find innovative solutions to health problems

Essential Service #1 - **Monitor** health status to identify and solve community health problems

- Regular review of health district public health data provided by local, state, federal, and non-governmental agencies
- Completed 2014 community health needs assessment for Tolland County via CTG
- EHHD centric community health assessment—*Future goal*



Essential Service #2 - **Investigating** and diagnosing health problems and health hazards in the community concerning health issues

- Complaint investigation program
 - 120 – 160 complaints annually
 - Laboratory services
 - Provide 365/24/7 emergency response services (5 to 15 incidents annually)
- Special Environmental Monitoring Projects
 - Landfills, Road Salt, Farms, VOC's
- Respond to school and town PH concerns, providing consultation, and subject matter expertise.
 - IAQ, radon, lead, construction projects, regional water supply planning, individual water supplies, wastewater disposal, risk communication



Essential Service #2 - **Investigating** and diagnosing health problems and health hazards in the community concerning health issues

- Communicable Disease Surveillance and Control
 - 900 to 1200 case reports reviewed annually for over 70 reportable diseases
 - 20 to 30 cases interviewed/investigated annually
 - 4 to 8 outbreaks investigated annually
 - Controls implemented when necessary, e.g. Ebola, goat farm Ecoli out break, restaurant closure
- Bathing Water Quality Monitoring Program
 - weekly sampling from 26 locations during swimming season
 - 300 to 350 samples grabbed
 - 2- 3 beach closures annually

Essential Service #3 - **Informing**, educating and empowering persons in the community concerning health issues

- Media point of contact
 - Press releases
 - Cable TV interviews
 - Local HAN
 - Social media FB, twitter
 - Risk communication
- Child hood Lead Protection Education
 - 15 to 35 cases annually
 - Provide ed. material and consultation

Essential Service #3 - **Informing**, educating and empowering persons in the community concerning health issues

- Ongoing Website topics, e.g. School initiatives (95210, POW) tobacco free initiatives, sun safety, tick borne diseases, Asthma, Rabies, many others!
- EHHD responds to public's need for timely information, e.g. EEE, WNV, H1N1, Ebola, Zika, seasonal Influenza, localized responses
- Employee Wellness Program (contracted services)
- Local Public Health resource and repository for a broad scope of educational material, and links to reference material, e.g. print, & electronic

Essential Service #4 - **Mobilizing** community partnerships and action to identify and solve health problems for persons in the community

- Leader and hub of local public health system, with established relationships with multiple community partners and stakeholders
- Community Health Action Response Team (CHART)
- Substance Abuse in Our Communities Workgroup
 - Work group established (First responders, social services)
- Plan4Health initiative
 - Planning/Public Health Partnership
 - Tool kit: www.healthyeasternct.com
- Other community committees/groups
 - Early Childhood Committees
 - Health and Safety Committees
 - UConn SHS Infection prevention committee
 - LEPC's



Essential Service #5 - **Developing** policies and plans that support individual and community health efforts

- Review and comments on local codes, ordinances, polices, plans
 - P&Z, housing, septic pumping, facilities plan, Plan of C&D, relocation plans, public school health policies (TB, lice, ILI), school safety plans, tobacco free campus
- Public Health Advocacy to state, local leaders, boards, commissions, general public
 - CADH, CEHA
- Board of Directors
 - Strategic Planning
 - Annual budget
 - EHHD Sanitary Code adoption
- Lead Agency for Local Public Health Emergency Planning and Preparedness
 - Develop plans (pandemic, Anthrax, smallpox, all Hazards), MRC, Local HAN, stockpiled supplies and equipment, staff/volunteer training
- Community Health Improvement Plan – *future goal*



Essential Service #6 - **Enforcing** laws and regulations that protect health and ensure safety

- Food Protection Regulations
 - 600 to 700 inspection annually
 - Licensing program for approximately 250 establishments
 - Temp event permitting
 - 230 - 260 permits issued annually
 - 100 to 150 temp vendor inspections annually
- Subsurface septic system program
 - 220 to 260 permits/plan reviews annually
 - 500 to 600 building permit reviews annually
 - 1000 to 1500 test pits/perc tests annually



Essential Service #6 - **Enforcing** laws and regulations that protect health and ensure safety

- Well drilling permits
 - 100 to 200 permits issues annually
 - 80 to 120 site inspections annually
- Other mandated inspections (pools, group homes, daycares, camp grounds)
 - 30 to 40 annually
- Lead Protection Regulations
 - 1 to 3 inspections annually (approx 40 man hours/case)
 - 10 to 15 cases managed

Essential Service #6 - **Enforcing** laws and regulations that protect health and ensure safety

- Planning and Zoning Commission referrals
 - 10 to 30 annually
- Legal Abatement Orders Issued
 - 4 to 10 annually
- Special Projects
 - town sewer projects, FOG, town/school building projects, others
 - ViewPoint online application, tracking, payments, complaints

Essential Service #7 - **Connecting** persons in the community to needed health care services when appropriate

- Coordinate and promote area flu clinics with VNA's
- Promote other community based health services when available, e.g. health screenings, dental clinics, wellness clinics
- Established relationships and maintain listing of area healthcare providers
- Link individuals to personal healthcare services
 - Substance Abuse Treatment Resources pamphlet
- Tick testing program
- EHHD implemented flu clinics – *future goal*

Essential Service #8 - **Assuring** a competent public health and personal care workforce

- Environmental Field Staff (Sanitarians)
 - Certified Food Inspectors (CEUs required)
 - Certified Phase I & II subsurface sewage disposal
 - Qualified Lead Inspectors (CEUs required)
- Annual performance reviews/set performance goals
- Monthly staff meetings – standardization/training
- PHEP/MRC Exercises and drills
- Professional development opportunities, e.g. customer service, code updates, best practices, etc.
- Workforce Development Plan



Eastern Highlands Health District

Essential Service #9 - **Evaluating** effectiveness, accessibility and quality of personal and population-based health services

- Activity review of environmental health program areas
- Standardization of code enforcement/policy interpretation
- Evaluation protocols integrated in grant funded programs/initiatives
- Regulated Community Customer Service Survey
- Viewpoint system measures
- FDA Food Code quality assurance program



Essential Service #10 - **Researching** to find innovative solutions to health problems

- Support Public Health Research and development of evidence based best practices
 - PBRN/CADH
 - Plan4Health
 - CHART mission
 - Block grant objectives
 - Other research support
- Report/Present on experiences and practices at professional forums/events



Eastern Highlands Health District

Questions?

Robert L. Miller, MPH, RS

Director of Health

4 South Eagleville Road

Mansfield CT. 06268

860-429-3325

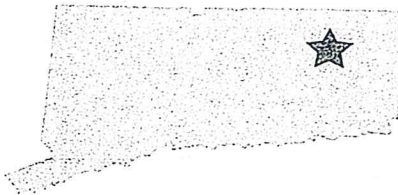
millerrl@ehhd.org

www.ehhd.org

Twitter: @RobMillerMPH



CASE STUDY: Eastern Highlands Health District, Mansfield, Connecticut



PROFILE

Total population served (2013 Census): 81,004 (Andover, 3,272; Ashford, 4,284; Bolton, 4,960; Chaplin, 2,286; Columbia, 5,461; Coventry, 12,425; Mansfield, 25,648; Scotland, 1,710; Tolland, 14,964; and Willington, 5,994)

Total land area served (in sq. mi.): 287.9

Average per household income (Connecticut Economic Research Center, 2011): \$82,376

Total revenues (fiscal year [FY] 2012–2013): \$991,560

Total expenses (FY 2012–2013): \$939,741

No. partnering jurisdictions: 10 towns with involvement of the University of Connecticut

No. employees: 10 full-time equivalents (FTEs)

Website: www.ehhd.org

Background

The Eastern Highlands Health District, based in Mansfield, Connecticut, provides public health services to slightly more than 2% of the population of Connecticut. The district was formed in June 1997, when town leaders and residents of Bolton, Coventry, and Mansfield realized that they could increase the scope and quality of public health services while reducing expenses by pooling resources to establish a full-time public health staff. The town of Tolland joined the health district in 2000, followed by the towns of Willington (2001) and Ashford (2004). In June 2005, four other contiguous towns—Andover, Chaplin, Columbia, and Scotland—became part of the health district. Each of these towns has the benefits of full-time public health services and is assured of the essential public health services mandated by state statute. Additionally, the health district has entered into a joint cooperative agreement with the University of Connecticut (with a student population of about 25,000) in Mansfield.

Before the health district was formed, towns in the region were experiencing high staff turnover in their individual health departments and seemed to hire employees back and forth, in large part because of their inability to offer competitive salaries. In some cases, the quality of the work being performed was dubious. Joyce Stille, administrative officer for the town of Bolton, explained that in her town, an employee who had been brought on with the necessary professional skills to perform one job ended up with responsibilities that he hadn't been hired to do and lacked the educational background to perform. Additionally, the small towns in the region simply did not have enough funds individually to do all the tasks that the state was requiring.

Forming the Agreement

Planning for the health district started in the mid- to late-1990s as informal discussions among several of the town managers. Robert Miller, current director of health for the district, was brought into the discussions in part because he had worked for three of the

Benefits

“We focus on tight relationships rather than tight controls,” Elsesser explained.

Several participants commented that one of the most important by-products of their shared services agreement is that members of the board of directors get to know each other and learn about the priorities of the participating communities. “The health district has been able to leverage a number of grants and contracts that the individual towns wouldn’t have been able to do on their own. These have offset substantial personnel costs,” said Miller.

“We haven’t systematically measured the benefits of this arrangement,” said Kurland, “but from a strictly observational standpoint, we have enhanced collaboration and cooperation among the towns in the district. And more importantly, we have highly improved communications. It’s a much more efficient way of doing business.”

Miller noted that there is always something that needs to be done. “We’re always looking to provide the next level of service,” he said. “But with a regional health district, we have more flexibility, and it’s easier to innovate because we don’t have local politics to contend with the way urban health departments do.”

“Administrative services take a considerable amount of work, and that steals time away from practicing public health,” he added. By sharing administrative services, we can reduce the amount of time devoted to administrative services and stay focused on our mission.”

Key Takeaways

The Eastern Highlands Health District has been in existence for 17 years and has a well-established record of achievements. As Elsesser, Stille, and Webner observed, shared services and regionalism as a concept were not part of the local government agenda back when the district formed. It is only in recent years that this concept has become much more acceptable as a way of doing business in local government.

Given the long tenure of the district, many of the study participants had insights they offered from their experience. Kurland pointed out the value of sharing expectations from the very beginning to keep everyone involved on the same page. If people know what to expect, it helps to build trust in the group. “The need for trust is paramount,” he said.

Elsesser observed that personalities count. If you can identify the right people who are willing to invest in the effort, it will succeed. “We all work at it,” he said.

Mayor Paterson noted that it’s important to have patience. “The level of cooperation we have now didn’t happen overnight,” she explained. “Initially all the member towns were pretty protective, but we’ve had time to establish a trust factor. We try to recognize the needs of every town. And through that level of trust comes a new strength. We have lots of issues in common, and we can lobby the state for things that matter to us regionally. We do it together, which makes us stronger.”

Study Participants

Maria E. Capriola, assistant town manager, Mansfield

John A. Elsesser, town manager, Coventry

Michael Kurland, director of health services, University of Connecticut, Mansfield

Robert Miller, director of health, Eastern Highlands Health District, Mansfield

Elizabeth Paterson, mayor, Mansfield

Joyce Stille, administrative officer, Bolton

Cherie Trahan, director of finance, Mansfield

Steve Webner, town manager, Tolland

towns and was familiar with issues in the region. The informal talks continued for at least a year before a formal study committee was formed. All three original member towns—Bolton, Coventry, and Mansfield—appointed representatives to the study committee, which met monthly to study the financial impacts for each community involved.

“The town managers were the driving force in the formation of the health district,” explained Miller. “They understood that consolidation of their resources would enable the towns to provide the same level of service at a much lower cost.” A subsidy from the state of Connecticut for regional public health districts was also an incentive to form a regional collaboration.

In forming the health district in June 1997, the group developed and adopted a set of bylaws and established a board of directors to provide governance for the new district. The board functions as a board of health for the region. As the health district expanded over the years, the board carefully reviewed each new proposed community and considered a cost-benefit analysis prepared by Miller. As Elizabeth Paterson, mayor of Mansfield and chair of the board of directors, pointed out, “It’s important to get the balance right.” John Elsesser, Coventry town manager, noted, “There’s no reason to add another member at this time. Small towns can have high demands as start-ups. We need to ensure that there is a compatibility of interests among members of the health district.”

The Case for Sharing Administrative Services

“We didn’t want to create a new bureaucracy,” Elsesser said. “We want to provide a service for all citizens in the region.”

The per capita aid formula set by the Connecticut Department of Public Health definitely provided an incentive for forming a regional health district. In Connecticut, health districts are eligible to receive annual state per capita funding of \$2.43 per capita.

The state has imposed several public health mandates and standards for service. Meeting these requirements would have been extremely expensive and simply not feasible for most small towns. The centralized model developed by the Eastern Highlands Health District makes “life easier,” said Elsesser. He estimated that the town of Coventry has saved between 30% and 35% in costs by helping to form and participating in the health district.

State aid and cost savings, however, were not the sole reasons the towns opted to join forces. By pooling their resources, the towns were able to provide competitive salaries to skilled employees, an ability that has brought a greater level of professionalism to the provision of public health services for all the towns.

Finally, the new health district established a structure that allowed the towns to provide full coverage of public health services throughout the region. Individually the towns would not have had sufficient funds to hire the necessary staff to implement all the public health services required by state law.

A stable and qualified workforce was yet one more argument for sharing administrative services. Steve Webner, town manager of Tolland, shared that Tolland has experienced an explosion of growth recently, with nearly 150 houses built in a year. These houses must undergo inspections before occupancy permits can be granted—a workload that would have been impossible to accomplish without shared staff. But as Elsesser and Stille pointed out, the massive staff turnovers that the towns used to contend with are largely a thing of the past now that the district can afford to pay fair salaries. Elsesser noted that it would cost his town roughly \$100,000, including salary, benefits, and office expenses, to hire one professional employee. By sharing employees, he estimated that his town saves approximately 50%.

Shared Services Model

As noted above, Mayor Paterson chairs the health district’s board of directors. Each member town has representation on the board based on its population size. State statute requires for towns with a “population of 10,000 or part thereof” to have one representative on the board. In the district this means that most towns have one representative. A few towns with populations over 10,000 have two representatives, and Mansfield, with a population of over 20,000, has three.

All but the two smallest towns maintain an office for the health district in order to offer a one-stop shop for the delivery of public health services. In addition to office space, a town provides limited administrative services, such as a phone and voicemail, Internet access, and a system to collect permit fees for environmental inspections on houses and other buildings. Permit fees are uniform throughout the district. Because they are often collected while staff are out in the field

and there is a need to secure the funds as quickly as possible after they are received, the district opted to go with a decentralized model for collection.

The main district headquarters is in Mansfield, which has had a 25-year agreement since the district's inception to provide

- Accounting
- Bookkeeping
- Communications
- Data processing
- Human resources
- Information technology support, including hardware and software.

Given the level of commitment agreed to by the participating town to the health district, a long-term agreement seemed appropriate.

The town of Mansfield provides financial support to a number of organizations, including Mansfield Board of Education, the Discovery Depot Daycare Center, and, by contract, the Region 19 School District. Bringing the health district into the town's system required establishing a designated fund for tracking purpose. "We have a robust accounting system," said Cherie Trahan, Mansfield's director of finance. "Incorporating a new fund into the town's system was not difficult."

In addition to accounting and disbursement services, the town assists the district with budget development, including estimating staff salaries, and handles the district's auditing and grant management, including submitting quarterly reports and drawing down funds as required.

Maria Capriola, assistant town manager of Mansfield, oversees human resource support to the district. She noted that in addition to staff recruitment, which includes job descriptions, applicant screening, and background checks, Mansfield provides the health district with a full range of support for other human resource issues, including

- Health and life insurance
- Payroll, pension, and benefits
- Personnel management, including counseling on performance appraisal and disciplinary measures when needed.

"Most small-town health departments couldn't provide this level of support on their own," Capriola said. "Working as a regional health district enables us to achieve a certain economy of scale."

Obstacles in Planning and Implementing the Agreement

Elsesser and Stille both agreed that, by and large, the formation of the health district went quite smoothly. The Connecticut Department of Health led some workshops to help with the transition. "It helps that the ownership of public health services is not generally an issue that residents tend to become protective of," observed Elsesser.

Still there were some obstacles. For example, smaller towns in the region initially had concerns about being swallowed up by larger towns when the district first formed. However, Connecticut state law dictates how transitions are to take place, which provided a measure of comfort to representatives of the smaller towns. Members of the health district have also made a commitment to treat all members equally. "We've had some growing pains over the years," said Elsesser, "but at this stage, the work of the district is almost seamless."

Formation of the health district enabled towns in the region to come into compliance with state statutes, which proved disquieting to many private sector stakeholders—mostly restaurant owners and developers. Local business people were not used to the increased frequency of visits from the health district employees. There was also some pushback from farmer's markets and churches that hold dinners, which had to be licensed to come into compliance. "We definitely had some transition issues. It was a cultural shock for many, having to do sampling and testing, set up hand-washing stations, and the rest," said Elsesser.

One frustration that Mayor Paterson expressed was the lack of active involvement on the part of a few smaller towns. "We've tried different ways to keep all the towns involved, but it depends so much on the representative," she said. While state statute requires a spot on the board of directors to be allocated to a member of each town, towns have not always appointed a representative to the board. Mike Kurland, a representative for the town of Mansfield as well as the director of health services for the University of Connecticut, observed that many nights the board cannot achieve the required quorum needed to make decisions because the representatives from some of the smaller towns do not show up for the meetings. "While I don't see the district ever downsizing, we may have to ask some of the smaller towns to step up to the plate or drop out of the arrangement," said Kurland.



Center for Sharing
Public Health Services
Rethinking Boundaries for Better Health

ICMA is the premier local government leadership and management organization. Its mission is to create excellence in local governance by developing and advocating professional management of local government worldwide. ICMA provides member support; publications, data, and information; peer and results-oriented assistance; and training and professional development to over 9,000 city, town, and county experts and other individuals throughout the world.

The Center for Sharing Public Health Services helps communities learn how to work across jurisdictional boundaries to deliver essential public health services. The Center serves as a national resource on cross-jurisdictional sharing (CJS) by building evidence and producing and disseminating tools, methods and models to assist public health agencies and policymakers as they consider and adopt CJS approaches. The Center is funded by the Robert Wood Johnson Foundation and is managed by the Kansas Health Institute.