Eastern Highlands Health District
Board of Directors Regular Meeting*
Agenda
Thursday October 15, 2026, 4:30 PM
1712 Main Street, Coventry
Town Hall Annex

Call to Order

Approval of Minutes (4-16-26 regular meeting & 7-30-26 special meeting)

Public Comments

Old Business – None

New Business

1. Proposed 2027 Regular Meeting Schedule
2. DPH FY27 Per Capita Grant Application - Ratification

Subcommittees

3. Personnel Committee – Director of Health Performance review (no attachment)
   Executive Session – Personnel in accordance with CGS 1-200(6)(a), Director of Health Performance Review
4. Board action on Director's review and adjustments to compensation (no attachment)
5. Finance Committee – Fiscal Report Ending 6/30/26

Medical Advisors Report

Directors Report

6. MIH/MCP Grant – Update (no attachment)
7. Staffing - Update (no attachment)
8. New EHHD Website
9. Measles - Update
10. Quarterly Activity Report – period ending 6/30/26
11. Strategic Plan Implementation – Progress report

Communications/other

12. Courant re: State sees increase in bats with rabies
13. CT DPH re: Lead & Copper Rule Improvements Service Line Inventory Platform
14. CT DPH re: Important Update Regarding Updated Septic Regulations
15. R Miller re: PFAS Monitoring Requirements (for schools)
16. EHHD re: Weekly Viral Respiratory Disease Summary
17. R Miller re: Thank you to Senator Gordon & Rep Nuccio

18. CDC re: Cyclosporiasis Health Advisory
19. CAES re: State Reports Expansion of West Nile Virus

Town Reports

Adjournment

Next Board Meeting – December 17, 2026 (FY 27/28 budget presentation)

***Virtual Meeting Option:** In accordance with PA 21-2 §149, meeting participants may also attend virtually. 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 L Miller, Director of Health

Date: 10/8/2026

Re: Proposed 2027 Regular Meeting Schedule

Respectfully submitted for your review and approval is the proposed regular meeting schedule for 2027 calendar year:

January 21 (Typically, Budget Public Hearing)

February 18

April 15

June 17

August 19

October 21

December 16

The time of each meeting will be scheduled for 4:30 pm. The Coventry Town Hall Annex will be booked as the physical location for these meetings, with the understanding that a virtual option may be provided for these meetings. (All dates fall on the third Thursday of the Month.)

Recommended Motion: Move to adopt the Eastern Highlands Health District Board of Directors 2027 regular meeting schedule as presented.

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

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

Robert L. Miller

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

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

This electronic message may contain information that is confidential and/or legally privileged. It is intended only for the use of the individual(s) and entity(s) named as recipients in the message. If you are not an intended recipient of the message, please notify the sender immediately, delete the material from any computer, do not deliver, distribute, or copy this message, and do not disclose its contents or take action in reliance on the information it contains. Thank you.

Robert L. Miller

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

Warning – This message came from the external sender **olha.dph@ct.gov**. Do not click links or open attachments unless you recognize the sender and know the content is safe.

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

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

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.

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

- 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.

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

- 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

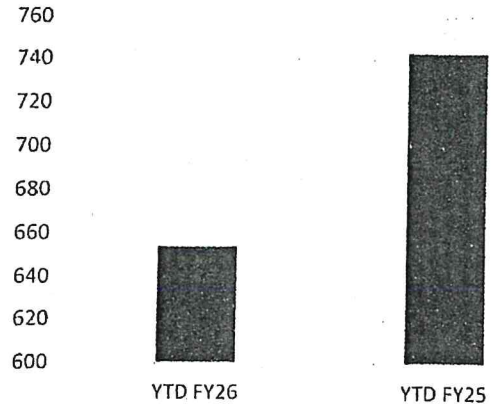
- Continue coordination with CT DEEP, CT DPH, the Town of Columbia and the school district on the Columbia Town Center PFAS investigation, including private-well sampling, public communications, resident outreach and planning for longer-term mitigation.
- Continue PFAS follow-up with Coventry schools 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.

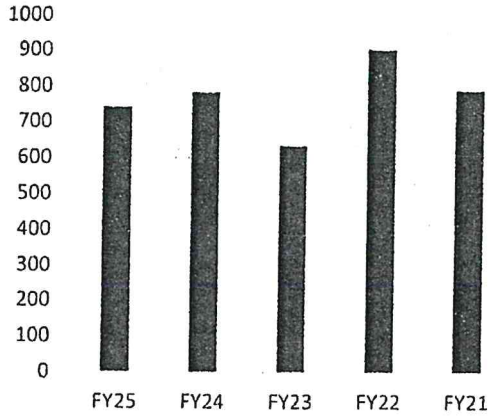
- Implement the Tobacco Best Practices initiative beginning July 1, 2026, while continuing the Preventive Health and Human Services Block Grant hypertension program.
- Continue the Opioid Action Initiative, including member-town engagement, naloxone distribution, overdose-prevention education and community 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)

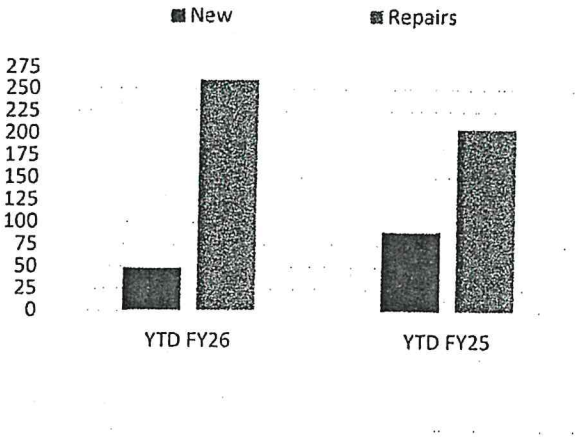
Quarterly Report April 1, 2026 - June 30, 2026
Year to Date Historgrams with 5 Year Trend Comparisons for Selected Activity Indicators

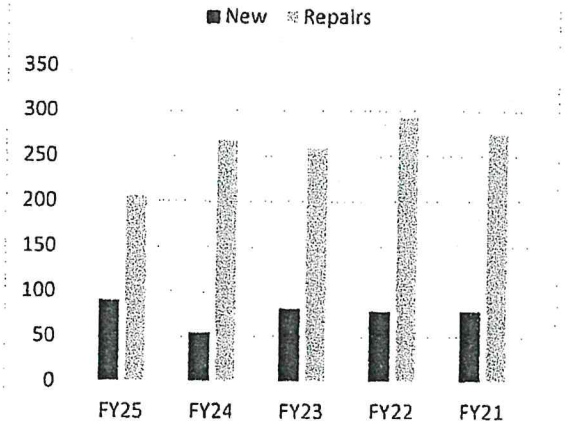
Deep Test Holes



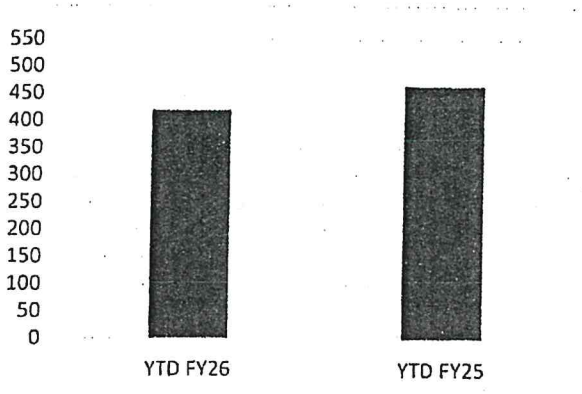


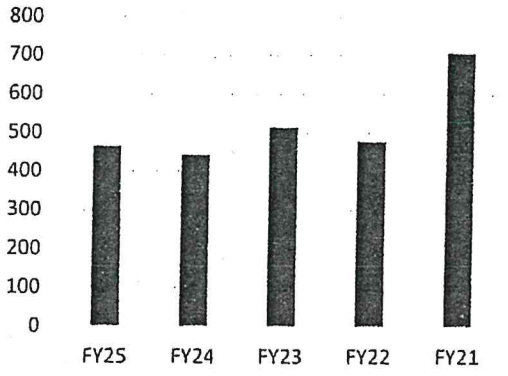
Septic Permits Issued





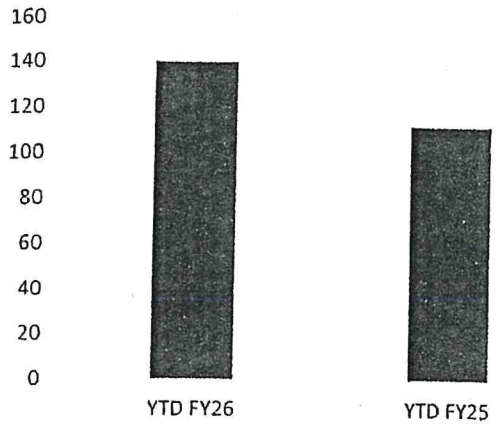
Public HealthReviews

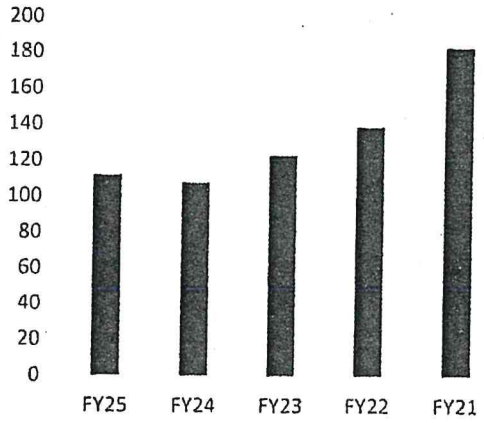




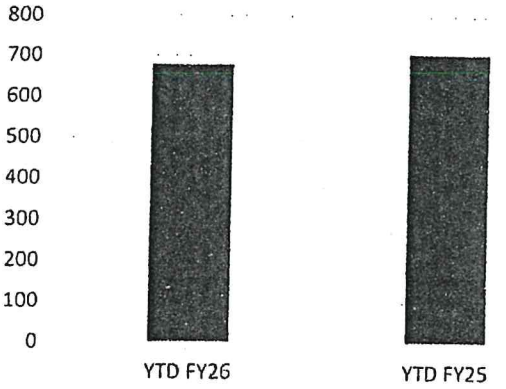
Quarterly Report April 1, 2026 - June 30, 2026
Year to Date Historgrams with 5 Year Trend Comparisons for Selected Activity Indicators

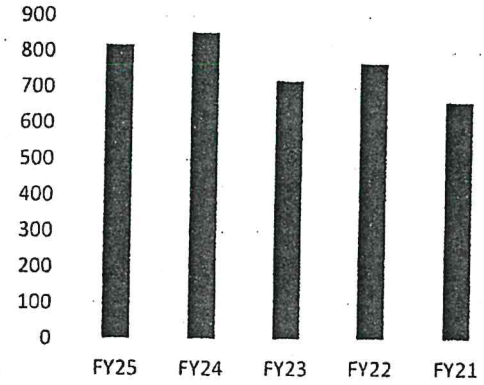
Complaints



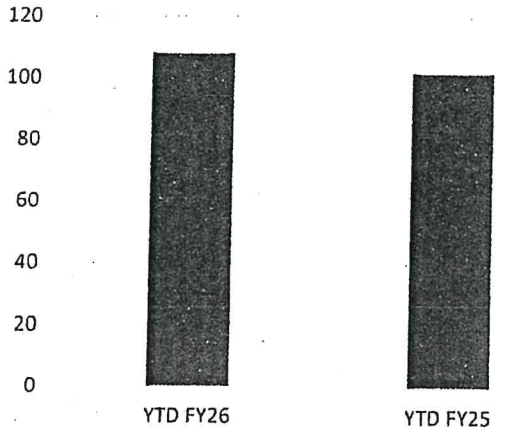


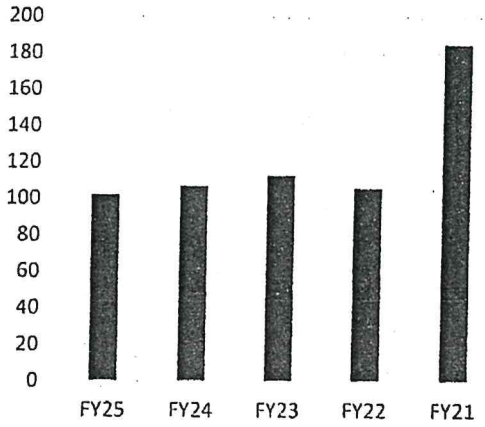
Food Service Inspections





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

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/programs	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/support 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	Prioity	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				

State sees increase in bats with rabies

CDC has issued nationwide warning



By Stephen Underwood
Hartford Courant

As Connecticut is reporting an increase in rabies-positive bats, the Centers for Disease Control has issued a nationwide health alert warning due to a significant increase in reported human rabies exposures and post-exposure treatments, driven largely by contact or potential contact with bats during the summer months.

The nationwide health advisory, which was issued on Sept. 10, comes amid reports of increases in human exposures to rabid or possibly rabid animals and rabies post-exposure prophylaxis (PEP) administration. Since July 2026, multiple states have reported local increases in human rabies exposures involving known rabies vectors or animals in which rabies is less commonly reported, according to the CDC.

From July through August 2026, the CDC said they received 17% more rabies-related inquiries than during the same period in 2025, including reports of mass exposure events. During this time frame, CDC officials said they also received reports from at least eight state health departments of increased rabies PEP use.

The health agency reported that, according to weekly pharmacy data through Sept. 2, utilization for the two rabies vaccines and the two rabies immunoglobulins licensed in the United States has increased by an estimated 33% and 76%, respectively, compared with the same time period last year, showing an alarming rise in rabies treatment.

The nationwide health advisory comes amid an increase in bats testing positive for rabies in Connecticut, according to data released by the Connecticut Department of Public Health. From the beginning of this year through Aug. 31, 549 bats were tested for rabies in the state, with 20 testing positive, an increase from 13 in 2025. This year, more bats have tested positive for rabies than any previous year since 2018, when 14 bats tested positive out of 520 tested, according to the Connecticut Department of Public Health. The positive percentage rate this year is 4%.

The Connecticut Department of Public Health said it tests animals for rabies virus only if a person had a bite or saliva exposure. Animals involved in incidents with domestic animals or with no human exposure are tested at the Connecticut Veterinary Medical Diagnostic Laboratory at the University of Connecticut.

While positive rabies cases in bats increased, other animals have very few positive cases. Domestic animals including cats, dogs, cattle, goats and sheep continue to show a decline in positive cases. This year through Aug. 31, 301 animals were tested and one animal tested positive. Last year, 418 animals were tested with one testing positive.

Wild animals reported a higher positive number than domestic animals, which is expected, officials said. This year through Aug. 31, 53 wild animals, including racoons, skunks, fox, bobcats, coyotes and groundhogs, were tested with 11 testing positive for rabies, a 21% positive rate. Last year, 98 animals were tested with 19 confirmed positive cases, a 19% positive rate.

"Over the summer, there have been several news stories about bats and rabies which raised public awareness. This increased public awareness could partially explain the increased number of bats submitted for rabies testing," a spokesperson with the Connecticut Department of Public Health said.

"Although the number of bats tested for rabies has increased this year compared to prior years, the percentage of bats testing positive for rabies remains steady around 4%."

Rabies is a virus that is nearly 100% fatal once symptoms occur, the CDC said. The disease is preventable when PEP is given before a patient's symptoms start. An infected animal can spread rabies to humans and other animals through bites, scratches or oral secretions.

According to the CDC, the best way to avoid rabies is to keep your distance from wildlife. "Never approach animals who appear to be injured, sick, or dead, especially if you see animals during the day who are usually active at night (e.g., bats, raccoons, etc.). Contact your area's animal control service for assistance when needed."

If you have pets, keep them up to date on rabies vaccines and away from wildlife, the CDC said.

Rabies in humans is completely preventable but medical help must be attained right away, according to the CDC.

The CDC offered the following tips for anyone who may have been in contact with any wildlife or sick-acting animals:

Wash any wounds immediately with water and soap (or water alone) for 15 minutes.

Talk with a clinician or public health professional about your risk and if you might need rabies-related care.

Tell your doctor about the type of animal you encountered and if you noted any signs that the animal was not acting normally.

If the animal that bit you was not your pet, ask the owner for proof that the animal is up to date on their rabies vaccination.

If you can do so safely, capture or confine the animal and contact your area's animal control service or your health department for assistance. In some circumstances and in consultation with a veterinarian, observing an available animal might be a reasonable alternative to rabies testing.

Stephen Underwood can be reached at sunderwood@courant.com.

Regulatory Affairs Branch
Drinking Water Section

Circular Letter # **2026-24**

TO: Community Public Water Systems
Non-Transient Non-Community PWS
Certified Operators

FROM: Christopher D. Roy, Public Health Section Chief, Drinking Water Section

DATE: October 6, 2026

SUBJECT: LCRI Service Line Inventory Platform

The United States Environmental Protection Agency (EPA) promulgated the new lead and copper rule, the Lead and Copper Rule Improvements (LCRI) in the Code of Federal Regulations (CFR) on October 30, 2024, with a compliance date of November 1, 2027. The LCRI strengthens the requirements in the current Lead and Copper Rule (LCR) and Lead and Copper Rule Revisions (LCRR) to better protect children and adults from lead in drinking water. Please refer to Circular Letter 2026-06 or the Drinking Water Section LCRI webpage for more information on this new rule.

The LCRI requires all community (C) and non-transient non-community (NTNC) public water systems (PWS) to **develop a "baseline inventory"**, which identifies the material and location of each service line and identified connector within the PWS's distribution system regardless of ownership status, and submit to CT Department of Public Health (DPH) **by November 1, 2027.** For PWS that submitted the LCRR initial inventory in 2024 or afterwards, they must submit the "baseline inventory" with any updated information, including any identified connector material, and a signed certification by November 1, 2027.

To support all C and NTNC PWS with LCRI compliance, CT DPH has contracted with 120Water, a water management software company, to develop an on-line service line inventory data portal called PWS Portal. The portal allows water systems to track, view, update, manage and submit their service line inventory information, and comply with the required public accessibility standards. CT DPH is providing the portal to public water systems at no cost.

410 Capitol Ave.
P.O. Box 340308
Hartford, CT 06134
(860) 509-7333

If the PWS submitted a complete LCRR initial inventory to CT DPH, the PWS Portal will initially contain the PWS's LCRR initial inventory data. All C and NTNC PWS will be required to use the PWS Portal to input, update, manage, and submit their baseline inventory, any future updated service line inventory and supporting documentation for LCRI compliance.

Every C and NTNC PWS will have a unique PWS Portal account in a secure individual environment. PWS Portal credentials will be assigned to the system's owner, legal, and administrative contacts after they attend one of the software training sessions conducted by 120Water. During the training, the system contact will learn how to assign access within the PWS Portal to any of their team members to view, update, and manage their service line inventory. However, each team member is encouraged to attend one of the software training sessions to receive access to the PWS Portal from 120Water.

Please register for the PWS Portal software training at https://www.120water.com/2026-ct-state-page. You will need to provide your name, email address, PWS name, and PWS ID. The 120Water team has resources, recordings, and a support team ready to help.

If you have any questions about the LCRI, please contact us at DPH.LeadandCopper@ct.gov. If you have questions about the PWS Portal *after* attending the training, please email support@120water.com.

Cc: Lisa Morrissey, Deputy Commissioner, CT DPH
Local Health Departments

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

Warning – This message came from the external sender noreply@everbridge.net. Do not click links or open attachments unless you recognize the sender and know the content is safe.

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

Robert L. Miller

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

This electronic message may contain information that is confidential and/or legally privileged. It is intended only for the use of the individual(s) and entity(s) named as recipients in the message. If you are not an intended recipient of the message, please notify the sender immediately, delete the material from any computer, do not deliver, distribute, or copy this message, and do not disclose its contents or take action in reliance on the information it contains. Thank you.

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

Warning – This message came from the external sender anne.ewert@ct.gov. Do not click links or open attachments unless you recognize the sender and know the content is safe.

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
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

This electronic message may contain information that is confidential and/or legally privileged. It is intended only for the use of the individual(s) and entity(s) named as recipients in the message. If you are not an intended recipient of the message, please notify the sender immediately, delete the material from any computer, do not deliver, distribute, or copy this message, and do not disclose its contents or take action in reliance on the information it contains. Thank you.

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

Millie C. Brosseau

From:	Ande Bloom
Sent:	Tuesday, October 13, 2026 8:22 AM
To:	Adam B. Libros; Andover EMD Amber Armitage; Andover Fire Chief Ron Mike Andover Fire Dept; Andover Trooper; Andrew W. Franklin; Ashford EMD; Ashford First Selectman Ashford; Superintendent Ashford; Fire Bolton; Bolton Fire Chief Bruce Dixon Bolton; Superintendant Bolton; bruneauv@andoverelementaryct.org; Carol Lavigne; Selectman Chaplin First; Superintendant Chaplin; Charles Rexroad; Columbia First Selectman; Columbia Superintendant; Columbia Town Administrator; Gregory DeCarli Columbia Trooper; Coventry; Superintendant Coventry; Coventry Town Clerk; Volunteer Fire Coventry; MD SHaW Davis Smith; Dep EMD Chaplin; Doug Racicot TollandCounty; Eric Anderson; Erika Wiecenski; Ernie Mellor; Ashford Fire Chief; GH Robertson; Hale Early Childhood Center; Hans Christian Anderson Preschool Regina Kiser; J Spadjinske; James Randall; Jason Beaumont; Jerry James; Jim Drumm; Jim Rupert; Joan Gistad MD; John Littell; Kelley Lafleur; Kenneth Dardick; Laura Stone; Candace V. Morell; Margaret Chatey; Neil Prendergast UConn fire; Pam Sawyer; qvec@sbcglobal.net; superintendent@rhamschools.org; rpalmer12@snet.net; Ryan J. Aylesworth; scobb@willingtonfire.org; vbruneau@scotlandes.org; Sharon Cournoyer; Stephen R. King; Steve Postemsky Columbia Fire; tmillix@tollandcounty911.org; Tolland Superintendent; Tolland Town Manager; Travis Irons; UConn Fire; UConn OEM; UConn Police Chief; Willington FD; School Willington Center; Chief Willington Fire
Cc:	Ande Bloom; Angelica Dupont; Cecile C. Serazo; Glenn H. Bagdoian; Hugh O'Callaghan; Laura Spedaliere; Lynette S. Swanson; Melissa M. Pierce; Mia A. Mitoma; Millie C. Brosseau; Robert L. Miller; Samantha Coughlin; Thad D. King
Subject:	EHHD Viral Respiratory Disease Summary 10/13/26

Good Morning EHHD Community Partners –

The link below contains the updated Eastern Highlands Health District Viral Respiratory Disease Summary.

If you wish to be removed from this distribution list, or would like to add an email account to this list, please send your request to mbrosseau@ehhd.org .

Find the report here: EHHD.org/Reports

EHHD will offer flu and other seasonal vaccines at community events across the health district throughout the season. No residency requirements at any clinic. Find the updated schedule and clinic details at EHHD.org/VAX

Kind regards,

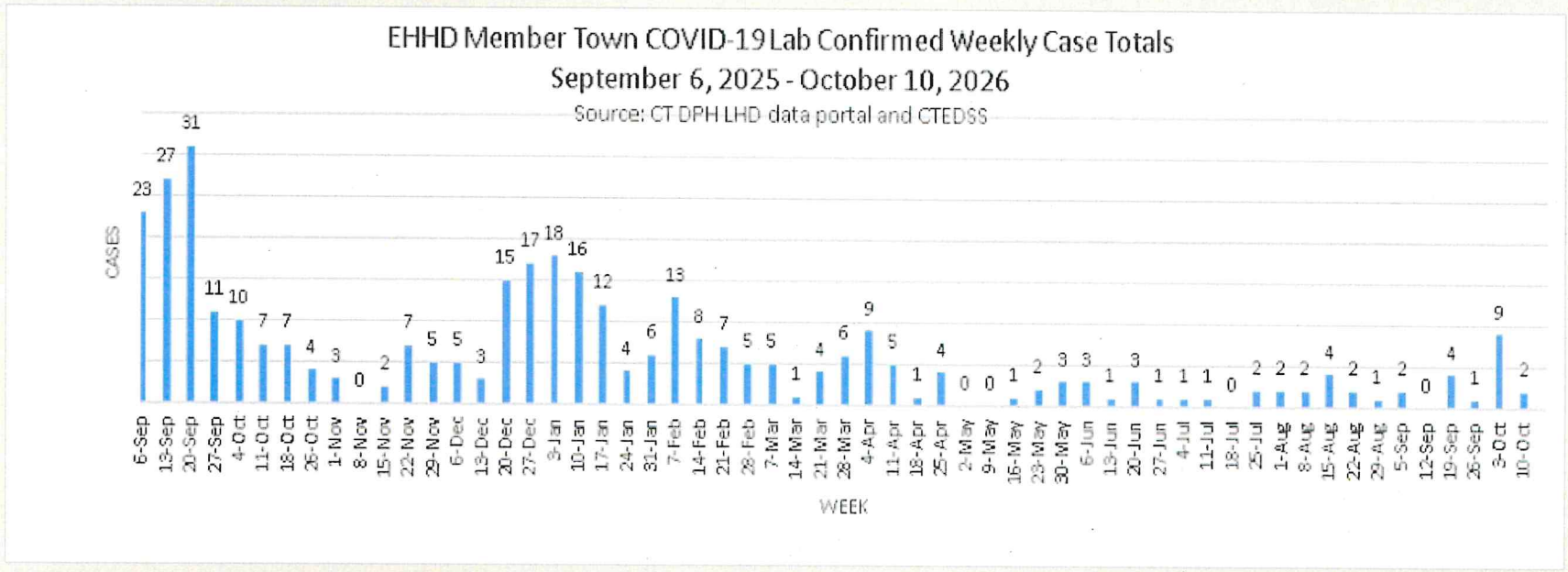
Ande

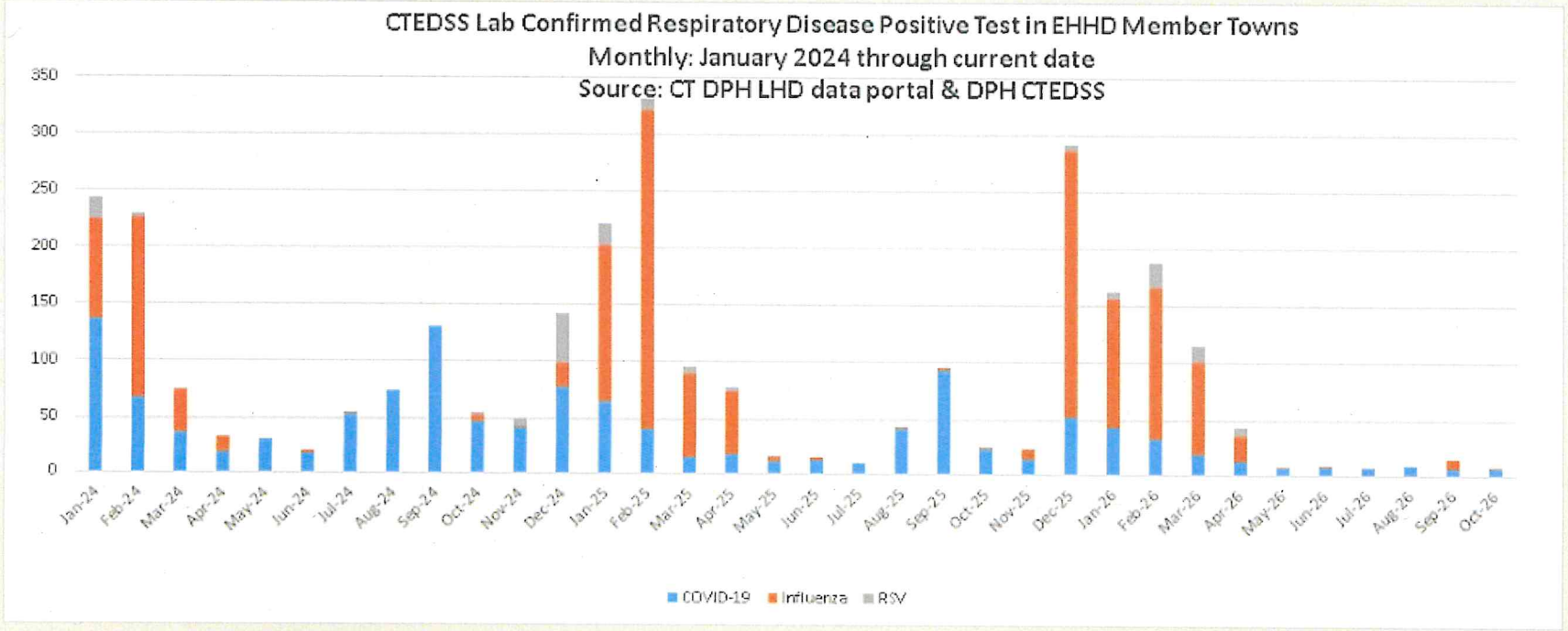
Ande Bloom, MS

Senior Project Specialist
Eastern Highlands Health District

Updated 10/11/2026 at 9:50am

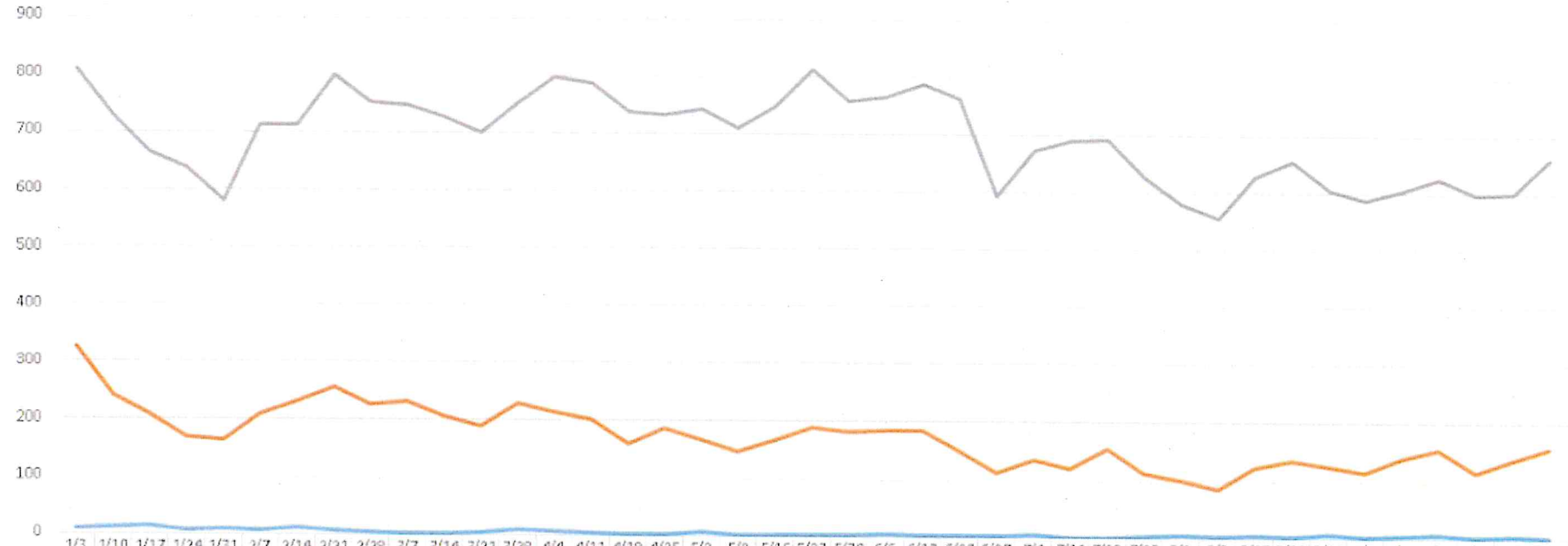
Prepared by: A. Bloom





COVID-19 Influenza RSV

EHHD Member Town Resident
ED and UC Visits for ILI by Week*
January 3, 2026 through current week
Data source: EpiCenter



	1/3	1/10	1/17	1/24	1/31	2/7	2/14	2/21	2/28	3/7	3/14	3/21	3/28	4/4	4/11	4/18	4/25	5/2	5/9	5/16	5/23	5/30	6/6	6/13	6/20	6/27	7/4	7/11	7/18	7/25	8/1	8/8	8/15	8/22	8/29	9/5	9/12	9/19	9/26	10/3	10/10
COVID Dx	9	13	14	7	10	8	11	7	4	3	3	5	9	8	5	3	2	8	1	3	2	2	5	3	2	1	5	0	0	2	4	3	5	2	7	3	5	6	3	5	3
All ILI Visits	326	240	209	170	163	209	230	256	226	231	206	189	228	213	201	160	186	167	147	167	189	182	184	183	148	111	135	120	153	111	99	84	121	134	123	115	138	154	114	137	157
Total ED/UC visits	810	728	664	637	580	712	713	800	753	747	726	700	751	798	788	737	732	743	710	747	812	756	764	787	762	592	673	689	693	628	581	555	628	655	605	587	605	625	597	601	659

COVID Dx All ILI Visits Total ED/UC visits

*Note: Influenza-like illness (ILI) is a nonspecific respiratory illness characterized by fever, fatigue, cough, and other symptoms typical of COVID, influenza and RSV; used as an identification to denote a potential infectious respiratory disease when individuals present to urgent care (UC) or emergency departments (ED)

CLICK ON THE IMAGE BELOW FOR MORE INFORMATION FROM THE CT DEPARTMENT OF PUBLIC HEALTH



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

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

This electronic message may contain information that is confidential and/or legally privileged. It is intended only for the use of the individual(s) and entity(s) named as recipients in the message. If you are not an intended recipient of the message, please notify the sender immediately, delete the material from any computer, do not deliver, distribute, or copy this message, and do not disclose its contents or take action in reliance on the information it contains. Thank you.

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)

CAES
The Connecticut Agricultural Experiment Station
Putting Science to Work for Society since 1875

123 Huntington Stre
New Haven, CT 0651
203.974.8500
Toll free: 1.877.855.2237
Fax: 203.974.8502
Email: caes@ct.gov • portal.ct.gov/caes

PRESS RELEASE

FOR IMMEDIATE RELEASE
Wednesday, August 19, 2026

MEDIA CONTACT:
John Shepard
The Connecticut Agricultural Experiment Station
203-974-8517
John.Shepard@ct.gov

State Reports Expansion of West Nile Virus: Positive Mosquitoes Identified in 22 Connecticut Towns

New Haven, CT – The State Mosquito Management Program is warning Connecticut residents about the increasing risk of infection by West Nile virus (WNV) this season. So far, the Connecticut Agricultural Experiment Station (CAES) has detected WNV-infected mosquitoes in 22 towns: Branford, Bridgeport, Cheshire, Danbury, Darien, East Haven, Fairfield, Greenwich, Manchester, Meriden, Milford, Montville, New Britain, New Haven, North Branford, North Haven, Norwalk, South Windsor, Stamford, Stratford, West Haven, Westport. There are no reported human cases of WNV so far this season.

"West Nile virus is spreading to additional towns across Connecticut with highest levels of virus activity in mosquitoes from Fairfield and New Haven counties," said John Shepard, Medical Entomologist at CAES. "We expect mosquito infections to continue to increase, raising the risk of human infection from now through the end of September."

"Now is the time to take precautions against mosquito bites," said Dr. Philip Armstrong, Chief Scientist at CAES. "We encourage everyone to protect themselves by using insect repellent and covering exposed skin, especially during dusk and dawn when mosquitoes are most active."

To reduce the risk of being bitten by mosquitoes, residents should:

- Minimize time spent outdoors between dusk and dawn when mosquitoes are most active.
- When it is necessary to be outdoors, use mosquito repellents containing an EPA-registered active ingredient, including DEET, Picaridin, IR3535, oil of lemon eucalyptus, para-menthane-diol (PMD), or 2-undecanone. EPA registration of skin-applied repellent products indicates that they have been evaluated and approved for human safety and effectiveness when applied according to instructions on the label.
- Wear shoes, socks, long pants, and a long-sleeved shirt when outdoors for long periods of time, or when mosquitoes are more active. Clothing should be light-colored, loose-fitting, and made of tightly woven materials that keep mosquitoes away from the skin.
- Wear clothing and gear treated with permethrin. Permethrin is an insecticide that kills or repels mosquitoes and ticks.

- Be sure door and window screens are tight-fitting and in good repair.
- When sleeping outdoors, use tents or mosquito netting in an unscreened structure. Treat camping gear with permethrin when possible.
- Cover strollers and baby carriers with mosquito nets when outside.

Last year, WNV was detected in 230 mosquito samples from 37 towns in 6 counties in Connecticut. The majority of WNV activity occurred in urban and suburban regions in Fairfield, Hartford, and New Haven counties. The virus is detected in the Northeast every summer and is the leading cause of mosquito-borne illness in the region.

In 2025, six Connecticut residents were hospitalized with WNV disease; one death was reported among these. Most human infections are acquired from mosquito bites occurring during July through September. The majority of people infected with WNV do not develop symptoms. Approximately 80% of infected individuals remain asymptomatic, while about 20% develop a mild illness characterized by symptoms such as fever, headache, body aches, joint pain, vomiting, diarrhea, or rash. Fewer than 1% of infected individuals develop severe neuroinvasive disease, which can affect the brain, spinal cord, or surrounding tissues and may result in hospitalization, long-term neurological complications, or death.

Connecticut Mosquito Management Program

The response to mosquito-transmitted diseases in Connecticut is a collaborative inter-agency effort involving the Department of Energy and Environmental Protection (DEEP), the Connecticut Agricultural Experiment Station (CAES), the Department of Public Health (DPH), the Department of Agriculture, and the Connecticut Veterinary Medical Diagnostic Laboratory (CVMDL) at the University of Connecticut (UCONN). These agencies are responsible for monitoring mosquito populations and the potential public health threat of mosquito-borne diseases.

The CAES maintains a network of 108 mosquito-trapping stations in 88 municipalities throughout the state. Mosquito traps are set Monday – Thursday nights at each site every ten days on a rotating basis and then at least once a week after detection of virus. Mosquitoes are grouped (pooled) for testing according to species, collection site, and date. Positive findings are reported to local health departments and on the CAES website at https://portal.ct.gov/CAES/Mosquito-Testing/Introductory/State-of-Connecticut-Mosquito-Trapping-and-Arbovirus-Testing-Program.

For information on WNV and eastern equine encephalitis (EEE) virus, what can be done to prevent getting bitten by mosquitoes, the latest mosquito test results and human infections, visit the Connecticut Mosquito Management Program website at https://portal.ct.gov/mosquito.

###