Eastern Highlands Health District
Board of Directors Regular Meeting
Agenda
1712 Main Street, Coventry
Town Hall Annex
Thursday August 20, 2026, 4:30 PM*

Call to Order

Approval of Minutes (4/16/2026 & 7/30/26)

Public Comments

Old Business - none

New Business

1. FY 27 Per Capita Grant Application Authorization

Subcommittee Reports

2. Personnel Committee
   a. Director of Health Performance Evaluation - update
3. Finance Committee
   a. Fiscal Report period ending 6/30/26
   b. Rural Health Transformation Grant - update

Medical Advisor Report

Directors Report

4. Quarterly Activity Report – Period ending 6/30/26
5. Measles update
6. EHHD staffing update
7. CT DPH re: Septic Regulation Changes
8. CT MOM Free Dental Clinic
9. Strategic Plan Implementation – Progress Report
10. New EHHD Website

Town Reports

Communications/other

11. CDC re: Cyclosporiasis Health Advisory
12. R Miller re: EHHD Staffing Update

13. DPH Commissioner re: Public Health Infrastructure Grant
14. R Miller re: PFAS Monitoring Requirements (for schools)
15. CT DPH re: Security Alert – Iranian cyber actors exploiting PLC vulnerabilities
16. CT DPH re: Ebola Update for Healthcare providers…
17. R Miller re: Thank you to Senator Gordon & Rep Nuccio

Other business

Adjournment

Next Board Meeting – October15, 2026, 4:30 PM

***Virtual Meeting Option**

In accordance with PA 22-3, this will be a hybrid meeting. Please email mbrosseau@ehhd.org or call 860-429-3325 by 3:00 PM on the day of the meeting to receive instructions for how to view, listen, or comment live. A video recording of the meeting will be available at EHHD.ORG within seven (7) days after the meeting. Public comment will be accepted by email at mbrosseau@ehhd.org or by USPS mail at 4 South Eagleville Road, Mansfield, CT 06268 and must be received by 3:00 PM on the day of the meeting to be shared at the meeting (public comment received after the meeting will be shared at the next meeting).

Eastern Highlands Health District
Board of Directors Regular Meeting Minutes - DRAFT

Thursday, April 16, 2026

Members present: J. Elsesser (Coventry), J. Rupert (Bolton), B. Foley (Tolland-Virtual), C. Silver-Smith (Ashford-Virtual), M. Walter (Columbia-Virtual)

Staff present: Director of Health R. Miller, Office Manager M. Brosseau, Medical Advisor Dr. Dardick

J. Elsesser called the meeting to order at 4:30 pm

Approval of Minutes

M. Walter made a MOTION, seconded by J. Rupert to approve the minutes of the January 15, 2026 meeting as presented. MOTION PASSED with C. Silver-Smith abstaining.

Auditor Appointment for FY 25/26

J. Rupert made a MOTION, seconded by M. Walter effective April 16, 2026 to appoint CliftonLarsonAllen LLP as the auditing firm for Eastern Highlands Health District for the Fiscal Year 2025/2026 (July1, 2025 to June 30, 2026), MOTION PASSED unanimously.

Finance Committee

Financial Report period ending 03/31/26

R. Miller presented the salient items of the financial report ending 3/31/2026

J. Rupert made a MOTION, seconded by B. Foley to accept the financial report as presented. MOTION PASSED unanimously.

CT DPH Proposed FY27 Budget for Grant Payments to Local Public Health

R. Miller noted that the line item for Local Public Health is an increase from what the district currently receives. He further noted that there is still much work to be done and the budget is not yet adopted.

Directors Report

CADH Legislative Session Report

R. Miller reported on the bills CADH is monitoring. He noted that HB5167 addressing well data confidentiality passed through the Public Health Committee due to the efforts of EHHD and CADH.

Quarterly Activity Reports – 12/31/25 & 03/31/2026

R. Miller presented the following items of the quarterly report:

- Work on the water circulator at Patriots Park
- Assisted in supporting free dental clinic scheduled for April 17 & 18

- Advocacy work to get HB5167 passed
- Emergency response to train derailment in Mansfield

Windham Hospital Community Health Needs Assessment/Implementation Plan

R. Miller noted that the assessment does not encompass all of the Health District Towns.

Health District Staffing Update – job opening

R. Miller informed the board that 3 candidates will be interviewed next week for the position of Assistant Health Director/Sanitarian II. T. King is working 15 hours per week to assist during the transition.

Strategic Plan Implementation Report

R. Miller reported on the progress of the implementation of the strategic plan.

Medical Advisors Report

Dr. Dardick reported that he is seeing a drop in respiratory infection rates.

Dr. Dardick informed the board that Pfizer has released data on the efficacy of the lyme vaccine.

Town Reports

Columbia M. Walter informed the board that he is working with Rob, Glenn, the State and Facilities Director in dealing with elevated PFAS levels in the water at the school. He will be seeking federal funding to help with the cost of deactivating the well and bringing in a tanker.

Ashford C. Silver-Smith reported that the town is pursuing the replacement of 2 bridges as part of the federal local bridge program. C. Silver-Smith noted that the Fire department is seeking a significant increase in funding. B. Foley offered assistance.
C. Silver-Smith informed the board of the passing of Christine Abikoff, the executive assistant to the Board of Selectman.

Tolland B. Foley thanked R. Miller for his advocacy work on HB5167.

Adjournment

J. Rupert made a MOTION, seconded by C. Silver-Smith to adjourn the meeting at 5:25 pm. MOTION PASSED unanimously.

Next Board Meeting – June 18, 2026, 4:30 PM

Respectfully submitted,

Robert Miller

Secretary

Eastern Highlands Health District
Board of Directors Special Meeting Minutes - DRAFT

Thursday, July 30, 2026

Members present: J. Drumm (Coventry – Virtual), J. Elsesser (Coventry), J. Rupert (Bolton), B. Foley (Tolland-Virtual), C. Silver-Smith (Ashford-Virtual),

Staff present: Director of Health R. Miller, Office Manager M. Brosseau, Medical Advisor Dr. Dardick (Virtual)

J. Elsesser called the meeting to order at 8:34 am

New Business

Consider authorizing Director of Health to negotiate and execute agreements with the CT Department of Public Health regarding the Mobile Integrated Health Program, and the Mobile Clinic Pilot Program funded by the Rural Health Transformation Program grant

R. Miller presented an overview of the program.

J. Rupert made a MOTION, seconded by J. Drumm to authorize the Director of Health to negotiate terms and conditions of all agreements with the Connecticut Department of Public Health related to the mobile integrated Health and mobile clinic pilot program.
To execute all contracts, amendments, budget revisions, related documents necessary to implement these programs. And to serve as the authorized representative for the Eastern Highlands Health District in all matters pertaining to these initiatives, and to provide periodic updates to the Board of Directors regarding the program, implementation, funding, performance measures and significant contractual developments. MOTION PASSED Unanimously.

Adjournment

J. Elsesser made a MOTION, seconded by J. Rupert to adjourn the meeting at 9:16 am. MOTION PASSED unanimously.

Next Board Meeting – August 20, 2026, 4:30 PM

Respectfully submitted,

Robert Miller

Secretary

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

Memo

To: Board of Directors
From: Robert Miller, Director of Health
Date: August 11, 2026
Re: SFY 2027 State Per Capita Grant Application

Attached for your review is information concerning the State Fiscal Year 2027 Per Capita Grant in Aid funding application. This grant is the State's primary funding mechanism supporting direct local public health services through the Basic Health Program established under CGS § 19a-207a and based on CDC's 10 Essential Public Health Services.

For SFY 2027 (July 1, 2026 through June 30, 2027), the State fully funded the appropriation for local and district departments of health. The per capita rate for health districts increased to $3.00, and the Eastern Highlands Health District has been allocated $246,780. This represents an increase of $61,814.70 over the prior year's award of $184,965.30; and, a $32,900 increase over the adopted FY27 allocation of $213,880.

The application requires a detailed budget and justification for each budget line item, including identification of the corresponding essential public health service(s) supported and a breakdown of costs, as appropriate (See the attached budget). The completed application and all required documents are due to the Connecticut Department of Public Health by September 15, 2026, and are subject to DPH review and approval prior to payment.

As in prior years, the District will use this funding to support eligible personnel costs and direct public health services consistent with the Basic Health Program and the requirements of the grant. Specifically, this grant is funding a Senior Sanitarian and Chief Sanitarian positions.

I respectfully recommend that the Board authorize the submission of the SFY 2027 Per Capita Grant in Aid Funding Application.

Recommended motion: *Move, to authorize the submission of the Eastern Highlands Health District's State Fiscal Year 2027 State of Connecticut Department of Public Health Per Capita Grant in Aid Funding Application, as presented.*

Commissioner Manisha Juthani, MD
Department of Public Health

CONNECTICUT

June 25, 2026

Robert L. Miller, MPH, RS, Director of Health
Eastern Highlands Health District
4 South Eagleville Road
Mansfield CT, 06268

Re: Per Capita Grant in Aid Funding Application for State Fiscal Year (SFY) 2027

Dear Robert,

The Per Capita Grant in Aid Funding Application for SFY 2027 (July 1, 2026 – June 30, 2027) and the SFY 2027 Per Capita Allocation Plan & application documents are available for review on the DPH Directors of Health SharePoint.

Per capita funding is provided to support direct services to your community via a Basic Health Program outlined in CGS 19a-207a. A Basic Health Program is based on CDC's 10 essential public health services. We ask that you provide a detailed budget and justification for each budget line item and the corresponding essential service(s) being supported. Budget justifications must include a breakdown of costs as appropriate.

The SFY 2027 State of Connecticut appropriated budget line for the Department of Public Health's *Local and District Departments of Health* was fully funded. The per capita rates starting July 1, 2026, are $3.00 for Districts & $2.13 for full-time health departments. The Eastern Highlands Health District has been allocated $246,780.

Please complete the per capita application and return all required documents by September 15, 2026. All applications must be reviewed and approved by the Department of Public Health prior to payment. If you have any questions, please feel free to contact OLHA at OLHA.DPH@ct.gov or 860.509.7660.

Sincerely,

Carmen Chaparro, MS
Section Chief, Office of Local Health Administration

C: Lisa Morrissey, MPH, Deputy Commissioner

410 Capitol Ave.
P.O. Box 340308
Hartford, CT 06134
Phone: (860) 509-7101
Fax: (860) 509-7111

Please make sure the following items are uploaded along with this budget:		
Application Check List		
☑	1. Signed DPH Invoice	
☐	2. Job descriptions for Per Capita funded staff that DPH does not already have on file.	
	For Districts only:	
☐	3. Copies of municipality first quarter contributions	
☑	4. Public hearing notice & meeting minutes SFY2027 budget	
☑	5. Enter SFY 2027 Per Capita Municipal Rate ---->	$ 6.27

Budget Summary		
Health Department or District:		
Eastern Highlands Health District		
$246,780.00		
July 1, 2026 - June 30, 2027		
Spending Category		Amount
Personnel	$	246,780.00
Salary	$	184,832.68
Fringe Benefits	$	61,947.32
Contractual	$	-
Office Supplies	$	-
Other	$	-
Balance to zero	$	(0.00)
SFY 2027 Total	$	246,780.00

Carryover from SFY 2026:	$ -

☑ *Robert Miller* — Director of Health Signature

Robert L. Miller, MPH, RS, Director of Health — Title

8/11/2026 — Date

☐ _____ — Financial Officer Signature

Amanda Backus, Chief Financial Officer — Title

_____ — Date

☐ _____ — Chief Elected Official (Municipalities) OR Board of Directors Chairman (Districts) Signiture

John Elsesser, Board Chairman — Title

_____ — Date

CERTIFICATION: With checking the box and electronic signiture, we certify that funds have been committed and/or allocated via an official accounting system of records, consistently applied and maintained, for approved purposes in accordance with applicable contract terms and conditions and for the expenses and activities represented herein.

☐ _____ — DPH Per Capita Manager Signature

_____ — Title

_____ — Date

Please complete UNSHADED cells only. Grey shaded cells will self-populate*

PERSONNEL

Salary and Wages

	hrs./wk.	wks./yr.	Hourly rate	Total salary charged	Fringe benefit rate (.xx)	Total fringe benefits
Name: Glenn Bagdoian						
Title: Sanitarian II	37	52	47.92	$ 92,198.08	27.00%	$ 24,893.48

Position Justification: Staff will conduct field sanitarian activities that include but is not limited to food service inspections, soil testing, permit/license review and approval, and complaint investigations.

	hrs./wk.	wks./yr.	Hourly rate	Total salary charged	Fringe benefit rate (.xx)	Total fringe benefits
Name:						
Title:				$ -		$ -

Position Justification:

	hrs./wk.	wks./yr.	Hourly rate	Total salary charged	Fringe benefit rate (.xx)	Total fringe benefits
Name: Lynette Swanson						
Title: Chief Sanitarian	36.542249	52	48.75	$ 92,634.60	40.00%	$ 37,053.84

Position Justification: In addition to supervising field sanitarians, staff will conduct field sanitarian activities that include but is not limited to food service inspections, soil testing, permit/license review and approval, and complaint investigation.

	hrs./wk.	wks./yr.	Hourly rate	Total salary charged	Fringe benefit rate (.xx)	Total fringe benefits
Name:						
Title:				$ -		$ -

Please add all supporting individual staff here with hours, hourly rate, and total weeks, along with fringe rate per year.

Provide a justification of staff activities and the program(s) supported for each position.

VENDOR INVOICE FOR GOODS OR SERVICES RENDERED TO THE STATE OF CONNECTICUT
CO - 17 REV. 10/2010

STATE OF CONNECTICUT
OFFICE OF THE STATE COMPTROLLER
ACCOUNTS PAYABLE DIVISION

VENDOR: PLEASE COMPLETE THIS FORM AND SEND IT TO THE DEPARTMENT **BILLING ADDRESS** SHOWN ON THE PURCHASE ORDER

(1) BUSINESS UNIT NAME	(2) BUSINESS UNIT NO.	(3) INVOICE NO.	(4) INVOICE AMOUNT
DPHM1	DPHM1	SFY2027GOVAPPRBUDGET-418	$246,780.00

(5) DOCUMENT DATE	(6) INVOICE DATE	(7) ACCOUNTING DATE	(8) RPT. TYPE	(9) VENDOR FEIN/SSN ID / ADDRESS CODE
July 1, 2026				418

VENDOR / PAYEE: FIELDS 9,10,14 and 18 ARE MANDATORY FOR PAYMENT

(10)
PAYEE: Eastern Highlands Health District
ADDRESS: 4 South Eagleville Road
ADDRESS:
CITY: Mansfield STATE: CT COUNTRY: ZIP CODE: 06268

(11) VOUCHER NO.

(12) VOUCHER DATE

PREPARED BY

(13) VENDOR COMMENTS: SFY2027 Per Capita Funding

(14) GIVE FULL DESCRIPTION OF GOODS AND / OR SERVICES (TO BE COMPLETED BY VENDOR)	(15) QUANTITY	(16) UNITS	(17) UNIT PRICE	(18) AMOUNT
SFY2027 State Aid Pursuant to the SFY2027 Governor's Appropriated Budget and Section 19a-245 of the Connecticut General Statues. For the period 7/1/2026-6/30/2027 I certify that the above is a valid claim and has not been paid. XX _____ 8/11/26 Signature of Authorized Person Date Robert L. Miller, MPH, RS, Director of Health Typed name and title				$246,780.00

BUSINESS UNIT USE ONLY

(19) AMOUNT	(20) QUANTITY	(21) FUND	(22) DEPARTMENT	(23) SID	(24) PROGRAM	(25) ACCOUNT	(26) PROJECT/ GRANT	(27) CHARTFIELD 1	(28) CHARTFIELD 2	(29) BUDGET REFERENCE
$246,780.00	1	11000	DPH48558	17009	42003	55070	DPH17009LOCHLTH	N/A	N/A	2027

(30) DEPARTMENT NAME AND ADDRESS
STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
410 CAPITOL AVENUE,
MS# 13LOC PO BOX 340308
HARTFORD, CT. 06134-0308

(31) PO NO.
N/A

(32) COMMODITIES RECEIVED OR SERVICES RENDERED - SIGNATURE

(33) PO BUSINESS UNIT
DPHM1

(34) RECEIVING REPORT NO.

(35) DATE(S) OF RECEIPT(S)

SHIPPING INFORMATION

(36) DATE SHIPPED	(37) FROM - CITY / STATE	(38) VIA - CARRIER	(39) F.O.B.

Eastern Highlands Health District

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

Eastern Highlands Health District
Public Hearing*
Proposed FY 26/27 Operating Budget & CNR Budget

The Eastern Highlands Health District will hold a Public Hearing on Thursday, January 15, 2026, at 4:30 p.m. at the Coventry Town Hall Annex, 1712 Main Street, Coventry, Connecticut, to hear citizen's comments on the Proposed FY 2026-2027 District Operating, and Capital Nonrecurring Budget. At this hearing interested persons may appear and be heard and written communications received. Copies of the proposed District Budgets are available in the Andover, Ashford, Bolton, Chaplin, Columbia, Coventry, Mansfield, Scotland, Tolland and Willington Town Clerk offices. Written comments will be received up to the close of the hearing and can be directed to the Health District Board of Directors at 4 South Eagleville Road, Storrs, CT 06268

*Virtual Hearing Option: In accordance with PA 22-3, this will be a hybrid meeting. Please email mbrosseau@ehhd.org or call 860-429-3325 by 3:00 PM on the day of the meeting to receive instructions for how to view, listen, or comment live. A video recording of the meeting will be available at EHHD.ORG within seven (7) days after the meeting. Public comment will be accepted by email at mbrosseau@ehhd.org or by USPS mail at 4 South Eagleville Road, Mansfield, CT 06268 and will be received up to the close of the hearing.

Dated at Mansfield, Connecticut, this 31st day of December 2025.

Robert L. Miller
Director of Health

Eastern Highlands Health District
Board of Directors Regular Meeting Minutes

Thursday, January 15, 2026

Members present: R. Aylesworth (Mansfield-Virtual), J. Drumm (Coventry), J. Elsesser (Coventry), J. Rupert (Bolton), M. Walter (Columbia-Virtual)

Staff present: Director of Health R. Miller, Office Manager M. Brosseau, Medical Advisor Dr. Dardick (Virtual), Director of Finance A. Backhaus (Virtual)

Scheduled Item: EHHD Public Hearing – Proposed FY26/27 Operating Budget, & Proposed FY26/27 CNR Budget.

J. Elsesser opened the public hearing at 4:30pm. R. Miller read the public notice into the record. (See attached). R. Miller gave a brief overview of the budget. R. Miller noted that there were no written comments received. There was no public present at the meeting to speak.

J. Elsesser closed the public hearing at 4:33pm

J. Elsesser called the regular meeting to order at 4:33pm

Minutes

M. Walter made a MOTION, seconded by J. Rupert to approve the minutes of the December 11, 2025 meeting as presented. MOTION PASSED with J. Rupert abstaining.

Election of Officers

R. Miller informed the board that B. Foley agreed to put his name in as nominee for Assistant Treasurer.

J. Drumm made a MOTION, seconded by J. Rupert to nominate and elect J. Elsesser as Chair. MOTION PASSED unanimously.

J. Drumm made a MOTION, seconded by J. Rupert to nominate and elect M. Walter as Vice Chair. MOTION PASSED unanimously.

J. Drumm made a MOTION, seconded by J. Rupert to nominate and elect B. Foley as Assistant Treasurer. MOTION PASSED unanimously.

Proposed Fiscal Year *FY26/27* Operating Budget & Proposed FY *FY26/27* CNR Budget

J. Rupert made a MOTION, seconded by M. Walter to adopt the Fiscal Year *FY26/27* Operating Budget & FY *FY26/27* CNR Budget as presented. MOTION PASSED unanimously.

Finance Committee

R. Miller presented the salient items of the financial report ending 12/31/25.

J. Rupert made a MOTION, seconded by J. Drumm to accept the financial report as presented. MOTION PASSED unanimously.

Medical Advisors Report

Dr. Dardick reported that there are numerous cases of influenza being seen in the community and relatively low levels of COVID. The influenza cases are amongst vaccinated and unvaccinated individuals. Dr. Dardick noted that he is not seeing vaccine hesitancy for children in his practice. He further noted that the messaging from the state is supportive and affirmative.

Dr. Dardick informed the board that South Carolina is experiencing a measles outbreak and the outbreaks in Utah and Texas continue.

J. Elsesser called attention to the recent purchase of 2 hospitals by Hartford Healthcare and inquired as to whether the Health District should reach out to Hartford Healthcare. Dr. Dardick supported sending a letter to them. R. Miller noted that he will determine the correct contacts and reach out to them.

R. Miller provided details of the Public Dental Clinic being sponsored by the CT Dental Foundation and CT Mission of Mercy. The clinic will be held April 17 & 18 at EO Smith High School. It is anticipated that there will be up to 1000 patients. A press release will be done soon by CT MOM. Following the press release, EHHD will begin to push out information to towns. J. Elsesser requested that the information be sent to human services departments and local clubs and organizations.

Directors Report

Staffing Update

R. Miller informed the board that T. King has submitted his formal letter of retirement. His last day will be February 2, 2026. He will stay on part time until the position is filled.

R. Miller will send out a communication to town leaders regarding staffing support.

Vaccine Program Update

R. Miller reported that EHHD has hosted 16 seasonal viral vaccination clinics. 7 of these were with Beacon Pharmacy who offered additional respiratory vaccines. At these clinics EHHD administered 372 vaccines, Beacon Pharmacy administered an additional 443 vaccines.

Town Reports

Bolton J. Rupert reported that the town has received a grant from the Hartford Foundation for Giving for opioid prevention. He will confer with Rob so efforts are not duplicated.

Columbia M. Walter informed the board that there will be a Gala Fundraiser January 17th. This will be part of America celebrating 250 years. In addition, there will be a picnic and June and a parade July 4th. M. Walter noted that there is a new coffee shop open in town.

M. Walter also noted that his tax collector informed him that post marks on letters are not guaranteed unless you bring the mail to the post office.

Mansfield R. Aylesworth note that the Barnes and Noble will be converted to a learning lab/teaching bar. R. Aylesworth reported that the water issue at Mansfield Elementary School has resolved and people are able to drink the water. R. Aylesworth noted that the Downtown Partnership has brought back the "Game Night Shuttle".

Coventry J. Drumm reported that the town is waiting for DPH approval for the Plains Road water line. The plan is to go out to bid in the winter with installation in the Spring.

Communications

R. Miller referenced the communication regarding the water issue in Waterbury and stated that it speaks to the risk for other cities with similar infrastructure.

Adjournment

J. Rupert made a MOTION, seconded by J. Drumm to adjourn the regular meeting at 5:15 pm. MOTION PASSED unanimously.

Next Board Meeting – February 19, 2026, 4:30 PM

Respectfully submitted,

Robert Miller

Secretary

Robert L. Miller

From:	Maria Capriola
Sent:	Wednesday, July 22, 2026 5:09 PM
To:	Brian Foley; C Moran; firstselectman@ashfordct.gov; Heather Evans; Jim Drumm; Jim Rupert; John Elsesser; Maria Capriola; Mike Makuch; Ryan J. Aylesworth; Town Administrator (townadministrator@columbiact.org)
Cc:	Robert L. Miller
Subject:	EHHD Director's Self-Evaluation & Progress on Goals
Attachments:	2026 EHHD Director Perf Review Timeline FINAL.pdf; DOH self evaluation FY26.pdf; FY2026 Goal Progress & FY2027 recommendations.pdf

Good evening EHHD Board members,
Attached please find the following documents:

- Director of Health Performance Review Timeline
- Director of Health Performance Self-evaluation, Evaluation Period 7/1/2025 to 6/30/2026
- Director of Health Progress on Fiscal Year 2025/2026 Goals & Proposed Fiscal Year 2026/2027 Goals

An email with a link to participate in the Director's annual performance review will be forthcoming to you on July 28th. The survey instrument should be completed by you only and the link not shared. Once received, please complete the survey instrument by August 18th.

If you have any questions or need assistance, please reach out to me at the contact information below.

Thanks in advance for your assistance with this,
Maria

Maria E. Capriola, M.P.A.
Chief of Shared Services and Administration

860.429.3395
CapriolaM@mansfieldct.org
mansfieldct.gov

MANSFIELD
CONNECTICUT
Your place to grow

Eastern Highlands Health District
General Fund
Comparative Statement of Revenues, Expenditures
and Changes in Fund Balance
June 30, 2026
(with comparative totals for June 30, 2025)

	Adopted Budget 2025/26	Amended Budget 2025/26	2026	Percent of Adopted Budget	2025
Revenues					
Member Town Contributions	$ 486,130	$ 486,130	$ 486,902	100.2%	$ 474,719
State Grants	205,520	205,520	184,965	90.0%	207,210
Septic Permits	51,610	51,610	50,145	97.2%	47,475
Well Permits	15,300	15,300	13,730	89.7%	12,375
Soil Testing Service	49,600	49,600	43,110	86.9%	40,610
Food Protection Service	93,980	93,980	103,075	109.7%	96,761
B100a Reviews	35,200	35,200	29,720	84.4%	26,130
Septic Plan Reviews	42,500	42,500	40,580	95.5%	34,910
Other Health Services	10,910	10,910	12,846	117.7%	8,682
Cosm Insp	6,600	6,600	6,380	96.7%	6,475
Appropriation of Fund Balance	74,540	74,540	-	0.0%	-
Total Revenues	1,071,890	1,071,890	971,454	90.6%	955,347
Expenditures					
Salaries & Wages	709,096	709,096	692,169	97.6%	672,967
Grant Deductions	(71,369)	(71,369)	(75,492)	105.8%	(89,720)
Benefits	262,153	262,153	255,161	97.3%	225,979
Miscellaneous Benefits	13,100	13,100	9,466	72.3%	9,190
Insurance	15,240	15,240	14,996	98.4%	15,542
Professional & Technical Services	53,290	53,290	29,794	55.9%	33,414
Vehicle Repairs & Maintenance	5,000	5,000	6,151	123.0%	12,855
Health Reg*Admin Overhead	35,920	35,920	35,920	100.0%	35,075
Other Purchased Services	33,060	33,060	30,753	93.0%	29,403
Other Supplies	11,500	11,500	5,759	50.1%	4,973
Equipment - Minor	4,900	4,900	602	12.3%	417
Total Expenditures	1,071,890	1,071,890	1,005,279	93.8%	950,095
Operating Transfers					
Transfer to CNR Fund	-	-	-	0.0%	3,000
Total Exp & Oper Trans	1,071,890	1,071,890	1,005,279	93.8%	953,095
Excess (Deficiency) of Revenues	-	-	(33,825)		2,252
Fund Balance, July 1	550,180	550,180	550,180		551,726
Fund Balance plus Cont. Capital, June 30	$ 550,180	$ 550,180	$ 516,355		$ 553,977

Eastern Highlands Health District
Capital Non-Recurring Fund
Comparative Statement of Revenues, Expenditures
and Changes in Fund Balance
June 30, 2026
(with comparative totals for June 30, 2025)

	2026	2025
Revenues		
General Fund	$ -	$ 5,050
Total Revenues	-	5,050
Operating Transfers		
General Fund	-	3,000
Total Operating Transfers	-	3,000
Total Rev & Oper Trans	-	8,050
Expenditures		
Professional & Technical Services	7,099	4,700
Vehicles	-	29,575
Office Equipment	-	-
Total Expenditures	7,099	34,275
Excess (Deficiency) of Revenues	(7,099)	(26,225)
Fund Balance, July 1	285,422	311,647
Fund Balance plus Cont. Capital, June 30	$ 278,323	$ 285,422

Eastern Highlands Health District
General Fund
Balance Sheet
June 30, 2026
(with comparative totals for June 30, 2026)

	2026	2025
Assets		
Cash and Cash Equivalents	$ 477,208	$ 590,869
Accounts Receivable	84,878	2,475
Total Assets	562,086	593,344
Liabilities and Fund Balance		
Liabilities		
Accounts Payable	50,231	43,164
Total Liabilities	50,231	43,164
Fund Balance	511,855	550,180
Total Liabilities and Fund Balance	$ 562,086	$ 593,344

Eastern Highlands Health District
Capital Non-Recurring Fund
Balance Sheet
June 30, 2026
(with comparative totals for June 30, 2025)

	2026	2025
Assets		
Cash and Cash Equivalents	$ 279,573	$ 285,422
Total Assets	279,573	285,422
Liabilities and Fund Balance		
Liabilities		
Accounts Payable	1,250	-
Total Liabilities	1,250	-
Fund Balance	278,323	285,422
Total Liabilities and Fund Balance	$ 279,573	$ 285,422

Memo provided during Special Meeting on 7/30/26

3b

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

MEMORANDUM

To: EHHD Board of Directors
From: Robert Miller, Director of Health
Cc: Amanda Backus, EHHD Chief Financial Officer
Date: July 29, 2026

Re: Authorization to negotiate and execute agreements necessary for the implementation of the Mobile Integrated Health (MIH) and Mobile Clinic Pilot (MCP) programs funded through the Connecticut Department of Health Rural Health Transformation Program grant

Background

The Connecticut Department of Public Health (CT DPH), through the Rural Health Transformation Program (RHTP), has identified the Eastern Highlands Health District (EHHD) as the lead local health department for Catchment Area 3 (see attached map), consisting of twenty-five municipalities and a population of approximately 171,663 residents. Under the proposed program structure, EHHD would serve as the fiscal and administrative steward for two major regional initiatives: the Mobile Integrated Health (MIH) Program and the Mobile Clinic Pilot (MCP) Program.

The purpose of these initiatives is to strengthen regional public health and healthcare coordination, improve access to services, address health disparities, and support innovative community-based approaches to improving health outcomes across rural Connecticut.

CT DPH has requested that EHHD enter into formal contractual agreements to administer these programs within Catchment Area 3. Because contract negotiations and execution timelines are expected to occur within a compressed timeframe, Board of Directors authorization through a special meeting is being requested to allow the Director of Health to negotiate and execute all necessary agreements, amendments, budget revisions, and related administrative documents associated with these programs.

For your reference please see attached the following documents:

- CT DPH Rural Health Transformation Program: Presentation for Community level engagement

- DRAFT Mobile Clinic Pilot scope of work
- DRAFT Mobile Integrated Health program scope of work
- DRAFT agreement Terms and Conditions
- DPH RHTP LHD MIH & MCP Map and budget – UPDATE 6.30.26
- Proposed program budget – MIH
- Proposed program budget - MCP

Financial Impact

Under the proposed funding allocation, Catchment Area 3 is anticipated to receive:

- **Mobile Integrated Health (MIH):** Approximately **$1,321,000 annually**
- **Mobil Clinic Pilot Program (MCP):** Approximately **$925,000 (year 1), and $675,000 (year 2 to 5)**

Based upon the preliminary CT DPH budget worksheets, the total anticipated funding available to EHHD over the five-year grant period is approximately:

- **MIH Program: $6,605,000**
- **MCP Program: $3,625,000**

Total Five-Year Program Funding: $10,230,000

These funds will support program administration, personnel, contractual services, community partnerships, regional coordination activities, and other approved programmatic expenses. The agreements are expected to be fully grant-funded and are not anticipated to require additional local appropriations from the EHHD. *Ten percent of the award, plus program staff expenses, would be allocated for health district's administrative and general expenses, which* **is anticipated to be approximately $1,500,000 over the five-year funding period.** This number is subject to change pending negotiations with the state.

It is anticipated that any increases in insurance premiums, added attorney's fees, audit expenses or other administrative costs will be covered by this award. Furthermore, this office working with our Chief Financial Officer will develop a close-out financial plan for the end of the five-year funding period that will establish a smooth financial transition and avoid any financial cliff for this agency. Any financial obligations or material changes to program scope that would create any fiscal exposure for the District would be brought back to the Board for review and consideration.

Recommendation

I recommend that the Board authorize the Director of Health to:

1. Negotiate the terms and conditions of all agreements with the Connecticut Department of Public Health related to the Mobile Integrated Health (MIH) and Multi-Community Partnership (MCP) initiatives;
2. Execute all contracts, amendments, budget revisions, and related documents necessary to implement these programs;
3. Serve as the authorized representative of the Eastern Highlands Health District for all matters pertaining to these initiatives; and
4. Provide periodic updates to the Board of Directors regarding program implementation, funding, performance measures, and significant contractual developments.

Approval of this authorization will allow EHHD to move forward efficiently with these significant regional public health opportunities while ensuring that the District remains well-positioned to secure and administer the funding made available through the Rural Health Transformation Program.

If the Board concurs with the above recommendation, then the following motion is in order:

MOVE, that the Eastern Highlands Health District Board of Directors authorize the Director of Health to negotiate and execute all agreements and related documents necessary to implement the Mobile Integrated Health (MIH) and Mobile Clinic Pilot (MCP) programs funded through the Connecticut Department of Public Health Rural Health Transformation Program, effective this day July 30, 2026.

Motion passed 7/30/26
during special meeting
KLM

Eastern Highlands Health District
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Activity Report

April 1, 2026 – June 30, 2026

Highlighted Accomplishments/Activities

- Provided substantial public health leadership and coordination in response to PFAS detections affecting Horace Porter School and the Columbia Town Center. EHHD worked with Town and school officials, CT DPH, and CT DEEP on interim exposure controls, expanded testing of nearby municipal wells, investigation planning, resident notification, public communications, and development of a joint PFAS FAQ. Additional testing identified PFAS exceedances at multiple Town Center wells, prompting continued state and local investigation and response.
- Continued response to PFAS concerns involving the Coventry school system. EHHD coordinated with school administration, facilities staff, CT DPH Drinking Water and toxicology staff on response options, public/family communications, sampling schedules, and interpretation of results. The response also helped inform proactive outreach to other EHHD school public water systems regarding federal PFAS initial monitoring requirements.
- Initiated proactive PFAS outreach to school public water systems in Bolton, Andover, Ashford and other member communities, encouraging completion of required federal initial monitoring during the summer recess where practical and offering EHHD assistance with sampling requirements, interpretation of results, and coordination with CT DPH.
- Continued support to the Town of Coventry at Patriots Park as the new water circulator was placed into operation. EHHD monitored bathing-water results, added an additional sampling location to better characterize conditions, reviewed trends with Town officials and consultants, and recommended operational adjustments to the circulator when elevated bacteria results occurred during periods of high recreational use.
- Completed recruitment and onboarding of Melissa Pierce, MPH, RS, as Assistant Director of Health/Sanitarian II, effective June 1. Municipal environmental health assignments were reorganized to integrate the new position and allow the Chief Sanitarian to devote greater attention to supervisory and program-management responsibilities.
- Responded to an unexpected Sanitarian II resignation in June by immediately initiating recruitment, redistributing municipal and food-service workloads, communicating directly with affected member towns, and establishing interim coverage to maintain continuity of environmental health services.
- Continued significant legislative and policy advocacy through CADH. Work during the quarter included support for legislation restoring greater access to private well water-quality information. The final private-well confidentiality language advanced through the General Assembly and was enacted in Public Act 26-13, with an October 1, 2026 effective date.
- Following submission of a letter of interest, CT DPH selected EHHD to serve as a fiduciary for a $10 million grant as part of the Rural Health Transformation Program (RHTP), positioning the District to provide fiscal and administrative support for implementation of this significant regional/state public health initiative.

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- Continued support to the Town of Tolland and CT DEEP on the ongoing sodium/chloride private-well investigation. EHHD completed and reviewed additional spring monitoring of selected properties and continued to assess treatment-system and groundwater information to support the broader investigation.
- Advanced the Opioid Action Initiative by finalizing a service-provider MOU and coordinating use of municipal opioid-settlement funds for community outreach. Community Health staff also conducted an overdose-reversal training for 14 participants, distributed 15 boxes of naloxone, and distributed an additional 30 naloxone kits with individual overdose-prevention education at Celebrate Mansfield.

- Supported the Connecticut Mission of Mercy free dental clinic at E.O. Smith High School. EHHD assisted with promotion, local coordination, and volunteer support; Medical Reserve Corps volunteers supported the two-day clinic. 905 patients were provided 6,400 dental procedures.
- Community Health and Wellness activities reached at least 1,633 individuals during the quarter through the Be Well newsletter and other outreach. Staff conducted eight blood-pressure screening events serving 75 people and a Blood Pressure Educational Series in Bolton with six participants. Program responsibilities were transitioned at quarter-end to support continuity of the hypertension initiative and the launch of the new Tobacco Best Practices initiative.
- Childhood lead program staff followed 26 elevated blood-lead cases during the quarter and continued family/provider communications and DPH MAVEN surveillance. Environmental Health staff issued public health orders and continued lead management and abatement work on active cases in Mansfield, Willington and Coventry.
- Communicable disease staff managed 51 reported cases during April through June, completing 21 interviews and two investigations, exclusive of SARS-CoV-2 cases.
- Environmental Health staff continued the district-wide food protection program. During the fourth quarter, 103 routine food inspections, 19 re-inspections, 22 follow-up reviews and 17 pre-operational inspections were completed. For FY 2025/26, the program completed 450 routine inspections, 76 re-inspections, 178 follow-up reviews and 44 pre-operational inspections.
- Seasonal environmental health work included campground and public-pool inspections, temporary food inspections at farmers markets, bathing-water sampling, preparation of summer/fall weekend inspection assignments, and training of an intern in bathing-water sampling procedures. Staff also investigated a failed subsurface sewage disposal system in coordination with CT DPH, the system manufacturer, homeowner and contractor.
- Emergency Preparedness activities included continued Region 3 and Region 4 PHEP/ESF-8 participation and Statewide Training & Exercise Workgroup activities. EHHD conducted an Everbridge staff-notification drill and participated in the Region 4 Bio200 exercise at Putnam High School, providing equipment and serving as lead for the off-site DispenseAssist form-completion location.

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- Preparedness planning also included statewide Rad100 exercise planning, updates to EHHD preparedness plans, completion of the Medical Countermeasure plan update in June, and continued planning for responder safety, volunteer management and emergency-notification capabilities. The EHHD MRC maintained 95 enrolled volunteers and supported community events, bicycle-safety education, CTMOM, Stop the Bleed/hands-only CPR training, and Region 4 Points of Dispensing training.

Plans for the Next Quarter

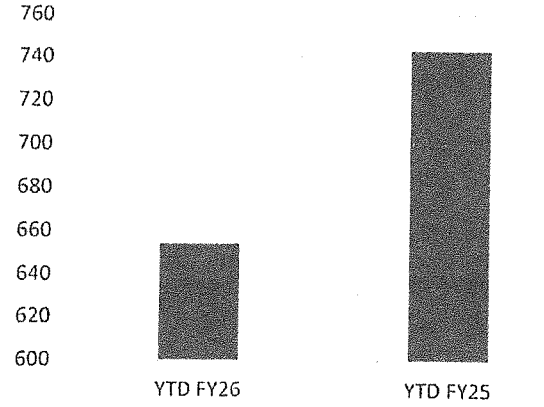
- Continue coordination with CT DEEP, CT DPH, the Town of Columbia and the school district on the Columbia Town Center PFAS investigation, including private-well sampling, public communications, resident outreach and planning for longer-term mitigation.
- Continue PFAS follow-up with Coventry schools and support member-town school public water systems with federal PFAS initial monitoring and interpretation of results.
- Continue monitoring Patriots Park bathing-water quality and evaluate the effectiveness and operating schedule of the water circulator with the Town and its consultants.
- Complete recruitment for the vacant Sanitarian II position and maintain interim environmental health coverage and workload balancing until the vacancy is filled.
- Begin fiduciary planning and coordination with CT DPH for the $10 million Rural Health Transformation Program (RHTP) grant, including development of the fiscal, administrative, contracting, reporting, and internal oversight systems necessary to support grant implementation.

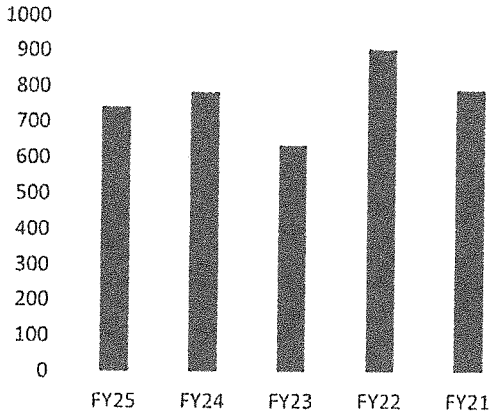
- Implement the Tobacco Best Practices initiative beginning July 1, 2026, while continuing the Preventive Health and Human Services Block Grant hypertension program.
- Continue the Opioid Action Initiative, including member-town engagement, naloxone distribution, overdose-prevention education and community events under the executed service-provider agreement.
- Continue childhood lead case management, communicable disease surveillance and follow-up, immunization outreach, and Medical Reserve Corps recruitment, training and deployment.
- Complete Bio200 after-action activities and continue Region 3/4 PHEP, ESF-8, MRC and statewide preparedness work, including Rad100 planning and transition of emergency notification capabilities to Everbridge.
- Continue seasonal environmental health responsibilities, including food service, temporary events, public pools, campgrounds, bathing water, onsite wastewater and private wells, while monitoring food inspection workload and required Public Health Code frequencies.
- Continue advocacy and implementation planning related to new state public-health legislation and emerging regulatory changes affecting local health departments, including private-well data access and subsurface sewage disposal requirements.

Statistical Report (Attached)

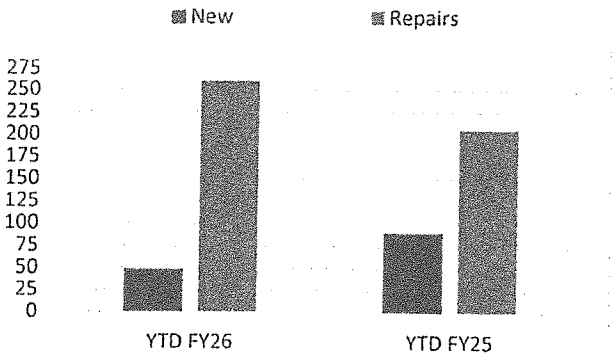
Quarterly Report April 1, 2026 - June 30, 2026
Year to Date Historgrams with 5 Year Trend Comparisons for Selected Activity Indicators

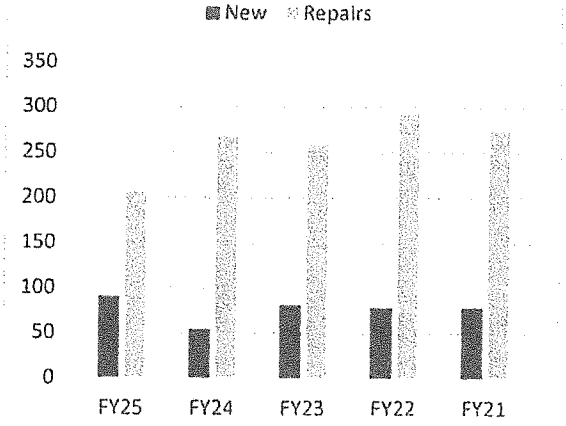
Deep Test Holes



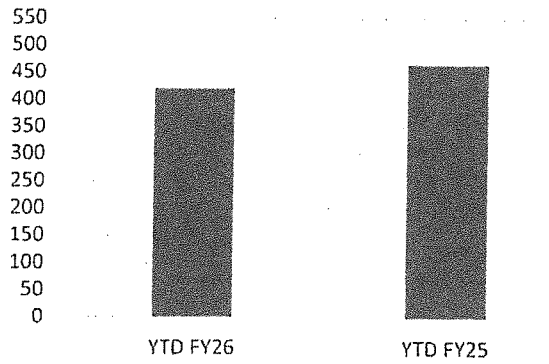


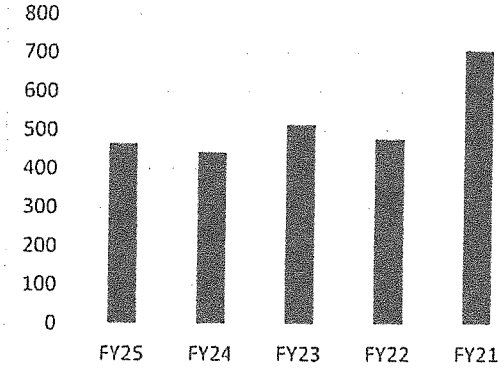
Septic Permits Issued





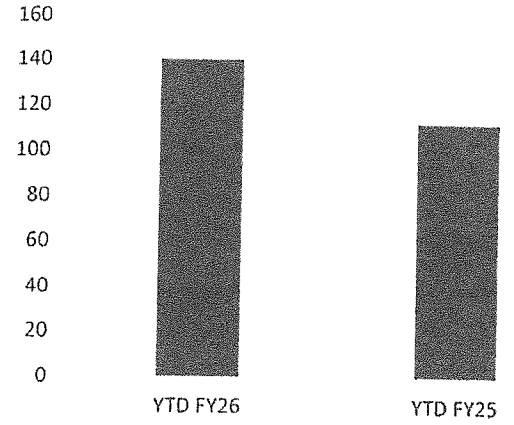
Public HealthReviews

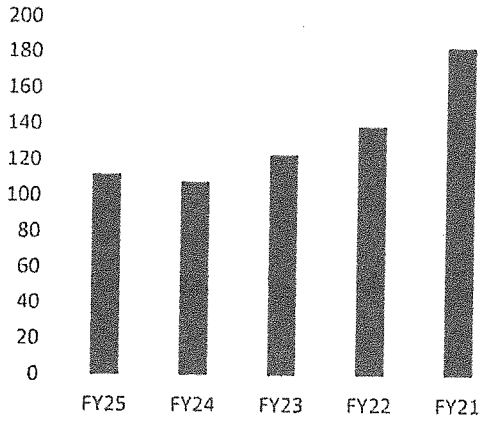




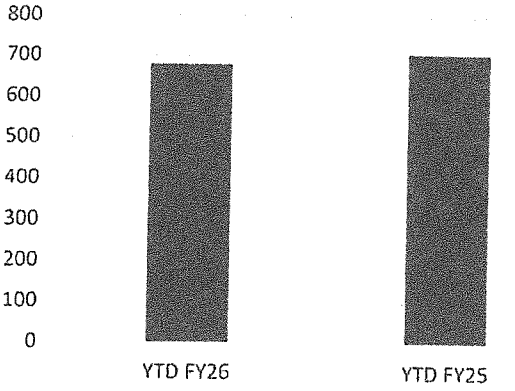
Quarterly Report April 1, 2026 - June 30, 2026
Year to Date Historgrams with 5 Year Trend Comparisons for Selected Activity Indicators

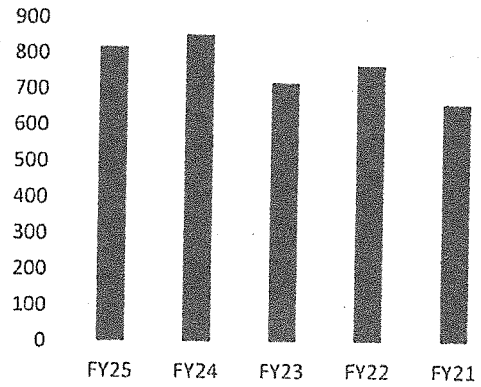
Complaints



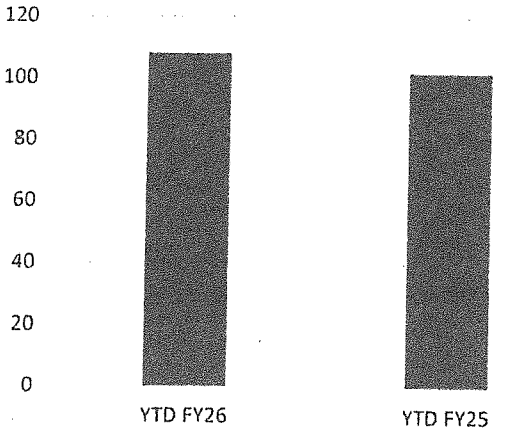


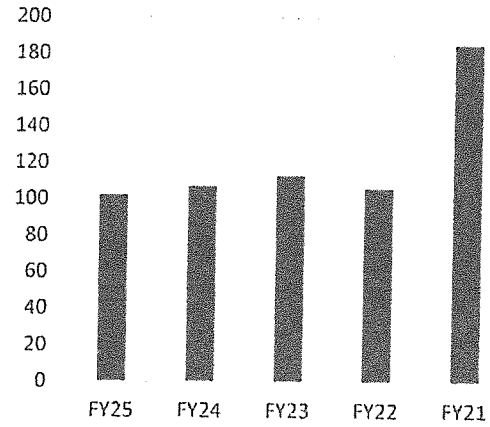
Food Service Inspections





Well Permits





EASTERN HIGHLANDS HEALTH DISTRICT FOURTH QUARTER FISCAL YEAR 25-26							
April 1, 2026- June 30, 2026							
Activity Indicators			MONTHS				
ENVIRONMENTAL HEALTH ACTIVITIES		April	May	June	Total	YTD FY26	YTD FY25
Compaints							
	Air Quality	0	0	0	0	5	3
	Animals/Animal Waste	0	0	1	1	2	3
	Activity without Permit	0	0	0	0	6	4
	Food Protection	0	3	2	5	25	5
	Housing Issues	3	2	8	13	43	23
	Emergency Response	0	0	0	0	3	1
	Refuse/Garbage	1	0	1	2	8	12
	Rodents/Insects	0	0	2	2	8	11
	Septic/Sewage	5	0	3	8	19	23
	Other	0	1	1	2	13	19
	Water Quality	0	1	1	2	8	8
	Total	9	7	19	35	140	112
Health Inspection							
	Group homes	0	0	0	0	0	1
	Day Care	1	0	0	1	11	11
	Camps	0	0	4	4	5	6
	Public Pool	2	1	6	9	14	9
	Other	0	0	0	0	8	10
	Schools	0	0	0	0	1	1
	Mortgage, FHA, VA	0	0	0	0	0	0
	Bathing Areas	0	0	0	0	1	1
	Cosmetology	0	1	3	4	83	96
	Total	3	2	13	18	123	135
On-site Sewage Disposal							
	Site inspection	96	69	109	274	936	1029
	Deep hole tests	60	50	86	196	654	743
	Percolation tests	16	17	24	57	163	184
	Permits issued, new	4	3	12	19	48	90
	Permits issued, repair	20	21	24	65	260	206
	Site Plans Reviewed	25	27	39	91	349	340
	Public Health Reviews	55	37	41	133	419	465
Wells							
	Well sites inspected	10	7	8	25	88	98
	Well permits issued	10	7	12	29	108	102
Laboratory Activities (samples taken)							
	Potable water	16	4	4	24	56	34
	Surface water	0	42	111	153	371	377
	Ground water	0	0	1	1	1	0
	Rabies	0	0	1	1	8	8
	Lead	0	0	0	0	159	416
	Other	12	14	10	36	62	46
Food Protection							
	Inspections	31	23	49	103	450	460
	On Site inspection violation follow up	6	4	9	19	76	72
	Documented inspection violation follow up	7	6	9	22	177	
	Temporary permits	13	31	4	48	118	148
	Temporary inspections*	1	40	2	43	108	133
	Plan review	1	3	3	7	27	16
	Pre-operational inspections	7	3	7	17	44	40
	Total Inspections	52	76	76	182	678	705
Lead Activties							
	Housing inspection	1	0	0	1	14	17
	Abate plan reviewed	0	0	1	1	6	8
MISCELLANEOUS ACTIVITIES							
	Planning and Zoning referrals	0	2	2	4	7	2
	Subdivision reviewed (# of lots)	0	0	0	0	1	5

ANDOVER QUARTERLY REPORT

April 1, 2026 - June 30, 2026

Activity Indicators

		April	May	June	*Total*	*District Total*
ENVIRONMENTAL HEALTH ACTIVITIES						
Complaints						
	Air Quality				0	0
	Animals/Animal Waste				0	1
	Activity Without Proper Permits				0	0
	Food Protection			1	1	5
	Housing Isssues				0	13
	Emergency Response				0	0
	Refuse/Garbage	1			1	2
	Rodents/Insects				0	2
	Septic/Sewage				0	8
	Other				0	2
	Water Quality				0	2
	Total	1	0	1	2	35
Health Inspection						
	Group homes				0	0
	Day Care				0	1
	Camps				0	4
	Public Pool				0	9
	Other				0	0
	Schools				0	0
	Mortgage, FHA, VA				0	0
	Bathing Areas				0	0
	Cosmetology				0	4
	Total	0	0	0	0	18
On-site Sewage Disposal						
	Site inspection -- all site visits	3	6	2	11	274
	Deep hole tests -- number of holes	3	3		6	196
	Percolation tests -- number of holes	1	1		2	57
	Permits issued, new	1		1	2	19
	Permits issued, repair		2		2	65
	Site plans reviewed		1	1	2	91
	Public Health Reviews	2	2	1	5	133
Wells						
	Well sites inspected	2	1	2	5	25
	Well permits issued				0	29
Laboratory Activities (samples taken)						
	Potable water				0	24
	Surface water		2	5	7	153
	Ground water				0	1
	Rabies				0	1
	Lead				0	0
	Other	2			2	36
Food Protection						
	Inspections	2	1	2	5	103
	On Site inspection violation follow up			1	1	19
	Documented inspection violation follow up				0	22
	Temporary permits				0	48
	Temporary inspections				0	43
	Plan reviews				0	7
	Pre-operational inspections				0	17
Lead Activties						
	Housing inspection				0	1
	Abate plan reviewed				0	1
MISCELLANOUS ACTIVITIES						
	Planning and Zoning referrals				0	4
	Subdivision reviewed (per lot)				0	0

ASHFORD QUARTERLY REPORT

April 1, 2026 - June 30, 2026

Activity Indicators

		April	May	June	*Total*	*District Total*
ENVIRONMENTAL HEALTH ACTIVITIES						
Complaints						
	Air Quality				0	0
	Animals/Animal Waste				0	1
	Activity Without Proper Permits				0	0
	Food Protection				0	5
	Housing Isssues				0	13
	Emergency Response				0	0
	Refuse/Garbage				0	2
	Rodents/Insects				0	2
	Septic/Sewage			1	1	8
	Other				0	2
	Water Quality			1	1	2
	Total	0	0	2	2	35
Health Inspection						
	Group homes				0	0
	Day Care				0	1
	Camps			1	1	4
	Public Pool			2	2	9
	Other				0	0
	Schools				0	0
	Mortgage, FHA, VA				0	0
	Bathing Areas				0	0
	Cosmetology				0	4
	Total	0	0	3	3	18
On-site Sewage Disposal						
	Site inspection -- all site visits	5	4	16	25	274
	Deep hole tests -- number of holes	13	6	3	22	196
	Percolation tests -- number of holes	3	2	1	6	57
	Permits issued, new			1	1	19
	Permits issued, repair	2	2	1	5	65
	Site plans reviewed	4	3	4	11	91
	Public Health Reviews	4	6	4	14	133
Wells						
	Well sites inspected	1	1	2	4	0
	Well permits issued	1	1		2	25
Laboratory Activities (samples taken)						
	Potable water				0	24
	Surface water		2	5	7	153
	Ground water				0	1
	Rabies				0	1
	Lead				0	0
	Other		1	2	3	36
Food Protection						
	Inspections	1	1	7	9	103
	On Site inspection violation follow up			1	1	19
	Documented inspection violation follow up				0	22
	Temporary permits				0	48
	Temporary inspections				0	43
	Plan reviews				0	7
	Pre-operational inspections	3			3	17
Lead Activties						
	Housing inspection				0	1
	Abate plan reviewed				0	1
MISCELLANOUS ACTIVITIES						
	Planning and Zoning referrals				0	4
	Subdivision reviewed (per lot)				0	0

BOLTON QUARTERLY REPORT

April 1, 2026 - June 30, 2026

Activity Indicators

		April	May	June	*Total*	*District Total*
ENVIRONMENTAL HEALTH ACTIVITIES						
Complaints						
	Air Quality				0	0
	Animals/Animal Waste			1	1	1
	Activity Without Proper Permits				0	0
	Food Protection			1	1	5
	Housing Isssues			1	1	13
	Emergency Response				0	0
	Refuse/Garbage				0	2
	Rodents/Insects				0	2
	Septic/Sewage	1			1	8
	Other				0	2
	Water Quality				0	2
	Total	1	0	3	4	35
Health Inspection						
	Group homes				0	0
	Day Care				0	1
	Camps				0	4
	Public Pool				0	9
	Other				0	0
	Schools				0	0
	Mortgage, FHA, VA				0	0
	Bathing Areas				0	0
	Cosmetology				0	4
	Total	0	0	0	0	18
On-site Sewage Disposal						
	Site inspection -- all site visits	1	5	14	20	274
	Deep hole tests -- number of holes			6	6	196
	Percolation tests -- number of holes			2	2	57
	Permits issued, new			1	1	19
	Permits issued, repair	3	3	3	9	65
	Site plans reviewed	3	2	4	9	91
	Public Health Reviews	3		1	4	133
Wells						
	Well sites inspected			2	2	25
	Well permits issued				0	29
Laboratory Activities (samples taken)						
	Potable water				0	24
	Surface water		4	10	14	153
	Ground water				0	1
	Rabies				0	1
	Lead				0	0
	Other	1		1	2	36
Food Protection						
	Inspections	2	2	4	8	103
	On Site inspection violation follow up	1			1	19
	Documented inspection violation follow up	2		1	3	22
	Temporary permits			2	2	48
	Temporary inspections				0	43
	Plan reviews				0	7
	Pre-operational inspections		1	1	2	17
Lead Activties						
	Housing inspection				0	1
	Abate plan reviewed				0	1
MISCELLANOUS ACTIVITIES						
	Planning and Zoning referrals				0	4
	Subdivision reviewed (per lot)				0	0

CHAPLIN QUARTERLY REPORT

April 1, 2026 - June 30, 2026

Activity Indicators

		April	May	June	*Total*	*District Total*
ENVIRONMENTAL HEALTH ACTIVITIES						
Complaints						
	Air Quality				0	0
	Animals/Animal Waste				0	1
	Activity Without Proper Permits				0	0
	Food Protection				0	5
	Housing Isssues		1	1	2	13
	Emergency Response				0	0
	Refuse/Garbage				0	2
	Rodents/Insects				0	2
	Septic/Sewage	1			1	8
	Other				0	2
	Water Quality				0	2
	Total	1	1	1	3	35
Health Inspection						
	Group homes				0	0
	Day Care				0	1
	Camps			1	1	4
	Public Pool				0	9
	Other				0	0
	Schools				0	0
	Mortgage, FHA, VA				0	0
	Bathing Areas				0	0
	Cosmetology				0	4
	Total	0	0	1	1	18
On-site Sewage Disposal						
	Site inspection -- all site visits	3	3		6	274
	Deep hole tests -- number of holes	3	3	3	9	196
	Percolation tests -- number of holes	1	1	1	3	57
	Permits issued, new				0	19
	Permits issued, repair				0	65
	Site plans reviewed			1	1	91
	Public Health Reviews		1		1	133
Wells						
	Well sites inspected				0	25
	Well permits issued				0	29
Laboratory Activities (samples taken)						
	Potable water				0	24
	Surface water				0	153
	Ground water				0	1
	Rabies				0	1
	Lead				0	0
	Other				0	36
Food Protection						
	Inspections	1	2	3	6	103
	On Site inspection violation follow up		2		2	19
	Documented inspection violation follow up	1			1	22
	Temporary permits	1			1	48
	Temporary inspections				0	43
	Plan reviews				0	7
	Pre-operational inspections				0	17
Lead Activties						
	Housing inspection				0	1
	Abate plan reviewed				0	1
MISCELLANOUS ACTIVITIES						
	Planning and Zoning referrals				0	4
	Subdivision reviewed (per lot)				0	0

COLUMBIA QUARTERLY REPORT

April 1, 2026 - June 30, 2026

Activity Indicators

		April	May	June	*Total*	*District Total*
ENVIRONMENTAL HEALTH ACTIVITIES						
Complaints						
	Air Quality				0	0
	Animals/Animal Waste				0	1
	Activity Without Proper Permits				0	0
	Food Protection				0	5
	Housing Isssues				0	13
	Emergency Response				0	0
	Refuse/Garbage				0	2
	Rodents/Insects				0	2
	Septic/Sewage				0	8
	Other				0	2
	Water Quality				0	2
	Total	0	0	0	0	35
Health Inspection						
	Group homes				0	0
	Day Care				0	1
	Camps				0	4
	Public Pool				0	9
	Other				0	0
	Schools				0	0
	Mortgage, FHA, VA				0	0
	Bathing Areas				0	0
	Cosmetology				0	4
	Total	0	0	0	0	18
On-site Sewage Disposal						
	Site inspection -- all site visits	17	5	5	27	274
	Deep hole tests -- number of holes		6	3	9	196
	Percolation tests -- number of holes		2	1	3	57
	Permits issued, new			1	1	19
	Permits issued, repair	2	1	1	4	65
	Site plans reviewed	3	1	2	6	91
	Public Health Reviews	8	2	9	19	133
Wells						
	Well sites inspected	1			1	25
	Well permits issued	3			3	29
Laboratory Activities (samples taken)						
	Potable water				0	24
	Surface water		4	10	14	153
	Ground water				0	1
	Rabies				0	1
	Lead				0	0
	Other			1	1	36
Food Protection						
	Inspections	2	3	2	7	103
	On Site inspection violation follow up				0	19
	Documented inspection violation follow up		1		1	22
	Temporary permits				0	48
	Temporary inspections				0	43
	Plan reviews				0	7
	Pre-operational inspections				0	17
Lead Activties						
	Housing inspection				0	1
	Abate plan reviewed				0	1
MISCELLANOUS ACTIVITIES						
	Planning and Zoning referrals				0	4
	Subdivision reviewed (per lot)				0	0

COVENTRY QUARTERLY REPORT

April 1, 2026 - June 30, 2026

Activity Indicators

		April	May	June	*Total*	*District Total*
ENVIRONMENTAL HEALTH ACTIVITIES						
Complaints						
	Air Quality				0	0
	Animals/Animal Waste				0	1
	Activity Without Proper Permits				0	0
	Food Protection				0	5
	Housing Isssues				0	13
	Emergency Response				0	0
	Refuse/Garbage				0	2
	Rodents/Insects				0	2
	Septic/Sewage				0	8
	Other				0	2
	Water Quality				0	2
	Total	0	0	0	0	35
Health Inspection						
	Group homes				0	0
	Day Care				0	1
	Camps				0	4
	Public Pool			1	1	9
	Other				0	0
	Schools				0	0
	Mortgage, FHA, VA				0	0
	Bathing Areas				0	0
	Cosmetology			2	2	4
	Total	0	0	3	3	18
On-site Sewage Disposal						
	Site inspection -- all site visits	19	6	12	37	274
	Deep hole tests -- number of holes	7	3	4	14	196
	Percolation tests -- number of holes	1	1		2	57
	Permits issued, new		2	1	3	19
	Permits issued, repair	3	1	2	6	65
	Site plans reviewed	3	2	3	8	91
	Public Health Reviews	12	9	4	25	133
Wells						
	Well sites inspected			1	1	25
	Well permits issued		3	5	8	29
Laboratory Activities (samples taken)						
	Potable water				0	24
	Surface water		20	56	76	153
	Ground water				0	1
	Rabies				0	1
	Lead				0	0
	Other	1	4	3	8	36
Food Protection						
	Inspections	3	2	5	10	103
	On Site inspection violation follow up				0	19
	Documented Inspection violation follow up				0	22
	Temporary permits	9	24	1	34	48
	Temporary inspections	1	34	1	36	43
	Plan reviews				0	7
	Pre-operational inspections				0	17
Lead Activties						
	Housing inspection	1			1	1
	Abate plan reviewed				0	1
MISCELLANOUS ACTIVITIES						
	Planning and Zoning referrals				0	4
	Subdivision reviewed (per lot)				0	0

MANSFIELD QUARTERLY REPORT

April 1, 2026 - June 30, 2026

Activity Indicators

		April	May	June	*Total*	*District Total*
ENVIRONMENTAL HEALTH ACTIVITIES						
Complaints						
	Air Quality				0	0
	Animals/Animal Waste				0	1
	Activity Without Proper Permits				0	0
	Food Protection		3		3	5
	Housing Isssues	2	1	2	5	13
	Emergency Response				0	0
	Refuse/Garbage			1	1	2
	Rodents/Insects			1	1	2
	Septic/Sewage			1	1	8
	Other				0	2
	Water Quality		1		1	2
	Total	2	5	5	12	35
Health Inspection						
	Group homes				0	0
	Day Care				0	1
	Camps				0	4
	Public Pool	2		2	4	9
	Other				0	0
	Schools				0	0
	Mortgage, FHA, VA				0	0
	Bathing Areas				0	0
	Cosmetology		1	1	2	4
	Total	2	1	3	6	18
On-site Sewage Disposal						
	Site inspection -- all site visits	11	4	14	29	274
	Deep hole tests -- number of holes	10	14	38	62	196
	Percolation tests -- number of holes	2	5	10	17	57
	Permits issued, new	1		1	2	19
	Permits issued, repair	3	7	8	18	65
	Site plans reviewed	4	9	8	21	91
	Public Health Reviews	5	6	10	21	133
Wells						
	Well sites inspected	4	4		8	25
	Well permits issued	4	3	3	10	29
Laboratory Activities (samples taken)						
	Potable water				0	24
	Surface water		2	5	7	153
	Ground water				0	1
	Rabies				0	1
	Lead				0	0
	Other	4	7		11	36
Food Protection						
	Inspections	15	5	11	31	103
	On Site inspection violation follow up	5	2	6	13	19
	Documented inspection violation follow up	2	2	6	10	22
	Temporary permits	1			1	48
	Temporary inspections				0	43
	Plan reviews			3	3	7
	Pre-operational inspections	2	1	1	4	17
Lead Activties						
	Housing inspection				0	1
	Abate plan reviewed			1	1	1
MISCELLANOUS ACTIVITIES						
	Planning and Zoning referrals				0	4
	Subdivision reviewed (per lot)				0	0

SCOTLAND QUARTERLY REPORT

April 1, 2026 - June 30, 2026

Activity Indicators

		April	May	June	*Total*	*District Total*
ENVIRONMENTAL HEALTH ACTIVITIES						
Complaints						
	Air Quality				0	0
	Animals/Animal Waste				0	1
	Activity Without Proper Permits				0	0
	Food Protection				0	5
	Housing Isssues				0	13
	Emergency Response				0	0
	Refuse/Garbage				0	2
	Rodents/Insects			1	1	2
	Septic/Sewage				0	8
	Other				0	2
	Water Quality				0	2
	Total	0	0	1	1	35
Health Inspection						
	Group homes				0	0
	Day Care				0	1
	Camps			1	1	4
	Public Pool			1	1	9
	Other				0	0
	Schools				0	0
	Mortgage, FHA, VA				0	0
	Bathing Areas				0	0
	Cosmetology				0	4
	Total	0	0	2	2	18
On-site Sewage Disposal						
	Site inspection -- all site visits	2			2	274
	Deep hole tests -- number of holes			1	1	196
	Percolation tests -- number of holes				0	57
	Permits issued, new				0	19
	Permits issued, repair			1	1	65
	Site plans reviewed			1	1	91
	Public Health Reviews		1		1	133
Wells						
	Well sites inspected	1			1	25
	Well permits issued				0	29
Laboratory Activities (samples taken)						
	Potable water				0	24
	Surface water				0	153
	Ground water				0	1
	Rabies				0	1
	Lead				0	0
	Other	3			3	36
Food Protection						
	Inspections		1	1	2	103
	On Site inspection violation follow up				0	19
	Documented inspection violation follow up				0	22
	Temporary permits	1			1	48
	Temporary inspections			1	1	43
	Plan reviews				0	7
	Pre-operational inspections				0	17
Lead Activties						
	Housing inspection				0	1
	Abate plan reviewed				0	1
MISCELLANOUS ACTIVITIES						
	Planning and Zoning referrals				0	4
	Subdivision reviewed (per lot)				0	0

TOLLAND QUARTERLY REPORT

April 1, 2026 - June 30, 2026

Activity Indicators

		April	May	June	*Total*	*District Total*
ENVIRONMENTAL HEALTH ACTIVITIES						
Complaints						
	Air Quality				0	0
	Animals/Animal Waste				0	1
	Activity Without Proper Permits				0	0
	Food Protection				0	5
	Housing Isssues				0	13
	Emergency Response				0	0
	Refuse/Garbage				0	2
	Rodents/Insects				0	2
	Septic/Sewage	1			1	8
	Other				0	2
	Water Quality				0	2
	Total	1	0	0	1	35
Health Inspection						
	Group homes				0	0
	Day Care	1			1	1
	Camps			1	1	4
	Public Pool				0	9
	Other				0	0
	Schools				0	0
	Mortgage, FHA, VA				0	0
	Bathing Areas				0	0
	Cosmetology				0	4
	Total	1	0	1	2	18
On-site Sewage Disposal						
	Site inspection -- all site visits	23	21	25	69	274
	Deep hole tests -- number of holes	13	12	11	36	196
	Percolation tests -- number of holes	4	4	6	14	57
	Permits issued, new	2	1	4	7	19
	Permits issued, repair	4	3	4	11	65
	Site plans reviewed	5	3	11	19	91
	Public Health Reviews	18	8	10	36	133
Wells						
	Well sites inspected	1	1	1	3	25
	Well permits issued	2		2	4	29
Laboratory Activities (samples taken)						
	Potable water	16	4	4	24	24
	Surface water		4	10	14	153
	Ground water				0	1
	Rabies			1	1	1
	Lead				0	0
	Other	1		2	3	36
Food Protection						
	Inspections	2	4	9	15	103
	On Site inspection violation follow up			1	1	19
	Documented inspection violation follow up	1	3	1	5	22
	Temporary permits		3	1	4	48
	Temporary inspections				0	43
	Plan reviews	1	2		3	7
	Pre-operational inspections	2	1	4	7	17
Lead Activties						
	Housing inspection				0	1
	Abate plan reviewed				0	1
MISCELLANOUS ACTIVITIES						
	Planning and Zoning referrals				0	4
	Subdivision reviewed (per lot)				0	0

WILLINGTON QUARTERLY REPORT

April 1, 2026 - June 30, 2026

Activity Indicators

		April	May	June	*Total*	*District Total*
ENVIRONMENTAL HEALTH ACTIVITIES						
Complaints						
	Air Quality				0	0
	Animals/Animal Waste				0	1
	Activity Without Proper Permits				0	0
	Food Protection				0	5
	Housing Isssues	1		4	5	13
	Emergency Response				0	0
	Refuse/Garbage				0	2
	Rodents/Insects				0	2
	Septic/Sewage	2		1	3	8
	Other		1	1	2	2
	Water Quality				0	2
	Total	3	1	6	10	35
Health Inspection						
	Group homes				0	0
	Day Care				0	1
	Camps				0	4
	Public Pool		1		1	9
	Other				0	0
	Schools				0	0
	Mortgage, FHA, VA				0	0
	Bathing Areas				0	0
	Cosmetology				0	4
	Total	0	1	0	1	18
	Site inspection -- all site visits	12	15	21	48	274
	Deep hole tests -- number of holes	11	3	17	31	196
	Percolation tests -- number of holes	4	1	3	8	57
	Permits issued, new			2	2	19
	Permits issued, repair	3	2	4	9	65
	Site plans reviewed	3	6	4	13	91
	Public Health Reviews	3	2	2	7	133
Wells						
	Well sites inspected				0	25
	Well permits issued			2	2	29
Laboratory Activities (samples taken)						
	Potable water				0	24
	Surface water		4	10	14	153
	Ground water			1	1	1
	Rabies				0	1
	Lead				0	0
	Other		2	1	3	36
Food Protection						
	Inspections	3	2	5	10	103
	On Site inspection violation follow up				0	19
	Documented inspection violation follow up	1		1	2	22
	Temporary permits	1	4		5	48
	Temporary inspections		6		6	43
	Plan reviews		1		1	7
	Pre-operational inspections			1	1	17
Lead Activties						
	Housing inspection				0	1
	Abate plan reviewed				0	1
MISCELLANOUS ACTIVITIES						
	Planning and Zoning referrals		2	2	4	4
	Subdivision reviewed (per lot)				0	0

Robert L. Miller 5

From: OLHA.DPH <OLHA.DPH@ct.gov>
Sent: Thursday, June 11, 2026 1:50 PM
To: Babich, Kelly; Mozzer, Michael; Luci Bango; Vasilel; Rivera-Rodriguez, Elizabeth; Marco Palmeri; Eren Ceylan; Charles Brown; Russell Melmed; Kathryn Glendon; smartinson; Maura Esposito; Fernanda Carvalho; Chambrelli, Mindy; Burnsed, Laurence; Michael Pascucilla; Robert L. Miller; Lisa Fasulo; Sands Cleary; Stephanie Johnson; wendy.mis; Baisley, Caroline; Sonia Brinckwirth; Ebony Jackson-Shaheed; abethge; Jennifer Muggeo; josepht; Katelynn Baldwin; sreels@mptn.org; Lea Crown; Kevin.Elak@MiddletownCT.Gov; Deepa Joseph; Scott Sjoquist; Laurel Shaw; Jess Kristy; Caleb Cowles; Lehaney, Amy; Jennifer Eielson; Maritza Bond; Donna.culbert; Patrice Sulik; Luigi Sartori; D'Amore Deanna; amir; Luis Pantoja; Ryan Boggan; Jennifer Zbell; Tim Simpkins; jcatlett; lonczaks; Branford, Trishanna; Bishop-Pullan, Jody; Andrea Boissevain; Robert Rubbo; Joan Littlefield; Patrick McCormack; Vanessa Bautista; Aisling McGuckin; Aimee Krauss; Sheila Carmon; ZFaiella; barry.bogle@wiltonct.gov; Pepe, Mike; Morrissey, Lisa; Orefice, Adelita; Sosa, Lynn; Jones, Sydney; Gerard, Kristin; Soto, Kristen; Anderson, Lisa; Chaparro, Carmen; Estrada, Juanita; Ross, Kathleen; Bannon, Elizabeth; Baume, Aden; Fitzgerald, Maura; Miller, Miriam; Skowera, Adam; Cheng, Maggie; Rueb, Corinne; Dahl, James; Mavani, Deepa; Firmender, Patricia; Mary Tramontozzi; Natalie Hellerich; Katherine Tucker; Priscilla Torres; Monika Lopez; vjsikand@gmail.com; Dorothy B. Cohen; Brooke Logan; Boyer, David; Pappas, Maryanne; Gerrish, William; Maloney, Meghan; Morales, Melissa; Kudish, Kathy; Razeq, Jafar; Morin, Susan
Subject: RE: Ebola Local Health Briefing #3: Measles Update
Attachments: Measles Update and Training LHDs 6-11-2026.pdf

Good afternoon,

Thank you everyone for attending the call today. Attached you will find a copy of the slides from the presentation. Below are links to the mentioned resources and the feedback survey.

1. LHDs who participated in contact monitoring during the December 2025 case response, **please complete this survey by July 9th** to provide feedback on the materials distributed by DPH.
    a. Measles Resource Feedback Survey - https://redcap.link/CTDPHMEASLESRESOURCESURVEY

2. We are asking LHDs to have at least 1 measles test kit on hand to ensure kits are available across the state if needed. Test kit details are available in the Collection Ordering Kit Information document from the State Public Health Lab. Request can be submitted by email to DPH.Outfitroom@ct.gov.

3. Information on measles testing and the measles testing job aid can be found here: https://portal.ct.gov/dph/knowledge-base/articles/vaccine-providers/vaccine-preventable-diseases/measles-resources-and-advisories?language=en_US.

4. DPH Measles toolkit 🗀 Measles Contact Toolkit

If there are additional questions, please feel free to reach out to Patricia at patricia.firmender@ct.gov.

Thank you,

JENNIFER BEHUNIAK
Health Program Supervisor
Office of Local Health Administration (OLHA)
Connecticut Department of Public Health
860-509-7464 jennifer.behuniak@ct.gov

Robert L. Miller

From: Robert L. Miller
Sent: Thursday, May 28, 2026 2:35 PM
To: Amanda Backhaus; BOD rep - Tolland; Chaplin First Selectman (firstselectman@chaplinct.org); firstselectman@ashfordct.gov; Heather Evans; Jennifer Lavoie; Jim Bellano (townadministrator@andoverct.org); Jim Drumm; Jim Rupert (jrupert@boltonct.gov); John A. Elsesser (johnelsesser@gmail.com); Kenneth Dardick; Kim Kowalyshyn; Maria Capriola; Mike Makuch; Robert L. Miller; Ryan J. Aylesworth; SaraBeth Nivison; Scotland First Selectman; Tolland Town Manager; Town Administrator (townadministrator@columbiact.org)
Cc: Millie C. Brosseau
Subject: Assistant Director of Health/Sanitarian II Appointment

Hello Board Members and Town CEO's – I am pleased to announce the appointment of Melissa Pierce to the position of Assistant Director of Health/Sanitarian II. Melissa brings more than 14 years of experience in the public health field and a strong background in environmental health and local public health administration.

Melissa began her public health career with the West Hartford-Bloomfield Health District before moving to the Town of South Windsor Health Department, where she progressively advanced through the organization and ultimately served as Director of Health. She later served as Director of Health for the Town of Somers. Most recently, Melissa returned to the West Hartford-Bloomfield Health District as a Sanitarian while also working with GTO Environmental.

Melissa brings a wealth of experience, knowledge, and leadership to our organization.

Melissa's first day is Monday June 1, 2026.

Regards,

Rob

Robert L. Miller, MPH, RS
Director of Health
Eastern Highlands Health District
4 South Eagleville Road
Storrs, CT 06268
860-429-3325
860-429-3321 (Fax)
Twitter/X: @RobMillerMPH
www.ehhd.org

EHHD
Eastern Highlands Health District

Preventing Illness and Promoting Wellness in the Communities We Serve

Eastern Highlands Health District

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

Eastern Highlands Health District

Job Opening for Sanitarian II

Salary Range: $67,146 - $90,647 annually

Hours Per Week: 37

Overview

We are currently recruiting to fill a full-time position that will be responsible for performing work in the area of environmental health; including, food establishment inspections, cosmetology inspections, and temporary food event inspections, and subsurface sewage disposal plan review, project inspection, and site evaluation. This position reports directly to the Chief Sanitarian.

The health district offers a full scope of competitive benefits, including a choice of PPO or HDHP medical plans. We provide a defined contribution retirement plan. We offer a variety of other benefits such as life insurance, vision, dental insurance, wellness incentives, professional development and training support, flexible spending accounts, optional retirement plans, payment in lieu of medical insurance, and flexible working hours with a half-day on Fridays. Paid vacation, sick time, personal days and holidays are provided with a 37-hour workweek.

What You Should Bring

We are looking for an individual who has a bachelor's degree in environmental science, public health, or a related field plus four (4) years of experience in environmental health, laboratory work or related field. A current DPH certification in food service inspection, a Registered Sanitarian license issued by the CT DPH, and phase 1 & 2 subsurface sewage certification are required at time of appointment. The ideal candidate will have great communication skills, with the ability to effectively enforce health codes with a compassionate, educational approach and the ability to work independently or as part of the team.

How to Apply

If you are interested in joining the Eastern Highlands Health District team, please apply online at: www.mansfieldct.org, please click red "apply". The position will remain open until filled. The EHHD is an EEO/M/F/V employer.

Robert L. Miller

From: Robert L. Miller
Sent: Friday, July 31, 2026 9:29 AM
To: Melissa M. Pierce; Lynette S. Swanson
Subject: FW: Important Update Regarding Updated Septic Regulations

Hello Team! - I will be reviewing these. I would suggest you do too as soon as you can.

Note there are some significant changes that, apparently, DPH is expecting to go into effect on August 17th.

Regards,
Rob

From: CTDPHHealth_Alert_Network@ct.gov <noreply@everbridge.net>
Sent: Friday, July 31, 2026 9:06 AM
To: Robert L. Miller <MillerRL@ehhd.org>
Subject: Important Update Regarding Updated Septic Regulations

CONNECTICUT
Public Health

Please click here to acknowledge receipt of this message

To all local health partners:

DPH would like to provide local directors of health an opportunity to preview the updated proposed regulations regarding the transfer of septic jurisdiction. Attached please find the proposed regulations, which will be implemented on August 17 as policies & procedures (enforceable as regulation until approved by the General Assembly as final regulations). Attached please also find the updated Technical Standards for review.

DPH will host a Zoom "office hours" for all local health to provide feedback on the regulations only on Thursday August 6 at 1pm. Feedback on the Technical Standards will be received separately via the Code Advisory Committee.

Our Environmental Engineering Program team will connect separately to provide additional local health training for implementation.

In addition, DPH will open a formal public comment period on the proposed regulations on August 17th to all stakeholders via the eRegulations system.

Please email Dante Costa at Dante.Costa@ct.gov with any questions, comments, or written feedback on the proposed regulations by August 14.

Thank you.

DANTE COSTA, JD/MPH (she/her)
Regulatory Affairs Manager
Office of Policy & Strategic Initiatives
Connecticut Public Health
860-509-7259
Dante.Costa@ct.gov

Download Attachments Here:
1. August+2026+Technical+Standards+for+Subsurface+Sewage+Disposal+Systems+(PDF).pdf
2. On-Site+Wastewater+Disposal+P&Ps+August+17+2026.docx

EXECUTIVE OVERVIEW

On April 17–18, 2026, the Connecticut Mission of Mercy Free Dental Clinic (CTMOM), a program of the Connecticut Foundation for Dental Outreach (CFDO), hosted a two-day free dental clinic at E.O. Smith High School in Storrs, a village within the Town of Mansfield. The event marked CTMOM's twentieth clinic and its first time serving the Mansfield community.

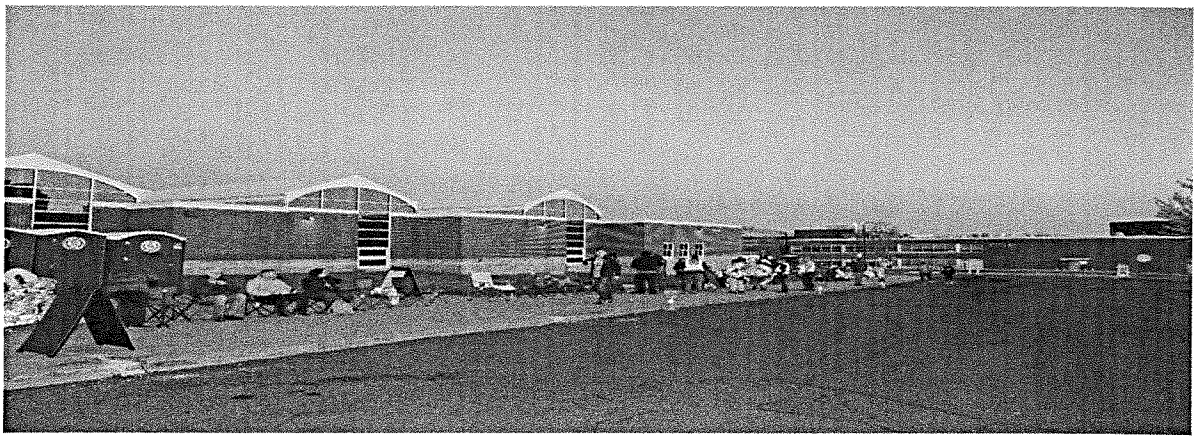
In partnership with the Eastern Highlands Health District and supported by 709 dedicated dental, medical, and community volunteers, CTMOM delivered more than $1,004,364 in free oral health care in 905 patient visits. Together, volunteers provided thousands of dental procedures, including preventive, restorative, surgical, and emergency services, helping patients relieve pain, restore oral health, and improve their overall well-being.

Beyond clinical care, CTMOM collaborated with numerous community organizations that provided education, resources, and referrals related to dental insurance enrollment, community health centers, medication management, early childhood development, and other services. A particularly impactful partnership with CT Dental Health Partnership connected patients enrolled in the HUSKY Dental Program with ongoing care. Through on-site navigation services, nearly 100 patients were successfully assigned to a dental home, helping ensure continuity of care well beyond the clinic weekend.

2026 CTMOM BY THE NUMBERS

- 905 Patient Visits Provided
- $1.0 Million+ in Donated Care
- 6,421 Procedures
- 709 Volunteers
- 72.7% Delayed Care Due to Cost
- Nearly 100 Patients Connected to a Dental Home
- 45 Veterans Served
- 95 Individuals Experiencing Homelessness
- 29 First-Ever Dental Visits

OUTCOME



Recognizing that transportation is a significant barrier to accessing health care for many financially vulnerable residents, CFDO partnered with EASTCONN to provide complimentary transportation services for patients who otherwise would have been unable to attend the clinic. This collaboration helped ensure that lack of transportation was not a barrier to receiving essential oral health care and reflected CTMOM's commitment to reducing obstacles that prevent individuals from accessing treatment.

The April 2026 CTMOM Free Dental Clinic attracted patients from eastern Connecticut and communities across the state, many of whom had endured years without access to oral health care. Some patients waited for hours, and even overnight, for treatment they otherwise could not afford or obtain. To ensure those most in need were aware of the clinic, outreach efforts included health departments, veterans' organizations, food pantries, soup kitchens, homeless shelters, houses of worship, community health centers, and social service agencies throughout Connecticut. Additional promotion by CTRides and a dedicated local planning committee expanded awareness through public transportation, social media, and grassroots community outreach.

The 905 patient visits provided during the 2026 CTMOM Free Dental Clinic highlight the critical need for affordable and accessible oral health care throughout Connecticut. Patient exit surveys revealed that the cost of dental care remained the most significant barrier to accessing treatment, with 658 respondents (72.7%) reporting that dental care was simply too expensive. Additional barriers included difficulty finding providers who accepted their insurance, long wait times for appointments, transportation challenges, scheduling conflicts, fear of dental treatment, medical conditions, language barriers, and other personal circumstances. These findings underscore the continued need for accessible, affordable oral health services across the state.

Throughout the clinic, patients shared stories of financial hardship, unemployment, disability, and other life circumstances that had prevented them from seeking dental treatment. As the cost of health care and everyday living continues to rise, many described delaying dental care until pain or infection became unbearable. Among those served, 45 veterans received priority access to care, 95 patients identified as unhoused, and nearly 400 reported they had not seen a dentist in years, with some receiving dental care for the first time in their lives. For countless individuals, receiving treatment restored more than their oral health, it relieved pain, improved their ability to eat comfortably, restored their confidence to smile again, and renewed their hope for a healthier future. Patients were treated on a first-come, first-served basis using CTMOM's appointment time-card system, which reduced lengthy waits by scheduling patients according to clinical capacity while allowing them to leave and return at a designated time. From registration through

discharge, volunteer escorts and multilingual interpreters guided patients through each stage of care, ensuring a welcoming, efficient, and accessible experience.

In addition to comprehensive dental treatment, patients received education and referrals to community resources that support their overall health and well-being. Community partners, including CT Dental Health Partnership, Connecticut Oral Health Initiative (COHI), Access Health CT, Sparkler, Jar Insurance, UCONN's Dental and Nutrition Research Group and Project Smile Global Club and Klinberg Family Centers, provided information on dental insurance, medical services, nutrition, early childhood development, educational opportunities, and other community resources.

The Connecticut Foundation for Dental Outreach is committed to continuously evaluating the impact of the CTMOM Free Dental Clinic Program to ensure we are meeting the needs of the communities we serve while strengthening the effectiveness of our services. Following each clinic, we collect and analyze a variety of quantitative and qualitative data, including patient demographics, services provided, volunteer participation, patient satisfaction, and community feedback. We also monitor trends over time to better understand unmet oral health needs, identify opportunities for improvement, and measure the program's contribution to expanding access to care for financially vulnerable Connecticut residents. These ongoing evaluation efforts help guide program planning, inform strategic partnerships, demonstrate accountability to our funders and stakeholders, and support the continued growth and sustainability of the program. Together, these metrics tell the story of the CTMOM Free Dental Clinic's impact, from the number of patients served and treatments provided to the collective efforts of hundreds of volunteers working to improve oral health and expand access to care for financially vulnerable Connecticut residents.

PATIENTS

The following table lists the number of patients by county and percentages:

County	Patient Count	Percent
FAIRFIELD	77	8.51%
HARTFORD	311	34.36%
LITCHFIELD	32	3.54%
MIDDLESEX	15	1.66%

Strategic Plan Implementation Progress Report - Updated 8/14/26

Goal/objective	Activity	Priority	Timeline	Leader	Resources Needed	Performance Metric/Targets	Status	8/2025 Update	Nov-25	Mar-26	Aug-26
1.1 Upgrade technological	Update Agency's Website Platform	1	Fall 2025	Office Manager	CNR fund, staff time	New platform purchased, implemented, ADA compliance	A completed	Budgeted; Scope of work Developed; Soliciting quotes now	9 quotes received from vendors are under review	Vendor selected. Upgrage work commenced.	Website update completed
4.4 Increase support for CHA & CHIP	Maintain updated CHA/CHIP information on website, share findings	2	Fall 2026, Fall 2029	DOH/Office Manager	Staff time	Information on website, #meeting/communications to share findings	A completed				Plans posted to website and presented to board
1.1 Upgrade technological	Update field inspection and tracking software	2	Summer 2027	Director of Health (DOH)	CNR fund, budget initiative, grant	Tracking software obtained, implemented	B In progress	Partnered on a grant submission to develop updates	Partnered on a grant submission to develop updates	No further update. Grant not awarded.	Assistant DOH field testing currently available field inspection templates
1.2 Expand office space	Engage in the Town of Mansfield's Facility planning process	1	Based on Mansfield timeline	DOH	Staff time	Attend planning meetings as appropriate	B In progress	Town hired architect firm to engage community	Participated in Department Head facility survey. Meet with Firm representatives and toured HD space.	Reviewed and commented on projected spacial needs for office.	Mansfield's consulant presented building layout options to Council. Council directed staff to include HD in designs
1.2 Expand office space	Secure additional office space	1	Summer 2028	DOH	CNR Funds, staff time	New space option identified, secured, move completed	B In progress	50K in CNR funds appropriated FY26	50K in CNR funds appropriated FY26	50K in CNR funds appropriated FY26	50K in CNR funds appropriated FY27
1.3 Strengthen community partnerships	Explore new partnerships	3	Ongoing	DOH	Staff time, budget for expenses	# attempts to communicate, connections established	B In progress	New partner - UconnCommittee on Excellence in Healthcare	CT Mission of Mercy. Facilitating planning for free dential clinic. CT Harm Reduction Alliance to partner on opioid initiative. ECHC	No further update.	Anticipate establishing new partnership due to RHTP grant
2.1 Strengthen governance	Update Board Training Plan	2	Winter 2026	DOH/office manager	Staff time	Orientation manual updated	B In progress	Waiting for completion of CT DPH training/orientation materials	Waiting for completion of CT DPH training/orientation materials	CT DPH materials completed and online.	no progress during this period

Goal/objective	Activity	Priority	Timeline	Leader	Resources Needed	Performance Metric/Targets	Status	8/2025 Update	Nov-25	Mar-26	Aug-26
2.2 Monitor funding opportunities	Review grant opportunities and submit proposals	1	Ongoing	DOH	Staff time	# of grant opportunities reviewed, proposals submitted	B In progress	Submitted and awarded Tobacco best practices grant 166K;	No new opportunities considered during this period	Reviewed Nicotine prevention mini-grants from RBHAO's	Anticpate soon executing $10,000,000 grant with CT DPH
2.2 Monitor funding opportunities	Consider other possible revenue sources	1	Ongoing	DOH	staff time	# of sources considered	B In progress	Board approved initiative to pursue member town opioid settlement funds	Host Kick off meeting with member towns. Meet with two interest towns.	Executed opioid agreement with the Town of Mansfield	no additional progress
3.2 Strengthen staffing model	Update performance management system to reflect goals/objective	1	Spring 2026/annually	DOH/office manager/ supervisors	Staff time	Updates to program quarterly reports, updates to staff performance goals/objectives	B In progress	Staff goals updated annually during performance evaluation	Staff goals updated annually during performance evaluation	Staff goals updated annually during performance evaluation	Staff goals updated annually during performance evaluation
3.3 Support state level workforce development	Participate in internships programs, state sponsored programs	1	Ongoing	DOH	Staff time, dedicated work station	Internship prog participation, state program participation	B In progress	Currently participating in CT DPH summer intern fellowship program	Completed participation in DPH Summer internship program	exploring intership projects for the summer.	participated in CT DPH summer internship. Selected intern completed summer project.
4.5 Increase efforts addressing Environmental Health Problems/Hazards	Maintain a public health emergency operations plan	1	ongoing	Public Health Emergnecy Preparedness Coordinator	Staff time, preparedness grants	Plans updated, addemdum updated, New addenda added	B In progress	PHEP updated in June; Addenda updates in progress	Addenda updates in progress	completed addenda updates for this cycle.	Participated in full field exercise with Region 4 testing mass dispensing plans
4.6 Explore opportunities to address behavioral health challenges	Indentify BH related initiatives/prog rams	2	Ongoing	DOH/CHWC	Staff time, funding	initiatives considered, initiatives implemented	B In progress	Board approved initiative to pursue member town opioid settlement funds	Host Kick off meeting with member towns. Meet with two interest towns.	Executed opioid agreement with the Town of Mansfield. Pursuing more towns.	no further progress
4.6 Explore opportunities to address behavioral health challenges	Identify BH partners & collaboration opportunites	2	Ongoing	DOH/CHWC	Staff time, funding	#outreach to partners, #collaboration/sup port efforts for BH services/activities	B In progress	Will be soliciting partners for opioid initiative this fall	Established collaboration with CT Harm Reduction Alliance. Meeting with Hartford Healthcare on	no further update.	no further progress

Goal/objective	Activity	Priority	Timeline	Leader	Resources Needed	Performance Metric/Targets	Status	8/2025 Update	Nov-25	Mar-26	Aug-26
5.2 Enhance public trust	Vaccine hesitancy-reduction focused initiatives	2	Each Fall	CHWC/DOH	Staff time	# vaccine hesitancy reduction focused activities	B In progress	Just completed campaign promoting kids vaccinations	Currently engaged in campaign promoting vaccinations among the general population	Completed winter campaign promoting vaccinations in the population.	Planning for upcoming fall season
3.2 Strengthen staffing model	Develop a succession plan for leadership positions	1	Spring 2025	DOH	Staff time, budget appropriation	Succession plan completed/implemented	B In progress	Assist DOH salary budgeted; Job class/payrange recommended by PC	Job class/payrange for Assist DOH classification approved by Board	Posted new job opportunity. Engaged in recruiting.	Appointed Assistant DOH
4.4 Increase support for CHA & CHIP	Participate in focus groups and interviews	1	Summer 2026, Summer 2029	DOH/CHWC	Staff time	#focus groups, #interviews, partnership meetings	B In progress	In spring 2025 participated HHC workgroups/key informant interviews/all partners meeting	In fall 2025 participated HHC all partners meeting scheduled. CHNA/CHIP completed and	Plans to present CHA/CHIP at next board meeting.	CHA/CHIP plans presented and posted to website
5.2 Enhance public trust	Continue viral respiratory surveillance reports during peak season	2	Ongoing	CHWC	Staff time	# of weekly reports/year	B In progress		Reports pushed out every other week.	Reports pushed out every other week this season.	Reports to be pushed out starting in october
1.1 Upgrade technological	Continue OpenGov buildout	3	Ongoing	DOH, Office Manager	Staff time, identified software	Identify and implement enhancement opportunities	B In progress				Assistant DOH field testing currently available field inspection templates; created new server file structure and transition plan
2.3 Sustain advocacy efforts	Advocate for increased funding	1	Ongoing	DOH, Chairperson	Staff time	# of meeting w state advocacy partners	B In progress	State biennium adopted with 10% reduction	Working with PH Committee workgroup on Septic systems to recommend funding to LHD	CADH advocacy committee was sucessful in getting appropriations to support 25% per cap increase in OPM biennium	FY27 increase received
3.1 Promote Workforce Development	Review and identify gaps in communication strategies	3	Spring 2028	Assistant DOH	Staff time	# of gaps identified	B In progress				Created better server file organization

Goal/objective	Activity	Priority	Timeline	Leader	Resources Needed	Performance Metric/Targets	Status	8/2025 Update	Nov-25	Mar-26	Aug-26
3.1 Promote Workforce Development	Establish relatted SOP's as needed	3	Spring 2029	Assistant DOH	Staff time	SOP's adopted	B In progress				Assistant DOH created landuse record SOP
3.2 Strengthen staffing model	Identify opportunities to improve agency efficiency	1	Ongoing	DOH/All staff	Staff time	# of opportunities identified/implemented	B In progress				Updated server file structure, and develop plan to transition to new structure
3.3 Support state level workforce development	Collaborate with Higher ED to recruit interns & staff	1	Ongoing	DOH	staff time	meetings, communications, new initiatives	B In progress				Summer intern job sent to higher ed
4.3 Address public health mandates	Identify opportunities to improve agency efficiency	1	Ongoing	DOH/ HD staff	Staff time	Opportunities identified and implemented	B In progress				New septic regulations. Working to establish protocols
1.3 Strengthen community partnerships	Continue participation in existing partnerships	1	Ongoing	DOH	Staff time	# of partnership meetings/quarter, maintain electronic documents	C ongoing	All existing partnerships in place	All existing partnerships in place	All existing partnerships in place	All existing partnerships in place
2.1 Strengthen governance	Utilize standing committees and/or establish ad hoc committees	2	Ongoing	DOH, Chairperson	Staff time	# of standing/ad hoc committee meetings/year	C ongoing	Strategic Planning committee completed work.	Personnel Committee meet, working in DOH salary survey, and retirement plan adjustments	Working with personnel committee board approved updated DOH salary range	Conveded Executive committee meeting regarding RHTP grant
2.1 Strengthen governance	Orientation for new members	2	As needed	DOH/Chairperson	Staff time	# of orientations conducted	C ongoing	no recent members	no recent members	Provided orientation to Chaplin First Selectmen in effort to recruit to board.	Meet with Willington new first selectmen
2.3 Sustain advocacy efforts	Engage in state and local public health policy discussions	1	Ongoing	DOH, CHWC	Staff time	Attendance in # statewide/local policy discussions/year	C Ongoing	Meeting w PH Committee co-chair, Nuccio, Gordon schedule for August regarding well water confidentiality	Meet w PH Committee co-chair, Nuccio, Gordon schedule for August regarding well water confidentiality	CGA spring session began. As member of CADH Advo committee, participated in leadership meeting	Instrumental in passing updated laws regarding private well data during last session

Goal/objective	Activity	Priority	Timeline	Leader	Resources Needed	Performance Metric/Targets	Status	8/2025 Update	Nov-25	Mar-26	Aug-26
3.1 Promote Workforce Development	Hold regular staff meetings with program updates and share time-sensitive	1	Ongoing	DOH	Staff time	Calendar documenting meetings, emailed updates, meeting notes	C ongoing	3 staff meeting held	3 staff meetings held	3 staff meetings held	4 meeting held
4.5 Increase efforts addressing Environmental Health Problems/Hazards	Track existing & identify emerging threats	1	Ongoing	DOH/assistDOH/Chief Sanitarian	Staff time	types of threats tracking, types of threats identified	C ongoing	Currently tracking NaCl issues; and, PFAS issues	Currently tracking NaCl issues; and, PFAS issues	Responded to train derailment. Currently tracking NaCl issues; and, PFAS issues	Currently tracking, and engaging stakeholders on NaCl and PFAS issues
2.1 Strengthen governance	Encourage board participation	2	Ongoing	DOH, Chairperson	Staff time	# meetings with quorum/year, % members using virtual platform	C ongoing			Recurited Tolland reprentative to be assist treasurer	Meet with Willington new first selectmen, and succesfully recruited to board
2.1 Strengthen governance	Incorporate brief training sessions in board meetings	2	Ongoing	DOH/Medical advisor	Staff time	# of trainings conduted/topic	no update	no ed sessions scheduled	no ed sessions scheduled	no ed sessions scheduled	no ed sessions scheduled
2.2 Monitor funding opportunities	Expand the roster of private insurance payers	3	Fall 2028	DOH, CHWC	Staff time	2 additional payers	no update	deferred until Fall 2028	deferred until Fall 2028	deferred	deferred
3.1 Promote Workforce Development	Establish internal department communication plan	3	Spring 2028	Assistant DOH	Staff time	Communication plan adopted	No update				
3.1 Promote Workforce Development	Update dept communcation s plan, and SOP's	3	Spring 2029	Assistant DOH	Staff time	Annual review of updated plan and SOP's as needed	no update				
3.2 Strengthen staffing model	Review and enhance the agency's compensation package	2	Fall 2025	DOH	Staff time, budget appropriation	Updated Compensation Package Plan	no update				

Goal/objective	Activity	Priority	Timeline	Leader	Resources Needed	Performance Metric/Targets	Status	8/2025 Update	Nov-25	Mar-26	Aug-26
3.2 Strengthen staffing model	Improve the format and content of job postings	1	Summer 2025	DOH/Mansfield HR	Staff time	Modified Job Posting Format, Eastablish Process to review/assesss content	no update				
3.2 Strengthen staffing model	Update workforce development plan	3	Fall 2027	DOH/Assist DOH	Staff time	Updated workforce development plan	no update				
3.2 Strengthen staffing model	Establish Standard Operating Procedures for all positions	3	Fall 2027	DOH/Assist DOH/Program leads	Staff time	SOP's adopted	no update				
4.1 Enhance communication	Identify key city departments/agencies	1	Ongoing	DOH/ HD staff	Staff time	Update list of departments/agencies, meetings attended with agencies	no update				
4.1 Enhance communication	Establish external department communication /Collaboration Plan	2	Spring 2028	DOH/ Asist DOH	Staff time	Collaboration/Communication Plan developed, Communication related SOP's developed	no update				
4.2 Enhance program evaluation	Develop evaluation methodology aligned with PHAB standards	3	Winter 2029	DOH/ Asist DOH	Staff time, template resources	Evaluation tools developed and implemented, Process developed, findings analyzed, QI conducted	no update				
4.3 Address public health mandates	Plan to Transition CHWC/PHN programs off soft funding	1	Fall 2026	DOH	Staff time, budget initiative	CHWC/PHN programs incorporated into budget	no update				
4.5 Increase efforts addressing Environmental Health Problems/Hazards	Establish & maintain SOP for investigation and mitigation fo hazards	2	Summer 2026	Assist DOH/Chief San	Staff time	SOP developed and adopted	no update				

Goal/objective	Activity	Priority	Timeline	Leader	Resources Needed	Performance Metric/Targets	Status	8/2025 Update	Nov-25	Mar-26	Aug-26
4.7 Promote health equity in programming and service delivery	Indentify & implent tools to address health inquities	3	ongoing	DOH/CHWC	staff time	review resources available @DPH &National assoc, Share HE resources with staff as appropriate	no update				
4.7 Promote health equity in programming and service delivery	Align agency services with CLAS standards	2	Ongoing	CHWC	Staff time	CLAS standards review process for all SOP's	no update				
5.1 Develop implement marketing plan	Seek input from town officials, committees, and partners	2	Winter 2027	DOH	Staff time	Administer survey to stakeholders	no update				
5.1 Develop implement marketing plan	Research & identify gaps in communication strategies	2	Spring 2028	DOH/Workgroup members	Staff time	establish internal agency workgroup, gaps identified, plan completed	no update				
5.1 Develop implement marketing plan	Implement customer surveys (to evaluate how the public learns about	2	Winter 2027	DOH/Office Manager	Staff time	Community survey administerd, analysis of survey data	no update				
5.1 Develop implement marketing plan	Increased social media	3	Ongoing	DOH/staff	staff time	# social media post/quarter	no update				
5.2 Enhance public trust	Explore feasibility of posting food service establishment & cosme	3	Spring 2029	Assistant DOH	Staff time, online platform	Review completed, results posted online (if able)	no update				

Robert L. Miller 10

From: Robert L. Miller
Sent: Friday, July 17, 2026 9:02 AM
To: Amanda Backhaus; BOD rep - Tolland; Chaplin First Selectman (firstselectman@chaplinct.org); firstselectman@ashfordct.gov; Heather Evans; Jennifer Lavoie; Jim Bellano (townadministrator@andoverct.org); Jim Drumm; Jim Rupert (jrupert@boltonct.gov); John A. Elsesser (johnelsesser@gmail.com); Kenneth Dardick; Kim Kowalyshyn; Maria Capriola; Mike Makuch; Robert L. Miller; Ryan J. Aylesworth; SaraBeth Nivison; Scotland First Selectman; Tolland Town Manager; Town Administrator (townadministrator@columbiact.org)
Cc: Millie C. Brosseau; russelljl@mansfieldct.org
Subject: New EHHD Website Launch!

Hello Everyone – I would like to announce that the new Eastern Highlands Health District website is officially launched!

Please check it out at https://ehhd.org/

Regards,
Rob

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EHHD
Eastern Highlands Health District

Preventing Illness and Promoting Wellness in the Communities We Serve

Domestically Acquired Cyclosporiasis Cases in Multiple U.S. States, 2026

JULY 14, 2026

AT A GLANCE

- Distributed via the CDC Health Alert Network
- July 14, 2026
- CDCHAN-00531

Summary

The Centers for Disease Control and Prevention (CDC) is notifying clinicians, public health practitioners, and laboratorians of cases of domestically acquired cyclosporiasis in multiple U.S. states. Since May 1, 2026, CDC has received reports of 1,645 confirmed domestic cases of cyclosporiasis and is aware of more than 5,100 cases that require further analysis to confirm the illness as domestically acquired cyclosporiasis. This is substantially higher than the 249 cases reported nationally by this same time last year. Of the 1,645 case-patients with available information, 141 (9%) were hospitalized, and none have died. CDC, the U.S. Food and Drug Administration (FDA), and state and local health departments are working together to investigate multistate outbreaks of *Cyclospora* infections and to identify the sources of illness. Because cyclosporiasis is often underdiagnosed and underreported, the true number of illnesses is likely higher than what has been reported to CDC. This Health Advisory provides background information about cyclosporiasis, current U.S. surveillance data, and recommendations for clinicians, laboratorians, and public health departments to support recognition, diagnosis, and reporting.

Background

Cyclosporiasis is a gastrointestinal illness caused by the microscopic parasite *Cyclospora*. People can become infected by consuming food or water contaminated with the parasite. This illness is not usually spread directly from person to person. Case counts typically rise during spring and summer months, and CDC considers May 1-August 31 the annual cyclosporiasis season. Previous outbreaks have been linked to consuming contaminated fresh produce.

Symptoms of cyclosporiasis typically begin about 1 week after exposure. Onset of symptoms can occur 2-14 days after being exposed. The most common symptoms include watery diarrhea, which can be frequent, along with loss of appetite, weight loss, bloating, nausea, and fatigue. Less common symptoms include low-grade fever and vomiting. Without treatment, symptoms can follow a remitting-relapsing course that can last from a few days to a month or longer. Illness can be severe, but is not usually life-threatening. Complications can include malabsorption, cholecystitis, and reactive arthritis. Laboratory detection of *Cyclospora* in stool can be challenging even in symptomatic patients, and standard ova and parasite exams might not detect it reliably. Clinicians should specifically request diagnostic testing for *Cyclospora* when it is clinically suspected.

Since May 1, 1,645 lab-confirmed cases were reported to CDC in people who acquired cyclosporiasis in the United States. Cases were reported by 34 states. Case-patients developed illness after eating food in the United States and did not report any travel during the previous 14 days. Case-patients ranged in age from 2-95 years, with a median age of 44 years, and 56% were female. Of 1,645 case-patients with information available, 141 (9%) were hospitalized. No deaths have been reported. This is substantially higher than the 249 cases reported nationally from May 1–July 16, 2025.

CDC is working closely with FDA and state health authorities to investigate multiple clusters of cyclosporiasis. CDC has posted an investigation notice about an outbreak with more than 400 cases in at least four U.S. states that appear to be epidemiologically linked, suggesting that there could be a common source of these infections.

Recommendations for Clinicians

- Consider cyclosporiasis in patients presenting with prolonged or relapsing watery diarrhea, particularly during the May–August cyclosporiasis season, even without a history of international travel.
- Ask patients with suspected or confirmed cyclosporiasis about their recent food and travel history to assist local investigations.
- Specifically request *Cyclospora* laboratory testing on stool specimens because routine ova and parasite (O&P) examinations might not reliably detect the parasite. Consider molecular (PCR-based) diagnostic testing where available, because it can improve detection.
- Treat confirmed cases of cyclosporiasis with 7-10 days of trimethoprim-sulfamethoxazole (TMP-SMX) for immunocompetent adults and children over age 2 months; consider longer courses for patients with immunocompromising conditions. Consult current CDC clinical guidance for recommended dosing.
- Advise patients to stay well hydrated, especially if diarrhea is frequent or severe.
- Contact the Council for State and Territorial Epidemiologists (CSTE) clinician line after hours for on call support if needed.

Recommendations for Disinfecting *Cyclospora* in Healthcare Settings

- Given the typical lifecycle of *Cyclospora*, person-to-person transmission is unlikely, even within healthcare settings. If an affected patient is continent of stool, the level of environmental contamination is probably small.
- *Cyclospora* is unlikely to be killed or inactivated by routine chemical disinfection. No EPA-registered disinfectant products have been demonstrated to be effective against *Cyclospora*. When affected patients are incontinent or diapered, the risk of contamination of healthcare surfaces might be higher. Facilities should clean surfaces initially with a detergent to remove any visible soil and scrub the surfaces thoroughly. After this cleaning, an EPA-registered hospital disinfectant should be used. Immediately after cleaning, healthcare personnel (HCP) should remove gloves used during cleaning and clean their hands.
- HCP should always use Standard Precautions, including wearing gloves when there might be direct contact with feces. A gown, facemask, and eye protection, or face shield should be used if splashing might occur. Hand hygiene should be performed before and after every patient contact. If hands are visibly soiled, HCP should wash them with soap and water, scrubbing vigorously for 15-20 seconds. If hands are not visibly soiled, alcohol-based hand sanitizer may be used. For patients with gastroenteritis who are diapered or incontinent of stool, HCP should use Contact Precautions when providing direct patient care in healthcare settings.

Recommendations for Laboratorians

- Check that stool testing protocols include specific diagnostic methods for *Cyclospora* detection (e.g., modified acid-fast staining or PCR), rather than relying solely on routine ova and parasite (O&P) exams.
- Promptly report confirmed *Cyclospora* results to the ordering clinician and to the state, tribal, local, or territorial health department per jurisdictional reporting requirements.

Recommendations for Health Departments

- Communicate with local clinicians and laboratories about this increase in cases and the importance of specific *Cyclospora* diagnostic testing.
- Promptly report confirmed cyclosporiasis cases to CDC to support national surveillance; cyclosporiasis is nationally notifiable in 47 states, the District of Columbia, and New York City.
- Interview patients with confirmed cases about recent food and travel exposures to help identify potential common sources.
- Coordinate with CDC and FDA on multistate cluster and traceback investigations as requested.

Recommendations for the Public

- Visit a clinician if you have prolonged or watery diarrhea, especially if it lasts more than a few days.
- Reduce your risk by thoroughly washing fresh produce under clean running water before eating and by following safe food handling practices. Be aware that chemically disinfecting or sanitizing produce might not fully eliminate *Cyclospora*. It is important to thoroughly wash produce even if it is labeled as pre-washed.

For More Information

- Cyclosporiasis | CDC

- Surveillance of Cyclosporiasis | CDC
- Clinical Care of Cyclosporiasis | CDC
- Preventing Cyclosporiasis | CDC
- CSTE On call line

The Centers for Disease Control and Prevention (CDC) protects people's health and safety by preventing and controlling diseases and injuries; enhances health decisions by providing credible information on critical health issues; and promotes healthy living through strong partnerships with local, national and international organizations.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

HAN message types

- **Health Alert:** Conveys the highest level of importance about a public health incident.
- **Health Advisory:** Provides important information about a public health incident.
- **Health Update:** Provides updated information about a public health incident.

###

This message was distributed to state and local health officers, state and local epidemiologists, state and local laboratory directors, public information officers, HAN coordinators, and clinician organizations.

###

SOURCES

CONTENT SOURCE:
Office of Emergency Risk Communication (OERC)

Robert L. Miller

From: Robert L. Miller
Sent: Wednesday, July 29, 2026 10:27 AM
To: Robert L. Miller
Cc: Millie C. Brosseau; Lynette S. Swanson; Melissa M. Pierce
Subject: EHHD Staffing Update

Greetings Everyone,

We are currently in one of the busiest periods of the year for permit reviews and approvals at the Health District. Unfortunately, due to staff vacancies and scheduled leave, our Environmental Health Division will be operating with approximately **40% fewer field sanitarians** over the next few weeks.

While our staff is working diligently to process permit applications and provide timely service, these staffing challenges may result in longer-than-usual turnaround times for the review and approval of permits.

We appreciate your patience and understanding as we work through this busy period and remain committed to providing the highest level of service possible.

Respectfully and sincerely,

Rob

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EHHD
Eastern Highlands Health District

Preventing Illness and Promoting Wellness in the Communities We Serve

Commissioner Manisha Juthani, MD
Department of Public Health

CONNECTICUT

July 15, 2026

Dear Local Health Directors,

The Public Health Infrastructure Grant represents a first of its kind federal investment in the public health workforce. When CDC directed states to pass through 40 percent of workforce development funds directly to local health jurisdictions, Connecticut committed more than $12 million to strengthening the people who protect the health of our communities every day. Across the state, these funds are paying for new hires, retained staff, professional training, and stronger workforce systems that will outlast the grant itself.

Congress is now considering whether to fund a second round of PHIG and how any future workforce dollars should be directed. The strongest case Connecticut can make for continued funding dedicated to local health jurisdictions rests on two things: the complete expenditure of the current award and concrete examples of how these funds have improved your ability to serve your communities. Every dollar fully and effectively spent strengthens that case. Every year when I attend ASTHO's Hill Day, I bring concrete examples of how local health departments have used PHIG dollars to invest in their communities. As we enter this next phase advocating for PHIG 2.0, I intend to present the strongest possible argument for re-authorizing PHIG funding, and I am asking for your partnership in providing the evidence to do so.

To ensure that all local health workforce funds are fully expended before the grant ends on November 30, 2027, the Department is putting in place an enhanced reporting schedule and a process for reallocating funds among jurisdictions where needed. In budget reporting period 2, nearly half of jurisdictions, 28 of 58, had spent less than 25 percent of their award, representing $6,358,723.69 in unspent funds among that group alone. Period 3 reports are due shortly, and we are hopeful they will show meaningfully improved spend rates as staffing and programming have ramped up across many jurisdictions. The Department's team looks forward to reviewing those reports and working with any jurisdiction that needs support to accelerate spending before the grant closes. The enclosed memorandum from Deputy Commissioner Morrissey sets out the requirements, key dates, and process in detail, and identifies the staff available to support you.

Thank you for all that you do for the residents of Connecticut, and for your partnership in making sure this investment delivers everything it was meant to.

Sincerely,

Manisha Juthani, MD
Commissioner
Connecticut Department of Public Health

Enclosure: Memorandum, PHIG Local Health Workforce Funds: Reporting Deadlines and Redistribution Process

cc: Chief Elected Official / Board Chair

410 Capitol Ave.
P.O. Box 340308
Hartford, CT 06134
Phone: (860) 509-7101
Fax: (860) 509-7111

Commissioner Manisha Juthani, MD
Department of Public Health

CONNECTICUT

MEMORANDUM

TO: Directors of Health, Local Health Departments and Districts

FROM: Lisa Michelle Morrissey, Deputy Commissioner

DATE: July 16, 2026

RE: PHIG Reporting Deadlines and Redistribution Process

This memorandum implements the reporting and redistribution process referenced in the enclosed letter from Commissioner Juthani. It applies to all 58 local health jurisdictions receiving Public Health Infrastructure Grant local health workforce funds ("jurisdiction") and supplements the annual reporting requirement in your existing contract. It sets out a 50 percent expenditure threshold, an interim reporting requirement for jurisdictions below that threshold, and the process CT DPH will use to reallocate unexpended funds where necessary, so that all local health workforce funds are fully expended by November 30, 2027.

Reporting Requirements and Expenditure Threshold

Period 3 activity and budget reports are due Friday, August 7, 2026. This deadline reflects a one-week extension beyond the July 31, 2026 due date in Section F of your contract. Financial reports must be submitted through CORE-CT and include cumulative expenditures to date.

Programmatic reports should be completed using your individualized reporting sheet, which the Workforce Development team will email to you by the end of the day, and your completed report should be returned to that same email address.

Jurisdictions that have expended less than 50 percent of their total award as of the Period 3 report, and that cannot demonstrate a credible plan for full expenditure by November 30, 2027, will be identified as at risk of redistribution. CT DPH will issue written notices to at-risk jurisdictions on September 4, 2026. Jurisdictions receiving an at-risk notice must submit an interim expenditure report by October 16, 2026, demonstrating progress against their projections. This interim report is requested under the Department's monitoring and records access authority in Sections S and EE of your contract, is in addition to the annual reporting schedule in Section F, and applies only to jurisdictions identified as at risk; jurisdictions above the 50 percent threshold have no interim reporting obligation. Failure to submit a Period 3 report by the August 7, 2026 deadline will result in automatic at-risk designation.

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Hartford, CT 06134
Phone: (860) 509-7101
Fax: (860) 509-7111

Redistribution Process

Consistent with the CDC pass-through requirement, any funds recovered from at-risk jurisdictions will remain with local health jurisdictions. They will be reallocated to jurisdictions that demonstrate the capacity to fully expend additional funds on allowable activities before November 30, 2027. Because PHIG awards were paid in full at contract execution, redistribution requires the return of unspent funds to CT DPH before those funds can be awarded elsewhere in accordance with section 7.

Section G of your contract requires full allocation of funds by August 31, 2027, with a spend plan for any unallocated balance due September 15, 2027. However, funds identified for redistribution in the fall of 2027 could not realistically be reallocated and expended by another jurisdiction before the grant ends on November 30, 2027. Therefore, CT DPH is currently conducting this financial review to ensure these dollars benefit Connecticut communities instead of being returned to CDC.

All jurisdictions are invited to submit a capacity interest form indicating the amount of additional funding they could absorb, the allowable activities to which the funds would be applied, and certification that those activities are ready for immediate implementation, such as existing vacancies, executed training agreements, or contracted services. Capacity interest forms are due November 13, 2026.

On December 15, 2026, CT DPH will issue simultaneous notifications of proposed award reductions and preliminary redistribution offers. Jurisdictions receiving a reduction notification may submit a written response by January 4, 2027. Reductions will be implemented through a contract amendment consistent with Section N of your contract, and recovered funds must be remitted to CT DPH within thirty days of amendment execution. Where an amendment cannot be reached, the Department will exercise its rights under the cancellation and recoupment provisions of Section Q of your contract, including partial termination and return of unexpended funds. Jurisdictions receiving redistributed funds must submit a midpoint expenditure report by June 30, 2027; funds not on track for full expenditure at that point may be subject to a further reallocation.

Contract Amendments and Budget Revisions

November 13, 2026 is the final date for jurisdiction-initiated requests for contract amendments or budget revisions requiring approval under Section G of your contract, meaning revisions that exceed 20 percent of any cost category. All information needed to process such requests must be submitted to CT DPH in complete and final form by that date. Reallocation amendments initiated by CT DPH under the redistribution process follow a separate track and are not subject to this cutoff. The reallocation or redistribution of contract funds shall not serve as the sole basis for excluding any jurisdiction from future funding offers from CT DPH.

Office Hours and Support

The CT DPH Office of Public Health Workforce Development will hold office hours on September 15, 2026, from 11:00 a.m. to 12:00 p.m., and September 23, 2026, from 1:00 p.m. to 2:00 p.m., to discuss spending plans, allowable activities, contract and budget revisions, and other PHIG questions. Registration information will be

emailed to local health directors in the coming weeks. Questions at any time may be directed to Tom St. Louis, at Thomas.St.Louis@ct.gov or (860) 916-0443.

Summary of Key Dates

Date	Action
Friday, August 7, 2026	Period 3 activity and budget reports due to CT DPH. Reports must include cumulative expenditures and quarterly spending projections through November 30, 2027.
Friday, September 4, 2026	CT DPH issues written notices to local health jurisdictions identified as at risk of redistribution.
Tuesday, September 15, 2026, 11:00 a.m. to 12:00 p.m.	Office hours with the CT DPH Office of Public Health Workforce Development.
Wednesday, September 23, 2026, 1:00 p.m. to 2:00 p.m.	Office hours with the CT DPH Office of Public Health Workforce Development.
Friday, October 16, 2026	Interim expenditure reports due from jurisdictions identified as at risk of redistribution.
Friday, November 13, 2026	Capacity interest forms due from jurisdictions seeking redistributed funds. Final date for jurisdiction-initiated contract amendments and budget revisions requiring approval (revisions exceeding 20 percent of any cost category), submitted in complete and final form.
Tuesday, December 15, 2026	CT DPH issues simultaneous notifications of proposed award reductions and preliminary redistribution offers.
Monday, January 4, 2027	Written responses to reduction notifications due to CT DPH.
Wednesday, June 30, 2027	Midpoint expenditure reports due from all jurisdictions receiving redistributed funds.
Tuesday, November 30, 2027	End of grant period. All funds must be fully expended.

Note: Key dates set forth in this memorandum are subject to modification by CT DPH upon written notice to the jurisdiction prior to such key date.

Full expenditure of these funds, together with your examples of workforce impact, are the evidence the Department needs to advocate for a second round of PHIG funding dedicated to local health jurisdictions. Thank you for your partnership and your attention to these dates.

Robert L. Miller 14

From:	Robert L. Miller
Sent:	Thursday, June 11, 2026 4:11 PM
To:	'dcaruso@boltonct.org'
Cc:	'eric@thewaterexperts.com'; 'paul@thewaterexperts.com'; 'Kristen Barbour'; Robert L. Miller; 'Ewert, Anne'
Subject:	RE: 20260611_Bolton Center School (K-8) Public Water System - PFAS Initial Monitoring Requirements
Importance:	High

Dear David,

First and foremost, belated congratulations on your appointment as School Superintendent. We have not met yet; however, I am your local public health director.

I am following up the attached correspondence and below email from the Connecticut Department of Public Health (DPH) regarding the federal PFAS initial monitoring requirements applicable to your school's public water system.

While public water systems have until April 2027 to complete the required initial monitoring, I strongly encourage your district to conduct any required PFAS sampling as early as possible during the upcoming summer recess for both BHS & BCS, if it has not already been completed.

Recent experiences in both in the Columbia, and Coventry School Districts have demonstrated the value of testing during the summer recess. Should PFAS be detected above applicable drinking water standards, completing sampling during the summer provides school districts with sufficient time to evaluate the results, consult with state and local health officials, communicate with stakeholders, and implement any necessary corrective actions before students and staff return to school in the fall.

Conversely, delaying testing until later in the compliance period could result in the discovery of a problem during the academic year, when implementing mitigation measures will be a risk communication challenge to the school community, and may be more disruptive to school operations.

It is important to note that most schools are not expected to experience PFAS-related drinking water issues. However, given the new federal standards and the increasing identification of PFAS contamination in groundwater across Connecticut and the nation, early monitoring represents a prudent and proactive approach to protecting student and staff health.

If your district has already completed PFAS sampling that satisfies the federal monitoring requirements, no further action may be necessary at this time. If not, I encourage you to consult with your facilities staff, water system operator, and certified laboratory regarding scheduling the required sampling during the summer break.

The Eastern Highlands Health District is available to assist school districts in understanding the requirements, interpreting results, and coordinating with the Connecticut Department of Public Health should questions arise.

Thank you for your continued commitment to providing a safe and healthy learning environment for your students and staff.

Please feel free to contact me if you have any questions.

Sincerely,

Rob

Robert L. Miller, MPH, RS
Director of Health
Eastern Highlands Health District
4 South Eagleville Road
Storrs, CT 06268
860-429-3325
860-429-3321 (Fax)
Twitter/X: @RobMillerMPH
www.ehhd.org

EHHD
Eastern Highlands Health District

Preventing Illness and Promoting Wellness in the Communities We Serve

From: Ewert, Anne <Anne.Ewert@ct.gov>
Sent: Thursday, June 11, 2026 12:15 PM
To: dcaruso@boltonct.org
Cc: Robert L. Miller <millerrl@ehhd.org>; eric@thewaterexperts.com; paul@thewaterexperts.com; Kristen Barbour <kristen@thewaterexperts.com>
Subject: 20260611_Bolton Center School (K-8) Public Water System - PFAS Initial Monitoring Requirements
Importance: Low

Hello Mr. Caruso,

See the attached documentation regarding upcoming regulatory requirements for the Bolton Center School (K-8) public water system.

In June 2024, the Environmental Protection Agency (EPA) promulgated the final Per- and Polyfluoroalkyl Substances (PFAS) National Primary Drinking Water Regulation (NPDWR) into the Code of Federal Regulations (CFR) as 40 CFR Part 141 Part Z. The PFAS NPDWR applies to every **Community Water System (CWS)** and **Non-Transient Non-Community (NTNC)** public water system.

Initial Monitoring Requirements:
The PFAS NPDWR requires all CWS and NTNC public water systems to complete the initial monitoring requirements for PFAS by April 26, 2027. Systems must collect PFAS samples at **every entry point** into the distribution system during normal operating conditions.

The monitoring requirements are determined based on the population served and the type of source water provided by the entry point (i.e., surface or ground water). When a monitoring frequency of 4 consecutive quarterly samples is required, the samples must be collected 2 to 4 months apart within a 12-month period. When a monitoring frequency of 2 samples within a 12-month period is required, the samples must be collected 5 to 7 months apart.

The Connecticut Department of Public Health (DPH) is encouraging all public water systems to begin collecting initial monitoring samples **as soon as possible to ensure all sample results are reported to DPH by April 26, 2027.** Some systems will need to begin collecting quarterly samples no later than June 30, 2026.

For your convenience, the PFAS initial monitoring requirements have been added to the Water Quality Monitoring and Compliance Schedule for your water system. A copy of your system's PFAS initial monitoring requirements for each entry point is attached to this email.

Previously Collected Data
The PFAS NPDWR allows data collected on or after January 1, 2019 to be used to meet the initial monitoring requirements provided that data meets established criteria. To use previously collected data for initial monitoring, water systems must verify that the data meets the requirements and work with the analyzing laboratory to submit the data through CMDP.

Please reach out with any questions or concerns regarding PFAS Initial Monitoring Requirements.

Thank you,

ANNE EWERT (she/her)
Environmental Analyst 2
Environmental Health & Drinking Water Branch
Drinking Water Section / Rule Implementation Unit
Connecticut Public Health
Personal Phone: 860-509-8041
Drinking Water Section Phone: 860-509-7777
anne.ewert@ct.gov

Robert L. Miller

From:	Robert L. Miller
Sent:	Tuesday, June 16, 2026 1:42 PM
To:	'Chaplin Superintendent'
Cc:	'cblake@parishhill.org'; 'kyle@thwaterexperts.com'; kristen@thewaterexperts.com; Ewert, Anne
Subject:	FW: 20260611_Parish Hill High School Public Water System (CT0241243) - PFAS Initial Monitoring Requirements
Attachments:	20260611_CT0240233_Chaplin Elementary School_PFAS Initial Monitoring Requirement.pdf; 20260611_CT0241243_Parish Hill High School_PFAS Initial Monitoring Requirement.pdf

Dear Andrew -

We have not met yet; however, I am your local public health director.

I am following up the attached correspondence and below email from the Connecticut Department of Public Health (DPH) regarding the federal PFAS initial monitoring requirements applicable to your school's public water system.

While public water systems have until April 2027 to complete the required initial monitoring, I strongly encourage your district to conduct any required PFAS sampling as early as possible during the upcoming summer recess for both Chaplin Elementary School and Parish Hill Middle/High School , if it has not already been completed.

Recent experiences in both in the Columbia, and Coventry School Districts have demonstrated the value of testing during the summer recess. Should PFAS be detected above applicable drinking water standards, completing sampling during the summer provides school districts with sufficient time to evaluate the results, consult with state and local health officials, communicate with stakeholders, and implement any necessary corrective actions before students and staff return to school in the fall.

Conversely, delaying testing until later in the compliance period could result in the discovery of a problem during the academic year, when implementing mitigation measures will be a risk communication challenge to the school community, and may be more disruptive to school operations.

It is important to note that most schools are not expected to experience PFAS-related drinking water issues. However, given the new federal standards and the increasing identification of PFAS contamination in groundwater across Connecticut and the nation, early monitoring represents a prudent and proactive approach to protecting student and staff health.

If your district has already completed PFAS sampling that satisfies the federal monitoring requirements, no further action may be necessary at this time. If not, I encourage you to consult with your facilities staff, water system operator, and certified laboratory regarding scheduling the required sampling during the summer break.

The Eastern Highlands Health District is available to assist school districts in understanding the requirements, interpreting results, and coordinating with the Connecticut Department of Public Health should questions arise.

Thank you for your continued commitment to providing a safe and healthy learning environment for your students and staff.

Please feel free to contact me if you have any questions.

Sincerely,

Rob

Robert L. Miller, MPH, RS
Director of Health
Eastern Highlands Health District
4 South Eagleville Road
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860-429-3321 (Fax)
Twitter/X: @RobMillerMPH
www.ehhd.org

EHHD
Eastern Highlands Health District

Preventing Illness and Promoting Wellness in the Communities We Serve

From: Ewert, Anne <Anne.Ewert@ct.gov>
Sent: Thursday, June 11, 2026 4:59 PM
To: cblake@parishhill.org
Cc: askarzynski <askarzynski@parishhill.org>; Robert L. Miller <millerrl@ehhd.org>; Kyle Napierata <kyle@thewaterexperts.com>; Kristen Barbour <kristen@thewaterexperts.com>; katie@thewaterexperts.com
Subject: RE: 20260611_Parish Hill High School Public Water System (CT0241243) - PFAS Initial Monitoring Requirements

Hello,

My apologies for any confusion, there was a typo in the subject line of the previous email. The water system ID should have been CT0241243.

Cheers,

ANNE EWERT (she/her)
Environmental Analyst 2
CT Public Health – Drinking Water Section
Personal Phone: 860-509-8041
Drinking Water Section Phone: 860-509-7777

From: Ewert, Anne
Sent: Thursday, June 11, 2026 4:56 PM
To: 'cblake@parishhill.org' <cblake@parishhill.org>
Cc: askarzynski@parishhill.org; 'MillerRL@ehhd.org' <MillerRL@ehhd.org>; Kyle Napierata <kyle@thewaterexperts.com>; Kristen Barbour <kristen@thewaterexperts.com>; katie@thewaterexperts.com
Subject: 20260611_Parish Hill High School Public Water System (CT0240143) - PFAS Initial Monitoring Requirements
Importance: Low

Hello Cyrus,

See the attached documentation regarding upcoming regulatory requirements for the Parish Hill High School public water system.

In June 2024, the Environmental Protection Agency (EPA) promulgated the final Per- and Polyfluoroalkyl Substances (PFAS) National Primary Drinking Water Regulation (NPDWR) into the Code of Federal Regulations (CFR) as 40 CFR Part 141 Part Z. The PFAS NPDWR applies to every **Community Water System (CWS)** and **Non-Transient Non-Community (NTNC)** public water system.

Initial Monitoring Requirements:
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The monitoring requirements are determined based on the population served and the type of source water provided by the entry point (i.e., surface or ground water). When a monitoring frequency of 4 consecutive quarterly samples is required, the samples must be collected 2 to 4 months apart within a 12-month period. When a monitoring frequency of 2 samples within a 12-month period is required, the samples must be collected 5 to 7 months apart.

The Connecticut Department of Public Health (DPH) is encouraging all public water systems to begin collecting initial monitoring samples **as soon as possible to ensure all sample results are reported to DPH by April 26, 2027.** Some systems will need to begin collecting quarterly samples no later than June 30, 2026.

For your convenience, the PFAS initial monitoring requirements have been added to the Water Quality Monitoring and Compliance Schedule for your water system. A copy of your system's PFAS initial monitoring requirements for each entry point is attached to this email.

Previously Collected Data

The PFAS NPDWR allows data collected on or after January 1, 2019 to be used to meet the initial monitoring requirements provided that data meets established criteria. To use previously collected data for initial monitoring, water systems must verify that the data meets the requirements and work with the analyzing laboratory to submit the data through CMDP.

Please reach out with any questions or concerns regarding PFAS Initial Monitoring Requirements.

Thank you,

ANNE EWERT (she/her)
Environmental Analyst 2
Environmental Health & Drinking Water Branch
Drinking Water Section / Rule Implementation Unit
Connecticut Public Health
Personal Phone: 860-509-8041
Drinking Water Section Phone: 860-509-7777
anne.ewert@ct.gov

CONNECTICUT

Department of Public Health

Circular Letter #2026-15

To: Community water systems
Certified Operators

From: Rachel Nowek, MPH, Public Health Section Chief
Planning and Drinking Water State Revolving Fund Section

Date: July 30, 2026

Subject: Security Alert: Iranian cyber actors exploiting PLC vulnerabilities

All community water systems using programmable logic controllers (PLCs) – especially those manufactured by Rockwell Automation/Allen-Bradley, Schneider Electric, and Siemens – should immediately undertake mitigation actions listed in the attached joint cybersecurity advisory to defend against an ongoing, coordinated cybersecurity attack affecting dozens of small, medium, and large public water systems nationwide.

Internet-connected PLCs are being disrupted through malicious project file interactions and manipulation of data on human machine interface and supervisory control and data acquisition displays, resulting in operational disruption and financial loss. PLCs manufactured by the aforementioned companies are the primary targets of these attacks, but other brands of PLCs may also be vulnerable.

The joint cybersecurity advisory is also available online on the Cybersecurity and Infrastructure Security Agency's website at https://www.cisa.gov/news-events/cybersecurity-advisories/aa26-097a. Readers without access to the hyperlink should search for Alert Code AA26-097A.

In the event of a cyberattack, immediately contact local law enforcement and the New Haven Office of the Federal Bureau of Investigation at (203) 777-6311. After contacting law enforcement, report the cyber incident as appropriate using the attached reporting guide (also available online at https://www.epa.gov/system/files/documents/2023-02/230202-CyberIncidentReportingProcess_21118.pdf) to access federal resources and establish a coordinated threat response. After reporting, CISA and the EPA will coordinate with federal and state partners on your behalf as appropriate.

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P.O. Box 340308
Hartford, CT 06134
(860) 509-8000

Any observed activity that is suspicious in nature but not a clear and present threat should be documented and reported to the Department of Emergency Services and Public Protection for further investigation using the suspicious activity report portal or by calling the Homeland Security Tip Line at (866)-457-8477.

DPH will communicate any updates on this evolving situation as they become available. Public water systems should contact Eric Lindquist of my staff at eric.k.lindquist@ct.gov with any questions or to obtain assistance with cybersecurity preparedness and response.

c: Lisa Michelle Morrissey, Deputy Commissioner, DPH
Lorraine Cullen, Branch Chief, DPH
Eric Lindquist, Cybersecurity Liaison, DPH
William Turner, Emergency Management Director, DEMHS
Mark Raymond, Chief Information Officer, DAS

CONNECTICUT

Department of Public Health

To: Healthcare Providers and Facilities

From: Lynn Sosa, MD, Director of Infectious Diseases/State Epidemiologist

Manisha Juthani, MD, Commissioner

Date: May 28, 2026

RE: Ebola Update for Healthcare Partners: 2026 Bundibugyo Outbreak

This memo serves as a reminder for healthcare providers and facilities to remain alert to the evolving Ebola outbreak in the Democratic Republic of the Congo (DRC) and Uganda.

It is recommended that healthcare providers:

- Obtain travel history from all patients with infectious symptoms
- Be aware of regions impacted by outbreaks of high consequence infectious diseases such as Ebola. Information on the current Ebola outbreak can be found here.
- Use of travel flags in the electronic medical record is vital for quickly identifying patients who have been in affected areas within the past 21 days, enabling timely detection and initiation of proper infection control procedures
- Be familiar with the signs and symptoms of Ebola disease
- Healthcare providers should also consider other more common illnesses among travelers like COVID-19, influenza, malaria, measles, and gastroenteritis in an acutely ill patient with recent travel
- Know how to reach local health departments in your area and the Connecticut Department of Public Health (CT DPH)

CT DPH will be working with local health departments (LHD) who will be monitoring travelers returning from countries affected by the current Ebola outbreak based on current Centers for Disease Control and Prevention (CDC) guidance. LHDs will provide education to travelers about symptoms to be aware of and contact information for the LHD should they become ill. CT DPH and the LHD will work together should a traveler notify public health that they have symptoms concerning for Ebola disease.

If a patient presents for healthcare with history of recent travel to an affected country and symptoms compatible with Ebola disease, please contact the LHD where the patient resides and CT DPH. CT DPH epidemiologists are available 24/7 for consultation. Call 860-

410 Capitol Ave.
P.O. Box 340308
Hartford, CT 06134
(860) 509-8000

509-7994 (Monday-Friday, 8:30am-4:30pm) or 860-509-8000 (evenings, weekends and holidays); ask to speak with the infectious disease epidemiologist on call.

Whenever possible, consult with the LHD and CT DPH before referring patients with symptoms concerning for Ebola to an Emergency Department, hospital, or other facility and alert the receiving facility prior to patient arrival. This includes situations in which you speak to the patient on the phone but do not see them in person.

If you are treating a patient with symptoms concerning for Ebola in an **outpatient setting**, immediately isolate the patient, consult with CT DPH, the LHD where the patient resides, and alert the receiving facility before referring the patient to an Emergency Department, hospital or other facility. CT DPH will assist in making the appropriate referrals to emergency medical services (EMS), if transport is necessary.

CT DPH will facilitate clinical consultation with CDC to inform decisions regarding diagnostic testing. Viral hemorrhagic fever testing is available only with prior approval from CT DPH staff. Testing for orthoebolaviruses, including Bundibugyo virus, is available at the CT State Public Health Laboratory (CT SPHL): Special Pathogen Panel. CT SPHL test results are presumptive and require confirmatory testing at CDC. Infection prevention and control precautions should be maintained until confirmatory test results are available.

The primary specimen is whole blood. To minimize testing delays and infection risk during specimen collection, duplicate specimens should be collected for sequential testing at the CT SPHL and CDC. Instructions on specimen collection and transport are available online: CDC Ebola Specimen Collection and Transport Guidance.

Additional information is available below:

- Health Alert Network (HAN) Health Advisory
- Situation summary
- Travel Advisory for DRC and Uganda
- Clinical guidance
- Infection prevention and control recommendations for US hospitals

Robert L. Miller

From: CTDPHHealth_Alert_Network@ct.gov <noreply@everbridge.net>
Sent: Friday, June 5, 2026 12:10 PM
To: Robert L. Miller
Subject: Ebola Bundibugyo Outbreak - traveler monitoring updates and reminders

CONNECTICUT
Public Health

Please click here to acknowledge receipt of this message

Dear Local Directors of Health,
Please note the following updates related to the ongoing Ebola Bundibugyo virus outbreak in the DRC and Uganda.

1. CDC updated the "areas of concern" for this outbreak. As a precaution, CDC is now recommending that all travelers to the U.S. who have been in Uganda be managed as being from an area of concern, rather than just Kampala. We expect that CDC will be updating areas of concern on this webpage later today: https://www.cdc.gov/ebola/php/emergency-guidance/index.html.
2. DPH will continue to notify LHDs of new travelers to their jurisdictions via email, including on weekends and holidays. LHDs should expect to receive notifications in the morning; DPH will receive new notifications from CDC by 9am.
3. If you are monitoring travelers in your jurisdiction, please remember to do the following:
   a. Upload the completed screening form as an attachment to the event in CTEDSS.
   b. Log all monitoring check-in calls in CTEDSS within 1 business day using the fields in the EVD Traveler/Contact Monitoring wizard.
   c. Call DPH if the traveler will be traveling outside of CT overnight during the 21-day period or if a traveler reports symptoms. Call 860-509-7994 (M-F 8:30am-4:30pm) or 860-509-8000 (all other times).

Thank you for your continued partnership in responding to this international outbreak.

Sent on behalf of
LYNN SOSA, MD
DIRECTOR OF INFECTIOUS DISEASES | STATE EPIDEMIOLOGIST
Infectious Diseases Branch

Ebola

< VIRAL HEMORRHAGIC FEVERS

Ebola Outbreak: Current Situation

For Everyone

JUNE 8, 2026 · ESPAÑOL

KEY POINTS

- CDC is responding to an outbreak of Ebola disease in remote areas of the Democratic Republic of the Congo (DRC) and Uganda.
- To date, no cases of Ebola disease have been confirmed in the United States because of this outbreak.
- The overall risk to the American public and travelers remains low.

Current situation

Risk to the United States

To date, **no Ebola cases** associated with this outbreak have been reported in the United States, and the risk to the general public remains low.

Key updates

- On **May 18**, CDC and DHS announced enhanced travel screening, entry restrictions, and public health measures to prevent Ebola disease from entering the United States amid outbreaks in East and Central Africa.
  - Affected air passengers from DRC, South Sudan, and Uganda will have their air travel re-routed to arrive at Washington-Dulles International Airport (IAD), Atlanta Hartsfield-Jackson International Airport (ATL), George Bush Intercontinental Airport (IAH), or John F. Kennedy International Airport (JFK). Airlines will work directly with affected travelers to rebook flights.
  - To date, South Sudan has not reported any cases, but it is included in these efforts due to shared borders with affected countries.
- On **May 17**, an American who was exposed as part of work caring for patients in DRC tested positive for Ebola disease caused by infection with the Bundibugyo (Bun-dee-BOO-joh) virus. The patient was transported to Germany for treatment and care and is currently in stable condition. In addition to being a shorter flight time, Germany has previous experience caring for Ebola patients.
  - High-risk contacts associated with this exposure have been moved to Germany and the Czech Republic. They remain asymptomatic.

Latest data

Reported cases

This is a rapidly evolving situation, and case counts are subject to change.

The DRC and Uganda Ministries of Health report the following:

DRC

(As of June 7)

- **550** confirmed cases
- **101** confirmed deaths
- **NA** - probable cases

- **NA** - probable deaths
- **NA** - suspected cases*
- **NA** - suspected deaths*

Uganda

(As of June 8)

- **19** confirmed cases
- **2** confirmed deaths
- **1** probable case
- **1** probable death

*On May 29, the DRC Ministry of Health updated their total suspect case count to remove suspected cases that have been ruled out after investigation and additionally suspected deaths that are pending the results of ongoing investigations.

What to know about the outbreak

In early May, a hospital in Bunia Health Zone in northeastern DRC identified a cluster of severe illnesses affecting healthcare workers. Initial samples tested in DRC were negative for Ebola virus, but later 8 out of 13 samples tested positive, and 5 were inconclusive. Using genetic fingerprinting, the illnesses were identified as **Bundibugyo (Bun-dee-BOO-joh) virus**, one of the 4 types of orthoebolaviruses that cause Ebola disease in people.

There is no vaccine for Bundibugyo virus, and treatment consists of supportive care. Patients have experienced classic Ebola disease symptoms like fever, headache, vomiting, severe weakness, abdominal pain, nosebleeds, and vomiting blood. In DRC, most cases to date have been in people between 20 and 39 years old, and two-thirds have been in female patients.

There have been 2 previous outbreaks of Bundibugyo virus, one in Uganda (2007) and one in DRC (2012), with death rates of 25% and 50%, respectively.

KEEP READING

History of Ebola Outbreaks

CDC response

CDC is working internationally and domestically to respond to this outbreak and prevent Ebola from entering the United States.

KEEP READING

Ebola Outbreak: What CDC is Doing

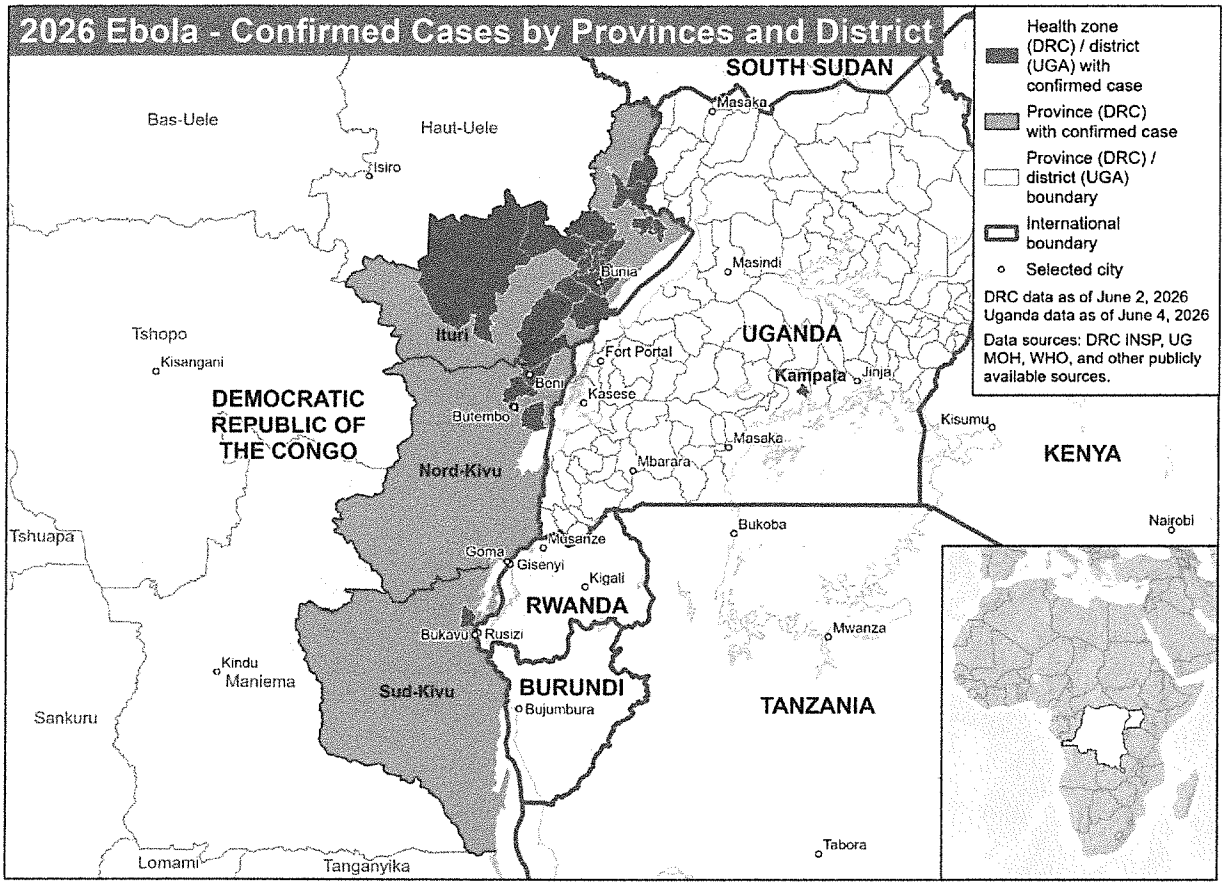
If you were recently in affected areas

CDC has guidance for people who recently have been in areas affected by this Ebola outbreak, including what to do if you feel sick after travel.

Information for Travelers Returning from Ebola-Affected Areas

Ebola: What to Do After Travel

Map of impacted areas



To date, the Ebola disease outbreak in DRC has been confirmed in Ituri, Nord-Kivu, and Sud-Kivu provinces. Cases related to the DRC outbreak also have been reported in Uganda's capital of Kampala.

This map highlights the provinces of Ituri, Nord-Kivu, and Sud-Kivu in the Democratic Republic of the Congo and areas (health zones) within those provinces that have confirmed cases of Ebola disease. The map also highlights one district in Kampala, Uganda with confirmed cases.

Resources

For everyone

- Ebola Disease Basics
- Ebola FAQs
- Ebola Outbreak History

Travel information

- Travel Health Notice: Democratic Republic of the Congo
- Travel Health Notice: Uganda
- Ebola: What to Do After Travel
- Information for Travelers Returning from Ebola-Affected Areas

For healthcare providers

- Clinical Guidance for Ebola Disease
- Clinical Screening and Diagnosis for Viral Hemorrhagic Fevers
- Infection Prevention and Control Recommendations for Patients in U.S. Hospitals who are Suspected or Confirmed to have Selected Viral Hemorrhagic Fevers
- Use of Ebola Vaccine: Recommendations of the Advisory Committee on Immunization Practices, United States, 2020 - PMC

- HAN: Ebola Disease Outbreak in the Democratic Republic of the Congo and Uganda

For public health professionals

- Public Health Management of People with Suspected or Confirmed VHF or High-Risk Exposures
- Interim Guidance: Public Health Assessment and Management of Travelers Arriving from the Affected Countries during the 2026 Ebola Outbreak

SOURCES

CONTENT SOURCE:
National Center for Emerging and Zoonotic Infectious Diseases (NCEZID)

Robert L. Miller

From: Robert L. Miller
Sent: Tuesday, May 12, 2026 9:42 AM
To: jeff.gordon@cga.ct.gov; Rep. Nuccio, Tammy
Cc: Robert L. Miller
Subject: Thank you

Hello Senator Gordon and Representative Nuccio,

I wanted to follow up and express my sincere appreciation for all of your efforts over the past two years working with my office to address the unintended consequences created when private well data was suddenly classified as confidential without prior notice to local health departments or affected property owners.

While we were not ultimately able to fully rescind the original law, the legislation passed this session, through your leadership and support, will go a long way toward reducing the bureaucratic burden placed on local health departments and restoring unfettered access to critical information for residents most at risk of groundwater contamination in neighborhood settings.

Thank you again for your partnership, responsiveness, and continued commitment to protecting rural drinking water and public health.

Yours in health,
Rob

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EHHD
Eastern Highlands Health District

Preventing Illness and Promoting Wellness in the Communities We Serve