

Eastern Highlands Health District  
Board of Directors Regular Meeting  
Agenda  
Coventry Town Hall Annex  
Thursday December 13, 2018, 4:30 PM

Call to Order

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

Approval of Minutes (October 18, 2018)

Public Comments

Old Business - none

New Business

1. Proposed Fiscal Year 2019/2020 Operating Budget, CNR Budget, and fee schedule – Set public hearing date
2. General Fund expenditure request for EHHD Sanitary Code legal review

Subcommittee Reports

3. Finance Committee - Comprehensive Annual Financial Audit Report – June 30, 2018; Independent Auditors Report on Internal Control; Auditors communication to Board of Directors
4. Personnel Committee (no attachment)

Town Reports

Directors Report

5. Substance Abuse in our Communities Workgroup - update
6. Strategic Plan Progress – Online permit application/tracking system
7. 1<sup>st</sup> Quarter FY 18/19 Activity Report
8. FDA Food Code Transition – proposed regulations - update

Communications/Other

9. DPH re: Weekly influenza update – Week 47
10. EHHD re: State Flu Vaccination Days
11. E Paterson re: D Kennedy appointment to Finance Committee
12. Miller re: Letter of Support for Bolton Center Connectivity Project
13. R Miller re: Cottage Food Businesses
14. R Miller re: Invitation to Self-Identify: Race/Ethnicity; Veteran status; Disability
15. R Miller re: Eastern Highlands Health District Emergency Contact Protocols – 10/22/18, update
16. Statement from DPH Commissioner Pino on Confirmed Case of Meningococcal Meningitis Type B In One Student at CCSU

Adjournment

*Next Board Meeting – January 17, 2019, at Coventry Town Hall Annex*

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*Next Board Meeting – January 17, 2019, at Coventry Town Hall Annex*

Eastern Highlands Health District  
Board of Directors Regular Meeting Minutes - DRAFT  
Coventry Town Hall Annex  
Thursday, October 18, 2018

**Members present:** R. Devito (Ashford), J. Higgins (Andover), D. Kennedy (Mansfield), J. Stille (Bolton), M. Walter (Columbia), T. Nuccio (Tolland)

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

**Call to Order:** J. Stille called the meeting to order at 4:35pm.

**Approval of minutes of August 16, 2018** M. Walter made a MOTION, seconded by D. Kennedy to approve the minutes of the August 16, 2018 meeting as presented. MOTION PASSED unanimously with T. Nuccio abstaining.

### **New Business**

**J. Stille called for a motion to add an item to agenda** D. Kennedy made a MOTION, seconded by J. Higgins to amend and add to the agenda "Preventive Health and Health Services Block Grant – FY 19 Contract, Contract log #2019-0072" to the agenda as Item 3. MOTION PASSED unanimously. Item added as #3 on the agenda.

**Memorandum of agreement for the DPH Public Health Preparedness Program, By and Between the LLHD and the EHHD – Ratification** R. Miller presented a brief overview of the agreement that has been signed. D. Kennedy made a MOTION, seconded by M. Walter to ratify the Memorandum of Agreement for the DPH Public Health Preparedness Program, By and Between the EHHD and the Ledge Light Health District 2018-2019 as presented on October 18, 2018. D. Kennedy requested confirmation that the contract is 100% grant funded. R. Miller confirmed. MOTION PASSED unanimously.

**Proposed 2019 Regular Meeting schedule** T. Nuccio made a MOTION, seconded by D. Kennedy to adopt the Eastern Highlands Health District Board of Directors 2019 Regular meeting schedule as presented. MOTION PASSED unanimously.

**Preventive Health and Health Services Block Grant – FY 19 Contract, Contract log #2019-0072** R. Miller presented a brief overview of the grant and the services it provides, highlighting the development of the tobacco free campus policy in Mansfield and the development of the Planning Toolkit for use by planning and zoning. D. Kennedy made a MOTION seconded by M. Walter to authorize the director of health to execute the Preventive Health and Health Services Block Grant – FY 19 contract, contract log #2019-0072 as presented on October 18, 2018. MOTION PASSED unanimously.

D. Kennedy initiated discussion regarding e-cigarettes and whether these items were included in the tobacco free policy.

### **Subcommittee Reports**

#### **Finance Committee**

**Quarterly financial reports for the period ending 9/30/18** The finance committee did not meet due to lack of quorum to review and approve the quarterly financial reports for the

period ending 9/30/18, therefore it was presented to the full board for approval. R. Miller gave a brief report of the salient points of the report. D. Kennedy made a MOTION, seconded by T. Nuccio to accept the report as presented. MOTION PASSED unanimously.

### **Personnel Committee**

D. Walsh, chair of the personnel committee requested that R. Miller inform the board that the survey tool was updated this year to remove the item related to the director's supervisory activities. With the Personnel Committee's assistance R. Miller will complete a 360 evaluation.

**Director of Health Performance Review** J. Stille reminded the board that the deadline for completing the survey is October 25, 2018, and encouraged all members of the board to complete the survey.

### **Town Reports**

**Mansfield** D. Kennedy reported that Mansfield is close to breaking ground on the 4 corners sewer project. C. Trahan reported that the tobacco free policy for Mansfield does include e-cigarettes.

**Andover** J. Higgins reported that the senior center has been closed after test results revealed high levels of mold.

**Columbia** M. Walter recognized the efforts of EHHD in closing a food service establishment that was potentially unsafe.

**Bolton** J. Stille reported that discussions continue between Bolton and Coventry regarding bringing sewers into Coventry. J. Stille recognized the assistance from EHHD during the recent algae bloom at Lower Bolton Lake.

### **Directors Report**

**Substance abuse in our communities' workgroup update** R. Miller reported that data is starting to improve. R. Miller has been trained to use Epicenter which provides real time data of incidents presenting as a suspected overdose. R. Miller stated that he is still learning how to use Epicenter in a meaningful way.

**Radon Testing Initiative** R. Miller reported that EHHD has partnered with the state DPH for a radon testing initiative. EHHD will receive and distribute 50 kits.

### **Strategic plan progress report**

R. Miller reported that a beta testing of the View Permit public portal will be commencing soon. A select group of contractors will begin using the system to submit applications and payments.

R. Miller reported that 3 staff have completed the FDA Food Code training. He also informed the board that he will be sending out communications regarding the FDA Food Code updates to existing and potential establishments affected by the FDA Food Code.

R. DeVito inquired about the status of updating the Sanitary Code. R. Miller informed the board that this cannot be done until the regulations are released by the state.

#### **FY18 Annual Reports - Agency Report & DPH Report**

R. Miller informed the board that the agency reports will be distributed to each of the town halls and libraries. R. Miller reported that the DPH annual report has changed to closely follow the general statutes outlining the Ten Essential Services for local public health. The changes in the mandated DPH annual report data and other oversight initiatives by DPH indicate an effort to collect data on the performance of local health departments.

R. Miller informed the board that EHHD recently dealt with a GI outbreak at a nursing home in the district.

R. Miller reported that he has been actively involved in a TB case.

R. Miller informed the board that he is part of a planning committee for a tabletop exercise that will be held at UConn, December 19.

K. Dardick reported to the board that his office has seen the first confirmed case of influenza this season.

R. Miller informed the board that he participated in a conference call with State DPH where there was discussion of a Statewide Vaccine Day to be held December 1st & 8th. EHHD will work with VNA to participate in this event.

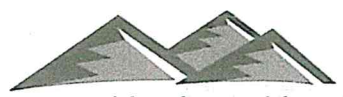
R. Miller noted that the **Next Board Meeting, will be December 12, 2018, 4:30 PM at Coventry Town Hall Annex** and the budget presentation will be an agenda item. The finance committee will meet several times prior to this meeting.

#### **Adjournment**

D. Kennedy made a MOTION, seconded by T. Nuccio to adjourn at 5:54pm. 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

**Memorandum**

**To:** Board of Directors

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

**CC:** Finance Committee

Cherie Trahan, Chief Financial Officer

**Date:** 12/6/2018

**Re:** Proposed Operating Budget, CNR Budget, and Fee Schedule for Fiscal Year 2019/2020

**Proposed Fiscal Year 2019/2020 Operating Budget**

Submitted herewith for your review is a proposed operating budget for fiscal year 2019/2020. The proposal incorporates an expenditure increase of \$31,777, or 3.9%. The total budget has increased from \$812,237 to \$844,014. The member town contribution rate increased by 2.0% from \$5.31 to \$5.42 per capita (The average FY18/19 contribution rate for contiguous health districts is \$6.45).

**Primary Budget Drivers**

The primary issues driving the fiscal year 2019/2020 budget are a proposed increase in the staff salary account appropriation, an increase in other contracted purchased services, a modest health insurance increase, and an increase in training/professional development line. The following salient factors are incorporated into this budget proposal.

1. Level funding from the adopted FY18/19 figure is proposed for the state grant – in - aid. The EHHD FY18/19 budget already includes a 20% reduction in funding from FY16/17 statutory levels. The state appropriated; and, we have received 108% of the FY18/19 budget.
2. A total member town contribution increase of 1.9%. This includes the 2.0% rate increase, plus changes in the population estimates.
3. A fee for service revenue increase of 10.6%. This aggregate increase incorporates estimated projections for the current fiscal year, extrapolates them into FY20, adds both proposed rate increases for selected service fee categories, and adds revenue from two (2) new service fee categories.
4. An appropriation from fund balance of \$30,703 is proposed to balance the budget. This appropriation is a 2.2% reduction compared to the FY18/19 adopted budget.

5. An increase of 7.9% in grant offsets for regular staff salary and benefits is anticipated.
6. A salary line item increase of 3.0%. This increase accommodates proposed merit wage increases pursuant to our personnel policies.
7. A benefit expenditure increase of 2.3%. The increase is due primarily to increases in salary and health insurance rates. This figure incorporates an estimated 2% increase in the medical plan premium rates (The 2% is a conservative placeholder provided by the Mansfield Finance Department. Final rate figures were not available at the time of this memo.)
8. An increase in operational expenditures of 16.2%. This increase is due primarily to purchased contractor environmental inspector services to address material increases in mandated service demands.
9. Transfers Out to CNR remains at \$3,000. This is a planned appropriation to our CNR fund.

The above changes are summarized on the following chart:

PROPOSED EXPENDITURE/REVENUE CHANGES FOR FY19/20					
		Adopted 18/19	Proposed 19/20		
Revenues				Change	Percent
	State Grant in Aid	\$ 123,280	\$ 123,140	\$ (140)	-0.1%
	Town contributions	\$ 429,270	\$ 437,590	\$ 8,320	1.9%
	Fees for Service	\$ 228,280	\$ 252,581	\$ 24,301	10.6%
	Appropriation of Fund Balance	\$ 31,407	\$ 30,703	\$ (704)	-2.2%
	<b>Total</b>	<b>\$ 812,237</b>	<b>\$ 844,014</b>	<b>\$ 31,777</b>	<b>3.9%</b>
<b>Expenditures</b>					
	Grant Deductions	\$ (82,542)	\$ (89,056)	\$ (6,514)	7.9%
	Salaries	\$ 584,555	\$ 602,270	\$ 17,715	3.0%
	Benefits	\$ 210,320	\$ 215,170	\$ 4,850	2.3%
	Operations	\$ 96,904	\$ 112,630	\$ 15,726	16.2%
	Transfers Out to CNR	\$ 3,000	\$ 3,000	\$ -	0.0%
	<b>Total</b>	<b>\$ 812,237</b>	<b>\$ 844,014</b>	<b>\$ 31,777</b>	<b>3.9%</b>

Highlighted below is additional narrative for selected account appropriations proposed for FY19/20

**Revenues**

- **State Grant – in – Aid.** This line item is essentially level funded with a total proposed appropriation of \$123,130. This is based on a conservative review of the state adopted biennium documents. There is no information from DPH regarding anticipated appropriations for FY19/20 at this time. Consequently, the actual impact on the local health grant-in-aid remains uncertain.
- **Town Contributions.** A total combined increase of \$8,320, or 1.9% is proposed for this revenue category. The increase is due to a proposed increase in the per capita contribution rate for member towns of 2.0%, plus

changes in the population estimates provided by DPH. Overall population estimates have slightly declined. Individual town increases can be reviewed on pages 6 and 7 of the budget presentation. Contribution rate history can be found on page 13 of the budget presentation.

- **Fees for Service.** A total combined increase is estimated at \$24,301, or 10.6%. The estimate is based on estimated revenue projections for the current fiscal year, increases in selected service fee rates, and new revenues from newly proposed fee for service categories. The new categories include “Private well Water Treatment Waste disposal plan reviews”, and “Cosmetology Registration/Inspection”. Fee schedule history, and the FY19/20 proposed fee schedule can be found on page 11. Comparison rates for other area health districts can be found on page 12 of the budget presentation.

Material changes in the proposed FY19/20 appropriation for 40639 (Engineered Plan Review) and 40645 (Nonengineered Plan Review) is the result of account consolidation.

- **General Fund Appropriation.** An appropriation of \$30,703 is proposed in this budget. This is a reduction of 2.2% from the previous fiscal year. Of note, this budget estimates year-end fund balance on June 30, 2020 will be 30% of the FY19/20 operating expenditures. (See page 4 for the GF roll forward report for FY19/20.) While adopted budgets in the recent past have been balanced with the general fund, the fund balance has not been drawn down in the past four fiscal years. At this time, we are estimating a drawdown of approximately \$48,360, for FY18/19 (This includes a \$7,000 appropriation for anticipated additional legal fees, and \$20,000 end of the year transfer from the GF to CNR. Both of these item will require Board authorization).

### Expenditures

- **51050 Grant Deductions.** While projecting grant funding is difficult due to its volatility, this proposed budget anticipates an increase of 7.9% in grant deductions. This is based on the improved reliability of both the Medical Reserve Corp, and Public Health Preparedness Grants. (See page 15 for details on total grant revenue anticipated.)
- **51601 Regular Salaries.** The total increase presented for salaries is \$17,715, or 3.0%. Pursuant to our broad band, merit based pay plan this is the appropriation recommended to fund on average 2.5% merit increases for regular staff. The 2.5% rate increase is consistent with current state labor data.
- **52105 Medical Insurance.** The total increase anticipated is \$2,320, or 2%. The 2% is a conservative placeholder provided by the Mansfield Finance Department. Final rate figures were not available at the time of this memo. No change in enrollment is anticipated.
- **52210 Training.** A total increase of \$1,500 is proposed to fund attendance of the annual NACCHO conference for the Director.
- **53960 Other Purchased Services.** A total increase of \$13,500 is proposed. The increase in the appropriation will provide funding for a contracted environmental health inspector (FTE 0.2) that will address material increases in mandated inspection demands. There are two service areas at issue. First, CGS section 19a-231 requires an annual sanitary inspection of “salons”. There is an identified 61 salons in our jurisdiction. To date, this remains an unimplemented mandate. And second, over the past 10 years the number of temporary food permits issued by this agency has increased 245%. Due to field staffing limits, a material number of those permitted events go uninspected. (Please see page 17 for historic data on temporary food permits issued, and available inspection counts for the past eleven years.)



## Proposed FY 19/20 Capital Nonrecurring Budget Narrative (See Page 14)

### Revenues

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

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### Expenditures

- **Automobiles.** An expenditure of \$17,000 is proposed for the purpose of replacing one fleet vehicle in accordance with our fleet replacement schedule.
- **Strategic Planning & CHA/CHIP.** An expenditure of \$10,000 is proposed to provide funding for a consultant to support an *update* of our existing agency strategic plan; and, phase in funding for a community health assessment/community health improvement plan in the out years.
- **IT Infrastructure Upgrade.** An expenditure of \$6,000 is proposed to provide funding for internet kiosks at each of the agency satellite offices to accommodate online permitting and payments.

### **Recommendation**

The budget detailed here within incorporates direction provided by the Finance Committee at their November 27, 2018 special meeting. The Finance Committee will be reviewing this proposal one final time just prior to the regular board meeting on December 13, 2018. Assuming the Finance Committee concurs, the following motion is recommended: *Move, to set public hearing date of Thursday, January 17, 2019 at 4:30 PM, Coventry Town Hall Annex, 1712 Main Street, Coventry Connecticut to hear the public's comments regarding the Eastern Highlands Health District Proposed Fiscal Year 2019/2020 Operating Budget, Capital non-recurring budget, and fee schedule as presented.*

**Eastern Highlands Health District**

**Proposed Budget**

**Fiscal Year 2019 – 2020**

**December 13, 2018**

**Board of Directors Meeting**

<u>Table of Contents</u>	<u>Page #</u>
Budget Presentation	1
Organizational Chart	2
Budget Calendar	3
Estimated Statement of Revenues and Expenditures & Change in Fund Balance	4
Proposed Budget Summary	5
Rational of Objects	6
Analysis of Service Fee Revenues	10
Proposed FY19/20 Fee Schedule	11
Fee Schedule w/ Average & Median Comparisons to Other HD	12
Town Contribution, CPI, Per Capita Expenditure, Per Capita Grant - Comparisons	13
Capital Nonrecurring Budget & Changes in Fund Balance	14
Estimated Statement of Revenues & Expenditures – Special Grants & Programs	15
Fund Balance Analysis	16
Temp Food Event Permit Program	17

# Eastern Highlands Health District

## Budget Presentation

### FY 19/20

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.

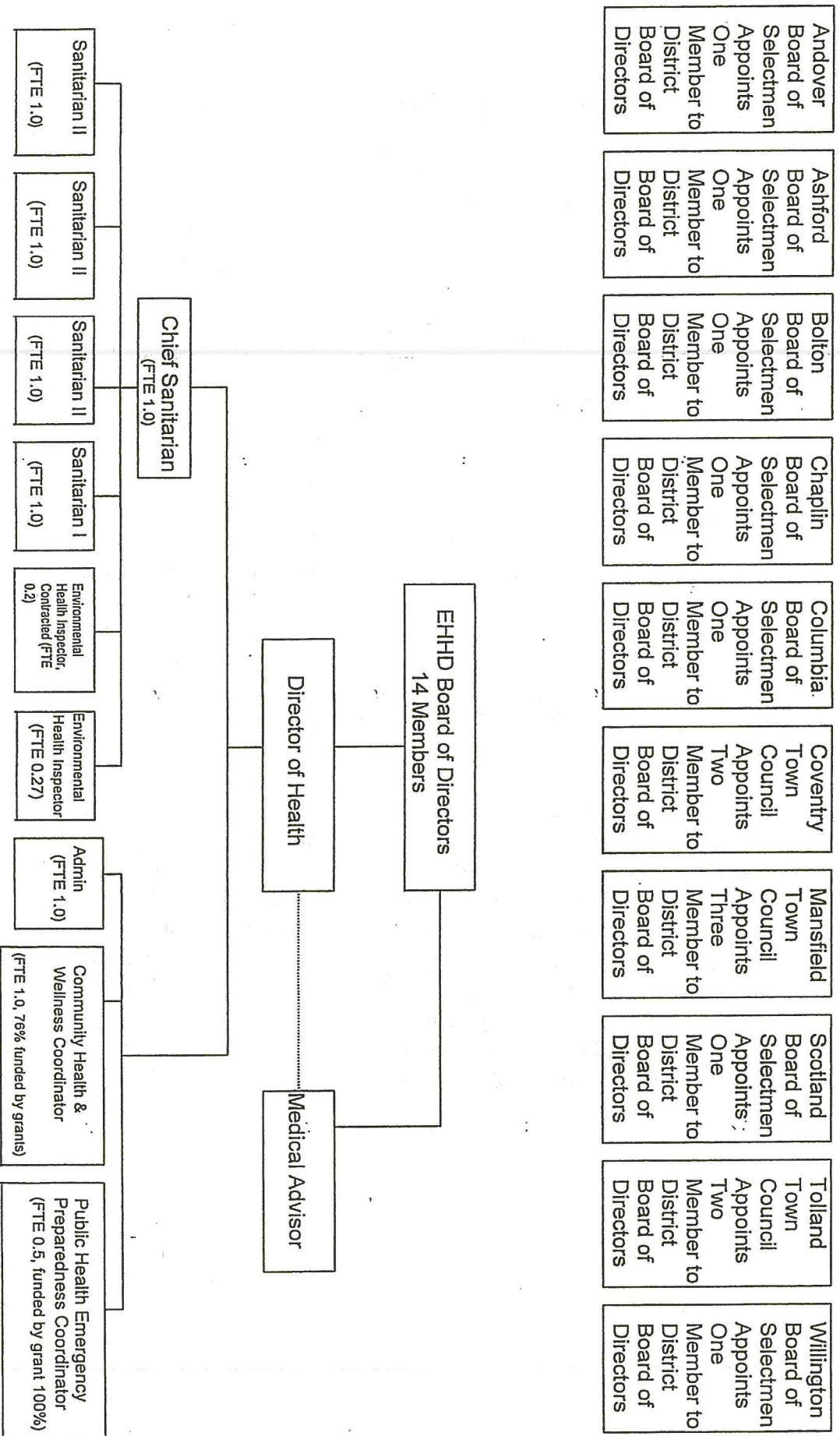
#### AGENCY SUMMARY AND AUTHORITY

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 80,738.

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 2019/2020  
Eastern Highlands Health District Organizational Chart



### **Fiscal Year 2019/2020 Budget Calendar**

Finance Committee Budget Meeting	November 27, 2018
Finance Committee Budget Meeting	December 13, 2018
Budget Presentation to Board	December 13, 2018
Deadline for final budget estimates per By Laws	January 1, 2019
Fiscal Year 2019/2020 Budget Public Hearing	January 17, 2019 (recommended)
Budget Public Hearing Deadline per By Laws	February 1, 2019
Adoption of Budget	February 15, 2019 (If necessary)

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

Roll Forward FY 2019/20

	Actual 12/13	Actual 13/14	Actual 14/15	Actual 15/16	Actual 16/17	Actual 17/18	Adopted 18/19	Estimated 18/19	Proposed 19/20	Projected 20/21	Projected 21/22	Projected 22/23	Projected 23/24	Projected 24/25
<b>Revenues:</b>														
Member Town Contributions	371,615	377,577	390,841	405,820	423,080	429,282	429,270	429,270	437,590	448,530	459,743	471,237	483,017	495,093
State Grant-in-Aid	152,436	151,852	149,857	142,234	133,164	149,985	123,280	133,327	123,130	123,130	123,130	123,130	123,130	123,130
Services Fees	201,608	188,798	197,796	212,942	224,874	234,393	228,280	228,280	252,591	260,169	267,974	276,013	284,293	292,822
Local Support					800	-								
<b>Total Revenues</b>	<b>725,659</b>	<b>718,227</b>	<b>738,495</b>	<b>760,996</b>	<b>781,918</b>	<b>813,660</b>	<b>780,830</b>	<b>790,877</b>	<b>813,311</b>	<b>831,828</b>	<b>850,847</b>	<b>870,380</b>	<b>890,441</b>	<b>911,045</b>
<b>Expenditures:</b>														
Salaries & Benefits	601,334	613,970	656,060	644,630	686,253	691,797	712,333	712,333	728,384	742,952	757,811	772,967	788,426	804,195
Insurance	15,338	13,826	15,607	15,607	15,599	15,599	15,800	15,800	15,800	15,800	15,800	15,800	15,800	15,800
Professional & Technical Services	38,398	12,242	14,961	13,162	47,455	46,954	47,664	54,664	48,390	48,632	48,875	49,119	49,365	49,612
Other Purchased Services & Supplies	16,990	43,157	43,382	46,162	11,713	15,879	29,840	29,840	44,840	45,064	45,290	45,516	45,744	45,972
Equipment	947	1,132	645	762	300	1,612	3,600	3,600	3,600	4,000	4,000	4,000	4,000	4,000
Sub-total Expenditures	673,007	684,327	730,655	720,323	761,320	771,841	809,237	816,237	841,014	856,448	871,775	887,402	903,335	919,579
Operating Transfers Out	82,000	142,000	-	-	-	-	3,000	23,000	3,000	6,000	9,000	12,000	15,000	17,000
Total Expenditures and Operating Transfers Out	755,007	826,327	730,655	720,323	761,320	771,841	812,237	839,237	844,014	862,448	880,775	899,402	918,335	936,579
Excess/(Deficiency) of Revenues over Expenditures	(29,348)	(108,100)	7,840	40,673	20,598	41,819	(31,407)	(48,360)	(30,703)	(30,619)	(29,929)	(29,023)	(27,894)	(25,534)
Fund Balance, July 1	384,599	355,251	247,151	254,991	295,664	316,262	358,082	358,082	309,722	279,019	248,399	218,471	189,448	161,554
Fund Balance, June 30	\$355,251	\$247,151	\$254,991	\$295,664	\$316,262	\$358,082	\$326,675	\$309,722	\$279,019	\$248,399	\$218,471	\$189,448	\$161,554	\$136,020

**Assumptions:**

- Member Town Increase of 2.5% per year
- State Grant-in-Aid: FY19 8% below CGA budget, held flat each year after
- Service Fee revenue increase of 3% annually
- Salary & Benefit increases of 2% per year
- Grant Deduction line for salaries held flat at \$90,000 per year starting FY21
- Professional & Technical increase of .5% per year
- Purchased Services Increase of .5% per year

Expenditures per Above  
Grant Deduction  
Total Expenditures  
FB as a % of Total Exp

812,237	839,237	844,014	862,448	880,775	899,402	918,335	936,579
82,542	82,542	89,056	90,000	90,000	90,000	90,000	90,000
894,779	921,779	933,070	952,448	970,775	989,402	1,008,335	1,026,579
36.51%	33.60%	29.90%	26.08%	22.50%	19.15%	16.02%	13.25%

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

Fund: 634 Eastern Highlands Health District  
Activity: 41200

Object	Description	Adopted 18/19	Estimated 18/19	Proposed 19/20	% change	Dollar change
<b>Revenues:</b>						
40220	Septic Permits	40,080	40,080	52,840	31.8%	12,760
40221	Well Permits	15,960	15,960	13,890	-13.0%	(2,070)
40491	State Grant-In-Aid	123,280	133,327	123,130	-0.1%	(150)
40554	Local Support	-	-	-	-	-
40630	Health Inspec. Service Fees	4,980	4,980	3,301	-33.7%	(1,679)
40633	Health Services-Bolton	26,180	26,180	26,640	1.8%	460
40634	Health Services-Coventry	66,020	66,020	67,420	2.1%	1,400
40635	Health Services-Mansfield	137,900	137,900	140,440	1.8%	2,540
40636	Soil Testing Service	32,550	32,550	35,610	9.4%	3,060
40637	Food Protection Service	73,400	73,400	74,900	2.0%	1,500
40638	B100a Review	30,700	30,700	29,680	-3.3%	(1,020)
40639	Engineered Plan Rev	9,190	9,190	30,700	234.1%	21,510
40642	Health Services - Ashford	22,490	22,490	23,000	2.3%	510
40643	Health Services - Willington	31,180	31,180	32,090	2.9%	910
40645	Nonengineered Rev	15,340	15,340	-	-100.0%	(15,340)
40646	GroupHome/Daycare inspection	1,320	1,320	1,380	4.5%	60
40647	Subdivision Review	1,940	1,940	1,050	-45.9%	(890)
40648	Food Plan Review	2,820	2,820	2,440	-13.5%	(380)
40649	Health Services - Tolland	78,540	78,540	79,790	1.6%	1,250
40685	Health Services - Chaplin	11,930	11,930	12,150	1.8%	220
40686	Health Services - Andover	17,270	17,270	17,600	1.9%	330
40687	Health Services - Columbia	28,850	28,850	29,370	1.8%	520
40688	Health Services - Scotland	8,910	8,910	9,090	2.0%	180
	Cosmetology Inspections	-	-	6,800	-	-
40999	Appropriation of Fund Balance	31,407	48,360	30,703	-2.2%	(704)
	<b>Total Revenues</b>	<b>812,237</b>	<b>839,237</b>	<b>844,014</b>	<b>3.9%</b>	<b>31,777</b>
<b>Expenditures:</b>						
51050	Grant deductions	(82,542)	(82,542)	(89,056)	7.9%	(6,514)
51601	Regular Salaries - Non-Union	584,555	584,555	602,270	3.0%	17,715
52001	Social Security	36,240	36,240	37,340	3.0%	1,100
52002	Workers Compensation	10,150	10,150	10,160	0.1%	10
52005	Unemployment Compensation	-	-	-	-	-
52007	Medicare	8,430	8,430	8,690	3.1%	260
52009	Salary Related Benefits	-	-	-	-	-
52010	ICMA (Pension)	33,980	33,980	35,020	3.1%	1,040
52103	Life Insurance	2,450	2,450	2,520	2.9%	70
52105	Medical Insurance	116,220	116,220	118,540	2.0%	2,320
52117	RHS	2,210	2,210	2,260	2.3%	50
52112	LTD	640	640	640	0.0%	-
52002	Travel/Conference Fees	-	-	-	-	-
52203	Dues & Subscriptions	2,000	2,000	2,000	0.0%	-
52210	Training	2,000	2,000	3,500	75.0%	1,500
52212	Mileage Reimbursement	600	600	600	0.0%	-
53120	Professional & Tech	7,120	7,120	7,120	0.0%	-
53122	Legal	2,000	9,000	2,000	0.0%	-
53125	Audit Expense	6,800	6,800	6,900	1.5%	100
53303	Vehicle Repair & Maintenance	3,200	3,200	3,200	0.0%	-
53801	General Liability	15,800	15,800	15,800	0.0%	-
53924	Advertising	1,000	1,000	1,000	0.0%	-
53925	Printing & Binding	1,000	1,000	1,000	0.0%	-
53926	Postage	1,500	1,500	1,500	0.0%	-
53940	Copier maintenance	1,000	1,000	1,000	0.0%	-
53960	Other Purchased Services	11,340	11,340	24,840	119.0%	13,500
53963	Sub-Contracted Health Serv	-	-	-	-	-
53964	Voice Communications	3,800	3,800	3,800	0.0%	-
54101	Instructional Supplies	800	800	800	0.0%	-
54214	Books & Periodicals	200	200	200	0.0%	-
54301	Office Supplies	2,000	2,000	2,000	0.0%	-
54601	Gasoline	2,600	2,600	2,600	0.0%	-
54913	Other Supplies & Materials	-	-	-	-	-
55420	Office Equipment	3,000	3,000	3,000	0.0%	-
55430	Equipment - Other	600	600	600	0.0%	-
56302	Admin. Overhead	28,544	28,544	29,170	2.2%	626
56303	Other General Expenditures	-	-	-	-	-
56312	Contingency	-	-	-	-	-
58410	Capital Nonrecurring Fund	3,000	23,000	3,000	0.0%	-
	<b>Total Expenditures</b>	<b>812,237</b>	<b>839,237</b>	<b>844,014</b>	<b>3.9%</b>	<b>31,777</b>



RATIONAL OF OBJECTS

BUDGET FIGURES IN BOLD

REVENUES:

40220 Septic Permits  
 Proposed estimate: **\$52,840**

40221 Well Permits  
 Proposed estimate: **\$13,890**

40491 State Grant-in-aid

	<u>Population 2016</u>	<u>Per Capita Value</u>	<u>Total</u>
Andover	3,248	1.53	4,953
Ashford	4,244	1.53	6,472
Bolton	4,916	1.53	7,497
Chaplin	2,241	1.53	3,418
Columbia	5,418	1.53	8,262
Coventry	12,439	1.53	18,969
Scotland	1,677	1.53	2,557
Tolland	14,722	1.53	22,451
Mansfield	25,912	1.53	39,516
Wilmington	5,921	1.53	9,030
<b>Total</b>	<b>80,738</b>		<b>\$123,125</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>
4,916	\$ 5.420	<b>\$26,640</b>	<b>\$460</b>	<b>1.76</b>

40634 Health Services - Coventry

<u>Coventry Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>		
12,439	\$ 5.420	<b>\$67,420</b>	<b>\$1,400</b>	<b>2.12</b>

40635 Health Services - Mansfield

<u>Mansfield Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>		
25,912	\$ 5.420	<b>\$140,440</b>	<b>\$2,540</b>	<b>1.84</b>

40642 Health Services - Ashford

<u>Ashford Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>		
4,244	\$ 5.420	<b>\$23,000</b>	<b>\$510</b>	<b>2.27</b>

40649 Health Services - Tolland

<u>Tolland Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>		
14,722	\$ 5.420	<b>\$79,790</b>	<b>\$1,250</b>	<b>1.59</b>

40643 Health Services - Wilmington

<u>Wilmington Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>		
5,921	\$ 5.420	<b>\$32,090</b>	<b>\$910</b>	<b>2.92</b>

40685 Health Services - Chaplin

<u>Chaplin Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>		
2,241	\$ 5.420	<b>\$12,150</b>	<b>\$220</b>	<b>1.84</b>

40686 Health Services - Andover

<u>Andover Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>		
3,248	\$ 5.420	<b>\$17,600</b>	<b>\$330</b>	<b>1.91</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>
5,418	\$ 5.420	<b>\$29,370</b>	<b>\$520</b>	<b>1.80</b>

40688 Health Services - Scotland

<u>Scotland Pop.</u>	<u>Proposed Per Capita Contribution</u>	<u>Total</u>	<u>Dollar increase</u>	<u>% increase</u>
1,677	\$ 5.420	<b>\$9,090</b>	<b>\$180</b>	<b>2.02</b>

40630 Health Inspection Service Fees

Proposed estimate: **\$3,300**

40636 Health Services - Soil Testing

Proposed estimate: **\$35,610**

40637 Food Protection Service

Proposed estimate: **\$74,900**

40638 B100a Application Review

Proposed estimate: **\$29,680**

40639 Plan Review Engineered Design

Proposed estimate: **\$30,700**

40645 Plan Review Non-engineered Design

Proposed estimate: **\$0**

40646 Group Home / Daycare Inspections

Proposed estimate: **\$1,380**

40647 Subdivision Review

Proposed estimate: **\$1,050**

40648 Food Plan Review

Proposed estimate: **\$2,440**

XXXXX Cosmotology Inspections

**\$6,800**

40999 Appropriation of Fund Balance

**\$ 30,703**

DEPARTMENT: EHHD

LOCATION: Main Office

ACTIVITY: 41200

RATIONAL OF OBJECTS

BUDGET FIGURE IN BOLD ITALICS

Expenditures:

51601 Regular Salaries - Non-Union

	FY 19/20		FY 19/20	
	Proposed Appropria	FTE	Grant deduct	FTE
	599,370	8.32	60,250	0.91
Longevity	\$2,900			
<b>Total Salaries</b>	<b>\$602,270</b>			

Salary Deductions	60,250
Benefit Deductions	28,806
<b>Total Grant Deductions</b>	<b>\$ 89,056</b>

51050 Grant Deductions

52001 Social Security

<u>Total Regular Salaries</u>	<u>Social Security Percentage (6.2%)</u>
602,270	\$37,341

52002 Workers compensation

Estimated Premium \$10,159

52007 Medicare

<u>Total Regular Salaries</u>	<u>Medicare Percentage (1.45%)</u>
\$ 602,270	\$8,689

52010 ICMA (Pension Plan)

Estimated Salaries of Full-time employees	583,633
Employer percent contribution	0.06
<b>Total estimated employer contribution</b>	<b>Total 35,018</b>

52103 Life Insurance

Proposed estimate: \$2,521

52105 Medical Insurance

Proposed estimate: \$118,540

52117 RHS Contribution

Proposed estimate: \$2,260

52112 LTD

Proposed estimate: \$640

52203 Dues & Subscriptions

Proposed estimate: \$2,000

52210 Training

Proposed estimate: \$3,500

52212 Mileage Reimbursement

Proposed estimate: \$600

53120 Professional and Technical Services

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

53122 Legal Services

Proposed estimate: \$2,000

53125 Audit Expense

Proposed estimate: \$6,900

53303 Vehicle Maintenance and Repair

Proposed estimate: \$3,200

DEPARTMENT: EHHD

LOCATION: Main Office

ACTIVITY: 41200

RATIONAL OF OBJECTS

BUDGET FIGURE IN BOLD ITALICS

Expenditures:

53801 General Liability Insurance		
Coverage by CIRMA:		
General Liability, Auto liability, Professional and Public Official Liability		
Estimated premium:	\$15,800	
53924 Advertising		
Proposed estimate:	\$1,000	
53925 Printing and Binding		
Proposed estimate:	\$1,000	
53926 Postage		
Proposed estimate:	\$1,500	
53940 Copier Maintenance		
Proposed estimate:	\$1,000	
53960 Other Purchased Services		
Proposed estimate:	11,340	(Viewpermit users/ipad data)
	13,500	Contracted Sanitarian
	<u>24,840</u>	
53964 Voice Communications		
Proposed estimate:	\$3,800	
54101 Instructional Supplies		
Proposed estimate:	\$800	
54214 Books and Periodicals		
Proposed estimate:	\$200	
54301 Office supplies		
Proposed estimate:	\$2,000	
54601 Gasoline		
Proposed estimate:	\$2,600	
55420 Office equipment		
Maintenance and replacement	\$3,000	
55430 Equipment - Other		
Field Equipment:	\$600	
56302 Administrative Overhead		
Propose estimate:	\$29,170	
This appropriation funds support service cost provided by the Town of Mansfield such as accounting, payroll, IT and personnel support.		
56312 Contingency	\$0	
58410 Capital Nonrecurring Fund	\$3,000	

**Analysis of Service Fee Revenues**

REVENUE PERFORMANCE	Actual																	Budget	Received	Estimated	Proposed
	2004-05	2005-06	2006-07	2007-08	2008-09	2009-2010	2010-11	2011-12	2012 - 13	2013-2014	2014-2015	2015-2016	2016-2017	2017-18	2018-19	2018-19	2019-20				
40220 Septic Permits (New and repair permits)	40,750	56,765	43,885	31,410	26,160	31,000	26,100	29,295	28,455	31,845	31,655	31,285	34,400	43,880	40,080	21,135	53%	52,838	52,838		
40221 Well permits	14,120	23,205	19,690	22,695	11,280	18,775	13,604	12,135	12,505	13,600	15,535	14,345	16,985	12,925	15,960	6,040	38%	13,992	13,992		
40630 Health Inspection Services (Mortgage & Other Inspections)	12,325	0	14,848	2,943	32,928	21,273	5,875	14,133	14,621	1,857	3,318	5,375	13,716	3,993	4,980	131	3%	3,301	3,301.30		
40636 Health Services - Soil Testing (Treat Holes & Porc Tests)	73,680	73,780	60,140	4,880	32,229	37,610	33,330	31,475	33,590	32,380	32,965	39,710	33,585	41,775	32,550	14,245	44%	35,613	35,613		
40637 Food Protection Service (License fees)	24,573	25,735	29,700	37,973	41,307	37,630	41,583	48,930	55,060	57,796	60,068	61,743	66,413	71,399	73,400	5,471	7%	73,400	74,900		
40638 B100s Review	19,595	25,870	22,235	23,420	21,605	22,360	21,880	20,770	24,790	26,005	24,610	29,225	30,040	27,470	30,700	11,870	39%	29,675	29,675		
40639 Engineered Plan Review	14,360	25,605	21,455	11,965	10,000	17,130	13,500	13,220	9,585	10,360	8,685	8,905	7,290	8,175	9,190	11,540	126%	29,000	30,700		
40645 Nonengineered Plan Review	4,605	3,235	6,815	7,635	5,720	6,285	5,905	8,550	10,575	13,500	12,870	14,205	15,820	18,565	15,340	60	0%	-	-		
40646 Group Home / Daycare Insp.	840	1,022	1,175	1,740	955	695	1,400	900	1,135	1,200	1,190	1,255	1,230	1,470	1,320	550	42%	1,375	1,375		
40647 Subdivision Review	24,530	6,455	7,965	9,765	4,225	2,340	3,810	2,595	6,050	2,200	3,680	3,105	2,360	2,070	1,940	420	22%	1,050	1,050		
40648 Food Plan Review	1,380	2,050	2,040	2,485	2,747	5,500	5,027	2,851	4,641	3,075	3,220	3,790	3,035	2,670	2,820	975	35%	2,438	2,438		
XXXXX Cosmology																			6,800	6,800	
<b>Total</b>	<b>230,758</b>	<b>243,722</b>	<b>229,848</b>	<b>198,836</b>	<b>189,156</b>	<b>200,588</b>	<b>172,014</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>228,280</b>	<b>72,437</b>	<b>32%</b>	<b>242,581</b>	<b>252,581</b>		



Proposed Fee Schedule  
FY 19/20 (Bold denotes change)

	Adopted FY 14/15	Adopted FY 15/16	Adopted FY 16/17	Adopted FY 17/18	Adopted FY 18/19	Proposed Changes FY 19/20	Est. Revenue net
<b>Food Service Fees*</b>							
Application Review**	\$85	\$85	\$90	\$95	\$95	No change	
Class I & II Plan Review	\$150	\$150	\$155	\$175	\$175	No change	
Class III & IV Plan Review	\$235	\$235	\$240	\$245	\$245	No change	
Class I License	\$120	\$120	\$125	\$125	\$125	No change	
Class II License	\$160	\$160	\$165	\$165	\$255	No change	
Class III License	\$235	\$240	\$245	\$255	\$355	No change	
Class IV License	\$325	\$330	\$340	\$355	\$380	No change	
Grocery Store >10,000ft <sup>2</sup> - Class II&III					\$420	No change	
Temporary Food Event Permit	\$55	\$55	\$55	\$60	\$65	No change	
Temporary Permit - samples only			\$30	\$30	\$30	No change	
Expedited Temp food permit application review***					\$20	No change	
Late License renewal (plus app fee)/operating without License					\$200	No change	
CFM Process Fee (No CFM in place)					\$50	No change	
Re-Inspection fee	\$65	\$65	\$70	\$85	\$120	No change	
2 <sup>nd</sup> Re-inspection fee	\$115	\$115	\$120	\$135	\$135	No change	
<b>Subsurface Sewage Disposal</b>							
Permit - New	\$170	\$175	\$185	\$200	\$205	No change	
Permit - Major Repair	\$170	\$170	\$175	\$185	\$185	No change	
Permit - Construction by owner occupant					\$275	No change	
Permit/inspection- Minor Repair	\$80	\$90	\$95	\$95	\$95	No change	
Permit - Design Flow >2000 GPD	\$330	\$330	\$350	\$350	\$350	No change	
Design Flow ≥ 5000 GPD/ DEP system Inspection	\$440	\$440	\$460	\$460	\$460	No change	
Plan Review (per plan)	\$120	\$120	\$125	\$125	\$125	No change	
Septic Tank/System Abandonment	\$60	\$60	\$60	\$60	\$60	No change	
Review plans revised more than once	\$35	\$35	\$40	\$40	\$40	No change	
Plan Review for Tank Replacement	\$55	\$55	\$60	\$60	\$60	No change	
<b>Soil Testing</b>							
Percolation (perc) Test	\$85	\$85	\$85	\$85	\$90	No change	
Deep Hole Test (fee includes 3 pits per site)	\$100	\$100	\$105	\$105	\$105	No change	
Each Additional Pit	\$30	\$30	\$30	\$30	\$30	No change	
<b>Public Health &amp; Subdivision Reviews</b>							
Public Health Review (assessory structure/ lot line change)	\$50	\$50	\$50	\$50	\$50	No change	
Public Health Review (building addition/ change of use)	\$60	\$60	\$65	\$65	\$70	No change	
Subdivision Plan Review (per lot)						No change	
(Fee includes review of one set of revisions)	\$115	\$115	\$120	\$125	\$125	No change	
Subdivision Plan Revisions Reviewed (per lot)						No change	
(Fee is for each added set of revisions)	\$35	\$35	\$40	\$40	\$40	No change	
<b>Miscellaneous</b>							
Commercial Bank Mortgage Inspection/Report	\$110	\$110	\$115	\$115	\$115	No change	
Family Campground Inspection	\$110	\$110	\$110	\$110	\$130	No change	
Group Home/Daycare /Other Institution Inspection	\$85	\$90	\$95	\$105	\$110	No change	
Misc. Inspection/consultation fee per Sanitarian****	\$65/hr	\$65/hr	\$65/hr	\$65/hr	\$80/hr	No change	
Mortgage Inspection/Report for FHA,VA	\$60	\$60	\$60	\$60	\$75	No change	
Pool Inspection	\$70	\$75	\$80	\$100	\$105	No change	
Private well Water Treatment Waste disposal plan review						\$50	\$1,700
Cosmotology Registration/Inspection - One or two chairs						\$80	
Cosmotology Registration/Inspection - Three chairs or more						\$150	\$6,800
Well Permit	\$105	\$105	\$110	\$120	\$120	No change	
<b>Farmers Market Food Vendor Seasonal License Categories</b>							
Farmer Food Vendor License - Cold samples only	no fee	no fee	no fee	no fee	no fee	\$40	
Farmer Food Vendor License - Low Risk Food Preparation	\$30	\$30	\$30	\$30	\$40	\$60	
Non-farmer Food Vendor License - Cold samples only							
One market location	\$30	\$30	\$35	\$35	\$40	\$75	
Multiple-market locations	\$45	\$45	\$50	\$50	\$60	\$90	
Non-farmer Food Vendor License - Low Risk Food Preparation							
One market location	\$45	\$45	\$50	\$50	\$75	\$90	
Multiple-market locations	\$65	\$65	\$70	\$70	\$85	\$120	\$1,500
Farmer & Non-farmer Food Vendor License - High Risk Food Preparation	\$210	\$210	\$220	\$220	\$220	No change	
						Est. Net Rev.	\$10,000

\* 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.

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

Roll Forward FY 2019/20

	Actual 12/13	Actual 13/14	Actual 14/15	Actual 15/16	Actual 16/17	Actual 17/18	Adopted 18/19	Estimated 18/19	Proposed 19/20	Projected 20/21	Projected 21/22	Projected 22/23	Projected 23/24	Projected 24/25
<b>Revenues:</b>														
Transfer In - General Fund	2,000						3,000	23,000	3,000	6,000	9,000	12,000	15,000	18,000
Equity Fund Transfer	80,000													
Dept of Transportation Grant		150,752												
Transfer In - Other Operating							3,000	3,000	3,000	2,500	2,000	3,000	3,000	3,000
Surplus Vehicle proceeds														
<b>Total Revenues</b>	<b>82,000</b>	<b>150,752</b>					<b>6,000</b>	<b>26,000</b>	<b>6,000</b>	<b>8,500</b>	<b>11,000</b>	<b>15,000</b>	<b>18,000</b>	<b>21,000</b>
<b>Expenditures by Project:</b>														
Automobiles	(2,925)	26,593												
Computer/Office Equipment	1,000	(80)	2,209	4,828			15,000	15,000	17,000	17,000	17,000	17,000	17,000	17,000
Strategic Planning Priorities:														
Strategic Planning & CHA/CHIP	2,780	14,000	5,000	38,928	17,979	17,979			10,000	10,000	10,000	10,000	10,000	
IT Infrastructure Upgrade					20,907				6,000					
Office Reorganizing Project														
Digitizing records														
<b>Total Expenditures</b>	<b>855</b>	<b>40,513</b>	<b>46,137</b>	<b>43,714</b>	<b>34,696</b>	<b>15,000</b>	<b>15,000</b>	<b>15,000</b>	<b>33,000</b>	<b>27,000</b>	<b>27,000</b>	<b>27,000</b>	<b>22,000</b>	<b>22,000</b>
<b>Excess/(Deficiency) of Revenues over Expenditures</b>	<b>81,145</b>	<b>110,239</b>	<b>(46,137)</b>	<b>(43,714)</b>	<b>(34,696)</b>	<b>(9,000)</b>	<b>(9,000)</b>	<b>11,000</b>	<b>(27,000)</b>	<b>(18,500)</b>	<b>(16,000)</b>	<b>(12,000)</b>	<b>(4,000)</b>	<b>(1,000)</b>
<b>Fund Balance, July 1</b>	<b>60,032</b>	<b>141,177</b>	<b>251,416</b>	<b>205,279</b>	<b>161,566</b>	<b>161,566</b>	<b>126,870</b>	<b>126,870</b>	<b>137,870</b>	<b>110,870</b>	<b>92,370</b>	<b>76,370</b>	<b>64,370</b>	<b>60,370</b>
<b>Fund Balance, June 30</b>	<b>\$141,177</b>	<b>\$251,416</b>	<b>\$205,279</b>	<b>\$161,566</b>	<b>\$161,566</b>	<b>\$126,870</b>	<b>\$117,870</b>	<b>\$137,870</b>	<b>\$110,870</b>	<b>\$92,370</b>	<b>\$76,370</b>	<b>\$64,370</b>	<b>\$60,370</b>	<b>\$59,370</b>

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

Roll Forward FY 2019/20

	Actual 12/13	Actual 13/14	Actual 14/15	Actual 15/16	Actual 16/17	Actual 17/18	Estimated 18/19	Projected 19/20
Revenues:								
Local Support- ECHIP	\$38,015	\$600	\$15,784		\$15,248	\$5,254	\$13,546	\$20,100
State Support - Preventive Health Block								
State Support - Cardiovascular Disease Prevention								
State Support - Women's Healthy Heart								
State Support - Bioterrorism Response								
State Support - Bioterrorism Response-Base	51,728	54,694	54,887	58,908	58,569	55,456	56,011	56,050
State Support - H1N1 Planning/Preparedness								
State Support - H1N1 Administration								
State Support - Community Transformation Grant	87,126	104,068	11,593					
State Support - Comprehensive Cancer Control Grant	14,751	10,000						
State Support - Policy/Environ. Change for Chronic Disca	11,101	16,279		17,024	4,386	13,604	7,205	
Local Support - Safe Routes Grant								
Local Support - Be Well Program Mansfield	48,031	52,355	53,936	55,741	56,707	61,064	60,743	60,750
Local Support - Be Well Program Tolland	5,733	8,148	7,333	7,903	6,886	7,579	8,140	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 - Lend Poisoning	2,500	7,919	4,858	5,428	7,817	5,000	15,552	1,000
Cooperative Grant - ACHIEVE	6,915	498	3,629	228	3,451	5,000		
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		11,214	5,000
Citizen Corps Program		1,500	(31)					
Community Based Wellness Service		69	5,431					
	265,900	257,301	185,636	234,902	153,500	147,956	172,411	150,400

Expenditures by Project:	Actual 12/13	Actual 13/14	Actual 14/15	Actual 15/16	Actual 16/17	Actual 17/18	Estimated 18/19	Projected 19/20
Salaries & Benefits	167,523	171,132	148,572	170,608	132,149	114,068	105,171	91,744
Professional & Technical Services	3,000	3,050	7,063	28,538	8,981	6,540	1,724	1,504
Other Purchased Services & Supplies	95,378	83,119	30,000	35,756	12,070	27,348	65,516	57,152
Equipment					300			
Transfer Out								
Total Expenditures	265,900	257,301	185,636	234,902	153,500	147,956	172,411	150,400

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 2024/25**

	Actual 16/17	Actual 17/18	Adopted 18/19	Estimated 18/19	Projected 19/20	Projected 20/21	Projected 21/22	Projected 22/23	Projected 23/24	Projected 24/25
<b>General Fund</b>										
Operating Expenditures	761,320	771,841	812,237	839,237	844,014	862,448	880,775	899,402	918,335	936,579
Grant Deduction	86,938	91,253	82,542	82,542	89,056	90,000	90,000	90,000	90,000	90,000
Total Expenditures	848,258	863,093	894,779	921,779	933,070	952,448	970,775	989,402	1,008,335	1,026,579
Fund Balance	316,262	358,082	326,675	309,722	279,019	248,399	218,471	189,448	161,554	136,020
FB as a % of Total Expenditures	37.28%	41.49%	36.51%	33.60%	29.90%	26.08%	22.50%	19.15%	16.02%	13.25%
<b>Capital Non-Recurring Fund</b>										
Total Expenditures	-	34,696	15,000	15,000	33,000	27,000	27,000	27,000	22,000	22,000
Fund Balance	161,566	126,870	117,870	137,870	110,870	92,370	76,370	64,370	60,370	59,370
FB as a % of Total Expenditures	0.00%	365.67%	785.80%	919.13%	335.97%	342.11%	282.85%	238.41%	274.41%	269.86%
<b>All Funds</b>										
Total Expenditures	848,258	897,789	909,779	936,779	966,070	979,448	997,775	1,016,402	1,030,335	1,048,579
Fund Balance	477,828	484,952	444,545	447,592	389,889	340,769	294,841	253,818	221,924	195,390
FB as a % of Total Expenditures	56.33%	54.02%	48.86%	47.78%	40.36%	34.79%	29.55%	24.97%	21.54%	18.63%
Service Fees & State Grant Revenue	358,038	384,378	351,560	361,607	375,721	383,299	391,104	399,143	407,423	415,952
Target Fund Balance - 50% of Service Fees & State Grant Revenue	179,019	192,189	175,780	180,804	187,861	191,649	195,552	199,572	203,712	207,976
General Fund - Fund Balance	316,262	358,082	326,675	309,722	279,019	248,399	218,471	189,448	161,554	136,020
Variance	137,243	165,893	150,895	128,918	91,158	56,750	22,919	(10,123)	(42,158)	(71,956)

## Temporary Food Event Permit Program

	FY06/07	FY07/08	FY08/09*	FY09/10	FY10/11	FY11/12	FY12/13	FY13/14	FY14/15	FY15/16	FY16/17	FY17/18**
Temp Food Vendor Permits Issued	77	71	89	158	185	165	186	163	172	198	164	167
Farmers Market Vendor Permits Issued	0	0	50	61	52	56	51	50	63	66	70	78
<b>Total Permits Issued</b>	<b>77</b>	<b>71</b>	<b>139</b>	<b>219</b>	<b>237</b>	<b>221</b>	<b>213</b>	<b>213</b>	<b>235</b>	<b>264</b>	<b>234</b>	<b>245</b>
Farmers Market Inspections Conducted	NA	NA	NA	42	105	81	70	132	109	168	151	109
Total Temp Food Inspections Conducted	NA	NA	NA	45	139	119	96	160	142	198	170	129
Missed Inspections (estimated potential)	NA	NA	NA	NA	151	127	160	135	139	168	145	147

\* The figures split between "temp food permits" and "farmer market permits" is estimated.  
 \*\*We experienced a material field staff shortage during this year

Many Farmer Markets started FY08/09 and thereafter.






# 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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## Memorandum

**To:** Board of Directors

**From:** Robert Miller, Director of Health 

**CC:** Finance Committee

**Date:** 12/5/2018

**Re:** Expenditure Authorization for sanitary code changes and legal review

### Background

As you may recall, in accordance with the passage of Public Act 17-93, the health district is in the process of implementing the FDA Model Food Code. As part of that process it is necessary to revise our EHHD Sanitary Code to legally align with PA 17-93, and the subsequent adoption of regulation 19a-36h (The new Connecticut Food Protection Regulations).

In addition to the above necessary changes we must also update our Sanitary Code to include a new Cosmetology section. The adoption of this new code section will facilitate health district compliance with CGS section 19a-231, which mandates an annual sanitary inspection by the health director for all “salons”. This new section will establish the legal provisions necessary to administer a district wide cosmetology program that will include but may not be limited to inspection standards, enforcement, appeal, and other due process criteria.

Any changes to the Eastern Highlands Health District Sanitary Code will be subject to a properly warned public hearing, and final adoption by the board of directors.

### Financial Impact

The expenditure request is up to \$7,000 from the General Fund for attorney’s fees to conduct a legal review and edit of the above referenced changes to the EHHD Sanitary Code. There are adequate funds in the General Fund for this purpose.

### Recommendation

At their November 27, 2018 special meeting, the finance committee passed the following motion, “...to recommend the full board authorize an expenditure of up to \$7,000 from the General Fund for the purpose of an update and legal review of the EHHD Sanitary Code to align with the FDA Food Code, and establish a Cosmetology enforcement section”.

If the board concurs with this initiative the following motion is recommended: *Move, to authorize an expenditure not to exceed \$7,000 from the General Fund for the purpose of conducting a legal review and edit of the EHHD Sanitary Code to align the code with the FDA Food Code, and establish a Cosmetology enforcement section.*

# EASTERN HIGHLANDS HEALTH DISTRICT

FINANCIAL STATEMENTS  
JUNE 30, 2018

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

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

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States, the financial statements of the governmental activities and each major fund of the Eastern Highlands Health District, as of and for the year ended June 30, 2018, and the related notes to the financial statements, which collectively comprise the Eastern Highlands Health District's basic financial statements, and have issued our report thereon dated October 22, 2018.

**Internal Control over Financial Reporting**

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

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

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

**Compliance and Other Matters**

As part of obtaining reasonable assurance about whether the Eastern Highlands Health District's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, noncompliance with which could have a direct and material effect on the determination of

financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

### **Purpose of this Report**

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

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

West Hartford, Connecticut  
October 22, 2018

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

We have audited the financial statements of the governmental activities and each major fund of the Eastern Highlands Health District, for the year ended June 30, 2018. Professional standards require that we provide you with information about our responsibilities under generally accepted auditing standards (and, if applicable, *Government Auditing Standards* and Uniform Guidance), as well as certain information related to the planned scope and timing of our audit. We have communicated such information in our letter to you dated May 16, 2018. Professional standards also require that we communicate to you the following information related to our audit.

### **Qualitative Aspects of Accounting Practices**

Management is responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by the Eastern Highlands Health District, are described in Note 1 to the financial statements. We noted no transactions entered into by the governmental unit during the year for which there is a lack of authoritative guidance or consensus. All significant transactions have been recognized in the financial statements in the proper period.

Accounting estimates are an integral part of the financial statements prepared by management and are based on management's knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ significantly from those expected. There were no sensitive estimates significant to the financial statements.

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

### **Difficulties Encountered in Performing the Audit**

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

### **Corrected and Uncorrected Misstatements**

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



### **Disagreements with Management**

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

### **Management Representations**

We have requested certain representations from management that are included in the management representation letter dated October 22, 2018.

### **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**

With respect to the supplementary information accompanying the financial statements, we made certain inquiries of management and evaluated the form, content and methods of preparing the information to determine that the information complies with accounting principles generally accepted in the United States of America, the method of preparing it has not changed from the prior period, and the information is appropriate and complete in relation to our audit of the financial statements. We compared and reconciled the supplementary information to the underlying accounting records used to prepare the financial statements or to the financial statements themselves.

This information is intended solely for the 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  
October 22, 2018

**EASTERN HIGHLANDS HEALTH DISTRICT  
TABLE OF CONTENTS  
JUNE 30, 2018**

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

**Exhibit**

	Basic Financial Statements:	
	Government-Wide Financial Statements:	
I	Statement of Net Position	9
II	Statement of Activities	10
	Fund Financial Statements:	
III	Balance Sheet - Governmental Funds	11-12
IV	Statement of Revenues, Expenditures and Changes in Fund Balances - Governmental Funds	13-14
V	Statement of Revenues, Expenditures and Changes in Fund Balances - Budget and Actual - General Fund	15-16
	Notes to the Financial Statements	17-22

## **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, 2018, 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, 2018 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 on pages 3 through 8 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, which 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 October 22, 2018 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  
October 22, 2018



## Eastern Highlands Health District

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

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### MANAGEMENT'S DISCUSSION AND ANALYSIS FOR THE YEAR ENDED JUNE 30, 2018

---

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, 2018.

#### **Financial Highlights**

- The assets of the District exceeded its liabilities at the close of the most recent fiscal year by \$602,270 (*net position*). Of this amount, \$452,129 (*unrestricted net position*) may be used to meet the District's ongoing obligations to creditors.
- The District's total net position increased by \$21,267. This was primarily due to a budgeted loss of \$34,937 that was offset by expenditure savings of \$44,170, mainly related to salary and benefit savings of \$38,646. A reduction in purchased services and supplies saved an additional \$5,524.
- As of the close of the current fiscal year, the District's governmental funds reported combined ending fund balances of \$484,948, an increase of \$7,122 in comparison with the prior year. Of combined fund balances, \$358,078 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 \$358,078 or 46% of total General Fund expenditures and transfers out.

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

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

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

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

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

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

## MANAGEMENT'S DISCUSSION AND ANALYSIS (CONTINUED)

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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 Eastern Highlands Health District, assets exceeded liabilities by \$602,270 at the close of the most recent fiscal year.

Of the net position, \$150,141 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)

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**EASTERN HIGHLANDS HEALTH DISTRICT  
NET POSITION  
JUNE 30, 2018 AND 2017**

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	<u>2018</u>	<u>2017</u>
Current and other assets	\$ 565,602	\$ 552,076
Capital assets, net of accumulated depreciation	150,141	131,243
Total assets	<u>715,743</u>	<u>683,319</u>
Long-term liabilities outstanding	32,819	28,066
Other liabilities	80,654	74,250
Total liabilities	<u>113,473</u>	<u>102,316</u>
Net Position:		
Net investment in capital assets	150,141	131,243
Unrestricted	<u>452,129</u>	<u>449,760</u>
Total Net Position	<u>\$ 602,270</u>	<u>\$ 581,003</u>

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

MANAGEMENT'S DISCUSSION AND ANALYSIS (CONTINUED)

- **Governmental Activities** - The District's net position increased by \$21,267 during the current fiscal year. This was primarily due to a budgeted loss of \$34,937 that was offset by expenditure savings of \$44,170, mainly related to salary and benefit savings of \$38,646. A reduction in purchased services saved an additional \$5,524. The salary and benefit savings were primarily due to an unexpected unpaid leave.

**EASTERN HIGHLANDS HEALTH DISTRICT  
CHANGE IN NET POSITION  
FOR THE YEARS ENDED JUNE 30, 2018 AND 2017**

	<u>2018</u>	<u>2017</u>
Revenues:		
Program revenues:		
Charges for services	\$ 295,456	\$ 281,581
Operating grants and contributions	236,878	230,757
General revenues:		
Assessment to member towns	<u>429,280</u>	<u>423,080</u>
Total revenues	<u>961,614</u>	<u>935,418</u>
Expenses:		
Health services	<u>940,347</u>	<u>925,709</u>
Change in net position	21,267	9,709
Net Position - July 1	<u>581,003</u>	<u>571,294</u>
Net Position - June 30	<u>\$ 602,270</u>	<u>\$ 581,003</u>

- Charges for services increased from the prior year by \$13,875, primarily due to fluctuations in demand for the following services: soil testing services (\$8,190) and septic permits (\$9,480).
- Operating grants and contributions increased by a net of \$6,121, primarily due to the following:
  - Increase in the State Grant in Aid for \$16,821
  - Elimination of the Lead Poisoning Prevention Grant for \$7,817
- Assessment to member towns increased by \$6,200 due to a small rate increase in the current fiscal year.
- Health services expenditures increased by \$14,638, primarily due to an increase for other purchased services (\$4,620) and fluctuations in various supply and office needs \$10,018.



**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 \$484,948, an increase of \$7,122 in comparison with the prior year. Of the ending fund balances, \$358,078 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 \$358,078.

The fund balance of the District's General Fund increased by \$41,817 during the current fiscal year. The key factors in this increase are a budgeted loss of \$34,937 that was offset by expenditure savings of \$44,170, mainly related to salary and budget savings of \$38,646. A reduction in purchased services saved an additional \$5,524.

The Capital Projects Fund has a total fund balance of \$126,870, all of which is restricted for capital projects. Capital outlay of \$34,695 was for the purchase of a replacement vehicle (\$15,992) and office equipment and software (\$18,703).

**General Fund Budgetary Highlights**

During the year, expenditures were less than budgetary estimates by \$44,170. The key factors are a reduction in salary and benefit costs of \$38,646 primarily due to an unexpected unpaid leave. In addition, there were savings in multiple service and supply accounts of \$5,524.

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, 2018 amounts to \$150,141 (net of accumulated depreciation). This investment in capital assets includes office equipment and vehicles. Depreciation expense was \$15,072 for the year. There were no disposals during the year.

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

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	<u>2018</u>	<u>2017</u>
Construction in progress	\$	\$ 53,936
Office equipment	96,651	29,928
Vehicles	<u>53,490</u>	<u>47,379</u>
Total	<u>\$ 150,141</u>	<u>\$ 131,243</u>

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

The facilities and offices of the Eastern Highlands Health District are located east of Hartford, Connecticut. The Eastern Highlands Health District is one of 20 local health districts in the state of Connecticut. Established on June 6, 1997, it now serves the towns of Andover, Ashford, Bolton, Chaplin, Columbia, Coventry, Scotland, Tolland, Willington and Mansfield, with a total district population of 80,840. The main District office is located in the town of Mansfield.

The budget for fiscal year 2019 was passed by its Board of Directors on January 18, 2018 for \$812,237. We anticipate being able to operate according to the Board's Adopted Budget for fiscal year 18/19.

**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 Cheryl A. Trahan, Director of Finance, Town of Mansfield, 4 South Eagleville Road, Mansfield, CT 06268.

**EASTERN HIGHLANDS HEALTH DISTRICT  
STATEMENT OF NET POSITION  
JUNE 30, 2018**

	<u>Governmental Activities</u>
Assets:	
Cash and cash equivalents	\$ 560,556
Receivables:	
Accounts	5,046
Capital assets being depreciated (net of accumulated depreciation):	
Office equipment	96,651
Vehicles	<u>53,490</u>
Total assets	<u>715,743</u>
Liabilities:	
Accounts payable	17,926
Accrued liabilities	22,033
Unearned revenue	40,695
Noncurrent liabilities:	
Compensated absences, due within one year	6,564
Compensated absences, due in more than one year	<u>26,255</u>
Total liabilities	<u>113,473</u>
Net Position:	
Net investment in capital assets	150,141
Unrestricted	<u>452,129</u>
Total Net Position	<u>\$ 602,270</u>

The accompanying notes are an integral part of the financial statements

EXHIBIT II

EASTERN HIGHLANDS HEALTH DISTRICT  
 STATEMENT OF ACTIVITIES  
 FOR THE YEAR ENDED JUNE 30, 2018

Functions/Programs	Program Revenues			Net Revenues (Expenses) and Changes in Net Position
	Expenses	Charges for Services	Operating Grants and Contributions	
Governmental Activities:				
Health services	\$ 940,347	\$ 295,456	\$ 236,878	(408,013)
General Revenues:				
Assessment to member towns				429,280
Change in Net Position				21,267
Net Position at Beginning of Year				581,003
Net Position at End of Year				\$ 602,270

The accompanying notes are an integral part of the financial statements

EASTERN HIGHLANDS HEALTH DISTRICT  
BALANCE SHEET - GOVERNMENTAL FUNDS  
JUNE 30, 2018

	Major Funds			Total Governmental Funds
	General	Health Grants	Capital Projects	
<b>ASSETS</b>				
Cash and cash equivalents	\$ 394,295	\$ 39,391	\$ 126,870	\$ 560,556
Receivables:				
Accounts		5,046		5,046
Total Assets	<u>\$ 394,295</u>	<u>\$ 44,437</u>	<u>\$ 126,870</u>	<u>\$ 565,602</u>
<b>LIABILITIES AND FUND BALANCES</b>				
Liabilities:				
Accounts and other payables	\$ 1,448	\$ 3,506	\$	\$ 4,954
Accrued liabilities	34,769	236		35,005
Unearned revenue		40,695		40,695
Total liabilities	<u>36,217</u>	<u>44,437</u>	<u>-</u>	<u>80,654</u>
Fund Balances:				
Restricted for capital projects			126,870	126,870
Unassigned	358,078			358,078
Total fund balances	<u>358,078</u>	<u>-</u>	<u>126,870</u>	<u>484,948</u>
Total Liabilities and Fund Balances	<u>\$ 394,295</u>	<u>\$ 44,437</u>	<u>\$ 126,870</u>	<u>\$ 565,602</u>

(Continued on next page)

EASTERN HIGHLANDS HEALTH DISTRICT  
BALANCE SHEET - GOVERNMENTAL FUNDS (CONTINUED)  
JUNE 30, 2018

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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) \$ 484,948

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

Governmental capital assets	\$ 289,417	
Less accumulated depreciation	<u>(139,276)</u>	
Net capital assets		150,141

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

Compensated absences	<u>(32,819)</u>
----------------------	-----------------

Net Position of Governmental Activities (Exhibit I) \$ 602,270

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, 2018**

	Major Funds			Total Governmental Funds
	General	Health Grants	Capital Projects	
Revenues:				
Member town contributions	\$ 429,280	\$ 68,643	\$	\$ 497,923
Intergovernmental	149,985	79,314		229,299
Septic permits	43,880			43,880
Well permits	12,925			12,925
B100a building permit review	27,470			27,470
Soil testing service	41,775			41,775
Engineered plan review	8,175			8,175
Food protection service	71,399			71,399
Non-engineered plan review	18,565			18,565
Group home/daycare inspection	1,470			1,470
Subdivision review	2,070			2,070
Food plan review	2,670			2,670
Other health services	3,993			3,993
Total revenues	<u>813,657</u>	<u>147,957</u>	<u>-</u>	<u>961,614</u>
Expenditures:				
Current:				
Payroll and benefits	685,398	109,308		794,706
Other purchased services	52,801	18,574		71,375
Liability insurance	15,599			15,599
Supplies and services	9,330	3,717		13,047
Repairs and maintenance	2,319			2,319
Other	6,393	16,358		22,751
Capital outlay			34,695	34,695
Total expenditures	<u>771,840</u>	<u>147,957</u>	<u>34,695</u>	<u>954,492</u>
Excess of Revenues over Expenditures	41,817	-	(34,695)	7,122
Fund Balances at Beginning of Year	<u>316,261</u>	<u>-</u>	<u>161,565</u>	<u>477,826</u>
Fund Balances at End of Year	<u>\$ 358,078</u>	<u>\$ -</u>	<u>\$ 126,870</u>	<u>\$ 484,948</u>

(Continued on next page)

**EASTERN HIGHLANDS HEALTH DISTRICT  
STATEMENT OF REVENUES, EXPENDITURES AND CHANGES IN FUND BALANCES  
GOVERNMENTAL FUNDS (CONTINUED)  
FOR THE YEAR ENDED JUNE 30, 2018**

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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)	\$ 7,122
<p>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:</p>	
Capital outlay	33,970
Depreciation expense	(15,072)
<p>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:</p>	
Compensated absences	<u>(4,753)</u>
Change in Net Position of Governmental Activities (Exhibit II)	<u>\$ 21,267</u>

The accompanying notes are an integral part of the financial statements



**EASTERN HIGHLANDS HEALTH DISTRICT  
STATEMENT OF REVENUES, EXPENDITURES AND CHANGES IN FUND BALANCES  
BUDGET AND ACTUAL - GENERAL FUND  
FOR THE YEAR ENDED JUNE 30, 2018**

	<u>Original Budget</u>	<u>Final Budget</u>	<u>Actual</u>	<u>Variance with Final Budget</u>
Revenues:				
Member town contributions	\$ 429,280	\$ 429,280	\$ 429,280	\$ -
Intergovernmental	120,080	120,080	149,985	29,905
Septic permits	36,950	36,950	43,880	6,930
Well permits	20,190	20,190	12,925	(7,265)
B100a building permit review	30,430	30,430	27,470	(2,960)
Soil testing service	37,000	37,000	41,775	4,775
Engineered plan review	6,020	6,020	8,175	2,155
Food protection service	66,400	66,400	71,399	4,999
Non-engineered plan review	16,710	16,710	18,565	1,855
Group home/daycare inspection	860	860	1,470	610
Subdivision review	4,820	4,820	2,070	(2,750)
Food plan review	5,250	5,250	2,670	(2,580)
Other health services	7,083	7,083	3,993	(3,090)
Total revenues	<u>781,073</u>	<u>781,073</u>	<u>813,657</u>	<u>32,584</u>
Expenditures:				
Current:				
Regular salaries - nonunion	492,118	492,118	463,773	(28,345)
Overtime			37	37
Social Security	35,620	35,620	32,868	(2,752)
Workers' compensation	9,030	9,030	9,375	345
Medicare	8,290	8,290	7,687	(603)
ICMA	33,400	33,400	32,496	(904)
Life insurance	2,410	2,410	1,779	(631)
RHS contribution	2,160	2,160	2,184	24
Travel/conference fees			5	5
Dues and subscriptions	2,000	2,000	2,321	321
Training	2,000	2,000	634	(1,366)
Mileage reimbursement	600	600	255	(345)
Professional and technical	7,070	7,070	10,323	3,253
Legal	2,000	2,000	163	(1,837)
Audit expense	6,600	6,600	6,600	-
Vehicle repair and maintenance	3,200	3,200	2,028	(1,172)
General liability	15,800	15,800	15,599	(201)
Medical insurance	141,160	141,160	136,728	(4,432)
Long-term disability Insurance	650	650	655	5
Advertising	1,000	1,000	764	(236)
Printing and binding	1,000	1,000	950	(50)

(Continued on next page)

**EASTERN HIGHLANDS HEALTH DISTRICT  
STATEMENT OF REVENUES, EXPENDITURES AND CHANGES IN FUND BALANCES  
BUDGET AND ACTUAL - GENERAL FUND (CONTINUED)  
FOR THE YEAR ENDED JUNE 30, 2018**

	<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	291	(709)
Other purchased services	8,280	8,280	4,620	(3,660)
Voice communications	3,800	3,800	3,250	(550)
Instructional supplies	800	800	800	-
Books and periodicals	200	200		(200)
Supplies	2,000	2,000	1,573	(427)
Gasoline	2,600	2,600	2,131	(469)
Office equipment	1,000	1,000	659	(341)
Equipment - other	600	600	953	353
Administrative overhead	28,122	28,122	27,840	(282)
Training Bioterrorism response			999	999
Total expenditures	<u>816,010</u>	<u>816,010</u>	<u>771,840</u>	<u>(44,170)</u>
Excess of Revenues over (under) Expenditures	(34,937)	(34,937)	41,817	76,754
Other Financing Sources: Appropriation of fund balance	<u>34,937</u>	<u>34,937</u>		<u>(34,937)</u>
Net Change in Fund Balances	<u>\$ -</u>	<u>\$ -</u>	41,817	<u>\$ 41,817</u>
Fund Balance at Beginning of Year			<u>316,261</u>	
Fund Balance at End of Year			<u>\$ 358,078</u>	

The accompanying notes are an integral part of the financial statements

**EASTERN HIGHLANDS HEALTH DISTRICT  
STATEMENT OF REVENUES, EXPENDITURES AND CHANGES IN FUND BALANCES  
BUDGET AND ACTUAL - GENERAL FUND (CONTINUED)  
FOR THE YEAR ENDED JUNE 30, 2018**

	<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	291	(709)
Other purchased services	8,280	8,280	4,620	(3,660)
Voice communications	3,800	3,800	3,250	(550)
Instructional supplies	800	800	800	-
Books and periodicals	200	200		(200)
Supplies	2,000	2,000	1,573	(427)
Gasoline	2,600	2,600	2,131	(469)
Office equipment	1,000	1,000	659	(341)
Equipment - other	600	600	953	353
Administrative overhead	28,122	28,122	27,840	(282)
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Excess of Revenues over (under) Expenditures	(34,937)	(34,937)	41,817	76,754
Other Financing Sources: Appropriation of fund balance	<u>34,937</u>	<u>34,937</u>		<u>(34,937)</u>
Net Change in Fund Balances	<u>\$ -</u>	<u>\$ -</u>	41,817	<u>\$ 41,817</u>
Fund Balance at Beginning of Year			<u>316,261</u>	
Fund Balance at End of Year			<u>\$ 358,078</u>	

The accompanying notes are an integral part of the financial statements

**EASTERN HIGHLANDS HEALTH DISTRICT  
NOTES TO THE FINANCIAL STATEMENTS  
JUNE 30, 2018**

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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, 2018**

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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, 2018**

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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. Interfund Transfers**

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

**I. 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).

**EASTERN HIGHLANDS HEALTH DISTRICT  
NOTES TO THE FINANCIAL STATEMENTS  
JUNE 30, 2018**

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**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.

**J. Estimates**

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

**2. STEWARDSHIP, COMPLIANCE AND ACCOUNTABILITY**

**A. Budgets and Budgetary Accounting**

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

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

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

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

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

Encumbrances are recognized as a valid and proper charge against a budget appropriation in the year in which the purchase order, contract or other commitment is issued, and, accordingly, encumbrances outstanding at year end are reported in budgetary reports (Exhibit V) as expenditures in the current year. Generally, all unencumbered appropriations lapse after a year, except those of the Capital Projects Fund. Encumbered appropriations are carried forward to the ensuing fiscal year, and as of June 30, 2018, the District did not have outstanding encumbrances.

**EASTERN HIGHLANDS HEALTH DISTRICT  
NOTES TO THE FINANCIAL STATEMENTS  
JUNE 30, 2018**

---

**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.

**J. Estimates**

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

**2. STEWARDSHIP, COMPLIANCE AND ACCOUNTABILITY**

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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, 2018, the District did not have outstanding encumbrances.



**EASTERN HIGHLANDS HEALTH DISTRICT  
NOTES TO THE FINANCIAL STATEMENTS  
JUNE 30, 2018**

**3. DETAILED NOTES ON ALL FUNDS**

**A. Deposits**

At June 30, 2018, the carrying amount of the District's deposits was \$560,556 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, 2018 was as follows:

	<u>Beginning Balance</u>	<u>Increases</u>	<u>Transfers</u>	<u>Decreases</u>	<u>Ending Balance</u>
Governmental activities:					
Capital assets not being depreciated:					
Construction in progress	\$ 53,936	\$ 17,978	\$ (71,914)	\$ -	\$ -
Capital assets being depreciated:					
Office equipment	69,476		71,914		141,390
Vehicles	132,035	15,992			148,027
Total capital assets being depreciated	<u>201,511</u>	<u>15,992</u>	<u>71,914</u>	<u>-</u>	<u>289,417</u>
Less accumulated depreciation for:					
Office equipment	39,548	5,191			44,739
Vehicles	84,656	9,881			94,537
Total accumulated depreciation	<u>124,204</u>	<u>15,072</u>	<u>-</u>	<u>-</u>	<u>139,276</u>
Total capital assets being depreciated, net	<u>77,307</u>	<u>920</u>	<u>71,914</u>	<u>-</u>	<u>150,141</u>
Governmental Activities Capital Assets, Net	<u>\$ 131,243</u>	<u>\$ 18,898</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 150,141</u>

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

Governmental activities:	
Health services	\$ <u>15,072</u>

**C. Long-Term Debt**

Long-term liability activity for the year ended June 30, 2018 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:					
Compensated Absences	\$ 28,066	\$ 36,999	\$ 32,246	\$ 32,819	\$ 6,564

**EASTERN HIGHLANDS HEALTH DISTRICT  
NOTES TO THE FINANCIAL STATEMENTS  
JUNE 30, 2018**

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**4. 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.

**B. Related-Party Transactions**

As disclosed in Note 1, the District's Board of Directors consists of appointed representatives from the member towns consisting of Andover, Ashford, Bolton, Chaplin, Columbia, Coventry, Mansfield, Scotland, Tolland and Willington. Revenues received from these member towns are as follows for the year ended June 30, 2018:

Andover	\$	17,272
Ashford		22,509
Bolton		26,194
Chaplin		11,940
Columbia		28,773
Coventry		65,859
Mansfield		137,898
Scotland		8,927
Tolland		78,625
Willington		<u>31,283</u>
	\$	<u>429,280</u>

No amounts were due to or from the member towns as of June 30, 2018.

**C. Contingent Liabilities**

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

**Robert L. Miller**

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**From:** Robert L. Miller  
**Sent:** Wednesday, November 14, 2018 2:38 PM  
**To:** 'Andover Public Library'; 'Ashford - Babcock Library'; 'bentley@biblio.org'; 'Chaplin Public Library'; 'Columbia - Saxton B Little Free Library'; 'Coventry - Booth & Dimock Memorial'; 'Mansfield Public Library'; 'Scotland Public Library'; 'Tolland Public Library'; 'Willington Public Library'  
**Cc:** 'Daniel Syme'; Derrik M. Kennedy; 'Erika Wiecewski 1st Selectman Willington'; John Elsesser; 'Joseph Higgins - Andover'; 'joyce.stille@boltonct.org'; 'Kenneth Dardick'; 'Matthew Cunningham (firstselectman@chaplinct.org)'; 'Michael Zambo'; 'swerbner@tolland.org'; 'Town Administrator (townadministrator@columbiact.org)'; Brian Clinton; 'Coventry Police Dept'  
**Subject:** NARCAN for Public Libraries Program  
**Attachments:** doc07706620181030105636.pdf  
**Importance:** High

Hello Library Directors!

The Eastern Highlands Health District with support from our Substance Abuse in Our Communities Workgroup, continues to act to improved community awareness of the opioid epidemic, and advance harm reduction efforts at the local and regional level. Towards that end, the purpose of the email is to make you aware of a program offered by Emergent BioSolutions to provide a free two dose NARCAN kit to every public library in the country. Additional details for the program can be found at: <https://www.narcanc.com/community/education-awareness-and-training-resources/>

The Eastern Highlands Health district is interested in supporting this program for our area libraries. Two ways we *may* be able to support such a program is: (1) coordinate an opioid awareness and NARCAN training event for library employees, and (2) recruit a clinical prescriber that is licensed in the state of Connecticut and can sign your library's "Order and Terms and Conditions Form". (This is the form that you would submit to Emergent BioSolutions for participation in the program, a copy of which is attached to this email.)

Therefore, so that we can gauge the level of interest in this initiative please reply to this email by answering the following questions:

- Are you interested participating in the Emergent Biosolutions program?
- If so, would you need the health district to recruit a licensed prescriber to sign your "Order and Terms and Condition Form"?
- Are you interested in participating in an opioid awareness and NARCAN training event?
- If yes, how many staff persons would you send to this training event?

We look forward to your responses.

Please let me know if you have any questions.

Yours in Health,  
 Rob

*Robert L. Miller, MPH, RS*

Director of Health

Eastern Highlands Health District

4 South Eagleville Road

Storrs, CT 06268

860-429-3325

860-429-3321 (Fax)

Twitter: @RobMillerMPH

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



**EHHD**  
Eastern Highlands Health District

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

**Free NARCAN<sup>®</sup> Nasal Spray for Public Libraries Program  
Order and Terms and Conditions Form**

The Public Library identified below (herein, the "Library") hereby acknowledges and agrees the NARCAN<sup>®</sup> (naloxone hydrochloride) Nasal Spray 4mg ("NARCAN<sup>®</sup>", NDC # 69547-353-02) will be made available and distributed by Emergent BioSolutions ("Emergent") to the library free of charge under the *Free NARCAN<sup>®</sup> for Public Libraries Program*. This program is conditioned upon the undersigned completing the following certification and the Library represents and warrants to Emergent the following:

1. The undersigned is a Public Library. A Public Library is defined as a Library that is accessible by the general public, is government chartered, and funded from public sources, such as taxes.
2. The Library will only receive and use NARCAN<sup>®</sup> in accordance with all applicable laws, rules and regulations, and takes sole responsibility for their knowledge and adherence. In addition, the Library will provide to Emergent the appropriate medical license of the registered medical advisor representing the Library who is responsible for overseeing the receipt, storage and use of the product.
3. The Library is solely responsible for the proper and safe usage of the product, and training of any library personnel who administer NARCAN<sup>®</sup> and will indemnify Emergent against any and all claims regarding the receipt, storage and administration of the NARCAN<sup>®</sup> product. The library will take reasonable measures to ensure the security of the product while in its possession to prevent loss, theft or unauthorized use.
4. NARCAN<sup>®</sup> received by the Library will be for the Library's own use and the Library shall not sell or transfer NARCAN<sup>®</sup> received pursuant to the Free NARCAN<sup>®</sup> for Public Libraries Program to any non-library third party. All uses of Narcan<sup>®</sup> will be in accordance with the full prescribing information and instructions for use accompanying the product.
5. NARCAN<sup>®</sup> nasal spray received under this program is not returnable or refundable.
6. The order quantity pursuant to the Free NARCAN<sup>®</sup> Public Libraries Program is limited to **one unit (two doses) per Library**.
7. Emergent will fulfil or refuse orders, or amend the Terms and Conditions, or discontinue the Free NARCAN<sup>®</sup> for Public Libraries Program, at its sole discretion. The individual signing the Purchase Order and Terms and Conditions possesses the requisite authority to do so on behalf of the Library, and by signing below signifies that all of the information provided by the Library is true, complete and accurate.

**I have read and certify to the foregoing terms and conditions:**

**Authorized Representative**  
(physician or nurse practitioner)

**Library Representative**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Name of Library

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Prescriber License # / State

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Email

Please scan/email the signed completed form to [communityprograms@ebsi.com](mailto:communityprograms@ebsi.com). For questions regarding the program, please call Emergent's customer service at 844-232-7811.

**Free NARCAN® Nasal Spray for Public Libraries Program**  
**Order and Terms and Conditions Form**

**NARCAN NASAL SPRAY INDICATION AND IMPORTANT SAFETY INFORMATION**

**INDICATIONS**

NARCAN® (naloxone hydrochloride) Nasal Spray is an opioid antagonist indicated for the emergency treatment of known or suspected opioid overdose, as manifested by respiratory and/or central nervous system depression. NARCAN® Nasal Spray is intended for immediate administration as emergency therapy in settings where opioids may be present. NARCAN® Nasal Spray is not a substitute for emergency medical care.

**IMPORTANT SAFETY INFORMATION**

NARCAN® Nasal Spray is contraindicated in patients known to be hypersensitive to naloxone hydrochloride.

Seek emergency medical assistance immediately after initial use, keeping the patient under continued surveillance.

Risk of Recurrent Respiratory and CNS Depression: Due to the duration of action of naloxone relative to the opioid, keep the patient under continued surveillance and administer repeat doses of naloxone using a new nasal spray with each dose, as necessary, while awaiting emergency medical assistance.

Risk of Limited Efficacy with Partial Agonists or Mixed Agonists/Antagonists: Reversal of respiratory depression caused by partial agonists or mixed agonists/antagonists, such as buprenorphine and pentazocine, may be incomplete. Larger or repeat doses may be required.

Precipitation of Severe Opioid Withdrawal: Use in patients who are opioid dependent may precipitate opioid withdrawal characterized by body aches, diarrhea, increased heart rate (tachycardia), fever, runny nose, sneezing, goose bumps (piloerection), sweating, yawning, nausea or vomiting, nervousness, restlessness or irritability, shivering or trembling, abdominal cramps, weakness, and increased blood pressure. In neonates, opioid withdrawal may be life-threatening if not recognized and properly treated and may be characterized by convulsions, excessive crying, and hyperactive reflexes. Monitor for the development of opioid withdrawal.

Risk of Cardiovascular (CV) Effects: Abrupt postoperative reversal of opioid depression may result in adverse CV effects. These events have primarily occurred in patients who had pre-existing CV disorders or received other drugs that may have similar adverse CV effects. Monitor these patients closely in an appropriate healthcare setting after use of naloxone hydrochloride.

The following adverse reactions were observed in a NARCAN Nasal Spray clinical study: increased blood pressure, musculoskeletal pain, headache, nasal dryness, nasal edema, nasal congestion, and nasal inflammation.

See Instructions for Use and full prescribing information in the use of this product. [Click here](#)

To report SUSPECTED ADVERSE REACTIONS, contact Emergent, Inc. at 1-844-4NARCAN (1-844-462-7226) or FDA at 1-800-FDA-1088 or [www.fda.gov/medwatch](http://www.fda.gov/medwatch).

**From:** Millie C. Brosseau  
**Sent:** Wednesday, November 14, 2018 11:52 AM  
**To:** Millie C. Brosseau  
**Cc:** Robert L. Miller; Jeffrey W. Polhemus  
**Subject:** EHHD Online Permitting Software - Ready for your use!

Thank you for agreeing to participate in the “soft” launch and testing of the Eastern Highlands Health District online permitting program, Viewpermit. Please begin submitting your applications for septic permits, septic plan reviews, soil testing or public health reviews (b100a applications), by clicking on this link: [VIEWPermit](#) Please bookmark the page as we will not be publishing the link anywhere during this phase of the launch. You will have the option of paying online after you have submitted the application.

Over the next few weeks please send me feedback, positive and negative, regarding your experience using the program. Your feedback will be considered as we make modifications to the program that will make for a more positive experience when we allow additional contractors and customers to utilize the program. Thank you again for helping us work toward our ultimate goal of having all applications and payments submitted online.

*Millie*

*Millie CW Brosseau*

Administrative Assistant  
Eastern Highlands Health District  
[mbrosseau@ehhd.org](mailto:mbrosseau@ehhd.org)  
860-429-3325





## Eastern Highlands Health District

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

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# Quarterly Activity Report

## July 1, 2018 – September 30, 2018

### Highlighted Accomplishments/Activities

- In July the Director attended the National Association of City and County Health Officials (NACCHO) annual conference in New Orleans.
- Ongoing work toward the agency transition from the Connecticut Public Health Code to the FDA Food Code. Activities during this quarter include: ongoing online staff training, sharing and discussing transition work products with other local health departments to achieve uniform approach.
- Online permit tracking project is progressing this quarter. The “backside” of the septic program module was launched on April 1<sup>st</sup>. All septic related applications and permits are now processed through the new online system. Staff continue to meet weekly as feasible in an effort to ensure ongoing progress. The next target period is October for a soft launch the public website portal for online applications and fee payments.
- The Substance Abuse in our Communities Workgroup members have been active over this quarter. These activities include but are not limited to: participation in EpiCenter training that will provide access to local/regional data on suspected overdose cases, supporting the development and providing a letter of support for a local youth program grant proposal for the State Targeted Response Grant, linking area healthcare providers to training, attended a number of opioid related sessions at the NACCHO conference, and the Town of Coventry as join civil complaint against pharmaceutical companies.
- Active support and participation on UConn Student Health Services Infections Control Committee monthly meetings.
- Completed annual public bathing area water quality monitoring program.
- Hired emergency preparedness intern for the fall semester to support Medical Reserve Corps recruitment, retention, and other emergency preparedness activities.
- Continue to work cooperatively with DEEP on behalf of Tolland providing information and technical support regarding an environmental investigation into sodium chloride contamination in ground water in the Old Post road area. This includes responding to inquiries and concerns from property owners during this period.
- Supported the Town of Mansfield as a member of the Water Supply Advisory Committee.





## Eastern Highlands Health District

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

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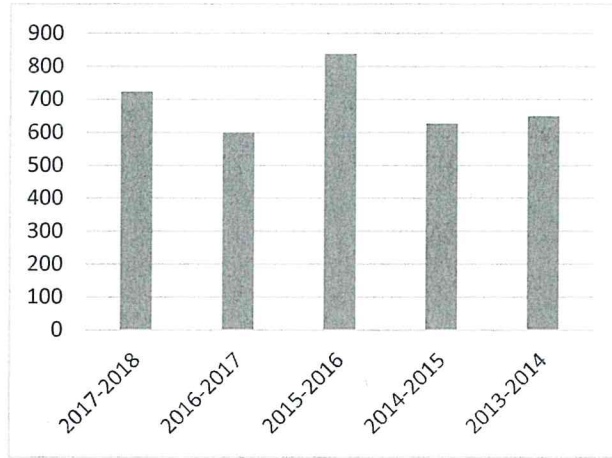
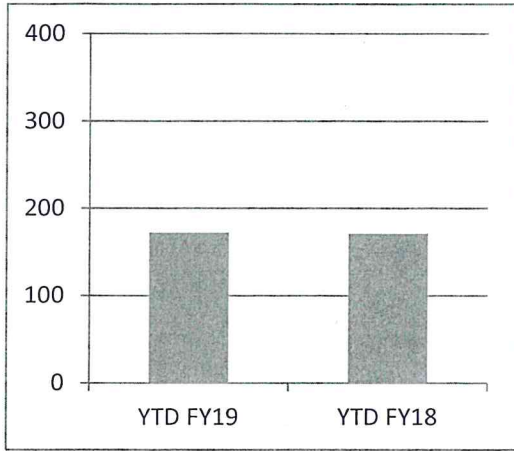
- Material staff time expended on communicable disease control during this period. Activities included investigating GI outbreak afflicting approximately 60 summer camp attendees, coordinating a case contact investigation for an active case of TB.
- Supported the Town of Bolton responding to a cyanobacteria algae bloom at lower Bolton Lake. Support activities included posting advisories at public access points, fielding resident questions, weekly communications to town leaders, weekly lake monitoring coordinated with town lake consultant, and ultimately made the final decision to the removal of the advisory.
- Supported the Town of Mansfield by participating in a community resilience/sustainability workshop.
- *Emergency Preparedness Program:* Highlighted activities during this period include: (1) Active support and participation in UConn TTX planning committee; (2) Hired emergency preparedness student intern, (3) Conducted “Until Help Arrives” presentations in Coventry (4) Promoted MRC activities in Comcast interview on “Public Health Matters”. (See attached EHHD Public Health Preparedness program report at the end of this packet for more details, and activities.)
- *Community Health Program:* Highlighted activities include: (1) Enhance use and frequency of social media, twitter (2) Participated in UConn health fair, and (3) supported are food pantries by providing DPH healthy guidelines for accepting donated food. (See attached Community Health and Wellness program report at the end of this packet for more details.)

### Plans for the Next Quarter

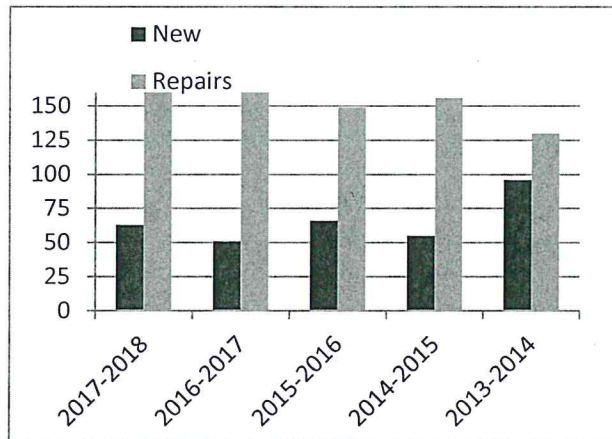
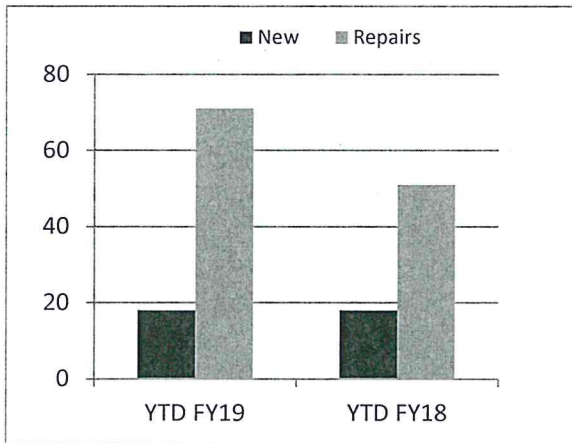
- Work with Finance Committee to develop proposed FY2019/2020 budget.
- As an active member of the planning team support and participate in the UConn OEM/SHS sponsored table top exercise this winter.
- Maintain progress on implementation of EHHD FDA Food Code Transition Plan.
- Advance progress on Substance Abuse in Our Communities Workgroup identified next steps in prevention, and treatment, most notably obtain access to and utilize local/regional data on suspected drug overdose cases.
- Progress on Information Technology initiative and ViewPoint online platform; Launch the public portal.
- Continue to work toward progress on other strategic plan objectives.

### Statistical Report (Attached)

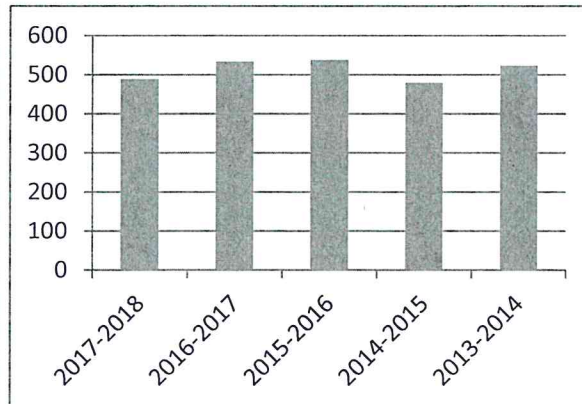
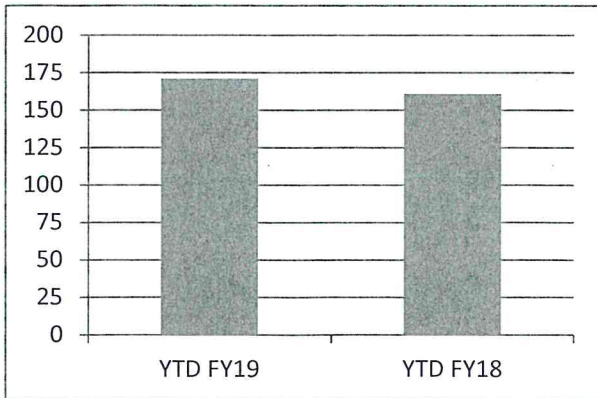
### Deep Test Holes



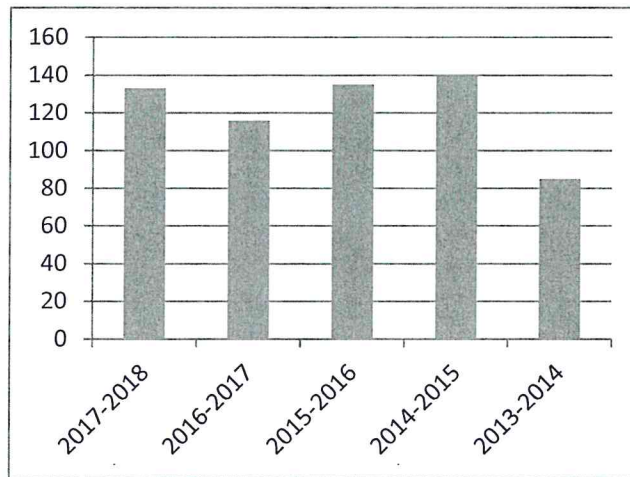
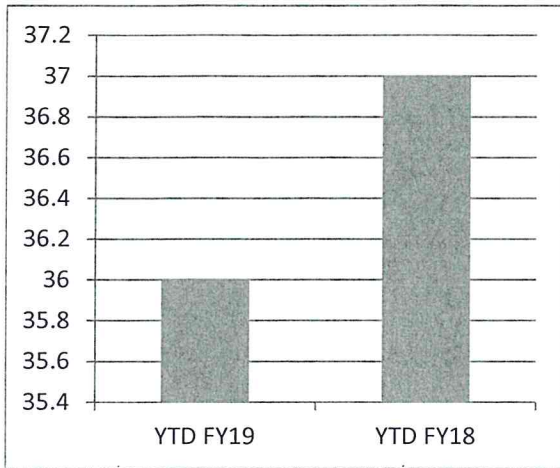
### Septic Permits



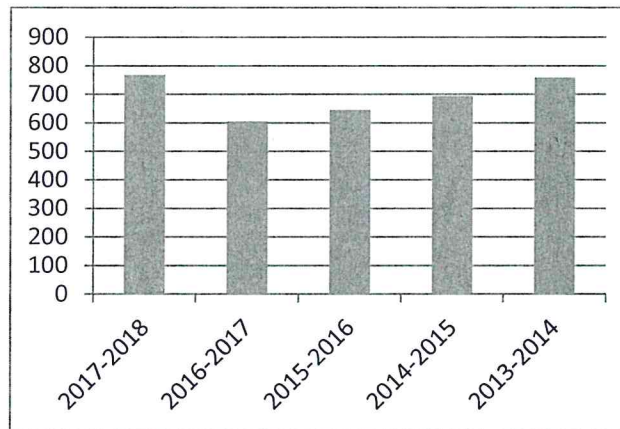
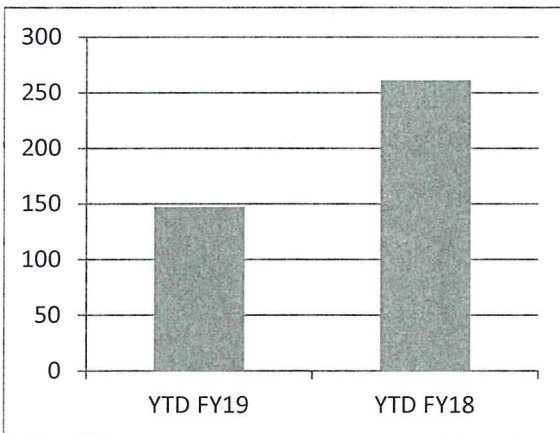
### Public Health Reviews



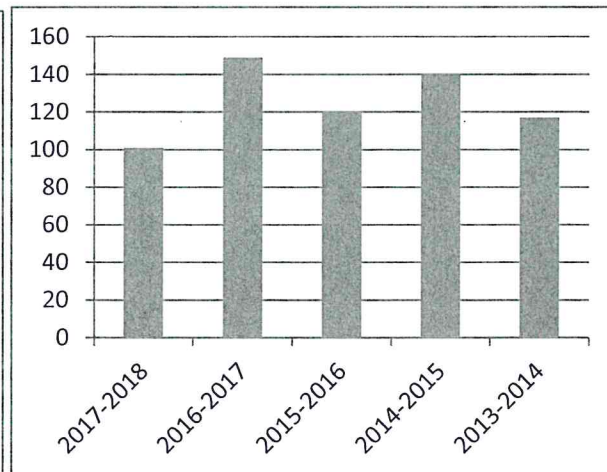
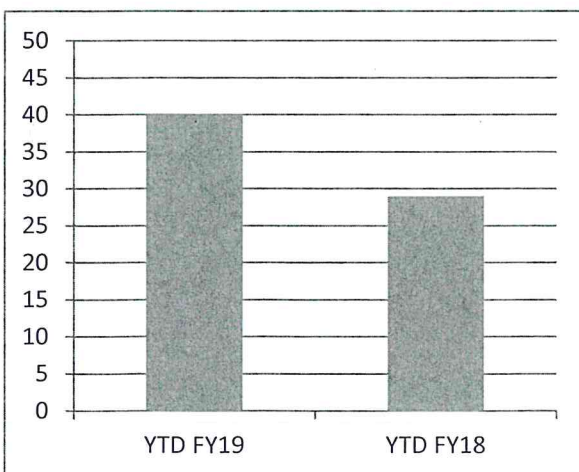
### Complaints



### Food Service Inspections



### Well Permits Issued



EASTERN HIGHLANDS HEALTH DISTRICT FIRST QUARTER FISCAL YEAR 2018-2019							
July 1, 2018 - September 30, 2018							
ACTIVITY INDICATORS	MONTHS				Current	Previous	
COMMUNITY HEALTH ACTIVITIES	July	Aug	Sept	Total	YTD FY19	YTD FY18	
<i>Communicable Disease Control</i>							
Case reports reviewed	132	73	67	272	272	281	
Preliminary follow ups	2	2	0	4	4	11	
Investigations	2	2	2	6	6	3	
<i>Public Health Education</i>							
Programs	See narrative for program descriptions						
<b>ENVIRONMENTAL HEALTH ACTIVITIES</b>							
<i>Complaints</i>							
Air Quality	0	2	0	2	2	1	
Animals/Animal Waste	1	2	0	3	3	2	
Activity Without Proper Permits	0	0	0	0	0	1	
Food Protection	2	2	2	6	6	6	
Housing Issues	3	1	7	11	11	10	
Emergency Response	1	3	0	4	4	0	
Refuse/Garbage	0	0	1	1	1	2	
Rodents/Insects	0	2	0	2	2	2	
Septic/Sewage	2	1	0	3	3	5	
Other	0	0	0	0	0	5	
Water Quality	1	1	2	4	4	3	
Total	10	14	12	36	36	37	
<i>Health Inspection</i>							
Group homes	0	0	0	0	0	0	
Day Care	0	1	1	2	2	7	
Camps	3	2	0	5	5	3	
Public Pool	4	1	0	5	5	11	
Other	0	0	0	0	0	0	
Schools	0	0	4	4	4	4	
Mortgage, FHA, VA	0	0	0	0	0	0	
Bathing Areas	0	0	0	0	0	0	
Total	7	4	5	16	16	25	
<i>On-site Sewage Disposal</i>							
Site inspection	102	120	94	316	316	253	
Deep hole tests	81	56	35	172	172	171	
Percolation tests	22	26	12	60	60	40	
Permits issued, new	6	5	7	18	18	18	
Permits issued, repair	18	25	28	71	71	51	
Site Plans Reviewed	22	28	38	88	88	65	
Public Health Reviews	56	54	61	171	171	161	
<i>Wells</i>							
Well sites inspected	9	5	13	27	27	27	
Well permits issued	18	8	14	40	40	29	
<i>Laboratory Activities (samples taken)</i>							
Potable water	1	0	0	1	1	3	
Surface water	101	80	0	181	181	148	
Ground water	0	0	0	0	0	0	
Rabies	0	1	0	1	1	0	
Lead	0	0	0	0	0	0	
Other	1	3	1	5	5	9	
<i>Food Protection</i>							
Inspections	28	24	20	72	72	162	
Reinspections	9	4	2	15	15	24	
Temporary Permits	17	26	51	94	94	79	
Temporary Inspections	18	20	17	55	55	56	
Plan review	0	1	1	2	2	6	
Pre-operational inspections	1	1	3	5	5	19	
<i>Lead Activities</i>							
Housing inspection	0	1	0	1	1	1	
Abate plan reviewed	0	0	0	0	0	0	
<b>MISCELLANEOUS ACTIVITIES</b>							
Planning and Zoning referrals	0	0	0	0	0	2	
Subdivision reviewed (# of lots)	1	0	0	1	1	9	

# ANDOVER QUARTERLY REPORT

July 1, 2018 - September 30, 2018

## ACTIVITY INDICATORS

	July	August	September	<u>Total</u>	<u>District Total</u>
<b>ENVIRONMENTAL HEALTH ACTIVITIES</b>					
<i>Complaints</i>					
Air Quality				0	2
Animals/Animal Waste				0	3
Activity Without Proper Permits				0	0
Food Protection	1			1	6
Housing Issues				0	11
Emergency Response				0	4
Refuse/Garbage				0	1
Rodents/Insects				0	2
Septic/Sewage		1		1	3
Other				0	0
Water Quality				0	4
<b>Total</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>36</b>
<i>Health Inspection</i>					
Group homes				0	0
Day Care				0	2
Camps				0	5
Public Pool				0	5
Other				0	0
Schools				0	4
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>16</b>
<i>On-site Sewage Disposal</i>					
Site inspection -- all site visits	3	3	14	20	316
Deep hole tests -- number of holes		13	3	16	172
Percolation tests -- number of holes		6	1	7	60
Permits issued, new		2		2	18
Permits issued, repair		3	2	5	71
Site plans reviewed		5	2	7	88
Public Health Reviews		12	3	15	171
<i>Wells</i>					
Well sites inspected				0	27
Well permits issued			1	1	40
<i>Laboratory Activities (samples taken)</i>					
Potable water				0	1
Surface water	5	4		9	181
Ground water				0	0
Rabies				0	1
Lead				0	0
Other				0	5
<i>Food Protection</i>					
Inspections	1	1	1	3	72
Reinspections		1		1	15
Temporary permits	1		1	2	94
Temporary inspections				0	55
Plan reviews				0	2
Pre-operational inspections	1		1	2	5
<i>Lead Activities</i>					
Housing inspection				0	1
Abate plan reviewed				0	0
<b>MISCELLANEOUS ACTIVITIES</b>					
Planning and Zoning referrals				0	0
Subdivision reviewed (per lot)				0	1

# ASHFORD QUARTERLY REPORT

July 1, 2018 - September 30, 2018

## ACTIVITY INDICATORS

	July	August	September	Total	District Total
<b>ENVIRONMENTAL HEALTH ACTIVITIES</b>					
<i>Complaints</i>					
Air Quality				0	2
Animals/Animal Waste	1	1		2	3
Activity Without Proper Permits				0	0
Food Protection				0	6
Housing Issues	1			1	11
Emergency Response	1			1	4
Refuse/Garbage				0	1
Rodents/Insects				0	2
Septic/Sewage	1			1	3
Other				0	0
Water Quality				0	4
<b>Total</b>	<b>4</b>	<b>1</b>	<b>0</b>	<b>5</b>	<b>36</b>
<i>Health Inspection</i>					
Group homes				0	0
Day Care				0	2
Camps				0	5
Public Pool	1			1	5
Other				0	0
Schools				0	4
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>16</b>
<i>On-site Sewage Disposal</i>					
Site inspection -- all site visits	10	10	7	27	316
Deep hole tests -- number of holes	10	6	3	19	172
Percolation tests -- number of holes	3	3		6	60
Permits issued, new	1		1	2	18
Permits issued, repair	3	3	2	8	71
Site plans reviewed	3	3	2	8	88
Public Health Reviews	6	4	3	13	171
<i>Wells</i>					
Well sites inspected		1	1	2	27
Well permits issued	2	1	4	7	40
<i>Laboratory Activities (samples taken)</i>					
Potable water	1			1	1
Surface water	5	5		10	181
Ground water				0	0
Rabies				0	1
Lead				0	0
Other				0	5
<i>Food Protection</i>					
Inspections	8	1	2	11	72
Reinspections	1		1	2	15
Temporary permits	4	1	5	10	94
Temporary inspections				0	55
Plan reviews				0	2
Pre-operational inspections			2	2	5
<i>Lead Activities</i>					
Housing inspection				0	1
Abate plan reviewed				0	0
<b>MISCELLANEOUS ACTIVITIES</b>					
Planning and Zoning referrals				0	0
Subdivision reviewed (per lot)				0	1

# BOLTON QUARTERLY REPORT

July 1, 2018 - September 30, 2018

## ACTIVITY INDICATORS

	July	August	September	Total	District Total
<b>ENVIRONMENTAL HEALTH ACTIVITIES</b>					
<i>Complaints</i>					
Air Quality				0	2
Animals/Animal Waste				0	3
Activity Without Proper Permits				0	0
Food Protection				0	6
Housing Issues				0	11
Emergency Response		1		1	4
Refuse/Garbage				0	1
Rodents/Insects				0	2
Septic/Sewage				0	3
Other				0	0
Water Quality				0	4
Total	0	1	0	1	36
<i>Health Inspection</i>					
Group homes				0	0
Day Care				0	2
Camps				0	5
Public Pool				0	5
Other				0	0
Schools				0	4
Mortgage, FHA, VA				0	0
Bathing Areas				0	0
Total	0	0	0	0	16
<i>On-site Sewage Disposal</i>					
Site inspection -- all site visits	9	12	10	31	316
Deep hole tests -- number of holes	11	4	5	20	172
Percolation tests -- number of holes	3	3		6	60
Permits issued, new	1	2		3	18
Permits issued, repair		3	5	8	71
Site plans reviewed	1	4	5	10	88
Public Health Reviews	4	7	9	20	171
<i>Wells</i>					
Well sites inspected	2			2	27
Well permits issued		4		4	40
<i>Laboratory Activities (samples taken)</i>					
Potable water				0	1
Surface water	10	8		18	181
Ground water				0	0
Rabies				0	1
Lead				0	0
Other				0	5
<i>Food Protection</i>					
Inspections		1		1	72
Reinspections				0	15
Temporary permits		4	3	7	94
Temporary inspections			3	3	55
Plan reviews				0	2
Pre-operational inspections				0	5
<i>Lead Activities</i>					
Housing inspection		1		1	1
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, 2018 - September 30, 2018

## 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	2
Animals/Animal Waste				0	3
Activity Without Proper Permits				0	0
Food Protection		1		1	6
Housing Issues			1	1	11
Emergency Response				0	4
Refuse/Garbage				0	1
Rodents/Insects				0	2
Septic/Sewage				0	3
Other				0	0
Water Quality				0	4
<b>Total</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>36</b>
<i>Health Inspection</i>					
Group homes				0	0
Day Care				0	2
Camps				0	5
Public Pool				0	5
Other				0	0
Schools				0	4
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>16</b>
<i>On-site Sewage Disposal</i>					
Site inspection -- all site visits	8	10	2	20	316
Deep hole tests -- number of holes		12	3	15	172
Percolation tests -- number of holes		3	1	4	60
Permits issued, new				0	18
Permits issued, repair	2	1		3	71
Site plans reviewed		1		1	88
Public Health Reviews	1	2		3	171
<i>Wells</i>					
Well sites inspected	1	1		2	27
Well permits issued				0	40
<i>Laboratory Activities (samples taken)</i>					
Potable water				0	1
Surface water				0	181
Ground water				0	0
Rabies				0	1
Lead				0	0
Other		1		1	5
<i>Food Protection</i>					
Inspections	2		3	5	72
Reinspections	1			1	15
Temporary permits			2	2	94
Temporary inspections				0	55
Plan reviews				0	2
Pre-operational inspections				0	5
<i>Lead Activities</i>					
Housing inspection				0	1
Abate plan reviewed				0	0
<b>MISCELLANEOUS ACTIVITIES</b>					
Planning and Zoning referrals				0	0
Subdivision reviewed (per lot)				0	1



# COLUMBIA QUARTERLY REPORT

July 1, 2018 - September 30, 2018

## ACTIVITY INDICATORS

	July	August	September	<u>Total</u>	<u>District Total</u>
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### ENVIRONMENTAL HEALTH ACTIVITIES

#### *Complaints*

Air Quality				0	2
Animals/Animal Waste				0	3
Activity Without Proper Permits				0	0
Food Protection				0	6
Housing Issues				0	11
Emergency Response				0	4
Refuse/Garbage				0	1
Rodents/Insects				0	2
Septic/Sewage				0	3
Other				0	0
Water Quality				0	4
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>36</b>

#### *Health Inspection*

Group homes				0	0
Day Care			1	1	2
Camps				0	5
Public Pool				0	5
Other				0	0
Schools				0	4
Mortgage, FHA, VA				0	0
Bathing Areas				0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>16</b>

#### *On-site Sewage Disposal*

Site inspection -- all site visits	7	9	11	27	316
Deep hole tests -- number of holes	18			18	172
Percolation tests -- number of holes	5			5	60
Permits issued, new	2		1	3	18
Permits issued, repair	4	2	3	9	71
Site plans reviewed	6	1	3	10	88
Public Health Reviews	4	3	4	11	171

#### *Wells*

Well sites inspected		2	10	12	27
Well permits issued	2	1	1	4	40
Potable water				0	1
Surface water	10	8		18	181
Ground water				0	0
Rabies		1		1	1
Lead				0	0
Other				0	5

#### *Food Protection*

Inspections	1		3	4	72
Reinspections				0	15
Temporary permits	1	1	1	3	94
Temporary inspections				0	55
Plan reviews				0	2
Pre-operational inspections				0	5

#### *Lead Activities*

Housing inspection				0	1
Abate plan reviewed				0	0

### MISCELLANEOUS ACTIVITIES

Planning and Zoning referrals				0	0
Subdivision reviewed (per lot)				0	1

# COVENTRY QUARTERLY REPORT

July 1, 2018 - September 30, 2018

## 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	2
Animals/Animal Waste				0	3
Activity Without Proper Permits				0	0
Food Protection				0	6
Housing Issues				0	11
Emergency Response				0	4
Refuse/Garbage				0	1
Rodents/Insects				0	2
Septic/Sewage				0	3
Other				0	0
Water Quality		1		1	4
<b>Total</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>36</b>
<i>Health Inspection</i>					
Group homes				0	0
Day Care		1		1	2
Camps				0	5
Public Pool				0	5
Other				0	0
Schools				0	4
Mortgage, FHA, VA				0	0
Bathing Areas				0	0
<b>Total</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>16</b>
<i>On-site Sewage Disposal</i>					
Site inspection -- all site visits	26	34	17	77	316
Deep hole tests -- number of holes	9	3	3	15	172
Percolation tests -- number of holes	3	1	1	5	60
Permits issued, new	1		5	6	18
Permits issued, repair	3	1	6	10	71
Site plans reviewed	6	2	11	19	88
Public Health Reviews	15	1	11	27	171
Well sites inspected	2	1	2	5	27
Well permits issued	8	1	2	11	40
<i>Laboratory Activities (samples taken)</i>					
Potable water				0	1
Surface water	45	36		81	181
Ground water				0	0
Rabies				0	1
Lead				0	0
Other	1			1	5
<i>Food Protection</i>					
Inspections	1	1	4	6	72
Reinspections				0	15
Temporary permits	10	13	22	45	94
Temporary inspections	18	20	7	45	55
Plan reviews				0	2
Pre-operational inspections				0	5
<i>Lead Activities</i>					
Housing inspection				0	1
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, 2018 - September 30, 2018

## 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	2
Animals/Animal Waste				0	3
Activity Without Proper Permits				0	0
Food Protection		1	1	2	6
Housing Issues	1	1	4	6	11
Emergency Response		1		1	4
Refuse/Garbage			1	1	1
Rodents/Insects		1		1	2
Septic/Sewage	1			1	3
Other				0	0
Water Quality			2	2	4
<b>Total</b>	<b>2</b>	<b>4</b>	<b>8</b>	<b>14</b>	<b>36</b>
<i>Health Inspection</i>					
Group homes				0	0
Day Care				0	2
Camps	1			1	5
Public Pool	2	1		3	5
Other				0	0
Schools			4	4	4
Mortgage, FHA, VA				0	0
Bathing Areas				0	0
<b>Total</b>	<b>3</b>	<b>1</b>	<b>4</b>	<b>8</b>	<b>16</b>
<i>On-site Sewage Disposal</i>					
Site inspection -- all site visits	18	15	16	49	316
Deep hole tests -- number of holes	15	6	9	30	172
Percolation tests -- number of holes	4	3	3	10	60
Permits issued, new	1			1	18
Permits issued, repair	1	5	5	11	71
Site plans reviewed	1	6	6	13	88
Public Health Reviews	1	6	8	15	171
<i>Wells</i>					
Well sites inspected	4			4	27
Well permits issued	3		3	6	40
<i>Laboratory Activities (samples taken)</i>					
Potable water				0	1
Surface water	5	3		8	181
Ground water				0	0
Rabies				0	1
Lead				0	0
Other		2		2	5
<i>Food Protection</i>					
Inspections	11	10	1	22	72
Reinspections	6	1	1	8	15
Temporary permits	1	3	9	13	94
Temporary inspections			7	7	55
Plan reviews		1	1	2	2
Pre-operational inspections		1		1	5
<i>Lead Activities</i>					
Housing inspection				0	1
Abate plan reviewed				0	0
<b>MISCELLANEOUS ACTIVITIES</b>					
Planning and Zoning referrals				0	0
Subdivision reviewed (per lot)				0	1

# SCOTLAND QUARTERLY REPORT

July 1, 2018 - September 30, 2018

## 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	2
Animals/Animal Waste				0	3
Activity Without Proper Permits				0	0
Food Protection				0	6
Housing Issues				0	11
Emergency Response				0	4
Refuse/Garbage				0	1
Rodents/Insects				0	2
Septic/Sewage				0	3
Other				0	0
Water Quality				0	4
<b>Total</b>	0	0	0	0	36
<i>Health Inspection</i>					
Group homes				0	0
Day Care				0	2
Camps				0	5
Public Pool				0	5
Other				0	0
Schools				0	4
Mortgage, FHA, VA				0	0
Bathing Areas				0	0
<b>Total</b>	0	0	0	0	16
<i>On-site Sewage Disposal</i>					
Site inspection -- all site visits		3	3	6	316
Deep hole tests -- number of holes				0	172
Percolation tests -- number of holes		1		1	60
Permits issued, new				0	18
Permits issued, repair				0	71
Site plans reviewed				0	88
Public Health Reviews		1	1	2	171
<i>Wells</i>					
Well sites inspected				0	27
Well permits issued				0	40
<i>Laboratory Activities (samples taken)</i>					
Potable water				0	1
Surface water				0	181
Ground water				0	0
Rabies				0	1
Lead				0	0
Other			1	1	5
<i>Food Protection</i>					
Inspections				0	72
Reinspections				0	15
Temporary permits		2	2	4	94
Temporary inspections				0	55
Plan reviews				0	2
Pre-operational inspections				0	5
<i>Lead Activities</i>					
Housing inspection				0	1
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, 2018 - September 30, 2018

## 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		2		2	2
Animals/Animal Waste		1		1	3
Activity Without Proper Permits				0	0
Food Protection	1			1	6
Housing Issues	1		1	2	11
Emergency Response				0	4
Refuse/Garbage				0	1
Rodents/Insects				0	2
Septic/Sewage				0	3
Other				0	0
Water Quality				0	4
<b>Total</b>	<b>2</b>	<b>3</b>	<b>1</b>	<b>6</b>	<b>36</b>
<i>Health Inspection</i>					
Group homes				0	0
Day Care				0	2
Camps	2	1		3	5
Public Pool	1			1	5
Other				0	0
Schools				0	4
Mortgage, FHA, VA				0	0
Bathing Areas				0	0
<b>Total</b>	<b>3</b>	<b>1</b>	<b>0</b>	<b>4</b>	<b>16</b>
<i>On-site Sewage Disposal</i>					
Site inspection -- all site visits	21	19	14	54	316
Deep hole tests -- number of holes	18	9	9	36	172
Percolation tests -- number of holes	4	5	6	15	60
Permits issued, new		1		1	18
Permits issued, repair	4	6	3	13	71
Site plans reviewed	3	5	6	14	88
Public Health Reviews	19	17	18	54	171
<i>Wells</i>					
Well sites inspected				0	27
Well permits issued	2	1	2	5	40
<i>Laboratory Activities (samples taken)</i>					
Potable water				0	1
Surface water	11	8		19	181
Ground water				0	0
Rabies				0	1
Lead				0	0
Other				0	5
<i>Food Protection</i>					
Inspections	4	5	3	12	72
Reinspections	1	2		3	15
Temporary permits		2	5	7	94
Temporary inspections				0	55
Plan reviews				0	2
Pre-operational inspections				0	5
<i>Lead Activities</i>					
Housing inspection				0	1
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>WILLINGTON QUARTERLY REPORT</b>								
2	July 1, 2018 - September 30, 2018								
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	2
10		Animals/Animal Waste						0	3
11		Activity Without Proper Permits						0	0
12		Food Protection					1	1	6
13		Housing Issues					1	1	11
14		Emergency Response				1		1	4
15		Refuse/Garbage						0	1
16		Rodents/Insects				1		1	2
17		Septic/Sewage						0	3
18		Other						0	0
19		Water Quality			1			1	4
20		Total			1	2	2	5	36
21	<i>Health Inspection</i>								
22		Group homes						0	0
23		Day Care						0	2
24		Camps				1		1	5
25		Public Pool						0	5
26		Other						0	0
27		Schools						0	4
28		Mortgage, FHA, VA						0	0
29		Bathing Areas						0	0
30		Total			0	1	0	1	16
31	<i>On-site Sewage Disposal</i>								
32		Site inspection -- all site visits				5		5	316
33		Deep hole tests -- number of holes				3		3	172
34		Percolation tests -- number of holes				1		1	60
35		Permits issued, new						0	18
36		Permits issued, repair			1	1	2	4	71
37		Site plans reviewed			2	1	3	6	88
38		Public Health Reviews			6	1	4	11	171
39									
40		Well sites inspected						0	27
41		Well permits issued			1		1	2	40
42	<i>Laboratory Activities (samples taken)</i>								
43		Potable water						0	1
44		Surface water			10	8		18	181
45		Ground water						0	0
46		Rabies						0	1
47		Lead						0	0
48		Other						0	5
49	<i>Food Protection</i>								
50		Inspections				5	3	8	72
51		Reinspections						0	15
52		Temporary permits					1	1	94
53		Temporary inspections						0	55
54		Plan reviews						0	2
55		Pre-operational inspections						0	5
56	<i>Lead Activities</i>								
57		Housing inspection						0	1
58		Abate plan reviewed						0	0
59	<b>MISCELLANEOUS ACTIVITIES</b>								
60		Planning and Zoning referrals						0	0
61		Subdivision reviewed (per lot)			1			1	1
62									
63									

## **Eastern Highlands Health District Public Health Preparedness Program**

July-September 2018

- **PHEP (Public Health Emergency Preparedness) Activities:**
  - Submitted 17-18 deliverables to R4 HCC fiduciary & CT DPH
  - Prepared for Region 4 Full Scale exercise in October
  - Supported Bolton Schools preparedness forum
  - Engaged district EMDs through ESF5 and in-person meetings
  - Participated in Region 4 REPT annual meeting
  - Engaged local VNA for future collaboration
  - PHEPC & DOH participated in Region 3 and Region 4 HCC meetings
  - Supported multijurisdictional shelter planning in Mansfield
  
- **MRC (Medical Reserve Corps) Activities:**
  - PHEPC and Wellness Coordinator collaborated to train and engage MRC
  - Contacted existing MRC volunteers and recruited two new MRC volunteers
  - Participated in Region 4 and statewide MRC unit leader meetings
  - Offered Medical Aid Station Team (MAST) training with R4 MRC
  - Promoted MRC support of Hurricane Florence. One EHHD MRC nurse deployed to North Carolina with Red Cross in response
  - Delivered “Until Help Arrives” (UHA) presentation in Coventry
  - Reported MRC activities to R4 MRC leadership and on HHS website
  - PHEPC promoted MRC on interview on Comcast “Public Health Matters”
  - EHHD intern assembled medical supplies bags to support UHA trainings
  
- **Training**
  - DOH on planning team for UConn Meningitis B tabletop exercise (TTX)
  - Quarterly call down made to EHHD MRC & staff
  - PHEPC attended school safety planning conference in Woodstock
  - PHEPC participated in Statewide Training and Exercise Workgroup
  
- **Regional Planning Activities:**
  - Participated in R4 Redundant Communications Drill & prepared AAR
  - Facilitated use of Veoci information sharing system for Region 4 HCC
  - DOH & PHEPC participated in R3 and R4 HCC & PHEP committees
  
- **Plans for Next Quarter:**
  - Conduct Facility Setup Drill at EO Smith
  - Renew MOU with Mansfield Schools
  - Prepare for Operational Readiness Review (ORR) in February
  - Prepare for regional Coalition Surge Test in April
  - DOH & PHEPC to participate in TEEX training at UConn
  - Assist with R4 MRC Appreciation Day in December
  - Conduct Full Scale Exercise Region 4 Drive Thru Flu Clinic in New London

**Eastern Highlands Health District  
Community Health and Wellness  
First Quarter Report July 1 – September 30, 2018**

Programs and services provided through the EHHD Community Health and Wellness efforts were extended to **5488** individuals in member towns and beyond this quarter primarily through the *Be Well* monthly newsletter and additional activities provided this quarter. A list of services by town can be found in the Appendix.

**EHHD Strategic Plan Progress**

Action Item	Progress this quarter	Outcome
<p><b>1b(1)</b> Refine/update grant monitoring network</p>	<p>CHCW researched grants on the local and national level.</p>	<p>CHCW investigated the Melville Charitable Trust RFP, but it was determined to no be appropriate for EHHD.</p> <p>CHWC reviewed the CT State Opioid Response Grant: How Can We Help” RPF, but missed the deadline to submit.</p>
<p><b>1g(1)</b> Explore and expand partnership opportunities</p>	<p>CHWC was contacted to be part of the UConn Bike Friendly Initiative.</p> <p>Be Well Tolland kickoff event was conducted to enroll employees on July 5<sup>th</sup>.</p> <p>Coventry Health and Safety Committee</p>	<p>CHWC attended the UConn Bike Friendly Initiative meeting. This discussion focused around getting more UConn students on bikes and having a bike friendly campus.</p> <p>A total of 20 employees signed up for Be Well Rewards at the kickoff event.</p> <p>Discussed EHHD community health activities such as the newsletter. Four new Coventry employees have signed up for the newsletter.</p>
<p><b>2a(2)</b> Effective communication of health district programs and news with staff and member towns officials</p>	<p>CHWC has routinely updated “Hot Topics” section of the EHHD webpage.</p> <p>CHWC coordinated two presentations on Ergonomics, focusing specifically on those that work in an office setting for Tolland Town employees.</p> <p>CHWC continues to produce and distribute monthly newsletters</p>	<p>Topic and press releases have included emergency preparedness for hurricane season, and information about flu clinics in the district.</p> <p>As part of the Be Well contract this event satisfied the educational workshop requirement for the first quarter. There were 20 employees present at the event.</p> <p>Newsletters are distributed to member town’s official and individuals residents.</p>



	<p>Updated bulletin boards were provided to Tolland and Mansfield Town Hall buildings</p> <p>CHWC routinely updated Social media sites (Facebook and Twitter).</p>	<p>Bulletin boards reflected seasonally appropriate health and safety message.</p> <p>Sites have been used to disseminate health, wellness and safety information.</p>
<p><b>3a(2)</b> Work cooperatively with school food service staff, school nurses and parents' groups to address nutrition and physical activity for students</p>	<p>CHWC participated in Chaplin School Readiness Council meeting.</p> <p>CHWC contacted food pantries with information about SNAP and DPH healthy guidelines for accepting donated food.</p>	<p>Meeting took place on 9/4/2018 and focused on updating bylaws and member recruitment.</p> <p>Copies of the flyer were mailed to 9 food pantries, and a web page was created with the same information.</p>
<p><b>3c(1)</b> Engage in advocacy events and activities</p>	<p>CHWC attended the UConn Health Fair emergency preparedness, and active living and healthy lifestyle information.</p> <p>CHWC participated in the Coalition for a Healthy Empowered Community (CHEC) task force hosted by AHM Youth Services.</p>	<p>Spoke with 68 UConn students on September 20<sup>th</sup>.</p> <p>CHWC provided insight on applying environmental strategies to the substance abuse prevention work CHEC is currently doing. This included speaking about social marketing, and creation of a policy for all student athletes and parents to attend drug-free presentation and sign contact.</p>
<p><b>CHWC Training and Continued Education</b></p>	<p>CHCW watched Return on Investment for Workplace Wellness Programs, webinar.</p> <p>CHWC took part in the Medical Reserve Corps New Leader Training.</p>	<p>This webinar was hosted by Welcoa and took place on August 30<sup>th</sup>.</p> <p>Webinar was hosted on August 9<sup>th</sup>.</p>

### Emergency Preparedness/Response

August 2<sup>nd</sup> Until Help Arrives Training in Coventry had 7 attendees. This event was covered by The Chronicle and seen by a local teacher. She contacted EHHD to ask if we could conduct an Until Help Arrives session in Windham. EHHD contacted North Central District Health Department to partner on the event to be held on November.

Orientation for new MRC members was held on August 9<sup>th</sup> for 2 new volunteers, and one existing member re-oriented.

CHWC participated in a conference call with Derek May, Emergency Preparedness Coordinator, and Hartford Healthcare at Home to discuss partnerships in case of public health emergencies such as epidemics.

### **Regional Asthma Coalition**

Northeast District Department of Health is no longer the lead for this region. This responsibility has been taken over by North Central District Department of Health. I spoke with representatives from these agencies on September 6<sup>th</sup> to discuss this transaction.

### **Employee Wellness Programs**

Activities to meet contract deliverables for the current employer groups (Town of Tolland, Town of Mansfield, Mansfield BOE, and Region 19 BOE) continue as planned.

### Mansfield

Promoted partnership with Mansfield Community Center for discounted membership to Town of Mansfield, and Mansfield Board of Education, Region 19 Board of Education, & MDP employees. As of the end of September, 100 individuals have been enrolled in the program.

As of September 30, 2018 the Mansfield Be Well program has 168 registered for the Rewards program.

Began preparations for Annual Employee Health, Wellness and Open Enrollment fair on October 25, 2018.

Be Well went to Southeast Elementary School to register market the Health Fair, Hydration Challenge and to answer questions about the Rewards Program. Two employees registered during this event.

Monthly newsletter: Monthly topics and health tips, see Appendix for Be Well Newsletter.

Bulletin Board: Billboard is updated on a regular basis to inform visitors to the Town Hall of current health and wellness information. See Appendix for Bulletin Boards.

### Tolland

Kickoff event and total number of people enrolled 20 employees form the Town of Tolland.

The Be Well Rewards program held the educational workshop on September 27th on ergonomics in the workplace to 20 participants.

Bulletin Board: The Bulletin board is updated regularly to provide visitors to the Town Hall with useful, and timely health and wellness information.

### **Preventive Health Block Grant**

The Preventative Health Block Grant's initiatives, through the EHHD's Be Well program and assistance from the Community Health Action Response Team (CHART), continue to develop and implement policy & environmental changes to impact nutrition and opportunities for physical activity for the prevention of chronic disease in participating workplaces. These changes will be facilitated by the implementation of basic employee wellness programming (through the established Be Well program).

Met with Assistant Town Manager of Mansfield on August 23 to discuss establishing a breastfeeding policy and space for employees in Town Hall to breastfeed in private. Also discussed healthy vending machine options.



## **Appendix B**

Newsletters, Bulletin Boards and Community  
Health Events for July, August, September 2018

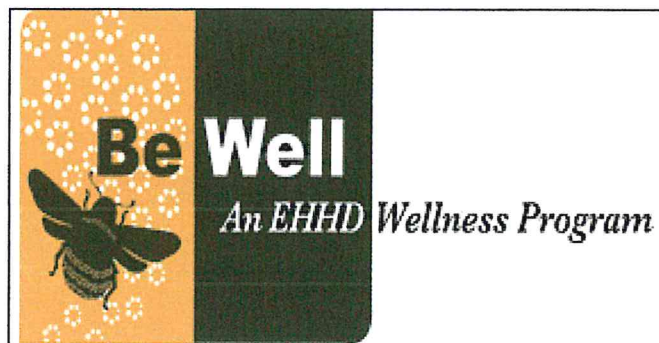


# Tolland Employees: You're Invited to the 2018/2019 "Kick-Off to Wellness" Event!

Join us at this exciting kick-off event to learn all about the upcoming year of wellness that's ahead for you. This is a time set aside for you to:

- Learn about the Be Well Rewards Program (a program that allows you to save money on your health insurance premium and rewards you for striving towards good health)
- **Enroll/re-enroll in Be Well Rewards**
- Give feedback on what YOU would like to see on the wellness calendar of programs and events
- Get some giveaways!!

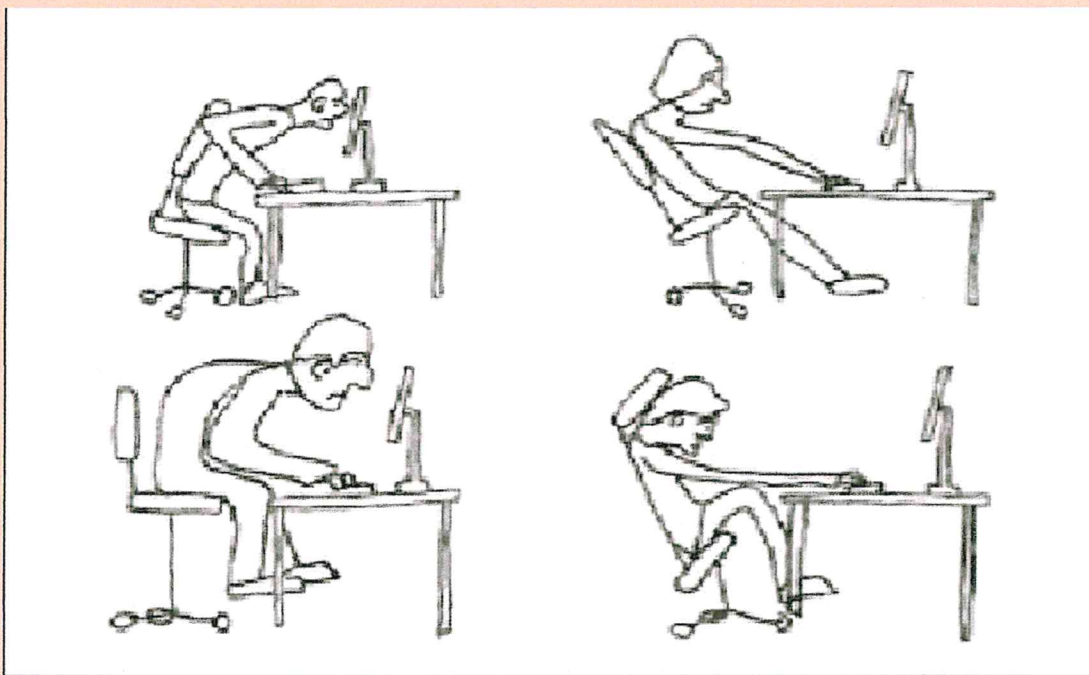
**Join us on Thursday July 19th at 10am  
in the Council Chambers.**



# BE WELL PRESENTS

## Ergonomics

This training will focus on adjustments to computer display terminals & workstations and on other topics such as coordinating workflow to alternate ergonomic stress and ergonomic stretch breaks.



Join us on Thursday, September 27, 2018

Session 1: 10 a.m. - 10:45 a.m.

Session 2: 11 a.m. - 11:45 a.m.

Tolland Town Hall, 6th Floor Council Chambers

[Please Click Here to Sign Up!](#)



Get off to a good head start this year! This seminar will fulfill your 1st quarter wellness education requirement for Be Well Rewards Program! Any questions please contact us at [Be\\_well@ehhd.org](mailto:Be_well@ehhd.org) or 860-429-3325

# The Buzz



## MATTERS OF THE MOUTH

According to the CDC, half of American adults aged 30 and over have some form of periodontal disease, also known as gum disease. It can simply cause swollen gums or give you bad breath. It can also ruin your smile or even make you lose your teeth. The good news is that gum disease can be prevented with daily dental care.

The problem begins when bacteria combines with mucus and other particles to form a sticky, colorless film (plaque) on our teeth. Brushing and flossing can get rid of some plaque. But any that remains can harden and form tartar (or calculus), a yellowish deposit that can become rock-hard. Tartar collects along your gum line & can lead to gum disease. Once tartar forms, only your dentist can remove it.

The most common and mild type of gum disease is called gingivitis. The gums become red and swollen, and they can bleed easily. Daily brushing and flossing and regular cleanings by dental professionals can usually clear up gingivitis.

Symptoms of gum disease include:

- Gums that are red, swollen & bleed easily
- Gums that seem to have pulled away from the teeth
- Constant bad breath
- Pus between your teeth & gums
- Teeth that seem to be loose or moving away from one another
- Change in the way your teeth fit together when you bite
- Change in the way your partial dentures fit.

If gingivitis is not treated, it can become a more severe type of gum disease called periodontitis. In periodontitis, the gums pull away from the teeth and form "pockets" that become infected. Bacterial toxins and your body's natural response to infection start to break down the bone and soft tissues that hold teeth

in place. If not treated, the tissues will be destroyed. Your teeth may eventually become loose and have to be removed. If you have periodontitis, your dentist may recommend a deep-cleaning method called scaling & root planing. In more severe cases, you may need surgery.

Best way to prevent gum disease is daily dental care & regular visits to your dentist.

You can keep gums & teeth healthy by:

- Brushing your teeth twice a day
- Using a fluoride toothpaste.
- Flossing regularly to remove plaque from between teeth.
- Visiting the dentist routinely for a check-up and professional cleaning.
- Quitting smoking.

Flossing is a great way to clean between your teeth and is one of the best things you can do for yourself. The American Dental Association (ADA) states that interdental cleaning (flossing) can help to prevent cavities and gum disease. Learn how to floss -[click here](#)

To benefits from flossing, use the following technique:

- Start with about 18 inches of floss & wind most of the floss around each middle finger, leaving an inch or two of floss to work with
- Hold the floss tautly between your thumbs & index fingers & slide it gently up-and-down between your teeth
- Gently curve the floss around the base of each tooth, making sure you go beneath the gumline. Never force the floss, as this may cut or bruise delicate gum tissue
- Use clean sections of floss as you move from tooth to tooth
- To remove the floss, use the same back-and-forth motion to bring the floss up and away from the teeth

Brushing your teeth is an important part of your dental care routine.

For a healthy mouth and smile the ADA recommends you:

- Brush your teeth twice a day with a soft-bristled brush. The size and shape of your brush should fit your mouth allowing you to reach all areas easily.
- Replace your toothbrush every three or four months, or sooner if the bristles are frayed. A worn toothbrush won't do a good job of cleaning your teeth.
- Make sure to use an ADA-accepted fluoride toothpaste.

The proper brushing technique is to:

- Place your toothbrush at a 45-degree angle to the gums.
- Gently move the brush back and forth in short (tooth-wide) strokes
- Brush the outer surfaces, the inner surfaces, and the chewing surfaces of the teeth.
- To clean the inside surfaces of the front teeth, tilt the brush vertically and make several up-and-down strokes.

Regular dental visits are important because they can help spot dental health problems early on when treatment is likely to be simpler and more affordable. They also help prevent many problems from developing in the first place. Visiting your dentist regularly is important because some diseases or medical conditions have symptoms that can appear in the mouth. This is also an opportunity to have your teeth cleaned. Regular cleaning appointments, two a year, can help maintain oral health, detect oral cancer, prevent bad breath, and give you a brighter smile.





## HAPPENINGS AROUND TOWN

Summertime is Fireworks Season! The safest way to view fireworks is when they are put on by professionals.

### FIRWORK DISPLAYS

[Concert & Fireworks Display](#) – Sun, July 1<sup>st</sup> in Putnam at Rotary Park, Kennedy Drive (Concert at 7 PM, Fireworks at Dusk). Rain Date: 7/8/2018

[Independence Day Celebration w/Fireworks](#) – Fri, July 6<sup>th</sup> at Stafford Motor Speedway, Stafford Springs (After Feature Event). Rain Date: None

[James "Dutch" Fogarty 4th of July Celebration](#) – Sat, July 7<sup>th</sup>, Manchester Band Shell (Dusk). Rain Date: 7/8/2018

[July in the Sky Fireworks & Funzone](#) – Tues, July 10<sup>th</sup> at Henry Park, Vernon (Festival starts at 4 p.m., fireworks at dusk). Rain Date: 7/11/2018

[Columbia July 4<sup>th</sup> Parade](#) – Wed, July 4<sup>th</sup> at 10am. The Columbia Lions Club will be organizing the parade festivities.

[Willington Public Library Game Night](#) - is a recurring event that takes place on the second Thursday evening of each month, from 6:30 p.m. - 7:30 p.m. It's free to attend and no registration is required. Kids and adults of all ages are encouraged to come.

[Free Smoke Alarms](#) from the Red Cross Home Fire Preparedness Campaign. They will demonstrate some simple changes in the home that will help you protect your family against fire & install a FREE smoke alarm.

[Until Help Arrives](#) - Thurs, August 2nd, 6-8pm at Mill Brook Place, Coventry. This **FREE** class will teach basic skills to keep people with life-threatening injuries alive until professional help arrives.

## BE THE FIRST TO KNOW

by following us on



## Cantaloupe Spinach Salad

makes 4 servings

### INGREDIENTS

5 cups fresh spinach leaves  
2 cups sliced cantaloupe  
1 cup sliced avocado  
1/2 cup diced red bell pepper  
3 tablespoons chopped fresh mint leaves  
3 teaspoons white wine vinegar  
1 tablespoon mint apple jelly  
1 tablespoon olive oil  
1 clove garlic, minced

### DIRECTIONS

1. Divide spinach between 4 serving plates.
2. Arrange half of the cantaloupe and half of the avocado in a circular pattern over the spinach on each plate. Sprinkle with diced red pepper and fresh mint.
3. Mix together the mint jelly, white wine vinegar, oil and garlic. Drizzle over the salads. Serve.



## Firework Safety



According to the U.S. Consumer Product Safety Commission in 2016 at least [four people died and about 11,100 were injured](#) badly enough to require medical treatment after fireworks-related incidents. The majority of these incidents were due to amateurs attempting to use professional-grade, homemade or other illegal fireworks. But **thousands** were from less powerful devices like small firecrackers & sparklers..

**Just Because They Are Legal,  
Doesn't Mean They Are Safe!**

Some types fireworks are legal to buy in CT. If you choose to use them be sure to follow the following safety tips:

- Never use fireworks while impaired by drugs or alcohol

- Never allow young children to handle fireworks
- Older children should use them only under close adult supervision
- Anyone using fireworks or standing nearby should wear protective eyewear
- Never light them indoors
- Use them away from people, houses & flammable material
- Only light one device at a time and maintain a safe distance after lighting
- Never ignite devices in a container
- Do not try to re-light or handle malfunctioning fireworks
- Soak unused fireworks in water a few hours before discarding
- Keep a bucket of water nearby to fully extinguish fireworks that don't go off or in case of fire

The best way to view fireworks is to grab a blanket and a patch of lawn, kick back and let the experts handle the show.

[Watch the Alliance for Consumer Fireworks and National Fire Protection Association highlight the dangers of fireworks in a demonstration.](#)

Be Well is an employee wellness program provided through the Eastern Highlands Health District with funding from The CT Department of Health. The goal of the program is to make the healthy choice the easy choice.



# The Buzz



## DEVELOPING A POSITIVE OUTLOOK

Do you tend to look on the bright-side of life? A growing body of research suggests that having a positive outlook can benefit your physical health. NIH-funded scientists are working to better understand the links between your attitude and your body. Their evidence suggests that emotional wellness can be improved by developing certain skills.

“Having a positive outlook doesn’t mean you never feel negative emotions, such as sadness or anger,” says [Dr. Barbara Fredrickson](#), a psychologist and expert on emotional wellness at the University of North Carolina, Chapel Hill. “All emotions, whether positive or negative, are adaptive in the right circumstances. The key seems to be finding a balance between the two,” she says.

“Positive emotions expand our awareness and open us up to new ideas, so we can grow and add to our toolkit for survival,” she explains. “But people need negative emotions to move through difficult situations and respond to them appropriately in the short term. Negative emotions can get us into trouble, though, if they’re based on too much rumination about the past or excessive worry about the future, and they’re not really related to what’s happening in the here and now.” People who are emotionally well have better resilience to challenges and are able to bounce back from difficulties faster. Another sign of emotional wellness is being able to hold onto positive emotions longer and appreciate the good times. Focusing on what’s important & developing a sense of meaning and purpose in life also contribute to emotional wellness.

[Research has found a link](#) between an upbeat mental state and improved health, including lower blood pressure, reduced risk for heart disease, healthier weight, better blood sugar levels, and longer life. However, studies cannot determine whether positive emotions lead to better health; if being healthy causes positive emotions, or if other factors are involved. “While earlier research suggests an association between positive emotions and health, it doesn’t reveal the underlying mechanisms,” says [Dr. Richard Davidson](#), a

neuroscientist at the University of Wisconsin-Madison. “To understand the mechanisms, I think it will be crucial to understand the underlying brain circuits.” By using brain imaging, Davidson and others have found that positive emotions can trigger “reward” pathways located deep within the brain. Continued activation of this part of the brain has been linked to healthful changes in the body, including lower levels of a stress hormone.

In contrast, negative emotions can activate a brain region known as the amygdala, which plays a role in fear and anxiety. “We’ve shown that there are big differences among people in how rapidly or slowly the amygdala recovers following a threat,” Davidson says. “Those who recover more slowly may be more at risk for a variety of health conditions compared to those who recover more quickly.”

Among those who appear more resilient and better able to hold on to positive emotions are people who’ve practiced various forms of [meditation](#). In fact, growing evidence suggests that several techniques, such as meditation, [cognitive therapy](#) (a type of psychotherapy), and [self-reflection/introspection](#), can help people develop the skills needed to make positive, healthful changes.

“Research points to the importance of certain kinds of training that can alter brain circuits in a way that will promote positive responses,” Davidson says. “It’s led us to conclude that well-being can be considered as a life skill. If you practice, you can actually get better at it.” In one study, Davidson and his colleagues found changes in reward-related brain circuits after people had 2 weeks of training in a simple form of meditation that focuses on compassion and kindness. These changes were linked to an increase in positive social behaviors such as increased generosity. Fredrickson and her colleagues are also studying meditation. They found that after 6 weeks of training in compassion and kindness meditation, people reported increased positive emotions and social connectedness compared to an untrained group. The meditation group also had improved functioning in a nerve that helps to control heart rate. “The results suggest that taking time to learn the skills to self-generate positive emo-

tions can help us become healthier, more social, more resilient versions of ourselves,” Fredrickson says.

[Dr. Emily Falk](#), a neuroscientist at the University of Pennsylvania, is exploring how self-affirmation can affect your brain and lead to positive, healthful behaviors. Her team found that when people are asked to think about things that they find meaningful, a brain region that recognizes personally relevant information becomes activated. This brain activity can change how people respond to health advice.

“In general, if you tell people that they sit too much and they need to change their behavior, they can become defensive. They’ll come up with reasons why the message doesn’t apply to them,” Falk says. But if people reflect on the things they value before the health message, the brain’s reward pathways are activated. This type of self-affirmation, Falk’s research shows, can help physically inactive “couch potatoes” get more active. In a recent study, inactive adults received typical health advice about the importance of moving more and sitting less. But before the advice, about half of the participants were asked to think about things that they value most. The “self-affirmation” group became more physically active during the month-long study period that followed compared to the group that hadn’t engaged in self-affirmation. “The study shows one way that we can open the brain to positive change and help people achieve their goals,” Falk says.

Being open to positive change is a key to emotional wellness. “Sometimes people think that emotions just happen, kind of like the weather,” Fredrickson says. “But research suggests that we can have some control over which emotions we experience.” As mounting research suggests, having a positive mindset might help to improve your physical health as well.

Source: NIH News in Health

## HAPPENINGS AROUND TOWN

**Until Help Arrives** - Thursday, August 2nd, 6-8pm at Mill Brook Place, Coventry. This **FREE** class will teach basic skills to keep people with life-threatening injuries alive until professional help arrives.

**27th Annual Steeple Chase Bike Tour** - Saturday, August 18th, 7am at Eastern CT State University. Bike riders can choose from a 100-mile, 62.5-mile, 50-mile, 35-mile and 20-mile ride, to raise money for three critical Windham County social service agencies. The Steeple Chase Bike Tour is named for its "steeple stops," rest stops placed strategically along the routes either at churches or at other locations staffed by members of local churches. Pre-registration for the event is \$25 for individual riders or walkers, and \$75 for groups of four. Day-of registration is \$30 for individuals and \$85 for groups

**Lutz Museum Family Campout** - August 10-12th, at Gay City state Park, Hebron. The Lutz Museum will provide dinner on Friday night. Kids can play until it gets dark & then we will meet around the campfire for a sing-along, s'mores, and storytelling. Saturday meals are on your own but we encourage everyone to bring enough to share and trade. Museum staff will organize some fun activities. Cost is only \$10 per person for everything, but we do need an accurate headcount. Call the museum to make your reservation (860) 643-0949.

**Sunset Yoga** - Monday, August 6th, 6:30pm at the Jon Treat Farm, Bolton. Experience a breathtaking view of the Connecticut River valley during an all-levels yoga class led by certified yoga instructor Debbie Livingston (rain date Mon., Aug 13th).



## BE THE FIRST TO KNOW



Sources: National Institutes of Health, Harvard T.H. Chan School of Public Health, Journal of Perinatal & Neonatal Nursing, Centers for Disease Control & Prevention, SimplyPsychology.org, U.S. Dept. of Health & Human Services Office of Women's Health, U.S. Breastfeeding Committee, EHHD

## Stuffed Eggplant

### INGREDIENTS

- ◆ 1½ cups bread crumbs
- ◆ 2 eggplants
- ◆ 2 tomatoes, diced
- ◆ ½ cup green bell pepper, diced
- ◆ ½ cup onion, diced
- ◆ 1/3 cup celery, diced
- ◆ 1/8 Tbsp. salt
- ◆ ¼ Tbsp. black pepper
- ◆ 2 Tbsp. fresh parsley, minced

### DIRECTIONS

1. Preheat oven to 350 degrees F.
2. Cut eggplants in half lengthwise. Scoop out and save the flesh, leaving the shells 3/8-inch thick. If necessary, trim a small piece off the bottom of each shell so it won't tip over. Set aside.
3. Coat large skillet with vegetable cooking spray. Chop up reserved eggplant and add to skillet. Add tomato, bell pepper, onion, celery, salt, and black pepper. Place skillet over medium heat; cover & cook about 5 minutes, until vegetables are tender.
4. Remove skillet from heat. Stir in bread crumbs and parsley. Spoon mixture into the eggplant.
5. Arrange stuffed shells in a shallow baking dish coated with vegetable spray. Sprinkle 1½ tps Parmesan on top of each shell. Bake for 25 minutes, until filling heats through and top is golden brown.



## August is National Breastfeeding Month

While breastfeeding is as old as the human race, the month was only officially declared in August 2011 by the United States Breastfeeding Committee (USBC), although the U.S. Department of Health and Human Services has been advocating breastfeeding awareness for decades by driving an annual campaign to empower women to commit to breastfeeding.

### **Breastfeeding Facts:**

**Breastfeeding in public is legal** - According to the National Conference of State Legislatures, **All 50 states**, the District of Columbia, Puerto Rico and the Virgin Islands have laws that specifically allow women to breastfeed in any public or private.

**Breastfeeding moms get more sleep** - it's estimated that **breastfeeding moms get an extra 45 minutes of sleep per night**, according to a study in the [Journal of Perinatal and Neonatal Nursing](#).

**Breastfeeding Rates Are Higher Than People Think** - Data collected by the [Centers for Disease Control and Prevention](#) reports 81% of mothers start breastfeeding immediately after birth. Moms over 30 have the highest breastfeeding rate, at over 75 percent.

**Breastfeeding burns calories**- Producing breast milk requires extra energy. Experts estimate the number of calories burned breastfeeding ranges from 300 to 500 a day. To shed any excess weight after giving birth, you can typically [consume the same num-](#)

[ber of calories](#) as you did before getting pregnant, according to the U.S. Department of Health and Human Services' Office on Women's Health.

**For more about celebrating National Breastfeeding Month and participating in upcoming USBC events visit [www.usbreastfeeding.org](http://www.usbreastfeeding.org) and [www.breastfeedingct.org](http://www.breastfeedingct.org)**

Be Well is an employee wellness program provided through the Eastern Highlands Health District with funding from The CT Department of Health. The goal of the program is to make the healthy choice the easy choice.



**Be Well**

An EHHD Wellness Program

# The Buzz



## ALZHEIMER'S AWARENESS

World Alzheimer's Month is the international campaign every September to raise awareness and challenge the stigma that surrounds dementia. September 2018 will mark the 7th World Alzheimer's Month. The impact of World Alzheimer's Month is growing, but the misinformation that surrounds dementia remains a global problem. According to the Centers for Disease Control and Prevention, Alzheimer's Disease is the most common form of dementia, and in 2013 ["as many as 5 million Americans were living with Alzheimer's Disease."](#)

The science of Alzheimer's disease has come a long way since 1906, when a German neurologist and psychiatrist named Dr. Alois Alzheimer first described the key features of the disease now named after him. He noticed abnormal deposits in the brain of a 51-year old woman who had dementia. Researchers now know that Alzheimer's disease is characterized by brain abnormalities called plaques and tangles. Plaques are clumps of protein in the spaces between the brain's nerve cells. Tangles are masses of twisted protein threads found inside nerve cells. Scientists know what these plaques and tangles are made of. But they still don't know what causes them to form, or how to stop the process.

Research so far has offered good leads about preventing Alzheimer's disease and age-related cognitive decline. Still, more research is needed before we can be sure what's effective. Will doing crossword puzzles prevent memory loss as we age? Does exercise delay or prevent Alzheimer's disease? Will adding fish oil to a diet help keep our brains healthy as we age? Unfortunately, we do not have these answers yet.

"Scientists are actively investigating a wide range of strategies," says Dr. Richard J. Hodes, director of NIH's [National Institute on Aging \(NIA\)](#). "Before we can tell the public that something will prevent Alzheimer's disease or cognitive decline, we want to make sure that the intervention is tested as rigorously as possible." Alzheimer's disease usually affects people 60 and older, but people with a rare form of the illness can develop the disease in their 30s or 40s.

"The biggest risk factor for Alzheimer's disease is age, and the number of Americans over the age of 65 is expected to double to 70 million by 2050," Hodes says. "We must find ways to prevent or delay this terrible disease."

While aging brains may not store memories or recall information as easily as they once did, many older people function well despite these changes. In fact, experience can help some older people perform certain tasks as well or better than younger ones. Alzheimer's disease and other dementias are definitely not, as people once thought, a normal part of aging.

Recent research has identified a handful of approved medications are available to help treat the symptoms of Alzheimer's disease. One, [donepezil \(Aricept\)](#), was found to delay the development of Alzheimer's disease for about a year in people with mild impairment. Unfortunately, no medicalizations appear to affect the underlying causes of the disease.

Some [observational studies](#) looking at different prevention strategies suggest that physical activity, social engagement and intellectual activity all may help prevent Alzheimer's disease and cognitive decline. Controlling high blood pressure and diabetes may help. So may [omega 3 fatty acids](#), which are found in salmon and other fish. Many of

these strategies have already been shown to promote healthy aging and reduce the risk for other diseases. However, none of the studies to date has given conclusive answers when it comes to preventing Alzheimer's or cognitive decline. These strategies and many others are under further study. In addition, many drugs are now being tested in clinical trials.

"We wish we could tell people that taking a pill or doing a puzzle every day would prevent this terrible disease, but current evidence doesn't support this," says Dr. Martha L. Daviglius, professor of preventive medicine at [Northwestern University in Chicago](#).

Still, many of the healthy habits under study, like exercise, usually do no cause harm and likely benefit overall health. Smoking has been linked to a greater risk for dementia and cognitive decline, so if you smoke, try to quit. Chronic diseases, such as diabetes and depression, may also raise your risk, so be sure to address any long-term health problems.

Despite all the challenges, Hodes says, there are reasons to be optimistic. "Technology is advancing our ability to identify the gene mutations that may place some people at greater risk for developing Alzheimer's disease. Scientists are developing new imaging tools to allow us to map the changes taking place in living brains. We are moving closer to identifying the markers in blood that may signal disease onset, track its progress and test whether or not a medicine is working."

## HAPPENINGS AROUND TOWN

**Lutz Museum Fish Family Farm Day** - September 1, 9am till 5pm at Fish Family Farm Creamery & Dairy, 20 Dimock Lan, Bolton. Children of all ages can enjoy farm animals, hayrides, games, musical performances, vendor market & farm-fresh ice cream. All proceeds benefit the Lutz Children's Museum, members \$8, nonmember \$10.

**Stop the Stigma 5k & Fun Walk** - September 15, 8am at Natchaug Hospital 189 Storrs Rd, Mansfield. There is a timed 5K rade, and untimed 5K walk through a quaint Mansfield neighborhood. Proceeds will benefit the Adult Inpatient Clients at Natchaug Hospital. Day of registration is \$30, and online preregistration is \$20.

**Celebrate Tolland Festival** - September 15, 11am till 3pm at Tolland Middle School softball field, 1 Falcon Way. Food from local restaurants, musical entertainment, a kids' fun zone and informational booths featuring town departments, local non-profit and community groups and local businesses and vendors

**15th Annual Celebrate Mansfield Festival** - September 16 from noon till 4pm on the Betsy Paterson Square. This event will host a parade, food, family activities and the headliner of the festival is Sinkane.

**Discover Outdoor Connecticut** - September 22, 10am till 4pm at the Franklin Swamp Wildlife Management Area, 391 RT 32, North Franklin. This event will have animals, demonstrations, archery, shooting clays, kid's activities, outdoor skills, and photo contest. L.L. Bean will provide clinics on hiking, backpacking, knot tying, water filtration, and kayaking. See various breeds of hunting dogs and watch them in action, and more. No food will be available during the event. Free.

**18th Annual Celebrating Agriculture** - September 22, 9am - 3pm at the Woodstock Fairgrounds, RT 169, Woodstock. A fun, educational day showcasing the benefits agriculture provides to the region, demonstrations, hay rides, farm tours, animals, and competitions. Free.

## BE THE FIRST TO KNOW



Sources: National Institutes of Health, Centers for Disease Control & Prevention, EHHD, National Pediculosis Assoc, Northwestern Univ.



## Roasted Carrot Soup

### INGREDIENTS

1½ pounds carrots, peeled and cut into 2- to 3-inch pieces  
 1 onion, peeled and quartered  
 2 cups unsweetened almond milk  
 3 cloves garlic, unpeeled  
 1 (1 inch) piece fresh ginger, peeled and sliced  
 1 tablespoon olive oil  
 1 cup low-sodium chicken broth  
 1 teaspoon coarsely ground black pepper  
 1 cup water  
 Shredded carrot (optional)  
 Fresh basil leaves (optional)



### DIRECTIONS

- Preheat oven to 400°F. In a large bowl, combine the carrot pieces, the onion, garlic, and ginger. Drizzle with olive oil; toss to coat. Arrange vegetables in a single layer on a 15x10x1-inch baking pan. Bake 50 to 60 minutes or until carrots are very tender. Cool slightly.
- Squeeze garlic cloves from their skins into a food processor or blender. Add roasted carrots, onion, and ginger; cover and process or blend with several on/off turns until the vegetables are chopped. Add almond milk, broth, and pepper. Cover and process or blend until smooth.
- Transfer to a medium saucepan. Stir in the water. Cook & stir until heated through. If desired, garnish with shredded carrot and basil leaves.

# September is National Head Lice Prevention Month

September brings the start of school for many children as well as the 32nd National Head Lice Prevention Campaign, sponsored by the [National Pediculosis Association](#) (NPA). The Centers for Disease Control and Prevention estimates 6-12 million children get lice each year.

The NPA is calling for parents to stay especially aware of the communicability of head lice and take the necessary steps towards sending their children to school free of lice and nits (lice eggs). The NPA encourages parents to stay proactive, avoid the call from school, and assure that they are first to identify that their child is infested.

### Tips to Prevent Head Lice:

- Be prepared by knowing how to [accurately identify both lice & nits](#).
- Do routine head checks. Screen your child's hair regularly with a

quality lice and nit removal comb. It can take 2-3 weeks to experience itching.

- Advise your children not to share hats or hairbrushes. Lice can live for 1-2 days without a host and can be transferred through helmets, headbands, costumes, and anything else that comes in contact with your head.
- Lice are repelled by certain smells, like tea tree oil, menthol, eucalyptus oil, lavender oil, rosemary oil, lemongrass, and citronella. Choose a shampoo or add essential oils to shampoo/conditioner with any of these scents for added protection.

### Treatment of Head Lice:

- Requires using an Over-the-counter (OTC) or prescription medication.
- Laundering clothing and bedding in

hot water or dry cleaning to destroy lice and eggs is extremely valuable. Be sure to throw bedding, pillows, and the stuffed animals your child sleeps with in your dryer for at [least 15 minutes to effectively kill lice and nits](#).

- Soak combs and brushes in hot water (at least 130°F) for 5-10 minutes.

[Learn more about prevention and control of lice by going to the CDC webpage.](#)

Be Well is an employee wellness program provided through the Eastern Highlands Health District with funding from The CT Department of Health. The goal of the program is to make the healthy choice the easy choice.



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**Exercise**

3 times a week for 30 minutes will decrease risk for chronic disease, depression and weight gain.

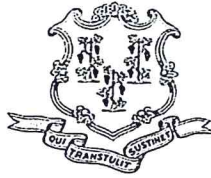
**NEIGHBORS  
COMMUNITY.**

Ready

# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH

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Commissioner



Dannel P. Malloy  
Governor  
Nancy Wyman  
Lt. Governor

Environmental Health Section

EHS Circular Letter#2018-30

DATE: 11/6/18

TO: Directors of Health  
Certified Food Inspectors  
Interested Parties

FROM: Tracey Weeks, MS, RS <sup>FW</sup>  
Food Protection Program Coordinator

RE: Draft Regulations for Food Establishments

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The Food Protection Program is pleased to provide the draft food regulations for your review. A formal submission has been made through the Connecticut e-Regulation system although they are not visible to the public just yet. Please do not submit comments to the Food Protection Program at this time, as the language may change based on feedback from the Office of the Attorney General and the Legislative Regulation Review Committee. Comments can be submitted through the e-Regulation system once the formal public comment period begins.

These regulations are intended to implement the FDA Food Code and to supplement that code by including definitions, language regarding the inspection process, enforcement, and more.

Together with the Connecticut General Statutes, the FDA Food Code and Annex, the new inspection form, and supporting documents, local certified food inspectors should have the basic tools they need to inspect food establishments under the new food code. An announcement regarding additional training in the form of webinars will be sent soon.

C: Suzanne Blancaflor, MS, MPH, Chief, Environmental Health Section



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State of Connecticut  
Regulation of  
Department of Public Health  
Concerning  
Model Food Code Implementation

Section 1. The Regulations of Connecticut State Agencies are amended by adding Sections 19a-36h-1 to 19a-36h-7 as follows:

**(NEW) Sec. 19a-36h-1. Definitions. As used in Sections 19a-36h-1 to 19a-36h-7, inclusive.**

- (1) "Alternate person in charge" means the person, designated by the food establishment's permit holder, to be in charge of the food establishment when the certified food protection manager cannot be present;
- (2) "Certified food protection manager" has the same meaning as in section 19a-36g of the Connecticut General Statutes;
- (3) "Commissioner" has the same meaning as in section 19a-36g of the Connecticut General Statutes;
- (4) "Core item" means a provision in the food code that is not designated as a priority item or priority foundation;
- (5) "Department" has the same meaning as in section 19a-36g of the Connecticut General Statutes;
- (6) "Director of health" has the same meaning as in section 19a-36g of the Connecticut General Statutes;
- (7) "Food code" has the same meaning as in section 19a-36g of the Connecticut General Statutes;
- (8) "Food establishment" has the same meaning as in section 19a-36g of the Connecticut General Statutes;
- (9) "Food inspector" has the same meaning as in section 19a-36g of the Connecticut General Statutes;
- (10) "Full time" means a person normally employed and on duty not less than thirty hours per work week on a regular basis, or the total number of hours the food establishment is open per week, if less than thirty hours;
- (11) "Permit holder" means the person who is responsible for the operation of the food establishment, and who possesses a valid license or permit to operate the food establishment;
- (12) "Person in charge" means the individual present at a food establishment who is responsible for the operation at the time of inspection;
- (13) "Priority item" means an item that is denoted as a priority item in the food code and is designated with a superscript "P";
- (14) "Priority foundation item" means an item that is denoted as a priority foundation item in the food code and is designated with a superscript "Pf" or as specified in these regulations; and
- (15) "Regulatory authority" means the commissioner or director of health, or the commissioner and the director of health as follows:
  - (A) In the following food code sections, the regulatory authority shall mean the commissioner:
    - (i) 2-102.12(B);
    - (ii) 3-301.11(E)(1);
    - (iii) 3-401.11(D)(4);



- (iv) 3-502.11;
- (v) 4-204.110(B); and
- (vi) 8-103.12.

(B) In the following food code sections, regulatory authority means the commissioner and the director of health;

- (i) 3-301.11 (E)(2);
- (ii) 8-103.11;
- (iii) 8-304.11 (F); and
- (iv) 8-402.11.

(C) In the following food code sections, regulatory authority means the commissioner or director of health, as required:

- (i) 8-103.10;
- (ii) 8-201.12;
- (iii) 8-201.13 (A);
- (iv) 8-201.14; and
- (v) 8-403.10(B)(5).

(D) In all other sections of the food code, the regulatory authority means the director of health.

**(NEW) Sec. 19a-36h-2. Applicability and variance.**

(a) Applicability.

(1) All food establishments shall comply with the requirements of the United States Food and Drug Administration's Food Code, as amended from time to time, any Food Code Supplements, published by the United States Food and Drug Administration, the Connecticut General Statutes and Regulations of the Connecticut State Agencies.

(b) Variance.

(1) The commissioner may grant a variance pursuant to sections 8-103.10, 8-103.11 and 8-103.12 of the food code if the commissioner has determined that the variance will not result in a health hazard or nuisance. The commissioner may impose conditions and requirements on the food establishment upon granting such variance. The commissioner shall provide the director of health and food establishment a copy of the approved variance.

(2) The permit holder shall apply for such variance, in writing, to the commissioner by submitting the required documentation as specified within sections 8-103.11 and 8-103.12 of the food code.

(3) The commissioner or food inspector shall verify conformance with the approved variance during routine inspections, site visits or as otherwise deemed necessary.

(4) The food inspector may suspend the food establishment's operation regarding the approved variance if the food inspector finds that a health hazard or nuisance has been identified due to such variance. The food inspector shall provide notification of the suspension of such variance, to the commissioner. Such notification shall include, but not be limited to written documentation of the food inspector's findings.

(5) The commissioner shall verify the food inspector's findings and may revoke such variance upon substantiation of the food inspector's findings.

**(NEW) Sec. 19a-36h-3. Food inspector certification and renewal.**

(a) No person shall engage in the practice of a food inspector unless such person has obtained a certification from the commissioner pursuant to section 19a-36j of the Connecticut General Statutes.

(1) A food inspector who meets the requirements for certification in section 19a-36j of the Connecticut General Statutes on December 31, 2018 shall retain his or her certification through

January 1, 2022.

(2) A food inspector who holds a valid certification on December 31, 2018 but does not meet the requirements of section 19-36j of the Connecticut General Statutes shall be eligible to renew his or her certification on or before January 1, 2022 provided that he or she meets the requirements of section 19a-36j of the Connecticut General Statutes at the time of renewal.

(3) After January 1, 2022 no food inspector shall be eligible for certification renewal unless he or she meets the requirements for renewal in section 19a-36j.

**(NEW) Sec. 19a-36h-4. Inspection observations and documentation.**

(a) The food inspector shall complete all sections of the commissioner's prescribed inspection report form, as amended from time to time, to document inspection observations and information.

(b) The certified food inspector shall provide the permit holder or person in charge of the food establishment with a copy of the inspection report form within forty-eight hours of the inspection.

(c) The food inspector shall sign the inspection report form, which shall serve as the legal notice of violation and order to correct violations in the time period specified by the food code.

(d) The director of health may use a different inspection report form, including an electronic form, if such inspection report form is substantially equivalent to the commissioner's inspection report form, and the director of health has obtained written approval from the commissioner to use such inspection report form.

**(NEW) Sec. 19a-36h-5. Certified food protection manager and alternate person in charge.**

(a) Each Class 1, 2, 3, and 4 food establishment shall have a person in charge, on-site at the food establishment at all times the establishment is operating.

(b) At all times, a class 2, 3 and 4 food establishment is operating, the person in charge shall be a certified food protection manager, except as permitted by subsection (c) of this section, who shall:

(1) Have obtained certification as required pursuant to section 19a-36i of the Connecticut General Statutes;

(2) Maintain such certification on file at the food establishment and provide such certification to the food inspector upon request; and

(3) Be a full-time employee, and assigned as the certified food protection manager to only one food establishment.

(c) The permit holder of each class 2, 3 and 4 food establishments shall appoint an alternate person to be in charge, when the person in charge is not available. The alternate person in charge shall only be utilized during non-peak hours of operation, such as an overnight shift where only one or two employees are on-site, and there is limited or no food preparation is taking place. Such appointment shall be in writing on a form prescribed by the commissioner. The alternate person in charge shall:

(1) Have the same knowledge and duties as the certified food protection manager as required by sections 2-102.11(C) and 2-103.11 of the food code; and

(2) Upon request of a food inspector at the food establishment, demonstrate to the food inspector, by a means according to section 2-102.11 (B) or (C) of the food code the knowledge required under section 2-102.11 (C) (1) to (17), inclusive, of the food code.

(d) The food inspector shall consider noncompliance with subsection (c) this section a priority foundation item and shall cite such finding on the food inspection report form.

**(NEW) Sec. 19a-36h-6. Hold order, or destruction of food.**

(a) The food inspector may issue a hold order for any food or drink suspected to be unsafe for

human consumption, while verification of its safety is conducted.

(b) Such food or drink that may be subject to the hold order shall include, but not be limited to, the following:

- (1) Food that may have originated from an unapproved source;
- (2) Food that may be unsafe, adulterated or not honestly presented;
- (3) Food that is not labeled in accordance with the food code, or if raw molluscan shellfish, is not tagged or labeled according to the Connecticut General Statutes and Regulations of Connecticut State Agencies or the food code; or
- (4) Food that is not in compliance with the food code.

(c) The food inspector may issue a hold order to a permit holder or the person in charge without prior warning, notice of a hearing or a hearing on the hold order;

(d) The hold order notice shall include the following:

- (1) A statement that the food subject to the order may not be used, sold or moved from the food establishment, or destroyed without a written release of the order from the director of health;
- (2) The specific reasons for placing the food under the hold order with reference to the applicable provisions of the food code and the hazard or adverse effect created by the condition observed by the food inspector;
- (3) Identification of the food subject to the hold order by reference to its common name, the label information, a container description, quantity, and location;
- (4) The local health department's tag or identification information,
- (5) Information regarding the permit holder's right to appeal, including information describing the mechanism to request a hearing in accordance with sections 19a-361 and 19a-229 of the Connecticut General Statutes;
- (6) Notice that the director of health may order the destruction of the food if a timely request for an appeal hearing is not received; and
- (7) The name and address of the local health department representative to whom a request for an appeal hearing may be made.

(e) If the permit holder, the person in charge or any other food establishment employee violates such hold order, the director of health shall remove the food that is subject to the hold order to a place of safekeeping.

(f) The food inspector shall place an official tag or label on the food identified under the hold order as follows:

- (1) The tag or label shall be securely placed on the food or containers to conspicuously identify food subject to the hold order; and
- (2) The tag or label used to identify the food subject to the hold order shall include a summary of the provisions specified in subsection (d) of this section and shall be signed and dated by the food inspector.

(g) The permit holder, the person in charge or any other food establishment employee shall not use, serve, sell or move the food subject to the hold order. The food inspector may allow the permit holder or person in charge to store the food in an area of the food establishment if the food is protected from deterioration, the food will not contaminate other food, and storage of the food does not restrict the operations of the establishment.

(h) The food inspector may examine, sample and test food in order to determine its compliance with the food code.

(i) The food inspector shall issue a notice of release to the permit holder or person in charge and remove hold order tags, labels, or other identification from the food subject to the hold order after determining the food is safe for human consumption.

(j) Then director of health shall order the destruction of food that:



(1) Is determined to be adulterated, from an unapproved source, or is not safe for human consumption; or

(2) Is under a hold order and the permit holder, or person in charge fails to provide evidence that the food is not unsafe, unwholesome, or from an unapproved source.

(k) The food inspector shall supervise the destruction of such food to ensure that it has been destroyed or denatured and disposed of in a safe manner.

**(NEW) Sec. 19a-36h-7. Enforcement.**

(a) The director of health shall ensure all food establishments are inspected at a frequency determined by their risk classification as provided in section 19a-36j of the Connecticut General Statutes.

(b) A food inspector shall, immediately upon discovering any violations of the Connecticut General Statutes, Regulations of Connecticut State Agencies or the food code, order corrective action by documenting the violations on the inspection report form. Such documentation shall include specific timeframes for completion of the corrective action, if the violation cannot be corrected at the time of the inspection.

(c) The permit holder or person in charge may submit documentation of the corrected violation to the food inspector in a form and manner acceptable to the corresponding director of health. Such documentation may include, but not be limited to, photographic evidence of the correction or attestation.

(d) A food inspector shall ensure the permit holder or person in charge has corrected any violations in accordance with the specified time frames in the food code and as documented on the inspection report form. Correction may be verified by reviewing photographic evidence, conducting a re-inspection or receiving an attestation of compliance form from the permit holder or person in charge. The food inspector shall document on the inspection report form how each correction was made for each violation.

(e) A complete re-inspection may be conducted if deemed necessary by the food inspector based on the based on the nature and number of violations noted on a previous inspection report form, or the inspector's observations at the time of the re-inspection.

(f) If any violations identified by the food inspector have not been corrected within the timeframe provided, the director of health shall take immediate action to begin the process of closing the food establishment. Such action may include requiring the permit holder or person in charge to appear at a hearing, not later than seven days after the re-inspection or the date the corrections were due.

(g) The director of health shall issue a written order to close the food establishment if:

(1) The food inspector has determined that there are insanitary or other conditions in the operation of the food establishment, that constitute an immediate and substantial hazard to the public, as referenced in section 8-404.11 of the food code;

(2) The food establishment fails to have a valid permit or license to operate as required pursuant to section 19a-36i of the Connecticut General Statutes;

(3) The food establishment fails to have a certified food protection manager for more than thirty consecutive days; or

(4) The permit holder has not designated an alternate person in charge within seven days from the initial notice of violation, as required pursuant to section 19a-36i of the Connecticut General Statutes.

(h) The director of health may issue a written order to close the food establishment for violations that remain uncorrected, or may require other actions to gain compliance, such as the following:

(1) Training of food workers;

(2) Replacement of the person in charge, alternate person in charge, or both;

(3) Development and implementation of a risk control plan;

- (4) Increased inspection frequency; or
- (5) Another action deemed appropriate by the director of health
- (i) The director of health may summarily suspend a permit by issuing a written order to the permit holder or person in charge, without prior warning, notice of a hearing, or a hearing. The notice shall include:
  - (1) A statement communicating that the food establishment permit is immediately suspended and that all food operations shall immediately cease;
  - (2) The reasons for summary suspension with reference to the provisions of the food code that are in violation;
  - (3) The name and address of the local director of health to whom a written request for re-inspection may be made and the person who may certify that reasons for the suspension are eliminated; and
  - (4) A statement communicating that the permit holder may request an appeal hearing by submitting a timely request as specified in accordance with section 19a-229 of the Connecticut General Statutes.
- (j) The food inspector shall conduct a re-inspection of a food establishment for which the permit to operate has been suspended when requested by the permit holder. Such inspection shall be conducted within forty-eight hours of receipt of a written request that specifies how the violations were corrected.
- (k) A summary suspension or closure order shall remain in effect until the conditions cited in the notice of suspension or order to close no longer exist and their elimination has been confirmed by the director of health through re-inspection and other appropriate means.
- (l) The suspended permit shall be reinstated immediately if the director of health determines that the public health hazard no longer exists. A notice of reinstatement shall be provided to the permit holder or person in charge.
- (m) A food establishment closed for operating without a permit shall be allowed to reopen when the required facility plans, permit application, and other documentation as specified by the director of health have been provided to the director of health and the food establishment is determined to be in compliance with the food code, applicable regulations and Connecticut General Statutes.

*End* Section 2. Section 19a-2a-29 of the Regulations of Connecticut State Agencies is amended to read as follows:

**Sec. 19a-2a-29. Family campgrounds**

(a) **Purpose.** The intent of this section is to provide minimum design and construction requirements to ensure a reasonable degree of public health and safety for occupants using facilities supplied by family campgrounds which offer temporary living sites for use by recreational vehicles, camping trailers, and other camping units.

(b) **Definitions.**

(1) "Atmospheric vacuum breaker" means a mechanical device that automatically air vents a pipeline to prevent backsiphonage;

(2) "Camping trailer" means a vehicular camping unit mounted on wheels and constructed with collapsible sidewalls that fold for towing by another vehicle and unfold at the camping unit site to provide temporary living quarters for recreation, camping or travel;

(3) "Camping unit" means a portable structure, shelter, or vehicle having a gross trailer area not exceeding 400 square feet designed and intended for occupancy by persons engaged in recreational camping. Camping units include but are not limited to recreational vehicles, recreational park trailers,

camping cabins, housekeeping cabins, tents, tepees, yurts and other rental accommodations that have no hard electrical wiring and no permanent drainage plumbing;

(4) "Camping unit site" means a specific area within a family campground set aside for use by a camping unit;

(5) "Department" means the Connecticut Department of Public Health;

(6) "Family campground" means any location, property, parcel or tract of land under the control of any person, organization, or municipality that contains two or more camping unit sites for use by the public or members of an organization for overnight stays;

(7) "Fifth wheel trailer" means a vehicular camping unit, mounted on wheels, designed to provide temporary living quarters for recreation, camping or travel, of such size or weight as not to require special highway movement permit(s), and designed to be towed by a motorized vehicle that contains a towing mechanism above or forward of the tow vehicle's rear axle;

(8) "Gross trailer area" means the total plan area measured to the maximum horizontal projection of exterior walls in the setup mode;

(9) "Motor home" means a vehicular camping unit designed to provide temporary living quarters for recreational, camping, or travel use built on or permanently attached to a self-propelled motor vehicle chassis or on a chassis cab or van that is an integral part of the completed vehicle;

(10) "Primitive campground" means a family campground where no facilities or designated camping unit sites are provided for the comfort or convenience of the campers;

(11) "Public water system" means any water provider supplying water to fifteen (15) or more consumers or twenty-five (25) or more persons, based upon the "Design Population" as defined in section 16-262m-8(a)(3) of the Regulations of Connecticut State Agencies jointly administered by the department and the Department of Public Utility Control, daily at least sixty (60) days of the year;

(12) "Recreational park trailer" means a trailer-type camping unit that is primarily designed to provide temporary living quarters for recreational camping that meets the following criteria:

(A) Be built on a single chassis mounted on wheels;

(B) have a gross trailer area not exceeding 400 square feet, and

(C) be certified by the manufacturer as complying with ANSI A119.5.

(13) "Recreational vehicle" means a vehicular-type camping unit primarily designed as a temporary living quarters for recreation, camping or travel that either has its own motive power or is mounted on or towed by another vehicle. The basic entities included are camping trailer, fifth wheel trailer, motor home, travel trailer and truck camper;

(14) "Sanitary disposal station" means a facility provided for emptying of camping unit wastewater storage tanks;

(15) "Semi-primitive campground" means a family campground where designated camping unit sites are not provided and where some rudimentary facilities (privies and/or fireplaces) may be provided for the comfort and convenience of the campers;

(16) "Suitable acre" means dry land available for camping unit site development;

(17) "Travel trailer" means a vehicular camping unit, mounted on wheels, designed to provide temporary living quarters for recreation, camping, or travel and of such size or weight as not to require special highway movement permits when towed by a motorized vehicle;

(18) "Truck camper" means a portable camping unit constructed to provide temporary living quarters for recreation, camping, or travel, consisting of a roof, floor, and sides designed to be loaded onto and unloaded from the bed of a pickup truck;

(19) "Water riser pipe" means that portion of the water system serving a camping unit or camping unit site that extends from the water supply main through a lateral branch and terminates at a water connection; and,

(20) "Water supply station" means a facility for supplying drinking water to campers or camping

unit water storage tanks.

**(c) General Provisions.**

(1) Registration with the local director of health. Each person, firm or corporation operating a family campground shall register annually in writing with the local director of health of the town, borough, city or health district in which such family campground is located. No person, firm, or corporation shall operate or maintain any family campground without first obtaining local permits or licenses if such permits or licenses are required by local ordinance or regulation. The written registration shall include the name and location of the family campground, the name, address and telephone number of the person responsible for daily operations at the facility, the number of camping unit sites, and the expected dates of operation, if not open year round. All family campgrounds shall submit annual registrations between January 1st and April 30th of each year of operation.

(2) Responsibility of the local director of health. The local director of health or his or her authorized agent shall inspect annually each family campground. If it is found to be operating in such a manner that constitutes a public health hazard or public health nuisance, the local director of health shall investigate and cause the abatement of such condition. Any person, firm or corporation aggrieved by an order issued by the local director of health, may within three business days after receipt of such order, appeal to the Commissioner of Public Health in accordance with section 19a-229 of the Connecticut General Statutes.

(3) Records. The owner, firm or corporation shall maintain a daily register of all camping unit site occupants or camping unit occupants and groups at the family campground. Such register shall include the name of the family head or the responsible group member, his or her permanent address, dates of arrival and departure, and motor vehicle license plate number if applicable. The registration form shall indicate the site or unit assigned and the classification of the vehicle.

(4) Fire Safety Rules and Regulations. Family campground management shall conspicuously post fire safety rules and regulations. These postings shall contain the following minimum information and any other additional information required by the local fire marshal:

- (A) The telephone number of the fire department or location of nearest fire alarm box;
- (B) the telephone number of the police department;
- (C) the telephone number, name and address of the family campground; and,
- (D) the location of the nearest public telephone.

(5) First Aid Information. Family campground management shall maintain on-site a fully equipped first aid kit equivalent to an American National Red Cross Standard 24 Unit Kit and conspicuously post the location of said first aid kit. Each family campground shall have a public telephone available at all times for use by the occupants and have available a directory of local hospitals, ambulance services, police and fire departments.

(6) Accident Report Requirements. Report forms, describing an accident or injury, shall be completed in duplicate by family campground management for each injury or fatality that occurs at a family campground requiring attendance by an emergency medical service, a nurse, physician, or the police. Information on the report forms shall include the name, age and sex of the victim, relevant background data on the accident, injury classification, response data, diagnosis, and patient disposition. The accident report form shall be maintained at the family campground for a minimum of 1 year.

(7) Camping Unit Site Space Allotment. The number of camping unit sites shall be limited to not more than fifteen per suitable acre, except for camping unit sites serving overnight or transient campers, where the density shall be limited to twenty-five camping unit sites per suitable acre.

(8) Public swimming pools and public swimming areas. Public swimming pools and public swimming areas, if provided within a family campground, shall comply with sections 19-13-B33b

and 19a-36-B61 of the Regulations of Connecticut State Agencies for all public swimming pools and public swimming areas

**(d) Water Supply and Distribution.**

(1) General Requirements. The water supply provided at each family campground shall be from a source approved by the department and capable of supplying an adequate quantity to meet all the requirements of the maximum number of persons using the family campground at any one time. The quantity shall be sufficient to serve all peak occupancy demands maintaining 25 psi throughout the distribution system. Each public water system serving a family campground shall comply with the water quality requirements of section 19-13-B102 of the Regulations of Connecticut State Agencies. Wells used for public water supply shall comply with the requirements of section 19-13-B51a to 19-13-B51m, inclusive of the Regulations of Connecticut State Agencies.

(2) Water Distribution System. The water supply shall be easily obtainable from water riser pipes, water outlets, or water supply stations located within 500 feet walking distance from any camping unit or camping unit site, except for primitive or semi-primitive campgrounds. Water distribution piping shall be of approved materials, adequately protected from leakage, damage and vandalism. The size and design shall be such as to provide adequate pressure throughout the system at all times. The water distribution system shall be protected against the hazard of backflow as required in section 19-13-B38a of the Regulations of Connecticut State Agencies. If a water riser pipe is not available at every camping unit site, a central water supply station with suitable appurtenances for filling water storage tanks shall be provided. All central water supply stations shall be located a minimum of 25 feet from any sanitary disposal station. All central water supply stations shall be equipped with atmospheric vacuum breakers located downstream of the last shutoff valve. Adjacent to the central water supply station, a sign of not less than 24 inch by 24 inch in size shall be posted and inscribed thereon in clearly legible letters on a contrasting background shall be: "DRINKING WATER - NOT TO BE USED FOR FLUSHING WASTEWATER STORAGE TANKS". Water lines that are seasonally drained shall be disinfected when returned to service. A laboratory approved by the department prior to the beginning of each season shall perform water sampling and the water sample(s) shall be absent for total coliform bacteria prior to public use of the water supply. Disinfection shall be provided to all sections of water lines after completion of emergency repairs to assure safe potable water supply service. Water sampling shall be performed after the completion of emergency repair work to confirm the absence of total coliform bacteria. The sampling location(s) shall include at least one location downstream of the repair work.

(3) Water Riser Pipes. When provided, water riser pipe connections for individual camping unit sites shall be equipped with a threaded male spigot with the opening pointed down, located at least 12 inches but not more than 24 inches above grade level for the attachment of a standard water hose. Each water riser pipe connection shall be equipped with an atmospheric vacuum breaker located downstream from the last shutoff valve.

**(e) Sanitary Facilities.**

(1) General Requirements. Sanitary facilities consisting of flush toilets, lavatories and showers with hot and cold running water shall be provided at one or more locations in every family campground except at primitive or semi-primitive campgrounds. The sanitary facilities shall be located within 500 feet walking distance from all camping units or camping unit sites not provided with an individual sewer connection or scheduled camping unit wastewater storage tank pump out service. Camping unit sites provided with individual sewer connections or scheduled camping unit wastewater storage tank pump out service may be at greater distances from sanitary facilities. All toilet buildings shall provide separate facilities for males and females and shall be appropriately marked. All toilet buildings shall be properly screened with self-closing doors and be vented to the roof. Structures built to house toilets, lavatories and showers shall be constructed of smooth non-



absorbent easily cleanable materials and shall be kept clean and sanitary at all times. Separate compartments shall be provided for each toilet and shower. Unisex shower compartments may be utilized only if they are not located within public toilet areas. Each female toilet room shall be provided with a receptacle for sanitary napkins. The receptacle shall be of durable, non-absorbent, and readily cleanable material and shall be provided with a lid. Privies, chemical toilets or other non-flush toilets, and portable lavatories may be used in family campgrounds when approved by the local director of health. The local director of health shall approve methods of disposal of domestic sewage including gray water at primitive and semi-primitive campgrounds.

(2) Number of Sanitary Fixtures. Sanitary fixtures shall be provided for all family campgrounds except at primitive or semi-primitive campgrounds in accordance with the following minimum criteria.

Camping Unit Sites	Flush Toilets		Urinals	Lavatories		Showers	
	Men	Women	Men	Men	Women	Men	Women
0 - 25	1	1	1	1	1	1	1
26 - 50	2	3	1	2	2	2	2
51 - 75	3	4	2	3	3	3	3
76 - 100	4	5	2	4	4	4	4

For family campgrounds with more than 100 camping unit sites, additional toilets, urinals, lavatories and showers shall be provided for men and women at the ratio of 1 each for every additional 30 camping unit sites or part thereof. For those family campgrounds that provide camping unit sites with individual sewer connections or scheduled camping unit wastewater storage tank pump out service, the minimum number of sanitary fixtures required beyond 50 camping unit sites shall be reduced by 1 for every 10 camping unit sites with those services to no lower than the minimum number of fixtures required for 50 camping unit sites.

**(f) Subsurface Sewage Disposal.**

(1) Subsurface Sewage Disposal at Family Campgrounds with Design Flows of 5,000 Gallons per Day or Less. All subsurface sewage disposal systems shall be installed in compliance with section 19-13-B103a to 19-13-B103f inclusive of the Regulations of Connecticut State Agencies. Plans for every new subsurface sewage disposal system, repair, alteration or extension of an existing subsurface sewage disposal system, including gray water disposal systems, shall be reviewed and approved by the local director of health. No subsurface sewage disposal system shall be installed unless the local director of health has issued an approval to construct nor shall the system be used unless a permit to discharge has been issued by the local director of health in accordance with section 19-13-B103e of the Regulations of Connecticut State Agencies. Each subsurface sewage disposal system shall be constructed by a person licensed pursuant to Chapter 393a of the Connecticut General Statutes.

(2) Subsurface Sewage Disposal at Family Campgrounds with Design Flows Greater than 5,000 Gallons per Day. On those properties where the sewage design flow exceeds 5,000 gallons per day, plan review, permits to construct, permits to discharge and approvals shall be obtained from the Department of Environmental Protection as required by section 22a-430 of the Connecticut General Statutes.

**(g) Sanitary Disposal Station.**

(1) General Requirements. In all family campgrounds except primitive and semi-primitive campgrounds, one sanitary disposal station shall be provided for each 150 camping unit sites that are not provided with individual sewer connections or scheduled pump out service for the camping unit wastewater storage tank. Each station shall be level, easily accessible from the service road, and shall provide easy entry and exit for recreational vehicles and recreational park trailers.

(2) Sanitary Disposal Station Requirements. Sanitary disposal stations shall be located a minimum

of 50 feet from camping unit sites. Each sanitary disposal station shall have a concrete slab with a 4-inch center drain inlet located so as to be on the roadside (left) of the recreational vehicle or recreational park trailer. The drain shall be equipped with self-closing foot-operated hatch of approved material with a tight fitting cover. The drain shall be properly connected to a septic tank or non-discharging holding tank. The slab shall be not less than 3 feet by 3 feet and at least 3½ inches thick and properly reinforced, trowelled smooth and sloped from each side toward the center drain. A water tap with suitable hose and appurtenances shall be provided at the sanitary disposal station for periodic cleanup of the area. A reduced pressure principal backflow preventer (RPD) shall be installed on the water supply line to this tap. Each RPD shall be tested annually by a distribution system backflow preventer operator certified pursuant to section 25-32-11(e) of the Regulations of Connecticut State Agencies. The owner shall promptly restore any malfunctioning RPD to proper operating condition. Adjacent to the water tap located at the sanitary disposal station, a sign of durable material not less than 24 inches by 24 inches in size shall be posted and inscribed thereon in clearly legible letters on a contrasting background shall be: "DANGER- NOT TO BE USED FOR DRINKING OR DOMESTIC PURPOSES".

(3) Sanitary Disposal Station Holding Tanks. Watertight non-discharging holding tanks may be installed for the temporary storage of camping unit wastewater dumped at the sanitary disposal station. Such holding tanks shall be equipped with high level alarms or indicators and have an access manhole extended to grade. The local director of health and the department shall approve installation of sanitary disposal station holding tanks. Wastewater from sanitary disposal station holding tanks shall be pumped and disposed of by individuals licensed pursuant to Chapter 393a of the Connecticut General Statutes.

(4) Mobile Pump Out Services. Family campgrounds may provide mobile pump out services for camping unit wastewater storage tanks for camping unit sites not served by individual sewer connections. The wastewater collected by the mobile pump out unit must be disposed of at the sanitary disposal station. Mobile pump out units and equipment shall be maintained in a clean and sanitary condition. Water used for rinsing mobile pump out equipment shall be considered wastewater and shall be disposed of in a sanitary manner. Accidental spillage of camping unit storage tank wastewater shall be promptly removed or otherwise abated so as to prevent a nuisance or public health hazard.

**(h) Food Service Establishments.**

(1) Serving Food, Dispensing Machines. Food and beverages sold at family campgrounds shall be stored and dispensed in accordance with sections [19-13-B40 and 19-13-B42] 19a-36h-1 to 19a-36h-7, inclusive of the Connecticut General Statutes, and sections 19a-36h-1 to 19a-36h-7, inclusive of the Regulations of Connecticut State Agencies. Food or beverage vending machine operation shall conform to the requirements of section 19-13-B52 of the Regulations of Connecticut State Agencies.

**(i) General Sanitation.**

(1) Refuse. The storage, collection and disposal of refuse at family campgrounds shall be such as to create no health hazards, rodent harborage, insect breeding, odors, wild animal attractions, unsightliness or other nuisance conditions. An adequate number of fly tight metal or heavy plastic containers shall be provided and conspicuously located to facilitate refuse storage and disposal.

Such containers shall be kept covered at all times. Final disposal of refuse shall be in an approved manner and location in compliance with local and state regulations.

(2) Insects, Rodents, Wild Animals. Grounds, buildings and structures at family campgrounds shall be maintained free of and in such a manner to prevent infestation by rodents, breeding of flies, mosquitoes or other insects, or depredation by animals. The local director of health shall require control measures if any nuisance condition is observed.

(3) Camping Unit Site Drainage, General Site Protection. Each camping unit site shall be selected,

arranged and improved in such a manner as to promote proper drainage and eliminate flooding and mosquito breeding areas. Poison ivy and other noxious plants shall be removed from the camping unit site. No safety hazard or nuisance condition shall be allowed to remain on all camping unit sites.

Section 3. Section 19-13-B59 of the Regulations of Connecticut State Agencies is amended to read as follows:

**Sec. 19-13-B59. Food for workers**

(a) Food handlers shall be persons in good health, free from open sores and lesions on the body and free from communicable diseases. [(See section 19-13-B42 (q), relating to employment of persons with communicable diseases.)] All employees shall wear clean outer garments and shall keep their hands clean at all times while engaged in handling food, drink, utensils or equipment. Employees shall not expectorate in rooms in which food is prepared. No employee shall resume work after using the toilet room without first washing his hands.

(See Reg. 19-13-A23.)

(b) All food and drink shall be clean, wholesome, free from spoilage and so prepared as to be safe for human consumption. It shall be protected from dust, flies and vermin at all times. All oysters, clams and mussels shall be from approved sources.

(c) Lunches for consumption in the fields shall be put up in securely wrapped waxed paper or other nonabsorbent material. Readily perishable food shall be kept at a temperature at or below 45°F. until served.

(d) Milk shall be handled and served in a sanitary manner and not exposed to dust, flies or vermin. Milk shall be kept under satisfactory refrigeration. Only pasteurized or canned milk shall be served.

(e) All meat served shall be from an inspected source.

(f) Sugar shall be stored in a covered container and shall be placed in covered dispensers.

(See Reg. 22-17a-8.)

Section 4. Section 19-13-F6 of the Regulations of Connecticut State Agencies are amended to read as follows:

**Sec. 19-13-F6. Water supply on land and air conveyances**

Equipment on land and air conveyances for the storage and distribution of water used for drinking and for other personal or domestic purposes shall be such as to provide for the delivery of water of safe and sanitary quality, and shall be in accordance with the following requirements:

(a) The water system, either of the pressure or gravity type, on any conveyance shall preferably be complete and closed from the filling ends to the discharge taps and in no case shall be so operated as to admit contamination. Such system shall be of adequate capacity for maximum requirements and shall be so constructed as to facilitate cleaning and inspection. Water of like approved quality shall be supplied for all purposes: Drinking, culinary, washing and toilet-flushing. The storage tanks shall be flushed periodically with water from an approved supply.

(b) In new equipment on railway conveyances there shall be filling pipes or connections for supplying the water tanks on both sides of the conveyance so that the sanitary quality of the water may not be impaired by inadequate equipment or facilities. Filling pipe connections shall be so located and constructed as to provide for protection against contamination. The end of the filling pipe shall be flushed with water from an approved supply before attachment of a hose.

(c) Coolers for water on conveyances shall be maintained in a sanitary condition at all times and shall be so designed and constructed that the water cooled for drinking purposes shall be chilled in such manner that the ice or refrigerant cannot come in contact with the water. A supply of single service cups protected against contamination shall be available at all water coolers or chilled water faucets unless coolers are equipped with drinking fountains of an approved type.

(d) Where water filters are employed on conveyances, they shall be so designed and operated as not to introduce any pollution hazard to the drinking water supply.

(e) There shall not be provided for drinking water purposes on any conveyance any cup, glass or any other container which may be used by more than one person unless such cup, glass or container shall have been thoroughly cleansed and subjected to bactericidal treatment after each individual use, in the manner prescribed in [subsection (i) of section 19-13-B42] sections 19a-36h-1 to 19a-36h-7, inclusive of the Connecticut General Statutes, and sections 19a-36h-1 to 19a-36h-7, inclusive of the Regulations of Connecticut State Agencies for utensils used in the preparation and serving of food and drink.

(f) Bottles or containers of a constant temperature type which are used on conveyances for the storage and dispensing of drinking and culinary water or foods shall be maintained in a sanitary condition at all times. Ice for cooling shall not be placed in contact with water in such bottles or containers either on the conveyance or when they are filled preparatory to being placed on the conveyance.

Section 5. Section 19a-495-6f of the Regulations of Connecticut State Agencies are amended to read as follows:

**Sec. 19a-495-6f. Hospice inpatient facility services**

(a) The licensee shall provide staff in sufficient numbers and services of sufficient duration to meet the physical, psychosocial and spiritual needs of patients and their families. The licensee is responsible for ensuring that staffing for all services reflect its volume of patients, their acuity, and the level of intensity of services needed to ensure that the plan of care outcomes are achieved and negative outcomes are avoided.

(b) The licensee shall provide quality care through the provision of the following services:

(1) Physical, occupational, and speech and language therapy shall be available and when provided, such services shall be rendered by a licensed person in accordance with the patient centered plan of care and in a manner consistent with accepted standards of practice and applicable law.

(2) Attending practitioner services shall be provided by a licensed physician or advanced practice registered nurse to meet the medical needs of patients for the management of the terminal illness and related conditions, through palliative and supportive care. Attending practitioner services shall be provided in accordance with hospice inpatient facility policies in a manner consistent with accepted standards of practice and applicable law. In addition to palliation and management of terminal illness and related conditions, physicians and advanced practice registered nurses that are part of the staff of the hospice inpatient facility or members of the interdisciplinary team, shall meet the medical needs of the patients to the extent that these needs are not met by the attending practitioner.

(3) Bereavement counseling services shall be provided to meet the needs of the family both before and after the death of the patient.

(4) Dietary counseling services for the patient and family shall be available as may be required, while the patient is in hospice care.

(5) Dietary services shall be provided to patients, [under the direction of a food service supervisor, who is a qualified food operator as defined in section 19-13-B42] in accordance with sections 19a-

36h-1 to 19a-36h-7, inclusive of the Connecticut General Statutes, and sections 19a-36h-1 to 19a-36h-7, inclusive of the Regulations of Connecticut State Agencies. The food services supervisor shall:

(A) Ensure the dietary services operation complies with all applicable state regulations and statutes;

(B) Employ an adequate number of individuals to perform the duties and responsibilities of the food service operation; and

(C) Consult with a registered dietician on a regular basis, and an advanced practice registered nurse, or physician concerning patients' diets, as necessary.

(6) Medical supply services including, but not limited to, appliances, drugs and biological products as may be needed, shall be provided for the palliation and management of the patients' terminal illness.

(7) Nursing assistants shall provide personal care and other related support services under the delegation and supervision of a registered nurse. Duties of nursing assistants shall include, but not be limited to:

(A) Personal care;

(B) Ambulation and exercise;

(C) Assisting a patient with eating;

(D) Reporting changes in a patient's condition and needs;

(E) Completing a patient's medical records as directed; and

(F) Assisting with the patient's self-administration of drugs and biological products by:

(i) Reminding a patient to self-administer the drugs or biological products;

(ii) Verifying that a patient has self-administered their drugs or biological products;

(iii) Opening bottles, bubble packs or other forms of packaging if the patient is not capable of performing this function.

(8) Nursing services shall be provided under the direction of a licensed registered nurse to meet the nursing care needs of the patient and family, as identified in the patient centered plan of care. Nursing services shall be provided in accordance with accepted standards of practice, applicable law and hospice inpatient facility policies. There shall be a registered nurse on the premises on a twenty-four hour basis and there shall be a sufficient number of nursing personnel on a twenty-four hour basis to:

(A) Assess patients' needs;

(B) Assist in the development and implementation of patient centered plans of care;

(C) Provide direct patient care services; and

(D) Coordinate or perform other related activities to maintain the health and safety of the patients.

(9) Pharmacy services shall be provided under the direction of a licensed pharmacist who is an employee of or has a written agreement with the hospice inpatient facility. Duties of the pharmacist shall include, but not be limited to the following:

(A) Identification of potential adverse drug reactions, and recommended appropriate corrective action;

(B) Compounding, packaging, labeling, dispensing, and distributing all drugs to be administered to patients;

(C) Monitoring patient drug therapy for potential drug interactions and incompatibilities at least monthly with documentation of same;

(D) Inspecting all areas within the facility where drugs (including emergency supplies) are stored at least monthly to assure that all drugs are properly labeled, stored and controlled; and

(E) Serving as a consultant to the interdisciplinary team for pain control and symptom management.

(10) Spiritual counseling services shall be provided in accordance with the wishes of the patient as

noted in the patient centered plan of care. Services may include, but not be limited to:

- (A) Communication and support from a spiritual counselor;
- (B) Consultation and education for the patient, family and interdisciplinary team members.

(11) Social work services shall be provided as identified in the patient centered plan of care and in accordance with accepted standards of practice, applicable law and hospice inpatient facility policies.

The social worker's functions shall include, but not be limited to:

- (A) Comprehensive evaluation of the psychosocial status of the patient and family as it relates to the patient's illness and environment;
- (B) Counseling of the patient, family and primary caregivers;
- (C) Participation in development of the patient centered plan of care; and
- (D) Participation in ongoing case management with the hospice inpatient facility inter-disciplinary team.

(12) Volunteer Services shall be provided under the supervision of designated hospice inpatient facility employees.

(A) Volunteers may provide administrative services or non-direct patient care services under the supervision of designated hospice inpatient facility employees;

(B) Direct patient care services may be provided by licensed or registered volunteers who meet the requirements for the provision of such services, under the supervision of appropriate, licensed hospice inpatient facility employees;

(C) The licensee shall provide and document a volunteer orientation and training program for each volunteer;

(D) Volunteer services involving any direct patient care services shall be provided in accordance with the patient centered plan of care.

Section 6. Section 19-13-B94 of the Regulations of Connecticut State Agencies is amended to read as follows:

**Sec. 19-13-B94. Dispensing food or beverages**

Facilities for dispensing foods or beverages shall meet the requirements of sections [19-13-B42, 19-13-B48 and 19-13-B49] 19a-36f through 19a-36o, inclusive of the Connecticut General Statutes, and sections 19a-36h-1 to 19a-36h-7 of the Regulations of Connecticut State Agencies and shall be adequate to serve the maximum number of persons.

Section 7. Section 19-13-D6 of the Regulations of Connecticut State Agencies is amended to read as follows:

**Sec. 19-13-D6. Homes for the aged and rest homes**

(a) **Definitions.** as used in this section.

(1) "Administration of medication" means the direct application of a medication by inhalation, ingestion or any other means to the body of a person;

(2) "Advanced practice registered nurse" means an individual licensed pursuant to subsection (b) of section 20-94a of the Connecticut General Statutes;

(3) "Authorized prescriber" means a physician, dentist, physician assistant or advanced practice registered nurse;

(4) "Certification" means written authorization issued by the Connecticut League For Nursing or other department approved certifying organization to a person to administer medications.

(5) "Certified unlicensed personnel" means any program staff person who has completed a training

program and successfully completed a written examination and practicum administered by the Connecticut League For Nursing or other department approved certifying organization;

(6) "Commissioner" means the Commissioner of Public Health or the Commissioner's designated representative;

(7) "Continuing education" means attendance at classes, seminars, workshops, conferences or forums, or other documented activities that improve one's knowledge, skills and abilities;

(8) "Department" means the Department of Public Health or any duly authorized representative thereof;

(9) "Medication" means any medicinal preparation including controlled substances, as defined in section 21a-240 of the Connecticut General Statutes;

(10) "Medication error" means failure to administer medication to a person, or failure to administer medication within one (1) hour of the time designated by the prescribing practitioner, or failure to administer the specific medication prescribed for a person, or failure to administer the medication by the correct route, or failure to administer the medication according to generally accepted medical practices, or failure to administer the correct dosage of medication;

(11) "Physician" means a doctor of medicine or osteopathy licensed to practice medicine in this or another state;

(12) "Physician assistant" means an individual licensed pursuant to section 20-12b of the Connecticut General Statutes;

(13) "Program staff" means those persons responsible for the direct care of the residents;

(14) "Registered nurse" means a person with a license to practice as a registered nurse in Connecticut in accordance with chapter 378 of the Connecticut General Statutes;

(15) "Registered pharmacist" means a person with a license to practice as a registered pharmacist in Connecticut in accordance with Section 20-590 of the Connecticut General Statutes;

(16) "Resident" means any person receiving care in the residential care home;

(17) "Residential Care Home" means an institution that is licensed pursuant to section 19a-490 (c) of the Connecticut General Statutes having facilities and all necessary personnel to furnish food, shelter and laundry for two or more persons unrelated to the proprietor and in addition, providing services of a personal nature which do not require the training or skills of a licensed nurse. Additional services of a personal nature may include assistance with bathing, help with dressing, preparation of special diets and supervision over medications which are self-administered, or the administration of medications pursuant to subsection 19-13-D6 (m)(2) of the Regulations of Connecticut State Agencies;

(18) "Significant medication error" means a medication error, which is potentially serious or has serious consequences for a resident, such as, but not limited to, the administration of medication by the wrong route; for which the resident has a known allergy; which was given in a lethal or toxic dosage; or which causes serious medical problems resulting from the error; and

(19) "Staff" means personnel including volunteers who provide a service at a residential care home.

(b) **Physical plant.** A. General. Newly constructed facilities shall contain all the elements described herein and shall be built in accordance with the construction requirements outlined. Should there be a change of ownership of the facility, these standards shall be applicable insofar as existing structures physically permit. New additions and renovations to existing facilities shall be built in accordance with these standards. A safe, sanitary, and comfortable environment is a basic requirement for residents in the facility. If day care programs are to be incorporated in this building, additional supportive facilities shall be provided to accommodate the program. At no time shall any program reduce the minimum services required for this licensed facility.

(1) Site. (a) The site shall be away from nuisances or foreseeable future nuisances detrimental to

the proposed project's program, such as industrial development, or other types of facilities that produce noise, air pollution or foreign odors.

(b) No facility of more than one-hundred and twenty (120) beds shall be constructed without public water and sanitary sewers.

(c) The building shall be of sound construction and provide an adequate maintenance program to ensure that the interior, the exterior and the grounds of the building are clean and orderly. All essential mechanical, plumbing, and electrical equipment for resident accommodations shall be in accordance with the requirements of the state department of health.

(d) All plans and specifications for new construction and/or alterations shall be submitted to and approved by the state department of health prior to the start of construction.

(e) Roads and walks shall be provided within the property lines to the main entrance and for service, including loading and unloading space for delivery trucks. Adequate off-street paved and lined parking stalls shall be provided at the ratio of one for each three residents.

(f) There shall be open outdoor area adjacent to the facility with a minimum of one-hundred (100) square feet per resident. This area shall consist of lawn and plantings and shall not be obstructed by other structures or paved parking areas, roads or sidewalks.

(2) Code. (a) Every building hereafter constructed or converted for use, in whole or in part, as a home for aged and rest home shall comply with the requirements of the Basic Building Code, as prepared by the Public Works Department, State of Connecticut; except as such matters are otherwise provided in the rules and regulations authorized for promulgation under the provisions of the Basic Building Code.

(b) In addition to the state of Connecticut Basic Building Code, all homes for aged and rest homes must comply with the State of Connecticut Fire Safety Code, the National Fire Protection Association - 101 Life Safety Code, the State of Connecticut Labor Laws, local fire safety codes, zoning ordinances, and in cases where private water supply and/or sewerage is required, written approval of the local health officer and environmental health services division of the state of Connecticut department of health must be obtained. Only the most current code or regulation and the most stringent shall be used.

(3) Minimum services required. (a) Lobby, with visitors' toilet rooms (to include facilities for each sex) and public telephone.

(b) Business or administration office.

(c) Resident rooms (see Sec. 19-13-D6 (b), B.)

(d) Resident baths (see Sec. 19-13-D6 (b), C.)

(e) Resident toilet rooms (see Sec. 19-13-D6 (b), D.)

(f) Resident lounge or sitting room (see Sec. 19-13-D6 (b), E.)

(g) Resident dining and recreation rooms (see Sec. 19-13-D6 (b), F.)

(h) Resident recreation area (see Sec. 19-13-D6 (b), G.)

(i) Dietary facilities (see Sec. 19-13-D6 (b), H.)

(j) Central storage room (see Sec. 19-13-D6 (b), I.)

(k) Laundry (see Sec. 19-13-D6 (b), J.)

(l) Employees' facilities (see Sec. 19-13-D6 (b), K.)

(m) Details of construction (see Sec. 19-13-D6 (b), L.)

(n) Mechanical system (see Sec. 19-13-D6 (b), M.)

(o) Electrical system (see Sec. 19-13-D6 (b), N.)

(p) Emergency electric service (see Sec. 19-13-D6 (b), O.)

(q) Provision for holding expired persons (adequately sized and ventilated space in unobjectionable location).

B. Resident rooms. Each resident room shall meet the following minimum requirements:



(1) Net minimum room clear floor area exclusive of closets, toilet rooms, lockers or wardrobes and vestibule shall be one-hundred and fifty (150) square feet in single rooms and one-hundred and twenty-five (125) square feet per bed in multi-bed rooms. Minimum dimensions of rooms shall not be less than eleven feet (11').

(2) No resident room shall be designed to permit more than two (2) beds.

(3) Windows. Sills shall not be higher than three feet (3') above the finished floor. Insulated window glass or approved storm windows shall be provided.

(4) The room furnishing for each resident room shall include a bed with a firm water-proof mattress, bedside stand, reading light, dresser or bureau with mirror and one (1) comfortable chair

(5) Each resident's wardrobe or closet shall have a minimum clear dimension of one foot-ten inches deep by one foot-eight inches wide (1'10" deep by 1'8" wide) with full length hanging space, clothes rod and shelf.

(6) All resident rooms shall open to a common corridor (sheltered path of egress) which leads directly to the outside.

(7) Doors shall be three feet (3') wide and swing into the room.

(8) Ceiling height shall not be less than eight feet (8') above the finished floor.

(9) A resident unit shall be twenty-five (25) beds or fraction thereof.

C. Resident baths. Resident baths shall have one (1) separate shower or one (1) separate bathtub for each eight (8) beds not individually served. There shall be at least one (1) separate bathtub and one (1) separate shower in each resident unit. Grab bars shall be provided at all bathing fixtures. Each bathtub or shower enclosure in a central bathing area shall provide space for the private use of the bathing fixture and for dressing. Showers in central bathing areas shall not be less than four (4) square feet without curbs. Soap dishes in showers and bathrooms shall be recessed.

D. Resident toilet rooms.

(1) A toilet room with lavatory shall be directly accessible from each resident room and from each central bathing area without going through the general corridor. One (1) toilet room may serve two (2) resident rooms but not more than four (4) beds.

(2) Grab bars shall be provided at all waterclosets.

(3) Doors to toilet rooms shall have a minimum clear width of three feet (3').

E. Resident lounge or sitting room. Each resident wing and/or floor shall contain at least one (1) lounge area of two-hundred and twenty-five (225) square feet or nine (9) square feet per resident, whichever is greater.

F. Resident dining and recreation rooms.

(1) The total area designed for combined residents' dining and recreation purposes shall not be less than thirty (30) square feet per resident bed. Additional space shall be provided for non-residents if they participate in day care programs.

(2) Areas appropriate for an activities program shall be provided which shall; (a) be readily accessible to wheelchair visitors.

(b) be of sufficient size to accommodate equipment and permit unobstructed movement of residents and personnel responsible for instructing and supervising residents.

(c) have storage space to store equipment and supplies convenient or adjacent to the area or areas.

(d) have toilet and handwashing facilities readily accessible.

G. Resident recreation area. (1) Recreation areas are required.

(2) Space for recreation, if separated from dining area, shall contain fifteen (15) square feet per resident. This space shall be provided in one area. Lobby area shall not be included in recreation space.

(3) Ten (10) square feet per resident shall be provided for outdoor porches or paved patio areas.

H. Dietary facilities. The food service shall include space and equipment for receiving, storage,

preparation, assembling and serving food; cleaning or disposal of dishes and garbage and space for a food service office in a facility of fifty (50) beds or more. In addition, the following shall apply:

(1) Kitchens shall be centrally located, segregated from other areas and large enough to allow for adequate equipment to prepare and care for food properly.

(2) Floors shall be waterproof, greaseproof, smooth and resistant to heavy wear, with covered corners and wall junctions. There shall be floor drains located where the most cleaning is required as in the dishwashing machine room, near the cooking area, etc.

(3) All equipment and appliances shall be installed to permit thorough cleaning of the equipment, the floor and the walls around them.

(4) A commercial dishwashing machine shall be provided in any facility with twenty-five (25) or more beds. A commercial dishwashing machine shall be in a separate room or in an area separated from the main kitchen by a partition of five feet (5') minimum height. There shall be adequate openings for entrance and exit of carts. There shall be space for trucks with dirty dishes at the beginning of the counter. For facilities of less than twenty-five (25) beds, a dishwasher is still required.

(5) Outside ventilation openings shall be screened and provide at least ten (10) air changes per hour. A working ventilating fan is required. A strong exhaust fan in the hood over the range and steam equipment is required. The hood shall be a box type with straight sides and provided with a fire extinguishing system.

(6) Service pipes and lines in food cooking and preparation areas must be enclosed and insulated.

(7) A dining section within the kitchen area is prohibited.

(8) A hand washing sink with a soap dispenser shall be provided. Single service towels and a covered waste receptacle shall be provided in the kitchen area for the exclusive use of kitchen personnel.

(9) A janitor's closet shall be provided with a floor receptor or service sink, storage space for housekeeping equipment and supplies, and shall be located within the dietary department.

(10) Food service equipment shall be arranged for efficient, safe work flow, a separation of clean and contaminated functions and shall provide:

(a) Potwashing facilities.

(b) Refrigerated storage for at least a three-day supply of food.

(c) Dry storage for at least a three-day supply of food.

(d) Enclosed waste disposal facilities.

(e) A toilet room with lavatory conveniently accessible for dietary staff.

I. Central storage room. (1) A central storage room of not less than ten (10) square feet per resident bed concentrated in one area shall be provided, including shelving.

(2) Storage should be located according to use and demand, but not in residents' rooms.

J. Laundry. (1) This service, if provided, shall be used exclusively for laundry and shall be remote from resident and food service areas, be self-contained, and shall not be accessible through any other room. The design shall provide for the separation of clean and soiled functions and shall include: (a) Basic mechanical services required for the installation of the laundry.

(b) A soiled linen room.

(c) A clean linen room separated from the soiled linen room.

(d) Linen cart storage space.

(e) A laundry processing room with equipment, including ironing, sufficient to process seven days' needs within the workweek.

(f) A janitor's closet with storage space for housekeeping supplies and equipment, and a floor receptor or service sink for the laundry area.

(g) Storage area for laundry supplies.

(2) If laundry is processed outside the facility, the facilities in subdivisions (e) (f) and (g) need not be provided although space shall be designed in the laundry area for future installation of these areas as needed.

(3) Each facility shall have a separate area easily accessible to the resident for a domestic type washer and dryer for residents' personal clothing and equipped for ironing. Coin-operated equipment shall not be provided.

(4) Facilities without city water or sanitary sewers shall not provide for commercial laundry processing on the well or leaching system serving the domestic needs of the facility.

K. Employees facilities. (1) Toilet rooms. A separate room for each sex shall be provided for employees' use only. One (1) watercloset and one (1) lavatory shall be for each twenty (20) employees of each sex up to one hundred (100) employees, and one (1) water-closet and (1) lavatory for each additional twenty-five (25) employees over one-hundred (100) employees. Provide one (1) urinal for nine (9) or more males up to forty (40) employees.

(2) Locker rooms. Separate locker rooms for each sex shall be provided, with adequate segregated space for employees' clothing and personal effects. These lockers shall be installed in a completely divided area from the waterclosets and lavatories.

(3) Dining room. A separate dining room shall be provided for employee use in the amount of fifteen (15) square feet per employee dining at one time. This dining room shall not be included in the space requirement for any other area nor shall serve any other purpose.

L. Details of construction. A high degree of safety for the occupants in minimizing the incidence of accidents shall be provided. Hazards such as sharp corners shall be avoided. All details and finishes shall meet the following requirements:

(1) Corridors shall be at least six feet (6') wide.

(2) No door shall swing into the corridor.

(3) Handrails shall be provided on both sides of all corridors used by residents. They shall have ends rounded and returned to the walls, a clear distance of one and one-half inches (1 ½") between handrail and wall and a height of thirty-two inches to thirty-four inches (32" to 34") above the finished floor.

(4) Thresholds and expansion joint covers shall be flush with the finished floor.

(5) Such items as drinking fountains, telephone booths, and vending machines shall be located so as not to project into the required width of exit corridors.

(6) All doors to resident toilet rooms, bathrooms and shower rooms shall be equipped with hardware which will permit access in any emergency.

(7) All doors opening to corridors shall be swing-type. Alcoves and similar spaces which generally do not require doors are excluded from this requirement.

(8) Grab bars and accessories in resident toilet rooms, shower rooms, and bathrooms shall have sufficient strength and anchorage to sustain a load of two-hundred and fifty (250) pounds for five (5) minutes.

(9) If linen and refuse chutes are used, they shall be designed as follows:

(a) Service openings to chutes shall have approved Class "B," one and one-half (1 ½) hour fire rated doors.

(b) Service openings to chutes shall be located in a room or closet of not less than two (2) hour fire-resistive construction, and the entrance door to such room or closet shall be a Class "B," one and one-half (1 ½) hour fire rated door.

(c) Minimum diameter of gravity-type chutes shall be two feet (2') with wash-down device.

(d) Chutes shall terminate in or discharge directly into collection rooms separate from laundry or other services. Separate collection rooms shall be provided for refuse and linen. Such rooms shall be of not less than two (2) hour fire-resistive construction and the entrance door shall be a Class "B,"

one and one-half (1 ½) hour fire rated door with hardware as required by NFPA.

(e) Chutes shall extend at least four feet (4') above the roof and shall be covered by an explosive type hatch.

(f) Chutes shall be protected internally by automatic sprinklers. This will require a sprinkler-head at the top of the chute and, in addition, a sprinkler-head shall be installed within the chute at alternate floor levels in buildings over two (2) stories in height. The room into which the chute discharges shall also be protected by automatic sprinklers.

(10) Dumbwaiters, conveyors, and material handling systems shall not open into any corridor or exitway but shall open into a room enclosed by not less than two (2) hour fire-resistive construction. The entrance door to such room shall be a Class "B," one and one-half (1 ½) hour fire rated door.

(11) Janitor's closet. This room shall contain a floor receptor or service sink and storage space for housekeeping supplies and equipment. One (1) janitor's closet may serve a fifty (50) bed unit on each floor.

(12) Ceiling heights: (a) Boiler room shall be not less than two feet - six inches (2' 6") above the main boiler header and connecting piping with adequate headroom under piping for maintenance and access.

(b) Storage rooms, residents' toilet rooms, and other minor rooms shall be not less than seven feet - eight inches (7' 8") above the finished floor.

(c) All other rooms and corridors shall be not less than eight feet (8') above the finished floor.

(13) Boiler rooms, food preparation centers, and laundries shall be insulated and ventilated to prevent any floor surface above from exceeding a temperature of ten degrees (10°) Fahrenheit above the ambient room temperature.

(14) Approved fire extinguishers shall be provided in recessed locations throughout the building not more than five feet (5') above the floor.

(15) For flame spread requirements, see the State of Connecticut Fire Safety Code.

(16) Floors generally shall be easily cleanable and shall have the wear resistance appropriate for the location involved. Floors in kitchens and related spaces shall be waterproof and greaseproof. In all areas where floors are subject to wetting, they shall have a non-slip finish.

(17) Adjacent dissimilar floor materials shall be flush with each other to provide an unbroken surface.

(18) Walls generally shall be washable and in the immediate area of plumbing fixtures, the finish shall be moistureproof. Wall bases in dietary areas shall be free of spaces that can harbor insects.

(19) Ceilings generally shall be washable or easily cleanable. This requirement does not apply to boiler rooms, mechanical and building equipment rooms, shops and similar spaces.

(20) Ceilings shall be acoustically treated in corridors and resident occupied areas.

(21) All resident occupied rooms shall be provided with at least a one and three-quarter inch (1¾"), threequarter (¾) hour wood or metal door equal to "C" label construction with metal frame and positive latching.

(22) All operable windows shall be provided with screens.

M. Mechanical system. (1) Elevators. (a) At least one elevator shall be installed where one to fifty (1 to 50) resident beds are located on any floor other than the main entrance floor, or where resident facilities are located on a floor other than those containing resident beds.

(b) At least two (2) elevators shall be installed where fifty-one to one-hundred and fifty (51 to 150) resident beds are located on floors other than the main entrance floor, or where resident facilities are located on a floor other than those containing resident beds.

(c) At least three (3) elevators shall be installed where one-hundred and fifty to three-hundred and fifty (150 to 350) resident beds are located on floors other than the main entrance floor or where resident facilities are located on a floor other than those containing resident beds.

(d) For facilities with more than three-hundred and fifty (350) beds, the number of elevators shall be determined from a study of the facility plan and the estimated vertical transportation requirements.

(e) An elevator vestibule shall be provided on each floor meeting the requirements of two (2) hour fire-resistant construction with self-closing one and one-half (1 ½) hour fire rated doors held open by electro-magnetic hold open devices connected to an automatic alarm system.

(2) Steam and hot water systems. (a) Boilers shall have the capacity, based upon the published Steel Boiler Institute or Institute of Boiler and Radiator Manufacturers' net ratings, to supply the normal requirements of all systems and equipment. If the licensed capacity of the facility exceeds one-hundred (100) beds, a second boiler shall be required.

(b) Boiler feed pumps, condensate return pumps, fuel oil pumps, and circulating pumps shall be connected and installed to provide standby service when any pump breaks down.

(c) Supply and return mains and risers of space heating and process steam systems shall be valved to isolate the various sections of each system. Each piece of equipment shall be valved at the supply and return end.

(d) Boilers' and smoke breeching stacks, all steam supply piping and high pressure steam return piping and hot water space heating supply and return piping shall be insulated.

(3) Air conditioning, heating and ventilating systems: (a) A minimum temperature of seventy-five degrees Fahrenheit (75° F.) shall be provided for all occupied areas at winter design conditions.

(b) All air-supply and air-exhaust systems shall be mechanically operated. All fans serving exhaust systems shall be located at or near the point of discharge from the building.

(1) Outdoor ventilation air intakes, other than for individual room units, shall be located as far away as practicable but not less than twenty-five feet (25') from exhausts from any ventilating system or combustion equipment. The bottom of outdoor intakes serving central air systems shall be located as high as possible but not less than eight feet (8') above the ground level or, if installed through the roof, three feet (3') above roof level.

(2) The ventilation systems shall be designed and balanced to conform to accepted standards and/or applicable codes.

(3) Room supply air inlets, recirculation, and exhaust air outlets shall be located not less than three (3") inches above the floors.

(4) Corridors shall not be used to supply air to or exhaust air from any room. All interior rooms shall be mechanically ventilated.

(5) An approved fire damper shall be provided on each opening through each fire or smoke wall partition and on each opening through the floor of a vertical shaft.

(6) Cold air ducts shall be insulated where necessary to maintain the efficiency of the system or to minimize condensation problems.

(7) Exhaust hoods in food preparation centers shall have a minimum exhaust rate of one-hundred (100) cubic feet per minute per square foot of hood face area. All hoods over cooking ranges shall be equipped with fire extinguishing systems and heat-activated fan controls. Cleanout openings shall be provided every twenty feet (20') in horizontal exhaust duct systems serving hoods.

(8) Boiler rooms shall be provided with sufficient out-door air to maintain combustion rates of equipment and reasonable temperatures in the room and in adjoining areas.

(4) Plumbing and other piping systems. (a) Plumbing fixtures. (1) The material used for plumbing fixtures shall be of non-absorptive acid-resistant material.

(b) Water supply systems. (1) Systems shall be designed to supply water to the fixtures and equipment on the upper floors at a minimum pressure of fifteen (15) pounds per square inch during maximum demand periods.

(2) Each water service main, branch main, riser and branch to a group of fixtures shall be valved. Stop valves shall be provided at each fixture.

(3) Hot, cold and chilled water piping and waste piping on which condensation or unnecessary heat loss may occur shall be insulated.

(4) Backflow preventers (vacuum breakers) shall be installed on hose bibbs and on all fixtures to which hoses or tubing can be attached such as janitors' sinks.

(5) Flush valves installed on plumbing fixtures shall be of a quiet operating type.

(6) Hot water distribution systems shall be arranged to provide hot water at each hot water outlet at all times.

(7) Plumbing fixtures which require hot water and which are intended for resident use shall be supplied with water which is controlled to provide a water temperature ranging between one-hundred and ten degrees to one-hundred and twenty degrees Fahrenheit (110° to 120° F.) at the fixture.

(c) Hot water heaters and tanks. The hot water heating equipment shall have sufficient capacity to supply the water at the temperatures and amounts as required.

(d) Drainage systems. Piping over food preparation centers, food serving facilities, food storage areas, and other critical areas shall be kept to a minimum and shall not be exposed. Special precautions shall be taken to protect these areas from possible leakage of or condensation from necessary overhead piping systems.

(c) Fire extinguishing systems. Automatic fire extinguishing systems shall be installed in areas such as: Central soiled linen holding rooms, maintenance shops, refuse collection rooms, bulk storage rooms, and adjacent corridors, attics accessible for storage, and refuse chutes. Storage rooms of less than one-hundred (100) square feet in area and spaces used for storage of non-hazardous materials are excluded from this requirement if construction is non-combustible.

N. Electrical system. (1) Circuit breakers or fusible switches that provide disconnecting means and overcurrent protection for conductors connected to switchboards and distribution panelboards shall be enclosed or guarded to provide a dead-front type of assembly. The main switchboard shall be located in a separate enclosure accessible only to authorized persons. The switchboard shall be convenient for use, readily accessible for maintenance, clear of traffic lanes, and in a dry ventilated space free of corrosive fumes or gases. Overload protective devices shall be suitable for operating properly in the ambient temperature conditions.

(2) Lighting and appliance Panelboards shall be provided for the circuits on each floor. This requirement does not apply to emergency system circuits.

(3) All spaces occupied by people, machinery, and equipment within the building, and the approaches thereto, and parking lots shall have electric lighting.

(a) Residents' bedrooms shall have general lighting.

(b) One lighting fixture for general lighting shall be exclusively wired to a switch at the entrance to each resident room.

(c) A reading light shall be provided for each resident.

(d) Residents' reading lights shall not be switched at the door.

(e) All switches for control of lighting in resident areas shall be of the quiet operating type.

(4) Each resident bedroom shall have duplex receptacles at least eighteen inches (18") above the floor as follows: One on each side of the head of each bed, for parallel beds. Only one duplex receptacle is required between beds, and one on at least one other wall. Single receptacles for equipment, such as floor cleaning machines, shall be installed approximately fifty feet (50') apart in all corridors. Duplex receptacles for general use shall be installed approximately fifty feet (50') apart in all corridors and within twenty-five feet (25') of ends of corridors.

(5) A calling station shall be installed in each resident room to meet the following requirements: Each resident room shall be equipped with at least an audible call bell system connected to an annunciator panel in the manager's office and employees' sleeping area where there is staff twenty-four (24) hours a day. If the office is not staffed twenty-four (24) hours a day, the call system shall

indicate the source of the call, both audibly and visually. In addition to activating the annunciator panel, the call bell shall turn on a light located directly over the door of the resident room. In lieu of this requirement, a telephone system may be used if the same functions are accomplished when the receiver is lifted.

(6) A manually-operated, electrically-supervised fire alarm system shall be installed in each facility. In multistory buildings, the signal shall be coded or otherwise arranged to indicate the location of the station operated. The fire alarm system should be connected to a municipal system, if possible. Pre-signal systems will not be permitted. In multi-story buildings, with more than twenty-five (25) residents, an annunciator panel shall be provided.

O. Emergency electric service. (1) To provide electricity during an interruption of the normal electric supply that could affect the care and safety of the occupants, an emergency source of electricity shall be provided and connected to all circuits for lighting and power.

(2) The source of this emergency electric service shall be as follows: (a) All emergency generating set, including the prime mover and generator, equipped with an automatic transfer switch, shall be located on the premises and shall be reserved exclusively for supplying the emergency electrical system. The emergency generator set shall be of sufficient kilowatt capacity to supply all lighting and power load demands of the emergency system and shall have an automatic transfer switch which will start the emergency generator within ten (10) seconds. The power factor rating of the generator shall be not less than eighty percent (80%). Where fuel is normally stored on the site, the storage capacity shall be sufficient for three (3) days operation of required emergency electric services. Where fuel is normally piped underground to the site from a utility distribution system, storage facilities on the site will not be required.

(3) Emergency electric service shall be provided to circuits as follows: (a) Where electricity is the only source of power normally used for space heating, the emergency service shall provide for heating of all resident bedrooms and resident service areas such as dining rooms, day rooms and recreation areas. Emergency heating of resident bedrooms will not be required in areas where the home is supplied by at least two (2) utility service feeders, or a network distribution system fed by two (2) or more generating sources, with the feeders so routed, transfer switch connected, and protected that a fault any place between the sources and the facility will not likely cause an interruption of more than one of the service feeders.

(b) Where more than one (1) elevator is provided, at least one (1) shall be connected to the emergency electrical system.

P. If residents are housed in two (2) or more buildings not directly connected one with another, each such building shall be treated as a separate unit.

Q. Each resident room shall be numbered; the number, together with the licensed capacity of each room, shall be posted by each door. The census shall not exceed the number for which the license is issued, nor shall the number of residents in any room exceed the licensed capacity of that room.

R. The buildings, equipment and precautions taken to provide for the safety of residents and employees shall be approved by the state department of health. An annual certificate from the local fire marshal that fire precautionary measures meet his approval shall be submitted with the annual application for license.

S. The buildings, equipment and site shall be maintained in a good state of repair and shall be kept clean at all times.

**(c) Administration.**

(1) The proprietor or licensee of the residential care home shall be responsible for operation of the residential care home in compliance with these regulations.

(2) The proprietor or licensee of the residential care home shall be responsible for submitting every two years to the department an application for license and such reports as may be required.

(3) The licensee shall furnish, with his initial application, character references from three responsible people not related to him. He shall also furnish, every two years with his initial and each subsequent application, a certificate of physical and mental health signed by a physician.

(4) Sufficient capable personnel of good character and suitable temperament shall be employed to provide satisfactory care for the residents.

(A) The residential care home shall maintain records on file at the residential care home documenting that all new staff received an initial orientation prior to being allowed to work independently including, but not limited to, safety and emergency procedures for staff and residents, the policies and procedures of the residential care home, and resident rights. Such records shall be kept at the residential care home for not less than two (2) years after the termination of employment of the staff person or service as a volunteer.

(B) Continuing education for program staff shall be required for one (1) percent of the total annual hours worked (to a maximum of twelve (12) hours) per year. Such education shall include, but is not limited to, resident rights, behavioral management, personal care, nutrition and food safety, and health and safety in general.

(C) The licensee of the residential care home shall develop, implement and maintain a written plan for continuing education for program staff at the residential care home.

(D) The licensee shall have records of continuing education for each program staff member at the residential care home which is available to the department for review upon request. Such records shall be kept for not less than two (2) years after the termination of employment of an employee.

(5) The management, personnel, equipment, facilities, sanitation and maintenance of the home shall be such as reasonably to ensure the health, comfort and safety of the residents at all times.

(d) **Medical supervision.** In case of illness of a resident the licensee of the home or the person in charge is responsible for obtaining the services of a physician.

(e) **Records.** A record of each resident, to include the name, residence, age, sex, nearest relative, religion and other necessary information, shall be kept on forms approved by the state department of health.

(f) **Dietary service.** (1) Adequate space, equipment and qualified personnel shall be provided to ensure proper selection, storage, preparation and serving of regular and special diets to residents at regularly scheduled hours.

(2) Menus shall be prepared, posted and filed and shall meet state department of health requirements for basic nutritional needs.

(3) The time scheduling of regular meals and snacks shall be approved by the state department of health.

(4) Methods of dishwashing and dish sanitizing, food handling and garbage disposal shall comply with [section 19-13-B42] sections 19a-36f through 19a-36o, inclusive of the Connecticut General Statutes, and sections 19a-36h-1 to 19a-36h-7 of the Regulations of Connecticut State Agencies.

(g) **Recreation.** Recreational activities shall be provided in homes for the aged. Space and equipment provided for recreational activities shall be approved by the state department of health.

(h) **General conditions.** (1) Residents shall be admitted only on referral from a responsible source. No residents may be admitted on an emergency basis except in the event of a major disaster, in which case the state department of health shall be notified at the earliest possible time.

(2) Provisions for visiting hours shall be as liberal as may be consistent with good resident care. Personnel shall treat both residents and their visitors with courtesy and consideration at all times.

(3) Any accident, disaster or other unusual occurrence in the institution shall be reported within seventy-two hours to the state department of health.

(4) Proper heat, hot water, lighting and ventilation shall be maintained at all times.

(5) There shall be a system of communication sufficient to meet the needs of the institution and the



requirements of the state department of health.

(6) Adequate housekeeping, laundry and maintenance services shall be provided.

(7) Licenses are not transferable and are in effect only for the operation of the institution as it is organized at the time the license is issued. The state department of health shall be immediately notified if the licensee plans any structural changes, plans to sell the institution or plans to discontinue operation.

(8) When an institution changes ownership, the new licensee shall not only comply with all the requirements of these regulations but shall, in addition, comply with the requirements for new structures.

(9) Institutions caring for more than four persons shall comply with the state fire safety code. (Reg. 29-40-1 et seq.)

(10) The site of new institutions shall be approved by the state department of health.

(11) Private water supplies and/or sewerage if installed shall be in accordance with the state public health code (Reg. 19-13-A1 et seq.) and with written approval by the local director of health.

(12) All plans and specifications for new construction or alterations shall be submitted to the state department of health, the local fire marshal, the local building inspector, if any, and the local zoning authorities for approval before construction is undertaken.

(13) No person shall be admitted to or housed in the institution if such person is not under the direct supervision of the licensee.

(14) When a patient ceases to breathe and has no detectable pulse or blood pressure, the body shall be moved promptly to an otherwise unoccupied room in the same institution pending pronouncement of death by a physician who has personally viewed the body as required in section 7-62 of the General Statutes. The facility shall make available a room which will provide for the dignified holding of the body of the deceased person where it will not be exposed to the view of patients or visitors. The room so designated may be used for other purposes when not required for this purpose.

**(i) Special Conditions.**

(1) Egress passages from each resident floor of the institution shall be such that all occupants of the floor can safely travel to a place of safety outside the building.

(2) In combustible buildings the third floor above the basement shall not be converted to resident use after January 1, 1960, unless a passenger elevator is installed to serve each floor.

(j) **Attendants required.** At no time shall there be less than one attendant on duty for each twenty-five residents or fraction thereof from 7 a.m. to 10 p.m. and one attendant in residence for each twenty-five residents from 10 p.m. to 7 a.m.

(k) **Classification of civil penalty violations for Homes for the Aged and Rest Homes.** Any home for the aged and rest home as defined in Section 19a-521 Connecticut General Statutes found by the Commissioner of Health Services to be in violation of one of the following provisions of the Regulations of Connecticut State Agencies known as the Public Health Code shall be subject to the class of violation indicated below and penalties indicated in Section 19a-527 Connecticut General Statutes:

(1) A violation of any of the following provisions shall result in a Class A violation:

(A) 19-13-D6 (b) N (6);

(B) 19-13-D6 (b) R;

(C) 19-13-D6 (f) (4);

(2) A violation of any of the following provisions shall result in a Class B violation:

(A) 19-13-D6 (b) A (2) (b);

(B) 19-13-D6 (b) M (4) (b) (7);

(C) 19-13-D6 (b) O (1); (2);

(D) 19-13-D6 (c) (1); (4);

- (E) 19-13-D6 (d) ;
- (F) 19-13-D6 (f) (1);
- (G) 19-13-D6 (h) (4);
- (H) 19-13-D6 (i) (1); (2);
- (I) 19-13-D6 (j).

(l) **Exemption**—No civil penalty shall be imposed for an existing structural condition not in conformance with the Public Health Code, which is authorized to continue to exist in accordance with provisions of Section 19-13-D6(b)A of the Regulations of Connecticut State Agencies.

(m) **Administration of Medications.**

Residents of licensed residential care homes may self administer medications, and may request assistance from staff with opening containers or packages and replacing lids. If the residential care home permits the administration of medications of any kind by unlicensed personnel, unlicensed personnel who administer medications in the residential care home must be certified and comply with all requirements of subsection (m) of this section and have written policies and procedures at the residential care home governing the administration of medications which shall include, but not be limited to, the types of medication that will be administered, resident responsibilities, staff responsibilities, proper storage of medication and record keeping. Said policies and procedures shall be available for review by the department during inspections or upon demand and shall reflect best practice. Except as provided in subsection (m) of this section, unlicensed personnel who have not been certified shall not administer medication. Only program staff persons who are eighteen (18) years of age shall administer any medication at the residential care home.

(1) Administration of Non Prescription Topical Medications Only

(A) Description

For the purposes of subsection (m) of this section, non-prescription topical medications are:

- (i) ointments free of antibiotic, antifungal, or steroidal components;
- (ii) medicated powders; and
- (iii) gum or lip medications available without a prescription.

(B) Non Prescription Topical Medications Administration/Resident Permission Records

The written permission of the resident (or resident's conservator, guardian, or legal representative) shall be required prior to the administration of the non prescription topical medication(s) and a medication administration record shall be written in ink and kept on file at the residential care home for each resident administered a non prescription topical medication(s). The medication administration record and resident's permission shall become part of the resident's record when the course of medication has ended. Any medication administration error shall be documented in the record. This information shall include:

- (i) the name of the resident;
- (ii) the name of the medication;
- (iii) the schedule and site of administration of the medication, as applicable, according to the manufacturer's directions;
- (iv) the signature of the resident, or the name, address, telephone number, signature and relationship to the resident of the resident's conservator, guardian, or legal representative, authorizing the administration of the medication(s); and
- (v) the name of the person who administered the non-prescription topical medication.

(C) Non Prescription Topical Medications/Labeling and Storage

- (i) The medication shall be stored in the original container and shall contain the following information on the container or packaging indicating:
  - (I) the individual resident's name;
  - (II) the name of the medication; and

(III) directions for the medication's administration.

(ii) The medication shall be stored away from food and inaccessible to unauthorized persons.

(iii) Any expired medication shall be destroyed by the resident (or resident's conservator, guardian, or legal representative) or the program staff member in a safe manner.

(2) Administration of Medications Other Than Non Prescription Topical Medications

(A) Description

For the purposes of subsection (m) of this section, medications other than nonprescription topical medications are medications which are not described in subsection 19-13-D6 (m)(1)(A) and are:

(i) oral medications

(ii) topical medications, including eye and ear preparations;

(iii) inhalant medications

(iv) injectable medications, by a pre-measured, commercially prepared syringe, to a resident with a diagnosed medical condition who may require emergency treatment.

(B) Training Requirements

(i) Prior to the administration of any medication by program staff members, the program staff members who are responsible for administering the medications shall first be trained by a registered pharmacist, physician, physician assistant, advanced practice registered nurse or registered nurse in the methods of administration of medications and shall have received written verification from the trainer which indicates that the trainee has completed a training program as required herein and shall have successfully complete a written examination and practicum administered by the Connecticut League For Nursing or other department approved certifying organization. If the residential care home permits the administration of medication by certified program staff, a program staff member trained and certified to administer medication by the route ordered by the authorized prescriber shall be present at all times whenever a resident has orders to receive medication.

(ii) The training in the administration of medications shall be documented and shall include, but not be limited to the following:

(I) objectives;

(II) a description of methods of administration including principles and techniques, application and installation of oral, topical, and inhalant medication, including the use of nebulization machines;

(III) techniques to encourage residents who are reluctant or noncompliant to take their medication and the importance of communicating this information to the prescriber;

(IV) demonstration of techniques by the trainer and return demonstration by participants, assuring that the trainee can accurately understand and interpret orders and carry them out correctly, including medications that are ordered PRN (as needed);

(V) recognition of side effects and appropriate follow up action;

(VI) avoidance of medication errors and the action to take if an error occurs, or if a dosage is missed or refused;

(VII) abbreviations commonly used;

(VIII) documentation including resident (or resident's conservator, guardian, or legal representative) permission, written orders from the authorized prescriber, and the record of administration;

(IX) safe handling, including receiving medication from a resident (or resident's conservator, guardian, or legal representative), safe disposal, and universal precautions; and

(X) proper storage including the storage of controlled substances in accordance with Section 21a-262-10 of the Regulations of Connecticut State Agencies.

(iii) Injectable Medications

In addition to the above training, before a program staff member may administer injectable medications, he shall have completed a training program on the administration of injectable

medications by a premeasured, commercially prepared syringe. The trainer who shall be a registered pharmacist, physician, physician assistant, advanced practice registered nurse or registered nurse, shall assure that the program staff member understands the indications, side effects, handling and methods of administration for injectable medication. Thereafter, on a yearly basis, program staff members shall have their skills and competency in the administration of injectable medication recertified by the Connecticut League For Nursing or other department approved certifying organization. Injectable medications shall only be given in emergency situations, by a premeasured commercially prepared syringe, unless a petition for special medication authorization is granted by the department.

(iv) The trainer shall provide the trainee with an outline of the curriculum content, which verifies that all mandated requirements have been included in the training program. A copy of said outline shall be on file at the residential care home where the trainee is employed for department review. The department may require at any time that the licensee obtain the full curriculum from the trainer for review by the department.

(v) A program staff member currently certified by the State of Connecticut Department of Mental Retardation or other state agency to administer non-injectable medications shall be considered qualified to administer such medications at residential care homes.

(C) Certification

(i) In order to administer medication, unlicensed program staff shall be certified as applicable, in the administration of:

(I) oral, topical, and inhalant medications, or;

(II) oral, topical, inhalant, and pre-measured commercially prepared injectable medications.

(ii) Upon completion of training in the administration of medication and prior to the administration of any medication, program staff must successfully complete a written examination and practicum administered by the Connecticut League for Nursing or other Department approved certifying organization.

(iii) The written examination and practicum for oral, topical, and inhalant medications, shall include, but not be limited to the following:

(I) the elements in subsection 19-13-D6(m)(2)(B)(ii)(I) through 19-13-D6(m)(2)(B)(ii)(III), inclusive, and subsection 19-13-D6(m)(2)(B)(ii)(V) through 19-13-D6(m)(2)(B)(ii)(X), inclusive; The examination shall be graded PASS or FAIL. A numerical grade of at least 70% shall be considered passing; and

(II) the practicum shall consist of a return demonstration by the program staff person in which the program staff person shall complete three medication pour and passes which represent each route of administration; and shall demonstrate to a representative of the Connecticut League For Nursing or other Department approved certifying organization, that he can accurately understand and interpret orders of the authorized prescriber and carry them out correctly, including medications that are ordered PRN (as needed.) To pass the practicum for oral, topical, and inhalant medications, the program staff person must successfully complete each medication pour and pass with 100% accuracy.

(iv) The written examination and practicum for oral, topical, inhalant, and pre-measured commercially prepared injectable medications, shall include, but not be limited to the following:

(I) the elements in subsection 19-13-D6(m)(2)(B)(ii)(I) through 19-13-D6(m)(2)(B)(ii)( III), inclusive, and subsection 19-13-D6(m)(2)(B)(ii)(V) through 19-13-D6(m)(2)(B)(ii)(X), inclusive, and subsection 19-13-D6(m) (2)(B)(iii).; The examination shall be graded PASS or FAIL. A numerical grade of at least 70% shall be considered passing; and

(II) the practicum shall consist of a return demonstration by the program staff person in which the program staff person shall complete three medication pour and passes which represent each route of administration and one demonstration using a premeasured commercially prepared injectable

medication; and shall demonstrate to a representative of the Connecticut League For Nursing or other department approved certifying organization, that he can accurately understand and interpret orders of the authorized prescriber and carry them out correctly, including pre-measured commercially prepared injectable medications and medications that are ordered PRN (as needed.) To pass the practicum for oral, topical, inhalant, and pre-measured commercially prepared injectable medications, the program staff person must successfully complete each medication pour and pass with 100% accuracy; and one demonstration using a premeasured commercially prepared injectable medication with 100% accuracy.

(v) Upon completion of the written test and practicum, the Connecticut League For Nursing or other department approved certifying organization shall certify each program staff member who has demonstrated successful completion of the required written test and practicum for the administration of oral, topical, inhalant medications or for the administration of oral, topical, inhalant, pre-measured commercially prepared injectable medications Certification for the administration of oral, topical, inhalant medications shall be valid for three (3) years. Certification for the administration of injectable medications shall be valid for one (1) year. Certification shall be in writing. A copy of the certification shall be on file at the residential care home where the program staff member is employed and shall be available to department staff upon request.

(vi) Each individual who completes the required training program specified in subsection 19-13-D6 (m)(2) (B)(ii), and where certification is sought in injectable medications, subsection 19-13-D6 (m)(2)(B)(iii); and successfully completes a written examination and practicum as specified in subsection 19-13-D6 (m)(2)(C)(iii) or subsection 19-13-D6 (m)(2)(C)(iv), shall be given written certification authorizing him to administer medications to residents, as permitted in subsection (m) of this section. Written certification shall include:

(I) the full name, signature, title, license number, address and telephone number of the registered pharmacist, physician, physician assistant, advanced practice registered nurse or registered nurse who gave the written test and practicum;

(II) the location where and date(s) the test and practicum were given;

(III) a statement that the required curriculum areas listed in Section 19-13-D6 (m)(2)(B)(ii) and Sec. 19-13-D6(m)(2)(B)(iii) when applicable were successfully mastered, and indicating the route(s) of administration the program staff has been approved to administer;

(IV) the name, date of birth, address, and telephone number of the program staff member who successfully completed the test and practicum; and

(V) the expiration date of the approval.

(D) Order From An Authorized Prescriber and Resident's Permission

(i) No medication, prescription or non prescription, shall be administered to a resident without the written order of an authorized prescriber and the written permission of the resident (or resident's conservator, guardian, or legal representative). Permission shall be maintained on file at the residential care home.

(ii) The written order from an authorized prescriber shall contain the following information which may be on the prescription label or on supplemental reference information approved or provided by the prescriber or pharmacist;

(I) the name of the resident;

(II) the date the medication order was written;

(III) the medication or drug name, dose and method of administration;

(IV) the time the medication is to be administered;

(V) the date(s) the medication is to be started and ended as applicable;

(VI) relevant side effects;

(VII) notation if the medication is a controlled drug;

(VIII) a listing of any allergies, reactions to, or negative interactions with foods or drugs;  
 (IX) specific instructions from the authorized prescriber who orders the medication regarding how the medication is to be given; and

(X) the name, address and telephone number of the authorized prescriber ordering the drug.

(iii) If the authorized prescriber determines that the training of the program staff member is inadequate to safely administer medication to a particular resident, that authorized prescriber may order that such administration be performed by licensed medical personnel with the statutory authority to administer medications.

(iv) The program staff member shall administer medication only in accordance with the written order of the authorized prescriber. The resident (or resident's conservator, guardian, or legal representative) shall be notified of any medication administration errors immediately. The error and the notification of the error shall be documented in the record.

(E) Required Records

(i) Individual written medication administration records for each resident shall be written in ink, reviewed prior to administering each dose of medication and maintained on file at the residential care home. The medication administration record shall become part of the resident's health record when the course of medication has ended.

(ii) The individual written administration record for each resident shall include:

(I) the name of the resident;

(II) the name of the medication or drug;

(III) the dosage ordered and method of administration;

(IV) the date, time, and dosage at each administration;

(V) the signature or initials in ink, or a secured computerized document indicating the program staff member giving the medication; and

(VI) any refusal by the resident in accepting the medication.

(iii) Medication administration errors shall be recorded in the individual written administration record of the resident. Significant medication errors shall be reported in writing within seventy-two hours to the department.

(F) Storage and Labeling

(i) Medication shall be stored in the original container. The container or packaging shall have a label, which includes the following information:

(I) the resident's name;

(II) the name of the medication;

(III) directions for the medication's administration; and

(IV) the date of the prescription.

(ii) Medications shall be stored in a locked area or a locked container, in a refrigerator in keeping with the label or manufacturer's directions, away from food and inaccessible to unauthorized personnel. External medications shall be stored separately from internal medications. Keys to the locked area or container shall be accessible only to personnel authorized to administer medication. Controlled drugs shall be stored in accordance with Section 21a-262-10 of the Regulations of Connecticut State Agencies.

(iii) All expired medication, except for controlled drugs, shall be destroyed within one (1) week following the expiration date by flushing into sewerage or a septic system. The residential care home shall contact the Connecticut Department of Consumer Protection for direction

(iv) on the proper method of disposing of a controlled drug, and shall carry out the direction as required. The residential care home shall keep a written record of any medications destroyed.

(G) Petition for Special Medication Authorization

(i) The licensee of a residential care home may petition the department to administer medications

to a resident by a modality which is not specifically permitted under these regulations by submitting a written application to the department, including the following information:

(I) a written order from an authorized prescriber containing the information for the specific resident set forth in subsection 19-13-D (6)(m)(2)(D) and a statement that the administration by the requested modality is the only reasonable means of providing medication;

(II) a written training plan including the full name, signature, title, license number, address and telephone number of the registered pharmacist, physician, physician assistant, advanced practice registered nurse or registered nurse who will provide the training, a detailed outline of the curriculum areas to be covered in training, and a written statement by the authorized prescriber that the proposed training is adequate to assure that the medication will be administered safely and appropriately to the particular resident;

(III) the name, date of birth, address and telephone number of the person(s) who shall participate in the training;

(IV) written permission from the resident (or resident's conservator, guardian, or legal representative); and

(V) such other information that the department deems necessary to evaluate the petition request.

(ii) After reviewing the submitted information, if the department determines that the proposed administration of medication for the particular resident can be provided in a manner to assure the health, safety and welfare of the resident, it may grant the petition. The department may grant the petition with any conditions or corrective measures, which the department deems necessary to assure the health, safety and welfare of the resident. The department will specify the curriculum that the training program shall cover and the expiration date of the authorization provided in granting the petition. If the department grants the petition, no medication may be administered until after the proposed training program has been successfully completed and a written approval from the registered pharmacist, physician, physician assistant, advanced practice registered nurse or registered nurse who provided the training is submitted to the department. The approval shall include:

(I) the full name, signature, title, license number, address and telephone number of the registered pharmacist, physician, physician assistant, advanced practice registered nurse or registered nurse who provided the training;

(II) the location and date(s) the training was given;

(III) a statement that the curriculum approved by the department was successfully mastered and stating the modality of administration of medication that the trainee has been approved to administer; and

(IV) the name, date of birth, address and telephone number of the person(s) who successfully completed the training.

(iii) Copies of all documentation required under this subsection shall be maintained at the residential care home. The requirements of subsection 19-13-D6 (m)(2)(E) and 19-13-D6 (m)(2)(F) shall apply to the administration of medication authorized by petition.

### (3) Department Action

The Licensee shall comply with the policies and procedures adopted pursuant to subsection (m) of this section. Any failure to comply with such policies or procedures or any other provisions of this section shall constitute a Class B violation under Section 19a-527 of the Connecticut General Statutes.

Section 8. Sections 19-13-B40, 19-13-B42, 19-13-B48, 19-13-B49 of the Regulations of Connecticut State Agencies are repealed.

Statement of Purpose. The purpose of this regulation is to implement the United States Food and Drug Administration's Food Code, as amended from time to time, and any Food Code Supplements, published by the United States Food and Drug Administration, and implement the requirements outlined in sections 19a-36g through 19a-36o, inclusive, of the Connecticut General Statutes. The food code recognizes the need for individualized state requirements governing inspections, waivers, certification of inspectors and permitting or licensing of food establishments, ensuring the safe handling of food and enforcement of the food code. These regulations are necessary to implement the individualized requirements for Connecticut. Additionally, the regulation repeals sections 19-13-B40, 19-13-B42, 19-13-B48, 19-13-B49, which are outdated and in conflict with the current requirements of the food code and these regulations. The purpose of the food code is to align Connecticut with the majority of other states that have moved towards a national, uniform regulatory system that provides a scientific foundation and legal framework for regulating the foodservice industry. Adoption of the Code will provide consistency with federal performance standards currently established and implemented in Connecticut, as well as consistency with foodservice industry practices. Mandating these federal standards alleviates the burden of local and state agencies of having to develop and update the Connecticut food regulations and instead provides the opportunity to focus resources on the implementation and enforcement of the Code.



## Influenza Update

Connecticut Department of Public Health – Posted 11/29/2018

Page 1 of 5



### 2017-2018 Influenza Season Update for Week 47\*

(The week ending on Saturday, November 24, 2018)

#### Key Points

- ✓ Classification of Connecticut geographic activity has increased to **regional\*\*** for week 47.
- ✓ Influenza activity has begun to increase more rapidly in Connecticut during the past week.
- ✓ Influenza A viruses are the predominate type circulating although some influenza B viruses are also being reported.
- ✓ The U.S. Centers for Disease Control and Prevention (CDC) reports the percentage of people nationally seeing their health care provider with influenza-like-illness (ILI) is low at 1.9%, below the national threshold for elevated activity.
- ✓ November is a good time for you and your family to obtain your flu vaccine and take steps to prevent influenza-related illness and hospitalization: <https://portal.ct.gov/DPH/Immunizations/Seasonal-Influenza>

The Department of Public Health (DPH) uses multiple surveillance systems to monitor circulating flu viruses throughout the year. All data are considered preliminary and updated with available information each week starting in October and ending in May.

- The percentage of statewide emergency department visits attributed to the “fever/flu syndrome” increased from 5.8% during week 46 to 6.5% in week 47 (Figure 1). Caution should be used when comparing the 2018-2019 EpiCenter syndromic surveillance data to 2016-2017 and 2017-2018 Hospital Emergency Department Syndromic Surveillance System data†.
- The percentage of outpatient visits with influenza-like illness (ILI) is currently 2.3%, above the level of 1%, generally considered the minimum threshold for elevated influenza-associated visits in the outpatient setting in Connecticut (Figure 2).
- To date, a total of 55 hospitalized patients with laboratory-confirmed influenza admitted between August 26 and November 24, 2018 have been reported. Of these, 42 were associated with type A (subtype unspecified), 5 with influenza A (H3N2), 2 with influenza A (2009 H1N1), and 6 with influenza B viruses. No new flu-associated deaths were reported this week. One flu-associated death has been reported in an individual > 65 years of age. A second individual, 50-64 years of age, was incorrectly reported as a flu-associated death (Figures 3 & 4).
- A total of 151 influenza positive laboratory tests have been reported during the current season (August 26 – November 24, 2018): Hartford County (44), Fairfield (41), New Haven (37), Litchfield (10), Middlesex (6), Windham (6), New London (5), and Tolland (2). Of the positive reports, 112 were influenza A (subtype unspecified), 5 were influenza A (H3N2), 4 influenza A (2009 H1N1), and 30 were influenza B (Figures 5 & 6).

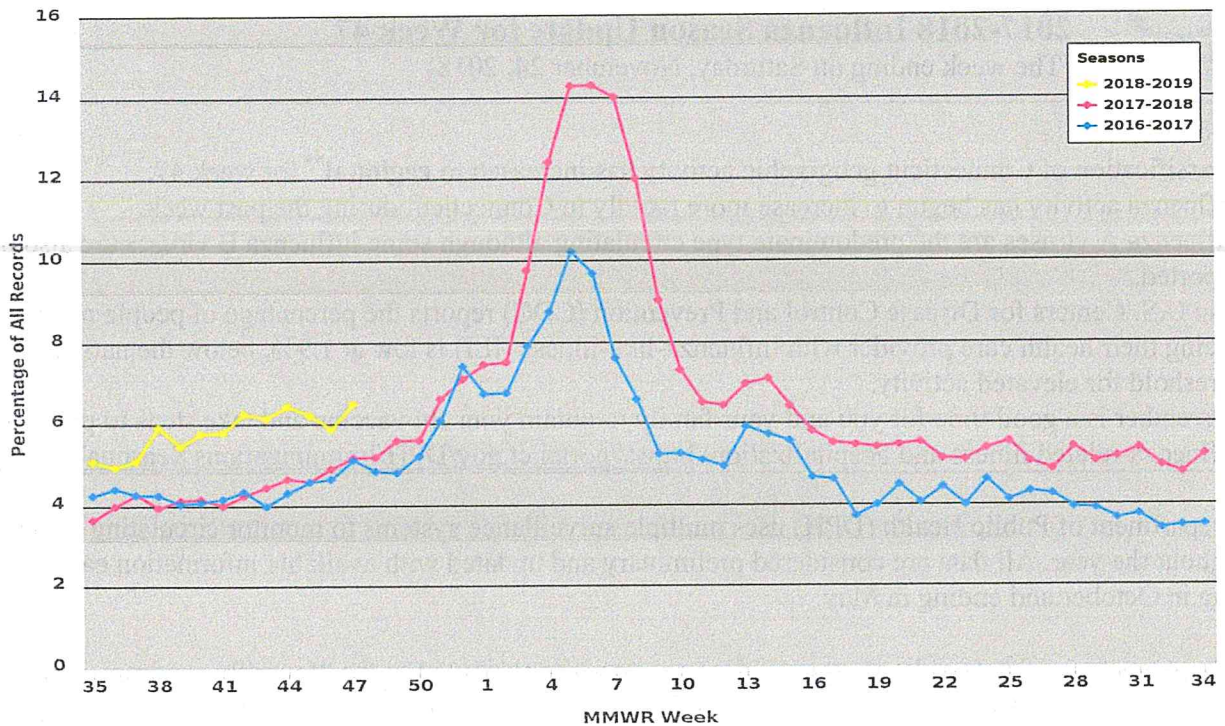
\* Week numbers refer to the Morbidity and Mortality Weekly Report calendar used by the Centers for Disease Control and Prevention (CDC) for national disease surveillance.

\*\* Definitions for the estimated levels of geographic spread of influenza activity available at:

<http://www.cdc.gov/flu/weekly/overview.htm>

† The EpiCenter system replaced the Hospital Emergency Department Syndromic Surveillance system; 18 additional emergency department facilities send data to the EpiCenter.

Figure 1. Percentage of Statewide Emergency Department Visits Attributed to “Fever/Flu Syndrome”, 2016-17, 2017-18, 2018-19\*



\*Caution should be used when comparing EpiCenter surveillance data to 2016-17 and 2017-18 Hospital Emergency Department Syndromic Surveillance system data.

Figure 2. Outpatient Influenza-Like Illness Surveillance Network (ILINet), Percentage of Patients with Influenza-Like Illness (ILI); 2016-17, 2017-18, 2018-19

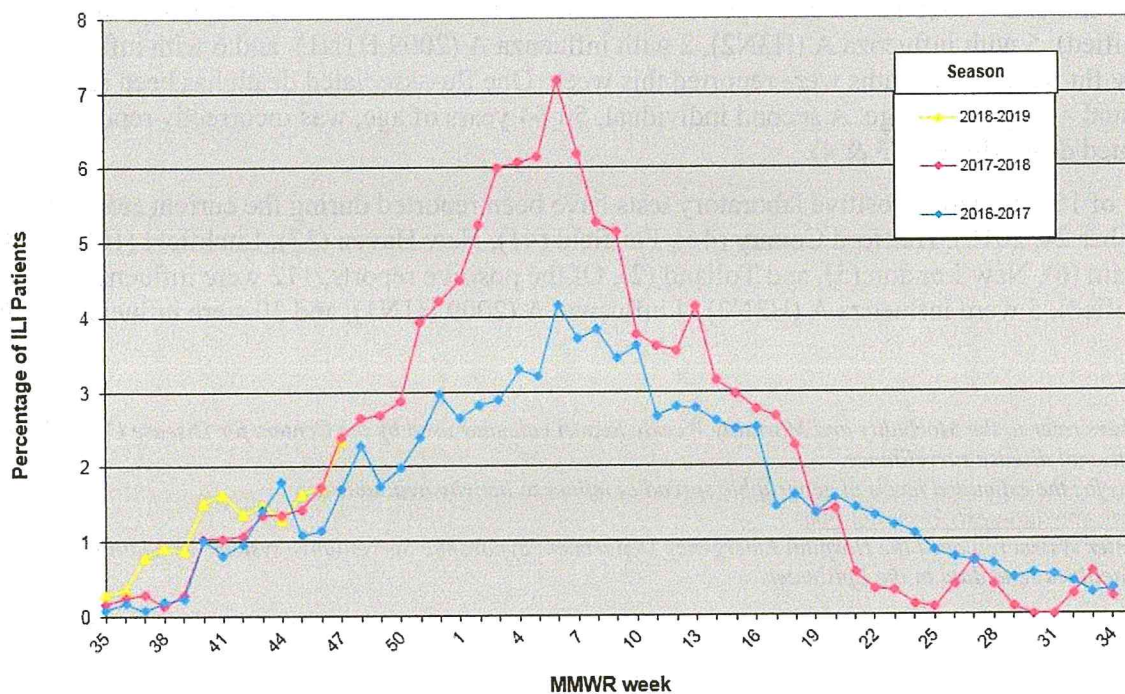


Figure 3. Hospitalized Patients (n = 55) with Positive Lab Tests by Subtype & Week, Connecticut, through 11/24/2018

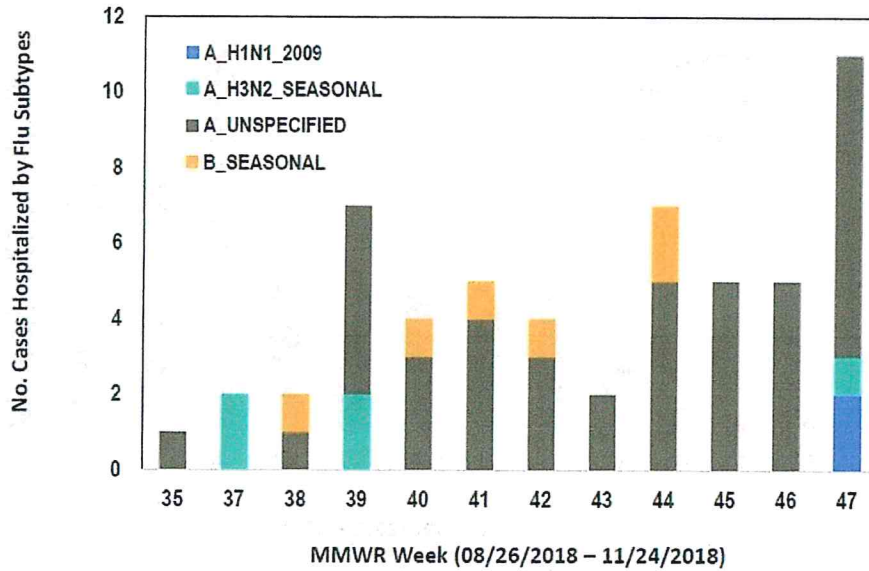


Figure 4. Hospitalized Patients (4a. n= 55) and Flu-Associated Death (4b. n=1) with Positive Laboratory Tests by Influenza Subtype and Age Group, Connecticut, through 11/24/2018

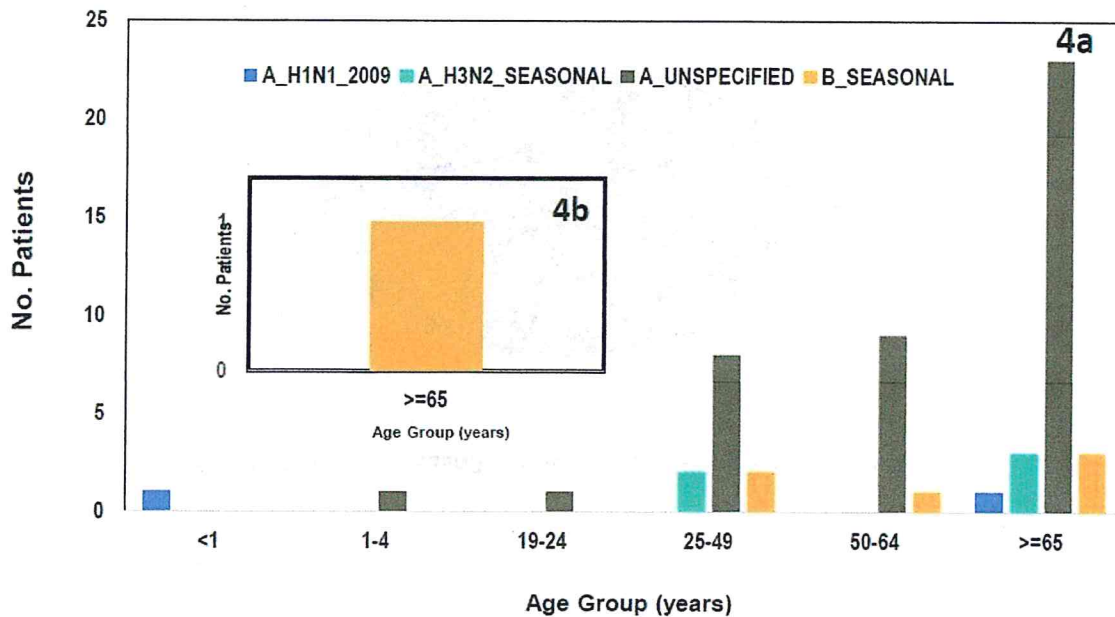


Figure 5. Positive Laboratory Tests (n = 151) by Influenza Subtype and Week, Connecticut, through 11/24/2018

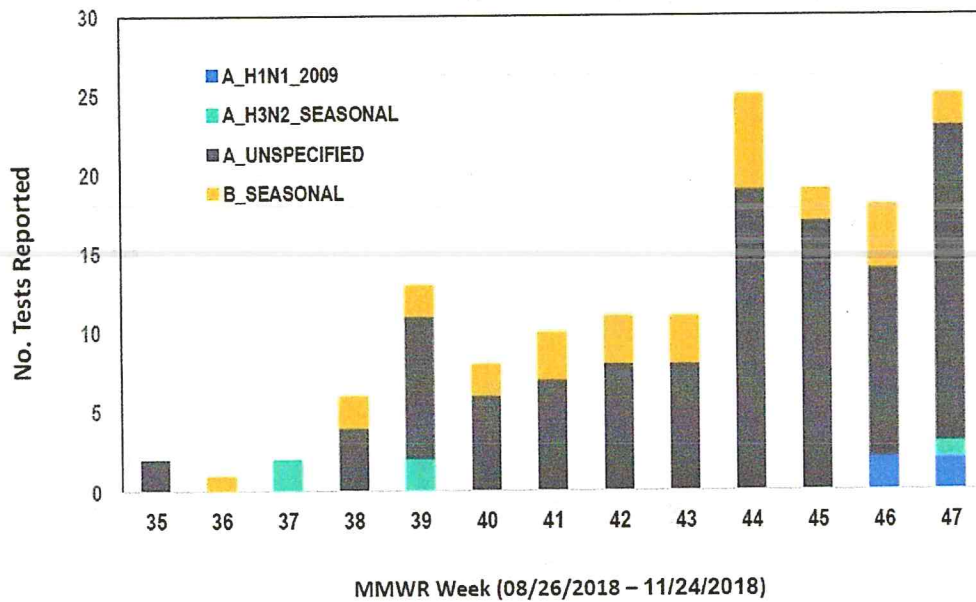
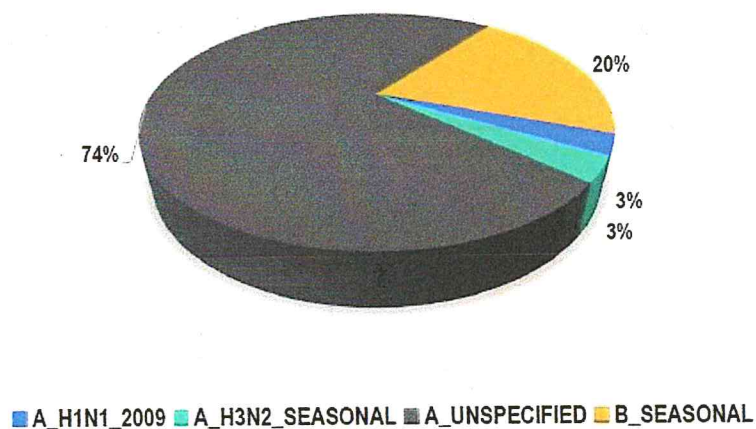


Figure 6. Proportion of Cumulative Positive Laboratory Tests (n = 151) by Influenza Subtype, Connecticut, through 11/24/2018



### **Influenza Surveillance System Definitions**

**The EpiCenter System:** This system receives near real-time reports on ED visits from all 38 licensed, hospital emergency departments in Connecticut. Data include a description of the chief complaint, or reason for visit, including fever/flu. The EpiCenter system replaced the Hospital Emergency Department Syndromic Surveillance system (HEDSS). During 2017-2018, 18 additional emergency department facilities began sending data to the EpiCenter, and caution should be used when comparing EpiCenter surveillance data to historical HEDSS data.

**Sentinel Provider Surveillance:** Reporting of influenza-like illness (ILI) is conducted through a statewide network of volunteer outpatient providers known as ILINet. The proportion of patients exhibiting ILI is reported to the DPH on a weekly basis. ILI is defined as a cough and/or sore throat in the absence of a known cause, and the presence of a fever  $\geq 100^{\circ}\text{F}$ .

**Influenza-associated Hospitalizations and/or Deaths:** Providers are required to report influenza-associated hospitalizations and influenza-associated deaths, they are not required to report any positive influenza test results. Data collected describe the more serious illnesses associated with influenza infections.

**Laboratory Surveillance.** In Connecticut, positive influenza results are reportable by the laboratory conducting the test. Rapid antigen results are only reportable by laboratories with electronic file reporting. These results are used to determine what types, subtypes, and strains are circulating.



# STATE FLU VACCINATION DAYS

TWO OPTIONS TO GET YOUR FLU SHOTS!

**Saturday, December 1st from 1:30 till 3:30pm.**

E.O. Smith High School Cafeteria  
1235 Storrs Road, Mansfield, CT  
Please enter through the Main Entrance

OR

**Saturday, December 8th from 1:30 till 3:30pm.**

Coventry High School  
78 Ripley Hill Road, Coventry, CT

Please be aware:

- Flu shots are available to adults (18+) & children (age 4 to 18) as long as they have had a flu shot in the past. Please see your primary care provider for first time flu shots for children
- Shots cannot be given to any child under age 4.

**Please bring ID & copy of your medical insurance card. SHOTS ARE FREE** for those without insurance

This is a walk-in clinic, open to the public.



# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH



Raul Pino, M.D., M.P.H.  
Commissioner

Dannel P. Malloy  
Governor  
Nancy Wyman  
Lt. Governor

Public Health Preparedness and Local Health Section

### MEMORANDUM

To: Directors of Health

OPHPR-2018-016

From: Stephanie McGuire, MPH  
Health Program Assistant

CC: Medical Reserve Corp Chapter Leads  
Mass Dispensing Area Leads

Date: October 25, 2018

RE: December 1<sup>st</sup> and 8<sup>th</sup>, 2018 Influenza Vaccination Campaign

The Connecticut Department of Public Health (CT DPH) and Centers for Disease Control and Prevention (CDC) will be promoting National Vaccination Week from December 2<sup>nd</sup> through 8<sup>th</sup> 2018. According to the CDC, influenza vaccination coverage estimates from past seasons have shown that few people get vaccinated against influenza after the end of November.

In an effort to protect the public's health and reduce the spread of influenza, the CT DPH would like to collaborate with local health departments to offer influenza vaccination clinics on December 1<sup>st</sup> and December 8<sup>th</sup>. These Saturday clinics are meant to reduce the barriers of cost and accessibility for low-income, uninsured and underinsured populations. The Saturday Influenza Vaccination Campaign also provides you with the opportunity to conduct Public Health Emergency Preparedness (PHEP) drills, such as the Staff Notification and Assembly Drill, Site Activation Drill, and Facility Set-up Drill. It also provides you with the opportunity to engage MRC volunteers, practice using the Dispense Assist system, and other PHEP communications elements. Lastly, the campaign also serves to highlight the valuable services provided by your health department in reaching at-risk populations.

The CT DPH will be providing support to your vaccination efforts (operations) in the following ways:

- **Coordination (Incident Command):**

The CT DPH Office of Public Health Preparedness and Response is coordinating the 2018 Influenza Vaccination Campaign. If you have any questions regarding details of the campaign,



Phone: (860) 509-8282 • Fax: (860) 509-7160  
Telecommunications Relay Service 7-1-1  
410 Capitol Avenue, P.O. Box 340308 MS#13PHP  
Hartford, Connecticut 06134-0308  
[www.ct.gov/dph](http://www.ct.gov/dph)

*Affirmative Action/Equal Opportunity Employer*



please call (860) 509-8282 and ask to speak with Stephanie McGuire. *Please complete and fax the attached 2018 Influenza Vaccination Campaign Participation Form by November 2<sup>nd</sup> to (860) 730-8422.*

- **Reimbursement (Finance):**

The CT DPH Office of Public Health Preparedness and Response will process the reimbursement to health departments for hosting clinics on December 1<sup>st</sup> and December 8<sup>th</sup>. We will process reimbursement to health departments/districts in the same manner as the 2017-2018 influenza vaccination campaign. Health departments/districts will be reimbursed for the administrative expense associated with providing vaccination services on December 1<sup>st</sup> and December 8<sup>th</sup>. Alternatively, the health department may choose to ask for reimbursement for the purchase of vaccine. Only one type of reimbursement for each health department/district will be accepted and processed. *Please refer to the attached non-PO voucher invoices.*

- **Communications:**

The CT DPH Office of Communications will promote the availability of influenza vaccination clinics, if the information is submitted to the DPH in a timely manner. The DPH Office of Communications will continue to promote your regularly scheduled influenza clinics as requested via the DPH website, press releases, and through social media. The DPH website will be updated as frequently as needed. Also, to ensure maximum social media coverage, please 'tag' @CTDPH in your social media posts.

- **CT Vaccination Program (Logistics):**

The CT DPH does not intend to expand coverage under the Connecticut Vaccination Program (CVP) for the 2018-2019 influenza season, as it is not currently anticipated to be a severe flu season. If your local health department or district is part of the (CVP), you are encouraged to utilize standard protocols to obtain vaccine for children. For questions about the CVP, please call the DPH Immunizations Program at (860) 509-7929.

Thank you for your continued participation in promoting public health and enhancing your public health emergency preparedness capabilities. General questions pertaining to the 2018 Influenza Vaccination Campaign can be directed to Ms. Stephanie McGuire in the CT DPH Office of Public Health Preparedness and Response at (860) 509-7506.

ATT

CC: Ellen Blaschinski, MBA, RS, Chief Operating Officer, OSS



**From:** Robert L. Miller  
**Sent:** Tuesday, October 23, 2018 11:59 AM  
**To:** Derrick M. Kennedy  
**Cc:** 'Elizabeth Paterson '; Stille, Joyce (jstille@boltonct.org); jelsesser@coventryct.org; Cherie Trahan; Millie C. Brosseau  
**Subject:** Appointment to EHHD Finance Committee

The below email is sent on behalf of Elizabeth Paterson, Board Chairperson:

Dear Derrick –

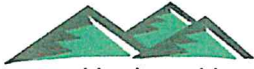
Please let this email serve as formal notification that you have been appointed to the Eastern Highlands Health District Finance Committee, effective immediately.

As we are entering the beginning of the budget season you can expect the Director to contact committee members in the coming days to schedule budget meetings for the end of November. A Finance Committee Proposed FY19/20 Budget presentation to the full board is currently scheduled for December 13, 2018.

I want to take this opportunity to thank you for agreeing to be on the committee. I look forward to working with you.

Sincerely,

Elizabeth Paterson  
Chairperson  
Eastern Highlands Health District  
Board of Directors



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)

October 26, 2018

Connecticut Department of  
Energy & Environmental Protection  
Bureau of Outdoor Recreation  
State parks & Public Outreach Division

Subject: Letter of support for Bolton Center Connectivity Project – CT Recreational Trails Program Grant

To Whom It May Concern:

The Eastern Highlands Health District is pleased to support the Town of Bolton's application to the Connecticut Recreational Trails Grant Program!

Being that most of the EHHD member towns are of a rural character, its territory is faced with unique challenges that impact access to healthy foods and active living, with some segments of the population being disproportionately affected. The Bolton Center Connectivity Project is a perfect example of a project that, if funded, will clearly result in a material improvement in the walkability and bikeability in the heart of a rural town, thereby providing safe opportunities for active living by its residents.

Why are safe opportunities for active living so important? Diseases of the heart are the third leading cause of premature death in Connecticut. The prevalence of adult overweight and obesity in Connecticut increased significantly among both men and women during the past decade. The Bolton population is not immune to these health impacts. A completed Bolton Center Connectivity trail will assist in this community's sincere efforts to build a healthy community through systems, and environmental change to combat chronic disease such as these; making the healthy choice the easy choice.

Finally, this office wishes to underscore that this proposal is a clear example of the Town's efforts to develop and grow smartly to ensure that the health and safety of their residents is equitably protected and maintained through important planning decisions affecting their built and social environment. The Eastern Highlands Health District is committed to supporting the Town in these efforts.

Yours in Health,

Robert L. Miller, MPH, RS

Director of Health

## Robert L. Miller

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**From:** Robert L. Miller  
**Sent:** Monday, October 22, 2018 4:32 PM  
**To:** Eric Trott; Linda M. Painter; Janell M. Mullen; hsamokar@tolland.org; Jim Rupert; cathy.gudeahn@boltonct.org; 'Carson, Patrice' (patrice.carson@boltonct.org); jpaquin@tolland.org; Mike E. Nintean; jcallahan@coventryct.org; chodge@columbiact.org; pstahl@columbiact.org; buildingadmin@andoverct.org; Margaret DuPilka; eperko@willingtonct.org; James Rupert; mgardner@ashfordtownhall.org; Zaynering@yahoo.com; Suzanne Gluck  
**Cc:** EHHD-Sanitarrians; Millie C. Brosseau; scotlandselect1@yahoo.com; Matthew Cunningham (firstselectman@chaplinct.org); Joseph Higgins - Andover  
**Subject:** Cottage Food Businesses  
**Attachments:** COTTAGE\_FOOD\_MANUAL.PDF; PA 18-141 sec. 13+.docx

Greetings Area Town Planners, ZEO's, and Building Officials –

The purpose of this email is to notify you of a new law that recently came into effect on October 1, 2018. Public Act 18-141 (see attached) established legal provisions that set standards for storing, preparing, and cooking food for public sale in a private residential kitchen. These new standards are detailed in the attached document, "Cottage Food in Connecticut".

The new Cottage Food standards fall under the purview of the Connecticut Department of Consumer Protection, and not the Connecticut Public Health Code. We also recently received an interim determination from the CT DPH Environmental Engineering Program that waste water flow volumes generated from cottage food businesses would *not* trigger a septic system B100a compliance review by local public health.

What this all means is that *there is no review, approval, or operational inspection required from the Eastern Highlands Health District for any business operating within the parameters of the new Cottage Food law.*

To assure continued quality customer service moving forward, as always you and your staff are welcome to direct, or refer any questions on this matter to your local health district sanitarian, or the health district main office. Conversely, any inquires made to the health district will be instructed to check with town officials for local zoning and building requirements.

Please let me know if you have any questions.

Yours in Health,  
Rob

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



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: EHHD Staff  
From: Robert L. Miller, Director of Health   
Date: 10/30/2018  
Re: Invitation to Self-Identify: Race/Ethnicity; Veteran Status; Disability

---

Attached to this memo is a cover document, and additional supporting documents being distributed by the Town of Mansfield to all employees for their consideration. The health district supports this effort by the Town to reduce, and wherever possible, eliminate actual and apparent under-representation of minorities, women, older persons, and all persons of protected classes.

This initiative is completely voluntary. You are not required to respond. Not responding will have no impact on you.

# MEMORANDUM

Town of Mansfield  
Town Manager's Office  
4 So. Eagleville Rd., Mansfield, CT 06268  
860-429-3336 x5  
townmanager@mansfieldct.org



To: Town of Mansfield Staff

From: Joshua Putman, Assistant Town Manager

Date: October 29, 2018

Re: Invitation to Self-Identify: Race/Ethnicity; Veteran Status; Disability

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## Invitation to Self-Identify

As part of the Town's commitment to Affirmative Action and Equal Opportunity to reduce, and wherever possible, eliminate actual and apparent under-representation of minorities, women, older persons, and all persons of protected classes, the Town Manager's office is providing you an opportunity to self-identify.

The attached forms are completely voluntary and not completing them will have no impact on you.

## Attachments

- 1) Invitation to Self-Identify – Race/Ethnicity
- 2) Invitation to Self-Identify – Veteran Status
- 3) Invitation to Self-Identify - Disability

## Next Steps

If you choose to complete any of the invitations to self-identify, please return them to Audrey Conrad in the Town Manager's office by November 9, 2018. If you have any additional information, please feel free to contact Audrey at [ConradAB@mansfieldct.org](mailto:ConradAB@mansfieldct.org) or x.3380

## Frequently Asked Questions

- 1.) Why are we getting these forms?

In accordance with the Town's Affirmative Action Policy Rev. August 31, 2017, the Town complies with a variety of federal, and state laws, regulations and executive orders. We want to provide our employees the opportunity to self-identify.

- 2.) What happens if I choose not to complete these forms?

Nothing. The forms are completely voluntary.

- 3.) How will the information provided be used and who will have access.

The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those which require the information to be summarized and reported to the Federal Government for civil rights enforcement purposes.



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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**MEMORANDUM**

TO: Robert Burbank, Andover First Selectman  
William Rose, Chaplin First Selectman  
Mark Walter, Columbia Administrative Officer  
Daniel Syme, Scotland First Selectman  
Mike Zambo, Ashford First Selectman  
Joyce Stille, Bolton Administrative Officer  
John Elsesser, Coventry Town Manager  
Derrick Kennedy, Mansfield Town Manager  
Steven Werbner, Tolland Town Manager  
Erika Wiczenski, Willington First Selectman  
Mark Palmer, Coventry Police Chief  
Fire Chief, NCVFD  
Fire Chief, CVFD  
Tolland County Coordinator, BVFD  
Fran Raiola, Chief, MFD  
John Littell, Chief, TFD  
Fire Chief, Willington Hill FD  
Fire Chief, Willington # 1 FD  
Tolland County Dispatch Center (TN)  
Windham County Dispatch Center (WW)  
Quinebaug Valley Dispatch Center (QV)  
Adam Libros, Fire Marshal, Mansfield  
James McLoughlin, Emergency Management Director, Coventry  
Hans Rhynhart, UConn Director of Public Safety  
Suzanne Onorato, UConn Director of Student Health Services  
Resident Trooper, Tolland

Resident Trooper, Columbia  
Resident Trooper, Bolton  
Resident Trooper, Chaplin  
Resident Trooper, Mansfield  
Fire Chief, Chaplin  
Fire Chief, Columbia  
Fire Chief, Andover  
Fire Chief, Scotland  
Fire Chief, Ashford

FROM: Robert L. Miller, MPH, RS  
Director of Health

DATE: October 22, 2018  
*(Discard memo dated 4/27/2015 and note revisions.)*

RE: **Eastern Highlands Health District Emergency Contact Protocols - Updated**

CC: Dr. Kenneth Dardick, Medical Advisor  
Board of Directors  
Health District Staff

**PROCEDURES FOR EMERGENCY CALLS**

The director of health or a health district representative should be contacted and notified of any emergencies within the Towns we serve involving environmental pollution problems or any situations posing a significant or immediate threat to public health. Examples of such include but are not limited to:



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Eastern Highlands Health District  
Emergency Contact Protocols  
October 22, 2018  
Page 2

Fires, accidents, or hazardous material releases involving food establishments, schools, public buildings, or health care facilities; discharges of hazardous, regulated, biological waste or biological agents into air, water, or soil; any emergencies involving community water supplies and sewage disposal systems; and any accident or incident that may require communicable disease control and countermeasures implemented within the community.

Calls during normal business hours (Monday through Wednesday, 8:15 AM to 4:30 PM, Thursday, 8:15 AM to 6:30 PM, Friday, 8:00 AM to 12:00 PM) can be made directly to District Main Office at 860-429-3325. **During off-hours and unless otherwise notified, the following call down list shall be employed when requesting the Health District to respond to an incident:**

1. Robert L. Miller, Director of Health	Home	860-742-2348
	Cell	860-209-8990
2. Jeff Polhemus, Chief Sanitarian	Home	860-742-6073
	Cell	860-208-9943
3. Holly Hood, Sanitarian II	Home	860-646-2753
	Cell	860-377-3909
4. Glenn Bagdoian, Sanitarian II	Home	860-230-7366
	Cell	860-208-9942
5. Sherry McGann, Sanitarian II	Home	860-208-7192
	Cell	860-208-9940
6. Diane Collelo, Sanitarian I	Cell	860-208-9941

*PLEASE DO NOT PROVIDE ABOVE CONTACT INFORMATION TO GENERAL PUBLIC.*

The District will provide notification to the Town Managers, First Selectman's Office, and dispatch centers of each member Town for those times when the above call down list is temporarily modified due to sick, vacation, personal time, or due to staffing changes.

Finally, the Eastern Highlands Health District is dedicated to providing public health services to its member towns. Please do not hesitate to call us for any reason for which you feel may be a public health issue. If there are any questions regarding any of the above information please call the District Main Office at 860-429-3325, Monday through Wednesday, 8:15 AM to 4:30 PM, Thursday, 8:15 AM to 6:30 PM, Friday, 8:00 AM to 12:00 PM.

# News



**FOR IMMEDIATE RELEASE**  
December 3, 2018

Connecticut Department of Public Health  
Contact: Maura Downes (860) 509-7270

## ***STATEMENT FROM DPH COMMISSIONER PINO ON CONFIRMED CASE OF MENINGOCOCCAL MENINGITIS TYPE B IN ONE STUDENT AT CCSU***

HARTFORD – The following is a statement from Connecticut Department of Public Health Commissioner Dr. Raul Pino on the confirmation of a case of meningococcal meningitis in a student at Central Connecticut State University in New Britain, CT. For more information about meningococcal disease please visit the [Centers for Disease Control and Prevention \(CDC\) website](http://www.cdc.gov).

“We are working with CCSU officials and local health departments to investigate what thus far is a single case of meningitis in a CCSU student and to ensure that people who have come into close contact with the patient receive antibiotics as a precautionary measure. Our State Laboratory today confirmed that the student was infected with meningococcal meningitis, serogroup B.

This type of bacterial meningitis is not easily transmittable from person to person – it requires close contact over a period of time. Simply being on the same college campus or being in the same classroom as an infected individual does not increase the chances of becoming infected. Individuals who have come into close contact with this student either have been or will be contacted by CCSU or local health officials for appropriate follow up.

With vaccines now available to prevent meningococcal meningitis, this disease is now rare in the United States. The last case of this disease involving a college-aged student in Connecticut occurred in 2016. The meningococcal vaccine that many college students have received provides protection against four of the five types of the bacteria that cause meningococcal disease (serogroups A, C, W, and Y). A relatively new meningococcal vaccine that provides protection against the fifth type of the bacteria, serogroup B, the strain involved in this particular case, is now available and may have been received by some college students. This particular vaccine is recommended, but it is not yet required for college students.”

**\*\*\*END\*\*\***