

Eastern Highlands Health District  
Board of Directors Regular Meeting  
Agenda  
Via Zoom\*  
Thursday December 10, 2020, 4:30 PM

Call to Order - Welcome Ryan Aylesworth, Town of Mansfield

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

Approval of Minutes (October 15, 2020)

Public Comments

Old Business - none

New Business

1. Proposed Fiscal Year 2021/2022 Operating Budget, and CNR Budget - Set public hearing date
2. Comprehensive Annual Financial Audit Report – June 30, 2020; Independent Auditors Report on Internal Control; Auditors communication to Board of Directors

Town Reports

Subcommittee Reports

3. Finance Committee – Financial report for the period ending 9/30/20

Directors Report

4. COVID-19 Response Activity Update
5. Quarter Activity Report period ending 9/30/20

Communications/Other

6. Informed Choice CT re: Demonstration regarding COVID-19 Vaccine
7. Journal Inquirer re: Staffer at Coventry Grammar School test positive for COVID-19
8. Journal Inquirer re: Local health officials receiving funds for contact tracing
9. Journal Inquirer re: Tolland students to return to more in-person learning Nov. 2
10. Journal Inquirer re: Coventry High staff member tests positive for COVID-19
11. Hartford Courant re: Gov. Lamont says towns need to clamp down on illegal crowds at restaurants in Connecticut
12. Journal Inquirer re: 2 Tolland school community members test positive for COVID-19
13. Journal Inquirer re: 12 more in quarantine at Tolland High School
14. Journal Inquirer re: Multiple parties reported over weekend at UConn
15. Journal Inquirer re: Towns prepare for vaccine rollout
16. CTMirror.org re: COVID money goes out to underfunded local health departments

Adjournment

*Next Board Meeting – January 21, 2021*

\*In accordance with Governor Lamont's Executive Order 7B and social distancing guidelines recommended by the CDC to slow community spread of COVID-19, this meeting is physically closed to the public. The public may join the meeting via telephone. If you plan to join the meeting via phone, please email Millie Brosseau at [mbrosseau@ehhd.org](mailto:mbrosseau@ehhd.org) or call 860-429-3325 for the call in information.

Eastern Highlands Health District Board of Directors

Regular Meeting Minutes

Virtual meeting Via  
Zoom\*

Thursday October 15,  
2020

**Members present:** E. Anderson (Andover), J. Carrington (Mansfield), J. Elsesser (Coventry), J. Kelly 4:57pm (Bolton), T. Nuccio 5:20pm (Tolland), E. Paterson (Mansfield), M. Rosen (Tolland), D. Walsh (Coventry), M. Walter (Columbia), E. Wicenski (Willington)

**Staff present:** R. Miller, M. Brosseau, K. Dardick, H. Schaeffer, C. Bradshaw-Hill

J. Elsesser called the meeting to order at 4:32 pm.

Following roll call, R. Miller introduced Holly Schaffer, Director Human Resources for the Town of Mansfield and Charmaine Bradshaw-Hill, Director of Finance for the Town of Mansfield.

**Approval of minutes**

E. Anderson made a MOTION seconded by E. Wicnski to approve the minutes of the 8/20/2020 meeting as presented. MOTION PASSED unanimously.

**Public Comments**

Outreach was done per Executive order. No comments were received.

**Epidemiology & Laboratory Capacity (ELC) Enhancing Detection Cooperative Agreement Funding application**

R. Miller presented an overview of the grant.

D. Walsh made a MOTION, seconded by E. Anderson to ratify the submittal of the Eastern Highlands Health District's Epidemiology and Laboratory Capacity (ELC) Enhancing Detection Cooperative Agreement Funding Application for the Enhanced Detection, Response, Surveillance and Preventions of COVID-19 to the state of Connecticut Department of Public Health, as presented on October 15, 2020. MOTION PASSED unanimously.

**Proposed 2021 Regular Meeting Schedule**

D. Walsh made a MOTION, seconded by E. Anderson to adopt the Eastern Highlands Health District Board of Directors 2021 regular meeting schedule as presented. MOTION PASSED unanimously.

J. Kelly joined the meeting.

## **Subcommittee Reports**

### **Personnel Committee**

D. Walsh reported that the Personnel Committee met on October 1, 2020 to discuss the evaluation of the Director. In the past a survey has been done. This year's evaluation was done differently. That decision was made based on the Personnel committee not wanting to burden the new Director of Human Resources and the Interim Town Manager. In addition, the Personnel Committee felt that the survey monkey tool is not a good vehicle forgetting the information needed and was planning to change the tool this year. The evaluation, for this year ONLY, has been done with the Director giving a presentation to the Personnel Committee and the Personnel Committee being allowed to ask questions. D. Walsh highlighted a few of the items in the Director's presentation. Recommendations from the meeting will be presented in Executive Session. Questions will be deferred to Executive Session.

### **Town Reports**

**Andover** E. Anderson reported that the town hall is open by appointment. Andover is seeing a low community transmission. Andover will be doing a town-wide "trunk or treat" event utilizing state guidance.

**Willington** E. Wicinski reported that the town hall is open by appointment. She further noted that one polling place was moved to accommodate social distancing guidelines. The Willington library is beginning to open. The senior center remains closed. The Parks & Rec department will be having a fall-oween decorating event. Lights will soon be added to the basketball courts to accommodate outdoor basketball programs.

**Mansfield** J. Carrington reported that the town hall is open by appointment. There will be a Trunk-or-treat event held in Mansfield. There have been 2 positive cases of COVID-19 amongst town employees. Mansfield has seen an increase in numbers due to UConn students. Testing events have been conducted around town. A new town manager will be starting December 1<sup>st</sup>.

**Tolland** M. Rosen reported that the town hall remains open. The senior center remains closed. The town is researching how to move toward a hybrid approach for night meetings. There will be a scarecrow contest held and a virtual Halloween costume contest. M. Rosen reported that transmission seems to be ok in Tolland, with a slight boost due to UConn students returning.

**Columbia** M. Walter reported that the town hall is open by appointment. The senior center is serving primarily as a food bank. Senior Center workers are making weekly calls to seniors. There have been big improvements at Rec park. A Haunted trail will be held at Rec park. Family units will be socially distanced on the trail and goody bags will be handed out at the end of the trail. Steve Everett will be issuing a Halloween advisory.

**Bolton** J. Kelly reported that the town hall is open with 50% of the employees working from home and 50% in the office on a rotating basis. The Senior Center is serving primarily as a food bank and workers are calling seniors on a regular basis to make sure they are receiving the services they need. There will be no town sponsored Halloween events and a social media campaign will be continued to encourage people to stay home on Halloween.

**Coventry** J. Elsesser reported that the disc golf course is now open. Dr. Keenan is retiring and closing his office in Coventry. The microgrid project is still pending with PURA. The town was host to the PBS show "Legacy List" at the Hayes Museum grounds. No town sponsored Halloween activities. The annual Scarecrow contest will be held. Dollar General has gone through planning and zoning commission and planning to open by December 1<sup>st</sup>. The town hall is fully open. One polling place has been moved from the elementary school to the high school for better line queuing. Farmer's market winding down for the season. Discussions will held for the upcoming year. Winter market will be at the Community Center of Patriot's park. Emphasized how busy the town is with building projects. Shared concerns regarding how restaurants are going to survive the transition. Senior center will ease into reopening next month.

D. Walsh informed the board that they are not expecting any difficulties during election day. She is the moderator for district 1 polling place. Greeter will be present outside polling place reminding people to wear masks. Concern over possible poll watchers. J. Elsesser informed the board that a police officer will be present at the polling places.

### **Director's Report**

#### **COVID-19 Response Activities Update, 10/8/20**

R. Miller provided an update on some of the activities with which the health district is involved with an overview of the surveillance activities. R. Miller informed the board that his office is providing support to Public schools as they reopen. He noted that the health district is still helping distribute PPE to healthcare providers. In addition 200 Kinsa thermometers were handed out to the public. R. Miller reported that his office is still working with businesses on reopening sector rules. R. Miller informed the board that Mass vaccination planning is underway. R. Miller stressed the need for the Health District to have a point of contact for each group identified in planning. There was discussion regarding when vaccine would be available.

Flu clinics will be held. The Health District is leveraging them as training opportunities for staff and volunteers.

#### **Radon testing Initiative**

DPH will provide kits that EHHD will distribute. Additional information will be forthcoming.

#### **Communications**

R. Miller noted the volume of newspaper articles.

#### **Executive Session**

D. Walsh made a motion to enter executive session at 5:53 pm to discuss personnel matters in accordance with accordance with CGS 1-200(6)(a), Director of Health Performance Review. Executive Session ended at 6:10pm.

Regular meeting resumed at 6:10pm.

D. Walsh, on behalf of the Personnel Committee made a MOTION to recommend the Eastern Highlands Health District Board of Directors authorize a 2.8% increase in Robert Miller's salary to \$113,199.47, retroactive to July 1, 2020. E. Wiczenski seconded the MOTION. MOTION PASSED unanimously.

D. Walsh, on behalf of the Personnel Committee made a MOTION recommending the Eastern Highlands Health District Board of Directors accrued vacation time in excess of the maximum accrual limit be rolled forward into the next annual period only. MOTION was seconded by E. Anderson. MOTION PASSED unanimously.

**Adjournment**

MOTION made by E. Paterson, seconded by J. Carrington to adjourn at 6:14 pm. MOTION PASSED unanimously.

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

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## Memo

**To:** Board of Directors  
**From:** Robert L Miller, Director of Health  
**Date:** 10/20/2020  
**Re:** Approved 2021 Regular Meeting Schedule

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Respectfully submitted for your review and approval is the proposed regular meeting schedule for 2021 calendar year:

January 21 (Typically, Budget Public Hearing)

February 18

April 15

June 17

August 19

October 21

December 9

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 alternatively these meetings will be held virtually until such time board leadership determines it is appropriate and safe to go back to in-person meetings. (With the exceptions of December 9, all dates fall on the third Thursday of the Month.)

*Recommended Motion: Move to adopt the Eastern Highlands Health District Board of Directors 2021 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](http://www.EHHD.org)

## Memorandum

**To:** EHHD Board of Directors

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

**CC:** Charmaine Bradshaw-Hill, Chief Financial Officer

**Date:** 12/2/2020

**Re:** Proposed Operating Budget and CNR Budget

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### Proposed Fiscal Year 2021/2022 Operating Budget

Submitted herewith for your review is a proposed operating budget for fiscal year 2021/2022. The proposal incorporates an expenditure increase of \$26,517 or 3.0%. The total budget has increased from \$883,540 to \$910,057. The member town contribution rate increased by 3.6% from \$5.685 to \$5.89 per capita (The average FY20/21 contribution rate for contiguous health districts is \$7.08).

### Primary Budget Drivers

The primary issues driving the fiscal year 2021/2022 budget are a proposed increase in the staff salary account appropriation, and a corresponding increase in the benefits. The following salient factors are incorporated into this budget proposal.

1. A **Salaries** expenditure increase of 4.8%. The increase accommodates merit and promotion increases for eligible staff, and an increase in hours for part-time staff.
2. A **Benefits** expenditure increase of 5.4%. The increase accommodates corresponding increases in basic benefits, a 2% increase in the medical insurance line item, and previously board authorized compensation.
3. An increase of 1.3% in the appropriation from the adopted FY20/21 figure is proposed for the **state grant – in - aid**. The state appropriated; and, we have received 102% of the FY20/21 budgeted revenues for this line. At this time, we are anticipating level funding into FY21/22 for local health departments.
4. A total member **town contribution** increase of 3.0%. This includes a per capita rate increase of 3.6%, plus changes in the population estimates.
5. A **fee for service** revenue increase of 5.0%. This is an aggregate of all service fee categories and incorporates estimated projections for the current fiscal year, extrapolates them into FY21/22.
6. An **appropriation from fund balance** of \$49,807 is proposed to balance the budget. This appropriation is a decrease of \$1,113 as compared to the FY20/21 adopted budget.

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*Preventing Illness & Promoting Wellness for Communities In Eastern Connecticut*  
 Andover • Ashford • Bolton • Chaplin • Columbia • Coventry • Mansfield • Scotland • Tolland • Willington

7. An increase of 25.9% in **grant deductions** for regular staff salary and benefits is anticipated.
8. An increase in **operational expenditures** of 1.6%. This increase is due primarily to Other Purchased Services to address a fee increase associated with our online permit tracking/payment software.
9. An decrease in **Transfers Out of CNR** of \$3,000.

The above changes are summarized on the following chart:

PROPOSED EXPENDITURE/REVENUE CHANGES FOR FY21/22					
		Adopted 20/21	Proposed 21/22	Change	Percent
<b>Revenues</b>					
	State Grant in Aid	\$ 133,600	\$ 135,270	\$ 1,670	1.3%
	Town contributions	\$ 457,530	\$ 471,450	\$ 13,920	3.0%
	Fees for Service	\$ 241,490	\$ 253,530	\$ 12,040	5.0%
	Appropriation of Fund Balance	\$ 50,920	\$ 49,807	\$ (1,113)	-2.2%
	<b>Total</b>	<b>\$ 883,540</b>	<b>\$ 910,057</b>	<b>\$ 26,517</b>	<b>3.0%</b>
<b>Expenditures</b>					
	Grant Deductions	\$ (49,681)	\$ (62,568)	\$ (12,887)	25.9%
	Salaries	\$ 597,361	\$ 625,750	\$ 28,389	4.8%
	Benefits	\$ 227,720	\$ 240,009	\$ 12,289	5.4%
	Operations	\$ 105,140	\$ 106,866	\$ 1,726	1.6%
	Transfers Out to CNR	\$ 3,000	\$ -	\$ (3,000)	-100.0%
	<b>Total</b>	<b>\$ 883,540</b>	<b>\$ 910,057</b>	<b>\$ 26,517</b>	<b>3.0%</b>

**Highlighted below is additional narrative for selected account proposals for FY21/22**

**Revenues**

- **State Grant – in – Aid.** This line item increases 1.3% with a total proposed appropriation of \$135,270. This is based on flat funding into the new biennium. There is no information from DPH at this time regarding anticipated actual appropriations for FY21/22 at this time.
- **Town Contributions.** A total combined increase of \$13,920, or 3.0% is proposed for this revenue category. The increase is due to a proposed increase in the per capita contribution rate for member towns of 3.6%, plus changes in the population estimates provided by DPH. Overall population estimates have slightly declined. Individual town increases can be reviewed on pages 6 and 7 of the budget presentation. Contribution rate history can be found on page 13 of the budget presentation.
- **Fees for Service.** A combined total increase for all service fee categories is estimated at \$12,040, or 5.0%. While still early in the year, FY20/21 year to date fee revenue aggregate is at the same revenue level this time last fiscal year. This proposed revenue estimate is based on budgeted revenue projection for the current fiscal year can be found on page 10. No changes in the previously adopted fee schedule is proposed. Fee schedule



history can be found on page 11. Comparison fee rates for other area health districts can be found on page 12 of the budget presentation.

- **General Fund Appropriation.** An appropriation of \$49,807 is proposed in this budget. This is a decrease of 2.2% from the previous fiscal year. Of note, this budget estimates year-end fund balance on June 30, 2022 will be 40% of the FY20/21 operating expenditures. (See page 4 for the GF roll forward report for FY21/22.) While adopted budgets in the recent past have been balanced with the general fund, the fund balance has not actually been drawn down during this period.

### Expenditures

- **51050 Grant Deductions.** While projecting grant funding is difficult due to its volatility, this proposed budget anticipates an increase of 25.9% in grant deductions. This is based a new 30 month grant awarded by the DPH to support the COVID-19 response. (See page 15 for details on total grant revenue anticipated.)
- **51601 Regular Salaries.** The total increase presented for salaries is \$28,389, or 4.8%. Pursuant to our broad band, merit based pay plan this is the appropriation recommended to fund an average 2.3% merit increases for eligible regular staff. The appropriation will also accommodate the promotion up a classification for one of our field staff, and fund an increase in hours for one part time staff person from .65 FTE to .81 FTE. (The additional part-time hours are 100% funded by the increase in grant deductions).
- **52105 Medical Insurance.** The total increase anticipated is \$2,710, or 2.0%. This is a place holder figure provided by the Mansfield Finance Department. The final figure is not yet available.
- **52220 Vehicle Allowance.** This is a previously board authorized \$5,400 expense offset for the Director.
- **53960 Other Purchased Services.** A total increase of \$2,150 is proposed. This is a contractual payment increase to our vendor that provides the upgrade in our online permit application and payment software.

### Proposed FY 21/22 Capital Nonrecurring Budget Narrative (See Page 14)

#### Revenues

- **Surplus Vehicle Proceeds.** Estimated proceeds of \$2,500 from the surplus sale of one fleet vehicle.

#### Expenditures

- **Automobiles.** An expenditure of \$17,000 is proposed for the purpose of replacing one fleet vehicle in accordance with our fleet replacement schedule.
- **IT Infrastructure Upgrade.** An expenditure of \$6,000 is proposed to provide funding for internet kiosks at 7 agency satellite offices to accommodate online permitting and payments.

### Recommendation

The budget detailed herewith in incorporates changes provided by the Finance Committee at their November 24, 2020 special meeting at which time they acted to forward the proposed budget to the full board. Therefore, the following motion is recommended: *Move, to set public hearing date of Thursday, January 21, 2021 at 4:30 PM to receive the public's comments regarding the Eastern Highlands Health District Proposed Fiscal Year 2021/2022 Operating Budget, Capital non-recurring budget, as presented on December 10, 2020.*

**Eastern Highlands Health District**

**Proposed Budget**

**Fiscal Year 2021 – 2022**

**December 10, 2020**

**Board of Directors Meeting**

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# Eastern Highlands Health District Budget Presentation FY 21/22

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

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

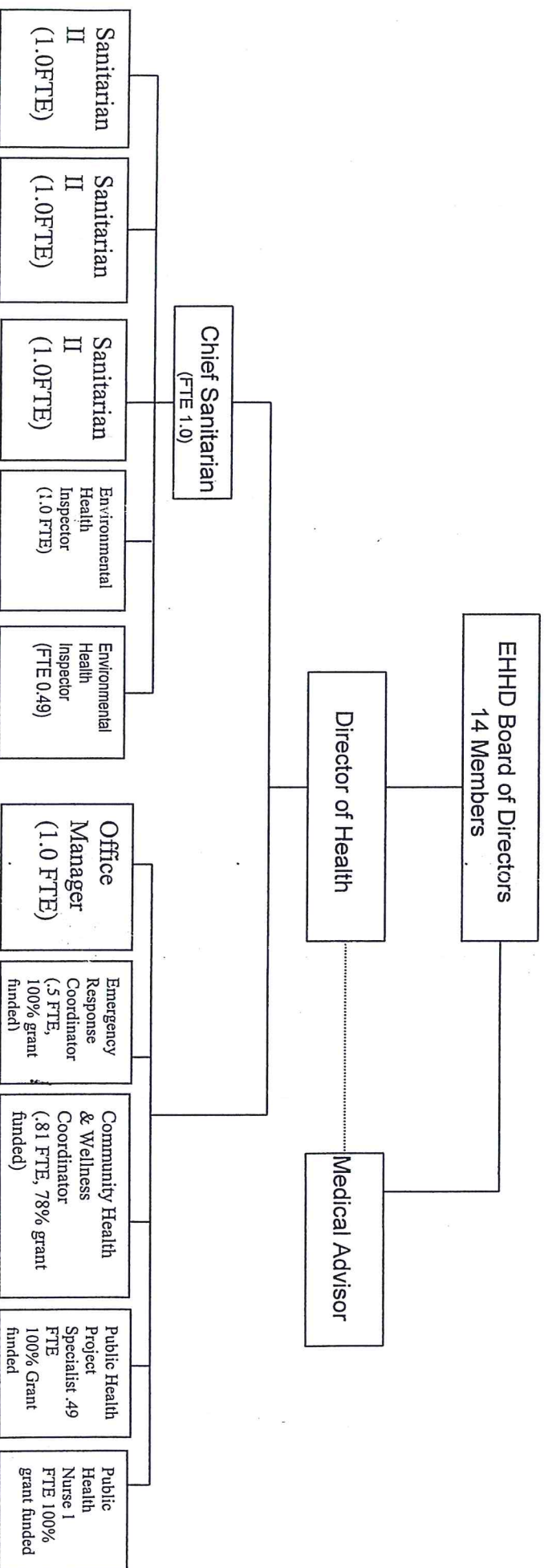
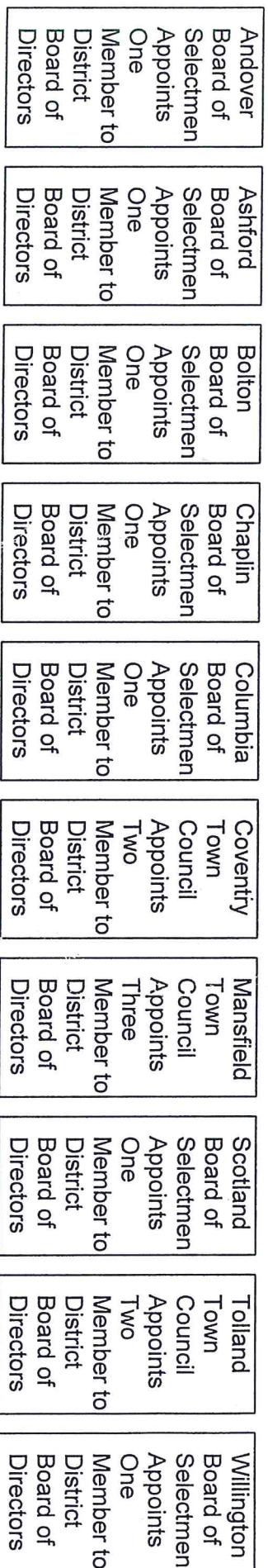
## AGENCY SUMMARY AND AUTHORITY

The Eastern Highlands Health District (EHHD) is one of twenty local Health Districts in the State of Connecticut. Established on June 6, 1997, it serves the towns of Andover, Ashford, Bolton, Chaplin, Columbia, Coventry, Mansfield, Tolland, Scotland and Willington with a total population of 80,041.

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

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

## Proposed Fiscal Year 2021/2022 Eastern Highlands Health District Organizational Chart



### **Fiscal Year 2021/2022 Budget Calendar**

Finance Committee Budget Meeting	November 24, 2020
Finance Committee Budget Meeting	December 10, 2020 (if needed)
Budget Presentation to Board	December 10, 2020
Deadline for final budget estimates per By Laws	January 1, 2021
Fiscal Year 2021/2022 Budget Public Hearing	January 21, 2021 (recommended)
Budget Public Hearing Deadline per By Laws	February 1, 2021
Adoption of Budget	February 18, 2021 (if needed)

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

Roll Forward FY 2021/22

	Actual 14/15	Actual 15/16	Actual 16/17	Actual 17/18	Actual 18/19	Actual 19/20	Adopted 20/21	Estimated 20/21	Proposed 21/22	Projected 22/23	Projected 23/24	Projected 24/25	Projected 25/26	Projected 26/27
Revenues:														
Member Town Contributions	390,841	405,820	423,080	429,282	429,260	437,600	457,530	457,530	471,450	483,236	495,317	507,700	520,393	533,402
State Grant-in-Aid	149,857	142,234	133,164	149,985	133,327	134,429	133,600	136,253	135,270	135,270	135,270	135,270	135,270	135,270
Services Fees	197,796	212,942	224,874	234,393	257,937	270,007	241,490	234,690	253,530	261,136	268,970	277,039	285,350	293,911
Local Support			800											
<b>Total Revenues</b>	<b>738,495</b>	<b>760,996</b>	<b>781,918</b>	<b>813,660</b>	<b>820,525</b>	<b>842,036</b>	<b>832,620</b>	<b>828,473</b>	<b>860,250</b>	<b>879,642</b>	<b>899,557</b>	<b>920,009</b>	<b>941,013</b>	<b>962,583</b>

Expenditures:														
Salaries & Benefits	656,060	644,630	686,253	691,797	658,453	670,270	775,400	774,000	803,172	819,236	835,620	852,333	869,380	886,767
Insurance	15,607	15,607	15,599	15,599	14,351	13,870	15,800	15,800	14,800	15,800	15,800	15,800	15,800	15,800
Professional & Technical Services	14,961	13,162	47,455	46,954	45,014	64,822	48,890	48,890	49,985	50,235	50,486	50,739	50,992	51,247
Other Purchased Services & Supplies	43,382	46,162	11,713	15,879	24,092	26,087	36,850	36,850	38,500	40,835	41,039	41,244	41,450	41,657
Equipment	645	762	300	1,612	1,401	945	3,600	3,600	3,600	4,000	4,000	4,000	4,000	4,000
Sub-total Expenditures	730,655	720,323	761,320	771,841	743,311	775,994	880,540	879,140	910,057	930,105	946,945	964,115	981,622	999,472

Operating Transfers Out	-	-	-	-	3,000	3,000	3,000	3,000	-	9,000	12,000	15,000	18,000	21,000
Total Expenditures and Operating Transfers Out	730,655	720,323	761,320	771,841	746,311	778,994	883,540	882,140	910,057	939,105	958,945	979,115	999,622	1,020,472

Excess/(Deficiency) of Revenues over Expenditures	7,840	40,673	20,598	41,819	74,214	63,042	(50,920)	(53,667)	(49,807)	(59,463)	(59,388)	(59,106)	(58,609)	(57,889)
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Fund Balance, July 1	247,151	254,991	295,664	316,262	358,082	432,296	495,338	495,338	441,671	391,864	332,401	273,012	213,906	155,297
Fund Balance, June 30	\$254,991	\$295,664	\$316,262	\$358,082	\$432,296	\$495,338	\$444,418	\$441,671	\$391,864	\$332,401	\$273,012	\$213,906	\$155,297	\$97,409

Assumptions:	Expenditures per Above	Grant Deduction	Total Expenditures	FB as a % of Total Exp
Member Town Increase of 2.5% per year	746,311	778,994	883,540	882,140
State Grant-in-Aid: FY21 8% below CGA budget, held flat each year after	80,234	63,084	49,881	49,881
Service Fee revenue Increase of 3% annually	826,545	842,078	935,221	931,821
Salary & Benefit Increases of 2% per year	52,500%	58,82%	47,62%	47,40%
Grant Deduction line for salaries held flat at \$58,000 per year starting FY22 (per Robb \$58,244 in FY2022)				40,29%
Professional & Technical Increase of .5% per year				33,18%
Purchased Services increase of .5% per year				26,73%
				20,53%
				14,62%
				8,99%

Eastern Highlands Health District  
Summary of Revenues and Expenditures for FY21/22

Fund: 634 Eastern Highlands Health District  
Activity: 41200

Object	Description	Actual	Adopted	Estimated	Proposed	% change	Dollar change
		19/20	20/21	20/21	Budget 21/22		
<b>Revenues:</b>							
40220	Septic Permits	49,133	43,930	43,930	48,470	10.3%	4,540
40221	Well Permits	10,680	9,970	9,970	14,400	44.4%	4,430
40491	State Grant-In-Aid	134,429	133,600	136,253	135,270	1.3%	1,670
40630	Health Inspec. Service Fees	9,151	3,500	3,500	3,500	-	-
40633	Health Services-Bolton	26,645	27,800	27,800	28,770	3.5%	970
40634	Health Services-Coventry	67,419	70,570	70,570	73,080	3.6%	2,510
40635	Health Services-Mansfield	140,443	146,770	146,770	150,120	2.3%	3,350
40636	Soil Testing Service	49,490	36,760	36,760	33,740	(8.2%)	(3,020)
40637	Food Protection Service	79,718	84,170	84,170	80,000	(5.0%)	(4,170)
40638	B100a Review	33,690	24,410	24,410	33,540	37.4%	9,130
40639	Engineered Plan Rev	32,860	27,240	27,240	27,880	2.3%	640
40642	Health Services - Ashford	23,002	24,220	24,220	25,060	3.5%	840
40643	Health Services - Willington	32,092	33,470	33,470	34,540	3.2%	1,070
40646	GroupHome/Daycare inspection	1,430	1,210	1,210	1,200	(0.8%)	(10)
40647	Subdivision Review	1,375	1,000	1,000	1,500	50.0%	500
40648	Food Plan Review	2,481	2,500	2,500	2,500	-	-
40649	Health Services - Tolland	79,793	83,310	83,310	86,100	3.3%	2,790
40685	Health Services - Chaplin	12,146	12,830	12,830	13,190	2.8%	360
40686	Health Services - Andover	17,604	18,370	18,370	19,060	3.8%	690
40687	Health Services - Columbia	29,366	30,610	30,610	31,680	3.5%	1,070
40688	Health Services - Scotland	9,089	9,580	9,580	9,850	2.8%	270
	Cosmetology Inspections	-	6,800	-	6,800	-	-
40999	Appropriation of Fund Balance	-	50,920	53,667	49,807	(2.2%)	(1,113)
	<b>Total Revenues</b>	<b>842,036</b>	<b>883,540</b>	<b>882,140</b>	<b>910,057</b>	<b>3.0%</b>	<b>26,517</b>
<b>Expenditures:</b>							
51050	Grant deductions	(63,084)	(49,681)	(49,681)	(62,586)	26.0%	(12,905)
51601	Regular Salaries - Non-Union	548,798	597,361	590,561	625,750	4.8%	28,389
52001	Social Security	31,615	37,040	37,040	39,130	5.6%	2,090
52002	Workers Compensation	8,743	10,150	10,150	10,150	-	-
52007	Medicare	7,478	8,620	8,620	9,152	6.2%	532
52010	ICMA (Pension)	28,610	31,200	31,200	32,545	4.3%	1,345
52103	Life Insurance	1,705	2,270	2,270	2,390	5.3%	120
52105	Medical Insurance	98,130	135,540	135,540	138,250	2.0%	2,710
52117	RHS	2,239	2,250	2,250	2,320	3.1%	70
52112	LTD	635	650	650	672	3.4%	22
52203	Dues & Subscriptions	2,055	2,100	2,100	2,100	-	-
52210	Training	313	3,500	3,500	3,500	-	-
52212	Mileage Reimbursement	(56)	600	600	600	-	-
52220	Vehicle allowance	5,400	-	5,400	5,400	#DIV/0!	5,400
53120	Professional & Tech	22,541	7,120	7,120	7,495	5.3%	375
53122	Legal	4,192	2,000	2,000	3,000	50.0%	1,000
53125	Audit Expense	6,800	6,900	6,900	6,900	-	-
53303	Vehicle Repair & Maintenance	2,119	3,200	3,200	2,500	(21.9%)	(700)
53801	General Liability	13,870	15,800	15,800	14,800	(6.3%)	(1,000)
53924	Advertising	428	1,000	1,000	1,000	-	-
53925	Printing & Binding	970	1,150	1,150	1,150	-	-
53926	Postage	1,500	1,500	1,500	1,500	-	-
53940	Copier maintenance	78	1,000	1,000	1,000	-	-
53960	Other Purchased Services	14,049	16,200	16,200	18,350	13.3%	2,150
53964	Voice Communications	3,250	3,800	3,800	3,800	-	-
54101	Instructional Supplies	-	800	800	800	-	-
54214	Books & Periodicals	199	200	200	200	-	-
54301	Office Supplies	1,548	2,000	2,000	2,000	-	-
54601	Gasoline	1,558	3,000	3,000	2,500	(16.7%)	(500)
54913	Other Supplies & Materials	194	-	-	-	#DIV/0!	-
55420	Office Equipment	255	3,000	3,000	3,000	-	-
55430	Equipment - Other	690	600	600	600	-	-
56302	Admin. Overhead	29,170	29,670	29,670	30,090	1.4%	420
58410	Capital Nonrecurring Fund	3,000	3,000	3,000	-	(100.0%)	(3,000)
	<b>Total Expenditures</b>	<b>778,994</b>	<b>883,540</b>	<b>882,140</b>	<b>910,057</b>	<b>3.0%</b>	<b>26,517</b>



RATIONAL OF OBJECTS

BUDGET FIGURES IN BOLD

REVENUES:

40220 Septic Permits  
 Proposed estimate: **\$48,470**

40221 Well Permits  
 Proposed estimate: **\$14,400**

40491 State Grant-in-aid

	<u>Population 2019</u>	<u>Per Capita Value</u>	<u>Total</u>
Andover	3,236	1.69	5,469
Ashford	4,255	1.69	7,191
Bolton	4,884	1.69	8,254
Chaplin	2,239	1.69	3,784
Columbia	5,379	1.69	9,091
Coventry	12,407	1.69	20,968
Scotland	1,672	1.69	2,826
Tolland	14,618	1.69	24,704
Mansfield	25,487	1.69	43,073
Willington	5,864	1.69	9,910
<b>Total</b>	<b>80,041</b>		<b>\$135,270</b>

40633 Health Services - Bolton

<u>Bolton Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>	<u>Dollar Increase</u>	<u>% increase</u>
4,884	\$ 5.890	<b>\$28,770</b>	<b>\$970</b>	<b>3.49</b>

40634 Health Services - Coventry

<u>Coventry Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>	<u>Dollar Increase</u>	<u>% increase</u>
12,407	\$ 5.890	<b>\$73,080</b>	<b>\$2,510</b>	<b>3.56</b>

40635 Health Services - Mansfield

<u>Mansfield Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>	<u>Dollar Increase</u>	<u>% increase</u>
25,487	\$ 5.890	<b>\$150,120</b>	<b>\$3,350</b>	<b>2.28</b>

40642 Health Services - Ashford

<u>Ashford Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>	<u>Dollar Increase</u>	<u>% increase</u>
4,255	\$ 5.890	<b>\$25,060</b>	<b>\$840</b>	<b>3.47</b>

40649 Health Services - Tolland

<u>Tolland Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>	<u>Dollar Increase</u>	<u>% increase</u>
14,618	\$ 5.890	<b>\$86,100</b>	<b>\$2,790</b>	<b>3.35</b>

40643 Health Services - Willington

<u>Willington Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>	<u>Dollar Increase</u>	<u>% increase</u>
5,864	\$ 5.890	<b>\$34,540</b>	<b>\$1,070</b>	<b>3.20</b>

40685 Health Services - Chaplin

<u>Chaplin Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>	<u>Dollar Increase</u>	<u>% increase</u>
2,239	\$ 5.890	<b>\$13,190</b>	<b>\$360</b>	<b>2.81</b>

40686 Health Services - Andover

<u>Andover Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>	<u>Dollar Increase</u>	<u>% increase</u>
3,236	\$ 5.890	<b>\$19,060</b>	<b>\$690</b>	<b>3.76</b>

DEPARTMENT: EHHD

LOCATION: Main Office

ACTIVITY: 41200

RATIONAL OF OBJECTS

BUDGET FIGURES IN BOLD

REVENUES:

40687 Health Services - Columbia

<u>Columbia Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>	<u>Dollar increase</u>	<u>% increase</u>
5,379	\$ 5.890	\$31,680	\$1,070	3.50

40688 Health Services - Scotland

<u>Scotland Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>		
1,672	\$ 5.890	\$9,850	\$270	2.82

40630 Health Inspection Service Fees

Proposed estimate: **\$3,500**

40636 Health Services - Soil Testing

Proposed estimate: **\$33,740**

40637 Food Protection Service

Proposed estimate: **\$80,000**

40638 B100a (Public Health Review)

Proposed estimate: **\$33,540**

40639 Plan Review Engineered Design

Proposed estimate: **\$27,880**

40645 Plan Review Non-engineered Design

Proposed estimate: **\$0**

40646 Group Home / Daycare Inspections

Proposed estimate: **\$1,200**

40647 Subdivision Review

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

40648 Food Plan Review

Proposed estimate: **\$2,500**

40890 Cosmetology Inspections

**\$6,800**

40999 Appropriation of Fund Balance

**\$ 49,807**

RATIONAL OF OBJECTS

BUDGET FIGURE IN BOLD ITALICS

Expenditures:

51601 Regular Salaries - Non-Union

	FY 21/22		FTE	FTE
	Proposed	Appropri	Grant deduct	
	623,500		8.32	0.92
Longevity/bonus	<u>\$7,650</u>			
<b>Total Salaries</b>	<b>\$631,150</b>			

	<b>Salary Deductions</b>	52,115
	<b>Benefit Deductions</b>	<u>10,471</u>
51050 Grant Deductions	<b>Total Grant Deductions</b>	<b>\$ 62,586</b>

52001 Social Security

<u>Total Regular Salaries</u>	<u>Social Security Percentage (6.2%)</u>
631,150	<b>\$39,131</b>

52002 Workers compensation

Estimated Premium: **\$10,150**

52007 Medicare

<u>Total Regular Salaries</u>	<u>Medicare Percentage (1.45%)</u>
\$ 631,150	<b>\$9,108</b>

52010 ICMA (Pension Plan)

Estimated Salaries of Full-time employees	593,500
Employer percent contribution	<u>0.06</u>
<b>Total estimated employer contribution</b>	<b>Total 32,560</b>

52103 Life Insurance

Proposed estimate: **\$2,392**

52105 Medical Insurance

Proposed estimate: **\$138,250**

52117 RHS Contribution

Proposed estimate: **\$2,320**

52112 LTD

Proposed estimate: **\$672**

52203 Dues & Subscriptions

Proposed estimate: **\$2,100**

52210 Training

Proposed estimate: **\$3,500**

52212 Mileage Reimbursement

Proposed estimate: **\$600**

52220 Vehicle Allowance

**\$5,400**

53120 Professional and Technical Services

Medical advisor stipend	5500
website license/hosting	1120
Survey monkey	375
Lead XRF inspection	<u>500</u>
<b>Total</b>	<b>\$7,495</b>

53122 Legal Services

Proposed estimate: **\$3,000**

53125 Audit Expense

Proposed estimate: **\$6,900**

53303 Vehicle Maintenance and Repair

Proposed estimate: **\$2,500**

DEPARTMENT: EHHD

LOCATION: Main Office

ACTIVITY: 41200

RATIONAL OF OBJECTS

BUDGET FIGURE IN BOLD ITALICS

Expenditures:

53801 General Liability Insurance

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

Estimated premium: **\$14,800**

53924 Advertising

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

53925 Printing and Binding

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

53926 Postage

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

53940 Copier Maintenance

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

53960 Other Purchased Services

Proposed estimate: **18,350** (Viewpermit contract)

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53964 Voice Communications

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

54101 Instructional Supplies

Proposed estimate: **\$800**

54214 Books and Periodicals

Proposed estimate: **\$200**

54301 Office supplies

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

54601 Gasoline

Proposed estimate: **\$2,500** (Based on FY20 actual)

55420 Office equipment

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

55430 Equipment - Other

Field Equipment: **\$600**

56302 Administrative Overhead

Propose estimate: **\$30,090** (Sept 19 to Sept 20 - 1.4%)

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

56312 Contingency

**\$0**

58410 Capital Nonrecurring Fund

**\$0**

REVENUE PERFORMANCE	Analysis of Service Fee Revenues															Estimated			
	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Adopted	Received	Received	Actuals
	2005-09	2009-2011	2010-11	2011-12	2012-13	2013-2014	2014-2015	2015-2016	2016-2017	2017-18	2018-2019	2019-2020	2020-2021	17/22/2019	17/22/2020	17/22/2021	17/22/2022	2020-21	2021-22
40220 Septic Permits (New and repair permits)	26160	31000	26100	29,295	28,455	31,945	31,655	31,295	34,400	43,880	51,145	49,133	43,930	15,230	16,880	38%	46,420	48,470	
40221 Well permits	11280	18775	13604	12,135	12,505	13,600	15,535	14,345	16,985	12,925	12,955	10,680	9,970	3,480	9,335	94%	14,003	14,403	
40630 Health Inspection Services ( Other Inspections & services)	32928	21,273	5,875	14,133	14,621	1,957	3,318	5,375	13,716	3,593	3,210	9,151	3,500	8,108	1,229	35%	9,000	3,600	
40636 Health Services - Soil testing (Test Holes & Perc Tests)	32229	37610	33330	31,475	33,590	32,380	32,965	39,710	33,585	41,775	40,960	49,490	36,760	13,030	11,933	32%	32,816	33,741	
40637 Food Protection Service (License fees)	41307	37630	41583	48,930	55,080	57,796	60,068	61,743	66,413	71,399	83,961	79,718	83,310	4,660	3,827	5%	80,000	80,000	
40638 B100a Review (Public health review)	21605	22350	21890	20,770	24,790	26,005	24,810	29,225	30,040	27,470	29,415	33,690	24,410	8,875	10,320	42%	33,640	33,640	
40639 Engineered Plan Review	10000	17130	13500	13,220	9,585	10,360	8,685	8,905	7,290	8,175	29,535	32,860	27,240	9,525	9,250	34%	26,825	27,875	
40645 Nonengineered Plan Review	5720	6285	5905	8,550	10,575	13,500	12,870	14,205	15,820	18,565	60	-	-	175	-	-	-	-	
40646 Group Home / Daycare Insp.	955	695	1400	900	1,135	1,200	1,190	1,255	1,230	1,470	1,210	1,430	1,210	440	110	9%	303	1,200	
40647 Subdivision Review	4225	2340	3810	2,585	6,050	2,200	3,680	3,105	2,360	2,070	1,170	1,375	1,000	125	875	88%	1,600	1,600	
40648 Food Plan Review	2747	5500	5027	2,951	4,641	3,075	3,220	3,790	3,035	2,670	4,290	2,481	2,500	360	1,285	51%	2,600	2,500	
40899 Cosmetology (other)														6,800					
<b>Total</b>	<b>189156</b>	<b>200588</b>	<b>172014</b>	<b>184,854</b>	<b>201,007</b>	<b>193,818</b>	<b>197,796</b>	<b>212,943</b>	<b>224,874</b>	<b>234,392</b>	<b>257,541</b>	<b>270,008</b>	<b>240,630</b>	<b>64,008</b>	<b>65,044</b>	<b>27%</b>	<b>246,906</b>	<b>263,528</b>	

11/7/2018 72,437

<=(Revenues this time last year)

Adopted Fee Schedule  
FY 20/21

	Adopted FY 15/16	Adopted FY 16/17	Adopted FY 17/18	Adopted FY 18/19	Adopted FY 19/20	Adopted FY 20/21
<b>Food Service Fees*</b>						
Application Review**	\$85	\$90	\$95	\$95	\$95	\$95
Class I & II Plan Review	\$150	\$155	\$175	\$175	\$175	\$175
Class III & IV Plan Review	\$235	\$240	\$245	\$245	\$245	\$245
Class I License	\$120	\$125	\$125	\$125	\$125	\$135
Class II License	\$160	\$165	\$165	\$255	\$255	\$255
Class III License	\$240	\$245	\$255	\$355	\$355	\$355
Class IV License	\$330	\$340	\$355	\$380	\$380	\$380
Grocery Store >10,000ft <sup>2</sup> - Class II&III				\$420	\$420	\$420
Temporary Food Event Permit	\$55	\$55	\$60	\$65	\$65	\$65
Temporary Permit - samples only		\$30	\$30	\$30	\$30	\$30
Expedited Temp food permit application review***				\$20	\$20	\$20
Late License renewal (plus app fee)/operating without License				\$200	\$200	\$200
CFM Process Fee (No CFM in place)				\$50	\$50	\$50
Re-Inspection fee	\$65	\$70	\$85	\$120	\$120	\$120
2 <sup>nd</sup> Re-inspection fee	\$115	\$120	\$135	\$135	\$135	\$135
<b>Subsurface Sewage Disposal</b>						
Permit - New	\$175	\$185	\$200	\$205	\$205	\$220
Permit - Major Repair	\$170	\$175	\$185	\$185	\$185	\$190
Permit - Construction by owner occupant				\$275	\$275	\$275
Permit/inspection- Minor Repair	\$90	\$95	\$95	\$95	\$95	\$100
Permit - Design Flow >2000 GPD	\$330	\$350	\$350	\$350	\$350	\$350
Design Flow ≥ 7500 GPD/ DEP system Inspection	\$440	\$460	\$460	\$460	\$460	\$460
Plan Review (per plan)	\$120	\$125	\$125	\$125	\$125	\$130
Septic Tank/System Abandonment	\$60	\$60	\$60	\$60	\$60	\$60
Review plans revised more than once	\$35	\$40	\$40	\$40	\$40	\$40
Plan Review for Tank Replacement	\$55	\$60	\$60	\$60	\$60	\$60
<b>Soil Testing</b>						
Percolation (perc) Test	\$85	\$85	\$85	\$90	\$90	\$90
Deep Hole Test (fee includes 3 pits per site)	\$100	\$105	\$105	\$105	\$105	\$110
Each Additional Pit	\$30	\$30	\$30	\$30	\$30	\$30
<b>Public Health &amp; Subdivision Reviews</b>						
Public Health Review (accessory structure/ lot line change)	\$50	\$50	\$50	\$50	\$50	\$50
Public Health Review (building addition/ change of use)	\$60	\$65	\$65	\$70	\$70	\$70
Subdivision Plan Review (per lot) (Fee includes review of one set of revisions)	\$115	\$120	\$125	\$125	\$125	\$125
Subdivision Plan Revisions Reviewed (per lot) (Fee is for each added set of revisions)	\$35	\$40	\$40	\$40	\$40	\$40
<b>Miscellaneous</b>						
Commercial Bank Mortgage Inspection/Report	\$110	\$115	\$115	\$115	\$115	\$115
Family Campground Inspection	\$110	\$110	\$110	\$130	\$130	\$130
Group Home/Daycare /Other Institution Inspection	\$90	\$95	\$105	\$110	\$110	\$110
Misc. Inspection/consultation fee per Sanitarian****	\$65/hr	\$65/hr	\$65/hr	\$80/hr	\$80/hr	\$80/hr
Mortgage Inspection/Report for FHA,VA	\$60	\$60	\$60	\$75	\$75	\$75
Pool Inspection	\$75	\$80	\$100	\$105	\$105	\$105
Private well Water Treatment Waste disposal plan review				\$50	\$50	\$50
Cosmotology Permit/Inspectio	\$3					\$25
Cosmotology Permit/Inspection - One or two chairs					\$80	\$100
Cosmotology Permit/Inspection - Three chairs or more					\$150	\$150
Well Permit	\$105	\$110	\$120	\$120	\$120	\$125
<b>Farmers Market Food Vendor Seasonal License Categories</b>						
Farmer Food Vendor License - Cold samples only	no fee	no fee	no fee	no fee	\$40	\$40
Farmer Food Vendor License - Low Risk Food Preparation	\$30	\$30	\$30	\$40	\$60	\$60
Non-farmer Food Vendor License - Cold samples only						
One market location	\$30	\$35	\$35	\$40	\$75	\$75
Multiple-market locations	\$45	\$50	\$50	\$60	\$90	\$90
Non-farmer Food Vendor License - Low Risk Food Preparation						
One market location	\$45	\$50	\$50	\$75	\$90	\$90
Multiple-market locations	\$65	\$70	\$70	\$85	\$120	\$120
Farmer & Non-farmer Food Vendor License - High Risk Food Preparation	\$210	\$220	\$220	\$220	\$220	\$220

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

All food service fees apply to public school food operations.

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

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

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

TABLE A

FY21 EHHD Fee Schedule with Average and Median Comparisons to Other Health Districts(1)  
Service Categories(2)

Food Protection(3)	EHHD Adopted FY2021	Four Contiguous Districts		Four Contiguous Districts		Eastern Ct Median	Eastern Ct Average	ALL CT Median	ALL CT Average	ALL CT HD Median	ALL CT HD Average	% Increase				
		Median	Average	Median	Average							5%	10%	15%	20%	
Class I License	\$ 135	\$ 150	\$ 145	\$ 150	\$ 143	\$ 152	\$ 162	\$ 162	\$ 142	\$ 149	\$ 155	\$ 162	\$ 155	\$ 162	\$ 162	\$ 162
Class II License	\$ 255	\$ 250	\$ 258	\$ 240	\$ 241	\$ 255	\$ 270	\$ 270	\$ 268	\$ 281	\$ 293	\$ 306	\$ 293	\$ 306	\$ 306	\$ 306
Class III License	\$ 355	\$ 350	\$ 355	\$ 330	\$ 321	\$ 358	\$ 373	\$ 373	\$ 373	\$ 391	\$ 408	\$ 426	\$ 408	\$ 426	\$ 426	\$ 426
Class IV License	\$ 380	\$ 350	\$ 389	\$ 350	\$ 348	\$ 403	\$ 400	\$ 400	\$ 399	\$ 418	\$ 437	\$ 456	\$ 437	\$ 456	\$ 456	\$ 456
Temp event	\$ 65	\$ 150	\$ 215	\$ 150	\$ 58	\$ 60	\$ 66	\$ 66	\$ 68	\$ 45	\$ 45	\$ 78	\$ 75	\$ 78	\$ 78	\$ 78
Re-inspection	\$ 120	NA	NA	NA	NA	NA	NA	NA	\$ 126	\$ 132	\$ 138	\$ 144	\$ 138	\$ 144	\$ 144	\$ 144
2nd re-inspection	\$ 135	NA	NA	NA	NA	NA	NA	NA	\$ 142	\$ 149	\$ 155	\$ 162	\$ 149	\$ 162	\$ 162	\$ 162
Plan review - Class I	\$ 175	\$ 185	\$ 202	\$ 200	\$ 223	\$ 160	\$ 204	\$ 204	\$ 184	\$ 193	\$ 201	\$ 210	\$ 193	\$ 210	\$ 210	\$ 210
Plan review - Class II	\$ 175	\$ 185	\$ 212	\$ 200	\$ 230	\$ 225	\$ 244	\$ 244	\$ 184	\$ 193	\$ 201	\$ 210	\$ 193	\$ 210	\$ 210	\$ 210
Plan review - Class III	\$ 245	\$ 245	\$ 240	\$ 250	\$ 250	\$ 253	\$ 304	\$ 304	\$ 257	\$ 270	\$ 282	\$ 294	\$ 282	\$ 294	\$ 294	\$ 294
Plan review - Class IV	\$ 245	\$ 245	\$ 244	\$ 250	\$ 253	\$ 253	\$ 253	\$ 253	\$ 257	\$ 270	\$ 282	\$ 294	\$ 282	\$ 294	\$ 294	\$ 294
Subsurface Sewage Disposal	\$ 220	\$ 220	\$ 216	\$ 175	\$ 202	\$ 175	\$ 220	\$ 220	\$ 231	\$ 242	\$ 253	\$ 264	\$ 253	\$ 264	\$ 264	\$ 264
Permit - new	\$ 185	\$ 165	\$ 184	\$ 150	\$ 160	\$ 150	\$ 159	\$ 159	\$ 194	\$ 204	\$ 213	\$ 222	\$ 213	\$ 222	\$ 222	\$ 222
Permit - Major repair	\$ 60	\$ 100	\$ 95	\$ 100	\$ 96	\$ 100	\$ 106	\$ 106	\$ 63	\$ 66	\$ 69	\$ 72	\$ 69	\$ 72	\$ 72	\$ 72
Permit - Minor repair	\$ 350	\$ 350	\$ 350	NA	NA	NA	NA	NA	\$ 368	\$ 385	\$ 403	\$ 420	\$ 385	\$ 420	\$ 420	\$ 420
Permit - Design flow >2000GPD	\$ 200	\$ 220	\$ 187	\$ 165	\$ 172	\$ 158	\$ 169	\$ 169	\$ 210	\$ 220	\$ 230	\$ 240	\$ 230	\$ 240	\$ 240	\$ 240
Percolation Test(4)	\$ 30	\$ 55	\$ 63	\$ 75	\$ 65	\$ 75	\$ 67	\$ 67	\$ 32	\$ 33	\$ 35	\$ 36	\$ 32	\$ 36	\$ 36	\$ 36
Deep Hole Test	\$ 125	\$ 55	\$ 125	\$ 125	\$ 125	\$ 138	\$ 132	\$ 132	\$ 131	\$ 138	\$ 144	\$ 150	\$ 131	\$ 138	\$ 138	\$ 138
each additional pit	\$ 40	\$ 125	\$ 125	NA	NA	\$ 50	\$ 52	\$ 52	\$ 42	\$ 44	\$ 46	\$ 48	\$ 42	\$ 46	\$ 46	\$ 46
Subdivision Plan Review (per lot)	\$ 130	\$ 55	\$ 140	\$ 130	\$ 138	\$ 183	\$ 194	\$ 194	\$ 137	\$ 143	\$ 150	\$ 156	\$ 137	\$ 143	\$ 143	\$ 143
Plan review (per plan)	\$ 40	\$ 130	\$ 140	NA	NA	\$ 50	\$ 69	\$ 69	\$ 42	\$ 44	\$ 46	\$ 48	\$ 42	\$ 46	\$ 46	\$ 46
Review plan revisions	\$ 60	NA	NA	NA	NA	NA	NA	NA	\$ 63	\$ 66	\$ 69	\$ 72	\$ 63	\$ 66	\$ 66	\$ 66
Plan review for minor repair	\$ 50	\$ 50	\$ 53	\$ 50	\$ 56	\$ 50	\$ 68	\$ 68	\$ 53	\$ 55	\$ 58	\$ 60	\$ 53	\$ 55	\$ 55	\$ 55
B100a - assessor structure	\$ 70	\$ 65	\$ 60	\$ 65	\$ 61	\$ 68	\$ 84	\$ 84	\$ 74	\$ 77	\$ 81	\$ 84	\$ 74	\$ 77	\$ 77	\$ 77
B100a - addition/use change	\$ 60	NA	NA	NA	NA	NA	NA	NA	\$ 63	\$ 66	\$ 69	\$ 72	\$ 63	\$ 66	\$ 66	\$ 66
Septic tank/system abandonment inspection	NA	NA	NA	NA	NA	NA	NA	NA	\$ 63	\$ 66	\$ 69	\$ 72	\$ 63	\$ 66	\$ 66	\$ 66
Misc																
Well Permit	\$ 125	\$ 125	\$ 125	\$ 125	\$ 118	\$ 125	\$ 127	\$ 127	\$ 131	\$ 138	\$ 144	\$ 150	\$ 131	\$ 138	\$ 138	\$ 138
Mortgage inspection/letter for FHA, VA	\$ 75	NA	NA	NA	NA	NA	NA	NA	\$ 79	\$ 83	\$ 86	\$ 90	\$ 79	\$ 83	\$ 83	\$ 83
Commercial Bank Mortgage Inspection/letter	\$ 115	NA	NA	NA	NA	NA	NA	NA	\$ 121	\$ 127	\$ 132	\$ 138	\$ 121	\$ 127	\$ 127	\$ 127
Group Home inspection	\$ 110	\$ 105	\$ 113	\$ 100	\$ 108	\$ 100	\$ 95	\$ 95	\$ 116	\$ 121	\$ 127	\$ 132	\$ 116	\$ 121	\$ 121	\$ 121
Daycare inspection	\$ 110	\$ 105	\$ 109	\$ 105	\$ 109	\$ 120	\$ 122	\$ 122	\$ 116	\$ 121	\$ 127	\$ 132	\$ 116	\$ 121	\$ 121	\$ 121
Lead inspection per inspector per hour	\$ 65	NA	NA	NA	NA	NA	NA	NA	\$ 68	\$ 72	\$ 75	\$ 78	\$ 68	\$ 72	\$ 72	\$ 72
Family Camp ground inspection	\$ 130	\$ 125	\$ 124	\$ 120	\$ 119	\$ 110	\$ 116	\$ 116	\$ 137	\$ 143	\$ 150	\$ 156	\$ 137	\$ 143	\$ 143	\$ 143
Pool Registration/inspection	\$ 105	\$ 105	\$ 119	\$ 100	\$ 110	\$ 135	\$ 156	\$ 156	\$ 110	\$ 116	\$ 121	\$ 126	\$ 110	\$ 116	\$ 116	\$ 116
cosmetology inspection - small	\$ 80	NA	NA	NA	NA	NA	NA	NA	\$ 84	\$ 88	\$ 92	\$ 96	\$ 84	\$ 88	\$ 88	\$ 88
cosmetology inspection - large	\$ 150	NA	NA	NA	NA	NA	NA	NA	\$ 158	\$ 165	\$ 173	\$ 180	\$ 158	\$ 165	\$ 165	\$ 165
Fee total for single lot development(5)	\$ 675	\$ 675	\$ 644	\$ 580	\$ 620	\$ 633	\$ 705	\$ 705								
FY21 Health District Per Capita Rate	\$ 5.69	\$ 5.75	\$ 7.08	\$ 6.81	\$ 7.74	\$ 6.85	\$ 8.96	\$ 8.96								

(1) Data obtained from attached documents titled, "Food Protection Program Fee Survey for All Connecticut Health Districts FY 2021", and "Survey of Fees Selected Services FY19/20 - All Connecticut Health Districts"  
 (2) Categories in bold italics are high volume, high revenue generating service areas.  
 (3) Many Health Districts use a range of fees based on class and seating capacity.  
 (4) Most Health Districts use a single fee that includes both a perc and deep hole testing.  
 (5) Combine cost of well, soil testing, permit, plan review, and subdivision fees

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

Fiscal Year	Town Contribution Increases		CPI (1)	Town Contribution Per Capita (\$)	Adopted Expenditures Per Capita (4)	State grant allocation per capita (\$)	
	Proposed %	Adopted %				Pop. < 5000	Pop. > 5000
1998	NA	NA	1.7	3.51	6.86	1.78	1.52
1999	2.85	0	2	3.51	6.93	1.78	1.52
2000	3.1	1	3.7	3.54	7.31	2.05	1.79
2001	1	1	3.2	3.58	9.42	2.32	1.99
2002	0	0	1.1	3.58	8.67	2.32	1.99
2003	3	3	2.1	3.69	8.74	1.96	1.68
2004	3	0	3.3	3.69	8.55	1.95	1.66
2005	6.77	6.77	2.5	3.94	8.91	1.95	1.66
2006	6.6	2.9	4.3	4.055	8.73	1.95	1.66
2007	3.08	0.62	2.28	4.08	8.87	1.95	1.66
2008	5.15	5.15	5	4.29	9.35	2.43	2.08
2009	5.1	5.1	-1.16	4.51	9.85	2.43	2.08
2010	0	0	1.7	4.51	9.09	1.85	1.85
2011	0	0	3.36	4.51	8.99	1.85	1.85
2012	1.1	0	1.45	4.51	8.85	1.85	1.85
2013	2.4	0	1.48	4.51	8.67	1.85	1.85
2014	3.1	2	1.89	4.6	8.83	1.85	1.85
2015	4.9	4.9	0.0	4.85	9.46	1.85	1.85
2016	5.18	3.8	1.0	5.01	9.77	1.76	1.76
2017	5.7	4.1	1.5	5.215	10.15	1.64	1.64
2018	1.5	1.5	2.5	5.295	10.06	1.85	1.85
2019	2.5	0.3	1.7	5.31	10.05	1.65	1.65
2020	2	2	59	5.42	10.39	1.66	1.66
	<b>Total % Increase (3)</b>			<b>54</b>	<b>51</b>	<b>-6.7</b>	<b>9.2</b>

(1) Each number represents the percentage change from June to June for "All Urban Consumers", with the exception of 2019 that is September to September

(3) Total Percentage Increase from September 1997 to September 2019.

(4) Figures do not include other state, federal grants, nor contracted services.



EASTERN HIGHLANDS HEALTH DISTRICT  
CAPITAL NONRECURRING FUND - FUND 635  
ESTIMATED STATEMENT OF REVENUES, EXPENDITURES AND  
CHANGES IN FUND BALANCE

Roll Forward FY 2021/22

	Actual 15/16	Actual 16/17	Actual 17/18	Actual 18/19	Actual 19/20	Adopted 20/21	Estimated 20/21	Proposed 21/22	Projected 22/23	Projected 23/24	Projected 24/25	Projected 25/26	Projected 26/27
Revenues:													
Transfer In - General Fund Equity Fund Transfer				3,000	3,000	3,000	3,000	6,000	9,000	12,000	15,000	18,000	21,000
Dept of Transportation Grant Transfer In - Other Operating Surplus Vehicle proceeds				1,910		3,000		2,500	3,000		3,000		3,001
Total Revenues				4,910	3,000	6,000	3,000	8,500	12,000	12,000	18,000	18,000	24,001
Expenditures by Project:													
Automobiles Computer/Office Equipment Strategic Planning Priorities: Strategic Plannin & CHA/CHIP IT Infrastructure Upgrade Office Reorganizing Project Digitizing records	4,828		15,992 725		11,800	17,000		17,000	17,000		17,000		17,000
Total Expenditures	43,714		34,696		11,800	33,000	21,800	23,000	27,000	5,000	22,000	5,000	22,000
Excess/(Deficiency) of Revenues over Expenditures	(43,714)		(34,696)	4,910	(8,800)	(27,000)	(18,800)	(14,500)	(15,000)	7,000	(4,000)	13,000	2,001
Fund Balance, July 1	205,279	161,566	161,566	126,870	131,780	131,780	131,780	112,980	98,480	83,480	90,480	86,480	99,480
Fund Balance, June 30	\$161,566	\$161,566	\$126,870	\$131,780	\$122,980	\$104,780	\$112,980	\$98,480	\$83,480	\$90,480	\$86,480	\$99,480	\$101,481

EASTERN HIGHLANDS HEALTH DISTRICT  
OTHER OPERATING - FUND 636  
ESTIMATED STATEMENT OF REVENUES, EXPENDITURES AND  
CHANGES IN FUND BALANCE

Roll Forward FY 2021/22

	Actual 13/14	Actual 14/15	Actual 15/16	Actual 16/17	Actual 17/18	Actual 18/19	Actual 19/20	Estimated 20/21
Revenues:								
Local Support- ECHIP	\$600							
State Support - Preventive Health Block		\$15,784		\$15,248	\$5,254	\$21,680	\$4,089	\$21,932
State Support - Cardiovascular Disease Prevention								
State Support - Women's Healthy Heart								
State Support - Bioterrorism Response								
State Support - Bioterrorism Response-Base	54,694	54,887	58,908	58,569	55,456	56,011	54,478	54,478
State Support - H1N1 Planning/Preparedness								
State Support - Crisis COVID								
State Support - Community Transformation Grant	104,068	11,593					17,291	11,709
State Support - Comprehensive Cancer Control Grant	10,000							
State Support- Policy/Environ. Change for Chronic Disea	16,279		17,024	4,386	13,604		11,288	
State Support - ELC								
Local Support - Be Well Program Mansfield	52,365	53,936	55,741	56,707	61,064	40,946		153,795
Local Support - Be Well Program Tolland	8,148	7,333	7,903	6,886	7,579	8,307	7,911	7,500
Cooperative Grant - CT Chapter of American Planning		25,031	72,969					
Cooperative Grant - Putting on "AIRS"								
Cooperative Grant - Lyme Disease Grant								
Cooperative Grant -Lead Poisoning	7,919	4,858	5,428	7,817	5,000	1,709	441	1,000
Cooperative Grant - ACHEIVE	498	3,629	228	3,451				
Cooperative Grant - CRI Cities Readiness Initiatives			5,622	378				
MRC Capacity Building Award	1,161	3,056	2,479					
MRC Region 4		129	8,598	58		2,344	1,470	4,400
HHP/MRC	1,500	(31)					13,500	13,500
Citizen Corps Program	69	5,431						
Community Based Wellness Service								
	257,301	185,636	234,902	153,500	147,956	130,997	110,467	268,314

Expenditures by Project:

Salaries & Benefits	171,132	148,572	170,608	132,149	114,068	79,908	67,385	163,672
Professional & Technical Services	3,050	7,063	28,538	8,981	6,540	1,310	1,105	2,683
Other Purchased Services & Supplies	83,119	30,000	35,756	12,070	27,348	49,779	41,977	101,959
Equipment				300				
Transfer Out								
Total Expenditures	257,301	185,636	234,902	153,500	147,956	130,997	110,467	268,314

Excess/(Deficiency) of Revenues  
over Expenditures

Fund Balance, July 1

Fund Balance, June 30

EASTERN HIGHLANDS HEALTH DISTRICT  
FUND BALANCE ANALYSIS

FY 2016/17 - Projected FY 2026/27

	Actual 16/17	Actual 17/18	Actual 18/19	Actual 19/20	Adopted 20/21	Proposed 21/22	Projected 22/23	Projected 23/24	Projected 24/25	Projected 25/26	Projected 26/27
<b>General Fund</b>											
Operating Expenditures	761,320	771,841	746,311	778,994	883,540	910,057	939,105	958,945	979,115	999,622	1,020,472
Grant Deduction	86,938	80,234	80,234	63,084	49,681	62,586	62,586	62,586	62,586	62,586	62,586
Total Expenditures	848,258	852,075	826,545	842,078	933,221	972,643	1,001,691	1,021,531	1,041,701	1,062,208	1,083,058
Fund Balance	316,262	358,082	432,296	495,338	444,418	391,864	332,401	273,012	213,906	155,297	97,409
FB as a % of Total Expenditures	37.28%	42.02%	52.30%	58.82%	47.62%	40.29%	33.18%	26.73%	20.53%	14.62%	8.99%
<b>Capital Non-Recurring Fund</b>											
Total Expenditures	-	34,696	-	11,800	33,000	23,000	27,000	5,000	22,000	5,000	22,000
Fund Balance	161,566	126,870	131,780	122,980	104,780	98,480	83,480	90,480	86,480	99,480	101,481
FB as a % of Total Expenditures	n/a	365.67%	n/a	1042.20%	317.52%	428.17%	309.19%	1809.60%	393.09%	1989.60%	461.28%
<b>All Funds</b>											
Total Expenditures	848,258	886,770	826,545	853,878	966,221	995,643	1,028,691	1,026,531	1,063,701	1,067,208	1,105,058
Fund Balance	477,828	484,952	564,076	618,318	549,198	490,344	415,881	363,492	300,386	254,777	198,890
FB as a % of Total Expenditures	56.33%	54.69%	68.24%	72.41%	56.84%	49.25%	40.43%	35.41%	28.24%	23.87%	18.00%
Service Fees & State Grant Revenue	358,038	384,378	391,265	404,436	375,090	388,800	396,406	404,240	412,309	420,620	429,181
Target Fund Balance - 50% of Service Fees & State Grant Revenue	179,019	192,189	195,632	202,218	187,545	194,400	198,203	202,120	206,155	210,310	214,590
General Fund - Fund Balance	316,262	358,082	432,296	495,338	444,418	391,864	332,401	273,012	213,906	155,297	97,409
Variance	137,243	165,893	236,663	293,120	256,873	197,464	134,198	70,892	7,752	(55,013)	(117,182)

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

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

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States, the financial statements of the governmental activities and each major fund of the Eastern Highlands Health District (the District) as of and for the year ended June 30, 2020, and the related notes to the financial statements, which collectively comprise the District's basic financial statements, and have issued our report thereon dated November 9, 2020.

**Internal Control over Financial Reporting**

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

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

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

### **Corrected and Uncorrected Misstatements**

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

### **Disagreements with Management**

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

### **Management Representations**

We have requested certain representations from management that are included in the management representation letter dated November 9, 2020.

### **Management Consultations with Other Independent Accountants**

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

### **Other Audit Findings or Issues**

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

### **OTHER MATTERS**

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

**RESTRICTION OF USE**

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

*Blum, Shapiro & Company, P.C.*

West Hartford, Connecticut  
November 9, 2020

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

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

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States, the financial statements of the governmental activities and each major fund of the Eastern Highlands Health District (the District) as of and for the year ended June 30, 2020, and the related notes to the financial statements, which collectively comprise the District's basic financial statements, and have issued our report thereon dated November 9, 2020.

**Internal Control over Financial Reporting**

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

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

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

## Compliance and Other Matters

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

## Purpose of this Report

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

*Blum, Shapiro & Company, P.C.*

West Hartford, Connecticut  
November 9, 2020

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step forward →

# EASTERN HIGHLANDS HEALTH DISTRICT

FINANCIAL STATEMENTS  
JUNE 30, 2020

**blumshapiro**  
accounting • tax • advisory

**EASTERN HIGHLANDS HEALTH DISTRICT  
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JUNE 30, 2020**

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## Independent Auditors' Report

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

### Report on the Financial Statements

We have audited the accompanying financial statements of the governmental activities and each major fund of the Eastern Highlands Health District as of and for the year ended June 30, 2020, and the related notes to the financial statements, which collectively comprise the Eastern Highlands Health District's basic financial statements as listed in the table of contents.

#### *Management's Responsibility for the Financial Statements*

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

#### *Auditors' Responsibility*

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

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

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

## **Opinions**

In our opinion, the financial statements referred to above present fairly, in all material respects, the respective financial position of the governmental activities and each major fund of the Eastern Highlands Health District as of June 30, 2020 and the respective changes in financial position, and the respective budgetary comparison for the General Fund for the year then ended in accordance with accounting principles generally accepted in the United States of America.

## **Other Matters**

### *Required Supplementary Information*

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

### **Other Reporting Required by Government Auditing Standards**

In accordance with *Government Auditing Standards*, we have also issued our report dated November 9, 2020 on our consideration of the Eastern Highlands Health District's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Eastern Highlands Health District's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Eastern Highlands Health District's internal control over financial reporting and compliance.

*Blum, Shapiro & Company, P.C.*

West Hartford, Connecticut  
November 9, 2020



Eastern Highlands Health District

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## MANAGEMENT'S DISCUSSION AND ANALYSIS FOR THE YEAR ENDED JUNE 30, 2020

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Management of the Eastern Highlands Health District (the District) offers readers of these financial statements this narrative overview and analysis of the financial activities of the District for the fiscal year ended June 30, 2020.

### **Financial Highlights**

- The assets of the District exceeded its liabilities at the close of the most recent fiscal year by \$691,047 (*net position*). Of this amount, \$563,693 (*unrestricted net position*) may be used to meet the District's ongoing obligations to creditors.
- The District's total net position increased by \$37,261. The District had an operational surplus of \$54,243 coming from revenues in excess of budget (\$31,865), less budgeted use of fund balance (\$26,211) which did not occur, and expenditures less than budget (\$57,389) in the General Fund, less a decrease of \$8,800 in Capital Projects from spending prior year revenues. The operational surplus was offset by an increase in the compensated absence liability and Other Post Employment Benefit (OPEB) liability and depreciation in excess of asset additions.
- As of the close of the current fiscal year, the District's governmental funds reported combined ending fund balances of \$618,318, an increase of \$54,243 in comparison with the prior year. Of combined fund balances, \$495,338 is *available for spending* at the District's discretion (*unassigned fund balance*).
- At the end of the current fiscal year, unassigned fund balance for the General Fund was \$495,338 or 64% of total General Fund expenditures and transfers out.

### **Overview of the Basic Financial Statements**

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

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

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

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

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

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***Preventing Illness & Promoting Wellness for Communities in Eastern Connecticut***

*Andover • Ashford • Bolton • Chaplin • Columbia • Coventry • Mansfield • Scotland • Tolland • Willington*

## MANAGEMENT'S DISCUSSION AND ANALYSIS (CONTINUED)

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

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

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

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

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

### **Government-Wide Financial Analysis**

As noted earlier, net position may serve over time as a useful indicator of a district's financial position. In the case of District, assets exceeded liabilities by \$691,047 at the close of the most recent fiscal year.

Of the net position, \$127,354 reflects the District's investment in capital assets (e.g., office equipment and vehicles). These assets are not available for future spending.

MANAGEMENT'S DISCUSSION AND ANALYSIS (CONTINUED)

**EASTERN HIGHLANDS HEALTH DISTRICT  
NET POSITION  
JUNE 30, 2020 AND 2019**

	<u>2020</u>	<u>2019</u>
Current and other assets	\$ 699,971	\$ 629,782
Capital assets, net of accumulated depreciation	127,354	131,860
Total assets	<u>827,325</u>	<u>761,642</u>
Deferred outflows of resources	<u>778</u>	<u>180</u>
Long-term liabilities outstanding	54,994	42,250
Other liabilities	81,653	65,707
Total liabilities	<u>136,647</u>	<u>107,957</u>
Deferred inflows of resources	<u>409</u>	<u>79</u>
Net Position:		
Investment in capital assets	127,354	131,860
Unrestricted	<u>563,693</u>	<u>521,926</u>
Total Net Position	<u>\$ 691,047</u>	<u>\$ 653,786</u>

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

- **Governmental Activities** - The District's net position increased by \$37,261 during the current fiscal year. The District had an operational surplus of \$54,243 coming from revenues in excess of budget (\$31,865), less budgeted use of fund balance (\$26,211) which did not occur, and expenditures less than budget (\$57,389) less a decrease of \$8,800 in Capital Projects from the expenditure of prior year revenues. Expenditures were less than budget primarily from unanticipated staff vacancies as well as reduced costs in some program expenses due to the pandemic. The operational surplus was offset by the compensated absence liability (\$10,424), the OPEB liability (\$2,052) and depreciation in excess of asset additions (\$4,506).

MANAGEMENT'S DISCUSSION AND ANALYSIS (CONTINUED)

**EASTERN HIGHLANDS HEALTH DISTRICT  
CHANGE IN NET POSITION  
FOR THE YEARS ENDED JUNE 30, 2020 AND 2019**

	<u>2020</u>	<u>2019</u>
Revenues:		
Program revenues:		
Charges for services	\$ 270,758	\$ 298,887
Operating grants and contributions	244,897	223,378
General revenues:		
Assessment to member towns	437,599	429,258
Miscellaneous		1,910
Total revenues	<u>953,254</u>	<u>953,433</u>
Expenses:		
Health services	<u>915,993</u>	<u>887,931</u>
Change in net position	37,261	65,502
Net position - July 1	<u>653,786</u>	<u>588,284</u>
Net Position - June 30	<u>\$ 691,047</u>	<u>\$ 653,786</u>

- Charges for services decreased from the prior year by \$28,129, due to the loss of a wellness contract with Mansfield (\$40,946) offset by fluctuations in demand, partially from the impact of the pandemic, for the following services: increases in health inspection (\$6,691), soil testing (\$8,530), B100a reviews (\$4,245), plan reviews (\$3,265) and decreases in septic and well permits (\$4,287), food protection (\$4,243) and food plan review (\$1,809).
- Operating grants and contributions increased by a net of \$21,519, primarily due to the following:
  - Decrease in the Preventive Health Block grant for \$10,386
  - Increase for the receipt of the Hospital Preparedness Program grant for \$13,500
  - Increase for the receipt of the COVID-19 Crisis Response grant for \$17,291
- Assessment to member towns showed an increase of \$8,341.

Health services expenditures increased by \$28,062, primarily due to an increase in professional technical services and the impact of COVID-19 activities.



**Financial Analysis of the District's Funds**

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

**Governmental Funds**

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

As of the end of the current fiscal year, the District's governmental funds reported combined ending fund balances of \$618,318, an increase of \$54,243 in comparison with the prior year. Of the ending fund balances, \$495,338 constitutes unassigned fund balance, which is available for spending at the District's discretion.

The General Fund is the operating fund of the District. At the end of the current fiscal year, unassigned fund balance of the General Fund was \$495,338.

The fund balance of the District's General Fund increased by \$63,043 during the current fiscal year. The key factors in this increase are revenues in excess of budget by \$31,865, primarily in charge for services and intergovernmental revenue, expenditures less than budget by \$57,389 primarily for salaries and benefits due to unfilled vacancies and the budgeted but not necessary use of fund balance of \$26,211.

The Capital Projects Fund has a total fund balance of \$122,980, all of which is restricted for capital projects. There was capital outlay of \$11,800 for technology for the fiscal year. There were no disposals for the year.

**General Fund Budgetary Highlights**

During the year, expenditures were less than budgetary estimates by \$57,389. The key factors are a reduction in salary and benefit costs of \$67,770 primarily due to unfilled vacancies. This was offset by the increased need for professional technical services of \$15,421. In addition, there were savings in multiple service and supply accounts, including: vehicle repairs and maintenance (\$1,081), liability insurance (\$1,930) and office equipment (\$2,745).

MANAGEMENT'S DISCUSSION AND ANALYSIS (CONTINUED)

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**Capital Assets**

**Capital Assets** - The District's investment in capital assets for its governmental activities as of June 30, 2020 amounts to \$127,354 (net of accumulated depreciation). This investment in capital assets includes office equipment and vehicles. Depreciation expense was \$16,306 for the year. There were no asset disposals this year. Technology additions for the year were \$11,800.

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

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	<u>2020</u>	<u>2019</u>
Office equipment	\$ 90,421	\$ 87,604
Vehicles	<u>36,933</u>	<u>44,256</u>
Total	<u>\$ 127,354</u>	<u>\$ 131,860</u>

**Economic Factors and Next Year's Budgets and Rates**

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

The budget for fiscal year 2021 was passed by its Board of Directors on January 16, 2020 for \$883,540. We anticipate being able to operate according to the Board's Adopted Budget for fiscal year 20/21 despite the impact of COVID-19.

**Requests for Information**

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

**EASTERN HIGHLANDS HEALTH DISTRICT  
STATEMENT OF NET POSITION  
JUNE 30, 2020**

	<b>Governmental Activities</b>
<b>Assets:</b>	
Cash and cash equivalents	\$ 673,308
Accounts receivable	26,663
Capital assets being depreciated (net of accumulated depreciation):	
Office equipment	90,421
Vehicles	36,933
	<u>827,325</u>
<b>Deferred Inflows of Resources:</b>	
Deferred inflows of resources related to OPEB	<u>778</u>
<b>Liabilities:</b>	
Accounts payable	506
Accrued liabilities	34,055
Unearned revenue	47,092
Noncurrent liabilities:	
Compensated absences, due within one year	7,341
Compensated absences, due in more than one year	29,365
Total OPEB liability	<u>18,288</u>
	<u>136,647</u>
<b>Deferred Outflows of Resources:</b>	
Deferred outflows of resources related to OPEB	<u>409</u>
<b>Net Position:</b>	
Investment in capital assets	127,354
Unrestricted	<u>563,693</u>
<b>Total Net Position</b>	<b>\$ <u><u>691,047</u></u></b>

The accompanying notes are an integral part of the financial statements

EASTERN HIGHLANDS HEALTH DISTRICT  
 STATEMENT OF ACTIVITIES  
 FOR THE YEAR ENDED JUNE 30, 2020

Functions/Programs	Expenses	Program Revenues		Net Revenues (Expenses) and Changes in Net Position
		Charges for Services	Operating Grants and Contributions	Total Governmental Activities
Governmental Activities:				
Health services	\$ <u>915,993</u>	\$ <u>270,758</u>	\$ <u>244,897</u>	\$ (400,338)
General revenues:				
Assessment to member towns				<u>437,599</u>
Change in Net Position				37,261
Net Position at Beginning of Year				<u>653,786</u>
Net Position at End of Year				\$ <u>691,047</u>

The accompanying notes are an integral part of the financial statements

**EASTERN HIGHLANDS HEALTH DISTRICT  
BALANCE SHEET - GOVERNMENTAL FUNDS  
JUNE 30, 2020**

	Major Funds			Total Governmental Funds
	General	Health Grants	Capital Projects	
<b>ASSETS</b>				
Cash and cash equivalents	\$ 527,136	\$ 23,192	\$ 122,980	\$ 673,308
Receivables:				
Accounts	2,257	24,406		26,663
Total Assets	<u>\$ 529,393</u>	<u>\$ 47,598</u>	<u>\$ 122,980</u>	<u>\$ 699,971</u>
<b>LIABILITIES AND FUND BALANCES</b>				
Liabilities:				
Accounts and other payables	\$	\$ 506	\$	\$ 506
Accrued liabilities	34,055			34,055
Unearned revenue		47,092		47,092
Total liabilities	<u>34,055</u>	<u>47,598</u>	<u>-</u>	<u>81,653</u>
Fund Balances:				
Restricted for capital projects			122,980	122,980
Unassigned	495,338			495,338
Total fund balances	<u>495,338</u>	<u>-</u>	<u>122,980</u>	<u>618,318</u>
Total Liabilities and Fund Balances	<u>\$ 529,393</u>	<u>\$ 47,598</u>	<u>\$ 122,980</u>	<u>\$ 699,971</u>

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**EASTERN HIGHLANDS HEALTH DISTRICT  
BALANCE SHEET - GOVERNMENTAL FUNDS (CONTINUED)  
JUNE 30, 2020**

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

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

Total Fund Balances (Exhibit III, Page 1)	\$	618,318
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Capital assets used in governmental activities are not financial resources and, therefore, are not reported in the funds:

Governmental capital assets	\$	285,114	
Less accumulated depreciation		<u>(157,760)</u>	
Net capital assets			127,354

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

Deferred outflows of resources related to OPEB	778
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Some liabilities are not due and payable in the current period and, therefore, are not reported in the funds:

Compensated absences	(36,706)
Deferred inflows of resources related to OPEB	(409)
Total OPEB liability	<u>(18,288)</u>

Net Position of Governmental Activities (Exhibit I)	\$	<u>691,047</u>
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The accompanying notes are an integral part of the financial statements

**EASTERN HIGHLANDS HEALTH DISTRICT  
STATEMENT OF REVENUES, EXPENDITURES AND CHANGES IN FUND BALANCES  
GOVERNMENTAL FUNDS  
FOR THE YEAR ENDED JUNE 30, 2020**

	<u>Major Funds</u>			<u>Total Governmental Funds</u>
	<u>General</u>	<u>Health Grants</u>	<u>Capital Projects</u>	
Revenues:				
Member town contributions	\$ 437,599	\$ 9,381	\$	\$ 446,980
Intergovernmental	144,330	101,087		245,417
Septic permits	49,133			49,133
Well permits	10,680			10,680
B100a building permit review	33,690			33,690
Soil testing service	49,490			49,490
Engineered plan review	32,860			32,860
Food protection service	79,718			79,718
Group home/daycare inspection	1,430			1,430
Subdivision review	1,375			1,375
Food plan review	2,481			2,481
Total revenues	<u>842,786</u>	<u>110,468</u>	<u>-</u>	<u>953,254</u>
Expenditures:				
Current:				
Payroll and benefits	662,631	63,056		725,687
Other purchased services	80,002	40,051		120,053
Liability insurance	13,870			13,870
Supplies and services	8,092	3,595		11,687
Repairs and maintenance	2,197			2,197
Other	9,951	3,766		13,717
Capital outlay			11,800	11,800
Total expenditures	<u>776,743</u>	<u>110,468</u>	<u>11,800</u>	<u>899,011</u>
Excess of Revenues over Expenditures	<u>66,043</u>	<u>-</u>	<u>(11,800)</u>	<u>54,243</u>
Other Financing Sources (Uses):				
Transfers in			3,000	3,000
Transfers out	<u>(3,000)</u>			<u>(3,000)</u>
Total other financing sources (uses)	<u>(3,000)</u>	<u>-</u>	<u>3,000</u>	<u>-</u>
Net Change in Fund Balances	63,043	-	(8,800)	54,243
Fund Balances at Beginning of Year	<u>432,295</u>	<u>-</u>	<u>131,780</u>	<u>564,075</u>
Fund Balances at End of Year	<u>\$ 495,338</u>	<u>\$ -</u>	<u>\$ 122,980</u>	<u>\$ 618,318</u>

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**EASTERN HIGHLANDS HEALTH DISTRICT  
STATEMENT OF REVENUES, EXPENDITURES AND CHANGES IN FUND BALANCES  
GOVERNMENTAL FUNDS (CONTINUED)  
FOR THE YEAR ENDED JUNE 30, 2020**

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

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

Net change in fund balances - total governmental funds (Exhibit IV)	\$ 54,243
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Governmental funds report capital outlays as expenditures. However, in the statement of activities, the cost of those assets is allocated over their estimated useful lives and reported as depreciation expense. This is the amount by which depreciation exceeded capital outlays in the current period:

Capital outlay	11,800
Depreciation expense	(16,306)

Revenues in the statement of activities that do not provide current financial resources are not reported as revenues in the funds.

Change in deferred outflows of resources related to OPEB	598
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Some expenses reported in the statement of activities do not require the use of current financial resources and, therefore, are not reported as expenditures in governmental funds:

Compensated absences	(10,424)
Change in deferred inflows of resources related to OPEB	(330)
Change in total OPEB liability	<u>(2,320)</u>

Change in Net Position of Governmental Activities (Exhibit II)	<u>\$ 37,261</u>
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The accompanying notes are an integral part of the financial statements



**EASTERN HIGHLANDS HEALTH DISTRICT  
STATEMENT OF REVENUES, EXPENDITURES AND CHANGES IN FUND BALANCES  
BUDGET AND ACTUAL - GENERAL FUND  
FOR THE YEAR ENDED JUNE 30, 2020**

	<u>Original Budget</u>	<u>Final Budget</u>	<u>Actual</u>	<u>Variance with Final Budget</u>
<b>Revenues:</b>				
Member town contributions	\$ 437,590	\$ 437,590	\$ 437,599	\$ 9
Intergovernmental	119,990	119,990	134,429	14,439
Septic permits	52,840	52,840	49,133	(3,707)
Well permits	13,890	13,890	10,680	(3,210)
B100a building permit review	29,680	29,680	33,690	4,010
Soil testing service	35,610	35,610	49,490	13,880
Engineered plan review	30,700	30,700	32,860	2,160
Food protection service	74,900	74,900	79,718	4,818
Group home/daycare inspection	1,380	1,380	1,430	50
Subdivision review	1,050	1,050	1,375	325
Food plan review	2,440	2,440	2,481	41
Other health services	3,301	3,301	9,151	5,850
Other miscellaneous	6,800	6,800		(6,800)
Total revenues	<u>810,171</u>	<u>810,171</u>	<u>842,036</u>	<u>31,865</u>
<b>Expenditures:</b>				
<b>Current:</b>				
Regular salaries - nonunion	544,722	544,722	485,715	(59,007)
Social Security	36,320	36,320	31,615	(4,705)
Workers' compensation	10,160	10,160	8,743	(1,417)
Medicare	8,500	8,500	7,478	(1,022)
ICMA	31,260	31,260	28,610	(2,650)
Life insurance	2,250	2,250	1,705	(545)
Medical insurance	98,130	98,130	98,130	-
Long-term disability Insurance	650	650	635	(15)
RHS contribution	2,260	2,260	2,239	(21)
Dues and subscriptions	2,000	2,000	2,055	55
Training	3,500	3,500	313	(3,187)
Mileage reimbursement	600	600	5,344	4,744
Professional and technical	7,120	7,120	22,541	15,421
Legal	2,000	2,000	4,192	2,192
Audit expense	6,900	6,900	6,800	(100)
Vehicle repair and maintenance	3,200	3,200	2,119	(1,081)
General liability	15,800	15,800	13,870	(1,930)
Advertising	1,000	1,000	428	(572)
Printing and binding	1,000	1,000	970	(30)

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**EASTERN HIGHLANDS HEALTH DISTRICT  
STATEMENT OF REVENUES, EXPENDITURES AND CHANGES IN FUND BALANCES  
BUDGET AND ACTUAL - GENERAL FUND (CONTINUED)  
FOR THE YEAR ENDED JUNE 30, 2020**

	<u>Original Budget</u>	<u>Final Budget</u>	<u>Actual</u>	<u>Variance with Final Budget</u>
Postage	\$ 1,500	\$ 1,500	\$ 1,500	\$ -
Copier maintenance fees	1,000	1,000	78	(922)
Other purchased services	11,340	11,340	14,049	2,709
Voice communications	3,800	3,800	3,250	(550)
Instructional supplies	800	800		(800)
Books and periodicals	200	200	199	(1)
Supplies	2,000	2,000	1,548	(452)
Gasoline	2,600	2,600	1,558	(1,042)
COVID-19 expenses			194	194
Office equipment	3,000	3,000	255	(2,745)
Equipment - other	600	600	690	90
Administrative overhead	29,170	29,170	29,170	-
Total expenditures	<u>833,382</u>	<u>833,382</u>	<u>775,993</u>	<u>(57,389)</u>
Excess of Revenues over (under) Expenditures	<u>(23,211)</u>	<u>(23,211)</u>	<u>66,043</u>	<u>89,254</u>
Other Financing Sources (Uses):				
Appropriation of fund balance	26,211	26,211		(26,211)
Transfers out	<u>(3,000)</u>	<u>(3,000)</u>	<u>(3,000)</u>	-
Total other financing sources (uses)	<u>23,211</u>	<u>23,211</u>	<u>(3,000)</u>	<u>(26,211)</u>
Net Change in Fund Balances	<u>\$ -</u>	<u>\$ -</u>	63,043	<u>\$ 63,043</u>
Fund Balances at Beginning of Year			<u>432,295</u>	
Fund Balances at End of Year			<u>\$ 495,338</u>	

The accompanying notes are an integral part of the financial statements

**EASTERN HIGHLANDS HEALTH DISTRICT  
NOTES TO THE FINANCIAL STATEMENTS  
JUNE 30, 2020**

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**1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**A. Reporting Entity**

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

**B. Basis of Presentation**

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

**Government-Wide and Fund Financial Statements**

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

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

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

**Measurement Focus, Basis of Accounting and Financial Statement Presentation**

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

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

**EASTERN HIGHLANDS HEALTH DISTRICT  
NOTES TO THE FINANCIAL STATEMENTS  
JUNE 30, 2020**

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

The District reports the following major governmental funds:

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

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

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

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

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

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

**C. Cash Equivalents**

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

**D. Receivables**

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

**E. Capital Assets**

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

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

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

**EASTERN HIGHLANDS HEALTH DISTRICT  
 NOTES TO THE FINANCIAL STATEMENTS  
 JUNE 30, 2020**

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

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

**F. Compensated Absences**

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

**G. Long-Term Obligations**

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

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

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

**I. Deferred Outflows/Inflows of Resources**

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

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

**J. Interfund Transfers**

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

## K. Fund Equity and Net Position

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

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

### Net Investment in Capital Assets

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

### Unrestricted Net Position

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

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

### Nonspendable Fund Balance

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

### Restricted Fund Balance

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

### Committed Fund Balance

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

### Assigned Fund Balance

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

### Unassigned Fund Balance

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

## L. Estimates

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

## M. Subsequent Events Evaluation by Management

Management has evaluated subsequent events for disclosure and/or recognition in the financial statements through November 9, 2020, the date that the financial statements were available to be issued.

## 2. STEWARDSHIP, COMPLIANCE AND ACCOUNTABILITY

### A. Budgets and Budgetary Accounting

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

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

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

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

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

Encumbrances are recognized as a valid and proper charge against a budget appropriation in the year in which the purchase order, contract or other commitment is issued, and, accordingly, encumbrances outstanding at year end are reported in budgetary reports (Exhibit V) as expenditures in the current year. Generally, all unencumbered appropriations lapse after a year, except those of the Capital Projects Fund. Encumbered appropriations are carried forward to the ensuing fiscal year, and as of June 30, 2020, the District did not have outstanding encumbrances.

**EASTERN HIGHLANDS HEALTH DISTRICT  
NOTES TO THE FINANCIAL STATEMENTS  
JUNE 30, 2020**

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**3. DETAILED NOTES ON ALL FUNDS**

**A. Deposits**

At June 30, 2020, the carrying amount of the District's deposits was \$673,308 and is part of the Town of Mansfield, Connecticut's pooled cash account. The District does not have a deposit policy for custodial credit risk. Separate risk classification is not available.

**B. Capital Assets**

Capital asset activity for the year ended June 30, 2020 was as follows:

	<u>Beginning Balance</u>	<u>Increases</u>	<u>Decreases</u>	<u>Ending Balance</u>
Governmental activities:				
Capital assets being depreciated:				
Office equipment	\$ 138,791	\$ 11,800	\$ -	\$ 150,591
Vehicles	134,523	-	-	134,523
Total capital assets being depreciated	<u>273,314</u>	<u>11,800</u>	<u>-</u>	<u>285,114</u>
Less accumulated depreciation for:				
Office equipment	51,187	8,983	-	60,170
Vehicles	90,267	7,323	-	97,590
Total accumulated depreciation	<u>141,454</u>	<u>16,306</u>	<u>-</u>	<u>157,760</u>
Total capital assets being depreciated, net	<u>131,860</u>	<u>(4,506)</u>	<u>-</u>	<u>127,354</u>
Governmental Activities Capital Assets, Net	<u>\$ 131,860</u>	<u>\$ (4,506)</u>	<u>\$ -</u>	<u>\$ 127,354</u>

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

Governmental activities:	
Health Services	\$ <u>16,306</u>

**C. Interfund Transfers**

Transfers are used to transfer budgeted resources to other funds to finance various projects. For the year ended June 30, 2020, the District transferred \$3,000 from the General Fund to the Capital Projects Fund.



**EASTERN HIGHLANDS HEALTH DISTRICT  
NOTES TO THE FINANCIAL STATEMENTS  
JUNE 30, 2020**

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**D. Long-Term Debt**

Long-term liability activity for the year ended June 30, 2020 was as follows:

	<u>Beginning Balance</u>	<u>Additions</u>	<u>Reductions</u>	<u>Ending Balance</u>	<u>Due Within One Year</u>
Governmental Activities:					
Total OPEB Liability	\$ 15,968	\$ 2,320	\$	\$ 18,288	\$
Compensated Absences	<u>26,282</u>	<u>34,814</u>	<u>24,390</u>	<u>36,706</u>	<u>7,341</u>
Total governmental activities:					
Long-Term Liabilities	<u>\$ 42,250</u>	<u>\$ 37,134</u>	<u>\$ 24,390</u>	<u>\$ 54,994</u>	<u>\$ 7,341</u>

**4. OTHER POST EMPLOYMENT BENEFITS PLAN**

**Plan Description**

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

The District currently pays for post employment health care benefits on a pay-as-you-go basis. As of June 30, 2020, the District has not established a trust fund to irrevocably segregate assets to fund liability associated with the postemployment benefits, which would require the reporting of a trust fund in accordance with GASB guidelines. Administration costs are financed from current operations.

**Benefit Provided**

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

**Employees Covered by Benefit Terms**

Membership in the Plan consisted of the following at July 1, 2019.

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

**Total OPEB Liability**

The District's total OPEB liability of \$18,288 was measured as of June 30, 2020 and was determined by an actuarial valuation as of July 1, 2019.

**EASTERN HIGHLANDS HEALTH DISTRICT  
 NOTES TO THE FINANCIAL STATEMENTS  
 JUNE 30, 2020**

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**Actuarial Assumptions and Other Inputs**

The total OPEB liability in the June 30, 2020 actuarial valuation was determined using the following actuarial assumptions and other inputs, applied to all periods included in the measurement unless otherwise specified:

Inflation	2.60%
Salary increases	3.60%, average, including inflation
Discount rate	2.21%
Healthcare cost trend rates	7.00% in 2018, reducing by 0.5% each year to an ultimate rate of 4.60% per year rate for 2023 and later
Retirees' share of benefit-related costs	100% of projected health insurance premiums for retirees

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

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

The actuarial assumptions used in the July 1, 2019 valuation were based on standard tables modified for certain plan features and input from the plan sponsor.

**Changes in the Total OPEB Liability**

	<b>Total OPEB Liability</b>
Balances as of July 1, 2019	\$ <u>15,968</u>
Changes for the year:	
Service cost	1,392
Interest on total OPEB liability	609
Difference between expected and actual experience	(386)
Changes in assumptions or other inputs	<u>705</u>
Net changes	<u>2,320</u>
Balances as of June 30, 2020	\$ <u><u>18,288</u></u>

Changes of assumptions and other inputs reflect a change in the discount rate from 3.51% in 2019 to 2.21% in 2020.

**EASTERN HIGHLANDS HEALTH DISTRICT  
NOTES TO THE FINANCIAL STATEMENTS  
JUNE 30, 2020**

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

The following presents the total OPEB liability of the District, as well as what the District's total OPEB liability would be if it were calculated using a discount rate that is 1 percentage point lower (1.21%) or 1 percentage point higher (3.21%) than the current discount rate:

	<u>1% Decrease</u>	<u>Current Discount Rate</u>	<u>1% Increase</u>
Total OPEB Liability	\$ 18,778	\$ 18,288	\$ 17,751

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

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

	<u>1% Decrease</u>	<u>Healthcare Cost Trend Rates</u>	<u>1% Increase</u>
Total OPEB Liability	\$ 16,750	\$ 18,288	\$ 19,982

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

For the year ended June 30, 2020, the District recognized OPEB expense of \$2,052. At June 30, 2020, the District reported deferred outflows of resources and deferred inflows of resources related to OPEB from the following sources:

	<u>Deferred Outflows of Resources</u>	<u>Deferred Inflows of Resources</u>
Differences between expected and actual experience	\$	\$ 409
Changes of assumptions or other inputs	<u>778</u>	<u></u>
Total	<u>\$ 778</u>	<u>\$ 409</u>

**EASTERN HIGHLANDS HEALTH DISTRICT  
 NOTES TO THE FINANCIAL STATEMENTS  
 JUNE 30, 2020**

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

**Year Ending June 30**

2021	\$	51
2022		51
2023		51
2024		51
2025		51
Thereafter		114

**5. OTHER INFORMATION**

**A. Risk Management**

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

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

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

**EASTERN HIGHLANDS HEALTH DISTRICT  
NOTES TO THE FINANCIAL STATEMENTS  
JUNE 30, 2020**

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**Related Party Transactions**

As disclosed in Note 1, the District's Board of Directors consists of appointed representatives from the member towns consisting of Andover, Ashford, Bolton, Chaplin, Columbia, Coventry, Mansfield, Scotland, Tolland and Willington. Revenues received from these member towns are as follows for the year ended June 30, 2020:

Andover	\$	17,604
Ashford		23,002
Bolton		26,645
Chaplin		12,146
Columbia		29,366
Coventry		67,419
Mansfield		140,443
Scotland		9,089
Tolland		79,793
Willington		<u>32,092</u>
	\$	<u><u>437,599</u></u>

No amounts were due to or from the member towns as of June 30, 2020.

**C. Contingent Liabilities**

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

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

	<u>2020</u>	<u>2019</u>
Total OPEB liability:		
Service cost	\$ 1,392	\$ 1,278
Interest	609	590
Differences between expected and actual experience	(386)	(90)
Changes of assumptions and other inputs	705	204
Net change in total OPEB liability	<u>2,320</u>	<u>1,982</u>
Total OPEB liability - beginning	<u>15,968</u>	<u>13,986</u>
Total OPEB Liability - Ending	<u>\$ 18,288</u>	<u>\$ 15,968</u>
Covered payroll	\$ 606,504	\$ 585,429
Total OPEB liability as a percentage of covered payroll	3.02%	2.73%

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

**Notes to Schedule:**

The discount rate was changed from 3.51% in 2019 to 2.21% in 2020.

**Eastern Highlands Health District**  
**General Fund**  
**Comparative Statement of Revenues, Expenditures**  
**and Changes in Fund Balance**  
**September 30, 2020**  
(with comparative totals for September 30, 2019)

	<u>Adopted</u>	<u>Amended</u>		<u>Percent of</u>		
	<u>Budget</u>	<u>Budget</u>		<u>Actuals</u>	<u>Adopted</u>	<u>2020</u>
	<u>2020/21</u>	<u>2020/21</u>	<u>2020/21</u>	<u>2021</u>	<u>Budget</u>	<u>2020</u>
<b>Revenues</b>						
Member Town Contributions	\$ 457,530	\$ 457,530		\$ 114,384	25.0%	\$ 109,400
State Grants	133,600	133,600		136,253	102.0%	134,429
Septic Permits	43,930	43,930		15,935	36.3%	15,140
Well Permits	9,970	9,970		5,710	57.3%	3,240
Soil Testing Service	36,760	36,760		10,723	29.2%	12,250
Food Protection Service	86,670	86,670		4,440	5.1%	5,330
B100a Reviews	24,410	24,410		9,730	39.9%	8,465
Septic Plan Reviews	28,240	28,240		8,980	31.8%	9,950
Other Health Services	4,710	4,710		1,335	28.3%	8,548
Miscellaneous	6,800	6,800				
Appropriation of Fund Balance	50,920	50,920		-	0.0%	-
<b>Total Revenues</b>	<u>883,540</u>	<u>883,540</u>	-	<u>307,490</u>	<u>34.8%</u>	<u>306,752</u>
<b>Expenditures</b>						
Salaries & Wages	597,361	597,361		141,099	23.6%	123,731
Grant Deductions	(49,681)	(49,681)		(23,297)	46.9%	(10,704)
Benefits	225,470	225,470		63,278	28.1%	49,272
Miscellaneous Benefits	8,450	8,450		2,898	34.3%	1,864
Insurance	15,800	15,800		3,512	22.2%	6,474
Professional & Technical Services	16,020	16,020		-	0.0%	10,885
Vehicle Repairs & Maintenance	3,200	3,200		20	0.6%	879
Health Reg*Admin Overhead	29,670	29,670		7,418	25.0%	7,293
Other Purchased Services	24,650	24,650		1,395	5.7%	15,424
Other Supplies	6,000	6,000		383	6.4%	1,078
Equipment - Minor	3,600	3,600		150	4.2%	45
<b>Total Expenditures</b>	<u>880,540</u>	<u>880,540</u>	0	<u>196,855</u>	<u>22.4%</u>	<u>206,240</u>
<b>Operating Transfers</b>						
Transfer to CNR Fund	3,000	3,000		-	0.0%	-
<b>Total Exp &amp; Oper Trans</b>	<u>883,540</u>	<u>883,540</u>	-	<u>196,855</u>	<u>22.3%</u>	<u>206,240</u>
Excess (Deficiency) of Revenues	-	-	-	110,635		100,512
Fund Balance, July 1	495,337	495,337		495,337		432,295
Fund Balance plus Cont. Capital, Sept. 30	<u>\$ 495,337</u>	<u>\$ 495,337</u>		<u>\$ 605,973</u>		<u>\$ 532,807</u>

**Eastern Highlands Health District**  
**General Fund**  
**Balance Sheet**  
**September 30, 2020**  
(with comparative totals for September 30, 2019)

	<u>2021</u>	<u>2020</u>
<b>Assets</b>		
Cash and Cash Equivalents	\$ 620,423	\$ 532,214
Accounts Receivable	<u>1,082</u>	<u>727</u>
Total Assets	<u><u>621,505</u></u>	<u><u>532,942</u></u>
<b>Liabilities and Fund Balance</b>		
Liabilities		
Accounts Payable	<u>15,532</u>	<u>135</u>
Total Liabilities	<u>15,532</u>	<u>135</u>
Fund Balance	<u>605,973</u>	<u>532,807</u>
Total Liabilities and Fund Balance	<u><u>\$ 621,505</u></u>	<u><u>\$ 532,942</u></u>



**Eastern Highlands Health District**  
**Capital Non-Recurring Fund**  
**Balance Sheet**  
**September 30, 2020**  
(with comparative totals for September 30, 2019)

	<u>2021</u>	<u>2020</u>
<b>Assets</b>		
Cash and Cash Equivalents	\$ <u>122,980</u>	\$ <u>119,980</u>
Total Assets	<u>122,980</u>	<u>119,980</u>
 <b>Liabilities and Fund Balance</b>		
<b>Liabilities</b>		
Accounts Payable	<u>-</u>	<u>-</u>
Total Liabilities	<u>-</u>	<u>-</u>
Fund Balance	<u>122,980</u>	<u>119,980</u>
Total Liabilities and Fund Balance	<u>\$ 122,980</u>	<u>\$ 119,980</u>

**Eastern Highlands Health District**  
**Capital Non-Recurring Fund**  
**Comparative Statement of Revenues, Expenditures**  
**and Changes in Fund Balance**  
**September 30, 2020**  
(with comparative totals for September 30, 2019)

	<u>2021</u>	<u>2020</u>
<b>Revenues</b>		
General Fund	\$ -	\$ -
Total Revenues	<u>-</u>	<u>-</u>
<b>Operating Transfers</b>		
General Fund	<u>-</u>	<u>-</u>
Total Operating Transfers	<u>-</u>	<u>-</u>
Total Rev & Oper Trans	<u>-</u>	<u>-</u>
<b>Expenditures</b>		
Professional & Technical Services	-	-
Office Equipment	<u>-</u>	<u>11,800</u>
Total Expenditures	<u>-</u>	<u>11,800</u>
Excess (Deficiency) of Revenues	-	(11,800)
Fund Balance, July 1	<u>122,980</u>	<u>131,780</u>
Fund Balance plus Cont. Capital, Sept.30	<u>\$ 122,980</u>	<u>\$ 119,980</u>

**Eastern Highlands Health District**  
**General Fund**  
**Comparative Statement of Revenues, Expenditures**  
**and Changes in Fund Balance**  
**September 30, 2020**  
(with comparative totals for September 30, 2019)

	<u>Adopted</u>	<u>Amended</u>	<u>Estimated</u>	<u>Percent of</u>		
	<u>Budget</u>	<u>Budget</u>	<u>Actuals</u>	<u>2021</u>	<u>Adopted</u>	<u>2020</u>
	<u>2020/21</u>	<u>2020/21</u>	<u>2020/21</u>		<u>Budget</u>	
<b>Revenues</b>						
Member Town Contributions	\$ 457,530	\$ 457,530		\$ 114,384	25.0%	\$ 109,400
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Miscellaneous	6,800	6,800				
Appropriation of Fund Balance	50,920	50,920		-	0.0%	-
<b>Total Revenues</b>	<u>883,540</u>	<u>883,540</u>	<u>-</u>	<u>307,490</u>	<u>34.8%</u>	<u>306,752</u>
<b>Expenditures</b>						
Salaries & Wages	597,361	597,361		141,099	23.6%	123,731
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Insurance	15,800	15,800		3,512	22.2%	6,474
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Vehicle Repairs & Maintenance	3,200	3,200		20	0.6%	879
Health Reg*Admin Overhead	29,670	29,670		7,418	25.0%	7,293
Other Purchased Services	24,650	24,650		1,395	5.7%	15,424
Other Supplies	6,000	6,000		383	6.4%	1,078
Equipment - Minor	3,600	3,600		150	4.2%	45
<b>Total Expenditures</b>	<u>880,540</u>	<u>880,540</u>	<u>0</u>	<u>196,855</u>	<u>22.4%</u>	<u>206,240</u>
<b>Operating Transfers</b>						
Transfer to CNR Fund	3,000	3,000		-	0.0%	-
<b>Total Exp &amp; Oper Trans</b>	<u>883,540</u>	<u>883,540</u>	<u>-</u>	<u>196,855</u>	<u>22.3%</u>	<u>206,240</u>
Excess (Deficiency) of Revenues	-	-	-	110,635		100,512
Fund Balance, July 1	495,337	495,337		495,337		432,295
Fund Balance plus Cont. Capital, Sept. 30	<u>\$ 495,337</u>	<u>\$ 495,337</u>		<u>\$ 605,973</u>		<u>\$ 532,807</u>

**Eastern Highlands Health District  
COVID-19  
Response Activity Update  
December 4, 2020**

**Activation of Public Health Emergency Response Plan**

We continue to implement a bi-weekly planning cycle with a bi-weekly staff zoom meeting. An Incident Action Plan is updated every two weeks. We recently formed an internal vaccination planning team that meets weekly. We participate in twice weekly local public health virtual meetings with DPH.

**Public Health Surveillance**

We continue to issue weekly reports. In an effort to improve reporting, the report format was changed in early November.

Due to DPH changes in database reporting formats, and significant increases in the size of the dataset, it has taken more staff time to manage and develop the weekly reports. Our last report dated December 3<sup>rd</sup>, is attached to this report.

We continue to support area schools with weekly review of state and county leading and secondary indicators for public schools, in addition to local data, in support of area public school decision making.

**COVID Testing**

In response to a local area increase in case prevalence the Eastern Highlands Health District coordinated with area partners to establish weekly COVID-19 drive thru test sites in and around the health district. The two sites within the health district include the Mansfield Middle School, and the Tolland High School. I have the following data available for these sites:

MMS 11/18 – 262 tests, 250 negatives, 8 positives, 4 inconclusive – positivity 3.1%

MMS 11/25 – 155 tests, 148 negatives, 6 positives, 1 inconclusive – 3.8%

MMS 12/2 – 235 tests, 215 negatives, 15 positives, 5 inconclusive – 6.5%

THS 11/29 – 305 tests, 283 negatives, 19 positives, 3 inconclusive – 6.2%

In addition to the above locations the health district supports the promotion of a number of other testing sites in the region. This office will continue to work to make testing events available within the health district.

**Contact Tracing**

The health district (or the DPH tracing unit) is contact tracing every confirmed case within our Jurisdiction that are not UConn students. We continue to stay updated with bi-weekly modifications to the new state-wide web based contact tracing system called *ContaCT*. Below are updates to the contact tracing program that represent, in part, our efforts to respond to this pandemic:

- During the month of November we investigated an average of **100 community cases per week**.
- During the month of November we investigated or support approximately **8 public school affiliated cases per week**.

- SHaW continues to investigate all positive UConn students. EHHD is tracing all staff and faculty, and non-student residents.
- The health district currently has 5 staff and 2 MRC volunteers conducting contact tracing each on at least a part-time basis. As of the writing of this report, we generally have reached our internal capacity to manage all cases within our jurisdiction. While on some days the volume is low enough to handle, more often than not the additional cases are pursued by the DPH contact tracing team.

### **University of Connecticut Storrs**

In person classes ended for the fall semester on November 21, 2020. A small number of students remain on campus, but most have departed for home till the beginning of the spring semester at the end of January. Student Health and Wellness will continue to provide contact tracing, medical care, and other support for both on and off campus students that remain in the area during the break.

### **School is Now Open**

As of the date of this report all 27 public schools within the EHHD are now open either full in-person, or under the hybrid learning model.

*Three schools have closed for one or two days due to contact tracing activities during the months of October and November: Coventry High School, E.O. Smith High School, and Chaplin Elementary School. Two schools have closed for longer time periods due to staffing issues: Columbia and Willington.*

In the period leading up to school reopening and since, this agency continues to respond to questions from school nurses, principals, and superintendents. The topics include but are not limited to contact tracing, student and staff exclusion guidance, travel advisory guidance, symptom screening criteria, isolation room criteria, case communications and notifications, confidentiality, interpretation and implementation of SDE mitigation guidance, and many other COVID related matters. We provide thoughtful, researched responses daily for an **estimated 360 inquiries to date**.

### **PPE Distribution**

CT DPH tasked local health departments with distributing PPE to local area private healthcare providers. We no longer receive allocations from the DEMHS Region 4 distribution site. However still have a moderate inventory left. To date, we have distributed approximately **90,000 items to 46 area healthcare**, and personal care providers in our jurisdiction. We continue to provide PPE regularly to area providers upon request.

### **Reopen CT Sector Rules**

In an effort to support our local businesses a tremendous amount of staff time is expended working with area businesses providing guidance and support on the application and interpretation of Reopen CT, both phase 1, phase 2, phase 3, and now phase 2.1 of the business sector rules; providing modified inspections and infection control guidance for food service establishments (Approximately 171 are currently open, with 39 closed). Since March we have responded to **111 complaints** regarding violations of the sector rules, or the Governors executive orders.

This office issued two cease and desist orders since the sector rules have been in place. One 9/28 to Huskies Restaurant and Tavern, and a second on 11/10 to the American Eagle Saloon and Café in Willington for violations of the Governors executive orders regarding masks, social distancing and other

sector rules. Both establishments have since received approval on re-open plans and passed a pre-operational inspection.

### **Governors Executive Orders and other state guidance - Application and Interpretation**

We continue to track and review executive orders and state guidelines as they are issued, providing consultation and interpretation support to recreation departments, first responder agencies, youth services agencies, boards of education, town leadership, and other entities as requested. In addition to numerous phone consultations, and emails, this office and staff participates in regular COVID response staff meetings with a number of member towns.

### **Public Health Education, Communications, Messaging**

EHHD is aligned with the Governor's and CDC Messaging; providing regular public information updates to website, and social media (FB & Twitter).

We push out information and updates on access to testing of general public and first responders.

Agency updates routinely provided to community partners.

We continue to provide consultation regarding the travel advisory to a number of public sector employers.

### **Medical Reserve Corps retention and recruitment**

We have a total of 96 on our volunteer roster, at this point in time. We deployed 20 MRC volunteers to support UConn's efforts to test approximately 6000 residential students at the beginning of the fall semester. Three volunteers are currently trained in contact tracing. A combined total of 46 MRC volunteers supported our three seasonal flu clinics that occurred in October and November.

### **COVID-19 Crisis Response Funding for State and Local Health Departments (COVID grant #1)**

Local public health departments are receiving COVID-19 Crisis Response Funding from the CDC. We have been allocated \$29,596 to be expended by March 2021. Currently, the funding is reimbursing 100% for over-time, response supplies, and communications. Most of the staff time expended on the response is regular-time, and not covered for re-imburement. Consequently, our reimbursable expenses are relatively small at this time. We currently have \$1,576 unspent from this funding source.

### **Epidemiology and Laboratory Capacity (ELC) Enhancing Detection grant (COVID grant #2)**

The EHHD has been awarded \$384,489 through November 17, 2022 to enhance health district capacity to detect, respond, and prevent COVID-19 illness in the community. This grant is funding additional staffing to support the EHHD response. The DPH approved our application. We have since received our full award of \$153,795 for the first budget period ending May 17, 2021.

### **COVID-19 Vaccination Planning and Preparedness**

We are currently meeting weekly with DPH and regional vaccination planning partners. Here are the latest salient updates on distribution and administration.

- Hospitals are scheduled to receive the first allocations of vaccines on the second week of December for healthcare workers, and patients as the start of *the phase 1a national vaccination distribution plan*. Long-term care facilities and staff are also part of this initial allocation.

- We have been informed by DPH that local public health personnel assigned to support vaccination clinics, and local medical first responders are part of the phase 1a personnel designations to receive vaccinations. However, sub-prioritization groups have yet to be determined.
- The current plan calls for acute care hospitals to lead the vaccination of phase 1a personnel, with support from FQHC's, and other community providers.
- The balance of the municipal critical workforce is currently designated part of phase 1b or 1c. Again, as of the writing of this report the sub-prioritization groups for the municipal workforce categories have yet to be determined.
- Local public health will lead the vaccination of phase 1b and 1c municipal critical workforce personnel. A recent survey administered by the health district **estimated 2,600 personnel** within the health district fall within these categories.
- Due to what likely will be small allocations of vaccine at the beginning, the health district will utilize small vaccination *strike teams* early in the campaign targeting small groups of local critical workers at or near their worksite. We are currently preparing to operationalize two strike teams comprised of vaccinators, support staff, with mobile supplies/materials. We will transition to larger throughput clinic models and locations as more vaccine becomes available.
- We currently have 40 licensed vaccinators, and 45 support personnel in our MRC. We anticipate that many of the volunteers will be available only on a limited bases. Our new full-time public health nurse started on 12/7. We now have *2 licensed vaccinators on staff*, and our medical advisor Dr. Dardick.
- We are fully enrolled and active in the state and federal software platforms managing COVID-19 vaccine. We will order, receive, and track vaccine inventories with the CDC software platform called Vaccine Administration Management System (VAMS) for Phase 1. This system will also track clinic, patient, and vaccine administration data.
- Everyone will require two doses of vaccine approximately thirty days apart for the Pfizer and Moderna vaccine. Vaccination is voluntary for the general public. Currently, pending FDA EUA approvals do not include pediatric dosing.
- Pending a number of uncertainties, we may be receiving our first allocations by mid-January. We anticipate it may be the Moderna vaccine.
- We have not yet received any details on how or if we will be reimbursed for vaccine administration.
- The initial mass vaccination campaign will span many months, perhaps up to a year.

### **Seasonal Flu Clinics (COVID vaccine training events)**

For the first time in the history of the EHHD we have received approval from DPH as a vaccine storage site, procured seasonal flu vaccine, and conducted our first seasonal flu clinics

- October 19, 2020, from 6:00pm to 8:00pm at the Tolland Fire Department. We mobilized and activated 4 vaccinators and 3 support staff. Forty-six vaccinations were administered.
- October 21, 2020 from 6:00pm to 8:00pm at the North Coventry Fire Department. We mobilized and activated 3 vaccinators and 4 support staff. Nineteen vaccinations were administered.
- November 7, 2020 from 10:00am to 2:00pm at the Mansfield Middle School. This was a drive thru clinic. Six vaccinators, and 36 support staff were mobilized and activated. Fifty-six vaccinations were administered.

## Eastern Highlands Health District COVID-19 Update

DATE: 12/3/2020

TIME: 8:00 PM

COMPLETED BY: A. Bloom

### TOWN LEVEL DATA

TOWN	Number of Cumulative cases	Change from last week	Two week change	Cumulative Hospitalizations	2 week hospitalization change	Deaths
Andover	43	8	14	2	1	0
Ashford	50	8	12	5	0	1
Bolton	61	4	6	6	0	3
Chaplin	34	6	11	1	0	0
Columbia	67	11	19	6	0	1
Coventry	201	14	49	10	0	2
Mansfield	611	19	111	8	0	3
(non-student)		(10)	(26)	(8)	(0)	(3)
Scotland++	2	0	0	0	0	0
Tolland	226	26	71	15	4	6
Willington	78	7	20	2	0	1
<b>EHHD Total</b>	<b>1,373</b>	<b>103</b>	<b>313</b>	<b>55</b>	<b>5</b>	<b>17</b>
<b>CT Totals</b>	<b>126,177</b>	<b>18,897</b>	<b>31,191</b>	<b>1,191*</b>	<b>414</b>	<b>5,111</b>

Data Source: CTEDSS and CT DPH; reporting period for two week town level case counts is 11/15/2020 through 11/28/2020

\*This is the current (net) number of hospitalizations. It is not a cumulative count.

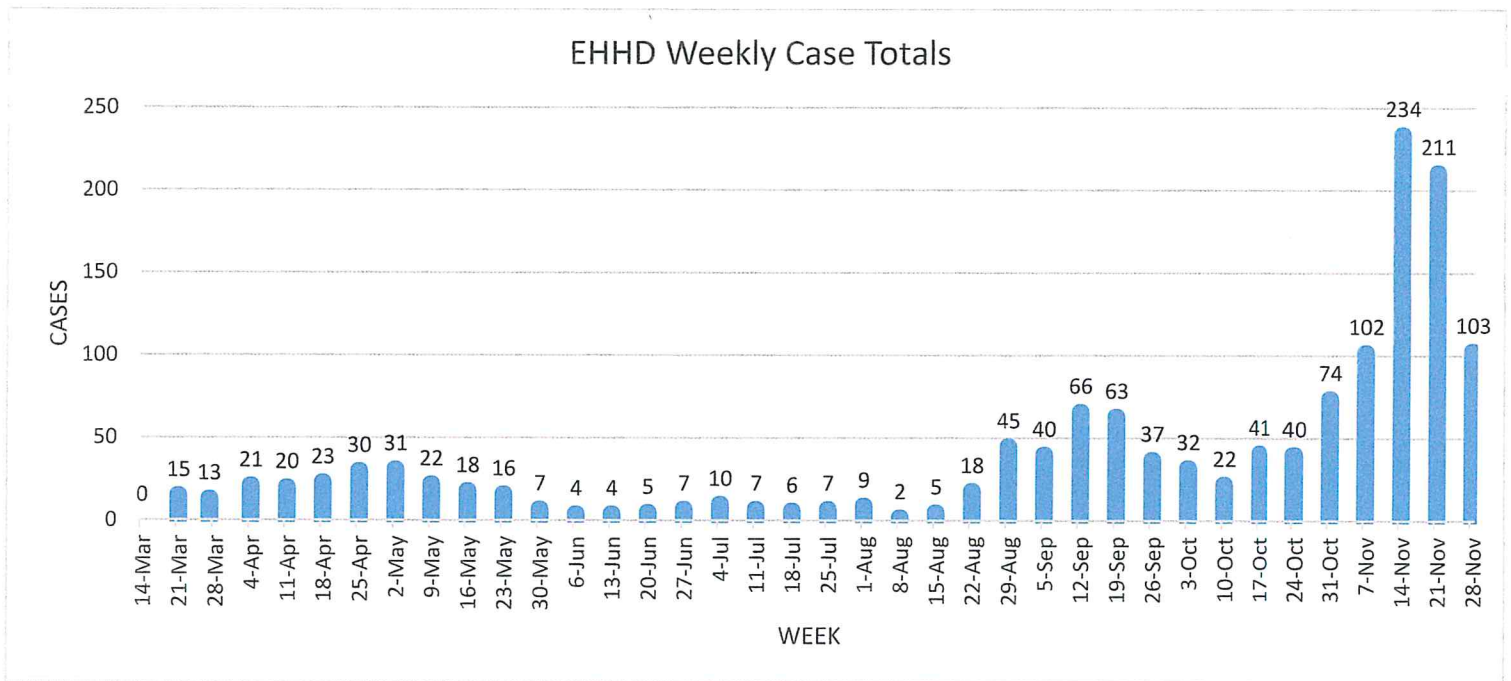
++ Likely to be lower than actual resident positive cases due to residents using Baltic and Hampton as mailing address.

NOTE: All counts by town are cumulative and include confirmed cases and antigen-positive cases; also, counts can change from previous weeks due to the state reassigning a case to a different town once further information is gathered on the case, or lab reporting delays.



**Recent EHHD News:**

- Our agency’s vaccination planning team is meeting weekly with DPH, completing our primary tasks to be prepared to vaccinate our citizens. As our first assignment, DPH has tasked local public health departments with vaccinating the municipal critical workforce. Current information indicates we could see our first allocation of vaccine in mid-January.
- The Town of Mansfield *estimated* 14 day, daily rolling average, *adjusted for the UConn student population* is 19 cases/100,000.
- The health district has worked with schools on 10 case contact investigations in school settings in the past week.
- Our agency has hired a new full-time public health nurse. This person start on December 7, 2020.
- ***The below bar chart indicates a one week reduction in the case prevalence within the health district population. The reduction correlates with the departure of the UConn Storrs student population with the end of in-class learning for the fall semester.***



NOTE: Counts can change from week to week due to the state reassigning a case to a different town once further information is gathered on the case or lab reporting delays..



## Eastern Highlands Health District

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

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# Activity Report July 1, 2020 – September 30, 2020

### Highlighted Accomplishments/Activities

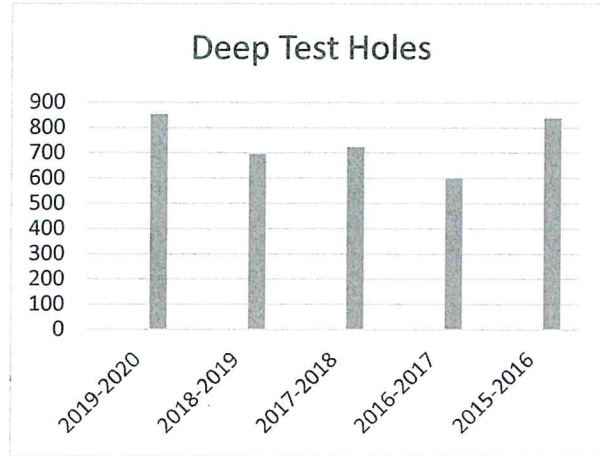
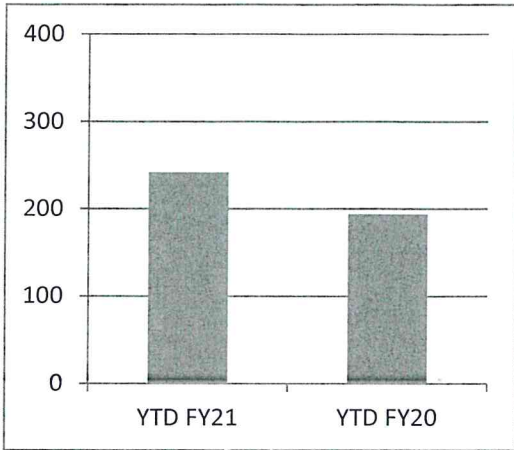
- Most of the EHHD special projects and initiatives have been suspended while the pandemic response continues to command the bulk of the agency resources. See separate report on COVID-19 response activities during this period.
- The health district wrapped up the bathing water quality testing program for all public bathing areas at lakes or ponds in August. Sampling was conducted weekly at 27 sampling locations.
- Working with State DPH compiled and reported on private well data related to state-wide drought conditions.
- Staff is working with Town of Mansfield staff to support the new elementary school project.
- *Community Health and Wellness Programs:* The CHART committee meet in July to review current projects. Social media activity has increased in support of pandemic response. See separate CHWC quarterly report attached for more details.
- *Emergency Preparedness Program:* Staff participated and supported member towns with Tropical Storm Isaias response. The Public Health Emergency Response Coordinator is fully engaged in the pandemic response. Program activities during this quarter are reflected in the separate report on COVID-19 response activities.

### Plans for the Next Quarter

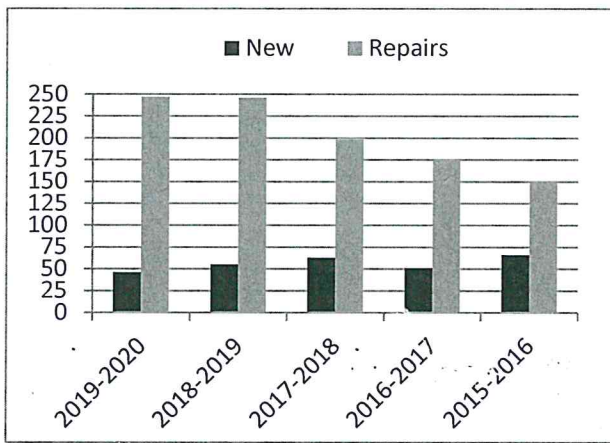
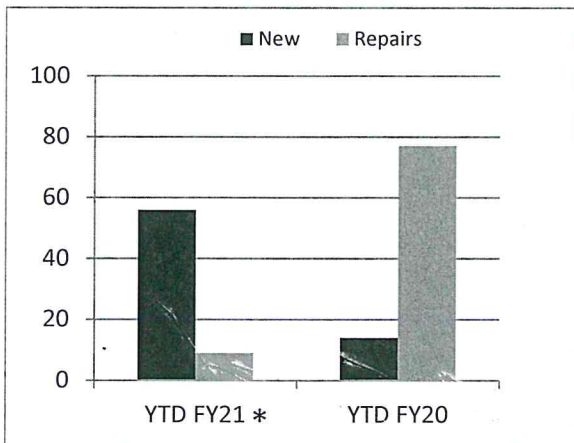
- See separate report on COVID-19 response activities.
- Progress on expanding the functionality of the ViewPoint Cloud software to include food establishment license renewal, cosmetology, and complaint investigations.
- Continue to provide our core scope of public health services during this declared public health emergency.

### Statistical Report (Attached)

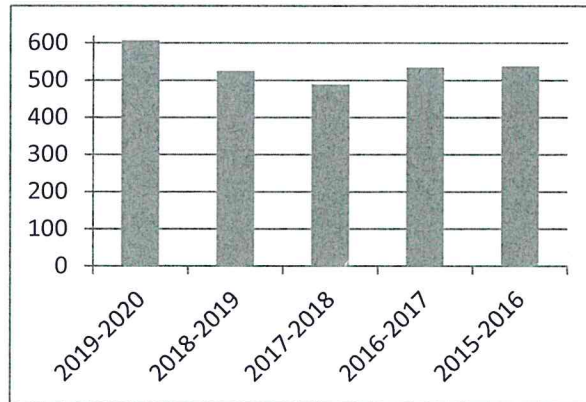
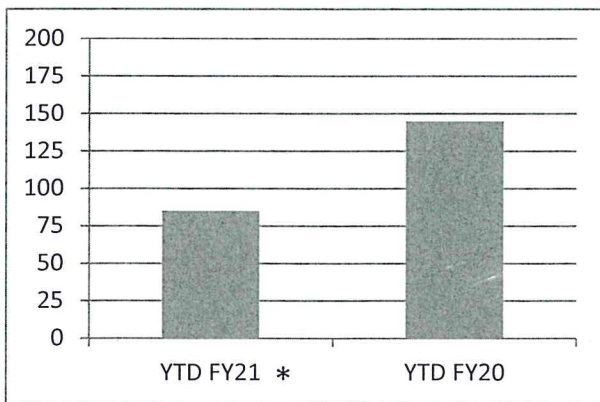
### Deep Test Holes



### Septic Permits

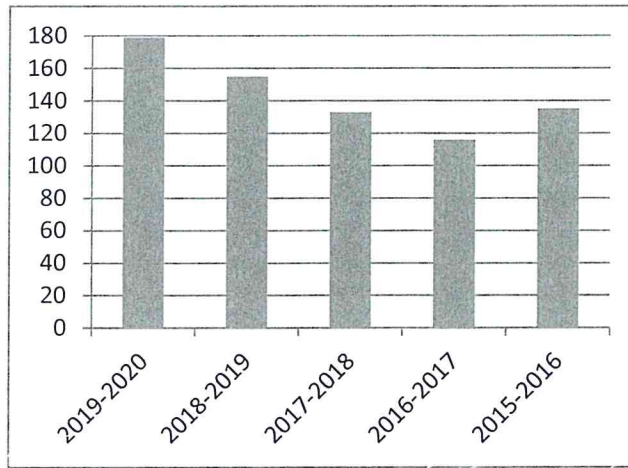
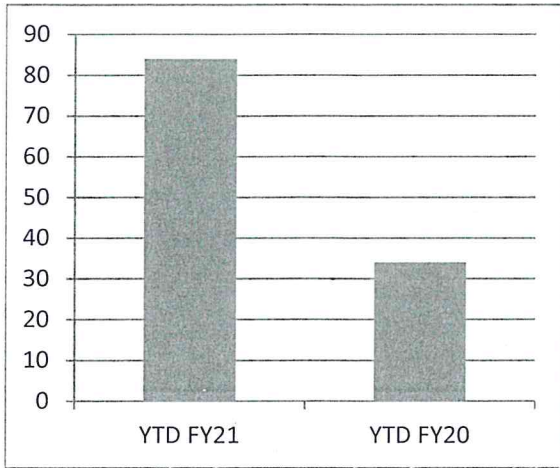


### Public Health Reviews

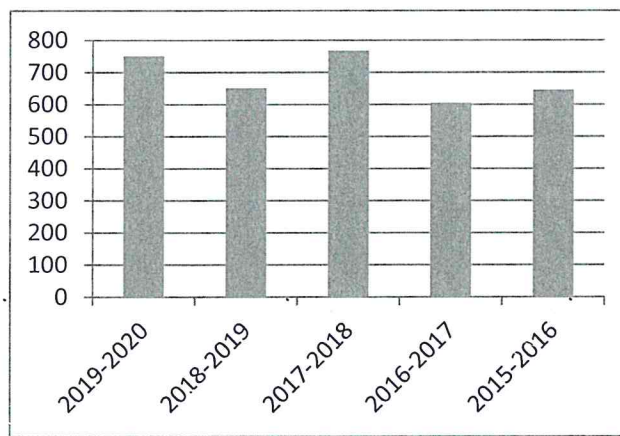
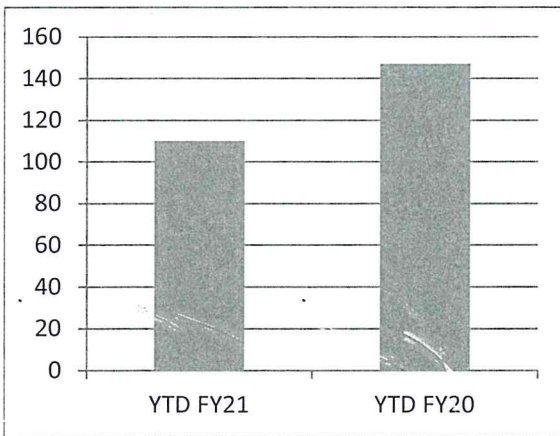


\*These numbers underrepresented due to a glitch in the new permitting software that has since been corrected.

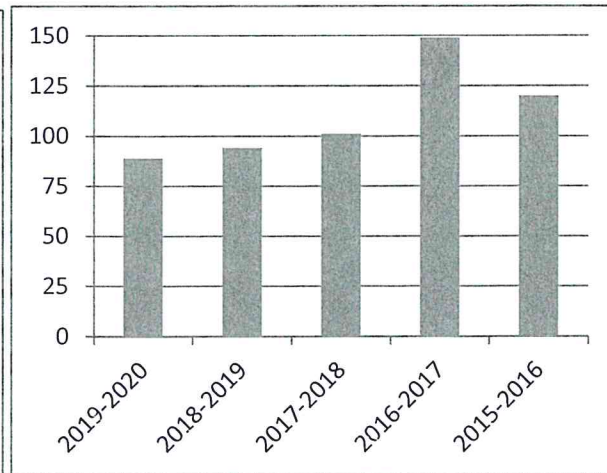
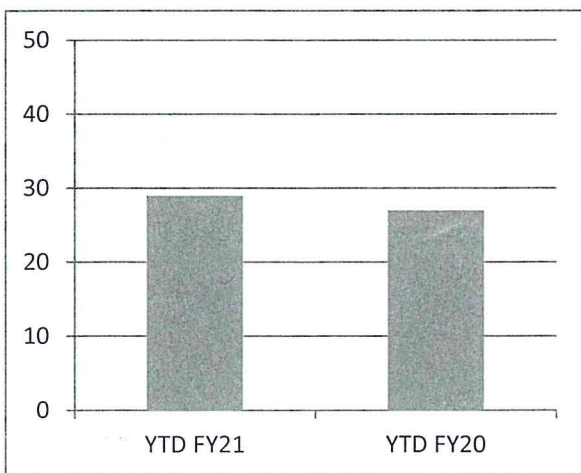
### Complaints



### Food Service Inspections



### Well Permits Issued



	A	B	C	D	E	F	G	H	I	J
1	EASTERN HIGHLANDS HEALTH DISTRICT FIRST QUARTER FISCAL YEAR 2020-2021									
2	July 1, 2020 - September 30, 2020									
3	ACTIVITY INDICATORS			MONTHS					Current	Previous
4	COMMUNITY HEALTH ACTIVITIES			July	Aug	Sept	Total		YTD FY21	YTD FY20
5	<i>Communicable Disease Control</i>									
6		Case reports reviewed		29	57	16	102		102	256
7		Preliminary follow ups					0		0	7
8		Investigations					0		0	1
9	<i>Public Health Education</i>									
10		Programs		See narrative for program descriptions						
11										
12	ENVIRONMENTAL HEALTH ACTIVITIES									
13	<i>Complaints</i>									
14		Air Quality		0	0	0	0		0	0
15		Animals/Animal Waste		0	0	0	0		0	2
16		Activity Without Proper Permits		3	0	1	4		4	0
17		Food Protection		1	2	0	3		3	3
18		Housing Issues		1	6	2	9		9	6
19		Emergency Response		0	0	0	0		0	3
20		Refuse/Garbage		1	1	1	3		3	3
21		Rodents/Insects		0	0	0	0		0	0
22		Septic/Sewage		1	2	3	6		6	10
23		Other		2	0	2	4		4	4
24		Water Quality		1	0	5	6		6	3
25		COVID-19		16	12	21	49		49	
26		Total		26	23	35	84		84	34
27	<i>Health Inspection</i>									
28		Group homes		0	0	0	0		0	0
29		Day Care		0	0	0	0		0	5
30		Camps		1	0	0	1		1	2
31		Public Pool		5	0	0	5		5	12
32		Other		9	0	0	9		9	0
33		Schools		0	0	0	0		0	0
34		Mortgage, FHA, VA		0	0	0	0		0	0
35		Bathing Areas		0	0	0	0		0	0
36		Total		15	0	0	15		15	19
37	<i>On-site Sewage Disposal</i>									
38		Site inspection		0	0	0	0		0	266
39		Deep hole tests		78	81	83	242		242	194
40		Percolation tests		56	73	82	211		211	59
41		Permits issued, new		16	20	20	56		56	14
42		Permits issued, repair		4	1	4	9		9	77
43		Site Plans Reviewed		34	26	26	86		86	69
44		Public Health Reviews		31	25	29	85		85	145
45	<i>Wells</i>									
46		Well sites inspected		0	0	0	0		0	7
47		Well permits issued		10	4	15	29		29	27
48	<i>Laboratory Activities (samples taken)</i>									
49		Potable water		0	0	0	0		0	6
50		Surface water		0	0	0	0		0	156
51		Ground water		79	86	6	171		171	0
52		Rabies		0	0	0	0		0	1
53		Lead		0	2	0	2		2	0
54		Other		0	0	0	0		0	14
55	<i>Food Protection</i>									
56		Inspections		0	0	0	0		0	116
57		Reinspections		48	29	28	105		105	30
58		Temporary Permits		6	8	6	20		20	66
59		Temporary Inspections		2	1	2	5		5	45
60		Plan review		0	0	0	0		0	4
61		Pre-operational inspections		0	0	0	0		0	1
63	<i>Lead Activities</i>									
64		Housing inspection		0	0	0	0		0	0
65		Abate plan reviewed		0	0	0	0		0	0
66	MISCELLANEOUS ACTIVITIES									
67		Planning and Zoning referrals		0	0	1	1		1	0
68		Subdivision reviewed (# of lots)		0	3	1	4		4	1

# ANDOVER QUARTERLY REPORT

July 1, 2020 - September 30, 2020

## ACTIVITY INDICATORS

	July	August	September	Total	District Total
<b>ENVIRONMENTAL HEALTH ACTIVITIES</b>					
<i>Complaints</i>					
Air Quality				0	0
Animals/Animal Waste				0	0
Activity Without Proper Permits				0	4
Food Protection				0	3
Housing Issues				0	9
Emergency Response				0	0
Refuse/Garbage				0	3
Rodents/Insects				0	0
Septic/Sewage				0	6
Other				0	4
Water Quality				0	6
COVID-19				0	49
Total	0	0	0	0	84
<i>Health Inspection</i>					
Group homes				0	0
Day Care				0	0
Camps				0	1
Public Pool				0	5
Other				0	9
Schools				0	0
Mortgage, FHA, VA				0	0
Bathing Areas				0	0
Total	0	0	0	0	15
<i>On-site Sewage Disposal</i>					
Site inspection -- all site visits	7	9		16	0
Deep hole tests -- number of holes	3	5		8	242
Percolation tests -- number of holes		1		1	211
Permits issued, new	1			1	56
Permits issued, repair	3	2	1	6	9
Site plans reviewed	4	2	1	7	86
Public Health Reviews	2		3	5	85
<i>Wells</i>					
Well sites inspected	1			1	0
Well permits issued		1		1	29
<i>Laboratory Activities (samples taken)</i>					
Potable water				0	0
Surface water	5	5		10	0
Ground water				0	171
Rabies				0	0
Lead				0	2
Other				0	0
<i>Food Protection</i>					
Inspections	2			2	0
Reinspections				0	105
Temporary permits				0	20
Temporary inspections				0	5
Plan reviews				0	0
Pre-operational inspections				0	0
<i>Lead Activities</i>					
Housing inspection				0	0
Abate plan reviewed				0	0
<b>MISCELLANEOUS ACTIVITIES</b>					
Planning and Zoning referrals				0	0
Subdivision reviewed (per lot)				0	1

	A	B	C	D	E	F	G	H	I
1	<b>ASHFORD QUARTERLY REPORT</b>								
2	July 1, 2020 - September 30, 2020								
3									
4	<b>ACTIVITY INDICATORS</b>								
5									
6					<u>July</u>	<u>August</u>	<u>September</u>	<u>Total</u>	<u>District Total</u>
7	<b>ENVIRONMENTAL HEALTH ACTIVITIES</b>								
8	<i>Complaints</i>								
9		Air Quality						0	0
10		Animals/Animal Waste						0	0
11		Activity Without Proper Permits	1					1	4
12		Food Protection			1			1	3
13		Housing Issues			1			1	9
14		Emergency Response						0	0
15		Refuse/Garbage						0	3
16		Rodents/Insects						0	0
17		Septic/Sewage	1			2		3	6
18		Other	1			1		2	4
19		Water Quality						0	6
20		COVID-19			1		1	2	49
21		Total	3		3		4	10	84
22	<i>Health Inspection</i>								
23		Group homes						0	0
24		Day Care						0	0
25		Camps						0	1
26		Public Pool						0	5
27		Other						0	9
28		Schools						0	0
29		Mortgage, FHA, VA						0	0
30		Bathing Areas						0	0
31		Total	0		0		0	0	15
32	<i>On-site Sewage Disposal</i>								
33		Site inspection -- all site visits	6		4		9	19	0
34		Deep hole tests -- number of holes	3		7		3	13	242
35		Percolation tests -- number of holes	1		3		1	5	211
36		Permits issued, new						0	56
37		Permits issued, repair	1		3		2	6	9
38		Site plans reviewed	2		2		3	7	86
39		Public Health Reviews	2		3			5	85
40	<i>Wells</i>								
41		Well sites inspected	1				1	2	0
42		Well permits issued	1				1	2	29
43	<i>Laboratory Activities (samples taken)</i>								
44		Potable water						0	0
45		Surface water	4		4			8	0
46		Ground water						0	171
47		Rabies						0	0
48		Lead						0	2
49		Other						0	0
50	<i>Food Protection</i>								
51		Inspections	2		1		1	4	0
52		Reinspections			2			2	105
53		Temporary permits						0	20
54		Temporary inspections						0	5
55		Plan reviews						0	0
56		Pre-operational inspections			1			1	0
57	<i>Lead Activities</i>								
58		Housing inspection						0	0
59		Abate plan reviewed						0	0
60	<b>MISCELLANEOUS ACTIVITIES</b>								
61		Planning and Zoning referrals						0	0
62		Subdivision reviewed (per lot)						0	1
63									
64									

# BOLTON QUARTERLY REPORT

July 1, 2020 - September 30, 2020

## ACTIVITY INDICATORS

	<u>July</u>	<u>August</u>	<u>September</u>	<u>Total</u>	<u>District Total</u>
<b>ENVIRONMENTAL HEALTH ACTIVITIES</b>					
<i>Complaints</i>					
Air Quality				0	0
Animals/Animal Waste				0	0
Activity Without Proper Permits				0	4
Food Protection	1			1	3
Housing Issues				0	9
Emergency Response				0	0
Refuse/Garbage				0	3
Rodents/Insects				0	0
Septic/Sewage				0	6
Other				0	4
Water Quality				0	6
COVID-19	2	2	1	5	49
<b>Total</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>6</b>	<b>84</b>
<i>Health Inspection</i>					
Group homes				0	0
Day Care				0	0
Camps				0	1
Public Pool				0	5
Other				0	9
Schools				0	0
Mortgage, FHA, VA				0	0
Bathing Areas				0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>15</b>
<i>On-site Sewage Disposal</i>					
Site inspection -- all site visits	9	7	5	21	0
Deep hole tests -- number of holes	3	3	15	21	242
Percolation tests -- number of holes	1	1	5	7	211
Permits issued, new				0	56
Permits issued, repair	1	2	1	4	9
Site plans reviewed	1	2	1	4	86
Public Health Reviews	3	3	8	14	85
<i>Wells</i>					
Well sites inspected	5			5	0
Well permits issued	6	1		7	29
<i>Laboratory Activities (samples taken)</i>					
Potable water				0	0
Surface water	9	8		17	0
Ground water				0	171
Rabies				0	0
Lead				0	2
Other				0	0
<i>Food Protection</i>					
Inspections	6			6	0
Reinspections	1			1	105
Temporary permits	1			1	20
Temporary inspections				0	5
Plan reviews				0	0
Pre-operational inspections				0	0
<i>Lead Activities</i>					
Housing inspection				0	0
Abate plan reviewed				0	0
<b>MISCELLANEOUS ACTIVITIES</b>					
Planning and Zoning referrals				0	0
Subdivision reviewed (per lot)				0	1



# CHAPLIN QUARTERLY REPORT

July 1, 2020 - September 30, 2020

## ACTIVITY INDICATORS

	July	August	September	Total	District Total
<b>ENVIRONMENTAL HEALTH ACTIVITIES</b>					
<i>Complaints</i>					
Air Quality				0	0
Animals/Animal Waste				0	0
Activity Without Proper Permits	1			1	4
Food Protection				0	3
Housing Issues				0	9
Emergency Response				0	0
Refuse/Garbage				0	3
Rodents/Insects				0	0
Septic/Sewage				0	6
Other				0	4
Water Quality				0	6
COVID-19		2	1	3	49
<b>Total</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>4</b>	<b>84</b>
<i>Health Inspection</i>					
Group homes				0	0
Day Care				0	0
Camps	1			1	1
Public Pool				0	5
Other				0	9
Schools				0	0
Mortgage, FHA, VA				0	0
Bathing Areas				0	0
<b>Total</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>15</b>
<i>On-site Sewage Disposal</i>					
Site inspection -- all site visits	2	6	5	13	0
Deep hole tests -- number of holes	9	14		23	242
Percolation tests -- number of holes	3	4		7	211
Permits issued, new			1	1	56
Permits issued, repair	2	3	2	7	9
Site plans reviewed	1	5	1	7	86
Public Health Reviews	4	3	1	8	85
<i>Wells</i>					
Well sites inspected	1	1	1	3	0
Well permits issued		2	3	5	29
<i>Laboratory Activities (samples taken)</i>					
Potable water				0	0
Surface water				0	0
Ground water				0	171
Rabies				0	0
Lead				0	2
Other				0	0
<i>Food Protection</i>					
Inspections		3	2	5	0
Reinspections				0	105
Temporary permits				0	20
Temporary inspections				0	5
Plan reviews				0	0
Pre-operational inspections				0	0
<i>Lead Activities</i>					
Housing inspection				0	0
Abate plan reviewed				0	0
<b>MISCELLANEOUS ACTIVITIES</b>					
Planning and Zoning referrals				0	0
Subdivision reviewed (per lot)			1	1	1

# COLUMBIA QUARTERLY REPORT

July 1, 2020 - September 30, 2020

## ACTIVITY INDICATORS

	<u>July</u>	<u>August</u>	<u>September</u>	<u>Total</u>	<u>District Total</u>
<b>ENVIRONMENTAL HEALTH ACTIVITIES</b>					
<i>Complaints</i>					
Air Quality				0	0
Animals/Animal Waste				0	0
Activity Without Proper Permits				0	4
Food Protection		1		1	3
Housing Issues				0	9
Emergency Response				0	0
Refuse/Garbage				0	3
Rodents/Insects				0	0
Septic/Sewage				0	6
Other				0	4
Water Quality				0	6
COVID-19				0	49
<b>Total</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>84</b>
<i>Health Inspection</i>					
Group homes				0	0
Day Care	1			1	0
Camps				0	1
Public Pool				0	5
Other				0	9
Schools				0	0
Mortgage, FHA, VA				0	0
Bathing Areas				0	0
<b>Total</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>15</b>
<i>On-site Sewage Disposal</i>					
Site inspection -- all site visits	5	9	15	29	0
Deep hole tests -- number of holes	12	8	15	35	242
Percolation tests -- number of holes	3	2	4	9	211
Permits issued, new		1	3	4	56
Permits issued, repair	5	1	3	9	9
Site plans reviewed	2	3	6	11	86
Public Health Reviews	5	2	10	17	85
<i>Wells</i>					
Well sites inspected	1	1	3	5	0
Well permits issued	1		5	6	29
Potable water				0	0
Surface water	5	10		15	0
Ground water				0	171
Rabies				0	0
Lead				0	2
Other	2			2	0
<i>Food Protection</i>					
Inspections	3	1	2	6	0
Reinspections				0	105
Temporary permits			1	1	20
Temporary inspections				0	5
Plan reviews				0	0
Pre-operational inspections				0	0
<i>Lead Activities</i>					
Housing inspection				0	0
Abate plan reviewed				0	0
<b>MISCELLANEOUS ACTIVITIES</b>					
Planning and Zoning referrals				0	0
Subdivision reviewed (per lot)				0	1

# COVENTRY QUARTERLY REPORT

July 1, 2020 - September 30, 2020

## ACTIVITY INDICATORS

	July	August	September	<u>Total</u>	<u>District Total</u>
<b>ENVIRONMENTAL HEALTH ACTIVITIES</b>					
<i>Complaints</i>					
Air Quality				0	0
Animals/Animal Waste				0	0
Activity Without Proper Permits				0	4
Food Protection				0	3
Housing Issues				0	9
Emergency Response				0	0
Refuse/Garbage				0	3
Rodents/Insects				0	0
Septic/Sewage				0	6
Other				0	4
Water Quality				0	6
COVID-19	2		6	8	49
<b>Total</b>	<b>2</b>	<b>0</b>	<b>6</b>	<b>8</b>	<b>84</b>
<i>Health Inspection</i>					
Group homes				0	0
Day Care				0	0
Camps				0	1
Public Pool				0	5
Other				0	9
Schools				0	0
Mortgage, FHA, VA				0	0
Bathing Areas				0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>15</b>
<i>On-site Sewage Disposal</i>					
Site inspection -- all site visits	12	15	11	38	0
Deep hole tests -- number of holes	17	11	37	65	242
Percolation tests -- number of holes	5	1	5	11	211
Permits issued, new				0	56
Permits issued, repair	8	4	3	15	9
Site plans reviewed	8	3	5	16	86
Public Health Reviews	24	11	9	44	35
Well sites inspected	1	1	3	5	0
Well permits issued	4	2	3	9	29
<i>Laboratory Activities (samples taken)</i>					
Potable water				0	0
Surface water	39	43	2	84	0
Ground water				0	171
Rabies				0	0
Lead				0	2
Other	2			2	0
<i>Food Protection</i>					
Inspections	7	8	3	18	0
Reinspections		1	1	2	105
Temporary permits				0	20
Temporary inspections				0	5
Plan reviews				0	0
Pre-operational inspections	1			1	0
<i>Lead Activities</i>					
Housing inspection				0	0
Abate plan reviewed				0	0
<b>MISCELLANEOUS ACTIVITIES</b>					
Planning and Zoning referrals				0	0
Subdivision reviewed (per lot)				0	1

# MANSFIELD QUARTERLY REPORT

July 1, 2020 - September 30, 2020

## ACTIVITY INDICATORS

	July	August	September	Total	District Total
<b>ENVIRONMENTAL HEALTH ACTIVITIES</b>					
<i>Complaints</i>					
Air Quality				0	0
Animals/Animal Waste				0	0
Activity Without Proper Permits				0	4
Food Protection				0	3
Housing Issues	1	2	1	4	9
Emergency Response				0	0
Refuse/Garbage		1		1	3
Rodents/Insects				0	0
Septic/Sewage				0	6
Other				0	4
Water Quality			3	3	6
COVID-19	7	4	9	20	49
Total	8	7	13	28	84
<i>Health Inspection</i>					
Group homes				0	0
Day Care				0	0
Camps				0	1
Public Pool	4			4	5
Other				0	9
Schools				0	0
Mortgage, FHA, VA				0	0
Bathing Areas				0	0
Total	4	0	0	4	15
<i>On-site Sewage Disposal</i>					
Site inspection -- all site visits	9	14	12	35	0
Deep hole tests -- number of holes	6	16	3	25	242
Percolation tests -- number of holes	2	5	2	9	211
Permits issued, new				0	56
Permits issued, repair	4	4	8	16	9
Site plans reviewed	3	3	5	11	86
Public Health Reviews	9	8	7	24	85
<i>Wells</i>					
Well sites inspected				0	0
Well permits issued	1	1	3	5	29
<i>Laboratory Activities (samples taken)</i>					
Potable water				0	0
Surface water	5	4	4	13	0
Ground water				0	171
Rabies		2		2	0
Lead				0	2
Other	1			1	0
<i>Food Protection</i>					
Inspections	20	13	15	48	0
Reinspections	3	2	3	8	105
Temporary permits				0	20
Temporary inspections				0	5
Plan reviews				0	0
Pre-operational inspections		12		12	0
<i>Lead Activities</i>					
Housing inspection				0	0
Abate plan reviewed				0	0
<b>MISCELLANEOUS ACTIVITIES</b>					
Planning and Zoning referrals			1	1	0
Subdivision reviewed (per lot)				0	1

# SCOTLAND QUARTERLY REPORT

July 1, 2020 - September 30, 2020

## ACTIVITY INDICATORS

	July	August	September	Total	District Total
<b>ENVIRONMENTAL HEALTH ACTIVITIES</b>					
<i>Complaints</i>					
Air Quality				0	0
Animals/Animal Waste				0	0
Activity Without Proper Permits				0	4
Food Protection				0	3
Housing Issues				0	9
Emergency Response				0	0
Refuse/Garbage				0	3
Rodents/Insects				0	0
Septic/Sewage				0	6
Other				0	4
Water Quality				0	6
COVID-19				0	49
Total	0	0	0	0	84
<i>Health Inspection</i>					
Group homes				0	0
Day Care				0	0
Camps	1			1	1
Public Pool	1			1	5
Other				0	9
Schools				0	0
Mortgage, FHA, VA				0	0
Bathing Areas				0	0
Total	2	0	0	2	15
<i>On-site Sewage Disposal</i>					
Site inspection -- all site visits	2			2	0
Deep hole tests -- number of holes				0	242
Percolation tests -- number of holes				0	211
Permits issued, new				0	56
Permits issued, repair	1			1	9
Site plans reviewed	1			1	86
Public Health Reviews	1	1		2	85
<i>Wells</i>					
Well sites inspected		1	1	2	0
Well permits issued	1		3	4	29
<i>Laboratory Activities (samples taken)</i>					
Potable water				0	0
Surface water				0	0
Ground water				0	171
Rabies				0	0
Lead				0	2
Other				0	0
<i>Food Protection</i>					
Inspections	2			2	0
Reinspections				0	105
Temporary permits			1	1	20
Temporary inspections				0	5
Plan reviews				0	0
Pre-operational inspections				0	0
<i>Lead Activities</i>					
Housing inspection				0	0
Abate plan reviewed				0	0
<b>MISCELLANEOUS ACTIVITIES</b>					
Planning and Zoning referrals				0	0
Subdivision reviewed (per lot)				0	1

# TOLLAND QUARTERLY REPORT

July 1, 2020 - September 30, 2020

## ACTIVITY INDICATORS

	July	August	September	Total	District Total
<b>ENVIRONMENTAL HEALTH ACTIVITIES</b>					
<i>Complaints</i>					
Air Quality				0	0
Animals/Animal Waste				0	0
Activity Without Proper Permits	1		1	2	4
Food Protection				0	3
Housing Issues				0	9
Emergency Response				0	0
Refuse/Garbage	1		1	2	3
Rodents/Insects				0	0
Septic/Sewage				0	6
Other	1			1	4
Water Quality			1	1	6
COVID-19	2		2	4	49
Total	5	0	5	10	84
<i>Health Inspection</i>					
Group homes				0	0
Day Care				0	0
Camps	1			1	1
Public Pool	2			2	5
Other				0	9
Schools				0	0
Mortgage, FHA, VA				0	0
Bathing Areas				0	0
Total	3	0	0	3	15
<i>On-site Sewage Disposal</i>					
Site inspection -- all site visits	22	14	21	57	0
Deep hole tests -- number of holes	3	6		9	242
Percolation tests -- number of holes	1	2		3	211
Permits issued, new	3			3	56
Permits issued, repair	8	5	3	16	9
Site plans reviewed	9	3	4	16	86
Public Health Reviews	29	18	20	67	85
<i>Wells</i>					
Well sites inspected			2	2	0
Well permits issued	5		5	10	29
<i>Laboratory Activities (samples taken)</i>					
Potable water				0	0
Surface water	4	4		8	0
Ground water				0	171
Rabies				0	0
Lead				0	2
Other				0	0
<i>Food Protection</i>					
Inspections	3	2	3	8	0
Reinspections	2	1	1	4	105
Temporary permits	1			1	20
Temporary inspections				0	5
Plan reviews				0	0
Pre-operational inspections		2		2	0
<i>Lead Activities</i>					
Housing inspection				0	0
Abate plan reviewed				0	0
<b>MISCELLANEOUS ACTIVITIES</b>					
Planning and Zoning referrals				0	0
Subdivision reviewed (per lot)		3		3	1

	A	B	C	D	E	F	G	H	I
1	<b>WILLINGTON QUARTERLY REPORT</b>								
2	July 1, 2020 - September 30, 2020								
3									
4	<b>ACTIVITY INDICATORS</b>								
5									
6					<u>July</u>	<u>August</u>	<u>September</u>	<u>Total</u>	<u>District Total</u>
7	<b>ENVIRONMENTAL HEALTH ACTIVITIES</b>								
8	<i>Complaints</i>								
9		Air Quality						0	0
10		Animals/Animal Waste						0	0
11		Activity Without Proper Permits						0	4
12		Food Protection						0	3
13		Housing Issues				3	1	4	9
14		Emergency Response						0	0
15		Refuse/Garbage						0	3
16		Rodents/Insects						0	0
17		Septic/Sewage				2	1	3	6
18		Other					1	1	4
19		Water Quality			1		1	2	6
20		COVID-19			3	3	1	7	49
21		Total			4	8	5	17	84
22	<i>Health Inspection</i>								
23		Group homes						0	0
24		Day Care						0	0
25		Camps			2			2	1
26		Public Pool			2			2	5
27		Other						0	9
28		Schools						0	0
29		Mortgage, FHA, VA						0	0
30		Bathing Areas						0	0
31		Total			4	0	0	4	15
32	<i>On-site Sewage Disposal</i>								
33		Site inspection -- all site visits			4	3	5	12	0
34		Deep hole tests -- number of holes				3	9	12	242
35		Percolation tests -- number of holes				1	3	4	211
36		Permits issued, new						0	56
37		Permits issued, repair			1	2	3	6	9
38		Site plans reviewed				2	3	5	86
39		Public Health Reviews			4	3	5	12	85
40									
41		Well sites inspected					4	4	0
42		Well permits issued			1	2	2	5	29
43	<i>Laboratory Activities (samples taken)</i>								
44		Potable water						0	0
45		Surface water			8	8		16	0
46		Ground water						0	171
47		Rabies						0	0
48		Lead						0	2
49		Other						0	0
50	<i>Food Protection</i>								
51		Inspections			3	1	2	6	0
52		Reinspections				2	1	3	105
53		Temporary permits				1		1	20
54		Temporary inspections						0	5
55		Plan reviews						0	0
56		Pre-operational inspections						0	0
57	<i>Lead Activities</i>								
58		Housing inspection						0	0
59		Abate plan reviewed						0	0
60	<b>MISCELLANEOUS ACTIVITIES</b>								
61		Planning and Zoning referrals						0	0
62		Subdivision reviewed (per lot)						0	1
63									
64									

**From:** Linda Colangelo <[LColangelo@nddh.org](mailto:LColangelo@nddh.org)>

**Sent:** Monday, November 30, 2020 9:08 AM

**To:** Derek May <[DMay@nddh.org](mailto:DMay@nddh.org)>; Anna Griggs <[agriggs@nddh.org](mailto:agriggs@nddh.org)>; NDDH Public Health Nurse <[phnurse@nddh.org](mailto:phnurse@nddh.org)>; Amanda Sanelli <[asanelli@nddh.org](mailto:asanelli@nddh.org)>; Jessica Fuller <[jfuller@nddh.org](mailto:jfuller@nddh.org)>; Stephen Faucher <[sfaucher@nddh.org](mailto:sfaucher@nddh.org)>

**Cc:** Sue Starkey <[SStarkey@nddh.org](mailto:SStarkey@nddh.org)>

**Subject:** RE: FYI. Fwd: Vaccine Resistance Signage in CT

Here is the press release that was sent to media...disturbing on so many levels.

FOR IMMEDIATE RELEASE

LOCAL ORGANIZER/ORGANIZATION: Informed Choice CT

PHONE: 860-207-1568

EMAIL:

[LeeAnnDucat@gmail.com](mailto:LeeAnnDucat@gmail.com)

Cc:

[pr@informedchoicect.org](mailto:pr@informedchoicect.org)

INTERNATIONAL DEMONSTRATION REGARDING COVID-19 VACCINE

Concerns over safety and liability of rushed-to-market COVID-19 vaccine prompt massive orchestrated demonstration across the globe.

Danielson, Tolland and Norwalk CT- November 29, 2020 - Medical freedom activists, in collaboration with the grassroots organization V is for Vaccine, are planning an international demonstration to raise awareness of vaccine risks, namely COVID-19 vaccines. Today, freedom fighters aim to break the barriers of widespread censorship by taking it to the streets in Canada, Australia, the U.K. and in all 50 United States. The demonstration will involve the display of large banners along highway overpasses with the message "COVID-19 VACCINE MANUFACTURERS ARE EXEMPT FROM LIABILITY" and "VACCINES CAN CAUSE INJURY AND DEATH".

V is for Vaccine co-founder Joshua Coleman says the aim is to shine a spotlight on the lack of manufacturer liability for injuries and death, which can and do occur with vaccines. "All medical procedures require informed consent.

Vaccination is no different, but the reality is vaccines are routinely administered without informing the recipient of severe and acknowledged risks. A fast-tracked COVID-19 vaccine means no long term and limited safety studies. With the potential for severe adverse reactions and widespread vaccine mandates, it is critical that people understand their rights, the true scope of risk involved in vaccinating and the lack of adequate recourse if they suffer an adverse reaction."

Vaccine manufacturers are exempt from liability for the majority of currently licensed vaccines under the 1986 National Childhood Vaccine Injury Act. Manufacturers for any approved COVID-19 vaccine will be exempt under the Public Readiness and Emergency Preparedness Act (PREP Act). Watch for the demonstrations in three CT locations:

95 S in Danielson, CT (Dog Hill Road overpass)

84 E Exit 68 (Tolland)

I-95 N/S Exit 16 (Norwalk)

Linda

Linda J. Colangelo

Education and Communications Coordinator

Northeast District Department of Health (NDDH)

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Sara Darlagiannis  
Public Health Emergency Planner  
Phone: 508-207-3177

# Staffer at Coventry Grammar School tests positive for COVID-19

By Olivia Regen [oregen@journalinquirer.com](mailto:oregen@journalinquirer.com)

Journal Inquirer  
Journal Inquirer  
09-08

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COVENTRY — A Coventry Grammar School staffer has tested positive for COVID-19 and is in quarantine for 10 days, School Superintendent David Petrone confirmed today.

However, Petrone said that based on the outcome of a contact tracing investigation by the Eastern Highlands Health District he does not believe any students are at risk.

Petrone said the individual was only in the school, located at 3453 Main St., for a brief period of time and is now required to isolate for 10 days. Petrone said he could not identify the person or the person's position at the school due to privacy laws.

Petrone said school officials were alerted to the case on Friday and Principal Ronda Carrie initiated the COVID-19 symptom protocol, which resulted in the individual being sent home.

"It is important for you to know that this staff member wore a mask at all times and did not have close contact with students," Petrone wrote in a letter to parents.

Once the Mansfield-based Eastern Highlands Health District was contacted, its director, Robert Miller, immediately began a contact tracing investigation to assess the risk of exposure to others in a school setting. Contact tracing looks for any individuals who spent 15 minutes or more within 6 feet of a person with a confirmed COVID-19 diagnosis.

Miller said based on the contact tracing investigation he was able to determine that one other staffer was also deemed at risk and that person was asked to self-quarantine for 14 days.

## AT A GLANCE

**What:** A Coventry Grammar School staffer tested positive for COVID-19

**Details:** Coventry Superintendent David Petrone said the individual was only in the building for a brief period of time and is now required to isolate for 10 days. One other staffer has been asked to self quarantine for 14 days.

**Risk:** Petrone said there is no risk to students.

"Based on our investigation, that was the only person identified as being at risk for exposure," he said. "We were able to respond quickly and able to complete the investigation and inform the school community all in one day."

Miller said he expects to see more cases in school systems but that the health district has been preparing and working on the appropriate procedures and protocols in response.

"I think we are in a reasonably good place right now but as with anything that is COVID-related, there is always a certain amount of uncertainty," he said. "We have been working well with our district to become as prepared as possible."

School board Chairwoman Jennifer Beausoleil said she appreciated the swift response by Coventry staff implementing protocols and working with the health department regarding contact tracing and communication with Coventry Grammar School parents and staff.

"We hope that the staff member has a speedy recovery," she said.

School board member Eugene Marchand said this case underscores the importance of the superintendent opening school under a hybrid plan. The hybrid model involves splitting the student population into two groups to attend school in-person alternately. It is a combination of in-classroom instruction and remote learning.

"Obviously, we are going to have to access every new situation," he said.

# State/Region

Thursday, October 22, 2020

StateRegion@JournalInquirer.com

## Local health officials receiving funds for contact tracing

By The Associated Press

The first batch of local public health agencies has begun receiving state grants to help cover the cost of contact tracing for COVID-19 infections, testing, and other expenses as Connecticut begins seeing localized pockets of cases.

The money announced Wednesday during a press conference at Charter Oak Park in Manchester is coming from the \$20 million the state Department of Public Health received from the U.S. Centers for Disease Control. It will be distributed over three years to local public health departments and districts, which are taking the lead on tracking down new cases. The grant

amounts are based on per-capita and poverty levels in the communities.

Locally, that means \$136,449 for East Hartford in the first year for a total of \$341,123; \$153,795 for the Eastern Highland Health District in the first year, \$384,489 total; \$53,815 for Glastonbury in the first year, \$134,538 total; \$127,278 for Manchester in the first year, \$318,196 total; \$14,483 for Somers in the first year, \$36,208 total; and \$42,486 for Windsor in the first year, \$106,214 total, according to the governor's office.

All local health districts and departments are eligible for the funding, said Dr. Deidre Gifford,

acting commissioner at the state's Department of Public Health. Applications from 21 of the state's 65 local health districts and departments have been approved so far.

While local health departments are handling the initial contact tracing calls, Gifford said the state has so far hired 105 full-time contact tracers for a backup system to provide extra surge capacity to the local public health authorities.

Democratic Gov. Ned Lamont said the cooperation between the state and local health officials is "more important than ever as we go from 1% to 2% to 3% positivity. That increases the amount of work we've got to do."

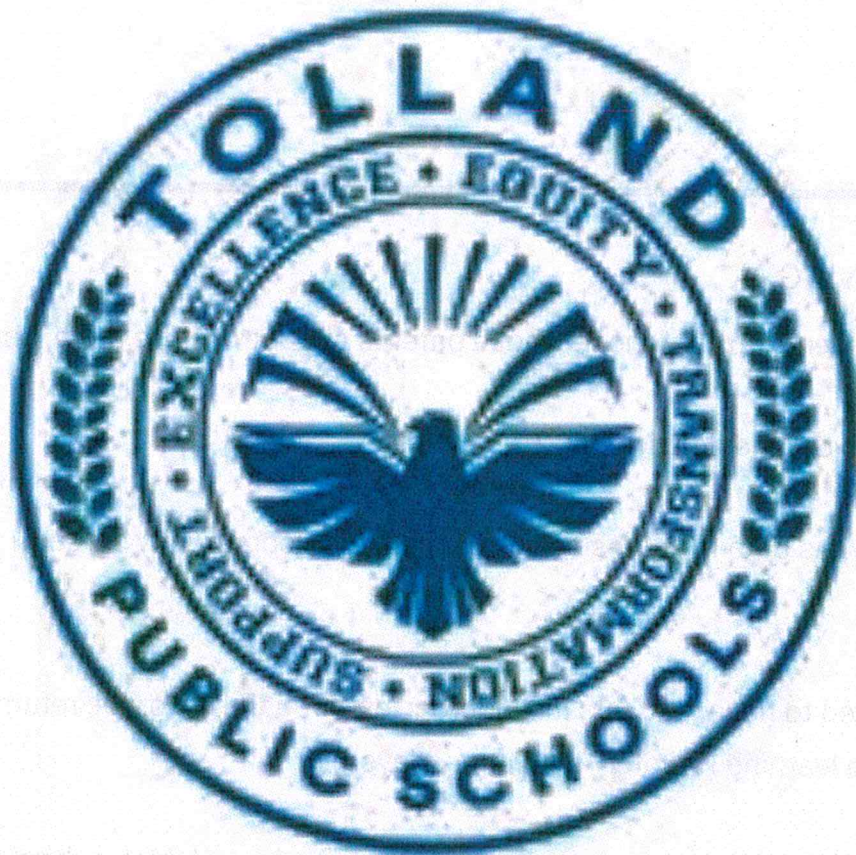
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# Tolland students to return to more in-person learning Nov. 2

By Olivia Regen

[oregen@journalinquirer.com](mailto:oregen@journalinquirer.com)

Oct 23, 2020



TOLLAND — School Superintendent Walter Willett has decided to have all students return to school full-time, except Wednesdays, starting Nov. 2, though parents can opt to have their children continue to learn remotely.

The decision was based on local data on the coronavirus, which doesn't indicate an increased risk of spread in the Tolland community, Willett said Thursday.

"It is based on a low transmission and prevalence rate of our region," he said. "The best place for students is in school. It is better for their emotional, academic, and social health."

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## IN-PERSON LEARNING

**WHO:** All Tolland students, except those whose parents choose to have them learn at home

**WHEN:** Four days a week, beginning Nov. 2

**WHY:** Local coronavirus data indicates no increased risk of community spread

On Oct. 5, Willett decided to have students in kindergarten through fifth grade return to in-person learning four days a week, while learning remotely on Wednesdays.

Since the beginning of the school year, students in sixth grade through high school have been learning under a hybrid plan, a combination of in-classroom instruction and remote learning. One group was attending in-school classes on Mondays and Tuesdays, the schools would be closed for cleaning on Wednesdays, and the second group would use the schools on Thursdays and Fridays.

Now, all students except those whose parents choose to have them stay home will return to in-person learning, except on Wednesdays, when schools will be cleaned and students will learn remotely, Willett said.

Robert Miller, director of the Eastern Highlands Health District, said Thursday that data for Tolland County and the surrounding counties shows that incidence rates for COVID-19 continue to be low.

Miller said there have been no incidents of transmission of COVID-19 in a school setting in his health district.

There are 71 cases of COVID-19 in Tolland and 1,517 in Tolland County, according to recent daily numbers from the state's website.

The leading county indicator for COVID-19 risk in the community falls within the threshold established by the state Public Health and Education departments for in-person learning.



That threshold indicates that there is low risk in a school system in returning full-time if the county has less than 10 cases per day per 100,000 on a seven-day rolling average. Tolland County has 5.3 cases per 100,000 on a seven-day basis, according to information from the state.

Dr. Kevin Dieckhaus, chief of the Division of Infectious Diseases at the University of Connecticut, said Thursday that data that has accumulated over the recent school year has suggested that reopening of schools hasn't led to any significant increase in community transmission of COVID-19 in areas with low baseline transmission.

In analyzing high-school-associated outbreaks of the virus internationally, Dieckhaus said they "seem to be more associated with large public gatherings outside of the school setting rather than the school environment itself."

He added that a large epidemiologic study by Yale University showed a very low incidence of transmission between school-aged children and their caregivers.

Board of Education member Kate Howard Bender expressed concerns about the decision Thursday.

“After years of budget cuts our class sizes are extremely large, and this leads to an inability to maintain social distancing, though I know the school staff and students are doing their best” with the wearing of facemasks, she said. “When one combines the packed classes with the fact that adolescent brains are not wired to make good choices at times, I feel we are putting our community at unnecessary risk.”

But school board Vice Chairwoman Christina Plourd said she has advocated in-person learning while leading and secondary indicators put the school system at low-risk.

“Our staff is ready, and I certainly appreciate all they are doing to educate both in-person and online,” Plourd said.

Willett said school officials will continue to evaluate data and be prepared to change how students learn if needed.

If parents elect to have their children continue to learn remotely, they can do so by contacting the school system, he added.

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**For more coverage of Coventry and Tolland towns, follow Olivia Regen on Twitter: @OliviaRegen, Facebook: Olivia Regen JI, and Instagram: @ORegenJI.**

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## Olivia Regen

Town Reporter

Olivia covers East Hartford & South Windsor. She joined the JI in March 2019. She graduated from the University of Kansas, and she enjoys running & hanging out with her Manchester terrier, Sophie. Olivia loves journalism because it can change the world.



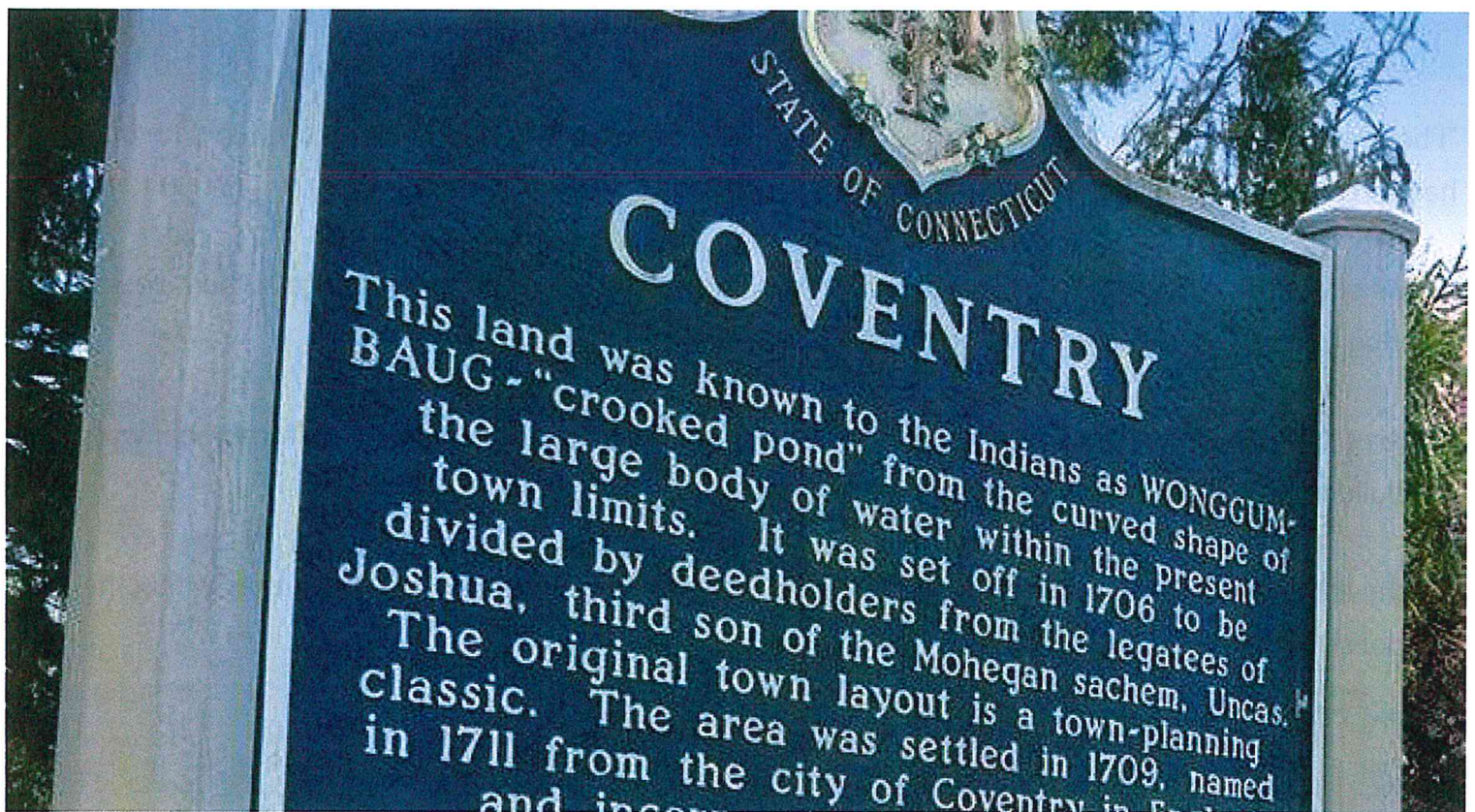
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# Coventry High staff member tests positive for COVID-19

By Olivia Regen

[oregen@journalinquirer.com](mailto:oregen@journalinquirer.com)

Oct 27, 2020



Town of Coventry

COVENTRY – A Coventry High School staffer has tested positive for COVID-19 and is in isolation for 10 days, School Superintendent David Petrone confirmed today.

However, Petrone said that based on the outcome of a contact tracing investigation by the Eastern Highlands Health District he does not believe any students are at risk.

Petrone said officials from the health district determined there were no close contacts in the school setting with the individual who is infected.

"I believe strongly that we have numerous mitigation strategies in place that have proven to date that we have been able to keep our students and staff safe," Petrone said.

Those strategies include a deep cleaning of the buildings every night and making sure students are wearing masks and keeping socially distant, Petrone said.

Robert Miller, director of the Eastern Highlands Health District, said today that the staff member was not in the building during the period when they became infected.

The health district's contact tracing investigation determined there were no close contacts within the school setting.



As a result, Miller said no members of the school community were at risk of contracting the virus from the individual.

This is the third case of COVID-19 in the schools in Coventry: On Sept. 4, a staffer at Coventry Grammar School became infected and on Oct. 18 another staffer at Capt. Nathan Hale Middle School also was diagnosed with the virus.

None of those cases resulted in any risk to the school community, according to Petrone.

In Coventry, there are 87 cases of COVID-19, according to the latest information from the state.

Miller said the health district, which includes the towns of Coventry, Mansfield, Bolton, Willington, Andover, Columbia, Chaplin, Ashford, and Tolland, is seeing a “slight uptick in the prevalence of cases” of COVID-19.

Miller said with community spread of the virus still occurring it is important that individuals remain diligent and continue to practice precautions such as wearing masks, maintaining social distancing, and washing hands frequently.

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**For more coverage of Coventry and Tolland towns, follow Olivia Regen on Twitter: @OliviaRegen, Facebook: Olivia Regen JI, and Instagram: @ORegenJI.**

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# Gov. Lamont says towns need to clamp down on illegal crowds at restaurants in Connecticut; but can they — and how much are these episodes contributing to COVID-19 spread?

By EMILY BRINDLEY and JESSE LEAVENWORTH  
HARTFORD COURANT | NOV 05, 2020



Waiter Ron Bizzarro walks through the covered bridge space to check on diners at Millwright's Restaurant and Tavern in Simsbury on June 4. (Kassi Jackson / Hartford Courant)

As COVID-19 tightens its hold on Connecticut once again and the state moves back to the second phase of reopening, Gov. Ned Lamont has repeatedly called for strict enforcement of the state's gathering rules, particularly at restaurants.

But as municipalities cobble together enforcement strategies, a series of high-profile incidents raises a critical question: Even under Phase 2 rules, can local authorities prevent possible superspreader events from happening in the first place?

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Over the last few weeks, Fairfield police and health officials **shut down The Brickyard Pub** for crowding in more than 100 mostly mask-less people. East Hartford's police, fire and health departments shut down Main Street's Beso Lounge for packing nearly 300 people into the space, which police say was being used as a nightclub. **Bridgeport officials shut down the bar Tenzo** after a video was widely shared of people packed into the bar, dancing and mingling without wearing masks.

In a high-profile incident, New Haven's **Anthony's Ocean View was shut down** for hosting a large Halloween party. Stamford recently closed two restaurants for **repeatedly violating** guidelines on overcrowding, wearing masks and serving alcohol without food.

And, in the first widely reported instance of the state stepping in with its own penalties, the Department of Consumer Protection on Friday **suspended the liquor license** of Hamden's Dixwell Social Lounge after the club hosted 500 people for a Halloween party.



Rob Maffucci, chef and owner of V's Trattoria, sets up the restaurant's outdoor dining area in August. (Mark Mirko / Hartford Courant)

Town officials insist these episodes are largely exceptions and that compliance in their communities is generally high, while Lamont has repeatedly called for strict enforcement and pointed to examples of egregious offenders.

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The debate highlights potential fault lines in the state's effort to further contain the spread of the coronavirus.

While town officials say they believe they have the resources to deal with any violators, they also concede they are not conducting inspections or checks specifically for the state's coronavirus-related reopening rules. They are instead responding to complaints and making notes during routine health inspections, which means there could be establishments breaking the rules unnoticed.

It's also unclear how much these high-profile episodes are contributing to the state's dramatic increase in infections, hospitalizations and deaths, though the lack of hard data on this point doesn't mean that unsanctioned parties are safe.

Quinnipiac University Friday announced a two-week campus-wide quarantine after the school reported 115 new COVID-19 cases in just 48 hours. The action comes a week after some Quinnipiac students attended the party at Anthony's Ocean View. About 20 Quinnipiac students were sent home after the school learned of the party.

But episodes such as that also don't mean that the state's current outbreak can be pinned on a few packed nightclubs.

Instead, state officials have repeatedly blamed the state's rising numbers on smaller, private social gatherings — from birthday parties to backyard barbecues — that are technically allowed under the state's reopening guidelines.

If those claims are true, then the state's current significant threat may not stem primarily from the handful of headline-grabbing rule-breaking parties, but from the hundreds of mundane social interactions taking place across the state, where COVID-19 lurks quietly and spreads silently throughout families and friend groups.

The additional restrictions announced recently by Lamont included restricting all indoor and outdoor gatherings to 10 people. The state is also asking people to stay home between 10 p.m. and 5 a.m.

### Avoiding a full lockdown

The governor has said he's pushing for more enforcement of the existing rules as a way to prevent eventual business closures.

Lamont announced recently that he was pulling the state back from the third to second phase of reopening, effective Friday, in reaction to the state's ongoing outbreak. And while that impacts restaurants — particularly because the new rules require dining areas to close by 10 p.m. — for now, they're still allowed to stay open.

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[Connecticut restaurants will be required to close by 9:30 p.m. starting Friday. Owners say this will destroy the little profit margins they now have »](#)

Despite the rollback, **the governor said** he hopes to keep businesses open and avoid the type of lockdown the state lived through in the spring.

"We are putting in these restrictions on a statewide basis now to make sure we don't have to do more severe things later," Lamont said Monday.



Manager Winsome Schauer of Toro Loco in Farmington sets a table inside one of the restaurant's three "igloos" for diners. (Mark Mirko / Hartford Courant)

The packed bars and mask-free dance parties that Lamont has been highlighting in recent weeks are not permitted under any of the state's reopening phases, meaning the rollback to Phase 2 may not impact business owners who were already breaking the more lenient Phase 3 rules.

But the local leaders who are charged with carrying out the enforcement say the flagrant violations Lamont has been highlighting are rare. For the most part, local authorities said, they believe eateries have conformed to the safety guidelines with few problems in recent months.

"There are outliers, of course," said West Hartford Mayor Shari Cantor. But "there's a real mutual respect, I think, throughout the community."

The Courant spoke with leaders from 10 municipalities, as well as two municipality associations, and nearly all said they feel they currently have the resources they need to enforce the rules on a complaint basis. Depending on the municipality, leaders are using health district workers, local or state police officers, firefighters, paramedics and planning and zoning officials to check in on establishments that are flagged by residents as potentially problematic.

"We haven't really confronted an enforcement issue," said New London Mayor Michael Passero. "Any problems are pretty unique, and few and far between."

Passero said he could think of only one establishment that officials shut down, because it was operating as a bar.



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“From the desk that I sit at, it just hasn’t been a source of community spread [or] a serious problem that has really taken up a lot of time,” he said.

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There’s likely an element of self-preservation in restaurant owners’ compliance, Passero said. If they follow the rules, customers may be more likely to feel comfortable eating out, he said. And, as the governor has hinted, the industry may be less likely to face extensive shutdowns again.

“Everybody is just praying that we’re not going to get in a situation where we have to lock back down,” Passero said. “And I think that’s also making the businesses more aware.”

### **Responding to complaints**

At the same time, local officials have a limited view. They say their approach has been more collaborative than confrontational, responding to complaints and reports of violations but not conducting routine checks or seeking out rule-breakers — which means there may be offenders who simply never get caught.

The local leaders that spoke with The Courant said their enforcement strategy is based largely on responding to complaints submitted by residents. Health directors added that their staffs also check for compliance during routine health inspections, but said they don’t conduct inspections specific to the coronavirus restrictions.

The efforts are typically collaborative, with multiple departments working together to handle the enforcement efforts. In Mansfield, the director of the Eastern Highlands Health District, Rob Miller, said his staff isn’t “equipped” to actually issue shutdown orders or confront aggressively noncompliant business owners.

“We don’t have the training currently, the internal protocols,” Miller said.



The outdoor winterized deck space at Fire at the Ridge, the restaurant at Powder Ridge Park in Middlefield. (Mark Mirko / Hartford Courant)

Instead, they rely on partnerships with local and state police, who Miller said he’s “confident” would work with them to enforce the rules. Similarly, in the Farmington Valley towns of Avon and Simsbury, officials said their local police departments partner with the local health district to identify offenders and then follow up with the appropriate response.

Some towns also pull assistance from their fire departments. In Manchester, for instance, the local fire marshal also responds to potentially noncompliant establishments, according to General Manager Scott Shanley.

And in West Hartford, the local police and fire departments regularly patrol the popular restaurant areas in Blue Black Square and West Hartford Center. Those patrols check the exterior of eateries and also look more generally for mask-wearing among the people ambling through the densely populated neighborhood.

But Betsy Gara, the executive director of the Connecticut Council of Small Towns, said she does worry about smaller towns where resources are already thin.

“It certainly does demand additional resources to enforce properly, and that’s going to be an issue down the line,” she said, adding that towns are still facing uncertainty about future municipal aid and other resources.

When they do find problems, many municipalities said they first look for ways to inform business owners about the state’s rules and how to follow them.

“Our approach is not to be out there writing tickets,” said Vernon town administrator Michael Purcaro. “Our job is to educate and inform our residents and provide support for our local businesses as much as we can.”

For egregious or repeat offenders, towns may issue actual penalties — a shutdown, a fine or both. But often the shutdowns last only a few days, unless an establishment breaks the rules repeatedly. And fines, such as the \$500 citation issued against East Hartford’s packed Beso Lounge, may not even offset an owner’s profits for the evening.

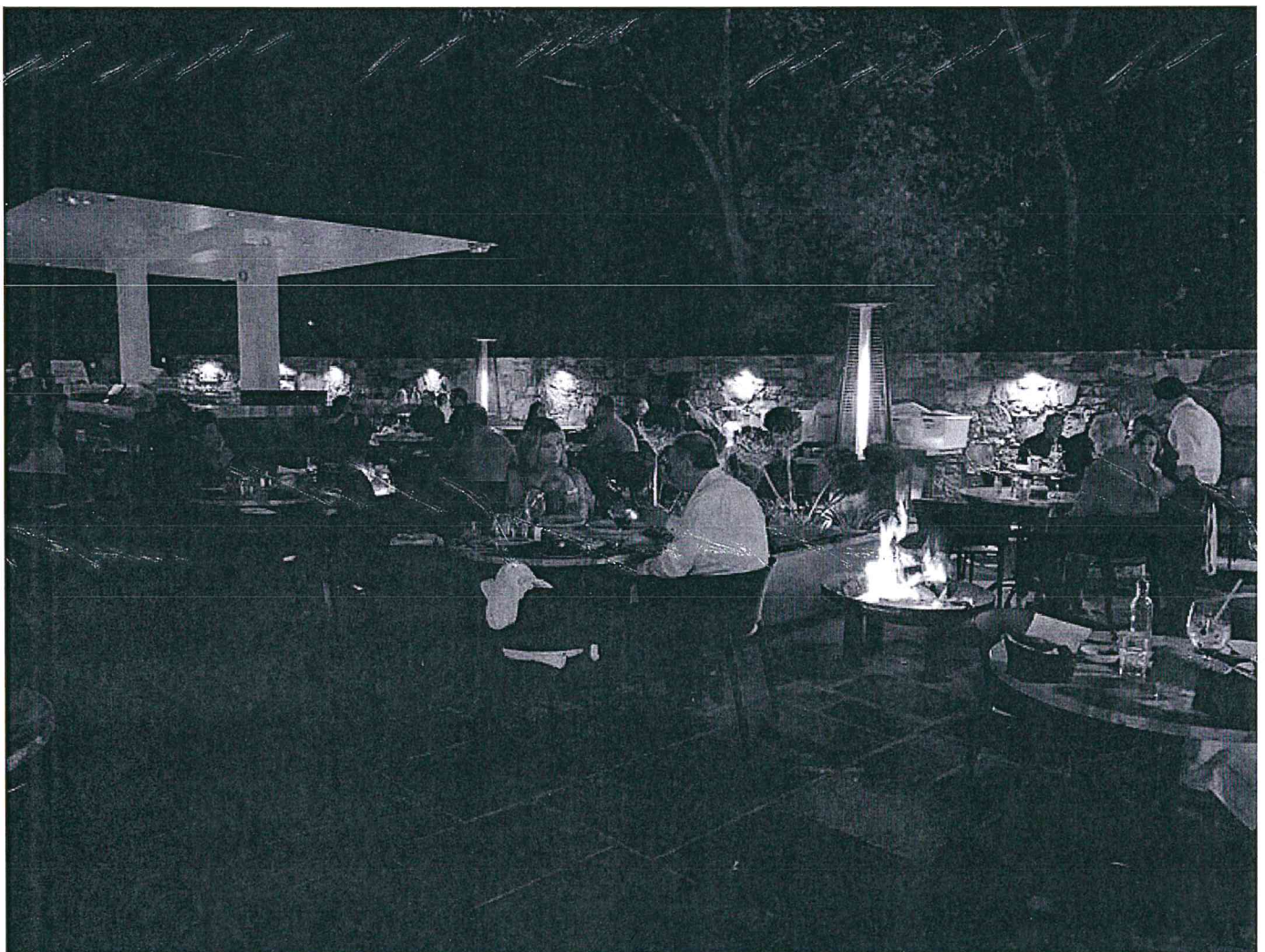
## Are bars and restaurants even the real threat?

So far, it's unclear if any of the COVID-19 flare-ups across the state are actually linked to unsafe conditions at eating or drinking establishments.

But Lamont has raised the alarm because he's watched as places in other states have been forced to shut down eateries. He doesn't want that to happen in Connecticut, he said.

"I look at Chicago, they just closed down their restaurants. I look at Germany, they're closing down their restaurants," Lamont said. "I'm doing everything I can to keep our restaurants open, as long as we do it safely. So that's why I'm pointing out some of these bars that were masquerading as restaurants, because they're going to ruin it for everybody."

Local and state officials have pointed to a broad array of factors contributing to the current spike. Schools and colleges have resumed, social and family gatherings that were taking place outdoors over the summer have moved inside and, after months of disciplined behavior, officials worry that pandemic fatigue has set in for many.



Viron Rondo Osteria in Cheshire plans to enclose part of its outdoor space for winter, with fire pits and heaters.

Dr. John Murphy, CEO of Nuvance Health, warned recently that the state is at the beginning — not the end — of a second coronavirus wave. He predicted a "tough winter ahead" with numbers not peaking until mid-January.



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That doesn't mean a packed bar couldn't cause a local spike — several hundred people jammed indoors could easily become a super-spreader event if someone at the event is carrying COVID-19. But it also doesn't mean a crackdown on these events could shift the state's coronavirus trajectory over the upcoming months.

But there are some things that could shift that trajectory, experts say.

Connecticut's Acting Public Health Commissioner Dr. Deidre Gifford has repeatedly said that residents' continued discipline with social distancing and masking could be the difference between a massive outbreak and a more controlled uptick.

"A lot of this prevention, of turning this around, is within our own personal control," Gifford said.

**LATEST CORONAVIRUS**

Connecticut residents wary of Thanksgiving travel during COVID-19 pandemic, survey shows, as officials ask people to stay home

Stonington middle, high schools close until Dec. 4; elementary schools to follow

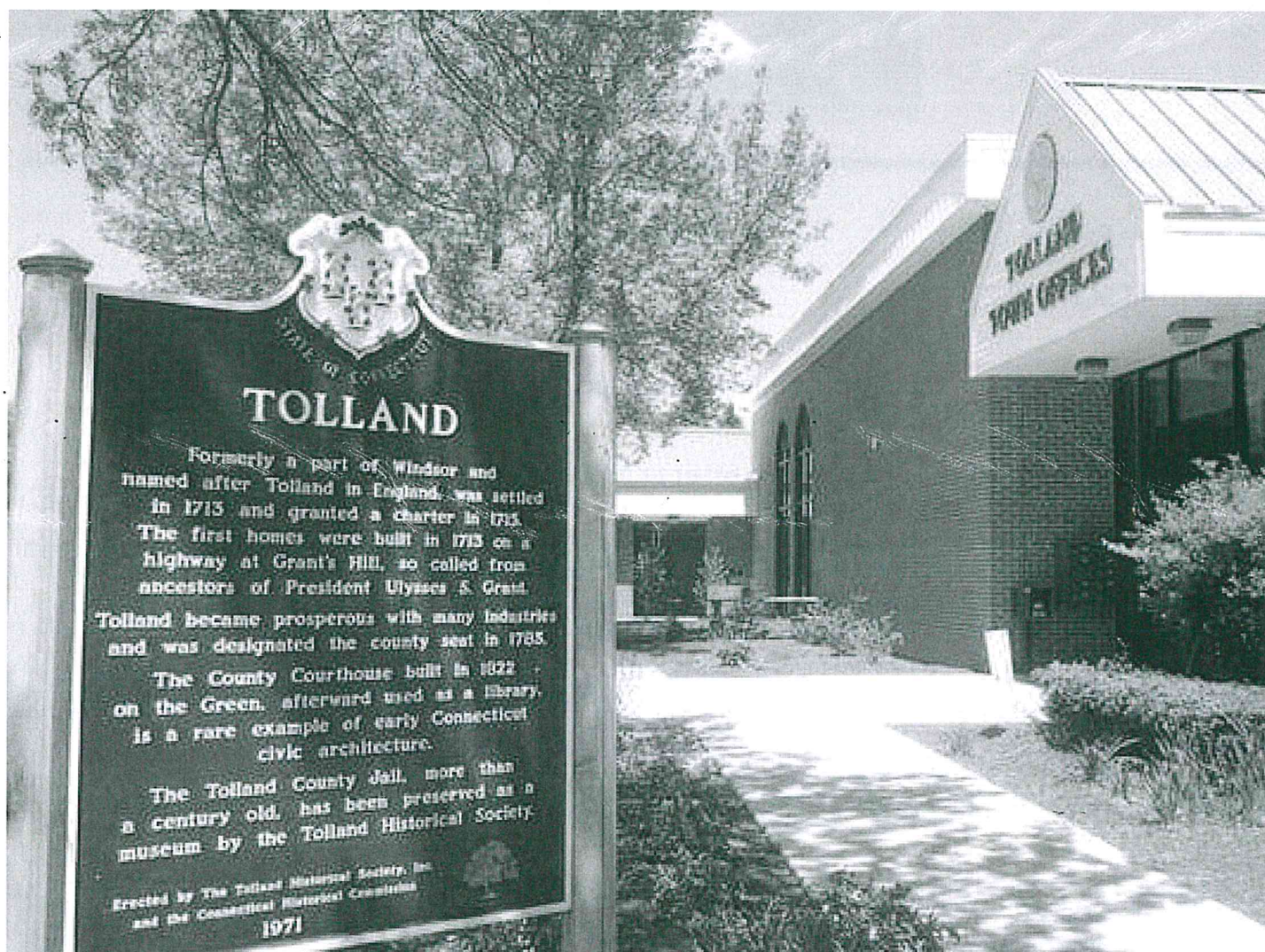
'Consistently long lines' at Connecticut's COVID-19 test sites, as cases surge across state and nation

*Emily Brindley can be reached at [ebrindley@courant.com](mailto:ebrindley@courant.com). Jesse Leavenworth can be reached at [jleavenworth@courant.com](mailto:jleavenworth@courant.com).*

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# 2 Tolland school community members test positive for COVID-19

By Michelle France  
mfrance@journalinquirer.com  
Nov 9, 2020



TOLLAND – Two individuals from the school community have tested positive for COVID-19 and nine other community members are quarantining for 14 days, according to a Saturday letter to district families by Superintendent Walter Willet.

All individuals affected by the situation have been contacted, Willet wrote.

On Thursday, the town was put on the state's list of "red alert" communities. Red alert communities are those with 15 or more cases per 100,000 residents.



## Just The Facts

### COVID AT SCHOOLS

**WHAT:** Two school community members have tested positive for COVID-19 over the weekend

**WHERE:** One at Birch Grove Primary, the other at Tolland High School, but cases are related

**CHANGES:** No changes to the school model have been announced.

Robert Miller, director of the Eastern Highlands Health District, told the Journal Inquirer today that the two cases, one from Birch Grove Primary School and another from Tolland High School, are related and contact tracing efforts indicate that the exposure occurred outside the school setting.

Despite the new cases, Miller said, schools continue to be safe places because they are well-controlled environments.

"To date, the schools have been doing a good job of implementing these layered mitigation measures to reduce the risk of COVID," Miller said.

Miller said he communicates almost weekly with the superintendent's office to review public health data and how that is relevant to inform plans for the learning model for the school systems moving forward.

Miller said there is no specific threshold or standard set to move a school to fully remote, or to modify or maintain the learning methods in place.

"A decision like that is not a simple one," Miller said. "There are many factors that would go into it to make it a fully informed decision."

Factors include, but are not limited to, Tolland county population based data, local municipal town public health data, physical set up of buildings in schools, effectiveness and compliance with mitigation measures such as mask compliance and disinfection.

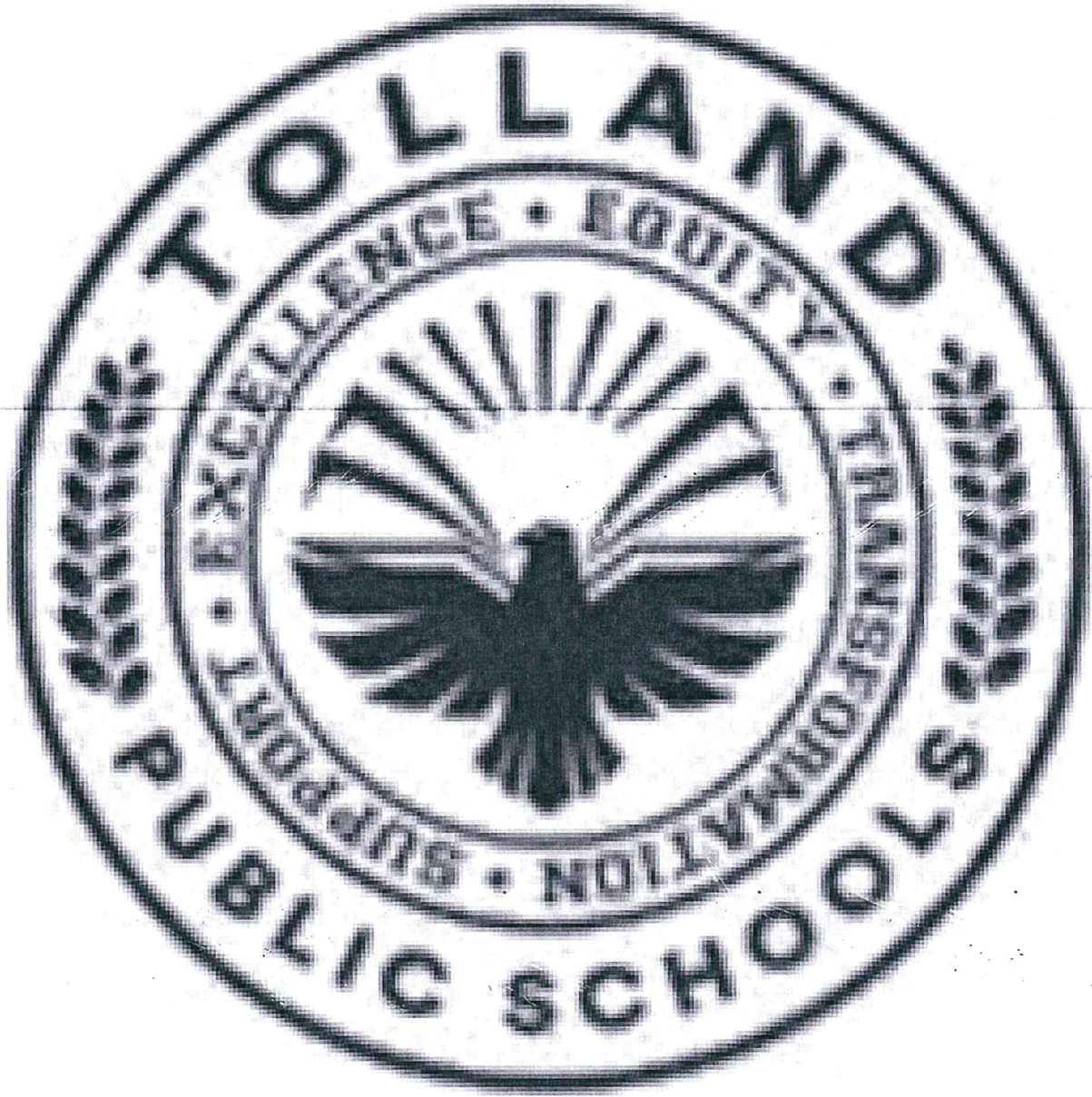
In light of our recent rise and the prevalence of cases within our area, Tolland must remain diligent in applying standard COVID precautions, Miller said.

Precautions include wearing a mask outside, maintaining physical separation from individuals outside the immediate family household, disinfecting and washing hands frequently, and avoiding social gatherings when possible, Miller said.

Miller said it is also important for individuals to begin thinking about the holiday season.

"Unfortunately, this year the holiday season is going to be different," Miller said. "Everybody wants it to be like it is and that's completely understandable, but I think for this upcoming holiday season I think it's important for the families to rethink what works for them and what is safe. So we would encourage families to do just that."

For updates on the towns of Coventry and Tolland, follow Michelle France on Twitter: @MFranceReport, Facebook: Michelle France, and Instagram: @MFranceReport.



Another positive virus case in Tolland schools, this time at Tolland Middle School



# 12 more in quarantine at Tolland High School

By Olivia Regen [oregon@journalinquirer.com](mailto:oregon@journalinquirer.com)

Journal Inquirer  
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TOLLAND — A member of the Tolland High School community has tested positive for COVID-19 and is in quarantine along with 11 others as a precaution because they came in contact with that person, Superintendent Walter Willett confirmed today.

Everyone is in quarantine for 14 days, said Willett, who added that he could not disclose whether anyone among the group is a student or staff member. He said he was notified about the positive test on Thursday.

He said the school system has put measures in place to mitigate the risk to the school community such as quarantining the individuals affected. He also said there was not a need to close the school system.

“We should try to be in school as much as we can, following the data and guidance of the state,” Willett said. “We want to keep the mental health measures in place and keep all the things we know to keep kids happy and healthy.”

He said none of the individuals being quarantined as a precaution are showing signs of COVID-19. The school system has aggressive contact tracking and outreach measures in place, and personal protective equipment is in use, including face shields and social distancing, he said.

**AT A GLANCE****COVID-19**

**WHAT:** Positive test at Tolland High

**RESULT:** 11 more individuals in quarantine as a precaution

The leading county indicator for COVID-19 risk in the community falls within the threshold established by the state Public Health and Education departments for in-person learning.

That threshold indicates that there's low risk in a school system in returning full-time to in-person learning if the county has less than 10 cases per day per 100,000 on a seven-day rolling average.

Tolland County has 8.3 cases per 100,000 on a seven-day basis, according to information from the state.

Tentatively, beginning Monday, Nov. 2, all students in Tolland Public Schools will be returning to their school full time for in-person learning four days a week. The exception would be students whose parents have opted to have them continue with fully remote learning. On Wednesdays, all students will learn remotely from home so the schools can be cleaned, Willett said.

He said that at this time there is no need to close the schools or change the plan for full time in-person learning to begin Monday.

Robert Miller, director of the Eastern Highlands Health District, said the individual who tested positive in the Tolland High School community was in the school during the window of infection and came in close proximity to other individuals in the school.

Miller said this is the first case of COVID-19 in the Tolland school system.

"They are doing a good job of mitigating the risk in the school setting," he said.

However, Miller said there is an uptick of cases in Tolland County and he is encouraging residents to be vigilant in standard COVID-19 protocols such as washing their hands, social distancing, wearing masks and limiting group gatherings — even small social gatherings with friends and family members not part of your immediate household or who might pose a risk.

There are 83 cases of COVID-19 in Tolland and 1,631 in Tolland County, according to recent daily numbers from the state's website.

Dr. Kevin Dieckhaus, chief of infectious diseases at the University of Connecticut, said the significant rise in COVID-19 cases in the state is concerning. There are 70,446 cases statewide, according to the latest information from the state.

"With Connecticut's test positivity rate now at 6.1 percent — a dramatic increase — there is certainly more transmission occurring in the community," Dieckhaus said.

While most of the transmission is occurring in family and small group settings outside of school, Dieckhaus said, he expects that as cases and community transmission rates increase, there will be more cases identified from a school setting.

“So, this is something to follow carefully and adjust practices as the information becomes available,” he said.

# Journal Inquirer State/Region

Thursday, November 12, 2020

StateRegion@JournalInquirer.com

## Multiple parties reported over weekend at UConn

By Michelle Warren

Willimantic Chronicle

MANSFIELD — State police were called to multiple, off-campus parties this weekend, days before the University of Connecticut announced its highest daily positivity rate.

State and UConn police have been working together to communicate with UConn students living off-campus about the expectations related to the coronavirus pandemic.

During the Mansfield Town Council meeting Monday, Eastern Highlands Health District Director Robert Miller said there were some off-campus parties last weekend during which Mansfield Resident State Trooper Sgt. Keith Timme had to intervene.

“Hopefully they don’t develop into any significant spreading situation, but I know that he is working diligently on that and I appreciate the report that he provided me and his efforts to work with my office,” Miller said.

UConn announced Tuesday that five residence halls were being put under quarantine after 11 new on-campus positives and 23 new off-

campus positives at the Storrs campus.

UConn spokeswoman Stephanie Reitz said UConn officials were gathering more information about the off-campus parties, which violate pandemic protocols.

No information was available about the off-campus parties or whether any students had been arrested.

The parties were held just days before UConn announced an uptick in cases.

The school’s dashboard of COVID-19 statistics indicates there were 13 new on-campus cases Wednesday, seven in people who already were in quarantine. There were 12 off-campus cases Wednesday, four in people who already were in quarantine.

Among those positive cases, 16 were identified through surveillance testing, Reitz said, the remaining nine were in students who sought treatment for symptoms.

One UConn employee tested positive for the virus Wednesday.

This week, five residence halls were put on quarantine: Werth, Tolland, Middlesex, Batterson, and Belden.

Miller said Timme has heard

there will be many off-campus students remaining in the area during Thanksgiving break, but they don’t know how many or where those students reside.

He said he plans to reach out to UConn to see if there are ways the health district can support those students.

After Thanksgiving break, students will remain home and finish the semester remotely. UConn officials made that decision in anticipation of a possible uptick in cases during the cold months.

As COVID-19 cases increase in town, throughout the state, and nationally, Mansfield has increased its testing accessibility.

For at least the next six weeks, weekly COVID-19 testing will be conducted at Mansfield Middle School. The tests will be conducted Wednesdays from 3 to 7 p. m. at the middle school, 205 Spring Hill Road.

Miller said it is possible a testing location will be added to the northern part of town.

“We’ll see how the pandemic progresses, whether we need to ramp up testing even further,” he said during the council meeting Monday.

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## A COVID-19 DRILL



Town of East Hartford

A Hartford HealthCare at Home staffer administers flu vaccinations at a clinic in East Hartford in October. More than 50 residents received the flu vaccine as the town fine-tuned its systems to prepare for a COVID-19 vaccine, East Hartford Mayor Marcia Leclerc said.

## Towns prepare for vaccine rollout

By Abigail Brone

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When asked before the presidential election on Nov. 3 whether she was open to receiving a vaccine for the coronavirus when it becomes available, Enfield resident Concetta Arre, 58, said she would be hesitant.

“Frankly, if it comes from (President) Donald

Trump’s recommendation, I wouldn’t take it,” Arre said. “But if (Dr. Anthony) Fauci felt it was reliable and tested and trials were thorough...I would give a lot of weight to his recommendation.”

With President-elect Joe Biden preparing to take the helm on battling the coronavirus and as Pfizer Inc. announced this week its COVID-19

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## Local G Trump to chall

### But outcome wi same, state legi

By Eric Bedner

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Local Republicans are supporting President Donald Trump’s decision not to concede the election to President-elect Joe Biden, but acknowledge that while Trump is legally allowed to dispute the results, the outcome of the election is not likely to change.

“I think President Trump is well within his rights to pursue legal challenges,” Sen. John A. Kissel, R-Enfield, said. “It may not go anywhere, but it’s within his rights. I think it will be an interesting couple of months.”

While Kissel said that Connecticut has strong voting laws to ensure the integrity of elections, the same protections may not exist in other states, justifying Trump’s concerns.

“There may be some problems with some absentee ballots, and until that really gets

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Subscriber Florence Savoie of Manchester, 33 years

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## Juneteenth approved as holiday

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### STATE

## Explosion kills 2 workers at VA hospital

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# In first phase, high-priority groups would receive vaccine

## ■ VACCINE

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vaccine is near completion, Arre, who is retired from an investment management company, feels more confident.

"I definitely feel more comfortable and trust that (Biden) will be working with experts who will tell the truth on the viability and safety of a new vaccine," Arre said. "I would get it after viewing possible side effects and hearing what some scientific experts thought on it, but I would definitely be open to taking it."

### Pfizer vaccine

Amidst reports that the coronavirus is currently raging across the U.S., with about 10 million people infected and nearly 240,000 deaths, the pharmaceutical giant Pfizer Inc. — headquartered in New York and with a Groton campus in Connecticut — on Monday announced that its COVID-19 vaccine may be ready for an expedited Federal Drug Administration approval by the end of November, Pfizer Senior Vice President John Burkhardt said this week during a news conference with Gov. Ned Lamont.

The vaccine, which has been tested on more than 43,000 volunteers, has been found to be 90% effective in preventing the disease, according to Burkhardt.

The vaccine would be submitted to the FDA under an emergency use access application or EUA, allowing for expedited, specialized approval, Burkhardt said.

"Normally, these things (take) months for approval, but I would anticipate weeks rather than months for the FDA approval"



Jim Michaud / Journal Inquirer

Concetta Arre, shown at her Enfield home, says she feels more confident in a potential COVID-19 vaccine now that Joe Biden is president-elect.

up to 50 million doses could be ready by then. As production kicks into high gear, the company is looking to potentially produce 1 billion doses next year, he said.

Of the initial 5 million to 10 million doses of the vaccine prepared for this year, Connecticut will likely receive around 1% of the total, Lamont said. Assuming the Pfizer vaccine receives FDA approval and is ready to distribute by the end of the year, the state will receive at least 50,000 to 100,000 doses of the vaccine.

### Rollout particulars still tentative

Dr. Reginald Eadie, co-chairman of the governor's coronavirus task force and president and CEO of Trinity Health of New England, said the state cannot definitively say where the vaccine will go first until the number of doses Connecticut

there's equity around the distribution," Eadie said.

The Pfizer vaccine, which requires two doses per person, must be stored at a temperature of minus 94 degrees Fahrenheit. Proper storage for the vaccine will be taken into account when determining which hospitals or health departments will receive the vaccine, Eadie said.

The governor and his task force have already outlined a three-phase system for vaccination distribution in Connecticut.

In the first phase, the vaccine will be distributed only to high priority groups, including first responders, essential workers, and people with compromised immune systems or pre-existing conditions.

Eadie said there is no definitive timeline for when Phase 2, which involves the general population,

## IN THE STATE

**AT THE START:** Of the initial 5 million to 10 million doses of the vaccine prepared for this year, Connecticut will likely receive around 1% of the total, Gov. Ned Lamont said.

and its eventual vaccine.

In October, the East Hartford Health Department conducted a flu clinic drill in which more than 50 residents were given the flu vaccine and the town fine-tuned its systems to prepare for the COVID-19 vaccine, East Hartford Mayor Marcia Leclerc said.

### Drills help communities prepare

"The overarching goal of the drill was to enable participating organizations to refine their systems and to increase the town's readiness to efficiently mass vaccinate East Hartford residents in response to the pandemic," Leclerc said.

While all immunization methods for COVID-19 are in the preliminary stages and largely dependent on availability, East Hartford's drill was conducted as a drive-thru vaccination, a model which officials plan to use for the coronavirus vaccine, Leclerc said.

For the Eastern Highlands Health District, which includes the towns of Andover, Bolton, Coventry, and Tolland, the biggest change in the pre-existing pandemic flu vaccine plan when it comes to the coronavirus and its vaccine is the need for social distancing, Director Robert Miller said.

"The big piece there is we are

given its prior experience spearheading the H1N1, or swine flu, vaccination campaign over a decade ago.

### A mission to ease concerns

One of the biggest concerns for both local health departments and the governor's task force is easing the public's concerns regarding the safety and efficacy of the vaccine, given its quick production and newness.

Lee Ann Doherty, 63, of Enfield, said she has no plans to receive a vaccine for COVID-19.

"I don't think the medical community understands enough about COVID, so it's impossible for me to feel safe that a vaccine is going to work," Doherty said. "Truncating the testing time does not restore that confidence."

Doherty said she would consider taking the vaccine down the road, once several issues are known — the side effects, if certain groups are impacted more severely by the side effects, and what the outcomes are of taking the vaccine.

Above all, Doherty believes receiving the vaccine should be a choice and that the government, school officials, or employers should not have a say in someone deciding whether to take the vaccine.

Miller said his district will be coordinating with the state Department of Public Health and the CDC on information to provide to the public that will ease concerns.

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“Normally, these things (take) months for approval, but I would anticipate weeks rather than months for the EUA approval,” Burkhardt said.

Pfizer, like other companies working to produce a coronavirus vaccine, was manufacturing the vaccine while it was being tested, so when it receives FDA approval, a certain amount would already be prepared for use, Burkhardt said.

Should the Pfizer vaccine receive FDA approval in the coming weeks, Connecticut could begin receiving vaccines as early as December, Lamont said.

At least 5 million to 10 million doses of the vaccine will be ready by the end of the year, Burkhardt said. However, he’s hoping that

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up to 50 million doses could be ready by then. As production kicks into high gear, the company is looking to potentially produce 1 billion doses next year, he said.

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### Rollout particulars still tentative

Dr. Reginald Eadie, co-chairman of the governor’s coronavirus task force and president and CEO of Trinity Health of New England, said the state cannot definitively say where the vaccine will go first until the number of doses Connecticut will receive is known.

“We won’t definitively know which nursing home would get it, or which senior center will get it or which frontline health care worker will get it, until we understand the supply,” Eadie said.

The allocation subcommittee under the governor’s task force is in charge of determining who will receive the vaccine first, using Centers for Disease Control and Prevention recommendations and guidelines, Eadie said.

“Nonetheless, the allocation committee, under the governor’s advice, has to make sure that

there’s equity around the distribution,” Eadie said.

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The governor and his task force have already outlined a three-phase system for vaccination distribution in Connecticut.

In the first phase, the vaccine will be distributed only to high priority groups, including first responders, essential workers, and people with compromised immune systems or pre-existing conditions.

Eadie said there is no definitive timeline for when Phase 2, which involves the general population, will commence.

The second phase of vaccine rollout will ideally occur when the supply is equal or greater than the demand for vaccines. Phase 2 is when the vaccine distribution will be expanded beyond the initial group of priority recipients, Eadie said.

The third phase is when the vaccine is readily available and supply outweighs demand.

Local health departments, many of which already had emergency epidemic plans in place for outbreaks of influenza, are tweaking their pre-existing plans to accommodate the coronavirus



Jim Michaud / Journal Inquirer

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“The big piece there is we are going to be looking at (vaccinating) in a manner in which we can mitigate and significantly reduce the rate of person-to-person transmission,” Miller said. “We are going to have to find larger spaces, if we have to go indoors. Certainly, there will be more outdoor vaccination events.”

This month the Eastern Highlands Health District conducted its own drive-thru vaccination drill at Mansfield Middle School where flu shots were administered, Miller said.

Miller said he’s confident in the district’s abilities at handling a mass vaccination scenario

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“In the end, the messaging will certainly be while vaccination is voluntary, once a vaccine is duly approved by the FDA, we will be encouraging everyone to get vaccinated,” Miller said.

The governor’s task force is guided by three main principles: transparency, trustworthiness, and truthfulness, Eadie said.

“As long as we demonstrate those three in every conversation that we have, I think we’ll be just fine,” Eadie said. “Once you have these conversations with people, their anxiety begins to decrease. In my mind, if we get 70 percent of people vaccinated in the state of Connecticut in the first six to 12 months, that looks like or equals success to me.”

# COVID money goes out to underfunded local health departments

HEALTH by MARK PAZNIOKAS | OCTOBER 21, 2020 | VIEW AS "CLEAN READ"



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Dr. Deidre Gifford, acting commissioner of public health. At right, Jeffrey Catlett, the Manchester health director.

**Manchester** — Nothing like a pandemic to get Connecticut's underfunded local and regional health districts an influx of cash.

Gov. Ned Lamont and Dr. Deidre Gifford, his acting commissioner of public health, stood in an open-air pavilion in a park here Wednesday to announce the distributions of the first 21 grants from \$20 million in federal funds to local health districts to combat COVID-19.



Gifford said eventually all 65 districts will get three-year grants to increase testing, contact tracing and community outreach, providing a revenue stream sufficient to increase local staffing. The grants are based on poverty levels and other metrics of need.

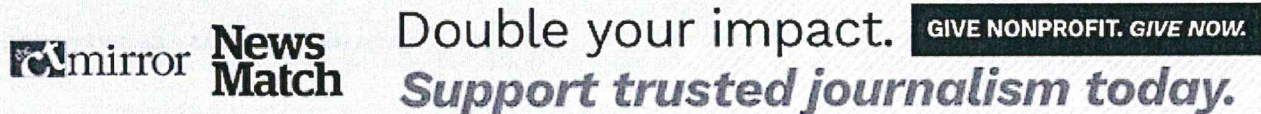
But the largesse underscores a longstanding complaint of local health directors: The state has chronically failed to meet a statutory commitment of paying \$1.85 per capita in public health funding to every community of more than 50,000 people or to regional health districts with at least three communities.

Lamont was non-committal when asked if the per-capita commitment would be fully funded in the next budget.

"I think that's something we have to look at, isn't it?" Lamont said. Asked if it was under discussion, he replied, "Let's put it this way: It's a lot higher on my radar screen than it was eight weeks ago."

Lamont acknowledged that the work of local health districts drew little attention until the arrival of a coronavirus blamed for 4,559 deaths and nearly 65,000 infections in Connecticut. The state is currently battling a surge of new cases, part of a national trend. The daily positive testing rate was 2.6%, down from 3% the previous day.

"I think that today we're keeping you really busy, and COVID is keeping you really busy," Lamont told Jeffrey Catlett, Manchester's health director. "And we're asking the local departments of public health to do more and more."



"We are working on the per capita funding, but this is a great funding source that's going to allow us to do our jobs during COVID," said Jeffrey Catlett, Manchester's health director and the president of the Connecticut Association of Directors of Health.

The roll out of a new statewide digital reporting system did not go smoothly in the early weeks, in the view of some local officials. But Catlett said the current working relationship with the state Department of Public Health is effective.

Local departments take the lead in contact tracing, with the state providing backup. Gifford said the state is hiring another 105 contact tracers.

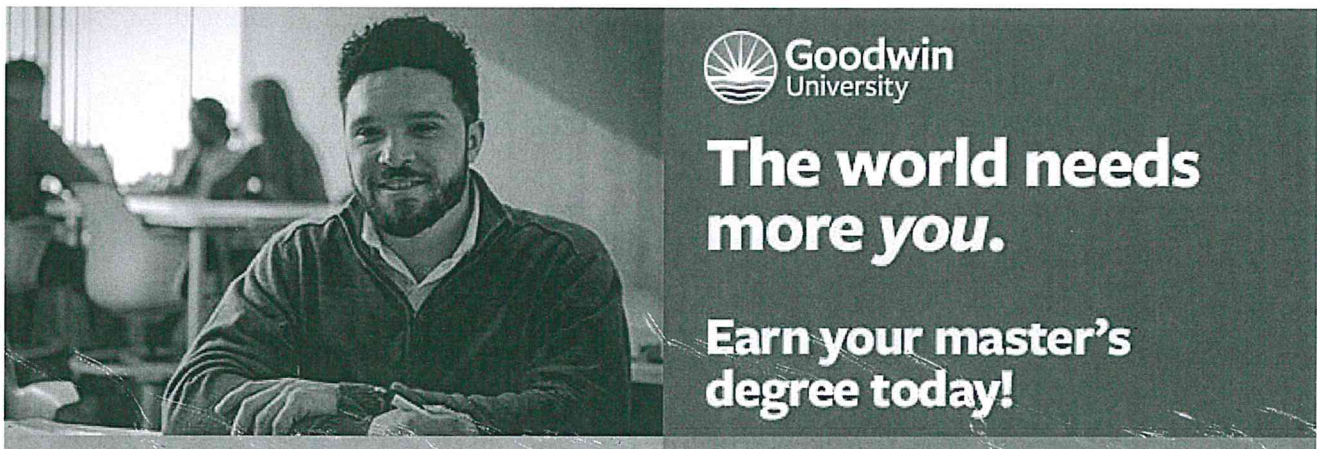
Manchester will be getting \$127,278 a year for the next three years.

The federal money is being provided under the terms of the U.S. Centers for Disease Control and Prevention's cooperative agreement with Connecticut for COVID testing and tracing.

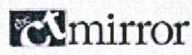
The initial grants:

- **Bridgeport** – Year one: \$510,243; Total: \$1,275,606
- **Brookfield** – Year one: \$26,348; Total: \$65,870

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- **Cromwell** – Year one: \$22,513; Total: \$56,283
- **Durham** – Year one: \$11,786; Total: \$29,466
- **East Hartford** – Year one: \$136,449; Total: \$341,123
- **Eastern Highlands Health District** – Year one: \$153,795; Total: \$384,489
- **Glastonbury** – Year one: \$53,815; Total: \$134,538
- **Guilford** – Year one: \$34,550; Total: \$86,376
- **Ledge Light Health District** – Year one: \$344,683; Total: \$861,707
- **Manchester** – Year one: \$127,278; Total: \$318,196



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- **Pomperaug Health District** – Year one: \$70,176; Total: \$175,441
- **Ridgefield** – Year one: \$33,326; Total: \$83,314
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