

**CHAMPAIGN COUNTY BOARD**  
**COMMITTEE OF THE WHOLE**  
**Finance/ Policy, Personnel, & Appointments/Justice & Social Services Agenda**  
County of Champaign, Urbana, Illinois  
Tuesday, November 13, 2018 – 6:30 p.m.

---

Lyle Shields Meeting Room, Brookens Administrative Center,  
1776 East Washington Street, Urbana, Illinois

**Agenda Items**

**Page**

- I. Call To Order**
- II. Roll Call**
- III. Approval of Agenda/Addenda**
- IV. Approval of Minutes**
- A. Committee of the Whole - October 9, 2018 1-8
  - B. County Executive Transition Committee – November 1, 2018 9-10
- V. Public Participation**
- VI. Communications**
- VII. Justice & Social Services**
- A. Monthly Reports – All reports are available on each department’s webpage through the department reports page at: <http://www.co.champaign.il.us/CountyBoard/Reports.php>
    - 1. Animal Control – September 2018
    - 2. Emergency Management Agency – September & October 2018
    - 3. Head Start – September 2018
    - 4. Public Defender – September & October 2018
    - 5. Probation & Court Services – September 2018 & 3<sup>rd</sup> Quarter Statistical Report
    - 6. Veterans’ Assistance Commission – September 2018
  - B. Emergency Management Agency
    - 1. Request Approval of Application For, & If Awarded, Acceptance of Illinois Emergency Management Agency Performance Grant, Term 10/1/2018-12/31/2019 11-48
  - C. Other Business
  - D. Chair’s Report
  - E. Designation of Items to be Placed on the Consent Agenda
- VIII. Policy, Personnel, & Appointments**
- A. Presentation on Illinois State Association of Counties Membership
  - B. Appointments/Reappointments (*italicized name indicate incumbent*)
    - 1. Deputy Sheriff’s Merit Commission – Term 12/1/2018-11/30/2024 50
      - *Sami Anderson*
    - 2. Animal Control Administrator – Term 12/1/2018-11/30/2020 51-52
      - Applicant:
        - *Stephanie Joos*
    - 3. Public Aid Appeals Committee – Term 12/1/2018-11/30/2020 (R) 53-54
      - Applicant:
        - *James Rusk*

*Committee of the Whole Agenda*  
*Finance; Policy, Personnel, & Appointments; Justice & Social Services*  
*November 13, 2018*  
*Page 2*

---

|  |   |         |
|--|---|---------|
| 4.   | Senior Services Advisory Committee – Various Terms  | 55-64   |
|  | <ul style="list-style-type: none"> <li>• Sonja Vickers - Unexpired Term Ending 11/30/2020</li> <li>• Cynthia Bell – Unexpired Term Ending 11/30/2019</li> <li>• Jimmey Kaiser – Unexpired Term Ending 11/30/2019</li> <li>• Linda Hascall – Term 12/1/2018-11/30/2021</li> <li>• Tami Fruhling-Voges – Term 12/1/2018-11/30/2021</li> </ul> |         |
| 5.   | Zoning Board of Appeals – 3 Positions, Term 12/1/2018-11/30/2023  | 65-69   |
|  | Applicants:   |         |
|  | <ul style="list-style-type: none"> <li>• Theodore Hartke (Sidney Twp)</li> <li>• Marilyn Lee (S. Homer Twp)</li> <li>• Lawrence Wood (Newcomb Twp)</li> </ul>   |         |
| C. Sheriff   |   |         |
| 1.   | Request Evaluation of Crime Analyst Position by the Job Content Evaluation Committee  | 70      |
| D. County Board of Health                                  |   |         |
| 1.   | Request Approval of Revised Appendix A to Agreement Between the CUPHD and the County of Champaign and Champaign County Health Department for the Provision of Public Health of Public Health Services by CUPHD to the Champaign County Health Department  | 71-73   |
| 2.   | Request Approval of an Ordinance Amending Chapter 5 of the Health Ordinance of Champaign County for Retail Food Program Ordinance   | 74-108  |
| 3.   | Request Approval of Champaign County Public Health Department Retail Food Program Enforcement Policy  | 109-131 |
| E. County Clerk  |   |         |
| 1.   | October 2018 Report   | 132     |
| F. County Administrator                                    |   |         |
| 1.   | Administrative Services Monthly Report – October 2018   | 133-135 |
| G. Other Business  |   |         |
| 1.   | Resolution Supporting the Re-alignment of Region 2 (East Central) Economic Development Region and the Addition of Douglas County into Local Workforce Investment Area (LWIA) 17 Realignment of Local Workforce Innovation Area (LWIA) 17  | 136-138 |
| H. Chair’s Report  |   |         |
| 1.   | County Executive Appointments Expiring December 31, 2018: (Information Only)  |         |
|  | <ul style="list-style-type: none"> <li>• Champaign-Urbana Mass Transit District (2 Positions)</li> <li>• Mental Health Board (2 Positions)</li> </ul>   |         |
| I. Designation of Items to be Placed on the Consent Agenda |   |         |

**IX. Finance**

|    |  |     |
|----|--|-----|
| A. | Budget Amendments/Transfers  |     |
| 1. | Budget Amendment 18-00057  | 139 |
|    | Fund 091 Animal Control / Dept. 248 Animal Impound Services  |     |
|    | Increased Appropriations: \$8,700  |     |
|    | Increased Revenue: \$4,500   |     |
|    | Reason: Under Budgeted for Fee Reimbursement. The Fee is Collected from the Pet Owner and Reimbursed to the City. No Monies were Budgeted for 534.66 in FY2018. We Did Not Enter into a Contract until After the Budget Cycle. |     |

*Committee of the Whole Agenda*  
*Finance; Policy, Personnel, & Appointments; Justice & Social Services*  
*November 13, 2018*  
*Page 3*

---

- |    |   |         |
|----|---|---------|
| 2. | Budget Amendment 18-00060<br>Fund 075 Regional Planning Commission / Dept. 886 Garden Hills Energy Efficiency Initiative<br>Increased Appropriations: \$210,000<br>Increased Revenue: \$210,000<br>Reason: Door to Door Canvassing; Energy Efficiency Workshop & Kit Distribution; Home Efficiency Program; LED Front Yard Lighting   | 140-142 |
| 3. | Budget Amendment 18-00062<br>Fund General Corporate / Dept 036 Public Defender<br>Increased Appropriations: \$1,692<br>Increased Revenue: \$1,692<br>Reason: to Use Revenue from Sales of Assets for Other Equipment  | 143     |
| 4. | Budget Amendment 18-00063<br>Fund 476 Self-Funded Insurance / 118 Property/Liability Insurance<br>Increased Appropriations: \$381,000<br>Revenue: None: from Fund Balance<br>Reason: Payment of Claim Settlements & December Premium (FY2018)   | 144     |
| 5. | Budget Amendment 18-00064<br>Fund 476 Self-Funded Insurance / Dept. 119 Workers' Compensation Insurance<br>Increased Appropriations: \$125,000<br>Revenue: None: from Fund Balance<br>Reason: Payment of Claims for Remainder of FY2018   | 145     |
| 6. | Budget Amendment 18-00065<br>Fund 080 General Corporate / Dept. 041 State's Attorney<br>Increased Appropriations: \$65,000<br>Revenue: None: from Fund Balance<br>Reason: to Fund Litigation Efforts in the Carle Property Tax Case. These Appropriations will be used for Expert Witnesses, Case Data Trial Prep, and Related Costs. | 146     |
| 7. | Budget Amendment 18-00066<br>Fund 076 Tort Immunity Tax / Dept. 075 General County<br>Increased Appropriations: \$42,000<br>Revenue: None: from Fund Balance<br>Reason: for Increases in Workers' Compensation Rates Paid from the Tort Immunity Fund   | 147     |
| 8. | Budget Amendment 18-00067<br>Fund 080 General Corporate / Fund 040 Sheriff<br>Increased Appropriations: \$11,024<br>Increased Revenue: \$21,611<br>Reason: Additional Hours for Security for the Luke Bryan Farm Tour. Even with the Benefit Costs the Revenue Exceeded the Expenditure   | 148     |
| 9. | Budget Amendment 18-00068<br>Fund 080 General Corporate / Dept. 040 Sheriff<br>Increased Appropriations: \$58,083<br>Revenue: None: from Fund Balance<br>Reason: to Cover Wage Shortages Due to the Payment of Benefits Upon Termination of Employment by 13 Employees  | 149     |

B. Treasurer

1. Monthly Report – October 2018 – Reports are available on the Treasurer's Webpage at: <http://www.co.champaign.il.us/treasurer/Reports.php>
2. General Corporate Fund Cash Flow Report Presentation

*Committee of the Whole Agenda*  
*Finance; Policy, Personnel, & Appointments; Justice & Social Services*  
*November 13, 2018*  
*Page 4*

---

C. Auditor

1. Monthly Report – October 2018 – Reports are available on the Auditor’s Webpage at:  
<http://www.co.champaign.il.us/Auditor/countyboardreports.php>

D. Circuit Clerk

1. Request Approval of an Intergovernmental Agreement Between Champaign County, Illinois, the Champaign County Circuit Clerk, the Village of Mahomet, Illinois & the Mahomet Police Department for Electronic Citation Program Fees 150-157

E. State’s Attorney

1. Renewal of State’s Attorney’s Appellate Prosecutor Program FY2019 158-163

F. Information Technology

1. Recommendation for Award of Contract to DEVNET Inc. Pursuant to RFP 2018-003 for Integrated Property Tax Assessment, Extension & Collection System 164-165

G. County Administrator

1. FY2018 General Corporate Fund Budget Projection & Budget Change Reports (to be distributed)
2. Annual Budget & Appropriation Ordinance 166-185
3. Annual Tax Levy Ordinance 186-188
4. Resolution Forgiving Loans from the Champaign County General Corporate Fund to the Nursing Home Fund Authorized by Resolutions No. 9892 & No. 10097, Renewed by Resolution No. 10188 189
  - a. Budget Amendment 18-00061 190  
Fund 080 General Corporate / Dept. 075 General County  
Increased Appropriations: \$500,000  
Revenue: None; from Fund Balance  
Reason: To recognize bad debt pursuant to a resolution forgiving loans to the Champaign County Nursing Home Granted for the purpose of fulfilling employee payroll and vendor account obligations in 2017 by Resolution No.’s 9892 and 10097, Renewed by Resolution No. 10188.

H. Other Business

I. Chair’s Report

J. Designation of Items to be Placed on the Consent Agenda

**X. Other Business**

1. Motion (procedural) to have the Champaign County Board Chair inform the United Counties Council of Illinois (UCCI) of its interest in accepting, if offered, the proposal by the UCCI to pay for Champaign County’s annual National Association of Counties (NACo) fees.

**XI. Adjournment**

All meetings are at Brookens Administrative Center – 1776 E Washington Street in Urbana – unless otherwise noted. To enter Brookens after 4:30 p.m., enter at the north (rear) entrance located off Lierman Avenue. Champaign County will generally, upon request, provide appropriate aids and services leading to effective communication for qualified persons with disabilities.

Please contact Administrative Services, 217-384-3776, as soon as possible but no later than 48 hours before the scheduled meeting.

1 **CHAMPAIGN COUNTY BOARD**  
2 **COMMITTEE OF THE WHOLE MINUTES**  
3

---

4 **Finance; Policy, Personnel, & Appointments; Justice & Social Services**  
5 **Tuesday, October 9, 2018**  
6 **Lyle Shields Meeting Room**

7 **MEMBERS PRESENT:** Jack Anderson, John Clifford, Lorraine Cowart, Tracy Douglas,  
8 Jodi Eisenmann, Aaron Esry, Stephanie Fortado, Jim Goss, Jim  
9 McGuire, Kyle Patterson, Patti Petrie, Jon Rector, Giraldo  
10 Rosales, Chris Stohr, Stephen Summers, Pranjai Vachaspati, C.  
11 Pius Weibel

12  
13 **MEMBERS ABSENT:** Brad Clemmons, Stan Harper, Max Mitchell, James Quisenberry,  
14 James Tinsley

15  
16  
17 **OTHERS PRESENT:** Deb Busey (Interim County Administrator), Jeff Blue (County  
18 Engineer), John Farney (Treasurer), John Hall (Planning & Zoning  
19 Director), Gordy Hulten (County Clerk), Diane Michaels (Auditor),  
20 Tami Ogden (Deputy Administrator of Finance), Kay Rhodes  
21 (Administrative Assistant)

22  
23 **CALL TO ORDER**

24  
25 Chair Weibel called the meeting to order at 6:30 p.m.

26  
27 **ROLL CALL**

28  
29 Rhodes called the roll. Anderson, Clifford, Cowart, Eisenmann, Fortado, Goss, McGuire,  
30 Petrie, Rector, Rosales, Stohr, Summers, Vachaspati, and Weibel were present at the time of roll  
31 call, establishing the presence of a quorum. Douglas, Esry, and Patterson entered the meeting  
32 after roll call.

33  
34 **APPROVAL OF AGENDA/ADDENDA**

35  
36 **MOTION** by McGuire to approve the Agenda/Addenda; seconded by Goss. Weibel  
37 removed Finance item E5 from the agenda. **Motion carried with unanimous support.**

38  
39 **APPROVAL OF MINUTES**

40  
41 **OMNIBUS MOTION** by Rosales to approve the Legislative Budget Hearing minutes of  
42 the August 27, 2018 and August 28, 2018; as well as the September 11, 2018 Committee of the  
43 Whole minutes; seconded by Summers. **Motion carried with unanimous support.**

44  
45 **PUBLIC PARTICIPATION**

46  
47 There was no public participation.

48 **COMMUNICATIONS**

49  
50 Petrie thanked the Circuit Clerk staff, IT staff, and the volunteers who worked together on  
51 the 2018 Expungement and Record Sealing Summit held on October 6, 2018.  
52

53 **JUSTICE & SOCIAL SERVICES**

54 **Monthly Reports**

55  
56 The monthly reports were received and placed on file.  
57

58 **Sheriff**

59 **Justice Assistance Grant Agreement**

60  
61 **MOTION** by Rector to recommend County Board approval of a resolution authorizing  
62 an Intergovernmental Agreement with the City of Champaign, the City of Urbana, and  
63 Champaign County for the Edward Byrne Memorial Justice Assistance Grant (JAG) Program;  
64 seconded by Anderson.  
65

66 Weibel noted that per Sheriff Walsh the City of Urbana had declined to participate because  
67 the agreement conflicts with its Sanctuary City status, although the funding will go towards the  
68 community. **Motion carried with unanimous support.**  
69

70 **Other Business**

71  
72 There was no other business.  
73

74 **Chair's Report**

75  
76 McGuire attended the Re-entry Council meeting and they discussed the new re-entry  
77 program for 18-24 year olds organized through the Regional Planning Commission. McGuire  
78 reported that the Housing Authority Director, David Northern also attended this meeting and  
79 discussed how the HACC could assist with re-entry programs.  
80

81 **Designation of Items to be Placed on the Consent Agenda**

82  
83 Item C1 was designated for the Consent Agenda.  
84

85 **POLICY, PERSONNEL, & APPOINTMENTS**

86 **Appointments/Reappointments**

87  
88 **MOTION** by Weibel to recommend County Board approval of a resolution appointing  
89 Kyle Shartzter to the Rural Transit Advisory Group for an unexpired term ending 12/31/2019;  
90 seconded by Patterson. **Motion carried with unanimous support.**  
91

92 **MOTION** by Weibel to recommend County Board approval of a resolution appointing  
93 Breaden Belcher to the Lincoln Legacy Committee for an unexpired term ending 2/28/2019;  
94 seconded by Esry. Petrie questioned the differential between term ending dates of the

**Committee of the Whole**  
*Finance; Policy, Personnel, & Appointments; Justice & Social Services*  
*Tuesday, October 9, 2018*  
*Page 3*

---

95 appointments. Weibel would check on the term ending date for the Rural Transit Advisory Group.  
96 The appointment would not be placed on the Consent Agenda. **Motion carried with unanimous**  
97 **support.**

98  
99 County Clerk  
100 Report

101  
102 The September 2018 report was received and placed on file.

103  
104 County Administrator  
105 Report

106  
107 The September 2018 HR Report was received and placed on file.

108  
109 Job Content Evaluation Committee Recommendations

110  
111 **MOTION** by Esry to recommend approval of classification of the Planning & Zoning  
112 Planner position-Grade Range J to the Finance Committee; seconded by Clifford. **Motion carried**  
113 **with unanimous support.**

114  
115 **MOTION** by Petrie to recommend approval of title change and re-classification of the  
116 Highway Accountant position assigned to Grade Range H to Office Manager/Accountant  
117 assigned to Grade Range I to the Finance Committee; seconded by Stohr. **Motion carried with**  
118 **unanimous support.**

119  
120 Travel Policy Update

121  
122 Busey stated that two factors brought about the need for an update to the County's Travel  
123 Policy. She explained that Chair Weibel brought a request being made by the Airport Advisory  
124 Committee to all local businesses and public entities to make a commitment to fly local - utilizing  
125 CMI Willard Airport - when deemed economically feasible and appropriate.

126  
127 Secondly, statutory changes enacted by Public Act 099-0604 that became effective on  
128 January 1, 2017, had not been updated to the County's Travel Policy. The changes required to the  
129 travel policy enacted by Public Act 099-0604 focus primarily on the process for approval of travel  
130 for members of the County Board, and for any exceptions to the travel policy required to be  
131 approved for employees of the County.

132  
133 **MOTION** by Petrie to recommend County Board approval of an ordinance amending the  
134 Champaign County Travel Regulations; seconded by Goss. Petrie requested more specific  
135 language under Article VI Exceptions to Travel Regulations-A1. Busey agreed. **Motion carried**  
136 **with unanimous support.**

137  
138 Employee Recognition Event

139 Busey reviewed the recommendation for the 2018 Employee Recognition Event. The  
140 recommendation was developed in consultation with the County's elected officials and  
141 department heads, in order to engage all employees.

142 Other Business  
143 County Board Rules  
144

145 **MOTION** by Weibel to recommend County Board approval of a resolution establishing  
146 the County Board Rules, effective December 3, 2018; seconded by Stohr.  
147

148 Weibel explained that the updated rules are a result of the work of the County Executive  
149 Transition (CET) Committee. He noted that the CET would discuss the order of business and  
150 committee responsibilities at the next meeting and bring recommendations to the Committee of  
151 the Whole on November 13, 2018. In December, the new County Board will need to decide on  
152 the committee structure. Weibel added that the new County Board Rules would be presented for  
153 final adoption at the November County Board meeting.  
154

155 Rector requested a roll call vote and Petrie seconded the request. Anderson would not  
156 support the motion because the new County Board should approve and adopt the rules. Weibel  
157 pointed out that the new County Board could change the rules at any time with proper notification.  
158

159 Petrie had concerns about the structure for approval of appointments. Patterson suggested  
160 changing the title of County Board Chair to Speaker or County Board President. He felt  
161 maintaining the same title with different responsibilities could cause confusion moving forward.  
162 Weibel suggested that the new County Board could make that decision. Stohr agreed with  
163 Patterson.  
164

165 Vachaspati agreed with Anderson that the new County Board should adopt its own rules,  
166 however he believed it was important to have rules in place for the new County Board. Petrie  
167 asked if the County Executive candidates had provided any input regarding these rules. Weibel  
168 stated that each CET Committee meeting allowed for public participation.  
169

170 Patterson asked how the new County Board would conduct business if there were no rules  
171 in place. Anderson stated that the new County Board could follow the state statutes that are  
172 already in place until new rules are adopted by the new County Board. Weibel pointed out that  
173 the CET Committee modified and adapted the County Board Rules to follow the state statutes.  
174

175 Anderson reiterated that the state statutes governing counties were created to provide  
176 guidelines until rules and policies could be adopted. These rules and policies could be adopted at  
177 the organizational meeting. Petrie felt that the proposed rules could cause complications because  
178 they were not were not defined. Discussion followed regarding the necessity to have rules in place  
179 before the organizational meeting. Patterson asked for an opinion from the State's Attorney.  
180

181 Anderson called for a vote on the motion and for staff to seek an opinion from the State's  
182 Attorney office regarding the issue.  
183

184 **Motion failed 8-9 with a roll call vote.** Cowart, Douglas, Fortado, Patterson, Stohr,  
185 Summers, Vachaspati, and Weibel voted in favor of the motion. Anderson, Clifford, Eisenmann,  
186 Esry, Goss, McGuire, Petrie, Rector, and Rosales voted against it.  
187  
188



189 Membership in Statewide County Organizations

190  
191 Weibel explained that a new statewide county organization had been formed called the  
192 Illinois State Association of Counties. Anderson suggested that a representative from the ISAC  
193 attend a meeting of the Committee of the Whole to discuss the benefits of becoming a member of  
194 this organization. Weibel would arrange for a presentation at the November 13, 2018 meeting.

195  
196 County Board of Health/Revised Appendix A

197  
198 **MOTION** by Weibel to recommend County Board approval of revised Appendix A to  
199 Agreement between the CUPHD, the County of Champaign and Champaign County Health  
200 Department for provision of Public Health services by CUPHD to the County Health Department;  
201 seconded by Stohr.

202  
203 **MOTION** by Eisenmann to amend the Revised Appendix A by removing item D.;  
204 seconded by McGuire.

205  
206 Busey suggested that the Committee consider either forwarding the document to the  
207 County Board without recommendation or deferring the item until the next Committee of the  
208 Whole meeting instead of changing the document, which had already been approved by the  
209 County Board of Health. This would allow time to arrange for a representative from the County  
210 Board of Health to come and speak to the item and answer questions. Petrie, Patterson, and  
211 Fortado agreed with Busey.

212  
213 **Motion to amend the document failed with a roll call vote of 5-12.** Eisenmann, Esry,  
214 Goss, McGuire, and Rector voted in favor of the amendment; Anderson, Clifford, Cowart,  
215 Douglas, Fortado, Patterson, Petrie, Rosales, Stohr, Summers, Vachaspati, and Weibel voted  
216 against it.

217  
218 **MOTION** by McGuire to defer item until the November 13, 2018 Committee of the  
219 Whole meeting; seconded by Weibel. **Motion carried with unanimous support.**

220  
221 Chair's Report

222  
223 Rosales noted the County Board appointments expiring in November 30, 2018 were for  
224 the Public Aid Appeals Committee, Senior Services Advisory Committee, and Zoning Board of  
225 Appeals.

226  
227 Designation of Items to be Placed on the Consent Agenda

228  
229 Items A2 and C4 were designated for the Consent Agenda.

230  
231 **FINANCE**  
232 Budget Amendments/Transfers

233  
234 **MOTION** by Esry to recommend County Board approval of a resolution authorizing  
235 **Budget Transfer 18-00005** for Fund 080 General Corporate / Dept. 141 State's Attorney Support

**Committee of the Whole**  
*Finance; Policy, Personnel, & Appointments; Justice & Social Services*  
*Tuesday, October 9, 2018*  
*Page 6*

---

236 Enforcement for \$3,000 to pay for temporary contractor through Spherion; seconded by Petrie.  
237 **Motion carried with unanimous support.**

238  
239 **MOTION** by Patterson to recommend County Board approval of a resolution authorizing  
240 **Budget Amendment 18-00056** for Fund 619 Tax Sale Automation / Dept. 026 Treasurer with  
241 increased appropriations of \$2,338 and no matching revenue to cover salary for temporary  
242 assistance during tax collection; seconded by Goss. **Motion carried with unanimous support.**

243  
244 Treasurer  
245 Monthly Report

246  
247 The Treasurer's September 2018 monthly report was received and placed on file.

248  
249 General Corporate Fund Cash Flow Projection Presentation

250  
251 Farney announced that the Treasurer's office had collected 98.28% of taxes for the year.  
252 The Nursing Home Tax Anticipation Warrant has been satisfied utilizing funds from the  
253 September distribution. The September ending balance for the General Corporate Fund was \$7.8  
254 million. The projected Fund Balance for December is over \$6 million.

255  
256 Disbursement of Funds on Defaulted Contract

257  
258 **MOTION** by Goss to recommend County Board approval of a resolution authorizing the  
259 disbursement of funds on defaulted contract for mobile home tax sale, permanent parcel 30-064-  
260 0115; seconded by Petrie. **Motion carried with unanimous support.**

261  
262 Auditor  
263 Monthly Report

264  
265 The Auditor's September 2018 report was received and placed on file.

266  
267 County Clerk  
268 Cyber Navigator Program &  
269 HAVA Election Security Grant

270  
271 **MOTION** by Rector to recommend County Board approval of a resolution authorizing  
272 participation in Illinois State Board of Elections Cyber Navigator Program; seconded by Cowart.  
273 **Motion carried with unanimous support.**

274  
275 **MOTION** by Patterson to recommend County Board approval of a resolution authorizing  
276 a Grant Acceptance Agreement with Illinois State Board of Elections for Help America Vote Act  
277 (HAVA) Election Security Grant; seconded by Cowart.

278  
279 Hulten explained that the federal government made available (through additional HAVA  
280 distributions) to states, approximately \$13.9 million to the State of Illinois to be passed to local  
281 Election Authorities for increased Election Cyber Security. Initially, half of the \$13.9 million was  
282 to remain with the State Board of Elections for their Cyber Navigator Program with any remaining

283 portion of funds made available directly to Election Authorities, but only those who participated  
284 in the program.

285  
286 Last month, the State Board of Elections announced that \$2.9 million would be available  
287 between July 2018 (retroactively) and June 2020 to any participant in the Cyber Navigator  
288 Program. Each jurisdiction is eligible for \$10,000 with an additional allocation based on 2010  
289 voting age population. Champaign County is eligible for \$40,392 for upgrades to hardware,  
290 software or maintenance costs associated with Cyber Security. The newly elected County Clerk  
291 and County IT Director would work together to identify eligible items for this grant next year.

292  
293 Patterson asked if the eligible funds would cover the cost of the security upgrades. Hulten  
294 was confident in the current network security set-up as it relates to the voter registration system.  
295 Decisions regarding future network security needs will be made by the new County Clerk working  
296 in conjunction with the County IT Director. Fortado speculated that if the cost for security  
297 upgrades rose above the allotted grant funding that the County Clerk's Technology Fund could  
298 possibly assist with any costs beyond the funding. Hulten agreed that it was a possibility, but also  
299 a decision for the new County Clerk. **Motion carried with unanimous support.**

300  
301 County Administrator  
302 FY2018 General Corporate Fund Projection and Budget Change Reports

303  
304 Ogden noted that she had increased the revenue projection for Non-Business Licenses &  
305 Permits due to large commercial real estate market transactions resulting in increased Revenue  
306 Stamp revenue. This will also cause an increase in expenditures because the County must  
307 distribute 67% to the State. Sales tax revenues continue to reflect strong growth. Fees and Fines  
308 revenues continue to reflect improvement over the prior fiscal year-to-date revenues. The  
309 projected ending Fund Balance is \$5.4 million or 14.9%. Ogden reminded the committee that  
310 there are still outstanding loans to the nursing home due in December 2018, totaling \$500,000.  
311 If these loans are forgiven, the projected Fund Balance is \$4.9 million or 13.4%.

312  
313 FY2019 Tentative Budget

314  
315 **MOTION** by Goss to recommend County Board approval of a resolution to receive and  
316 place on file the FY2019 Tentative Budget; seconded by Esry. **Motion carried with unanimous**  
317 **support.**

318  
319 Job Content Evaluation Committee Recommendations

320  
321 **MOTION** by Esry to recommend County Board approval of a resolution amending the  
322 Schedule of Authorized Positions for the Planning & Zoning department; seconded by Petrie.  
323 **Motion carried with unanimous support.**

324  
325 **MOTION** by Stohr to recommend County Board approval of a resolution amending the  
326 Schedule of Authorized positions for the Highway department; seconded by Summers. **Motion**  
327 **carried with unanimous support.**

328  
329

330 Other Business

331

332           There was no other business.

333

334 Chair's Report

335

336           Fortado thanked County Board members Douglas, Mitchell, Petrie, Stohr, and Tinsley for  
337 their input during the budget process.

338

339 Designation of Items for the Consent Agenda

340

341           Items A1-2; B3; D1-2; E2-4 were designated for the Consent Agenda.

342

343 **OTHER BUSINESS**

344

345           There was no other business.

346

347 **ADJOURNMENT**

348

349           Chair Weibel adjourned the meeting at 8:17 p.m.

350

351           Respectfully submitted,

352

353

354           Kay Rhodes,

355           Administrative Assistant

356

*Please note the minutes reflect the order of the agenda and may not necessarily reflect the order of business conducted at the meeting.*

1 CHAMPAIGN COUNTY BOARD  
2 COMMITTEE MINUTES

---

3  
4 **COUNTY EXECUTIVE TRANSITION COMMITTEE**

5 **Thursday, November 1, 2018**

6 **Brookens Administrative Center, Jennifer K. Putman Meeting Room**  
7 **1776 E. Washington St., Urbana**

8  
9  
10 **MEMBERS PRESENT:** Jim McGuire, Kyle Patterson Steve Summers, C. Pius Weibel (Chair)

11  
12 **MEMBERS ABSENT:** Jim Goss

13  
14 **OTHERS PRESENT:** Deb Busey (County Administrator), Patti Petrie (County Board  
15 member), Tammy Asplund (Recording Secretary)

16  
17 **CALL TO ORDER**

18  
19 Weibel called the meeting to order at 4:35 p.m.

20  
21 **ROLL CALL**

22  
23 McGuire, Patterson, Summers, and Weibel were present at the time of roll call, establishing the  
24 presence of a quorum.

25  
26 **APPROVAL OF AGENDA/ADDENDUM**

27  
28 **MOTION** by Summers to approve the agenda; seconded by Patterson. **Motion carried with**  
29 **unanimous support.**

30  
31 **APPROVAL OF MINUTES**

32  
33 **MOTION** by Patterson to approve the June 18, 2018 minutes; seconded by Summers. **Motion**  
34 **carried with unanimous support.**

35  
36 **PUBLIC PARTICIPATION**

37  
38 Darlene Kloeppe suggested the removal of "prayer" from the agenda. She expressed concern  
39 regarding how the executive will get things on the agenda.

40  
41 **DISCUSSION & APPROVAL OF NEW CHAMPAIGN COUNTY BOARD RULES**

42  
43 Weibel indicated he reviewed all the proposed changes contained in the agenda packet with Barb  
44 Mann in the State's Attorney's office.

45  
46 **Order of Business for County Board, Committee of the Whole, & Standing Committee Meetings**

48 Weibel reviewed the proposed changes, which include changing the word “chair” to “presiding  
49 officer”, and the addition of “Proclamations” and “Veto Announcements” to the agenda. He noted the  
50 inclusion of prayer is a tradition, and the next County Board may change it, if they are so inclined.  
51

52 Committee Roles & Responsibilities

53  
54 Weibel reviewed the proposed changes to the various standing committees, with respect to the  
55 roles and responsibilities of each. The committee suggested “drafts rules and regulations for  
56 subdivisions” should be changed to “reviews and recommends regulations for subdivisions” for the  
57 ELUC committee. Weibel will review this with John Hall.  
58

59 Committee Structure

60  
61 Weibel reviewed Options A, B, and C regarding committee structure, noting the language change  
62 from County “Administrator” to County “Executive”. The committee recommended the addition of “Old  
63 Business” to the agendas to address Veto items. Weibel will bring these changes to Donna Davis in the  
64 State’s Attorney’s office next week for final review.  
65

66 **MOTION** by McGuire to approve the all the proposed changes, with the amendment of the  
67 change from “deputy chair” to “committee chair”; seconded by Patterson. **Motion carried with**  
68 **unanimous support.**  
69

70  
71 **OTHER BUSINESS**

72  
73 There was no other business.  
74

75 **ADJOURNMENT**

76  
77 The meeting adjourned at 5:02 p.m.  
78

79 Respectfully submitted,  
80

81  
82 Tammy Asplund,  
83 Recording Secretary



**SHERIFF DAN WALSH  
CHAMPAIGN COUNTY SHERIFF'S OFFICE**

---

204 E. Main Street  
Urbana, Illinois 61801-2702  
(217) 384-1204

**Coordinator John  
Dwyer  
Champaign Co EMA  
1905 E. Main St.  
Urbana, Illinois 61802  
(217)-384-3826**

To: Justice Committee

From: John Dwyer, Coordinator

Subject: Emergency Management Assistance (EMA) Grant

Date: November 6, 2018

EMA is requesting the approval to accept when awarded our annual Emergency Management Assistance grant as attached. This grant is to offset the administrative costs for the County EMA program. This grant has been applied for and awarded since the 2002. This year's grant is for a 15 month period in order for the grant to move to a new fiscal year cycle over the next two-three years.

We normally receive funds in the amount of \$53,000 per year, but this grant will be for approximately \$66,250 since it covers 15 months. The grant application shows more the \$66,250 just in case there is a reallocation of grant funds. Funds will cover salaries. Matching funds are in-kind match; they aren't any additional costs to the county. We will advise the committee when we know the exact grant amount.

**CHAMPAIGN COUNTY  
APPLICATION FORM FOR  
GRANT CONSIDERATION, ACCEPTANCE, RENEWAL/EXTENSION**

Department: Champaign County Sheriff's Office (Champaign Co EMA)  
Grant Funding Agency: Illinois Emergency Management Agency (IEMA)  
Amount of Grant: \$66,250 est.  
Begin/End Dates for Grant Period: Oct 1, 2018-Dec 31, 2019  
Additional Staffing to be Provided by Grant: none  
Application Deadline: Nov 15, 2018  
Parent Committee Approval of Application: Justice  
Is this a new grant, or renewal or extension of an existing grant? renewal  
If renewal of existing grant, date grant was first obtained: 2002

Will the implementation of this grant have an effect of increased work loads for other departments? (i.e. increased caseloads, filings, etc.)  Yes  No

If yes, please summarize the anticipated impact:

Does the implementation of this grant require additional office space for your department that is not provided by the grant?  Yes  No

If yes, please summarize the anticipated space need:

Please check the following condition which applies to this grant application:

- The activity or service provided can be terminated in the event the grant revenues are discontinued.
- The activity should, or could be, assumed by County (or specific fund) general and recurring operating funds.

Departments are encouraged to seek additional sources or revenue to support the services prior to expiration of grant funding.

This Grant Application Form must be accompanied by a Financial Impact Statement. (See back of form)

All staff positions supported by these grant funds will exist only for the term award of grant, unless specific action is taken by the County Board to extend the position.

DATE: Nov. 6, 2018 SIGNED: Sheriff Dan Walsh  
Department Head

\*\*\*\*\*

**Application for & Acceptance of Grant Approval:**

Approved by Finance Committee: \_\_\_\_\_  
Approved by County Board: \_\_\_\_\_  
Approved by Grant Executive Committee: \_\_\_\_\_



**COUNTY OF CHAMPAIGN**

**FINANCIAL IMPACT STATEMENT**

*(To accompany Grant Applications or Appropriate Resolutions/Ordinances)*

**Current Year Annual Expenditure Estimate:**

|                     |                  |              |                |
|---------------------|------------------|--------------|----------------|
| Number of Positions | <u>2</u>         | Personnel \$ | <u>131,878</u> |
| Commodities:        | <u>\$ 12,826</u> |              |                |
| Contractual:        | <u>\$ 20,500</u> |              |                |
| Capital:            | <u>\$ 0</u>      |              |                |

**Long Term Expenditure Estimate:**

\$165,204

**Current Year Annual Revenue Estimate:**

\$60,224

**Long Term Revenue Estimate:**

\$72,000

**Approved by Finance Committee:**

**Date:** \_\_\_\_\_

**Approved by County Board:**

**Date:** \_\_\_\_\_

**EMERGENCY MANAGEMENT ASSISTANCE (EMA) GRANT PROGRAM  
FFY 2019 GRANT PROGRAM APPLICATION**

Contact [iema.grants@illinois.gov](mailto:iema.grants@illinois.gov) for programmatic and technical support.

|  |   |
|--|---|
| Name of the Awarding State Agency:                   | Illinois Emergency Management Agency (IEMA) |
| Catalog of State Financial Assistance (CSFA) Number: | 558-00-0450                                 |
| CSFA Title:  | Emergency Management Performance Grants     |
| CFDA Number:   | 97.042                                      |
| CFDA Title:  | Emergency Management Performance Grants     |
| Funding Opportunity Number:                          | DHS-19-GPD-042-05-01                        |
| Funding Opportunity Title:                           | Emergency Management Performance Grant      |
| Funding Opportunity Program Field:                   | (EMPG)                                      |
| Competition Identification Number:                   | n/a   |
| Competition Identification Title:                    | n/a   |
| Grant Program Local Match Percentage:                | 50.00%                                      |
| <b>APPLICATION SUMMARY</b>                           |   |
| Subrecipient:  | Champaign County                            |
| Project 100% Amount:                                 | \$ 185,601.75                               |
| Required Minimum Match:                              | \$ 92,800.88                                |
| Maximum Allowable Federal Share:                     | \$ 92,800.87                                |
|  |   |

## SUBRECIPIENT INFORMATION

|   |                            |                        |                                       |      |        |
|---|----------------------------|------------------------|---------------------------------------|------|--------|
| Subrecipient:                                       |                            | Champaign County       |                                       |      |        |
| Employer/Taxpayer Identification Number (EIN, TIN): |                            | 376006910              |                                       |      |        |
| Data Universal Number System (DUNS) Number:         |                            | 961922478              |                                       |      |        |
| Cage Code:  |                            | 5XNA5                  |                                       |      |        |
| SAM Expiration Date:                                |                            | 03/19/2019             | MM/DD/YYYY (Must be older than today) |      |        |
| IEMA Region #:                                      |                            | 7                      |                                       |      |        |
| BUSINESS ADDRESS                                    |                            |                        |                                       |      |        |
| Street:   |                            | 1905 E. Main St.       |                                       |      |        |
| City:   |                            | Urbana                 |                                       |      |        |
| State:  |                            | IL                     |                                       |      |        |
| County:   |                            | Champaign              |                                       |      |        |
| ZIP+4:  |                            | 618027693              |                                       |      |        |
| GRANT POINT OF CONTACT                              |                            |                        |                                       |      |        |
| First Name:   |                            | John                   | Last Name:                            |      | Dwyer  |
| Street Address:                                     |                            | 1905 E. Main St.       |                                       |      |        |
| City:   |                            | Urbana                 |                                       |      |        |
| County:   | Champaign                  | State:                 | IL                                    | ZIP: | 61802  |
| Email:  | jdwyer@co.champaign.il.us  | Phone:                 | (217) 384-3826                        |      |        |
| CHIEF ELECTED OFFICAL / ADMINISTRATOR               |                            |                        |                                       |      |        |
| First Name:   |                            | C. Pius                | Last Name:                            |      | Weibel |
| Title:  |                            | Chair, County Board    |                                       |      |        |
| Street Address:                                     |                            | 1776 E. Washington St. |                                       |      |        |
| City:   |                            | Urbana                 |                                       |      |        |
| County:   | Champaign                  | State:                 | IL                                    | ZIP: | 61802  |
| Email:  | cweibel@co.champaign.il.us | Phone:                 | (217) 384-3776                        |      |        |

## BUDGET SUMMARY

| BUDGET CATEGORY                            | TOTAL                |
|--|----------------------|
| 1. Personnel (200.430)                     | \$ 159,582.94        |
| 2. Fringe Benefits (200.431)               | \$ 26,018.81         |
| 3. Travel (200.474)                        |                      |
| 4. Equipment (200.439)                     |                      |
| 5. Supplies (200.94)                       |                      |
| 6. Contractual/Subawards (200.318 and .92) |                      |
| 7. Consultant (200.459)                    |                      |
| 8. Construction                            | \$ 0.00              |
| 9. Occupancy (200.465)                     |                      |
| 10. Research and Development (200.87)      | \$ 0.00              |
| 11. Telecommunications                     |                      |
| 12. Training and Education (200.472)       | \$ 0.00              |
| 13. Direct Administrative Costs (200.413)  | \$ 0.00              |
| 14. Miscellaneous Costs                    | \$ 0.00              |
| 15. Grant Exclusive Line Item(s)           | \$ 0.00              |
| 16. Total Direct Costs (add lines 1-15)    | \$ 185,601.75        |
| 17. Total Indirect Costs (200.414)         |                      |
| <b>TOTAL PROJECT COSTS</b>                 | <b>\$ 185,601.75</b> |

## PERSONNEL

|   |   |
|---|---|
| Enter the number of people on GRANT PROGRAM staff for which reimbursement is being requested: | 2 |
|---|---|

|   |       |
|---|-------|
| Enter the standard work week in hours for your organization:<br>(STANDARD WORK WEEK means a 35-40 hour work week) | 37.50 |
|---|-------|

| LINE# | TITLE              | NAME       | GRANT PROGRAM % of Salary | Total Annual Salary from local government | Annual Salary for GRANT PROGRAM Only |
|-------|--------------------|------------|---------------------------|---|--------------------------------------|
| 1.    | Coordinator        | John Dwyer | 100.00%                   | \$ 86,619.38                              | \$ 86,619.38                         |
| 2.    | Deputy Coordinator | Bill James | 90.00%                    | \$ 81,070.62                              | \$ 72,963.56                         |
| 3.    |                    |            | 0.00%                     |   | \$ 0.00                              |
| 4.    |                    |            | 0.00%                     |   | \$ 0.00                              |
| 5.    |                    |            | 0.00%                     |   | \$ 0.00                              |
| 6.    |                    |            | 0.00%                     |   | \$ 0.00                              |
| 7.    |                    |            | 0.00%                     |   | \$ 0.00                              |
| 8.    |                    |            | 0.00%                     |   | \$ 0.00                              |
| 9.    |                    |            | 0.00%                     |   | \$ 0.00                              |
| 10.   |                    |            | 0.00%                     |   | \$ 0.00                              |
| 11.   |                    |            | 0.00%                     |   | \$ 0.00                              |
| 12.   |                    |            | 0.00%                     |   | \$ 0.00                              |
| 13.   |                    |            | 0.00%                     |   | \$ 0.00                              |
| 14.   |                    |            | 0.00%                     |   | \$ 0.00                              |

Continued on next page...

**PERSONNEL – Continued**

| LINE#  | TITLE | NAME | GRANT PROGRAM % of Salary | Total Annual Salary from local government | Annual Salary for GRANT PROGRAM Only |
|--|-------|------|---------------------------|---|--------------------------------------|
| 15.  |       |      | 0.00%                     |   | \$ 0.00                              |
| 16.  |       |      | 0.00%                     |   | \$ 0.00                              |
| 17.  |       |      | 0.00%                     |   |                                      |
| 18.  |       |      | 0.00%                     |   |                                      |
| 19.  |       |      | 0.00%                     |   |                                      |
| 20.  |       |      | 0.00%                     |   |                                      |
| 21.  |       |      | 0.00%                     |   |                                      |
| 22.  |       |      | 0.00%                     |   |                                      |
| 23.  |       |      | 0.00%                     |   |                                      |
| 24.  |       |      | 0.00%                     |   |                                      |
| 25.  |       |      | 0.00%                     |   |                                      |
| <b>TOTAL SALARIES FOR GRANT PROGRAM WORK ONLY:</b> |       |      |                           |   | <b>\$ 159,582.94</b>                 |

**PERSONNEL – Continued**

|  |     |
|--|-----|
| Do any of the Grant Program employees listed on the previous page divide their work between this GRANT PROGRAM and another GRANT PROGRAM, department in the county, or municipal government? | Yes |
|--|-----|

If the answer is YES, list the job title, name, and department or grant worked for, percentage of time worked for other department or grant, and annual salary in that job in the follow section:

| NON-GRANT PROGRAM OR OTHER DEPARTMENT WORK |                    |            |                                     |  |  |
|--|--------------------|------------|-------------------------------------|--|--|
| LINE#                                      | TITLE              | NAME       | Name of "Other Department" or Grant | % OF TIME WORKED FOR "Other Department" OR GRANT | ANNUAL SALARY FOR WORK FROM "Other Department" |
| 1.   | Deputy Coordinator | Bill James | HMEP                                | 10.00%   | \$ 8,107.06                                    |
| 2.   |                    |            |                                     | 0.00%  |  |
| 3.   |                    |            |                                     | 0.00%  |  |
| 4.   |                    |            |                                     | 0.00%  |  |
| 5.   |                    |            |                                     | 0.00%  |  |
| 6.   |                    |            |                                     | 0.00%  |  |
| 7.   |                    |            |                                     | 0.00%  |  |
| 8.   |                    |            |                                     | 0.00%  |  |
| 9.   |                    |            |                                     | 0.00%  |  |
| 10.  |                    |            |                                     | 0.00%  |  |
| 11.  |                    |            |                                     | 0.00%  |  |
| 12.  |                    |            |                                     | 0.00%  |  |
| 13.  |                    |            |                                     | 0.00%  |  |
| 14.  |                    |            |                                     | 0.00%  |  |
| 15.  |                    |            |                                     | 0.00%  |  |
| 16.  |                    |            |                                     | 0.00%  |  |
| 17.  |                    |            |                                     | 0.00%  |  |
| 18.  |                    |            |                                     | 0.00%  |  |
| 19.  |                    |            |                                     | 0.00%  |  |
| 20.  |                    |            |                                     | 0.00%  |  |
| 21.  |                    |            |                                     | 0.00%  |  |
| 22.  |                    |            |                                     | 0.00%  |  |
| 23.  |                    |            |                                     | 0.00%  |  |
| 24.  |                    |            |                                     | 0.00%  |  |
| 25.  |                    |            |                                     | 0.00%  |  |

## FRINGE BENEFITS

|  |
|--|
| <b>Fringe Benefits Narrative:</b><br><br>Social Security and Medicare - 7.65%<br>IMRF - 5.92%<br>Worker's Compensation - 1.00%<br>Unemployment - 2.41%<br>Total of Gross Pay - 16.98%<br><br>Life Insurance - \$2.60<br>Total Dollar amount per pay - \$2.60 |
|--|

| LINE# | NAME       | % of Gross Paycheck | Total Annual Salary | And or | Dollar Amount | Annual # of Pay Periods | A Gross Benefit Annual Total | B GRANT PROGRAM % of Salary | A X B        |
|-------|------------|---------------------|---------------------|--------|---------------|-------------------------|------------------------------|-----------------------------|--------------|
| 1.    | John Dwyer | 16.98%              | \$ 86,619.38        | And or | \$ 2.60       | 33                      | \$ 14,792.47                 | 100.00%                     | \$ 14,792.47 |
| 2.    | Bill James | 16.98%              | \$ 72,963.56        | And or | \$ 2.60       | 33                      | \$ 12,473.71                 | 90.00%                      | \$ 11,226.34 |
| 3.    |            | 0.00%               |                     | And or |               |                         | \$ 0.00                      | 0.00%                       | \$ 0.00      |
| 4.    |            | 0.00%               |                     | And or |               |                         | \$ 0.00                      | 0.00%                       | \$ 0.00      |
| 5.    |            | 0.00%               |                     | And or |               |                         | \$ 0.00                      | 0.00%                       | \$ 0.00      |
| 6.    |            | 0.00%               |                     | And or |               |                         | \$ 0.00                      | 0.00%                       | \$ 0.00      |
| 7.    |            | 0.00%               |                     | And or |               |                         | \$ 0.00                      | 0.00%                       | \$ 0.00      |
| 8.    |            | 0.00%               |                     | And or |               |                         |                              | 0.00%                       |              |
| 9.    |            | 0.00%               |                     | And or |               |                         |                              | 0.00%                       |              |
| 10.   |            | 0.00%               |                     | And or |               |                         |                              | 0.00%                       |              |
| 11.   |            | 0.00%               |                     | And or |               |                         |                              | 0.00%                       |              |
| 12.   |            | 0.00%               |                     | And or |               |                         |                              | 0.00%                       |              |
| 13.   |            | 0.00%               |                     | And or |               |                         |                              | 0.00%                       |              |
| 14.   |            | 0.00%               |                     | And or |               |                         |                              | 0.00%                       |              |

Continued on next page...



**FRINGE BENEFITS - Continued**

| LINE#  | NAME | % of Gross Paycheck | Total Annual Salary | And or | Dollar Amount | Annual # of Pay Periods | A Gross Benefit Annual Total | B GRANT PROGRAM % of Salary | A X B |
|--|------|---------------------|---------------------|--------|---------------|-------------------------|------------------------------|-----------------------------|-------|
| 15.  |      | 0.00%               |                     | And or |               |                         |                              | 0.00%                       |       |
| 16.  |      | 0.00%               |                     | And or |               |                         |                              | 0.00%                       |       |
| 17.  |      | 0.00%               |                     | And or |               |                         |                              | 0.00%                       |       |
| 18.  |      | 0.00%               |                     | And or |               |                         |                              | 0.00%                       |       |
| 19.  |      | 0.00%               |                     | And or |               |                         |                              | 0.00%                       |       |
| 20.  |      | 0.00%               |                     | And or |               |                         |                              | 0.00%                       |       |
| 21.  |      | 0.00%               |                     | And or |               |                         |                              | 0.00%                       |       |
| 22.  |      | 0.00%               |                     | And or |               |                         |                              | 0.00%                       |       |
| 23.  |      | 0.00%               |                     | And or |               |                         |                              | 0.00%                       |       |
| 24.  |      | 0.00%               |                     | And or |               |                         |                              | 0.00%                       |       |
| 25.  |      | 0.00%               |                     | And or |               |                         |                              | 0.00%                       |       |
| <b>TOTAL BENEFITS FOR GRANT PROGRAM WORK</b> |      |                     |                     |        |               |                         |                              | <b>\$ 26,018.81</b>         |       |

## TRAVEL

|   |                                  |
|---|----------------------------------|
| <b>Local Government Has No Travel Regulations</b><br>- If this is the case, you will be covered by current state of Illinois travel regulations.<br><a href="#">State Travel Board site link</a>  | <input type="radio"/>            |
| <b>Local Government Has Travel Regulations</b><br>- If this is the case, upload a current copy of your local travel regulations to your grant site.<br><a href="#">IEMA Grants Portal link</a><br>Failure to do so will cause the application to be ineligible for travel reimbursement | <input checked="" type="radio"/> |

|   |          |
|---|----------|
| If you chose Local Government Has Travel Regulations, complete the boxes below: |          |
| Local Mileage (cents per mile)  | \$ 0.55  |
| Meals and/or per diem   | \$ 51.00 |
| Lodging Allowance   | \$ 93.00 |

|  |    |
|--|----|
| Is any of the travel requested out of the state of Illinois? | No |
| If the answer is yes, please click on the links below:       |    |
| <a href="#">Out-of-State Travel Request User Guide</a>       |    |
| <a href="#">Out-of-State Travel Request Form</a>             |    |

| LINE #                        | TRAVEL ACTIVITY | AMOUNT  |
|-------------------------------|-----------------|---------|
| 1.                            |                 | \$ 0.00 |
| 2.                            |                 | \$ 0.00 |
| 3.                            |                 | \$ 0.00 |
| 4.                            |                 | \$ 0.00 |
| 5.                            |                 | \$ 0.00 |
| 6.                            |                 | \$ 0.00 |
| 7.                            |                 | \$ 0.00 |
| 8.                            |                 | \$ 0.00 |
| 9.                            |                 | \$ 0.00 |
| 10.                           |                 | \$ 0.00 |
| 11.                           |                 | \$ 0.00 |
| 12.                           |                 | \$ 0.00 |
| 13.                           |                 | \$ 0.00 |
| 14.                           |                 | \$ 0.00 |
| 15.                           |                 | \$ 0.00 |
| <b>TOTAL TRAVEL EXPENSES:</b> |                 |         |

# EQUIPMENT

| LINE # | AEL | DESCRIPTION | QTY | UNIT PRICE | TOTAL | EHP | NARRATIVE |
|--------|-----|-------------|-----|------------|-------|-----|-----------|
| 1.     |     |             |     |            |       | No  |           |
| 2.     |     |             |     |            |       | No  |           |
| 3.     |     |             |     |            |       | No  |           |
| 4.     |     |             |     |            |       | No  |           |
| 5.     |     |             |     |            |       | No  |           |
| 6.     |     |             |     |            |       | No  |           |
| 7.     |     |             |     |            |       | No  |           |
| 8.     |     |             |     |            |       | No  |           |
| 9.     |     |             |     |            |       | No  |           |
| 10.    |     |             |     |            |       | No  |           |
| 11.    |     |             |     |            |       | No  |           |
| 12.    |     |             |     |            |       | No  |           |
| 13.    |     |             |     |            |       | No  |           |
| 14.    |     |             |     |            |       | No  |           |
| 15.    |     |             |     |            |       | No  |           |

Continued on next page...

**EQUIPMENT - Continued**

| LINE #                 | AEL | DESCRIPTION | QTY | UNIT PRICE | TOTAL | EHP | NARRATIVE |
|------------------------|-----|-------------|-----|------------|-------|-----|-----------|
| 16.                    |     |             |     |            |       | No  |           |
| 17.                    |     |             |     |            |       | No  |           |
| 18.                    |     |             |     |            |       | No  |           |
| 19.                    |     |             |     |            |       | No  |           |
| 20.                    |     |             |     |            |       | No  |           |
| 21.                    |     |             |     |            |       | No  |           |
| 22.                    |     |             |     |            |       | No  |           |
| 23.                    |     |             |     |            |       | No  |           |
| 24.                    |     |             |     |            |       | No  |           |
| 25.                    |     |             |     |            |       | No  |           |
| 26.                    |     |             |     |            |       | No  |           |
| 27.                    |     |             |     |            |       | No  |           |
| 28.                    |     |             |     |            |       | No  |           |
| 29.                    |     |             |     |            |       | No  |           |
| 30.                    |     |             |     |            |       | No  |           |
| 31.                    |     |             |     |            |       | No  |           |
| 32.                    |     |             |     |            |       | No  |           |
| 33.                    |     |             |     |            |       | No  |           |
| 34.                    |     |             |     |            |       | No  |           |
| 35.                    |     |             |     |            |       | No  |           |
| 36.                    |     |             |     |            |       | No  |           |
| 37.                    |     |             |     |            |       | No  |           |
| 38.                    |     |             |     |            |       | No  |           |
| 39.                    |     |             |     |            |       | No  |           |
| 40.                    |     |             |     |            |       | No  |           |
| 41.                    |     |             |     |            |       | No  |           |
| 42.                    |     |             |     |            |       | No  |           |
| 43.                    |     |             |     |            |       | No  |           |
| 44.                    |     |             |     |            |       | No  |           |
| 45.                    |     |             |     |            |       | No  |           |
| <b>Total Equipment</b> |     |             |     |            |       |     |           |

# SUPPLIES

| LINE # | ITEM | QTY | COST PER ITEM | SUPPLIES COST |
|--------|------|-----|---------------|---------------|
| 1.     |      |     |               |               |
| 2.     |      |     |               |               |
| 3.     |      |     |               |               |
| 4.     |      |     |               |               |
| 5.     |      |     |               |               |
| 6.     |      |     |               |               |
| 7.     |      |     |               |               |
| 8.     |      |     |               |               |
| 9.     |      |     |               |               |
| 10.    |      |     |               |               |
| 11.    |      |     |               |               |
| 12.    |      |     |               |               |
| 13.    |      |     |               |               |
| 14.    |      |     |               |               |
| 15.    |      |     |               |               |

Continued on next page...

**SUPPLIES - continued**

| LINE #                | ITEM | QTY | COST PER ITEM | SUPPLIES COST |
|-----------------------|------|-----|---------------|---------------|
| 16.                   |      |     |               |               |
| 17.                   |      |     |               |               |
| 18.                   |      |     |               |               |
| 19.                   |      |     |               |               |
| 20.                   |      |     |               |               |
| 21.                   |      |     |               |               |
| 22.                   |      |     |               |               |
| 23.                   |      |     |               |               |
| 24.                   |      |     |               |               |
| 25.                   |      |     |               |               |
| 26.                   |      |     |               |               |
| 27.                   |      |     |               |               |
| 28.                   |      |     |               |               |
| 29.                   |      |     |               |               |
| 30.                   |      |     |               |               |
| 31.                   |      |     |               |               |
| 32.                   |      |     |               |               |
| 33.                   |      |     |               |               |
| 34.                   |      |     |               |               |
| 35.                   |      |     |               |               |
| 36.                   |      |     |               |               |
| 37.                   |      |     |               |               |
| 38.                   |      |     |               |               |
| 39.                   |      |     |               |               |
| 40.                   |      |     |               |               |
| 41.                   |      |     |               |               |
| 42.                   |      |     |               |               |
| 43.                   |      |     |               |               |
| 44.                   |      |     |               |               |
| 45.                   |      |     |               |               |
| <b>TOTAL SUPPLIES</b> |      |     |               |               |

## CONTRACTUAL / SUBAWARDS

| LINE # | ITEM | CONTRACTUAL SERVICES |
|--------|------|----------------------|
| 1.     |      | \$ 0.00              |
| 2.     |      | \$ 0.00              |
| 3.     |      | \$ 0.00              |
| 4.     |      | \$ 0.00              |
| 5.     |      | \$ 0.00              |
| 6.     |      | \$ 0.00              |
| 7.     |      | \$ 0.00              |
| 8.     |      | \$ 0.00              |
| 9.     |      | \$ 0.00              |
| 10.    |      | \$ 0.00              |
| 11.    |      | \$ 0.00              |
| 12.    |      | \$ 0.00              |
| 13.    |      | \$ 0.00              |
| 14.    |      | \$ 0.00              |
| 15.    |      | \$ 0.00              |
| 16.    |      | \$ 0.00              |
| 17.    |      | \$ 0.00              |
| 18.    |      | \$ 0.00              |
| 19.    |      | \$ 0.00              |
| 20.    |      | \$ 0.00              |
| 21.    |      | \$ 0.00              |
| 22.    |      | \$ 0.00              |
| 23.    |      | \$ 0.00              |
| 24.    |      | \$ 0.00              |
| 25.    |      | \$ 0.00              |

Continued on next page...

**Contractual / Subawards - continued**

| LINE #                            | ITEM | CONTRACTUAL SERVICES |
|-----------------------------------|------|----------------------|
| 26.                               |      | \$ 0.00              |
| 27.                               |      | \$ 0.00              |
| 28.                               |      | \$ 0.00              |
| 29.                               |      | \$ 0.00              |
| 30.                               |      | \$ 0.00              |
| 31.                               |      | \$ 0.00              |
| 32.                               |      | \$ 0.00              |
| 33.                               |      | \$ 0.00              |
| 34.                               |      | \$ 0.00              |
| 35.                               |      | \$ 0.00              |
| 36.                               |      | \$ 0.00              |
| 37.                               |      | \$ 0.00              |
| 38.                               |      | \$ 0.00              |
| 39.                               |      | \$ 0.00              |
| 40.                               |      | \$ 0.00              |
| 41.                               |      | \$ 0.00              |
| 42.                               |      | \$ 0.00              |
| 43.                               |      | \$ 0.00              |
| 44.                               |      | \$ 0.00              |
| 45.                               |      | \$ 0.00              |
| 46.                               |      | \$ 0.00              |
| 47.                               |      | \$ 0.00              |
| 48.                               |      | \$ 0.00              |
| 49.                               |      | \$ 0.00              |
| 50.                               |      | \$ 0.00              |
| <b>TOTAL CONTRACTUAL SERVICES</b> |      |                      |



## CONSULTANT

**Consultant Services (Fees):** For each consultant enter the name, if known, service to be provided, hourly or daily fee (8-hour day), and estimated time on the project.

| LINE #                                  | CONSULTANT SERVICES (FEES) | SERVICES PROVIDED | FEE | BASIS | QUANTITY | CONSULTANT SERVICES (FEE) COST |
|---|----------------------------|-------------------|-----|-------|----------|--------------------------------|
| 1.                                      |                            |                   |     |       |          |                                |
| 2.                                      |                            |                   |     |       |          |                                |
| 3.                                      |                            |                   |     |       |          |                                |
| 4.                                      |                            |                   |     |       |          |                                |
| 5.                                      |                            |                   |     |       |          |                                |
| 6.                                      |                            |                   |     |       |          |                                |
| 7.                                      |                            |                   |     |       |          |                                |
| 8.                                      |                            |                   |     |       |          |                                |
| 9.                                      |                            |                   |     |       |          |                                |
| 10.                                     |                            |                   |     |       |          |                                |
| 11.                                     |                            |                   |     |       |          |                                |
| 12.                                     |                            |                   |     |       |          |                                |
| 13.                                     |                            |                   |     |       |          |                                |
| 14.                                     |                            |                   |     |       |          |                                |
| 15.                                     |                            |                   |     |       |          |                                |
| 16.                                     |                            |                   |     |       |          |                                |
| 17.                                     |                            |                   |     |       |          |                                |
| 18.                                     |                            |                   |     |       |          |                                |
| 19.                                     |                            |                   |     |       |          |                                |
| 20.                                     |                            |                   |     |       |          |                                |
| 21.                                     |                            |                   |     |       |          |                                |
| 22.                                     |                            |                   |     |       |          |                                |
| 23.                                     |                            |                   |     |       |          |                                |
| 24.                                     |                            |                   |     |       |          |                                |
| 25.                                     |                            |                   |     |       |          |                                |
| <b>TOTAL CONSULTANT SERVICES (FEES)</b> |                            |                   |     |       |          |                                |

**Consultant - continued**

**Consultant Expenses:** List all expenses to be paid from the grant to the individual consultant in addition to their fees (i.e., travel, meals, lodging, etc.)

Consultant- Indicate whether applicant's formal, written Procurement Policy or the Federal Acquisitions Policy is used.

| LINE #                           | CONSULTANT EXPENSES ITEMS | LOCATION | COST RATE | BASIS | QUANTITY | # OF TRIPS | CONSULTANT EXPENSES COST |
|----------------------------------|---------------------------|----------|-----------|-------|----------|------------|--------------------------|
| 1.                               |                           |          |           |       |          |            |                          |
| 2.                               |                           |          |           |       |          |            |                          |
| 3.                               |                           |          |           |       |          |            |                          |
| 4.                               |                           |          |           |       |          |            |                          |
| 5.                               |                           |          |           |       |          |            |                          |
| 6.                               |                           |          |           |       |          |            |                          |
| 7.                               |                           |          |           |       |          |            |                          |
| 8.                               |                           |          |           |       |          |            |                          |
| 9.                               |                           |          |           |       |          |            |                          |
| 10.                              |                           |          |           |       |          |            |                          |
| 11.                              |                           |          |           |       |          |            |                          |
| 12.                              |                           |          |           |       |          |            |                          |
| 13.                              |                           |          |           |       |          |            |                          |
| 14.                              |                           |          |           |       |          |            |                          |
| 15.                              |                           |          |           |       |          |            |                          |
| 16.                              |                           |          |           |       |          |            |                          |
| 17.                              |                           |          |           |       |          |            |                          |
| 18.                              |                           |          |           |       |          |            |                          |
| 19.                              |                           |          |           |       |          |            |                          |
| 20.                              |                           |          |           |       |          |            |                          |
| 21.                              |                           |          |           |       |          |            |                          |
| 22.                              |                           |          |           |       |          |            |                          |
| 23.                              |                           |          |           |       |          |            |                          |
| 24.                              |                           |          |           |       |          |            |                          |
| 25.                              |                           |          |           |       |          |            |                          |
| <b>TOTAL CONSULTANT EXPENSES</b> |                           |          |           |       |          |            |                          |

## OCCUPANCY (Page 1)

This section of the application is for requesting reimbursement of rent, janitorial, maintenance, utility service charges, yard maintenance, and snow removal.

Read each section carefully, fill out information accurately, and provide all documentation as requested.

| REIMBURSEMENT WILL BE BASED ON THE FOLLOWING FACTS |  |  |
|--|--|--|
| Location of Property                               |  |  |
| Owner of Property                                  |  |  |
| Total Square Footage of Area                       |  |  |

| REIMBURSEMENT REQUEST FOR THE FOLLOWING COSTS OR SERVICES |                     |                          |           |
|---|---------------------|--------------------------|-----------|
| 1.  | Rent                | Yearly Cost \$           | \$ 0.00   |
| Rent Includes: (Checkmark if applicable)                  |                     |                          |           |
| <input type="checkbox"/>                                  | Janitorial Services | <input type="checkbox"/> | Utilities |
| <input type="checkbox"/>                                  | Yard                | <input type="checkbox"/> | Snow      |

|    |                        |                |         |
|----|------------------------|----------------|---------|
| 2. | Janitorial Maintenance | Yearly Cost \$ | \$ 0.00 |
| 3. | Utilities              | Yearly Cost \$ | \$ 0.00 |
| 4. | Yard / Snow            | Yearly Cost \$ | \$ 0.00 |

|                 |  |
|-----------------|--|
| OCCUPANCY COSTS |  |
|-----------------|--|

## OCCUPANCY (Page 2)

| REIMBURSEMENT WILL BE BASED ON THE FOLLOWING FACTS |  |
|--|--|
| Location of Property                               |  |
| Owner of Property                                  |  |
| Total Square Footage of Area                       |  |

| REIMBURSEMENT REQUEST FOR THE FOLLOWING COSTS OR SERVICES |      |                                    |         |
|---|------|------------------------------------|---------|
| 1.  | Rent | Yearly Cost \$                     | \$ 0.00 |
| Rent Includes: (Checkmark if applicable)                  |      |                                    |         |
| <input type="checkbox"/> Janitorial Services              |      | <input type="checkbox"/> Utilities |         |
| <input type="checkbox"/> Yard                             |      | <input type="checkbox"/> Snow      |         |

|    |                        |                |         |
|----|------------------------|----------------|---------|
| 2. | Janitorial Maintenance | Yearly Cost \$ | \$ 0.00 |
| 3. | Utilities              | Yearly Cost \$ | \$ 0.00 |
| 4. | Yard / Snow            | Yearly Cost \$ | \$ 0.00 |

|                 |  |
|-----------------|--|
| OCCUPANCY COSTS |  |
|-----------------|--|

|                       |  |
|-----------------------|--|
| TOTAL OCCUPANCY COSTS |  |
|-----------------------|--|

# TELECOMMUNICATIONS

| LINE #                          | TELECOMMUNICATION DESCRIPTION | QUANTITY | COST PER ITEM | TELECOM COST |
|---------------------------------|-------------------------------|----------|---------------|--------------|
| 1.                              |                               |          |               |              |
| 2.                              |                               |          |               |              |
| 3.                              |                               |          |               |              |
| 4.                              |                               |          |               |              |
| 5.                              |                               |          |               |              |
| 6.                              |                               |          |               |              |
| 7.                              |                               |          |               |              |
| 8.                              |                               |          |               |              |
| 9.                              |                               |          |               |              |
| 10.                             |                               |          |               |              |
| 11.                             |                               |          |               |              |
| 12.                             |                               |          |               |              |
| 13.                             |                               |          |               |              |
| 14.                             |                               |          |               |              |
| 15.                             |                               |          |               |              |
| 16.                             |                               |          |               |              |
| 17.                             |                               |          |               |              |
| 18.                             |                               |          |               |              |
| 19.                             |                               |          |               |              |
| 20.                             |                               |          |               |              |
| <b>TOTAL TELECOMMUNICATIONS</b> |                               |          |               |              |

## INDIRECT COSTS

### Indirect Cost Rate Information

If your organization is requesting reimbursement for indirect costs on line 17 of the Budget Summary, please select one of the following options.

In order for your organization to be reimbursed for the Indirect Costs from the State of Illinois your organization must either:

- a. Have a negotiated federal Indirect Cost Rate; or
- b. Elect to use the de minimis rate of 10% modified for total direct costs (MTDC).

If no reimbursement is being requested please consult your program office regarding possible match requirements.

| SELECT ONLY ONE   |   |  |     |
|---|---|--|-----|
| <input type="radio"/>   | 1. Our Organization receives direct Federal funding and currently has a Negotiated Indirect Cost Rate Agreement (NICRA) with our federal Cognizant Agency. A copy of this agreement will be provided to the State of Illinois' Indirect Cost Unit for review and documentation before reimbursement is allowed. This NICRA will be accepted by all State of Illinois agencies up to any statutory, rule-based or programmatic restrictions or limitations.                    |  |     |
| <input type="radio"/>   | 2. Our Organization currently has a Negotiated Indirect Cost Rate Agreement (NICRA) with the State of Illinois that will be accepted by all State of Illinois agencies up to any statutory, rule-based or programmatic restrictions or limitations. Our Organization is required to submit a new Indirect Cost Rate Proposal to the Indirect Cost Unit within 6 months after the close of each fiscal year pursuant to 2 CFR 200, Appendix IV(C)(2)(c).                       |  |     |
| <input type="radio"/>   | 3. Our Organization currently does not have a Negotiated Indirect Cost Rate Agreement (NICRA) with the State of Illinois. Our organization will submit our initial Indirect Cost Rate Proposal (ICRP) immediately after our Organization is advised that the State award will be made no later than 3 months after the effective date of the State award pursuant to 2 CFR 200 Appendix (C)(2)(b). The initial ICRP will be sent to the State of Illinois Indirect Cost unit. |  |     |
| <input type="radio"/>   | 4. Our Organization has never received a Negotiated Indirect Cost Rate Agreement and elects to charge the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely pursuant to 2 CFR 200.414(C)(4)(f) and 200.68.  |  |     |
| <input type="radio"/>   | 5. For Restricted Rate Programs, our Organization is using a restricted indirect cost rate that:  |  |     |
|   |   | is included as a "Special Indirect Cost Rate" in the NICRA, pursuant to 2 CFR 200 Appendix IV(5); or |     |
|   |   | Complies with other statutory policies.  |     |
|   | RATE %  |  |     |
| <input checked="" type="radio"/>  | 6. No reimbursement of Indirect Cost is being requested   |  |     |
| Basic Negotiated Indirect Cost Rate Information (Use only if option 1 or 2, above is selected.) |   |  |     |
| Period Covered by NICRA:  | From:   |  | To: |
| Approving Federal or State Agency:  |   |  |     |
| Indirect Cost Rate:   | 0.00%   | The Distribution Base Is:  |     |

## INDIRECT COSTS

### Indirect Cost Table

Indirect costs are allowed only if the applicant has federally approved indirect cost rate. A copy of the rate approval, (a fully executed, negotiated agreement), must be attached. If the applicant does not have an approved rate, one can be requested by contacting the applicant's cognizant Federal agency, which will review all documentation and approve a rate for the applicant organization, or if the applicant's accounting system permits, costs may be allocated in the direct costs categories.

| LINE #                      | DESCRIPTION | BASE | RATE | INDIRECT COST |
|-----------------------------|-------------|------|------|---------------|
| 1.                          |             |      |      |               |
| 2.                          |             |      |      |               |
| 3.                          |             |      |      |               |
| 4.                          |             |      |      |               |
| 5.                          |             |      |      |               |
| 6.                          |             |      |      |               |
| 7.                          |             |      |      |               |
| 8.                          |             |      |      |               |
| 9.                          |             |      |      |               |
| 10.                         |             |      |      |               |
| 11.                         |             |      |      |               |
| 12.                         |             |      |      |               |
| 13.                         |             |      |      |               |
| 14.                         |             |      |      |               |
| 15.                         |             |      |      |               |
| <b>TOTAL INDIRECT COSTS</b> |             |      |      |               |

# WORK PLAN

## Program Narrative

Please provide a high level overview of the emergency management program activities the jurisdiction is proposing through the EMA grant application. The narrative must reference how these activities will support outcomes from the most recent hazard identification and risk assessment, exercise after action reports, and/or actual events. The narrative should reference specific planning, training, and exercise activities that will be supported with EMA grant funds during the grant period.

This Work Plan provides a framework for local government to be more effective in promoting and encouraging management decisions that will 1) reduce the loss of life and property 2) protect and restore resources and functions.

This Work Plan is updated periodically to reflect stakeholder perspectives and input. Through this Work Plan, Champaign County Emergency Management Agency (EMA) will identify ways to improve inter agency coordination, dissemination of critical information and formulation of effective policies and guidance. Champaign County EMA will also actively seek stakeholder involvement and collaboration with public and private interests to reduce known hazards.

Champaign County Emergency Management Agency will promote, support and encourage partner agencies in the development and implementation of plans and policies needed to keep its communities resilient and sustainable. This will be accomplished through planning that addresses 1) reduction of loss of life and property 2) protection and restoration of resources.

### 1st Quarter (Oct - Dec)

- Monthly test of radio and siren capabilities
- Regional Emergency Coordination Group meeting as needed
- Monthly meeting with EMA Liaison team
- Host Public Information Officer and local Media meetings
- Attend quarterly IEMA Region 7 meeting
- Host Emergency Management Program Advisory Committee Meeting
- Facilitate a functional exercise for Healthcare providers

### 2nd Quarter (Jan - Mar)

- Monthly test of radio and siren capabilities
- Regional Emergency Coordination Group meeting as needed
- Monthly meetings with EMA Liaison team
- Conduct Severe Weather training for Storm Spotter by National Weather Service
- Host Public Information Officer and local Media meeting
- Attend quarterly IEMA Region 7 meeting
- Conduct Community Outreach events and speaking to groups on emergency preparedness
- Host Emergency Management Program Advisory Committee Meeting
- Host meeting with Local ESDA's about severe weather protocols and EMA protocols

### 3rd Quarter (Apr -Jun)

- Monthly test of radio and siren capabilities
- Regional Emergency Coordination Group meetings as needed
- Attend the-Illinois Emergency Services Management Association Training/conference
- Monthly meetings with EMA Liaison team
- Conduct Community Outreach events and speak to groups on emergency preparedness
- Attend quarterly IEMA Region 7 meeting
- Participate in Willard Airport emergency response exercise
- Conduct a weather spotting drill/exercise

### 4th Quarter (Jul - Sep)

- Monthly test of radio and siren capabilities
- Monthly meetings with EMA Liaison team
- Regional Emergency Coordination Group meeting as needed
- Host Public Information Officer and local Media meetings
- Attend Illinois Emergency Management Agency Annual Summit
- Participate in a higher education school emergency response and evacuation functional Exercise



## WORK PLAN

| <b>Strategic Planning</b>   |   |              |  |              |   |              |   |                         |  |                         |   |                         |   |
|---|---|--------------|--|--------------|---|--------------|---|-------------------------|--|-------------------------|---|-------------------------|---|
| <p>Describe the strategic planning efforts within the emergency management program for this performance period.</p> <p><u>Based on your jurisdiction's strategic plan</u> list the goals, objectives, and performance indicators for this performance period. Jurisdictions should have a minimum of three goals.</p> |   |              |  |              |   |              |   |                         |  |                         |   |                         |   |
| Mission statement   | To provide an Emergency Management Program to plan for, respond to, and recover from any natural or man-made disaster.  |              |  |              |   |              |   |                         |  |                         |   |                         |   |
| Vision statement  | Building a safer future through effective partnerships of local government, emergency services, private sector, and volunteer agencies and the citizens of Champaign County to save lives, protect property and reduce the effects of disasters and large-scale emergencies through preparedness, prevention, planning, response, and recovery activities.  |              |  |              |   |              |   |                         |  |                         |   |                         |   |
| Goal 1  | <p>Enhance capabilities necessary to protect the community from all identified hazards</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Objectives 1</td> <td>Review, update and exercise the County Emergency Operations Plan</td> </tr> <tr> <td>Objectives 2</td> <td>Provide support to county mitigation plan and project management</td> </tr> <tr> <td>Objectives 3</td> <td>Conduct and participate in exercises that focuses on emergency management polices and procedures</td> </tr> <tr> <td>Performance indicator 1</td> <td>Participate in the Co Hazardous Mitigation Planning Process and update the plan as needed</td> </tr> <tr> <td>Performance indicator 2</td> <td>Continue Emergency Management Accreditation process</td> </tr> <tr> <td>Performance indicator 3</td> <td>Participate in the IEMA monthly radio drills, local exercises and training</td> </tr> </table>   | Objectives 1 | Review, update and exercise the County Emergency Operations Plan   | Objectives 2 | Provide support to county mitigation plan and project management                                      | Objectives 3 | Conduct and participate in exercises that focuses on emergency management polices and procedures      | Performance indicator 1 | Participate in the Co Hazardous Mitigation Planning Process and update the plan as needed                  | Performance indicator 2 | Continue Emergency Management Accreditation process                           | Performance indicator 3 | Participate in the IEMA monthly radio drills, local exercises and training              |
| Objectives 1  | Review, update and exercise the County Emergency Operations Plan  |              |  |              |   |              |   |                         |  |                         |   |                         |   |
| Objectives 2  | Provide support to county mitigation plan and project management  |              |  |              |   |              |   |                         |  |                         |   |                         |   |
| Objectives 3  | Conduct and participate in exercises that focuses on emergency management polices and procedures  |              |  |              |   |              |   |                         |  |                         |   |                         |   |
| Performance indicator 1   | Participate in the Co Hazardous Mitigation Planning Process and update the plan as needed   |              |  |              |   |              |   |                         |  |                         |   |                         |   |
| Performance indicator 2   | Continue Emergency Management Accreditation process   |              |  |              |   |              |   |                         |  |                         |   |                         |   |
| Performance indicator 3   | Participate in the IEMA monthly radio drills, local exercises and training  |              |  |              |   |              |   |                         |  |                         |   |                         |   |
| Goal 2  | <p>Increase community preparedness by providing emergency management information to the "Whole Community"</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Objectives 1</td> <td>Target tech savy population by expanding internet presence to provide accessible, clear information regarding preparedness</td> </tr> <tr> <td>Objectives 2</td> <td>Target segments of the population less likely to access internet based by providing printed materials</td> </tr> <tr> <td>Objectives 3</td> <td>Target special populations by providing materials and outreach opportunities</td> </tr> <tr> <td>Performance indicator 1</td> <td>Post monthly articles and other preparedness information on the internet (i.e. website, twitter, Facebook)</td> </tr> <tr> <td>Performance indicator 2</td> <td>Conduct Community outreach events and engage groups on emergency preparedness</td> </tr> <tr> <td>Performance indicator 3</td> <td>Provide preparedness materials to local agencies that work with special populations</td> </tr> </table> | Objectives 1 | Target tech savy population by expanding internet presence to provide accessible, clear information regarding preparedness | Objectives 2 | Target segments of the population less likely to access internet based by providing printed materials | Objectives 3 | Target special populations by providing materials and outreach opportunities                          | Performance indicator 1 | Post monthly articles and other preparedness information on the internet (i.e. website, twitter, Facebook) | Performance indicator 2 | Conduct Community outreach events and engage groups on emergency preparedness | Performance indicator 3 | Provide preparedness materials to local agencies that work with special populations     |
| Objectives 1  | Target tech savy population by expanding internet presence to provide accessible, clear information regarding preparedness  |              |  |              |   |              |   |                         |  |                         |   |                         |   |
| Objectives 2  | Target segments of the population less likely to access internet based by providing printed materials   |              |  |              |   |              |   |                         |  |                         |   |                         |   |
| Objectives 3  | Target special populations by providing materials and outreach opportunities  |              |  |              |   |              |   |                         |  |                         |   |                         |   |
| Performance indicator 1   | Post monthly articles and other preparedness information on the internet (i.e. website, twitter, Facebook)  |              |  |              |   |              |   |                         |  |                         |   |                         |   |
| Performance indicator 2   | Conduct Community outreach events and engage groups on emergency preparedness   |              |  |              |   |              |   |                         |  |                         |   |                         |   |
| Performance indicator 3   | Provide preparedness materials to local agencies that work with special populations   |              |  |              |   |              |   |                         |  |                         |   |                         |   |
| Goal 3  | <p>Provide coordinated effort by program stakeholders in the preparation, implementation, evaluation and revision of county emergency management programs.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Objectives 1</td> <td>Continue the EMA Advisory Committee to provide coordinated input about the EM program</td> </tr> <tr> <td>Objectives 2</td> <td>Enhance individual, business, and community resilience through partnerships, outreach and education</td> </tr> <tr> <td>Objectives 3</td> <td>Ensure EMA is aware of special events in the area for events that could be impacted by severe weather</td> </tr> <tr> <td>Performance indicator 1</td> <td>Host meetings with local emergency management liaisons</td> </tr> <tr> <td>Performance indicator 2</td> <td>Host Advisory Committee meetings</td> </tr> <tr> <td>Performance indicator 3</td> <td>Document number of notifications of specials events in the area to the local NWS office</td> </tr> </table>   | Objectives 1 | Continue the EMA Advisory Committee to provide coordinated input about the EM program                                      | Objectives 2 | Enhance individual, business, and community resilience through partnerships, outreach and education   | Objectives 3 | Ensure EMA is aware of special events in the area for events that could be impacted by severe weather | Performance indicator 1 | Host meetings with local emergency management liaisons   | Performance indicator 2 | Host Advisory Committee meetings  | Performance indicator 3 | Document number of notifications of specials events in the area to the local NWS office |
| Objectives 1  | Continue the EMA Advisory Committee to provide coordinated input about the EM program   |              |  |              |   |              |   |                         |  |                         |   |                         |   |
| Objectives 2  | Enhance individual, business, and community resilience through partnerships, outreach and education   |              |  |              |   |              |   |                         |  |                         |   |                         |   |
| Objectives 3  | Ensure EMA is aware of special events in the area for events that could be impacted by severe weather   |              |  |              |   |              |   |                         |  |                         |   |                         |   |
| Performance indicator 1   | Host meetings with local emergency management liaisons  |              |  |              |   |              |   |                         |  |                         |   |                         |   |
| Performance indicator 2   | Host Advisory Committee meetings  |              |  |              |   |              |   |                         |  |                         |   |                         |   |
| Performance indicator 3   | Document number of notifications of specials events in the area to the local NWS office   |              |  |              |   |              |   |                         |  |                         |   |                         |   |

## Strategic Planning - Continued

|                         |                         |  |
|-------------------------|-------------------------|--|
| Goal 4                  |                         |  |
|                         | Objectives 1            |  |
|                         | Objectives 2            |  |
|                         | Objectives 3            |  |
|                         | Performance indicator 1 |  |
|                         | Performance indicator 2 |  |
| Goal 5                  |                         |  |
|                         | Objectives 1            |  |
|                         | Objectives 2            |  |
|                         | Objectives 3            |  |
|                         | Performance indicator 1 |  |
|                         | Performance indicator 2 |  |
| Goal 6                  |                         |  |
|                         | Objectives 1            |  |
|                         | Objectives 2            |  |
|                         | Objectives 3            |  |
|                         | Performance indicator 1 |  |
|                         | Performance indicator 2 |  |
| Goal 7                  |                         |  |
|                         | Objectives 1            |  |
|                         | Objectives 2            |  |
|                         | Objectives 3            |  |
|                         | Performance indicator 1 |  |
|                         | Performance indicator 2 |  |
| Goal 8                  |                         |  |
|                         | Objectives 1            |  |
|                         | Objectives 2            |  |
|                         | Objectives 3            |  |
|                         | Performance indicator 1 |  |
|                         | Performance indicator 2 |  |
| Performance indicator 3 |                         |  |

## Strategic Planning - Continued

|                |                         |  |
|----------------|-------------------------|--|
| <b>Goal 9</b>  |                         |  |
|                | Objectives 1            |  |
|                | Objectives 2            |  |
|                | Objectives 3            |  |
|                | Performance indicator 1 |  |
|                | Performance indicator 2 |  |
|                | Performance indicator 3 |  |
| <b>Goal 10</b> |                         |  |
|                | Objectives 1            |  |
|                | Objectives 2            |  |
|                | Objectives 3            |  |
|                | Performance indicator 1 |  |
|                | Performance indicator 2 |  |
|                | Performance indicator 3 |  |
| <b>Goal 11</b> |                         |  |
|                | Objectives 1            |  |
|                | Objectives 2            |  |
|                | Objectives 3            |  |
|                | Performance indicator 1 |  |
|                | Performance indicator 2 |  |
|                | Performance indicator 3 |  |
| <b>Goal 12</b> |                         |  |
|                | Objectives 1            |  |
|                | Objectives 2            |  |
|                | Objectives 3            |  |
|                | Performance indicator 1 |  |
|                | Performance indicator 2 |  |
|                | Performance indicator 3 |  |

## WORK PLAN

### Resource Requirements

Based on the jurisdictional assessments of risk and desired outcome(s) identify the top five (5) resources required to achieve established target levels.

Use the link provided to identify the resources in detail. <https://rtlt.preptoolkit.org/Public>

| <b>RESOURCE ONE</b>  |  |
|----------------------|--|
| CORE CAPABILITY      | <b>3. Operational Coordination</b>   |
| RESOURCE NAME        | Mobile Communications Center (Mobile EOC)  |
| RESOURCE CATEGORY    | Incident Management  |
| RESOURCE KIND        | Vehicle  |
| RESOURCE TYPE        | Type I   |
| PROCUREMENT STRATEGY | Reserve funds in capital, apply for any applicable grants to upgrade the 2000 Model we are currently operating and maintaining.  |
| <b>RESOURCE TWO</b>  |  |
| CORE CAPABILITY      | <b>26. Operational Communications</b>  |
| RESOURCE NAME        | Communications Support Team  |
| RESOURCE CATEGORY    | Incident Management  |
| RESOURCE KIND        | Team   |
| RESOURCE TYPE        | Type I   |
| PROCUREMENT STRATEGY | Apply for any applicable grants to build a local radio cache for a large scale incident for use by agencies that do not have radios on hand for daily operations for communications during emergencies or incidents. |

**Resource Requirements – continued**

|                       |  |
|-----------------------|--|
| <b>RESOURCE THREE</b> |  |
| CORE CAPABILITY       | 1. Planning  |
| RESOURCE NAME         | Finance/Administration Section Chief   |
| RESOURCE CATEGORY     | Operational Coordination   |
| RESOURCE KIND         | Personnel  |
| RESOURCE TYPE         | Type III   |
| PROCUREMENT STRATEGY  | Host the class in the area. Class for the position hasn't been held in several years in the State. |
| <b>RESOURCE FOUR</b>  |  |
| CORE CAPABILITY       |  |
| RESOURCE NAME         |  |
| RESOURCE CATEGORY     |  |
| RESOURCE KIND         |  |
| RESOURCE TYPE         |  |
| PROCUREMENT STRATEGY  |  |
| <b>RESOURCE FIVE</b>  |  |
| CORE CAPABILITY       |  |
| RESOURCE NAME         |  |
| RESOURCE CATEGORY     |  |
| RESOURCE KIND         |  |
| RESOURCE TYPE         |  |
| PROCUREMENT STRATEGY  |  |

## FFATA

The "Federal Funding Accountability and Transparency Act (FFATA) was signed on September 26, 2006. The intent is to empower every American with the ability to hold the government accountable for each spending decision. The end result is to reduce wasteful spending in the government. The FFATA legislation requires information on federal awards (federal financial assistance and expenditures) be made available to the public via a single, searchable website, which is [www.USASpending.gov](http://www.USASpending.gov)."

|  |     |
|--|-----|
| <p><b>Q1. In your business or organization's previous fiscal year, did your business or organization (including parent organization, all branches and affiliates worldwide) receive (1) 80% or more of your annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, subgrants and/or cooperative agreements and (2) \$25,000,000 or more in annual gross revenue from U.S. federal contracts, subcontracts, loans, grants, subgrants and/or cooperative agreements?</b></p> <p>If Yes, must answer Q2 below.</p> <p>If No, you are not required to provide data.</p> | No  |
| <p><b>Q2. Does the public have access to information about the compensation of the senior executives in your business or organization (including parent organization, all branches and all affiliates worldwide) through periodic reports filed under section 13(a) or 15(d) of the Security Exchange Act of 1934 (5 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue code of 1986 (i.e., on IRS Form 990)?</b></p> <p>If No, you must provide the data. Please fill out the rest of this form.</p>  | Yes |
| <p>Please provide names and total compensation of the top five officials:</p>  |     |

\$ 0.00  
\$ 0.00  
\$ 0.00  
\$ 0.00  
\$ 0.00

## Programmatic Risk Assessment Questionnaire

The purpose of this assessment is to evaluate the programmatic risk of the applicant. Limited program experience, protocols and internal control governing program delivery will increase an applicant's degree of risk but will not prohibit the applicant from becoming a grantee.

The programmatic risk assessment questionnaire includes 5 risk categories:

1. Quality of management systems
2. History of performance
3. Reports and findings from audits performed
4. Applicant's ability to effectively implement statutory, regulatory or other requirements
5. Agency and/or program-specific questions

Patterns or trends in programmatic risk will influence Grants Accountability and Transparency Act (GATA) training as well as the agency's monitoring plan. Appropriate support must be provided by Grants Accountability and Transparency Unit (GATU) and the agency to build grantee capacity.

### Administering the Programmatic Risk Assessment

- A. The awarding agency adds program-specific references to questions in Sections 1-4, where applicable, and agency and/or grant-specific questions under section 5. The awarding agency is responsible to ensure the applicant understands that their responses are to be specific to the associated program.
- B. The programmatic risk assessment questionnaire is distributed to the applicant by the agency prior to an awarding decision.
- C. The applicant returns the completed questionnaire to the awarding agency following the agency's protocol.
- D. The agency communicates the applicable specific condition(s) through the Notice of State Award (NOSA) and Uniform Grant Agreement (UGA).

To comply with federal risk assessment requirements of 2 CFR 200.205, the state awarding agency must review the programmatic risk posed by applicants. Illinois utilizes this programmatic risk assessment questionnaire to comply with the federal requirement.

## 1. Quality of Management Systems

1.1 Do you have written policies and procedures that guide program delivery on the topics of:

|    |  |     |
|----|--|-----|
| a. | Program outcome tracking and reporting mechanisms  | Yes |
| b. | Relevant documentation of services/goods delivered   | Yes |
| c. | Staff management policies and procedures   | Yes |
| d. | Standards of conduct re: selection, award, or administration of grants                           | Yes |
| e. | Real or perceived conflict of interest re: selection, award, or administration of grants         | Yes |
| f. | Complaint/grievance resolution policies and procedures   | Yes |
| g. | Safeguarding funds, property and other assets against loss from unauthorized use of disposition. | Yes |
| h. | Management of grant terms  | Yes |
| i. | Written approval from funding agency when key personnel change                                   | Yes |
| j. | Written approval from funding agency when program scope changes                                  | Yes |

1.2 Do you have internal controls that govern program delivery on the topics of:

|    |   |     |
|----|---|-----|
| a. | Quality assurance reporting             | Yes |
| b. | Unit costs, expense analysis/management | Yes |

1.3 How many years of experience does the project leader have managing the scope of services required under this program?

|                      |
|----------------------|
| More than five years |
|----------------------|

1.4 Does the organization have a time and effort system to track program-specific work performed?

|    |   |     |
|----|---|-----|
|    |   | Yes |
| a. | Does the system record all time worked, including time not charged to awards? | Yes |
| b. | Does the system include sign-off by the employee and supervisor?              | Yes |

1.5 Are program payments based on a rate or unit of service?

|    |   |     |
|----|---|-----|
|    |   | Yes |
| a. | Does the organization have written procedures to ensure accurate invoicing? | Yes |
| b. | Does a second person sign-off on the invoice?                               | Yes |

1.6 Does the program have match or related requirements?

|    |  |     |
|----|--|-----|
|    |  | Yes |
| a. | Does the organization have written procedures for match reporting? | Yes |
| b. | Does a second person sign-off on match reporting?                  | No  |

1.7 Is the organization prepared to utilize periodic performance reports to communicate program outcomes?

|   |
|---|
| Performance reports are an established part of grant management procedures. |
|---|



## 2. History of Performance

2.1 How many years of experience does your organization have with grants of comparable scope and/or capacity?

More than five years

2.2 During your last two fiscal years, how frequently has the organization submitted project performance reports on time?

Always

2.3 Does your organization have performance measurements that tie to financial data?

Yes

2.4 Have there been any significant changes in your organization in the last fiscal year related to program delivery:

|    |  |    |
|----|--|----|
| a. | Management / leadership personnel                                      | No |
| b. | Reorganization or parent / subsidiary relationships                    | No |
| c. | Significant changes in programs grant funded                           | No |
| d. | Statutory or regulatory requirements imposed on your organization type | No |

2.5 Will a sub-grantee/sub-recipient / sub-award be utilized to manage, administer or complete the project?

No

2.6 What responsibilities will the sub-grantee/sub-recipient/sub-award perform under this program?

|    |                                       |     |
|----|---------------------------------------|-----|
| a. | Participant eligibility determination | N/A |
| b. | Case management                       | N/A |
| c. | Performance reporting                 | N/A |
| d. | Financial reporting                   | N/A |
| e. | Invoicing                             | N/A |
| f. | Other                                 | N/A |

2.7 What percentage of grant funds does your organization anticipate passing to Sub-Grantees Sub-Recipients/Sub-Awards?

N/A

2.8 Does your organization have an implemented policy for Sub-Grantee/Sub-Recipient monitoring?

|                          |     |
|--------------------------|-----|
|                          | N/A |
| If YES, does it include: |     |
| N/A                      |     |

### 3. Reports and findings from audits performed

- 3.1 During the last two fiscal years, has your organization been out of compliance with programmatic terms and conditions of awards?

No occurrences of non-compliance

- 3.2 Have corrective actions been implemented within the specified timeframe?

N/A

- 3.3 Have there been findings regarding conflict of interest within the last two fiscal years?

No

- 3.4 Has your organization ever been subject to specific conditions due to program issues?

No

### 4. Applicant's ability to effectively implement statutory, regulatory or other requirements

- 4.1 To what extent does your organization have policies to ensure programmatic expenses are reasonable, necessary and prudent (sensible)?

Policies are implemented and followed

- 4.2 To what extent does your organization have policies to ensure programmatic activities are allowable?

Policies are implemented and followed

- 4.3 Has the organization been out of compliance with any statutory, regulatory or other requirements of grant funding within the last two fiscal years?

No

## 5. Agency and/or Program-Specific Questions

5.1 Has your organization identified local matching requirements, and level of effort requirements related to program delivery?

|     |
|-----|
| Yes |
|-----|

5.2 Has your organization standardized local matching requirements tracking mechanism?

|     |
|-----|
| Yes |
|-----|

5.3 Has your organization attended grant compliance training? [LINK](#)

|     |
|-----|
| Yes |
|-----|

5.4 Is your organization familiar with the Grantee Compliance Enforcement System? [LINK](#)

|     |
|-----|
| Yes |
|-----|

## CERTIFICATION

By submitting this application, I certify to the best of my knowledge and belief that the information is true, complete and accurate and that any false, fictitious or fraudulent information or the omission of any material fact could result in the immediate termination of my grant award(s).

| Executive Director Or Equivalent |                           |            |                |
|----------------------------------|---------------------------|------------|----------------|
| First Name:                      | Deb                       | Last Name: | Busey          |
| Title                            | Administrator             |            |                |
| Email:                           | dbusey@co.champaign.il.us | Phone:     | (217) 384-3776 |

| Remittance Address |                        |     |       |
|--------------------|------------------------|-----|-------|
| Street:            | 1776 E. Washington St. |     |       |
| City:              | Urbana                 |     |       |
| State              | Illinois               | Zip | 61802 |



**SHERIFF DAN WALSH  
CHAMPAIGN COUNTY SHERIFF'S OFFICE**

---

204 E. Main Street  
Urbana, Illinois 61801-2702  
(217) 384-1204

**TO: Deputy Chair Giraldo Rosales**  
Members of the Policy, Personnel & Appointments Committee of the Whole

**FROM: Sheriff Dan Walsh**

**DATE: October 16, 2018**

**SUBJ: Merit Commission Appointment**

I would like to re-appoint Sami Anderson to the Deputy Sheriff Merit Commission.  
Ms. Anderson's current term will expire on November 30, 2018.

Thank you.

CHAMPAIGN COUNTY APPOINTMENT REQUEST FORM

PLEASE TYPE OR PRINT IN BLACK INK

NAME: Stephanie Joos

ADDRESS: 62 Mary Lane, Champaign, IL 61822  
Street City State Zip Code

EMAIL: sjoos@co.champaign.il.us PHONE: 217-621-5999

Check Box to Have Email Address Redacted on Public Documents

NAME OF APPOINTMENT BODY OR BOARD: Champaign County Animal Control Admn.

BEGINNING DATE OF TERM: 12/1/18 ENDING DATE: 11/30/20

The Champaign County Board appreciates your interest in serving your community. A clear understanding of your background and philosophies will assist the County Board in establishing your qualifications. Please complete the following questions by typing or legibly printing your response. IN ORDER TO BE CONSIDERED FOR APPOINTMENT, OR REAPPOINTMENT, A CANDIDATE MUST COMPLETE AND SIGN THIS APPLICATION.

1. What experience and background do you have which you believe qualifies you for this appointment/reappointment?

I have worked for Champaign County Animal Control since 2002. I was an animal control officer prior to my appointment as Director. I was an animal control officer for the City of Urbana prior to my employment with the County.

2. What do you believe is the role of a trustee/commissioner/board member and how do you envision carrying out the responsibilities of that role?

I believe that the Director of Champaign County Animal Control is responsible for the protection of the citizens of Champaign County from the animals and the diseases they carry. I am also entrusted with the welfare and control of the animals in Champaign County. Our department follows all applicable laws and ordinances.

3. What is your knowledge of the appointed body's operations, specifically property holdings and management, staff, taxes, fees?

The Animal Control Department is funded by the registration fees and contracts with cities and villages within Champaign County. I have been involved with the operations of the Animal Services Facility since 2006.

4. Can you think of any relationship or other reason that might possibly constitute a conflict of interest if you are selected to serve on the body for which you are applying? (This question is not meant to disqualify you; it is only intended to provide information.)  Yes  No If yes, please explain:

---

---

---

5. Would you be available to regularly attend the scheduled meeting of the appointed body?

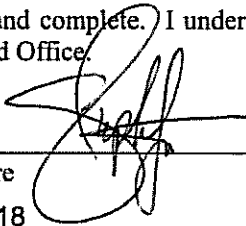
Yes  No  If no, please explain:

---

---

---

The facts set forth in my application for appointment are true and complete. I understand this application is a document of public record that will be on file in the County Board Office.

  
\_\_\_\_\_  
Signature  
8/20/18  
\_\_\_\_\_  
Date

CHAMPAIGN COUNTY APPOINTMENT REQUEST FORM  
PLEASE TYPE OR PRINT IN BLACK INK

NAME: James A Rusk  
ADDRESS: 607 E Sangamon Rantoul IL 61866  
Street City State Zip Code  
EMAIL: rantoultownship1@aol.com PHONE: 217 621-4137

Check Box to Have Email Address Redacted on Public Documents

PARTY AFFILIATION: (Please check one)  Democrat  Republican  Other, please explain:

NAME OF APPOINTMENT BODY OR BOARD: Public Aid Appeals Board

BEGINNING DATE OF TERM: 12/1/18 ENDING DATE: 11/30/2020

The Champaign County Board appreciates your interest in serving your community. A clear understanding of your background and philosophies will assist the County Board in establishing your qualifications. Please complete the following questions by typing or legibly printing your response. IN ORDER TO BE CONSIDERED FOR APPOINTMENT, OR REAPPOINTMENT, A CANDIDATE MUST COMPLETE AND SIGN THIS APPLICATION.

1. What experience and background do you have which you believe qualifies you for this appointment/reappointment?

One term trustee also 4 terms supervisor

---

---

---

---

---

---

---

---

2. What do you believe is the role of a trustee/commissioner/board member and how do you envision carrying out the responsibilities of that role?

I always believe in accessing the issues and make a fair judgement on it.

---

---

---

---

---

---

---

---



3. What is your knowledge of the appointed body's operations, specifically property holdings and management, staff, taxes, fees?

Board chaired by County Board read and involves Republican and Democrats on Board to hear issues and make decision.

---

---

---

---

4. Can you think of any relationship or other reason that might possibly constitute a conflict of interest if you are selected to serve on the body for which you are applying? (This question is not meant to disqualify you; it is only intended to provide information.) Yes  No  If yes, please explain:

---

---

---

5. Would you be available to regularly attend the scheduled meeting of the appointed body?

Yes  No  If no, please explain:

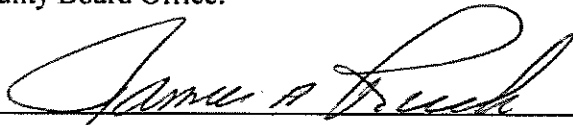
During winter months I work on snowbird job could cause a problem. November 15-April 15

---

---

---

The facts set forth in my application for appointment are true and complete. I understand this application is a document of public record that will be on file in the County Board Office.

  
Signature

8-20-18  
Date

CHAMPAIGN COUNTY APPOINTMENT REQUEST FORM

PLEASE TYPE OR PRINT IN BLACK INK

NAME: Sonja Vickers

ADDRESS: 206 E. No. ST. Ogden ILL. 61859  
Street City State Zip Code

EMAIL: SLVICKERS6542@comcast.net PHONE: 217-582-2456

Check Box to Have Email Address Redacted on Public Documents

NAME OF APPOINTMENT BODY OR BOARD: Senior Advisory Bd

BEGINNING DATE OF TERM: unexpired term ENDING DATE: 11/30/2020

The Champaign County Board appreciates your interest in serving your community. A clear understanding of your background and philosophies will assist the County Board in establishing your qualifications. Please complete the following questions by typing or legibly printing your response. IN ORDER TO BE CONSIDERED FOR APPOINTMENT, OR REAPPOINTMENT, A CANDIDATE MUST COMPLETE AND SIGN THIS APPLICATION.

1. What experience and background do you have which you believe qualifies you for this appointment/ reappointment?

certified ekg Tech- worked @ public, director of C.C. Food  
pantry. Village Board-24yrs. Ogden U. Methodist Church  
member + active in various committees.

2. What do you believe is the role of a trustee/commissioner/board member and how do you envision carrying out the responsibilities of that role?

To work for good of all & keep everyone informed  
be available to all + assist them. That's  
how it works in a small town.

3. What is your knowledge of the appointed body's operations, specifically property holdings and management, staff, taxes, fees?

Only been to 1 meeting so I'm in process  
of learning.



CHAMPAIGN COUNTY APPOINTMENT REQUEST FORM

PLEASE TYPE OR PRINT IN BLACK INK

NAME: CYNTHIA BELL  
ADDRESS: 1906 E LAKESHORE DR. MAHOMET, IL 61853  
Street City State Zip Code  
EMAIL: \_\_\_\_\_ PHONE: 586-2876

Check Box to Have Email Address Redacted on Public Documents

NAME OF APPOINTMENT BODY OR BOARD: CCRPC - SENIOR SERVICES Advisory  
BEGINNING DATE OF TERM: \_\_\_\_\_ ENDING DATE: 11/30/19

The Champaign County Board appreciates your interest in serving your community. A clear understanding of your background and philosophies will assist the County Board in establishing your qualifications. Please complete the following questions by typing or legibly printing your response. IN ORDER TO BE CONSIDERED FOR APPOINTMENT, OR REAPPOINTMENT, A CANDIDATE MUST COMPLETE AND SIGN THIS APPLICATION.

1. What experience and background do you have which you believe qualifies you for this appointment/reappointment?

PARISH NURSE - MAHOMET UMC  
PAST OBSERVER AND BOARD MEMBER OF THIS COMMITTEE

2. What do you believe is the role of a trustee/commissioner/board member and how do you envision carrying out the responsibilities of that role?

STAYING INVOLVED WITH SENIOR RESOURCES

3. What is your knowledge of the appointed body's operations, specifically property holdings and management, staff, taxes, fees?

UNDER STAND

4. Can you think of any relationship or other reason that might possibly constitute a conflict of interest if you are selected to serve on the body for which you are applying? (This question is not meant to disqualify you; it is only intended to provide information.)  Yes  No If yes, please explain:

---

---

---

5. Would you be available to regularly attend the scheduled meeting of the appointed body?

Yes  No  If no, please explain:

EXCEPT DEC 7 MAR - GONE SOUTH FOR WINTER

The facts set forth in my application for appointment are true and complete. I understand this application is a document of public record that will be on file in the County Board Office.

Cynthia D. Bell  
Signature

8/2018  
Date

CHAMPAIGN COUNTY APPOINTMENT REQUEST FORM

PLEASE TYPE OR PRINT IN BLACK INK

NAME: JIMMEY L. KAISER

ADDRESS: 1508 GLENSHIRE DR CHAMPAIGN IL 61822  
Street City State Zip Code

EMAIL: j-kaiser@illinois.edu PHONE: 217-359-2260

Check Box to Have Email Address Redacted on Public Documents

NAME OF APPOINTMENT BODY OR BOARD: SENIOR SERVICES ADVISORY BOARD

BEGINNING DATE OF TERM: \_\_\_\_\_ ENDING DATE: NOV 30, 2019

The Champaign County Board appreciates your interest in serving your community. A clear understanding of your background and philosophies will assist the County Board in establishing your qualifications. Please complete the following questions by typing or legibly printing your response. IN ORDER TO BE CONSIDERED FOR APPOINTMENT, OR REAPPOINTMENT, A CANDIDATE MUST COMPLETE AND SIGN THIS APPLICATION.

1. What experience and background do you have which you believe qualifies you for this appointment/reappointment?

HAVE FOR MANY YEARS WORKED WITH SENIOR ORGANIZATIONS  
AND SERVED ON BOARD OF DIRECTORS OF RUTH HANWARD MASONIC  
Fdn (FUNDS SENIOR PROGRAMS), PRESCENCE MISSION BOARD (GOVERNMENT HOSPITAL)  
AND SERVE ON OTHER BOARDS (MASONIC LODGE BOARD OF DIRECTORS, GLENSHIRE  
COMMONS BOARD OF DIRECTORS, SPRC BOARD OF UNITED METHODIST CHURCH  
URBANA

2. What do you believe is the role of a trustee/commissioner/board member and how do you envision carrying out the responsibilities of that role?

HELP ADVISE SENIORS <sup>SERVICES OF CHAMPAIGN</sup> CHAMPAIGN COUNTY ON  
SERVICES TO SENIOR CITIZENS IN THIS COUNTY. BOARD MEMBERS  
MUST FOLLOW THE VARIOUS SENIOR PROGRAMS OFFERED BY DONORS,  
AND STATE OFFERED PROGRAMS.

3. What is your knowledge of the appointed body's operations, specifically property holdings and management, staff, taxes, fees?

N/A

4. Can you think of any relationship or other reason that might possibly constitute a conflict of interest if you are selected to serve on the body for which you are applying? (This question is not meant to disqualify you; it is only intended to provide information.)  Yes  No If yes, please explain:

---

---

---

5. Would you be available to regularly attend the scheduled meeting of the appointed body?

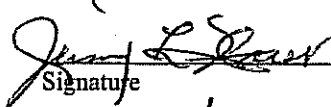
Yes  No  If no, please explain:

---

---

---

The facts set forth in my application for appointment are true and complete. I understand this application is a document of public record that will be on file in the County Board Office.

  
Signature

8/2018  
Date

CHAMPAIGN COUNTY APPOINTMENT REQUEST FORM

PLEASE TYPE OR PRINT IN BLACK INK

NAME: Linda Hascall

ADDRESS: 2 Redwing Ct. Savoy IL 61874
Street City State Zip Code

EMAIL: lhascallatt.net PHONE: 217-356-3855

Check Box to Have Email Address Redacted on Public Documents

NAME OF APPOINTMENT BODY OR BOARD: Senior Services Advisory Board

BEGINNING DATE OF TERM: 12/1/18 ENDING DATE: 11/30/2021

The Champaign County Board appreciates your interest in serving your community. A clear understanding of your background and philosophies will assist the County Board in establishing your qualifications. Please complete the following questions by typing or legibly printing your response. IN ORDER TO BE CONSIDERED FOR APPOINTMENT, OR REAPPOINTMENT, A CANDIDATE MUST COMPLETE AND SIGN THIS APPLICATION.

1. What experience and background do you have which you believe qualifies you for this appointment/ reappointment?

I have been a board member since spring of 2009. I have been always concerned about the quality of life for seniors having to be caregiver to two aunts and my mother. I understand the needs for a safe independent life AT HOME!!

2. What do you believe is the role of a trustee/commissioner/board member and how do you envision carrying out the responsibilities of that role?

Members should help determine and monitor programs and services, help establish a secure financial source. Establish a positive public image with the community, that is to make Champaign county aware of its seniors. To carry out this role would to go to meetings, learn and familiarize myself with programs.

3. What is your knowledge of the appointed body's operations, specifically property holdings and management, staff, taxes, fees?

None



4. Can you think of any relationship or other reason that might possibly constitute a conflict of interest if you are selected to serve on the body for which you are applying? (This question is not meant to disqualify you; it is only intended to provide information.)  Yes  No If yes, please explain:

---

---

---

5. Would you be available to regularly attend the scheduled meeting of the appointed body?

Yes  No  If no, please explain:

retired

---

---

---

The facts set forth in my application for appointment are true and complete. I understand this application is a document of public record that will be on file in the County Board Office.

Signature

*Ainda Jo Hascael*

10/02/2018

Date

**CHAMPAIGN COUNTY APPOINTMENT REQUEST FORM**

**PLEASE TYPE OR PRINT IN BLACK INK**

**NAME:** Tami Fruhling-Voges

**ADDRESS:** 407 N. Third St., P.O. Box 945 St. Joseph IL 61873  
Street City State Zip Code

**EMAIL:** \_\_\_\_\_ **PHONE:** 217-621-7218

Check Box to Have Email Address Redacted on Public Documents

**NAME OF APPOINTMENT BODY OR BOARD:** Senior Services of Champaign County Advisory Board

**BEGINNING DATE OF TERM:** 12/1/2018 **ENDING DATE:** 11/30/2021

The Champaign County Board appreciates your interest in serving your community. A clear understanding of your background and philosophies will assist the County Board in establishing your qualifications. Please complete the following questions by typing or legibly printing your response. **IN ORDER TO BE CONSIDERED FOR APPOINTMENT, OR REAPPOINTMENT, A CANDIDATE MUST COMPLETE AND SIGN THIS APPLICATION.**

1. What experience and background do you have which you believe qualifies you for this appointment/reappointment?

Currently serving on this board. Was first appointed in 2006.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What do you believe is the role of a trustee/commissioner/board member and how do you envision carrying out the responsibilities of that role?

The role as a board member would be to oversee the services provided through regional planning for Champaign County's Senior Citizens. My responsibility would be to serve as a liaison for the seniors and make certain that they are aware of those services throughout the county and my village of St. Joseph.  
\_\_\_\_\_  
\_\_\_\_\_

3. What is your knowledge of the appointed body's operations, specifically property holdings and management, staff, taxes, fees?

I'm familiar with the operations, etc. due to previously serving on this board and also as a member of the Regional Planning Commission.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Can you think of any relationship or other reason that might possibly constitute a conflict of interest if you are selected to serve on the body for which you are applying? (This question is not meant to disqualify you; it is only intended to provide information.)  Yes  No If yes, please explain:

---

---

---

5. Would you be available to regularly attend the scheduled meeting of the appointed body?

Yes  No  If no, please explain:

---

---

---

The facts set forth in my application for appointment are true and complete. I understand this application is a document of public record that will be on file in the County Board Office.

Dani Fullen-Lopez  
Signature

10/3/2018

Date

CHAMPAIGN COUNTY APPOINTMENT REQUEST FORM

PLEASE TYPE OR PRINT IN BLACK INK

NAME: Theodore Phillip Hartke, PE, PLS

ADDRESS: 1183 Co Rd 2300 E Sidney IL 61877  
Street City State Zip Code

EMAIL: tedhartke@hartke.pro PHONE: (217) 840-1612

Check Box to Have Email Address Redacted on Public Documents

NAME OF APPOINTMENT BODY OR BOARD: Champaign County Zoning Board of Appeals

BEGINNING DATE OF TERM: Dec 1, 2018 ENDING DATE: Nov 30, 2023

The Champaign County Board appreciates your interest in serving your community. A clear understanding of your background and philosophies will assist the County Board in establishing your qualifications. Please complete the following questions by typing or legibly printing your response. IN ORDER TO BE CONSIDERED FOR APPOINTMENT, OR REAPPOINTMENT, A CANDIDATE MUST COMPLETE AND SIGN THIS APPLICATION.

1. What experience and background do you have which you believe qualifies you for this appointment/reappointment?

Bachelor's of Science Degree in Civil Engineering (1999); Illinois Professional Land Surveyor since 2004; Illinois Professional Engineer since 2005; Owner of Illinois Professional Design Firm since 2011; Past President of Illinois Professional Land Surveyors Association (2013); Regular attendance and gave presentations in front of various ZBA meetings/hearings (with testimony) in Champaign, Vermilion, McLean, Ford, Boone, Lee, Macon, + Livingston.

2. What do you believe is the role of a trustee/commissioner/board member and how do you envision carrying out the responsibilities of that role?

The role of the ZBA is to protect health, safety, + welfare of the public through a series of land use regulations. Every parcel of land has unique features + characteristics, and county-wide regulations may not apply uniformly. Therefore, variances are sometimes allowable as long as land use conflicts are prevented. Zoning and special use changes/approvals should be granted as long as neighboring land <sup>rights are</sup> not damaged or inhibited or diminished.

3. What is your knowledge of the appointed body's operations, specifically property holdings and management, staff, taxes, fees?

I am aware that zoning has existed in Champaign County since the mid-70's, and the ZBA meets twice each month. The Ch. Zoning Dept. is located at the Brooken's Center, where I have become acquainted with Lori Busboon, John Hall, + Susan Burgstrom during various interactions with zoning staff. Enforcement of the zoning ordinance is the biggest challenge, and zoning permit fees fall short of covering department salaries + operation costs.

4. Can you think of any relationship or other reason that might possibly constitute a conflict of interest if you are selected to serve on the body for which you are applying? (This question is not meant to disqualify you; it is only intended to provide information.)  Yes  No If yes, please explain:

Occasionally, there will be projects submitted to the ZBA which were prepared by Hartke Engineering and Surveying, Inc. As president of Hartke Engineering, I will recuse myself from any and all discussion <sup>and</sup> or voting on any of these projects to avoid any conflict of interest claims.

5. Would you be available to regularly attend the scheduled meeting of the appointed body?

Yes  No  If no, please explain:

---

---

---

The facts set forth in my application for appointment are true and complete. I understand this application is a document of public record that will be on file in the County Board Office.



Signature

10/19/2018

Date

CHAMPAIGN COUNTY APPOINTMENT REQUEST FORM

PLEASE TYPE OR PRINT IN BLACK INK

NAME: Marilyn K. Lee

ADDRESS: 999 County Road 2500 E Homer IL 61849  
Street City State Zip Code

EMAIL: \_\_\_\_\_ PHONE: 217-896-2379

Check Box to Have Email Address Redacted on Public Documents

NAME OF APPOINTMENT BODY OR BOARD: Champaign County Zoning Board of Appeals

BEGINNING DATE OF TERM: 12-1-2018 ENDING DATE: Nov. 30, 2023

The Champaign County Board appreciates your interest in serving your community. A clear understanding of your background and philosophies will assist the County Board in establishing your qualifications. Please complete the following questions by typing or legibly printing your response. IN ORDER TO BE CONSIDERED FOR APPOINTMENT, OR REAPPOINTMENT, A CANDIDATE MUST COMPLETE AND SIGN THIS APPLICATION.

1. What experience and background do you have which you believe qualifies you for this appointment/reappointment?

I have been a resident of Champaign County since 1980. I reside on a farm in rural Homer in South Homer Township. I have been an attorney in Illinois since 1978. I am currently on the board now and have always been interested in zoning issues. I do own farmland in Champaign County.

2. What do you believe is the role of a trustee/commissioner/board member and how do you envision carrying out the responsibilities of that role?

I believe the role of a board member is to weigh each issue as presented and determine what is the best decision for the long term best interest of Champaign County for the rural residents.

I envision carrying out the the role as attendance at meetings, studying the information, listening to community input at the meetings and then voting.

3. What is your knowledge of the appointed body's operations, specifically property holdings and management, staff, taxes, fees?

I have been a board member for almost 5 years and that has given me knowledge of the items listed.

CHAMPAIGN COUNTY APPOINTMENT REQUEST FORM

PLEASE TYPE OR PRINT IN BLACK INK

NAME: Lawrence Wood

ADDRESS: 2655 CR 550E, Mahomet IL 61853  
Street City State Zip Code

EMAIL: \_\_\_\_\_ PHONE: 217-552-6736

Check Box to Have Email Address Redacted on Public Documents

NAME OF APPOINTMENT BODY OR BOARD: ZBA

BEGINNING DATE OF TERM: 12/1/2018 ENDING DATE: 11/30/2023

The Champaign County Board appreciates your interest in serving your community. A clear understanding of your background and philosophies will assist the County Board in establishing your qualifications. Please complete the following questions by typing or legibly printing your response. IN ORDER TO BE CONSIDERED FOR APPOINTMENT, OR REAPPOINTMENT, A CANDIDATE MUST COMPLETE AND SIGN THIS APPLICATION.

1. What experience and background do you have which you believe qualifies you for this appointment/reappointment?

34 years with The Andersons and 13 years as GM of The Champaign Facility. Familiar w/agricultural land use. County steering committee member of US 150 Business Corridor proj. Served as steering committee member of Champaign County Visioning Project completed 2007.

2. What do you believe is the role of a trustee/commissioner/board member and how do you envision carrying out the responsibilities of that role?

The role of the board is to hear appeals of zoning decisions, to review applications involving exceptions to current allowable land uses and to help in establishing regulations for new land uses. My role would be to perform these tasks in an objective and unbiased manner.

3. What is your knowledge of the appointed body's operations, specifically property holdings and management, staff, taxes, fees?

I am aware that the board meets twice monthly and that Planning & Zoning staff provide assistance & information on each issue that requires ZBA review.

4. Can you think of any relationship or other reason that might possibly constitute a conflict of interest if you are selected to serve on the body for which you are applying? (This question is not meant to disqualify you; it is only intended to provide information.)  Yes  No If yes, please explain:

---

---

---

5. Would you be available to regularly attend the scheduled meeting of the appointed body?

Yes  No  If no, please explain:

*The only exception to this would be 2-2 week vacation each year.*

---

---

The facts set forth in my application for appointment are true and complete. I understand this application is a document of public record that will be on file in the County Board Office.

*Summer Wood*  
\_\_\_\_\_  
Signature

*10/15/2018*  
\_\_\_\_\_  
Date





**SHERIFF DAN WALSH  
CHAMPAIGN COUNTY SHERIFF'S OFFICE**

---

204 E. Main Street  
Urbana, Illinois 61801-2702  
(217) 384-1204

**MEMORANDUM**

**To: Giraldo Rosales,  
Deputy Chair of Policy, Personnel & Appointments Committee of the Whole**  
**From: Chief Deputy Allen E Jones**  
**Date: October 22, 2018**  
**Re: Establishment Crime Analyst Job**

Deputy Chair Rosales,

During the FY2019 Budget process, the Sheriff's Office collaborated with Board members, proposed and discussed the addition of a Crime Analyst position. The position is included in the proposed FY2019 Budget. In order to establish the new position classification and description, I am requesting your authority to send this request to the Job Content Evaluation Committee, pursuant to the terms of the County Personnel Policy, for recommendation and establishment of this position.

Thank you for your consideration of this request.

## APPENDIX A

### I. ENVIRONMENTAL HEALTH

The following environmental health services supplement the Local Health Protection Grant environmental health programs.

- A. Community surveillance, education and prevention to prevent mosquito-borne viruses including West Nile virus.
- a. Performance of environmental surveillance, public information, human case investigation and prevention of mosquito-borne diseases such as West Nile viral encephalitis and other vector-borne diseases. These activities are funded by an Illinois Department of Public Health [IDPH] grant to the County Health Department.
  - b. The Public Health District presently is operating under the Intergovernmental Agreement between the Champaign-Urbana Public Health District, the City of Champaign, the City of Urbana and the Village of Savoy for the *Culex* Mosquito Prevention Program effective April 1, 2011. The Village of Savoy is participating in this program at no expense to the County Health Department. The Village of Savoy is paying for its participation in this program.
- B. Radon test kit distribution and community education to promote radon awareness and mitigation. These activities are funded by a grant from the Illinois Emergency Management Agency to the Public Health District.
- C. Perform services within the county jurisdiction pursuant to the grant agreements for the body art program, tanning program and the summer food inspection program. These services are funded by IDPH grants to the Public Health District.
- D. Well water testing for non-valid public health significance [i.e., for any reason other than a reason for which testing is required under the potable water supply program standard], as interpreted by IDPH, is a fee-for-service program. Interpretation and dissemination of laboratory test results for coliform bacteria from the IDPH laboratory will be performed. Fees shall be paid according to the fee schedules and payments will be made to the County Health Department.

## II. WELLNESS & HEALTH PROMOTION

- A. Personal Responsibility Education Program (PREP)—Illinois Department of Human Services
  - a. Services are in Champaign County
  - b. The funds come directly to the Public Health District.
  - c. The Public Health District can provide comprehensive sex education programming to any school in Champaign County that has a student population of at least 40% minority (African American, Hispanic/Latino, more than 1 race).
  - d. During FY19 the Public Health District will be in two schools outside of Champaign-Urbana (CU)
    - i. JW Eater Jr. High School in Rantoul
    - ii. Ludlow Grade School in Ludlow.
  
- B. Tobacco Enforcement Program (TEP)—Illinois Department of Human Services
  - a. Service area is Champaign, Urbana and Rantoul
  - b. The funding comes directly to the Public Health District.
  - c. Work with police departments to ensure tobacco vendors are complying with minimum age laws
  - d. Conduct three checks per year: usually in October, February and May
  
- C. II Tobacco Free Communities (ITFC)—IL Dept of Public Health
  - a. For FY19—The Public Health District is applying as a Region with the Public Health District serving as the Lead Agent for a region consisting of the cities of Champaign and Urbana, Champaign County and Douglas County.
  - b. The grant activities for this fiscal year are the same for the entire region:
    - 1. Enforcing Smoke-free IL Act
    - 2. Electronic-cigarette (E-cig) free policies/ordinances
    - 3. Building support for a Tobacco 21 ordinance that makes the legal age to purchase tobacco products 21.
    - 4. Support health care systems in tobacco cessation treatment and referral to IL *Tobacco Quitline*
  
- D. Teen pregnancy & sexually-transmitted disease (STD) prevention education in Champaign County schools with a student population less than 40% minority (Funded by the County Health Department).
  - a. The service area for this program can be any school inside Champaign County but outside of C-U with a student population of less than 40% minority students
  
- E. Child Dental Service (Funded by the County Health Department)
  - a. Dental Services to children age 0-18 living in Savoy, IL who are covered by Illinois Medicaid or Medicaid Managed Care Organization (MCO). Services will include preventative and restorative care.
  - b. Dental Services to children age 0-5 living in Champaign County who are actively enrolled in the Maternal Child and Health (MCH) program and covered by Illinois Medicaid or MCO. Services will include preventative and restorative care.

### **III. EMERGENCY PREPAREDNESS**

#### **A. Public Health Emergency Preparedness (Awarded by the Illinois Department of Public Health)**

- a. The Public Health District and Champaign County both receive Public Health Emergency Preparedness federal funding from the CDC. IDPH is the awarding agency for these non-competitive grants.
- b. Grant activities include assessing, prioritizing, building, and exercising resource elements, tasks, and functions of the Centers for Disease Control and Prevention's (CDC) 15 Public Health Emergency Preparedness (PHEP) capabilities National Standards needed to prevent, mitigate, and recover from the top hazards to public health within Champaign County.
- c. Grantees throughout the state conduct activities that repair regionally or jurisdictionally-determined public health or healthcare preparedness gaps identified through exercises, events, and other public health preparedness risk assessment and planning.
- d. Grant deliverables include, but are not limited to:
  1. NIMS training per IDPH Training and Exercise guidance
  2. Annual exercise or event with an after-action review/improvement plan.
  3. Annual update to the PHEP Capability Planning Guide Assessment
  4. Annual Training and Exercise Planning Workshop
  5. Active participation in the Champaign County Regional Healthcare Coalition
  6. Medical Countermeasure operational readiness
  7. Medical Reserve Corps Unit affiliation and drill
  8. IPHMAS drill, IL HELPS Drill, after-hours IC Staff Alert and Assembly Drill, and monthly Starcom21 network drills with partners.



**Public Health**  
Prevent. Promote. Protect.

Champaign County  
Public Health Department

## Information Memorandum

**To:** Champaign County Board

**From:** Jim Roberts, Director of Environmental Health  
Champaign-Urbana Public Health District on behalf of the Champaign County  
Public Health Department

**Subject:** Proposed Retail Food Program Ordinance and Retail Food Program Enforcement  
Policy for the Champaign County Public Health Department

**Date:** October 22, 2018

### Background

In July 2016, the Illinois Department of Public Health (IDPH) adopted a new *Illinois Food Code* (Food Code) that incorporated the *United States Food and Drug Administration's (FDA) 2013 Model Food Code* (Definitions and Chapters 1-7) and a few sections of the former *Illinois Food Service Sanitation Code* (77 Ill. Adm. Code 750). The Food Code is available at <http://dph.illinois.gov/topics-services/food-safety/retail-food>. IDPH is in the process of adopting FDA's 2017 Model Food Code (the code is updated every 4 years) and expects it to be effective on January 1, 2019. IDPH's implementation due date for adopting and enforcing the new Food Code by local health agencies is also January 1, 2019 (previous due date was July 1, 2018).

In addition to key changes in definitions and food rules that affect food establishments (<http://www.c-uphd.org/food-codes-and-ordinances.html>), there are key changes that affect a local health agency's compliance and enforcement. Rather than trying to extensively modify your existing chapter in your ordinance and your enforcement policy, it was best to propose a new chapter for your ordinance and a new enforcement policy. Some key changes include:

- Changing the Food Establishment Inspection Report (I have enclosed copies of the recent routine inspection of the Champaign County Nursing Home using the existing report and using the new IDPH-required report).
- Eliminating the terms of "critical" and "non-critical" violations and using the Food Code terms of "Priority", "Priority Foundation" or "Core" violations.

- Eliminating rating scores as required by IDPH, including the locally created adjusted scores.
- Adding some local agency ordinance clarifications/requirements: Change of Ownership (Section 2-5 (E)), Hold Order for Equipment (Section 3-8 (E)), Menu Limitation (Section 3-15), Temporary Food Permit Frequency (Section 4-2 (C)), and Temporary Food Permit Education Requirement (Section 4-2 (D)).
- Eliminating enforcement actions triggered by a rating score. Creating an enforcement policy with IDPH-required timely correction for “Priority” and “Priority Foundation” violations and Repeat violations.

The goals of the proposed ordinance chapter and enforcement policy are to:

- Incorporate the *Illinois Food Code* (including the new inspection report),
- Modeling the ordinance chapter and the enforcement policy from the *FDA 2013 Model Food Code* rather than from the *FDA 1976 Food Service Sanitation Manual*.
- Create an ordinance chapter and enforcement policy modeled from Chapter 8 (Compliance and Enforcement) of the *FDA 2013 Model Food Code* (<https://www.fda.gov/Food/GuidanceRegulation/RetailFoodProtection/FoodCode/ucm374275.htm>),
- Create a regulatory foundation consistent with Standard #1 of the *FDA Voluntary National Retail Food Regulatory Program Standards* (January 2017) (<https://www.fda.gov/downloads/Food/GuidanceRegulation/RetailFoodProtection/ProgramStandards/UCM372416.pdf>),
- Provide a comprehensive and progressive enforcement policy for timely correction of “Priority” and “Priority Foundation” violations and Repeat violations.

A similar background memorandum was issued to the Champaign County Public Health Department’s Board of Health in August 2018. Food establishment owners, operators, persons in charge, and employees were made aware of the ordinance and enforcement policy proposed changes in early September 2018 (<http://www.c-uphd.org/documents/eh/Memorandum.pdf>).

A mass postcard mailing to every county food establishment was made informing them of pending changes, who to contact, and where they could go to review the documents (<http://www.c-uphd.org/food-codes-and-ordinances.html>). The Champaign-Urbana Public Health District’s Environmental Health Facebook page also was used to post the proposed changes (September 6<sup>th</sup> post).

#### Actions Requested from the Champaign County Board

1. The Champaign County Board of Health passed and adopted a Resolution (No. 2018-10-01) recommending an ordinance amending Chapter 5 of the



*Health Ordinance of Champaign County.* The Champaign County Board of Health also recommends that the Champaign County Board pass and approve this ordinance to remain complaint with the latest revisions made by the Illinois legislature and the Illinois Department of Public Health.

2. The Champaign County Board of Health passed and adopted a Resolution (No. 2018-10-02) recommending a retail food program enforcement policy. The Champaign County Board of Health also recommends that the Champaign County Board pass and approve this retail food program enforcement policy to remain complaint with the latest revisions made by the Illinois legislature and the Illinois Department of Public Health.



ORDINANCE NO. \_\_\_\_\_

AN ORDINANCE AMENDING CHAPTER 5 OF THE HEALTH ORDINANCE  
OF CHAMPAIGN COUNTY

WHEREAS, 55 ILCS 5/5-1052 empowers the Champaign County Board to do all acts and make all regulations which may be necessary or expedient for the promotion of health or the prevention of disease; and

WHEREAS, the Champaign County Board adopted Ordinance No. 969, *Health Ordinance of Champaign County, Illinois*, on November 10, 2015, and amended the Health Ordinance through the adoption of Ordinance 975 on December 17, 2015; and

WHEREAS, since the adoption of Ordinances 969 and 975 there have been statutory and administrative code changes which necessitate the revision of Chapter 5 of that Ordinance, the Champaign County Public Health Department Retail Food Program; and

WHEREAS, 55 ILCS 5/5-25013(B)(3) provides that the Champaign County Board of Health may recommend to the county board the adoption of such ordinances and of such rules and regulations as may be deemed necessary or desirable for the promotion and protection of health and control of disease; and

WHEREAS, the Champaign County Board of Health recommends by Resolution No. \_\_\_\_\_ that Chapter 5 of Ordinance 969, as amended, should be replaced in its entirety by this Ordinance so that the Champaign County Public Health Department is compliant with the latest revisions made by the Illinois legislature and the Illinois Department of Public Health;

NOW, THEREFORE, BE IT ORDAINED by the County Board of Champaign County that Chapter 5 of Ordinance 969 as amended be hereby rescinded and that the Recommended *Champaign County Public Health Department Retail Food Program Ordinance* that is attached hereto be adopted as Chapter 5 of the *Health Ordinance of Champaign County, Illinois*.

PRESENTED, PASSED, APPROVED and RECORDED this \_\_\_\_\_ day of \_\_\_\_\_, A.D. 2018.

\_\_\_\_\_  
C. Pius Weibel, Chair  
Champaign County Board

ATTEST:

\_\_\_\_\_  
Gordy Hulten, County Clerk  
and ex-officio Clerk of the  
Champaign County Board



Resolution No. 2018-10-01

**Champaign County Public Health Department  
Recommended Retail Food Program Ordinance**

Whereas the Board of Health of the Champaign County Public Health Department deems it desirable and necessary to conduct a comprehensive retail food protection program to protect the citizens within its jurisdiction from contracting foodborne diseases and to prevent disease transmission; and

Whereas the Board of Health of the Champaign County Public Health Department has studied and prepared changes to its comprehensive retail food protection program to assure compliance with the latest revisions made by the Illinois legislature and the Illinois Department of Public Health; and

Whereas, 55 ILCS 5/5-25013(B)(3) provides that the Champaign County Board of Health may recommend to the county board the adoption of such ordinances and of such rules and regulations as may be deemed necessary or desirable for the promotion and protection of health and control and disease.

Now, therefore, the Champaign County Public Health Department hereby recommends the adoption of Chapter 5 of the Health Ordinance of Champaign County by the Champaign County Board as follows:

**SECTION 1: GENERAL PROVISIONS**

**1-01: Short Title**

This Ordinance shall be known as the "Retail Food Ordinance."

**1-1: Purpose**

The purpose of this Ordinance is to prevent foodborne illness, to promote safe food handling and hygienic practices, and to protect consumers.

**1-2: Scope**

This Ordinance provides requirements for the issuance, suspension, and revocation of PERMITS, inspections, review of plans, prohibiting the sale of unsound or mislabeled food, employee restrictions, and enforcement of this Ordinance by the Champaign County Public Health Department. Definitions and standards for management, personnel, food operations, equipment, and facilities are also included in this Ordinance.

**1-3: Application**

This Ordinance applies to retail FOOD ESTABLISHMENTS that are required to have PERMITS and that are issued by the HEALTH AUTHORITY.

#### **1-4: Adoption by Reference**

In addition to the provisions set forth herein, this Ordinance hereby adopts by reference and incorporates the current provisions and subsequent revisions of the "Illinois Food Service Sanitation Code," 77 Ill. Adm. Code 750.

In addition, FOOD ESTABLISHMENTS are also subject to all other applicable ordinances of the HEALTH AUTHORITY.

#### **1-5: Definitions**

In addition to the definitions contained in the laws, rules, and regulations referenced in 1-4, the following definitions shall apply in the interpretation and enforcement of this Ordinance:

**APPLICANT:** Any PERSON making application to the HEALTH AUTHORITY for a PERMIT.

**APPROVED:** Accepted by the HEALTH AUTHORITY based on its determination as to conformance with principles, practices, and generally recognized standards that protect public health.

**AUTHORIZED REPRESENTATIVE:** Those PERSONS designated by the HEALTH AUTHORITY to enforce the provisions of this Ordinance.

**BOARD:** The Board of Health of the HEALTH DEPARTMENT.

**BUSINESS DAYS:** Monday through Friday from 8:00 a.m. to 4:00 p.m., excluding HEALTH DEPARTMENT observed holidays.

**CATEGORY:** A classification based on the Illinois Department of Public Health's local health protection grant standards for conducting a food protection program. Each FOOD ESTABLISHMENT will be assessed to determine the relative risks of causing foodborne illness. The minimum number of routine inspections per year is determined by the FOOD ESTABLISHMENT's risk classification.

**CEASE AND DESIST ORDER:** A written order issued by the HEALTH AUTHORITY which directs the responsible PERSON to immediately stop doing or allowing a specific action to occur. A CEASE AND DESIST ORDER may or may not include a direction to completely cease operations at a FOOD ESTABLISHMENT. A CEASE AND DESIST ORDER may include a timeframe to achieve compliance as long as there is not an IMMINENT HEALTH HAZARD.

**CHANGE OF OWNERSHIP:** A change in the permit holder. This means that the entity that is legally responsible for the operation of the FOOD ESTABLISHMENT, such as the owner or other PERSON, has changed.

**CONTINENTAL BREAKFAST:** A meal limited to only coffee, tea, and/or commercially prepared juice and commercially prepared sweet baked goods.

**COTTAGE FOOD OPERATION:** A business operated by an individual who produces or packages non-time/temperature control for safety food in a kitchen located in the person's

primary domestic residence or another approximately equipped residential or commercial-style kitchen on that property.

**EMPLOYEE:** Includes the permit holder, **PERSON in CHARGE**, a food employee, a **PERSON** having supervisory or management duties, a **PERSON** on the payroll, a family member, a volunteer, a **PERSON** performing work under contractual agreement, or other **PERSON** working in a **FOOD ESTABLISHMENT**.

**ENFORCEMENT POLICY:** A separate document that will serve as a guide for enforcing violations set out in this Ordinance.

**FOOD CODE:** "Illinois Food Service Sanitation Code," 77 Ill. Adm. Code 750.

**FOOD ESTABLISHMENT:** An operation that stores, prepares, packages, serves, vends food directly to the consumer, or otherwise provides food for human consumption such as a restaurant; satellite or catered feeding location; catering operation if the operation provides food directly to a consumer or to a conveyance used to transport people; market; vending location; conveyance used to transport people; institution; or food pantry and relinquishes possession of food to a consumer, directly or indirectly, through a delivery service such as home delivery of grocery orders, restaurant takeout orders, or a delivery service that is provided by common carriers.

**FOOD ESTABLISHMENT** includes an element of the operation such as a transportation vehicle or a central preparation facility that supplies a vending location or satellite feeding location unless the vending or feeding location is permitted by the **HEALTH AUTHORITY**. It also includes an operation that is conducted in a mobile, stationary, temporary, or permanent facility or location; where consumption is on or off the premises; and regardless of whether there is a charge for the food.

**FOOD ESTABLISHMENT** does not include an establishment that offers only prepackaged foods that are not time/temperature control for safety; a produce stand that only offers whole, uncut fresh fruits and vegetables; a food processing plant including those that are located on the **PREMISES** of a **FOOD ESTABLISHMENT**; a kitchen in a private home, such as a small family daycare provider or a bed and breakfast operation as defined in the Bed and Breakfast Act (50 ILCS 820) that prepares and offers food to guests; a private home that receives catered or home delivered food; a closed family function where food is prepared or served for individual family consumption; or a **COTTAGE FOOD OPERATION**.

**FOOD PREPARATION:** The handling, processing, and/or serving of foods.

**HAZARD ANALYSIS and CRITICAL CONTROL POINT (HACCP):** A systematic approach to identifying, evaluating, and controlling food safety hazards. Food safety hazards are biological, chemical, or physical agents that are reasonably likely to cause illness or injury in the absence of their control.

**HEALTH AUTHORITY:** The **PUBLIC HEALTH ADMINISTRATOR** of the **HEALTH DEPARTMENT** or his/her **AUTHORIZED REPRESENTATIVE**.

**HEALTH DEPARTMENT:** The Champaign County Public Health Department.

**HOLD ORDER:** An order issued by the HEALTH AUTHORITY that acts as a temporary isolation or quarantine of food or equipment that the HEALTH AUTHORITY believes or has reason to believe is in violation of this Ordinance.

**IMMINENT HEALTH HAZARD:** Significant threat or danger to health that exists when there is evidence sufficient to show that a product, practice, circumstance, or event creates a situation that requires immediate correction or cessation of operation to prevent injury, based on:

- a) The number of potential injuries.
- b) The nature, severity, and duration of the anticipated injury.

**MENU LIMITATION:** A modification or constraint imposed by the HEALTH AUTHORITY on a FOOD ESTABLISHMENT's FOOD PREPARATION based on the type of operation, menu items, or available equipment.

**MOBILE FOOD ESTABLISHMENT:** A FOOD ESTABLISHMENT that is operated from a movable, motor-driven, or propelled vehicle, a portable structure, or watercraft that can change location.

**OUTDOOR COOKING OPERATION:** A cooking operation that is operated in conjunction with a FOOD ESTABLISHMENT with a PERMIT, but is not located within the fully enclosed permanent structure of the FOOD ESTABLISHMENT or within a MOBILE FOOD ESTABLISHMENT.

**OPERATOR:** A PERSON who has been approved by the permit holder to perform and/or oversee the day-to-day food operation of the FOOD ESTABLISHMENT.

**PERMIT:** The document issued by the HEALTH AUTHORITY that authorizes a PERSON to operate a FOOD ESTABLISHMENT.

**PERSON:** An association, corporation, individual, partnership, other legal entity, government, or governmental subdivision or agency.

**PERSON IN CHARGE:** The individual present at a FOOD ESTABLISHMENT who is responsible for the operation at the time of inspection.

**PLAN REVIEW:** An evaluation process conducted by the HEALTH AUTHORITY to determine whether minimum standards are met for the sanitary design, facility layout, operational and product flow, menu processes and food handling procedures, construction, operation and maintenance of a FOOD ESTABLISHMENT and its PREMISES.

**PREMISES:** The physical structure, its contents, and the contiguous land or property under the control of the permit holder.

**PRIORITY FOUNDATION ITEM:** Includes those items that require the purposeful incorporation of specific actions, equipment or procedures by industry management to attain control of risk factors that contribute to foodborne illness or injury such as personnel training, infrastructure or necessary equipment, HAZARD ANALYSIS CRITICAL CONTROL POINT plans, documentation or record keeping, and labeling.

**PRIORITY FOUNDATION ITEM VIOLATION:** A violation of a provision in this Ordinance whose application supports, facilitates, or enables one or more **PRIORITY FOUNDATION ITEMS**.

**PRIORITY ITEM:** Includes those items with a quantifiable measure to show control of hazards such as cooking, reheating, cooling, and/or handwashing.

**PRIORITY ITEM VIOLATION:** A violation of a provision in this Ordinance whose application contributes directly to the elimination, prevention, or reduction to an acceptable level, of hazards associated with foodborne illness or injury and for which there is no other provision that more directly controls the hazard.

**PUBLIC EVENT:** Any event open to the public where food is prepared or served. An event open to the public that is advertised with fliers, banners, newspaper articles, radio or television announcements, Internet postings, social media, or by other means is a **PUBLIC EVENT** and subject to regulation under this Ordinance. Any event that is not a **PUBLIC EVENT** shall be treated as private. Any determination of whether an event shall be regulated as a **PUBLIC EVENT** is at the sole discretion of the **HEALTH AUTHORITY**.

**REMODEL:** The repair, construction, alteration or installation of new equipment, modification of existing equipment or fixtures, changes in floor plan layout, the addition of more seating and/or toilet rooms, extensive changes in surface finishes or lighting, expansion to new space, or significant changes to use of space or equipment.

Generally, a **REMODEL** does not include redecorating; cosmetic refurbishing; cleaning surfaces; altering seating design; minimal repairs of finish surfaces; "like-for-like" equipment exchanges; equipment or infrastructure minimal repair, service or maintenance; additions of equipment that require no installation or modification of existing fixtures (such as countertop "plug-in" equipment); or a "like-for-like" menu item exchange or addition utilizing the same existing equipment and same food handling processes.

A **REMODEL** requires a **PLAN REVIEW** when one or more of the following criteria, at the sole discretion of the **HEALTH AUTHORITY**, are met:

- a. Requires a permit from the building authority having jurisdiction.
- b. Menu item exchange or additions with the need for different process, preparation method, equipment or service.
- c. Extensive equipment changes.
- d. Extensive utility changes or repairs.
- e. Extensive repairs after an incident, e.g. fire or flood.
- f. Conversion of a building/space/operation from a non-**FOOD ESTABLISHMENT** to a **FOOD ESTABLISHMENT**.
- g. Equipment changes that alter capacity or location that may result in a reduction of the **FOOD ESTABLISHMENT**'s capabilities.

**REPEAT VIOLATION:** A violation noted on the previous inspection report that is observed again on the next routine inspection on the same piece of equipment, same area of the facility, or same practice.

**SPECIAL EVENT:** A unique PUBLIC EVENT at a particular location, such as a celebration, festival, or fundraiser.

**TEMPORARY FOOD ESTABLISHMENT:** A FOOD ESTABLISHMENT that operates at a fixed location for a period of time that is not more than fourteen (14) consecutive days in conjunction with a SPECIAL EVENT.

**VALID PERMIT:** A PERMIT that is not suspended, revoked, or expired.

**VARIANCE:** A written document issued by the HEALTH AUTHORITY that authorizes a modification or waiver of one or more requirements of this Ordinance. Any such modification or waiver is at the sole discretion of the HEALTH AUTHORITY.

**WHOLESOME:** In sound condition, clean, free from adulteration or contamination, and otherwise suitable for human consumption.

## **SECTION 2: ADMINISTRATION**

### **2-1: General Permit Requirements**

It shall be unlawful for any PERSON to operate a FOOD ESTABLISHMENT within the jurisdiction of the HEALTH DEPARTMENT who does not possess a Valid Permit issued to that PERSON. Only a PERSON who complies with the requirements of this Ordinance shall be entitled to receive and retain such a PERMIT.

PERMITS shall not be transferable from one PERSON to another PERSON. PERMITS shall not be applicable to any location, building, place, or menu other than that for which the PERMIT was issued.

Changes may occur after a FOOD ESTABLISHMENT is permitted. The changes that invalidate a PERMIT include a CHANGE OF OWNERSHIP of the permit holder, a change in the physical location of the establishment, a change in the type of operation, a change in menu that requires the addition of equipment and/or structural modifications of the FOOD ESTABLISHMENT, a change of menu that requires a FOOD PREPARATION process that did not occur when the PERMIT was issued, or a change in menu where raw animal food is to be served raw or undercooked.

The HEALTH AUTHORITY shall solely determine if a change invalidates a VALID PERMIT.

### **2-2: Permit Terms**

- A. **All Permits:** All PERMITS shall be valid from December 1 of the current year through November 30 of the following year unless otherwise noted in this Ordinance.
- B. **Permits for Temporary Food Establishments:** PERMITS issued to TEMPORARY FOOD ESTABLISHMENTS shall be valid for the dates stated on the PERMIT and shall expire not more than fourteen (14) consecutive days after the start date.

### **2-3: Permit Categories**

The HEALTH AUTHORITY shall assess the risks of a foodborne illness for every FOOD ESTABLISHMENT operating within the jurisdiction of the HEALTH DEPARTMENT. The HEALTH AUTHORITY shall use this assessment in classifying a FOOD ESTABLISHMENT for purposes of a CATEGORY.

The HEALTH AUTHORITY shall apply the criteria in the Food Code to determine the CATEGORY for a FOOD ESTABLISHMENT. If a health hazard will not result from reclassification or if reclassification will provide better protection for the public, the HEALTH AUTHORITY may reclassify a FOOD ESTABLISHMENT based upon inspection history, the number, frequency and severity of violations, and corrective action. The basis for this decision shall be documented, and a copy will be retained in the FOOD ESTABLISHMENT's file.

### **2-4: Permit Posting**

Every FOOD ESTABLISHMENT shall prominently and conspicuously post a VALID PERMIT for public view.

### **2-5: Issuance**

Any PERSON desiring to operate a FOOD ESTABLISHMENT or to renew an expired PERMIT within the jurisdiction shall make written application for a PERMIT on forms provided by the HEALTH DEPARTMENT, accompanied by a PERMIT fee, if required, in the amount provided in the HEALTH DEPARTMENT fee schedule.

- A. **When Plans are Required:** A PERMIT APPLICANT or permit holder shall submit to the HEALTH AUTHORITY properly prepared plans and specifications for review and approval before any of the following occur:
  - 1. The construction of a FOOD ESTABLISHMENT.
  - 2. The conversion of an existing structure for use as a FOOD ESTABLISHMENT.
  - 3. The REMODELING of a FOOD ESTABLISHMENT.
  - 4. A change of type of FOOD ESTABLISHMENT or food operation if the HEALTH AUTHORITY determines that plans and specifications are necessary to ensure compliance with this Ordinance.
  
- B. **Application for Permit:** After APPROVAL of the plans proposed for a PERMIT by a FOOD ESTABLISHMENT, the HEALTH AUTHORITY shall conduct an inspection of the PREMISES. If the HEALTH AUTHORITY finds the FOOD ESTABLISHMENT in compliance with the provisions of this Ordinance and upon receipt of a completed application for a PERMIT, the HEALTH AUTHORITY shall issue a PERMIT authorizing the FOOD ESTABLISHMENT to operate.
  
- C. **Annual Renewal of Permits:** For continued operation of the FOOD ESTABLISHMENT, annual renewal of the PERMIT is required. Any permit holder desiring to renew a PERMIT shall apply on renewal forms provided by the HEALTH DEPARTMENT and pay all money due, i.e. fees and taxes, to the HEALTH DEPARTMENT including, but not limited to, PERMIT renewal fee, late fees, reinstatement fees, re-inspection fees, insufficient funds

charges, and all fines assessed for any purpose. If a permit holder is delinquent on any money due the HEALTH DEPARTMENT, the annual renewal PERMIT shall be denied and shall not be issued until such time as the permit holder pays in full.

- D. Denial of Application for Permit:** If an application for a PERMIT to operate is denied, the HEALTH AUTHORITY shall provide the APPLICANT with a notice that includes:
1. The specific reasons and code citations for the PERMIT denial.
  2. The actions, if any, that the APPLICANT must take to qualify for a PERMIT.
  3. The advisement of any appeal process.

- E. Change of Ownership:** If a PERSON is purchasing an existing FOOD ESTABLISHMENT, a CHANGE OF OWNERSHIP plan review is required prior to issuing a new PERMIT. For any determination of what constitutes a change in permit holder, consult the HEALTH AUTHORITY. To assist in the transition of business, the HEALTH AUTHORITY will allow an open and operating FOOD ESTABLISHMENT to change ownership without interruption of business provided that the following are satisfied:

1. A PLAN REVIEW application for the new PERMIT is submitted within thirty (30) BUSINESS DAYS of the execution of the change of owner documents, such as a deed, close of escrow, dealers' report of sale, lease agreement, or other legal document.
2. The FOOD ESTABLISHMENT stays within the same CATEGORY as the previous PERMIT.
3. The FOOD ESTABLISHMENT has not been physically altered, equipment has not been removed or added, and the FOOD ESTABLISHMENT has not been closed for extensive REMODELING for other reasons.
4. The FOOD ESTABLISHMENT has not changed the menu in a manner that requires new FOOD PREPARATION processes, procedures, and/or equipment.
5. The time to correct all violations cited in a CHANGE OF OWNERSHIP inspection does not exceed ninety (90) BUSINESS DAYS from delivery of an inspection by the HEALTH AUTHORITY. Time extensions are not to exceed another ninety (90) BUSINESS DAYS and may be granted in writing as determined by the HEALTH AUTHORITY.

If the provisions above are not met, then the FOOD ESTABLISHMENT shall close, and the new owner will be required to apply for a new PERMIT, including completing the PLAN REVIEW process.

#### **2-6: Permit Fees**

PERMIT fees are pursuant to all other applicable ordinances of the HEALTH AUTHORITY.



## **2-7: Food Sources Outside of the Department's Jurisdiction**

Food from FOOD ESTABLISHMENTS outside the jurisdiction of the HEALTH DEPARTMENT may be allowed if such FOOD ESTABLISHMENTS conform to the provisions of this Ordinance or equivalent provisions and can provide proof of a VALID PERMIT from the applicable public health authority.

## **2-8: Plan Reviews**

No FOOD ESTABLISHMENT shall be constructed, REMODELED, or converted except in accordance with plans and specifications approved by the HEALTH AUTHORITY.

**A. Plan Review:** The HEALTH AUTHORITY shall conduct a PLAN REVIEW whenever a FOOD ESTABLISHMENT:

1. Is newly constructed or REMODELED.
2. Is in a facility converted for use as a FOOD ESTABLISHMENT.
3. Undergoes a CHANGE OF OWNERSHIP.

**B. Waiver:** The HEALTH AUTHORITY, at its sole discretion, may waive a PLAN REVIEW based on information provided in the PLAN REVIEW application for a new PERMIT.

**C. Submission of Documents:** Before such work begins or change occurs, a FOOD ESTABLISHMENT shall submit the following to the HEALTH AUTHORITY for review and approval:

1. PLAN REVIEW application form as provided by the HEALTH AUTHORITY.
2. Properly prepared plans to scale and specifications, including those illustrating layout, arrangement, location, size and type of fixed equipment, finish schedule of surface materials, and custom shop drawings.
3. Proposed menu.
4. Food safety assessment worksheet.
5. Proposed auxiliary food operations, such as OUTDOOR COOKING OPERATIONS, catering, special processes, or extended food operations held on the PREMISES.
6. Any other information that the HEALTH DEPARTMENT deems necessary to evaluate the proposal.
7. PLAN REVIEW fee.

## **2-9: Pre-Operational Inspections**

Prior to the issuance or reinstatement of a PERMIT to operate, every FOOD ESTABLISHMENT shall be inspected by or obtain approval from the HEALTH AUTHORITY before beginning or resuming operations in order to determine compliance with APPROVED plans, specifications, corrective actions, and the requirements of this Ordinance.

## **2-10: Permit Suspension**

At any time that the HEALTH AUTHORITY determines that a permit holder or OPERATOR is not in compliance with the provisions of this Ordinance or the ENFORCEMENT POLICY, the HEALTH AUTHORITY shall issue a notice to the permit holder or OPERATOR. The notice shall state the nature of the violation and a reasonable timeframe in which corrective action must be taken.

Whenever a permit holder or operator has failed to comply with any notice issued under the provisions of this Ordinance or the ENFORCEMENT POLICY, the HEALTH AUTHORITY may serve the permit holder or operator with a notice stating that the PERMIT is suspended and operations are to cease immediately or as ordered by the HEALTH AUTHORITY.

Notwithstanding the other provisions of the Ordinance, whenever the HEALTH AUTHORITY finds unsanitary or other conditions in the operation of a FOOD ESTABLISHMENT or TEMPORARY FOOD ESTABLISHMENT which, in the HEALTH AUTHORITY's judgment, constitutes substantial hazard to the public health, it may, without warning, notice, or hearing issue a written notice to the permit holder or operator citing such condition, specifying the corrective action to be taken; and state that the PERMIT is immediately suspended.

Any PERSON to whom such an order is issued shall comply immediately therewith, but upon written petition to the HEALTH AUTHORITY, shall be afforded a hearing as soon as possible. The hearing process is described in the Champaign County Public Health Department Retail Food Program Enforcement Policy.

## **2-11: Permit Revocation**

For REPEATED VIOLATIONS of any provisions of the ENFORCEMENT POLICY, or for interference with the HEALTH AUTHORITY in the performance of its duties, the HEALTH AUTHORITY may revoke a PERMIT permanently. This process is described in Section 4 of the ENFORCEMENT POLICY. The permit holder shall be given notice of the revocation and the opportunity to request a hearing before the HEALTH AUTHORITY. Prior to such action, the HEALTH AUTHORITY shall notify the permit holder that the PERMIT is subject to revocation and that the PERMIT shall be permanently revoked at the end of ten (10) BUSINESS DAYS following service of such notice unless the permit holder files a request for a hearing with the HEALTH AUTHORITY within that period. The hearing process is described in the Champaign County Public Health Department Retail Food Program Enforcement Policy.

## **SECTION 3: INSPECTIONS**

### **3-1: Frequency**

At minimum, the HEALTH AUTHORITY shall inspect each FOOD ESTABLISHMENT within the HEALTH DEPARTMENT as determined in 77 Il Adm. Code Section 650.310. TEMPORARY FOOD ESTABLISHMENTS may or may not be inspected as determined by the HEALTH AUTHORITY.

All CATEGORIES and types of FOOD ESTABLISHMENTS shall be inspected as many times as the HEALTH AUTHORITY deems necessary to enforce the provisions of this Ordinance.

### **3-2: Right of Entry**

The HEALTH AUTHORITY shall have the right to enter any FOOD ESTABLISHMENT or any TEMPORARY FOOD ESTABLISHMENT at any reasonable time for the purpose of conducting inspections to determine compliance with this Ordinance. The HEALTH AUTHORITY representative(s) shall properly identify themselves prior to entering the property and initiating an inspection.

### **3-3: Refusal of Entry**

If a PERSON denies access to the HEALTH AUTHORITY, the HEALTH AUTHORITY shall inform the PERSON that:

- A. The permit holder is required to allow access to the HEALTH AUTHORITY.
- B. Access is a condition of acceptance and retention of a PERMIT to operate.
- C. If access is denied, the HEALTH AUTHORITY will take such legal action as required.

If a PERSON IN CHARGE denies the HEALTH AUTHORITY access to a permitted FOOD ESTABLISHMENT pursuant to 3-2 of this Ordinance, the HEALTH AUTHORITY may gain access in any manner provided by law. In addition, the HEALTH AUTHORITY may issue a CEASE AND DESIST ORDER or seek a temporary restraining order or other relief to cease the FOOD ESTABLISHMENT's operations until the inspection is conducted.

### **3-4: Examination of Records**

The HEALTH AUTHORITY may examine the records of a FOOD ESTABLISHMENT to obtain pertinent information including, but not limited to, food and supplies purchased, food and food supplies received, and persons employed in such establishments.

### **3-5: Inspection Report**

Whenever an inspection of a FOOD ESTABLISHMENT is conducted to determine compliance with this Ordinance, the findings shall be recorded on the inspection report form provided by the HEALTH AUTHORITY.

The inspection report form shall constitute a legal notice of violations relating to this Ordinance.

One (1) copy of the inspection report form shall be furnished to the operator or PERSON IN CHARGE of the FOOD ESTABLISHMENT and a copy of the inspection report will be available in the FOOD ESTABLISHMENT's file.

The inspection report is a public document.

### **3-6: Refusal to Sign Report**

If a PERSON IN CHARGE refuses to sign an acknowledgement of receipt of an inspection report, the HEALTH AUTHORITY shall inform the person who declines to sign the acknowledgment that:

- a) Acknowledgement of receipt does not indicate agreement with the inspection findings.
- b) Refusal to sign an acknowledgement of receipt will not affect the permit holder's obligation to correct the violation(s) noted in the inspection report within the timeframes specified.
- c) A refusal to sign an acknowledgement of receipt is noted in the inspection report.

Electronic reports do not require a signature.

### **3-7: Correction of Violations**

- A. **Inspection Report:** The completed inspection report form shall specify the time period for correction of the violations in accordance with the ENFORCEMENT POLICY.
- B. **Imminent Health Hazard:** If an IMMINENT HEALTH HAZARD exists, the FOOD ESTABLISHMENT shall immediately cease FOOD PREPARATION operations until such hazard is corrected and the HEALTH AUTHORITY grants authorization to resume operations.
- C. **Failure to Comply:** Failure to comply with any notice regarding violations which pose IMMINENT HEALTH HAZARDS or REPEAT VIOLATIONS issued in accordance with the provisions of this Ordinance and/or the ENFORCEMENT POLICY may result in the immediate suspension of the PERMIT.
- D. **Ceasing Operations:** A FOOD ESTABLISHMENT may be required under the provisions of this Ordinance to cease all or a portion of their operations. A FOOD ESTABLISHMENT shall not resume operations until such time as the HEALTH AUTHORITY grants authorization to resume operations.
- E. **Follow-up Inspection:** When necessary a follow-up inspection of a FOOD ESTABLISHMENT is needed to ensure APPROVED corrective action has occurred to resolve a violation on a previous inspection including, but not limited to, an equipment performance check, a physical change in equipment or structure, or a change in FOOD PREPARATION. Receipts indicating work completed, pictures or videos showing correction may be used as documentation of correction.

### **3-8: Examination and Condemnation of Food and Equipment**

- A. **Sampling:** Food may be examined or sampled by the HEALTH AUTHORITY as often as it deems necessary for enforcement of this Ordinance.

**B. Hold Order Justifying Conditions and Removal of Food:** The HEALTH AUTHORITY may place a HOLD ORDER on a food which it determines or has probable cause to believe to:

1. Originate from an unAPPROVED source.
2. Be not WHOLESOME, adulterated, misbranded, or not honestly presented.
3. Be not labeled according to law, or, if raw molluscan shellfish, is not tagged or labeled according to law.
4. Be otherwise not in compliance with this Ordinance.

**C. Hold Order for Food:**

1. Food subject to the HOLD ORDER shall be identified by the common name, the label information, a container description, the quantity, the HEALTH AUTHORITY's tag or identification information, and a location.
2. Food shall be allowed to be suitably stored. If storage is not possible without risk to the public health, then the HEALTH AUTHORITY shall require the denaturing or destruction of the food.
3. It shall be unlawful for any PERSON to remove or alter a HOLD ORDER, notice or tag placed on the food or food container by the HEALTH AUTHORITY.
4. It shall be unlawful for any PERSON to sell, give or donate, use (relabel, repack, reprocess, alter), denature, dispose, destroy, or remove food from the FOOD ESTABLISHMENT without the written release of the HEALTH AUTHORITY, except on order by a court of competent jurisdiction.

**D. Removing Hold Order for Food:**

1. The owner or PERSON IN CHARGE disposes or destroys the food in the presence of the HEALTH AUTHORITY accompanied with written documentation using a form provided by the HEALTH AUTHORITY.
2. The owner or PERSON IN CHARGE has the right to a hearing regarding the HOLD ORDER and may request a hearing with the HEALTH AUTHORITY if a written request is submitted with seven (7) calendar days of the HOLD ORDER being issued. The hearing process is described in the Champaign County Public Health Department Retail Food Program Enforcement Policy.
3. After the owner or PERSON IN CHARGE has had a hearing and on the basis of evidence produced at such hearing, the HEALTH AUTHORITY may vacate the HOLD ORDER if the evidence is APPROVED by the HEALTH AUTHORITY.
4. In the event that a written request for a hearing is not received within seven (7) calendar days of the HOLD ORDER being issued, the HEALTH AUTHORITY may direct the owner or PERSON IN CHARGE to bring the food in compliance with the provisions of this Ordinance or order the food to be denatured or destroyed.
5. If the HEALTH AUTHORITY issues an order to denature or destroy such food shall be stayed if the HOLD ORDER is appealed to a court of competent jurisdiction within three (3) business days.

- E. Hold Order for Equipment:** The HEALTH AUTHORITY may place a HOLD ORDER on equipment which it determines or has probable cause to believe to be:
1. Constructed from unsafe materials.
  2. Found in a state of disrepair so that it is not easily cleanable, unsuitable for use, or in an unsanitary condition.
  3. Found unable to perform as intended.

The HEALTH AUTHORITY shall tag, label, or otherwise identify any equipment subject to the HOLD ORDER. The owner or PERSON IN CHARGE shall take the equipment out of use until written permission is obtained from the HEALTH AUTHORITY. It shall be unlawful for any PERSON to move or alter a HOLD ORDER notice or tag placed on equipment by the HEALTH AUTHORITY.

- F. Removing Hold Order for Equipment:** The owner or PERSON IN CHARGE has the same rights and responsibilities for equipment as for food as in 3-8 (F).

### **3-9: Imminent Health Hazard**

A permit holder shall immediately discontinue operations and must notify the HEALTH AUTHORITY if an IMMINENT HEALTH HAZARD may exist because of an emergency including, but not limited to, fire, flood, extended interruption of electrical or water service, sewage backup, misuse of poisonous or toxic materials, onset of an apparent foodborne illness outbreak, gross unsanitary occurrence or condition, disease transmission from an employee, or other circumstances that may endanger public health.

### **3-10: When Disease Transmission is Suspected**

When the HEALTH AUTHORITY has reasonable cause to suspect possibility of disease transmission from any FOOD ESTABLISHMENT EMPLOYEE, it shall secure a morbidity history of the suspected EMPLOYEE or make any other inspection or investigation as may be indicated, and take appropriate action. The HEALTH AUTHORITY may require any or all of the following measures:

- A. Immediate exclusion of the EMPLOYEE from any FOOD PREPARATION.
- B. Immediate closure of the FOOD ESTABLISHMENT concerned until in the opinion of the HEALTH AUTHORITY, no further danger of disease outbreak exists.
- C. Restriction of EMPLOYEE's services to some area of the FOOD ESTABLISHMENT where there will be no danger of transmitting disease.
- D. Adequate medical and laboratory examinations of the EMPLOYEE or other EMPLOYEES and of his/her or their body discharges.

### **3-11: Re-inspections**

Any permit holder whose PERMIT has been suspended may make a written request to the HEALTH AUTHORITY to re-inspect the PREMISES for the purpose of re-instating the PERMIT. Such a request shall include a statement signed by the APPLICANT indicating that, to the best of the APPLICANT's knowledge, violations have been corrected. The HEALTH AUTHORITY shall conduct a re-inspection within a reasonable time period. A re-inspection fee pursuant to the applicable Environmental Health fee schedule as adopted by the Champaign County Board shall be assessed.

### **3-12: Ceasing and Resumption of Operations**

Whenever a FOOD ESTABLISHMENT is required under the provisions of this Ordinance to cease operations, it shall cease and not resume operations until such time the HEALTH AUTHORITY grants authorization to resume operations. The HEALTH AUTHORITY shall offer the opportunity for follow-up inspection within a reasonable time period, upon receipt of a written request for follow-up inspection from the FOOD ESTABLISHMENT.

### **3-13: Variances**

- A. **Modification and Waivers:** The HEALTH AUTHORITY may grant a VARIANCE by modifying or waiving the requirements of this Ordinance or FOOD CODE, if in the opinion of the HEALTH AUTHORITY, a public health hazard or nuisance will not result from the issuance of the VARIANCE. If a VARIANCE is granted, the HEALTH AUTHORITY shall retain all pertinent information in the FOOD ESTABLISHMENT's file.
- B. **Documentation of Proposed Variance and Justification:** Before a VARIANCE from a requirement of this Ordinance or Food Code is APPROVED, the PERSON requesting the VARIANCE shall supply information and apply on forms provided by the HEALTH AUTHORITY. The HEALTH AUTHORITY shall retain forms in FOOD ESTABLISHMENT's file.
- C. **Conformance with Approved Procedures:** If the HEALTH AUTHORITY grants a VARIANCE or a HAZARD ANALYSIS CRITICAL CONTROL POINT plan, the permit holder shall comply with the plan and procedures that are submitted and APPROVED as a basis for the modification or waiver and also maintain and provide to the HEALTH AUTHORITY, upon request, records that demonstrate conformance.
- D. **Variances are not transferable between owners.**

### **3-14: When a Hazard Analysis Critical Control Point Plan is Required**

As required in the FOOD CODE or before engaging in FOOD PREPARATION that requires a HAZARD ANALYSIS CRITICAL CONTROL POINT plan, an APPLICANT or permit holder shall submit to the HEALTH AUTHORITY for APPROVAL a properly prepared HAZARD ANALYSIS CRITICAL CONTROL POINT plan.

### **3-15: Menu Limitation**

The HEALTH AUTHORITY may determine that MENU LIMITATION at a FOOD ESTABLISHMENT is necessary for food safety. The FOOD ESTABLISHMENT will comply with any notice of MENU LIMITATION issued by the HEALTH AUTHORITY.

### **3-16: Additional Requirements**

If necessary to protect against public health hazards or nuisances, the HEALTH AUTHORITY may impose specific requirements in addition to the requirements contained in this Ordinance. The HEALTH AUTHORITY shall document the conditions that necessitate the imposition of additional requirements and the underlying public health rationale. The documentation shall be provided to the APPLICANT or permit holder, and shall be maintained by the HEALTH DEPARTMENT in the FOOD ESTABLISHMENT's file.

## **SECTION 4: TEMPORARY FOOD ESTABLISHMENTS**

### **4-1: Temporary Food Establishment General**

The requirements outlined in this section apply only to TEMPORARY FOOD ESTABLISHMENTS and are in addition to the requirements stated in other sections of this Ordinance.

### **4-2: Temporary Food Establishment Permit**

- A. **Submission of Application:** A Temporary Food Permit Application and the appropriate fee, if required, should be submitted at least fourteen (14) business days prior to the start date of the event at which food will be provided. Late fees apply if application is made less than seventy-two (72) hours prior to the day of the event.
- B. **Term:** See 2-2 (B).
- C. **Frequency:** PERMITS for TEMPORARY FOOD ESTABLISHMENTS may be issued for up to three (3) SPECIAL EVENTS. If a TEMPORARY FOOD ESTABLISHMENT needs to operate for more than three (3) SPECIAL EVENTS within any calendar year, then it would need the same type of PERMIT as other FOOD ESTABLISHMENTS (stationary or MOBILE FOOD ESTABLISHMENT).
- D. **Education:** At least one PERSON IN CHARGE of the TEMPORARY FOOD ESTABLISHMENT shall show documentation of completion of food safety training. This requirement could be achieved by a Certified Food Protection Manager certificate, a Food Handler Training document, or by completing and passing the test for the HEALTH DEPARTMENT's Temporary Food Vendor Training. The Temporary Food Vendor Training is valid for three (3) years.
- E. **Issuance:** Food operators seeking PERMITS for a TEMPORARY FOOD ESTABLISHMENT shall meet all applicable provisions of this Ordinance and the FOOD



CODE. All PRIORITY ITEM and PRIORITY FOUNDATION ITEM VIOLATIONS shall be corrected prior to issuance of the temporary food PERMIT.

- F. **Temporary Food Establishment Fees:** Unless exempt from fees as provided in Section 12.4. of the Health Ordinance of Champaign County, each food OPERATOR shall pay a PERMIT fee for each FOOD ESTABLISHMENT pursuant to the Champaign County Health Ordinance fee schedule, as amended from time to time.

#### 4-3: Temporary Food Establishment Inspections and Corrections

- A. **Frequency:** The HEALTH AUTHORITY may provide consultation and/or on-site inspection for each TEMPORARY FOOD ESTABLISHMENT a minimum of one (1) time for each PERMIT issued and shall make as many follow-up inspections as are necessary for the enforcement of this Ordinance.
- B. **Correction of Violations:** All PRIORITY ITEM and PRIORITY FOUNDATION ITEM VIOLATIONS shall be corrected prior to issuance of the temporary food PERMIT. The TEMPORARY FOOD ESTABLISHMENT shall immediately cease FOOD PREPARATION if any PRIORITY ITEM or PRIORITY FOUNDATION ITEM VIOLATION(s) are not satisfactorily corrected at the sole discretion of the HEALTH AUTHORITY and pose an IMMINENT HEALTH HAZARD after temporary food PERMIT issuance.

### SECTION 5: INSPECTION NOTICE PLACARDS

Left Blank Intentionally

### SECTION 6: ENFORCEMENT

- A. Enforcement provisions are stated in Champaign County Public Health Department Retail Food Program Enforcement Policy as adopted by the BOARD.
- B. **Conditions Warranting Remedy:** The HEALTH AUTHORITY may seek administrative or judicial remedy to achieve compliance with the provisions of this Ordinance if a PERSON operating a FOOD ESTABLISHMENT or EMPLOYEE:
1. Fails to obtain or have a VALID PERMIT to operate a FOOD ESTABLISHMENT.
  2. Violates any term or condition of a PERMIT.
  3. Allows a PRIORITY ITEM VIOLATION or a PRIORITY FOUNDATION ITEM VIOLATION or a REPEAT VIOLATION to remain uncorrected beyond the timeframes for correction that was APPROVED, directed, or ordered by the HEALTH AUTHORITY.
  4. Fails to comply with a HEALTH AUTHORITY order concerning an EMPLOYEE suspected of having a disease transmissible through food by infected PERSONS.
  5. Fails to comply with a HOLD ORDER.

- 6. Fails to comply with an order issued as a result of a hearing for an administrative remedy.
- 7. Fails to comply with a summary suspension order issued by the HEALTH AUTHORITY.

C. **Institution of Proceedings:** Proceedings to enforce this Ordinance may be instituted by the HEALTH AUTHORITY according to law by issuing a citation or summons, by filing a misdemeanor complaint affidavit and request for a warrant of arrest with the court of competent jurisdiction, or by referring the complaint to a grand jury for indictment, as appropriate. The HEALTH AUTHORITY may designate a representative to issue summons or citations or sign warrants on behalf of the HEALTH AUTHORITY.

**SECTION 7: AUTHORITY**

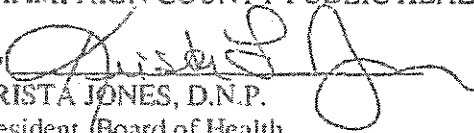
This Ordinance shall be published in pamphlet form not later than December 3, 2018.


This Ordinance shall be in full force and effective on and after January 1, 2019. At that time, all ordinances and parts of ordinances in conflict with this Ordinance are repealed.

Should any section, paragraph, sentence, clause or phrase of this Ordinance be declared unconstitutional or invalid for any reason, the remainder of this Ordinance will not be affected. Those sections will remain valid.

Approved this 2nd day of October, 2018, the by the Board of Health of the Champaign County Public Health Department.

**CHAMPAIGN COUNTY PUBLIC HEALTH DEPARTMENT**

By   
 KRISTA JONES, D.N.P.  
 President, Board of Health  
 Date: 10/2/2018

ATTEST:   
 John A. Peterson, M.D.  
 Secretary  
 Date: 10/2/2018

Chapter 5  
of Health Ordinance No. 969 of  
Champaign County, Illinois

- identified in Section 690.200(a)(1) as to the diseases listed in Section 690.100(b) of the *Control of Communicable Diseases Code* (77 Ill. Adm. Code 690); and
- F. Report to the Department of Public Health as possible during normal business hours, but within 7 days, any of the diseases listed in Section 690.100(c) of the *Control of Communicable Diseases Code* (77 Ill. Adm. Code 690.100(c)).

#### 4.4 PROGRAM ADMINISTRATION

##### 4.4.1 Administration Generally

In addition to or in conjunction with any program administration requirements contained in the regulations cited in Section 4.2, the BOARD OF HEALTH and HEALTH OFFICER shall administer the programs provided pursuant to Section 4.3 in accord with the requirements of the *Local Health Protection Grant Rules* (77 Ill. Adm. Code 615) and Chapter 8 of this Ordinance.

##### 4.4.2 Specific Requirements

The BOARD OF HEALTH shall:

- A. Establish a goal, in conjunction with the Illinois Department of Public Health every five years, for a maximum incidence per 10,000 people for each Class I or Class II disease listed in Section 690.100 of the *Control of Communicable Diseases Code* (77 Ill. Adm. Code 690.100).
- B. Account monthly for biologics provided by the Illinois Department of Public Health;
- C. Implement procedures to assure that the amount of State-supplied vaccine unaccounted for or wasted annually is less than three percent;
- D. Ensure that qualified persons are available to conduct activities provided for in this Chapter in accord with Subparagraph 615.300(c) (15) of the *Local Health Protection Grant Rules* (77 Ill. Adm. Code 615.300(c) (15)); and
- E. Document activities conducted pursuant to this Chapter as required by Paragraph 615.300(f) of the *Local Health Protection Grant Rules* (77 Ill. Adm. Code 615.300(f)).

### CHAPTER 5. Retail FOOD SANITATION

#### 5.1 ~~ACTS PROHIBITED~~

- 5.1.1 ~~No PERSON shall store, process, prepare, sell or serve any food except in compliance with the terms of this Ordinance.~~
- 5.1.2 ~~No PERSON shall operate a FOOD SERVICE except in compliance with the terms of this Ordinance.~~

~~5.1.3 No PERSON shall manufacture, sell, deliver, hold or receive any ADULTERATED or MISBRANDED food or ADULTERATE or MISBRAND any food.~~

~~5.2 STANDARDS AND REGULATIONS~~

~~5.2.1 State Regulations Incorporated~~

~~FOOD SERVICE ESTABLISHMENTS shall be constructed, operated and maintained in accord with the Illinois Food Service Sanitation Code (77 Ill. Adm. Code 750), as amended November 20, 2014 which is hereby incorporated by reference together with any regulations or standards therein incorporated subject to the provisions of Section 3.2.~~

~~5.2.2 Application of Pesticides~~

~~Any pesticides applied in any FOOD SERVICE ESTABLISHMENT shall be applied only by LICENSED PEST CONTROL PERSONNEL.~~

~~5.3 FACILITY AND OPERATING PLANS~~

~~5.3.1 When Required.~~

~~The OWNER shall submit to the HEALTH OFFICER plans and specifications prepared in accord with the provisions of Subsection 5.3.2 for review and approval before:~~

- ~~A. The construction of a FOOD SERVICE ESTABLISHMENT or a RETAIL FOOD ESTABLISHMENT;~~
- ~~B. The conversion of an existing structure for use as a FOOD SERVICE ESTABLISHMENT;~~
- ~~C. The remodeling of a FOOD SERVICE ESTABLISHMENT or a RETAIL FOOD ESTABLISHMENT or a change of type of FOOD SERVICE ESTABLISHMENT; or~~
- ~~D. The transfer of ownership of an existing permitted establishment.~~

~~5.3.2 Contents of the Plans and Specifications~~

~~The plans and specifications for a FOOD SERVICE ESTABLISHMENT shall include, based on the type of operation, type of food preparation, and foods prepared, the following information to demonstrate conformance with the provisions of this Ordinance:~~

- ~~A. Intended menu;~~
- ~~B. Proposed layout, mechanical schematics, construction materials, and finish schedules; and~~
- ~~C. Proposed equipment types, manufacturers, model numbers, locations, dimensions, performance capacities, and installation specifications.~~

~~5.3.3 Pre operational Construction Inspection and Approval~~

~~The HEALTH OFFICER shall conduct one or more pre-operational inspections to verify that the FOOD SERVICE ESTABLISHMENT is constructed and equipped in accordance with the APPROVED plans and APPROVED modifications of those plans and is in compliance with law and this Ordinance.~~

#### ~~5.4 — OPERATING PERMITS~~

##### ~~5.4.1 — Operating Permit Required~~

~~No PERSON shall operate a FOOD SERVICE without a valid OPERATING PERMIT issued by the HEALTH OFFICER.~~

##### ~~5.4.2 — Submission of Application: Timing~~

~~The OWNER shall submit an application for an OPERATING PERMIT at least 30 calendar days before:~~

- ~~A. The date planned for opening a FOOD SERVICE ESTABLISHMENT;~~
- ~~B. The expiration date of the current OPERATING PERMIT for an existing permitted establishment;~~
- ~~C. The date of remodeling of an existing establishment;~~
- ~~D. The date of changing the type of establishment; or~~
- ~~E. The date of transfer of ownership of an existing permitted establishment.~~

##### ~~5.4.3 — Submission of Application: Form~~

~~A PERSON desiring to operate a FOOD SERVICE ESTABLISHMENT shall submit to the HEALTH OFFICER a written application for an OPERATING PERMIT on a form provided by or approved by the HEALTH OFFICER.~~

##### ~~5.4.4 — Submission of Application: Conditions~~

~~No application for an OPERATING PERMIT shall be accepted unless:~~

- ~~A. The OPERATING PERMIT application is signed by the OWNER, or officer of the legal ownership, of the FOOD SERVICE ESTABLISHMENT. Such signature shall evidence:
 
  - ~~1. If signed by the OWNER'S agent, a representation by the applicant that he or she is authorized to act on behalf of the OWNER and to obligate the OWNER to all responsibilities imposed by this Ordinance;~~
  - ~~2. The agreement of the OWNER to comply with the requirements of this Ordinance; and~~
  - ~~3. The agreement of the OWNER to allow access to the FOOD SERVICE ESTABLISHMENT and to provide all required information as specified under Sections 5.6 and 9.1;~~~~
- ~~B. All information required by Subsection 5.4.5 is submitted; and~~
- ~~C. The applicable OPERATING PERMIT fee is submitted.~~

~~5.4.5 Submission of Application: Contents~~

The application shall include:

- ~~A. The name, mailing address, telephone number, and signature of the person applying for the OPERATING PERMIT and the name, mailing address, and location of the FOOD SERVICE ESTABLISHMENT and indication of whether he or she is the OWNER or the OWNER's agent;~~
- ~~B. Information specifying whether the FOOD SERVICE ESTABLISHMENT is owned by an association, corporation, individual, partnership, or other legal entity;~~
- ~~C. A statement specifying whether the food establishment is mobile or stationary and temporary or permanent;~~
- ~~D. The name, title, address, and telephone number of the certified food service sanitation manager directly responsible for the FOOD SERVICE ESTABLISHMENT as provided in Section 750.540 of the Food Service Sanitation Code (77 Ill. Adm. Code 750.540);~~
- ~~E. The names, titles, and addresses and telephone numbers of:
  - ~~1. The OWNERS or officers of the legal ownership as specified under Paragraph B, and~~
  - ~~2. The local registered agent if one is required based on the type of legal ownership;~~~~
- ~~F. The name, address and telephone number of the owner of the premises where the establishment is located if different from the OWNER;~~
- ~~G. A statement signed by the applicant that:
  - ~~1. Attests to the accuracy of the information provided in the application, and~~
  - ~~2. Affirms that the OWNER will:
    - ~~a. Comply with this Ordinance, and~~
    - ~~b. Allow the HEALTH OFFICER access to the establishment and to records as provided in Sections 5.6 and 9.1; and~~~~~~
- ~~H. The fee specified by the BOARD OF HEALTH.~~

~~5.4.6 Classification of Food Service Establishment Frequency of Inspection~~

- ~~A. Upon submission of a complete application, the HEALTH OFFICER shall categorize the FOOD SERVICE ESTABLISHMENT as a Class I, Class II or Class III facility pursuant to Paragraph 615.310(b) of The Illinois Local Health Protection Grant Rules (77 Ill. Adm. Code 615.310(b)). This categorization shall apply to the establishment until the OPERATING PERMIT is renewed or the HEALTH OFFICER determines that changes in the operation warrant reclassification of the establishment.~~
- ~~B. Based upon the categorization of the food establishment, the HEALTH OFFICER shall specify in the OPERATING PERMIT the minimum inspection frequency for the facility in accord with the provisions of Subparagraph 615.310(b)(4) of The Illinois Local Health Protection Grant Rules (77 Ill. Adm. Code 615.310(b)(4)).~~

~~5.4.7 Issuance of Operating Permit—New, Converted, or Remodel Establishments and Change of Ownership~~

- ~~A. The HEALTH OFFICER shall issue OPERATING PERMITS for FOOD SERVICE ESTABLISHMENTS or issue an OPERATING PERMIT to new OWNERS of existing establishments that are required to submit plans under Subsection 5.3.1 when and only when:~~
- ~~1. A properly completed application is submitted;~~
  - ~~2. The required fee is submitted;~~
  - ~~3. The required plans, specifications, and information are reviewed and approved; and~~
  - ~~4. A pre-operational inspection shows that the establishment is built or remodeled in accordance with the APPROVED plans and specifications, and that the establishment is in compliance with this Ordinance.~~
- ~~B. OPERATING PERMITS shall be issued only in the name of the OWNER.~~

~~5.4.8 Operating Permit Renewal~~

~~The HEALTH OFFICER may renew an OPERATING PERMIT for an existing FOOD SERVICE ESTABLISHMENT only after a properly completed application is submitted, reviewed, and approved, the fees are paid, and an inspection shows that the establishment is in compliance with this Ordinance.~~

~~5.4.9 Term of Operating Permit~~

- ~~A. OPERATING PERMITS shall expire on the 30<sup>th</sup> day of November except in the case of OPERATING PERMITS for TEMPORARY FOOD SERVICE ESTABLISHMENTS, in which case the OPERATING PERMIT shall be valid only for the period specified in it.~~
- ~~B. The provisions of Paragraph A notwithstanding OPERATING PERMITS shall expire upon the occurrence of any event specified in Subsection 5.4.2.~~
- ~~C. The OWNER shall apply for renewal of the OPERATING PERMIT no less than 30 days prior to the date of expiration or cease operation of the food establishment upon expiration of the OPERATING PERMIT.~~

~~5.4.10 Conditions of Operating Permit Retention—Notice to Owner~~

- ~~A. At the time an OPERATING PERMIT is first issued, the HEALTH OFFICER shall provide to the OWNER a copy of this Ordinance, as it is published in pamphlet form, so that the OWNER is notified of the compliance requirements, and the conditions of retention, specified under Subsection 5.4.11, that are applicable to the OPERATING PERMIT.~~
- ~~B. Issuance of the OPERATING PERMIT alone shall be deemed notice to the OWNER of the requirements for retaining the OPERATING PERMIT, the provisions of Paragraph A notwithstanding. The failure of HEALTH OFFICER to provide the information specified in Paragraph A of this section does not~~



~~prevent the HEALTH OFFICER from taking authorized action or seeking remedies if the OWNER fails to comply with this Ordinance or an order, warning, or directive of the HEALTH OFFICER.~~

#### ~~5.4.11 Conditions of Operating Permit Retention—Responsibilities of the Owner~~

~~Upon acceptance of the OPERATING PERMIT issued by the HEALTH OFFICER, the OWNER, in order to retain the OPERATING PERMIT, shall:~~

- ~~A. Post the OPERATING PERMIT in a location in the food establishment that is conspicuous to consumers;~~
- ~~B. Immediately discontinue operations and notify the HEALTH OFFICER if an IMMINENT HEALTH HAZARD may exist as specified under Subsection 5.8.1;~~
- ~~C. Allow representatives of the HEALTH OFFICER access to the food establishment as specified under Section 5.6;~~
- ~~D. Replace existing facilities and equipment with facilities and equipment that comply with this Ordinance if:
  - ~~1. The HEALTH OFFICER directs the replacement because the facilities and equipment constitute a public health hazard or nuisance or no longer comply with the criteria upon which the facilities and equipment were APPROVED;~~
  - ~~2. The HEALTH OFFICER directs the replacement of the facilities and equipment because of a change of ownership; or~~
  - ~~3. The facilities and equipment are replaced in the normal course of operation.~~~~
- ~~E. Comply with the directives of the HEALTH OFFICER including time frames for corrective actions specified in inspection reports, notices, orders, warnings, and other directives issued by the HEALTH OFFICER in regard to the OWNER'S food establishment or in response to community emergencies;~~
- ~~F. Accept notices issued and served by the HEALTH OFFICER according to law;~~
- ~~G. Be subject to the administrative, civil, injunctive, and criminal remedies authorized in law for failure to comply with this Ordinance or a directive of the HEALTH OFFICER, including time frames for corrective actions specified in inspection reports, notices, orders, warnings, and other directives; and~~
- ~~H. Apply for renewal or change of the OPERATING PERMIT in timely manner as specified in Subparagraph A.2 of Subsection 5.4.2.~~

#### ~~5.4.12 Operating Permits Not Transferable~~

~~An OPERATING PERMIT may not be transferred from one PERSON to another PERSON, from one FOOD SERVICE ESTABLISHMENT to another, or from one type of operation to another, if the food operation changes from the type of operation specified in the application under Subsection 5.4.5 and the change in operation is not APPROVED.~~

#### ~~5.4.13 Denial of Application for an Operating Permit~~

~~If an application for an OPERATING PERMIT is denied, the HEALTH OFFICER shall provide the applicant with a notice that includes:~~

- A. ~~The specific reasons for the denial, including citations to this Ordinance and, if applicable, to specific standards incorporated herein;~~
- B. ~~The actions, if any, that the OWNER must take to qualify for an OPERATING PERMIT; and~~
- C. ~~Advisement of the OWNER's right of Appeal and the process and time frames for Appeal that are provided in Section 10.1.~~

## ~~5.5 INSPECTIONS AND CORRECTIONS OF VIOLATIONS~~

### ~~5.5.1 Minimum Inspection Interval~~

- A. ~~Except as specified in Paragraph B of this Section, the HEALTH OFFICER shall inspect a food establishment at least as often as specified by Subparagraph 615.310(b)(4) of the Illinois Local Health Protection Grant Rules (77 Ill. Adm. Code 615.310(b)(4)) based upon the minimum inspection frequency established pursuant to Paragraph B of Section 5.4.6.~~
- B. ~~The HEALTH OFFICER shall periodically inspect throughout its OPERATING PERMIT period a TEMPORARY FOOD ESTABLISHMENT that prepares, sells, or serves unpackaged potentially hazardous food.~~

## ~~5.6 ACCESS~~

### ~~5.6.1 Access Required~~

~~The PERSON IN CHARGE of any FOOD SERVICE ESTABLISHMENT shall permit the HEALTH OFFICER access to the PREMISES for purposes of conducting inspections and access to any records necessary for establishing compliance with this Ordinance as provided in Section 9.1.~~

### ~~5.6.2 Refusal, Notification of Right to Access, and Final Request for Access~~

~~If the PERSON IN CHARGE denies access to the HEALTH OFFICER, the HEALTH OFFICER shall:~~

- A. ~~Inform the PERSON IN CHARGE that:
 
  1. ~~The OWNER is required to allow access to the HEALTH OFFICER as specified under Subsection 5.6.1 of this Ordinance;~~
  2. ~~Access is a condition of the acceptance and retention of a food establishment OPERATING PERMIT as specified under Paragraph 5.4.11.C, and;~~
  3. ~~If access is denied, an order issued by the Circuit Court may be obtained;~~
 and~~
- B. ~~Make a final request for access.~~

### ~~5.6.3 Refusal, Reporting~~

~~The HEALTH OFFICER shall provide details of the denial of access on an inspection report form if the PERSON IN CHARGE continues to refuse access, after the HEALTH~~

~~OFFICER presents credentials and provides notice as specified under Section 9.1 and takes the actions provided for in Subsection 5.6.2.~~

## ~~5.7 — REPORT OF FINDINGS~~

### ~~5.7.1 — Documenting Information and Observations~~

~~The HEALTH OFFICER shall document on an inspection report form:~~

- ~~A. — Administrative information about the food establishment's legal identity, street and mailing addresses, type of establishment and operation as specified under Subsection 5.4.5, inspection date, and other information such as type of water supply and SEWAGE disposal, status of the OPERATING PERMIT, and personnel certificates that may be required; and~~
- ~~B. — Specific factual observations of conditions that violate or deviate from any provisions of this Ordinance that require correction by the OWNER including:~~
  - ~~1. — Nonconformance with critical items of this Ordinance;~~
  - ~~2. — Failure of the appropriate food employees to demonstrate their knowledge of, and ability to perform in accordance with, the procedural, monitoring, verification, and corrective action practices required by the HEALTH OFFICER;~~
  - ~~3. — Failure of the PERSON IN CHARGE to provide records required by the HEALTH OFFICER for determining conformance with this Ordinance.~~

### ~~5.7.2 — Specifying Time Frame for Corrections~~

~~The HEALTH OFFICER shall specify on the inspection report form the time frame for correction of the violations as specified under Subsections 5.8.1, and Sections 5.9 and 5.10.~~

### ~~5.7.3 — Issuing Report and Obtaining Acknowledgement of Receipt~~

~~At the conclusion of the inspection the HEALTH OFFICER shall provide a copy of the completed inspection report and the notice to correct violations to the OWNER or to the PERSON IN CHARGE, and request a signed acknowledgement of receipt.~~

### ~~5.7.4 — Refusal to Sign Acknowledgement~~

~~The HEALTH OFFICER shall: —~~

- ~~A. — Inform the OWNER or PERSON IN CHARGE who declines to sign an acknowledgement of receipt of inspection findings as specified in Subsection 5.7.3 that:~~
  - ~~1. — An acknowledgement of receipt is not an agreement with findings,~~
  - ~~2. — Refusal to sign an acknowledgement of receipt will not affect the OWNER's obligation to correct the violations noted in the inspection report within the time frames specified, and~~

~~3. A refusal to sign an acknowledgement of receipt is noted in the inspection report and conveyed to the HEALTH DEPARTMENT'S historical record for the food establishment; and~~

~~B. Make a final request that the OWNER or PERSON IN CHARGE sign an acknowledgement of receipt of inspection findings.~~

## ~~5.8 IMMINENT HEALTH HAZARD~~

### ~~5.8.1 Ceasing Operations and Reporting~~

~~The OWNER or PERSON IN CHARGE shall immediately discontinue operations and notify the HEALTH OFFICER if an IMMINENT HEALTH HAZARD may exist because of an emergency such as a fire, flood, extended interruption of electrical or water service, SEWAGE backup, misuse of poisonous or toxic materials, onset of an apparent foodborne illness outbreak, gross insanitary occurrence or condition, violations of 77 Ill. Adm. Code 750, or other circumstance that may endanger public health.~~

### ~~5.8.2 Resumption of Operations~~

~~If operations are discontinued as specified under Subsection 5.8.1 or otherwise according to law, the OWNER shall obtain approval from the HEALTH OFFICER before resuming operations.~~

## ~~5.9 CORRECTION OF VIOLATIONS~~

### ~~5.9.1 Critical Violations~~

~~A. Except as specified in Paragraph B of this Subsection, the OWNER shall at the time of inspection correct a CRITICAL VIOLATION of this Ordinance. After observing at the time of inspection a correction of a CRITICAL VIOLATION or deviation, the HEALTH OFFICER shall enter the violation and information about the corrective action on the inspection report.~~

~~B. Considering the nature of the potential hazard involved and the complexity of the corrective action needed, the HEALTH OFFICER may agree to or specify a longer time frame to correct the CRITICAL VIOLATION, not to exceed 10 calendar days after the inspection. After receiving notification that the OWNER has corrected a CRITICAL VIOLATION, or at the end of the specified period of time, the HEALTH OFFICER shall verify correction of the violation, document the information on an inspection report, and enter the report in the HEALTH DEPARTMENT'S records.~~

### ~~5.9.2 Non-critical Violations~~

~~The OWNER shall correct noncritical violations by a date and time agreed to or specified by the HEALTH OFFICER.~~

## ~~5.10 PREVENTION OF FOODBORNE DISEASE TRANSMISSION BY EMPLOYEES~~

### ~~5.10.1 Obtaining Personal Information~~

- ~~A. The HEALTH OFFICER shall act when she or he has reasonable cause to believe that a food employee:~~
- ~~1. Has possibly transmitted disease;~~
  - ~~2. May be infected with a disease in a communicable form that is transmissible through food;~~
  - ~~3. May be a carrier of infectious agents that cause a disease that is transmissible through food;~~
  - ~~4. Is affected with a boil, an infected wound, or acute respiratory infection;~~
  - ~~5. Has violated any provision of 77 Ill. Adm. Code 750 of the Food Sanitation Code;~~
- ~~B. Such action may include:~~
- ~~1. Securing a confidential medical history of the employee suspected of transmitting disease or making other investigations as deemed appropriate; and~~
  - ~~2. Reporting appropriate medical examinations, including collection of specimens for laboratory analysis, of a suspected employee and other employees.~~

### ~~5.10.2 Restriction or Exclusion of Food Employee~~

~~Based on the findings of an investigation related to an employee who is suspected of being infected or diseased, the HEALTH OFFICER may issue an order to the suspected employee or OWNER instituting one or more of the following control measures:~~

- ~~A. Restricting the employee's services to specific areas and tasks in a food establishment that present no risk of transmitting the disease;~~
- ~~B. Excluding the employee from a food establishment; or~~
- ~~C. Closing the food establishment by summarily suspending an OPERATING PERMIT in accordance with law.~~

### ~~5.10.3 Restriction or Exclusion Order~~

~~Based on the findings of the investigation as specified in Subsection 5.10.1 and to control disease transmission, the HEALTH OFFICER may issue an order of restriction or exclusion to a suspected employee or the OWNER without prior warning, notice of a hearing, or a hearing if the order:~~

- ~~A. States the reasons for the restriction or exclusion that is ordered;~~
- ~~B. States the evidence that the employee or OWNER shall provide in order to demonstrate that the reasons for the restriction or exclusion are eliminated;~~
- ~~C. States that the suspected employee or the OWNER may request an Appeal hearing by submitting a timely request as provided in Section 10.1; and~~
- ~~D. Provides the name and address of the HEALTH DEPARTMENT representative to whom a request for an Appeal hearing may be made.~~

#### ~~5.10.4 Release of Employee from Restriction or Exclusion~~

~~The HEALTH OFFICER shall release an employee from restriction or exclusion according to law upon determining that the employee no longer presents a risk of transmitting a foodborne disease and shall document the basis of making such a determination.~~

### ~~5.11 EMBARGO AND DETENTION OF ADULTERATED OR MISBRANDED FOOD~~

#### ~~5.11.1 Examination of Food Items~~

~~Any item of food, food container, LABEL, or food contact equipment may be examined or sample by the HEALTH OFFICER at reasonable times as often as may be necessary to determine that the food is not ADULTERATED or MISBRANDED or that the equipment does not create a health hazard.~~

#### ~~5.11.2 Hold Order~~

~~The HEALTH OFFICER may, upon written notice to the OWNER or PERSON IN CHARGE, place a hold order on any food item or food contact equipment which he or she has probable cause to believe to be unwholesome, ADULTERATED, MISBRANDED, or to otherwise create a health hazard or violate a provision of this Ordinance.~~

#### ~~5.11.3 Hold Order—Tagging and Marking~~

~~If the HEALTH OFFICER shall issue a hold order, he or she shall affix to the subject food article or food contact equipment a tag or other appropriate marking giving notice that the food article or food contact equipment is or is suspected of being ADULTERATED or MISBRANDED or otherwise in violation of this Ordinance and has been detained or embargoed. The tag or marking shall also warn all PERSONS not to use, remove or dispose of such food article or food contact equipment by sale until permission for removal or disposal is given by the HEALTH OFFICER or by court having jurisdiction.~~

#### ~~5.11.4 Effect of Hold Order~~

~~Any food item or food contact equipment subject to a hold order shall be suitably stored. It shall be unlawful for any PERSON to remove, or alter a tag or marking placed on any food or food contact equipment, as provided in Subsection 5.11.3. Neither such food nor the container thereof shall be relabeled, repacked, reprocessed, altered, disposed of, or destroyed without the permission of the HEALTH OFFICER, except on order of a court of competent jurisdiction.~~

#### ~~5.11.5 Condemnation of Embargoed or Detained Food or Equipment~~

~~Upon embargo or detention of any food or equipment, the HEALTH OFFICER shall determine whether the food is in fact ADULTERATED or MISBRANDED, and shall:~~

- ~~A. Upon determining that such food is ADULTERATED or MISBRANDED petition the Circuit Court for a libel for condemnation and take such other action as is provided in Section 6 of the *Illinois Food, Drug and Cosmetic Act* (410 ILCS 620/6); or~~
- ~~B. Upon determining that such food is not ADULTERATED or MISBRANDED shall vacate the hold order and remove the tag or marking attached under Subsection 5.11.3.~~

## CHAPTER 6. PRIVATE SEWAGE DISPOSAL SYSTEMS

### 6.1 ACTS PROHIBITED

6.1.1 No PERSON shall discharge DOMESTIC SEWAGE or WASTEWATER to the environment except by means of a PUBLIC SEWER SYSTEM or by a PRIVATE SEWAGE DISPOSAL SYSTEM permitted, constructed, operated and maintained in accordance with the requirements of this Ordinance.

6.1.2 No PERSON shall construct, install, repair or modify a PRIVATE SEWAGE DISPOSAL SYSTEM except in compliance with the terms of this Ordinance.

6.1.3 No PERSON shall offer for sale, deliver or install a PRIVATE SEWAGE DISPOSAL SYSTEM that does not conform to all applicable requirements of this Ordinance.

6.1.4 No PERSON shall operate, maintain or fail to maintain a permitted PRIVATE SEWAGE DISPOSAL SYSTEM in a manner that contravenes any provision of this Ordinance.

6.1.5 No PERSON shall service or clean a PRIVATE SEWAGE DISPOSAL SYSTEM or collect, transport or dispose of SEPTAGE except in compliance with the terms of this Ordinance.

6.1.6 No PERSON shall construct, occupy, use or make available to another for occupancy or use by any means, a premises for the purpose of human occupancy served by a PRIVATE SEWAGE DISPOSAL SYSTEM, except in compliance with the terms of this Ordinance.

### 6.2 STANDARDS AND REGULATIONS

6.2.1 *Illinois Private Sewage Disposal Code* Incorporated

**Champaign County Public Health Department Retail Food Program Enforcement Policy**

Whereas the Champaign County Board has adopted an Ordinance known as the Retail Food Ordinance, and

Whereas the Board of Health of the Champaign County Public Health Department deems it desirable and necessary to provide a retail food safety program policy to promote fair and objective guidance for administrative enforcement and judicial procedures,

Now, therefore, be it resolved by the Board of Health of the Champaign County Public Health Department as follows:

**SECTION 1: GENERAL PROVISIONS**

**1-01: Short Title**

This Enforcement Policy shall be known as the "Retail Food Program Enforcement Policy."

**1-1: Application**

This policy applies to all retail Food Establishments permitted by the Champaign County Public Health Department (Health Department).

Words and phrases included in this policy are defined in Section II, in the Food Code ("Illinois Food Service Sanitation Code," 77 Ill. Adm. Code 750), and in the Health Department's Retail Food Program Ordinance (Retail Food Ordinance).

This policy is intended to provide a progressive enforcement process.

**1-2: Inspections**

Inspections determine the Food Establishment's compliance with the Food Code and Retail Food Ordinance. Inspections are generally unannounced to obtain a more accurate assessment of normal operating practices and conditions. Exceptions can be made for preoperational and opening inspections where an appointment is needed to ensure that all parties are available for discussion or where work is intermittent and access to a new establishment is limited; or during follow-up inspections which may require the presence of specific personnel or management from the establishment.

- Preoperational inspections are conducted during construction to ensure that the food establishment is built or remodeled in accordance with the approved plans and specifications. A preoperational inspection for a Change of Ownership is to verify that the new operation is in compliance with the Food Code and Retail Food Ordinance prior to issuing a new Permit to a new owner. In either situation, the final preoperational inspection, known as the opening inspection, is for final approval and for permit issuance.



- Routine inspections are conducted on a frequency based on risk classification Category. These compliance inspections are full reviews of the Food Establishment operations and facilities and their impact on food safety. They include assessment of food Employee and management health, practices, and knowledge of food safety; food flows, source, storage, thawing, preparation (including cooking temperatures and times) and post-preparation processes; equipment and Premises construction; cleaning and sanitizing processes; water sources; sewage disposal; and vermin control. A detailed report is prepared at the conclusion of each inspection and presented to the Person in Charge. Items found not to be in compliance are categorized as Priority Item, Priority Foundation Item, or Core Item violations. Items found to be repeated from the previous inspection are also noted and are known as Repeat Violations. The Food Code section in violation is included in the report citation section. The time period for the correction of violations shall be in accordance with Section 3: Timely Correction of Violations.
- Follow-up inspections at a Food Establishment, if needed, are conducted by the Health Authority to verify that Priority Item, Priority Foundation Item, or Core Item Violations have been satisfactorily corrected as determined by the Health Authority within Timely Correction days after the routine inspection that detected them. Follow-up inspections should be briefer than the routine inspection, since they concentrate on the previously cited, specified violations. Corrections and continued violations should be documented on a copy of the initial Food Establishment Inspection Report. Continued violations should be used to initiate further compliance and enforcement actions.
- Hazard Analysis Critical Control Point inspections are conducted in Food Establishments operating under a Variance requiring a Hazard Analysis Critical Control Point plan. These inspections are different from routine inspections as these inspections seek to verify specific plan elements which must be routinely monitored and recorded by the Food Establishment. When reviewing Hazard Analysis Critical Control Point plan records, notation in the records of process deviations that occurred and corrective actions taken by management in response to those deviations should not be cited as violations.
- Complaint inspections may be conducted as part of consumer complaints and generally are not full reviews, but concentrate on the specific issue mentioned. Consumer complaints received about a Food Establishment shall be classified as an illness investigation or as a non-illness investigation.
  - Illness investigations are led by the Health Department's Epidemiologist and/or Communicable Disease Investigator using the procedures and time schedules in the Illinois Department of Public Health's Illinois Reportable Disease guideline.
  - Non-illness investigations are led by the Health Department's Environmental Health Division. A formal complaint is where a complainant supplies his/her name, address and contact information along with the complaint specifics. Formal complaints determined by the Health Department as an Imminent Health Hazard are investigated as soon as possible and routinely less than 24 hours after receipt. Other formal complaints generally are investigated within ten (10) Health Department Business Days. An anonymous complaint may be investigated during the next routine inspection, if not sooner.

- Re-inspections are full review inspections conducted after a Permit was suspended. If satisfactory compliance is found and upon payment of any fees, the permit shall be reinstated.

## **SECTION 2: DEFINITIONS**

In addition to the words and phrases referred to in 1-1, the following definitions shall apply in interpretation and enforcement:

**CORRECTIVE ACTION PLAN:** Identifies what a Food Establishment or permit holder will do to correct a remaining violation from an inspection, what will be done to prevent reoccurrence of the violation, and when the corrective action is to be completed.

**CORE ITEM VIOLATION:** Violations that are not designated as a Priority Item or a Priority Foundation Item. It includes those items usually related to general sanitation, operational controls, sanitation standard operating procedures, facilities or structures, equipment design, or general maintenance.

**FOOD ESTABLISHMENT INSPECTION REPORT:** The form found in Appendix A of the Food Code used by the Health Department in substantially the same format.

**FOOD SAFETY MANAGEMENT SYSTEM:** A system developed and implemented by Food Establishment Operators to ensure that food handling practices known to contribute to foodborne illness are under control. The system is comprised of knowledgeable food Employees, written operating procedures, and regular self-assessments to ensure that procedures are being followed.

**OFFICE CONSULTATION:** An informal, scheduled meeting between the Permit holder or designated representative, and the Health Authority at a location determined by the Health Authority.

**PART 750 VIOLATIONS:** Violations of Part 750 of the Illinois Food Code (Illinois Food Service Sanitation Code," 77 Ill. Adm. Code 750). These rules are specific to and are applicable in Illinois.

**RISK CONTROL PLAN (RCP):** A written management plan developed by the Food Establishment operator with input from the Health Authority that describes a management system for controlling specific out-of-control foodborne illness risk factors.

## SECTION 3: TIMELY CORRECTION OF VIOLATIONS

### 3-1: Imminent Health Hazard

A permit holder or a Person in Charge shall immediately cease and discontinue food operations if an Imminent Health Hazard exists during an inspection or during an emergency. An Imminent Health Hazard includes, but is not limited to:

- Fire
- Flood
- Extended interruption of electrical or water service
- Sewage backup
- Misuse of poisonous or toxic materials
- Onset of an apparent foodborne illness outbreak
- Gross unsanitary occurrence or condition or
- Other circumstances that may endanger public health

A permit holder or a Person in Charge shall immediately notify the Health Authority if there is an Imminent Health Hazard. In the Health Authority's judgment, it may modify a Permit to cease a portion of the food operations depending upon the location and type of Imminent Health Hazard or it may suspend a Permit to cease all food operations.

Food operations due to an Imminent Health Hazard may not resume until authorization has been granted by the Health Authority.

### 3-2: Priority Item Violations

When a Priority Item Violation is observed during a routine inspection, the violation shall be documented on the FOOD ESTABLISHMENT INSPECTION REPORT. A compliance correction acceptable to the Health Authority shall be obtained. Acceptable compliance corrections include the following options:

- A. **Violation Corrected On-site (COS):** This occurs when immediate on-site corrective action is conducted by the Person in Charge and is verified and documented by the Health Authority during the inspection, with a brief explanation of the corrective action taken.
- B. **Violation Correction Form (VCF):** A VCF is issued only for a Priority Item Violation that cannot be corrected on-site and is not an Imminent Health Hazard. The VCF will be left with the Person in Charge with instructions to have the violation corrected properly and to return the VCF to the Health Authority within ten (10) business days.

The VCF must be adequately filled out, including documentation of the corrective action, such as a picture of the correction or any receipts that indicate that corrective action was taken.

After the VCF is received by the Health Authority, a Priority Item Violation may require a follow-up inspection within ten (10) additional business days.

- C. **Corrective Action Plan:** If a Priority Item Violation is not an Imminent Health Hazard and cannot be corrected on-site or does not qualify for a VCF, then the Health Authority may require a **CORRECTIVE ACTION PLAN** acceptable to the Health Authority.

If the Food Establishment's Person in Charge is unable or unwilling to take suitable compliance corrective action as listed above, then the Health Authority shall take enforcement actions starting with Permit suspension. The hearing process is described in Section 6.

### **3-3: Priority Foundation Item Violations**

When a Priority Foundation Item Violation is observed, the violation will be documented on the **FOOD ESTABLISHMENT INSPECTION REPORT**. An acceptable compliance correction must be obtained. Acceptable compliance corrections include the following options:

- A. Violation corrected on-site (COS): as stated in 3-2.
- B. Violation Correction Form (VCF): as stated in 3-2.
- C. Corrective action with an alternative timeframe: as designated in the Priority Foundation Item Correction Table, Appendix Pf.
- D. Health Authority approval: as stated in 3-2 (C).

If the Person in Charge is unable or unwilling to take suitable compliance corrective action as listed above, then the Health Authority shall take enforcement actions starting with an informal office consultation

### **3-4: Core Item Violations**

When a **CORE ITEM VIOLATION** is observed, the violation will be documented on the **FOOD ESTABLISHMENT INSPECTION REPORT**. The permit holder shall correct the **CORE ITEM VIOLATION** by no later than the next routine inspection date. Reassessment will occur during the next routine inspection unless there is an alternative written compliance schedule.

If an alternative timeframe is requested by the permit holder or by the Health Authority, a written compliance schedule shall be submitted by the permit holder. The alternative time schedule shall be approved by the Health Authority. The compliance schedule shall contain the specific violation(s), the methods of correction(s), and the date(s) for correction. Verification of correction may be provided by documentation or by a follow-up inspection by the Health Authority.

### **3-5: Part 750 Violations**

When a **PART 750 VIOLATION** is observed, the violation will be documented on the **FOOD ESTABLISHMENT INSPECTION REPORT**. An acceptable compliance correction must be

obtained. Acceptable compliance corrections are included in Appendix 750.

If the Person in Charge is unable or unwilling to take suitable compliance corrective action as listed above, then the Health Authority shall take enforcement actions starting with an informal office consultation.

### **3-6: Deviations from Hazard Analysis Critical Control Point Plan Elements**

The timely correction of a Hazard Analysis Critical Control Point plan element that is not in compliance with the plan is categorized as a Priority Foundation Item Violation.

If a Hazard Analysis Critical Control Point plan element is found to deviate from the plan, the deviation will be documented on the Hazard Analysis Critical Control Point inspection report. An acceptable compliance correction must be obtained. Depending upon the Hazard Analysis Critical Control Point plan, the acceptable corrective action and the time schedule for timely correction shall follow the procedures for correcting Priority Item or Priority Foundation Item Violations as listed in 3-2 and 3-3.

If the Food Establishment's Person in Charge is unable or unwilling to take suitable compliance corrective action as listed above, then the Health Authority shall take enforcement actions starting with an informal office consultation.

### **3-7: Complaints**

Consumer complaints are complaints made by members of the public. Corrective actions for consumer complaints that are Priority Item or Priority Foundation Item Violations are required to be satisfactorily corrected as in 3-2 or 3-3. Corrective actions for consumer complaints that are Core Item Violations are required to be satisfactorily corrected as in 3-4.

### **3-8: Failure to Return a Violation Correction Form**

When a VCF is left with the Person in Charge the instruction and goal is to have the violation properly corrected and adequately documented on the VCF, with the VCF returned to the Health Authority within ten (10) business days.

If the VCF is not returned or if the Health Authority determines that the violation was not properly corrected or that the correction was not adequately documented, then the Health Authority will follow-up to gain compliance within an additional ten (10) business days.

If still not returned, properly corrected, or adequately documented, then the Person In Charge, Food Establishment operator or owner shall attend an OFFICE CONFERENCE with the Health Authority. Failure to appear or failure to properly correct the violation with adequate documentation within any timeframe extended during the informal office conference may result in further administrative actions including permit suspension or revocation.

## SECTION 4: REPEAT VIOLATIONS

### 4-1: Timeframe for Routine Inspections and Repeat Violations

Category I Food Establishments have routine inspections two to three (2-3) times per calendar year with approximately ninety (90) calendar days between routine inspections. Category II Food Establishments have at a minimum one (1) routine inspection per calendar year, while Category III Food Establishments have at a minimum one (1) routine inspection every two (2) calendar years.

In order to have a similar timeframe for documenting Repeat Violations independent of the Food Establishment's designated Category and the corresponding frequency and timing of routine inspections, the first Repeat Violation, for Categories II and III, will trigger a follow-up inspection to determine if the Repeat Violation continues to be a Repeat Violation or if it has been corrected. The timeframe for this follow-up inspection will be approximately the timeframe between routine inspections for Category I Food Establishments. Upon the observation of a Repeat Violation, all Food Establishments will be subject to the progressive enforcement in this Section until complete compliance with the Ordinance is obtained.

### 4-2: Timeframe for Correction

On-site corrections (COS) address a short-term correction and may not negate the need for implementation of long-term correction actions when the violation is not an isolated occurrence, i.e. a Repeat Violation.

When a violation is observed during an inspection and it is a Repeat Violation from the last routine inspection, it will be documented and tracked by using and including the notation of "R1" for being a Repeat Violation the first time, "R2" for being repeated again, and so on.

### 4-3: Repeat Priority Item or Priority Foundation Item Violations

- A. **First-Time (R1) Repeat Violations:** When any Priority Item or Priority Foundation Item Violation is observed that is an R1 Repeat Violation, the violation shall be documented on the FOOD ESTABLISHMENT INSPECTION REPORT and subsequent enforcement action will focus on establishing long-term compliance and a behavior change by the Food Establishment.

In consultation with the Health Authority, the Food Establishment must conduct a process to find corrective actions designed to prevent the recurrence of the violation by addressing the root cause(s) of the R1 Repeat Violation. This process may require the Food Establishment to schedule a discussion between the Health Authority and the Food Establishment's management (owner and/or operator), as well as the Person(s) in Charge, if needed, to complete the following requirements:

1. Determine the root cause(s) of the specific violation.
2. Identify and implement targeted preventative corrective actions or control

measures.

3. Assess the effectiveness of these actions.
4. Redo the process if the corrective actions or control measures did not effectively eliminate the root cause(s) of the specific violation.

Examples of corrective actions include:

1. Changing equipment and layout, e.g., adding rapid cooling equipment or adding an additional hand sink.
2. Establishing written buyer specifications, e.g., purchasing from Approved alternative sources.
3. Developing and implementing recipe and/or process instructions, e.g. establishing demonstrated rapid cooling methods or including end temperatures for the cooking step.
4. Developing and implementing Standard Operating Procedures (SOPs) or requiring food temperature monitoring and recording.
5. Employee training or re-training on the procedures and/or manager training or re-training on taking, verifying, and recording corrective actions.

**B. Second-Time (R2) Repeat Violations:** When a Priority Item or Priority Foundation Item Violation is observed that is an R2 Repeat Violation, an OFFICE CONSULTATION will be conducted by the Health Authority with the permit holder and Person(s) in Charge.

The purpose of the OFFICE CONSULTATION is to clarify expectations for food protection and sanitation, as well as the consequences of failure to correct any Repeat Violations and to maintain standards. This consultation also offers an opportunity for the permit holder to demonstrate corrective actions for addressing Repeat Violations. Pursuant to the OFFICE CONSULTATION, the Health Authority may require the permit holder to do any of the following:

1. Develop and submit a compliance plan, e.g. a written CORRECTIVE ACTION PLAN, with an agreement from the Health Authority.
2. Develop and implement a RISK CONTROL PLAN (RCP) with a follow-up inspection for correction verification.
3. Issue an order to change or cease menu items or recipe processes with repeated uncontrolled Priority Item or Priority Foundation Item Violations.

**C. Third-Time (R3) Repeat Violations:** When a Priority Item or Priority Foundation Item Violation is observed that is an R3 Repeat Violation, an administrative enforcement action will be conducted. These actions may include:

1. Written notice of the Food Establishment's violations and subsequent failure to comply with the necessary corrective actions. The written notice will include a final compliance correction date and, if needed, a compliance hearing date.
2. Conducting a compliance hearing to determine if a Permit should be limited in menu with an order to cease preparation of a menu item; to cease a Food

Preparation process; to cease using an equipment item; or to suspend Food Preparation in a particular department or area.

3. Conducting a compliance hearing to determine if a Permit should be suspended or revoked.

**D. Fourth-Time (R4) Repeat Violations:** When a Priority Item or Priority Foundation Item Violation is observed that is an R4 Repeat Violation, the Health Authority will pursue administrative and/or judicial remedies against the Food Establishment and/or permit holder. These remedies may include:

1. Suspension of the Food Establishment's Permit with or without civil fines.
2. Revocation of the Food Establishment's Permit with or without civil fines.
3. An administrative hearing concerning administrative remedies to achieve compliance.
4. Petition for a Temporary Restraining Order and other relief in a court of competent jurisdiction.
5. Petitions for temporary and/or permanent injunctive relief in a court of competent jurisdiction to achieve compliance with the provisions of this Policy and/or the Health Department Ordinance.
6. Criminal proceeding as described below in Section 6-7.

#### **4-4: Repeat Core Item Violations**

When a repeat Core Item Violation is observed, the violation shall be documented on the FOOD ESTABLISHMENT INSPECTION REPORT and subsequent enforcement action will focus on establishing long-term compliance and a behavior change by the Food Establishment.

- A. First-Time (R1) Repeat Violations:** If the Repeat Violation is an R1 Core Item Violation, the Health Authority will discuss the violation and options for corrective action with the permit holder.
- B. Second-Time (R2) Repeat Violations:** If the Repeat violation is an R2 Core Item violation, the Health Authority will discuss the violation with the permit holder using a consultative assistance process to find options for corrective actions.
- C. Third-Time (R3) Repeat Violations:** If the Repeat violation is an R3 Core Item violation, the Health Authority will determine whether extended and continued non-compliance may result in any of the following:
  1. The progression of the violation into a Priority Item or Priority Foundation Item Violation.
  2. The progression of gross unsanitary conditions that render operations, practices, or conditions injurious to human health or otherwise create a nuisance.

If the Health Authority determines that progression into one of these two conditions is:



a) Unlikely to occur and has not already occurred, the Core Item violation will be documented and tracked as a Repeat Violation, e.g. R4, R5, etc., and reevaluated as in 4-4 (B) during the next routine inspection. Eventually, corrective action(s) to remove the violation(s) shall be completed to the sole satisfaction of the Health Authority when:

1. The Food Establishment is inactive for more than thirty (30) calendar days and under the same ownership.
2. There is a permit holder change of ownership.
3. The Food Establishment's internal premises are remodeled.

b) Likely to occur or has already occurred, the violation(s) shall be corrected according to a compliance correction action schedule submitted by the permit holder and approved by the Health Authority. If the permit holder does not correct repeat Core Item Violations in the manner of, and by a date and time agreed to in the approved CORRECTIVE ACTION PLAN, the Health Authority will proceed with administrative enforcement actions and/or judicial remedies as described above in 4-3(C) and 4-3 (D).

#### **4-5: Repeat Part 750 Violations**

Repeat Violations of PART 750 VIOLATIONS shall follow the same procedures as in this Section depending upon the designation of a 750 violation as a Priority Item, Priority Foundation Item, or Core Item Violation as designated in appendix 750.

### **SECTION 5: INADEQUATE FOOD SAFETY MANAGEMENT SYSTEM**

In addition to Section 3 and Section 4, when violations are documented in six (6) or more categories of foodborne illness risk factors and public health interventions as shaded on the FOOD ESTABLISHMENT INSPECTION REPORT during a routine inspection, it is substandard compliance and it is indicative of gaps in trainings, procedures, and/or verifications. The FOOD SAFETY MANAGEMENT SYSTEM needs improvement to protect the public from foodborne illness and shall require compliance corrections acceptable to the Health Authority.

The Health Authority shall review and approve any correction documentation. Follow-up inspection(s) shall be conducted to assess the effectiveness of the FOOD SAFETY MANAGEMENT SYSTEM. Acceptable effectiveness is demonstrated by having no violations in these categories.

If consecutive routine inspections continue to document violations in any six (6) or more categories of foodborne illness risk factors and public health interventions or if follow-up inspection in this Section continues to document violations in same six (6) or more categories, then the Health Authority shall proceed to Section 6.

## SECTION 6: PENALTIES FOR NON-COMPLIANCE

### 6-1: Permit Suspension

- A. **Notice of Suspension:** Whenever a permit holder or Operator has failed to comply with any notice issued under the provisions of the Enforcement Policy, the Health Authority may serve the permit holder or Operator with a notice stating that their Permit is suspended and Operations are to cease immediately or as ordered by the Health Authority.

The summary suspension notice shall state the following:

1. That the Permit is immediately suspended and that all food Operations shall immediately cease.
  2. The nature of the violation supporting summary suspension, with reference to the specific Enforcement Policy or Ordinance provisions that are in violation.
  3. A reasonable time in which corrective action must be taken by the permit holder or Operator.
  4. Contact information for the Health Authority to whom a written request for re-inspection may be made and who may certify that reasons for the suspension are eliminated.
  5. That the permit holder may request an appeal hearing by submitting a timely request as in 6-4.
- B. **Imminent Health Hazard:** In the event that a violation constitutes an Imminent Health Hazard, the aforesaid notice may also require the immediate suspension of the entire Operation of the Food Establishment or portions thereof. Any Person to whom such notice is issued shall comply immediately therewith. The permit holder shall obtain Approval from the Health Authority prior to resuming Operations. Approval may be granted by written, electronic, or telephone notification.
- C. **Repeat Suspensions:** Two (2) suspensions during a period of twelve (12) consecutive months shall constitute grounds for permanent revocation of a Permit.
- D. **Cause:** A Permit may be suspended for cause pending its revocation or a hearing relative thereto.

### 6-2: Reinstatement of Suspended Permits

Any Person whose Permit has been suspended may, at any time, submit a written application for re-inspection in accordance with the procedure in 6-1 (A).

### 6-3: Permit Revocation

For Repeat Violations of any provisions of the Enforcement Policy or for interference with the Health Authority in the performance of its duties, the Health Authority may hold a hearing to permanently revoke a Permit. The permit holder shall be given notice of the revocation and of

the opportunity to request a hearing before the Health Authority. Prior to such action, the Health Authority shall notify the permit holder that the Permit is subject to revocation, and the Permit shall be permanently revoked at the end of ten (10) business days following service of such notice, unless the permit holder files a request for a hearing with the Health Authority within that period.

Upon revocation the Person and other related Persons or organizations are ineligible to reapply to the Health Department for a Food Establishment Permit in its jurisdiction.

#### **6-4: Appealing Decisions by the Health Authority**

- A. **Appeals:** A permit holder or Operator whose Permit has been suspended or revoked may make a written request to the Health Authority for a hearing to contest the conditions of the suspension or revocation. In such cases where a Permit has been suspended, a permit holder may additionally or alternatively make a written request to the Health Authority for re-inspection.

Any Food Establishment for which the Permit has been suspended or revoked shall remain closed during those periods when an appeal and/or a hearing is being sought or under consideration.

The permit holder may appeal the final decision of the Health Authority to the Health Department or its successor.

- B. **Timeliness:** The Health Authority shall afford a hearing within thirty (30) calendar days but no earlier than seven (7) calendar days after the service of a hearing notice to consider administrative remedies for matters as determined necessary by the Health Authority.

#### **6-5: Hearings**

All hearings shall be conducted by the Health Authority at a time and place to be designated by the same.

All hearings shall be conducted so as to provide the parties with written notice of the hearings, adequate time to prepare, the right to present evidence in support of their position, the right to cross-examine, and the right to legal counsel at their expense. Either party may record the hearing. Written notice of the hearing to a party may be waived by that party.

An Administrative hearing will be conducted by the Public Health Administrator of the Health Department, or his/her designee, and any Health Department staff that may be necessary. All hearings shall be conducted in an informal manner, with consideration to all parties. The formal rules of evidence shall not apply; however, the hearing body may exclude irrelevant or immaterial evidence. The hearing body may ask questions of any witness to clarify a point or to assist the body in reaching a decision.

Based upon the hearing, the Health Authority shall make a finding and sustain, modify, or rescind any official notice or order considered in the hearing. This hearing may result in the

closure of the Food Establishment and may be used to establish legal action(s) against the Food Establishment.

A written report of the hearing decision shall be furnished to the permit holder by the Health Authority within forty-eight (48) hours.

**6-6: Service of Notices**

Notices provided for under this Policy shall be deemed to have been properly served when a physical or electronic copy thereof has been delivered to the permit holder; if a corporation, to any officer thereof; or to the Person in Charge. The Health Department shall maintain a physical or electronic copy of such notices.

**6-7: Penalties Other Than Suspension and Revocation of Licenses**

Any Person that violates any provisions of this Policy shall be guilty of a class B misdemeanor, and upon conviction thereof, shall be punished by a term of imprisonment for not more than six (6) months, by a fine not to exceed five hundred dollars (\$500.00), or by both such term and fine. Each day upon which a violation occurs shall constitute a separate violation.

In addition to suspension, revocation, criminal conviction, or other remedy, the Health Department may seek an injunction against any permit holder or Person violating this Policy, as provided in the Illinois Food Handling Regulation Enforcement Act (410 ILCS 625/1 et seq.).

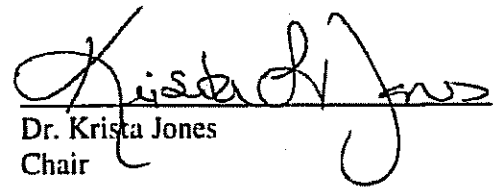
**SECTION 7: AUTHORITY**

This Enforcement Policy shall be published in pamphlet form not later than December 3, 2018.

This Enforcement Policy shall be in full force and effective on January 1, 2019. At that time, all enforcement policies and provisions in conflict with this Enforcement Policy are repealed.

Should any section, paragraph, sentence, clause or phrase of this Enforcement Policy be declared unconstitutional or invalid for any reason, the remainder of this Enforcement Policy will not be affected. Those sections will remain valid.

Passed and adopted this 2<sup>nd</sup> day of October, 2018, by the Board of Health of the Champaign County Public Health Department.

  
Dr. Krista Jones  
Chair

October 2, 2018  
Date

## ENFORCEMENT PROVISIONS

~~PERMIT FEES~~—The annual fee for a Health Department permit to operate a food service establishment in the jurisdiction of the Champaign County Public Health Department is as follows:

~~CATEGORY 1 (PRIORITY) \$400~~

~~CATEGORY 2 (PRIORITY) \$300~~

~~CATEGORY 3 (PRIORITY) \$150~~

~~TEMPORARY EVENTS ONE (1) DAY \$50~~

~~TEMPORARY EVENTS TWO (2) TO FOURTEEN CONSECUTIVE (14) DAYS \$75~~

~~SEASONAL UP TO SIX (6) MONTHS \$125~~

~~PERMIT REINSTATEMENT FEE \$50~~

~~LATE FEE \$25~~

~~REINSPECTION FEE \$25 PER HOUR (minimum charge one (1) hour:~~

~~———— Subsequent time in increments of one quarter (1/4) hour.~~

~~———— Charges will be calculated from the beginning of actual~~

~~———— Inspection, to the completion of the computerized report.~~

~~Reinspections shall be conducted when a food service establishment's adjusted score is thirty five percent (35%) or when Critical, Major, or Repeat Violations have not been remedied.~~

~~Reinspections will NOT include the following:~~

~~1) Routine operational inspections,~~

~~2) inspections requested by the facility management,~~

~~3) educational visits,~~

~~4) operational equipment checks (e.g., temperatures, food storage temperatures)~~

~~5) equipment consultations (e.g., placement, type, approval)~~

~~6) construction surveys,~~

~~7) disaster inspections (e.g., fire, flood, power outage),~~

~~8) foodborne illness investigations, or~~

~~9) complaint based investigations.~~

~~INSPECTION OF FOOD SERVICE ESTABLISHMENTS OR RETAIL FOOD STORES~~  
Category 1 (Priority) food service establishment(s) or retail food store(s) located in Champaign County shall be inspected at least three times per year. One of the inspections of a Category 1 (Priority) food service may be substituted by an approved educational contact. Category 2 (Priority) food service establishments, or retail food stores located in Champaign County shall be inspected at least one time per year. Category 3 (Priority) food service establishments, or retail food stores located in Champaign County shall be inspected at least once every two years. Food service establishments or retail food stores located in Champaign County may request a non-recorded inspection. This inspection would not be the basis for any proceedings. Category (Priority) ratings for all food service facilities will be re-evaluated each year. Each facility will be informed of any changes in its rating.

~~(1) All violations of 1 or 2 point weighted items shall be corrected as soon as possible, but in any event, by the time of the next routine inspection.~~

~~(2)\* CRITICAL VIOLATIONS #S 1,3,4,7,11,12,20,27, and 28 shall be corrected prior to the end of the inspection. The violation will be noted on the inspection report as "corrected during inspection" or "cdi." Critical violations are to be given a further debit weight of five percent (5%). Debits will be maintained. \*See #5, ADJUSTED SCORES.~~

~~(3)\* MAJOR VIOLATIONS #s 30,31,35, 41 and 45 may be corrected prior to the end of the inspection, and if corrected will be noted on the inspection report as "corrected during inspection" or "cdi." Major violations are to be given a further debit weight of five percent (5%). Debits will be maintained. If the violation cannot be remedied in this manner, a "Major Violation Correction Form" (MVCF) will be left with the manager/operator at the time of the inspection. A written method of correction for each of the "Major Violations" shall be made on this form by the manager/operator and returned to the Health Authority within ten (10) days. \*SEE #5, ADJUSTED SCORES.~~

~~The MVCF shall be reviewed and initialed by the inspector that conducted the inspection. A log to record and follow the MVCF will be maintained. The log will contain a) the permit number of the food service or the retail food store, b) the date the MVCF was left, c) the name of the facility, and d) the date the MVCF was returned. If the MVCF is found to be satisfactorily completed, it will be filed in the facility folder. If the MVCF is not complete or is improper, the facility will be contacted within twenty-four (24) hours to ensure compliance.~~

~~— If the MVCF is not returned to the Health Authority in the ten (10) working days allocated, a letter, with another MVCF, will be sent to the facility. The letter will allow forty-eight (48) hours to return the second MVCF. Failure to return the MVCF the second time will result in an informal hearing regarding the suspension of the facility's permit to operate.~~

~~(4)\* REPEAT VIOLATIONS Repeat violations are to be given a further debit weight of two percent (2%). If documentation indicates that the item has not been corrected properly~~

~~in a period of two (2) years, the violations will be reclassified as a MAJOR VIOLATION.  
SEE #5, ADJUSTED SCORES.~~

~~(5) ADJUSTED SCORES All facility ratings shall be determined by using the Score minus the debits created by CRITICAL, MAJOR, and REPEAT violations. This score will be referred to as the ADJUSTED SCORE. The adjusted score shall be determined by using the following method:~~

~~a) Multiply the total number of CRITICAL and MAJOR Violations times five (5); (SEE #2 & #3)~~

~~b) Multiply the total number of REPEAT Violations times two (2); (SEE #4)~~

~~c) subtract a+b from the Score (e.g.: Score - (a+b) = ADJUSTED SCORE)~~

~~(6) In the case of temporary food service establishments or temporary retail food stores, violations must be corrected within a specified period of time not to exceed twenty four (24) hours. Failure to comply with such notice shall result in immediate suspension of the permit.~~

~~(7) Failure to comply with any notice regarding any violation or repeat violations issued in accordance with the provisions of this ordinance may result in the immediate suspension of the permit.~~

~~(8) State that an opportunity for appeal from any notice or inspection findings will be provided if a written request for a hearing is filed with the health authority within the period of time established in the notice for correction.~~

~~(9) VOLUNTARY CLOSURE A facility having an adjusted score of zero to 35 percent (0% - 35%) shall be counseled by the inspecting officer to voluntarily cease food service operations until such a time that the facility is in general compliance with the applicable Rules and Regulations.~~

~~(10) IMMEDIATE CLOSURE Facilities that have an adjusted score of less than zero percent (0%) shall be classified as an imminent danger to the public's health and their permit to operate shall be suspended immediately. A hearing shall be scheduled as per Champaign County Health Ordinances.~~

~~FOOD SERVICE ESTABLISHMENTS OR RETAIL FOOD STORES OUTSIDE JURISDICTION OF THE HEALTH AUTHORITY Food from food service establishments or retail food stores outside the jurisdiction of the health authority may be sold within Champaign County if such food service establishments or retail food stores conform to the provisions of this ordinance or to substantially equivalent provisions. To determine the extent of compliance with such provisions, the health authority may accept reports from responsible authorities in other jurisdictions where such food service establishments or retail food stores are located.~~

~~(1) PLAN REVIEW FEES — Plan review fees will be charged as follows:~~

~~(a) NEW CONSTRUCTION OR CONVERSION OF EXISTING STRUCTURES:~~

~~100 TO 1,000 SQUARE FEET — \$200  
OVER 1,000 TO 10,000 SQUARE FEET — \$300  
OVER 10,000 TO 50,000 SQUARE FEET — \$400  
OVER 50,000 SQUARE FEET AND UP — \$500~~

~~(b) EXTENSIVE REMODEL OR CHANGE OF OWNER:~~

~~75% OR GREATER OF (a)~~

~~100 TO 1,000 SQUARE FEET — \$150  
OVER 1,000 TO 10,000 SQUARE FEET — \$225  
OVER 10,000 TO 50,000 SQUARE FEET — \$300  
OVER 50,000 SQUARE FEET AND UP — \$375~~

~~(c) MINOR REMODEL:~~

~~LESS THAN 75% OF (a)~~

~~100 TO 1,000 SQUARE FEET — \$100  
OVER 1,000 TO 10,000 SQUARE FEET — \$150  
OVER 10,000 TO 50,000 SQUARE FEET — \$200  
OVER 50,000 SQUARE FEET AND UP — \$250~~

~~\* FROM PAGE 2 — MAJOR AND CRITICAL VIOLATIONS ARE ITEMS THAT REQUIRE IMMEDIATE ATTENTION DUE TO THEIR POTENTIAL FOR CREATING FOOD RELATED ILLNESS OR HAZARD.~~

~~ENFORCEMENT PROVISIONS APPROVED, OCTOBER 1998 BOARD OF HEALTH MEETING.~~





CHAMPAIGN-URBANA PUBLIC HEALTH DISTRICT  
 201 W. Kenyon Rd  
 Champaign, Illinois 61820-7807  
 217-373-7900 www.c-aphd.org  
**ESTABLISHMENT SURVEY REPORT**

Permit Number 1044

Date 10/04/18

ESTABLISHMENT Champaign Co. Nursing Home ADDRESS 500 Art Bartell RD

OWNER OR OPERATOR: Gina Miller CITY URBANA ZIP 61801

BASED ON AN INSPECTION THIS DAY, THE ITEMS MARKED BELOW IDENTIFY VIOLATIONS OF THE CHAMPAIGN-URBANA FOOD SERVICE ORDINANCE, THE SANITARY INSPECTION LAW AND RULES PROMULGATED UNDER THESE ACTS. FAILURE TO CORRECT THESE VIOLATIONS WITHIN THE TIME SPECIFIED MAY RESULT IN PROSECUTION UNDER THE ENFORCEMENT PROVISIONS OF THESE ACTS.

ALL 1 AND 3 POINT ITEMS MUST BE CORRECTED IMMEDIATELY. ALL OTHER VIOLATIONS MUST BE CORRECTED WITHIN \_\_\_\_\_ NI \_\_\_\_\_ DAYS.  
 \*\*\*\*\*MAJOR VIOLATION CORRECTION SHEET LEFT YES NO IF YES, RETURN WITHIN 10 DAYS OF THE ABOVE DATE\*\*\*\*\*

| ITEM                      | WT | IN  | DESCRIPTION  | ITEM                                       | WT | IN  | DESCRIPTION  | ITEM                                  | WT | IN  | DESCRIPTION   |
|---------------------------|----|-----|--|--|----|-----|--|---------------------------------------|----|-----|---|
| <b>Food</b>               |    |     |  |  |    |     |  |                                       |    |     |   |
| 1                         | 5  | IN  | Source Sound Condition No spoilage   | 20   | 4  | IN  | Sanitation rinse clean, temperature, concentration   | <b>Insect, Rodent, Animal Control</b> |    |     |   |
| 2                         | 1  | IN  | Original container, properly labeled   | 21   | 1  | OUT | Wiping cloths clean, use restricted  | 35                                    | 4  | IN  | Presence of insects rodents outer openings protected, no birds, turtles or other animals                                      |
| <b>Food Protection</b>    |    |     |  |  |    |     |  |                                       |    |     |   |
| 3                         | 5  | OUT | Potentially hazardous food meets temperature requirements during storage, preparation, display, service, and transport | 22   | 2  | OUT | Food contact surface of equipment and utensils clean, free of abrasives and detergents   | <b>Floors, Walls, &amp; Ceilings</b>  |    |     |   |
| 4                         | 4  | IN  | Facilities to maintain product temperature   | 23   | 1  | OUT | Non-food contact surfaces of equipment and utensils clean  | 36                                    | 1  | OUT | Floors constructed, drained, clean good repair, covering, installation, dustless cleaning methods                             |
| 5                         | 1  | IN  | Thermometers provided and conspicuous  | 24   | 1  | OUT | Storage, handling of clean equipment-utensils  | 37                                    | 1  | OUT | Walls ceiling, attached equipment constructed, good repair, clean surfaces, dustless cleaning methods                         |
| 6                         | 2  | IN  | Potentially hazardous food properly thawed   | 25   | 1  | IN  | Single-service articles, storage, dispensing   | <b>Lighting</b>                       |    |     |   |
| 7                         | 4  | IN  | Unwrapped and potentially hazardous food not re-served.  | 26   | 2  | IN  | No re-use of single-service articles   | 38                                    | 1  | OUT | Lighting provided as required, fixtures shielded  |
| 8                         | 2  | IN  | Food protection during storage, preparation, display, service, and transportation                                      | <b>Water</b>                               |    |     |  | <b>Ventilation</b>                    |    |     |   |
| 9                         | 2  | IN  | Handling food (ice) minimized, methods   | 27   | 5  | IN  | Water source, safe hot and cold under pressure   | 39                                    | 1  | IN  | Rooms and equipment - vented  |
| 10                        | 1  | IN  | Food (ice) dispensing utensils properly stored   | <b>Sewage</b>                              |    |     |  | <b>Dressing Rooms</b>                 |    |     |   |
| 11                        | 5  | IN  | Personnel with infections restricted   | 28   | 4  | IN  | Sewage & waste water disposal  | 40                                    | 1  | IN  | Rooms clean lockers provided, facilities clean  |
| 12                        | 5  | OUT | Hands washed and clean, good hygienic practices  | <b>Handwashing</b>                         |    |     |  | <b>Other</b>                          |    |     |   |
| 13                        | 1  | IN  | Clean clothes, hair restraints   | 29   | 1  | OUT | Installed, maintained  | <b>Operations</b>                     |    |     |   |
| <b>Food</b>               |    |     |  |  |    |     |  |                                       |    |     |   |
| 14                        | 2  | IN  | Food (ice) contact surfaces designed, constructed, maintained, installed, located                                      | 30   | 5  | IN  | Cross-connection back-siphonage, backflow  | 41                                    | 5  | IN  | Toxic items properly stored, labeled and used   |
| 15                        | 1  | OUT | Non-food contact surfaces designed, constructed, maintained, installed, located  | <b>Toilet &amp; Handwashing Facilities</b> |    |     |  | 42                                    | 1  | OUT | Premises maintained, free of litter unnecessary articles cleaning maintenance equipment properly stored, authorized personnel |
| 16                        | 2  | IN  | Dishwashing facilities designed, constructed, maintained, installed, located   | 31   | 4  | OUT | Number, convenient, accessible, designed, installed  | 43                                    | 1  | IN  | Complete separation from living sleeping quarter, laundry   |
| 17                        | 1  | IN  | Accurate thermometers, chemical test kits provided, gauge cock   | 32   | 2  | OUT | Toilet rooms enclosed, self-closing doors, fixtures, good repair, clean hand cleanser, sanitary towels/hand drying devices provided, proper waste receptacles, tissues | 44                                    | 1  | IN  | Clean, soiled linen properly stored   |
| 18                        | 1  | OUT | Pre-flushed, scraped, soaked   | <b>Garbage &amp; Refuse Disposal</b>       |    |     |  | 45                                    | 0  | IN  | Certified personnel as required   |
| 19                        | 2  | IN  | Wash, rinse water, clean, proper temperature   | 33   | 2  | IN  | Containers/receptacles covered, adequate number, insect/rodent proof, frequency, clean   | <b>Administrative</b>                 |    |     |   |
| <b>Equipment/Utensils</b> |    |     |  |  |    |     |  |                                       |    |     |   |
| 34                        | 1  | IN  | Outside storage area, enclosures properly constructed, clean, controlled incineration                                  | 34   | 1  | IN  | Outside storage area, enclosures properly constructed, clean, controlled incineration  | 46                                    | 0  | IN  | Administrative Rules  |

SCORE 72 CRITICAL X 3% = 15 00 REPEATS X 2% = 18 00 ADJ SCORE 39 00

IN = In Compliance OUT = Out of Compliance NA = Not Applicable NO = Not Observed

Critical Violations

| Item | Status | Rule #           | Rule  | Observed   |
|------|--------|------------------|---|--|
| 5    | COS R  | 75B (1)(a) (b.1) | The temperature of potentially hazardous foods shall be 41 F or below, or 135°F or above, at all times, except as otherwise provided in this Part | There was a pan of cooked sausage patties on top of the oven, with a temperature of 74 degrees F. COS: The employee stated that the items were meant to be discarded, and 10 minutes later did discard the food. (First Repeat - R1) |

12 \* COS 750 511a Employees may consume food only in designated dining areas. An employee dining area shall not be so designated if consuming food there may result in contamination of other food, equipment, utensils, or other items needing protection

An open can of Pepsi, partly consumed, was found on the shelf immediately above food preparation. COS: The employee discarded the can. Proper dining areas were discussed.

31 \* COS R 750 1120b Lavatories shall be accessible to employees at all times

Kitchenette 1-3 had one of the hand sinks blocked with small plates and paper napkins in the basin. Kitchenette 4-5 had one of the hand sinks in poor repair, not draining, with standing water 4 inches deep and a heavy pink soiling in the water and around the rim. COS: The hand sinks were made available, cleaned, and made to work. By the time the inspector left, both hand sinks were operational.

Non-critical Violations

| Item | Status | Rule #             | Rule  | Observed  |
|------|--------|--------------------|---|---|
| 15   |        | 750 690            | Surfaces of equipment not intended for contact with food, but which are exposed to splash or food debris or which otherwise require frequent cleaning, shall be designed and fabricated so as to be smooth, washable, free of unnecessary ledges, projections, or crevices and readily accessible for cleaning, and shall be of such material and in such repair as to be easily maintained in a clean and sanitary condition           | There was rust on the racks in the left walk-in cooler. There were milk crates being used as storage racks in the dry storage room, in the walk-in coolers and in the walk-in freezer (not approved). There was heavy ice build-up on the door, door gasket, and lower wall of the walk-in freezer (as accessed from the middle walk-in cooler). There was rust on the can racks in the dry storage room. The ice machines in the kitchenettes (kitchenette 1-3 and kitchenette 4-5) had rusted drain pan racks. The garbage can in kitchenette 4-5 had a melted lid, with holes. |
| 18   |        | 750 830f           | Equipment and utensils shall be flushed or scraped and, when necessary, soaked to remove gross food particles and soil prior to their being cleaned in a dishwashing machine unless a pre-wash cycle is a part of the dishwashing machine operation   | There was label residue on food containers that had been cleaned and stacked.   |
| 21   |        | 750 810c           | Moist cloths or sponges used for cleaning non-food-contact surfaces of equipment such as counters, dining table tops and shelves shall be cleaned and rinsed as specified in Section 750 810(b) and used for no other purpose. These cloths and sponges shall be stored in the sanitizing solution between uses   | A soiled, wet wiping cloth was draped over the handles of the dish area hand sink.  |
| 22   | R      | 750 800c           | Where equipment and utensils are used for the preparation of potentially hazardous foods on a continuous or production-line basis utensils and the food-contact surfaces of equipment shall be washed, rinsed and sanitized at intervals throughout the day on a schedule subject to the approval of the regulatory authority. This schedule shall be based on food temperature, type of food, and amount of food particle accumulation | Stainless steel pans had been washed and stacked among clean items, but were found to be soiled with dried food residue (Second Repeat - R2). The wrapper on the butter in the "Traulsen" refrigerator in kitchenette 1-3 was heavily soiled.   |
| 23   | R      | 750 800c           | Non-food-contact surfaces of equipment shall be cleaned as often as is necessary to keep the equipment free of accumulation of dust, dirt, food particles, and other debris   | The top of the dish machine was soiled (First Repeat - R1). The interior floor of the "Traulsen" refrigerator in kitchenette 1-3 was soiled. The stainless steel pans holding butter in the "Traulsen" refrigerator in kitchenette 1-3 were heavily soiled. Racks were moldy in the left walk-in cooler and in the center walk-in cooler.   |
| 24   |        | 750 840            | All equipment, tableware and utensils shall be air-dried  | Stainless steel pans had been stored / stacked wet after cleaning, not air-dried.   |
| 29   |        | 750 1060           | All plumbing shall be sized, installed, and maintained in accordance with applicable provisions of the Illinois State Plumbing Code. Local ordinances may be followed when standards are equal to or exceed those contained in the aforementioned Code  | Kitchenette 4-5 had an open drain / waste pipe into the wall, as if a fixture or sink had been removed.   |
| 32   | COS R  | 750 1120c (soap)   | A supply of hand-cleansing soap or detergent shall be available at each lavatory  | There was no soap available at the hand sink nearest the main door ( to the right of the office when facing the office). COS: Soap was provided. (First Repeat - R1)  |
| 32   | COS    | 750 1120c (drying) | A supply of sanitary towels or a hand-drying device providing heated air shall be conveniently located near each lavatory   | There were no paper towels available at the hand sink nearest the main door ( to the right of the   |

|                    |           |  |  |  |
|--------------------|-----------|--|--|--|
|                    |           |  | office when facing the office). COS: Paper towels were provided.   |  |
| 36                 | 750 1200a | Floors and floor coverings of all food preparation, food storage, and utensil-washing areas, and the floors of all walk-in refrigerating units, dressing rooms, locker rooms, toilet rooms and vestibules shall be constructed of smooth durable material sealed concrete, terazzo, ceramic tile, durable grades of linoleum or plastic, or tight wood impregnated with plastic, and shall be maintained in good repair. Nothing in this section shall prohibit the use of anti-slip floor covering in areas where necessary for safety reasons. | Floor tiles were cracked, in poor repair, in the cart wash room. The floor tiles were cracked, in poor repair, in front of the door to the middle walk-in cooler. Both kitchenette 1-3 and kitchenette 4-5 had the floors in poor repair under the "Traulsen" brand refrigeration units, no longer smooth or easily cleanable. The small round plugs were missing from the floors of the walk-in cooler and walk-in freezer, leaving round holes.  |  |
| 36                 | R         | 750 1200a  | Floors and floor coverings of all food preparation, food storage, and utensil-washing areas, and the floors of all walk-in refrigerating units, dressing rooms, locker rooms, toilet rooms and vestibules shall be constructed of smooth durable material sealed concrete, terazzo, ceramic tile, durable grades of linoleum or plastic, or tight wood impregnated with plastic, and shall be maintained in good repair. Nothing in this section shall prohibit the use of anti-slip floor covering in areas where necessary for safety reasons. | The dish area floor was in poor repair, with missing grout and pooling water (Third Repeat - R3).  |
| 36                 | R         | 750 1200f  | In all new or extensively remodeled establishments utilizing concrete, terazzo, ceramic tile or similar flooring materials, and where water flush cleaning methods are used, the junctures between walls and floors shall be coved and sealed. In all other cases, the juncture between walls and floors shall not present an open seam of more than 1/32 inch.  | The coved base tile was missing under the dish area hand sink (Second Repeat - R2). The coved base between the left and middle walk-in coolers was detached from the wall, with a gap.   |
| 36                 | R         | 750 1220a  | Floors, mats, duckboard, walls, ceilings, and attached equipment and decorative material shall be kept clean.  | Floors were soiled under the racks in the dry storage room (Fourth Repeat - R4). Floors were soiled under equipment in the kitchen, particularly along the walls. The floor had standing water in the mop closet / room. The floor was soiled in both kitchenette 1-3 and kitchenette 4-5 under the refrigeration units. The floor was soiled in kitchenette 1-3 under the stainless steel counter unit. The floor was soiled in the right walk-in cooler. |
| 37                 |           | 750 1220a  | Floors, mats, duckboard, walls, ceilings, and attached equipment and decorative material shall be kept clean.  | The ceiling in the dish area (to the left of the dish machine) was either soiled or moldy, with black spots. The ceiling and vent in front of the door to the dry storage room were soiled.  |
| 37                 |           | 750 1210a  | Walls and ceilings, including doors, windows, and similar enclosures shall be maintained in good repair.   | The FRP walls in the cart wash room were in poor repair, with cracks / holes. The ceiling in the dish area had peeling paint. The small round plugs were missing from the walls of the walk-in cooler and walk-in freezer, leaving round holes. There was a gap around a pipe in the lower wall of kitchenette 4-5.  |
| 37                 | R         | 750 1210e  | Light fixtures, vent covers, wall-mounted fans, decorative materials and similar equipment attached to walls and ceilings shall be easily cleanable and shall be maintained in good repair.  | The caulk was stained or moldy above the drain board on the soiled side of the dish machine (Third Repeat - R3).   |
| 38                 |           | 750 1230b  | Permanently fixed artificial light sources shall be installed to provide, at a distance of thirty inches from the floor, at least 20 foot-candles of light in utensil and equipment storage areas and in lavatory and toilet areas.  | The light fixture in the dry storage room (nearest the door) was missing the light bulbs.  |
| 42                 |           | 750 1330   | Maintenance and cleaning tools such as brooms, mops, vacuum cleaners and similar equipment shall be maintained and stored in a way that does not contaminate food, utensils, equipment, or linens and shall be stored in an orderly manner for the cleaning of that storage location.  | There were several metal screws, a metal washer, and a hose sprayer stored on top of the dish machine.   |
| Inspector Comments |           | At the time of the inspection there were no Certified Food Protection Managers ("Food Managers") present. Please ensure you have enough trained staff to provide coverage.<br>HACCP Concept Discussed: Cold Holding.<br>Please call with any questions at 217-531-2937.  |  |  |



|  |                   |  |                            |
|--|-------------------|--|----------------------------|
| Establishment Name<br>Champaign Co. Nursing Home | Permit #<br>3700  | Owner/Manager<br>Champaign County                    | Date<br>10/04/2018         |
| Street Address<br>500 Art bartell Rd             |                   | Purpose of Inspection<br>Routine                     | Time In<br>06:00 AM        |
| City/State<br>Urbana, IL                         | ZIP Code<br>61801 | No. of Risk Factor/Intervention Violations: 0        | Risk Category<br>1         |
|  |                   | No. of Repeat Risk Factor/Intervention Violations: 5 | Inspection Result<br>Green |

**FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS**

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item  
 IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable  
 Mark "X" in appropriate box for COS and/or R  
 COS=corrected on-site during inspection R=repeat violation

Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.

| Compliance Status  |  | COS | R | Compliance Status                                |   | COS | R |
|--|--|-----|---|--|---|-----|---|
| <b>SUPERVISION</b>   |  |     |   | <b>PROTECTION FROM CONTAMINATION</b>             |   |     |   |
| 1  | IN OUT   |     |   | 15   | IN OUT N/A  |     |   |
|  | Person in charge present, demonstrates knowledge and performs duties                             |     |   |  | Food separated and protected  |     |   |
| 2  | IN OUT N/A   |     |   | 16   | IN OUT N/A  | X   | X |
|  | Certified Food Protection Manager  |     |   |  | Food-contact surfaces cleaned & sanitized   |     |   |
| <b>EMPLOYEE HEALTH</b>   |  |     |   | <b>TIME/TEMPERATURE CONTROL FOR SAFETY</b>       |   |     |   |
| 3  | IN OUT   |     |   | 17   | IN OUT  |     |   |
|  | Management, food employee and contractual employee knowledge, responses to illness and reporting |     |   |  | Proper disposition of returned, previously served, reconditioned & unsafe food    |     |   |
| 4  | IN OUT   |     |   | 18   | IN OUT N/A N/O  |     |   |
|  | Proper use of restriction and exclusion  |     |   |  | Proper cooking time & temperatures  |     |   |
| 5  | IN OUT   |     |   | 19   | IN OUT N/A N/O  |     |   |
|  | Procedures for responding to vomiting and diarrheal events                                       |     |   |  | Proper reheating procedures for hot holding                                       |     |   |
| <b>GOOD HYGIENIC PRACTICES</b>   |  |     |   | <b>CONSUMER ADVISORY</b>                         |   |     |   |
| 6  | IN OUT N/O   |     | X | 20   | IN OUT N/A N/O  |     |   |
|  | Proper eating, tasting, drinking, or tobacco use   |     |   |  | Proper cooling time and temperature   |     |   |
| 7  | IN OUT N/O   |     |   | 21   | IN OUT N/A N/O  | X   | X |
|  | No discharge from eyes, nose, and mouth  |     |   |  | Proper hot holding temperatures   |     |   |
| <b>PREVENTING CONTAMINATION BY HANDS</b>   |  |     |   | <b>CONSUMER ADVISORY</b>                         |   |     |   |
| 8  | IN OUT N/O   |     |   | 22   | IN OUT N/A N/O  |     |   |
|  | Hands clean & properly washed  |     |   |  | Proper cold holding temperatures  |     |   |
| 9  | IN OUT N/A N/O   |     |   | 23   | IN OUT N/A N/O  |     |   |
|  | No bare hand contact with RTE food or a pre-approved alternate procedure properly allowed        |     |   |  | Proper date marking and disposition   |     |   |
| 10   | IN OUT   | X   | X | 24   | IN OUT N/A N/O  |     |   |
|  | Adequate handwashing sinks properly supplied and accessible                                      |     |   |  | Time as a Public Health Control, procedures & records                             |     |   |
| <b>APPROVED SOURCE</b>   |  |     |   | <b>CONSUMER ADVISORY</b>                         |   |     |   |
| 11   | IN OUT   |     |   | 25   | IN OUT N/A  |     |   |
|  | Food obtained from approved source   |     |   |  | Consumer advisory provided for raw/undercooked food                               |     |   |
| 12   | IN OUT N/A N/O   |     |   | <b>HIGHLY SUSCEPTIBLE POPULATIONS</b>            |   |     |   |
|  | Food received at proper temperature  |     |   | 26   | IN OUT N/A  |     |   |
| 13   | IN OUT   |     |   |  | Pasteurized foods used, prohibited foods not offered                              |     |   |
|  | Food in good condition, safe, & unadulterated  |     |   | <b>FOOD/COLOR ADDITIVES AND TOXIC SUBSTANCES</b> |   |     |   |
| 14   | IN OUT N/A N/O   |     |   | 27   | IN OUT N/A  |     |   |
|  | Required records available, shellstock tags, parasite destruction                                |     |   |  | Food additives approved and properly used   |     |   |
| <b>GOOD RETAIL PRACTICES</b>   |  |     |   | <b>CONFORMANCE WITH APPROVED PROCEDURES</b>      |   |     |   |
| Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods in the sections below. red circle=out of compliance. Mark "X" in appropriate box for COS and/or R. COS=corrected on site during inspection. R=repeat violation. |  |     |   |  |   |     |   |
| Compliance Status  |  | COS | R | Compliance Status                                |   | COS | R |
| <b>SAFE FOOD AND WATER</b>   |  |     |   | <b>PROPER USE OF UTENSILS</b>                    |   |     |   |
| 30   | OUT  |     |   | 43   | OUT   |     |   |
|  | Pasteurized eggs used where required   |     |   |  | In-use utensils properly stored   |     |   |
| 31   | OUT  |     |   | 44   | OUT   |     |   |
|  | Water & ice from approved source   |     |   |  | Utensils, equipment & linens properly stored, dried, & handled                    |     |   |
| 32   | OUT  |     |   | 45   | OUT   |     |   |
|  | Variance obtained for specialized processing methods   |     |   |  | Single-use/single-service articles properly stored & used                         |     |   |
| <b>FOOD TEMPERATURE CONTROL</b>  |  |     |   | <b>UTENSILS, EQUIPMENT, AND VENDING</b>          |   |     |   |
| 33   | OUT  |     |   | 47   | OUT   |     |   |
|  | Proper cooking methods used, adequate equipment for temperature control                          |     |   |  | Food & non-food contact surfaces cleanable, properly designed, constructed & used |     |   |
| 34   | OUT  |     |   | 48   | OUT   |     |   |
|  | Plant food properly cooked for hot holding   |     |   |  | Warewashing facilities installed, maintained & used, test strips                  |     |   |
| 35   | OUT  |     |   | 49   | OUT   |     | X |
|  | Approved thawing methods used  |     |   |  | Non-food contact surfaces clean   |     |   |
| 36   | OUT  |     |   | <b>PHYSICAL FACILITIES</b>                       |   |     |   |
|  | Thermometers provided & accurate   |     |   | 50   | OUT   |     |   |
| <b>FOOD IDENTIFICATION</b>   |  |     |   |  | Hot & cold water available, adequate pressure                                     |     |   |
| 37   | OUT  |     |   | 51   | OUT   |     | X |
|  | Food properly labeled, original container  |     |   |  | Plumbing installed, proper backflow devices                                       |     |   |
| <b>PREVENTION OF FOOD CONTAMINATION</b>  |  |     |   | 52   | OUT   |     |   |
| 38   | OUT  |     |   |  | Sewage & waste water properly disposed  |     |   |
|  | Insects, rodents & animals not present   |     |   | 53   | OUT   |     |   |
| 39   | OUT  |     |   |  | Toilet facilities properly constructed, supplied & cleaned                        |     |   |
|  | Contamination prevented during food preparation, storage & display                               |     |   | 54   | OUT   |     |   |
| 40   | OUT  |     |   |  | Garbage & refuse properly disposed, facilities maintained                         |     |   |
|  | Personal cleanliness   |     |   | 55   | OUT   |     |   |
| 41   | OUT  |     |   |  | Physical facilities installed, maintained & clean                                 |     |   |
|  | Wiping cloths properly used & stored   |     |   | 56   | OUT   |     |   |
| 42   | OUT  |     |   |  | Adequate ventilation & lighting, designated areas used                            |     |   |
|  | Washing fruits & vegetables  |     |   | <b>EMPLOYEE TRAINING</b>                         |   |     |   |
|  |  |     |   | 57   | OUT   |     |   |
|  |  |     |   |  | All food employees have food handler training                                     |     |   |
|  |  |     |   | 58   | OUT   |     |   |
|  |  |     |   |  | Allergen training as required   |     |   |

**Food Establishment Inspection Report**

Establishment Name: Champaign Co. Nursing Home

Permit #: 3700

Water Supply  Public  Private Waste Water System  Public  Private

Sanitizer Type: Blank PPM Blank Heat Blank

**CFPM AND HACCP**

CFPM Verification (name, expiration date, ID#):

|  |                  |                  |                  |
|--|------------------|------------------|------------------|
| Donna Goad<br>Exp Date 02/02/2022<br>ID # 22222222 | Exp Date<br>ID # | Exp Date<br>ID # | Exp Date<br>ID # |
|--|------------------|------------------|------------------|

HACCP Topic: Cold Holding

**TEMPERATURE OBSERVATIONS**

| Item/Location                          | Temp    | Item/Location          | Temp    | Item/Location          | Temp     |
|--|---------|------------------------|---------|------------------------|----------|
| Sausage Patties/Pan on top of the oven | 74.00°F | Cheese/Kitchenette 1-3 | 37.00°F | Cheese/Kitchenette 4-5 | 38.00°F  |
| Ham/Walk-in cooler                     | 36.00°F | Beef/Walk in freezer   | -2.00°F | Soup/Warmer            | 155.00°F |

**OBSERVATIONS AND CORRECTIVE ACTIONS**

| Item No. | P | PI | C | R | Violations cited in this report must be corrected within the timeframes below<br>NRI=Next Routine Inspection   | Correction Date |
|----------|---|----|---|---|--|-----------------|
| 21       | X |    |   | X | 3-501.16(A)(1) TCS - Hot Holding 135°F or above except roasts 130°F or above<br>There was a pan of cooked sausage patties on top of the oven with a temperature of 74 degrees F. COS. The employee stated that the items were meant to be discarded and 10 minutes later did discard the food. (First Repeat - R1)   | COS             |
| 10       |   | X  |   | X | 6-301.11 HANDWASHING SINK Provided with Hand Soap<br>There was no soap available at the hand sink nearest the main door (to the right of the office when facing the office). COS. Soap was provided. (First Repeat - R1)   | COS             |
| 10       |   | X  |   |   | 6-301.12 (A-D) Hand Drying<br>There were no paper towels available at the hand sink nearest the main door (to the right of the office when facing the office). COS. Paper towels were provided.  | COS             |
| 10       |   | X  |   | X | 5-205.11 (A) HANDWASHING SINK Accessible<br>Kitchenette 1-3 had one of the hand sinks blocked with small plates and paper napkins in the basin. (First Repeat - R1). Kitchenette 4-5 had one of the hand sinks in poor repair, not draining, with standing water 4 inches deep and a heavy pink soiling in the water and around the rim. COS. The hand sinks were made available, cleaned, and made to work. By the time the inspector left, both hand sinks were operational.   | COS             |
| 16       |   | X  |   | X | 4-601.11(A) EQUIPMENT FOOD-CONTACT SURFACES and UTENSILS-Clean To Sight & Touch<br>Stainless steel pans had been washed and stacked among clean items, but were found to be soiled with dried food residue. (Second Repeat - R2). COS. The pans were sent to the dish area to be washed, rinsed, sanitized, and air-dried.   | COS             |
| 16       |   | X  |   |   | 4-601.11(A) EQUIPMENT FOOD-CONTACT SURFACES and UTENSILS-Clean To Sight & Touch<br>The wrapper on the butter in the "Traulsen" refrigerator in kitchenette 1-3 was heavily soiled. There was label residue on food containers that had been cleaned and stacked. COS. The butter was discarded by the employee. The containers were sent to the dish area to be washed, rinsed, sanitized, and air-dried.  | COS             |
| 2        |   |    | X |   | 2-102.12 (A) PIC shall be a Certified Food Protection Manager (CFPM).<br>At the time of the inspection there were no Certified Food Protection Managers (Food Managers) present. Please ensure you have enough trained staff to provide coverage.  | NRI             |
| 6        |   |    | X |   | 2-401.11 (A) Eating, Drinking or Using Tobacco<br>An open can of Pepsi, partly consumed, was found on the shelf immediately above food preparation. COS. The employee discarded the can. Proper dining areas were discussed.   | COS             |
| 43       |   |    | X |   | 4-803.11 Soiled LINEN Storage<br>A soiled, wet wiping cloth was draped over the handles of the dish area hand sink.  | NRI             |
| 44       |   |    | X |   | 4-901.11 (A) EQUIPMENT and UTENSILS Air-Drying Required<br>Stainless steel pans had been stored / stacked wet after cleaning, not air-dried. COS. The pans were sent to the dish area to be washed, rinsed, sanitized, and air-dried.  | COS             |
| 47       |   |    | X |   | 4-101.19 Non-FOOD CONTACT SURFACES of EQUIPMENT Material Construction and Repair<br>There was rust on the racks in the left walk-in cooler. There were milk crates being used as storage racks in the dry storage room, in the walk-in coolers and in the walk-in freezer (not approved). There was heavy ice build-up on the door, door gasket, and lower wall of the walk-in freezer (as accessed from the middle walk-in cooler). There was rust on the can racks in the dry storage room. The ice machines in the kitchenettes (kitchenette 1-3 and kitchenette 4-5) had rusted drain pan racks. The garbage can in kitchenette 4-5 had a melted lid with holes. | NRI             |
| 49       |   |    | X | X | 4-601.11(C) Non-FOOD-CONTACT SURFACES-EQUIPMENT Clean<br>The top of the dish machine was soiled. (First Repeat - R1)   | NRI             |

|   |  |
|---|--|
| Person in Charge (Signature) <u>Chissy FHC</u>                | Date: <u>10/04/2018</u>  |
| Environmental Health Specialist (Signature) <u>Paula Lies</u> | Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Follow-up Date: _____ |

Food Establishment Inspection Report

Establishment Name: Champaign Co. Nursing Home

Permit #: 3700

| OBSERVATIONS AND CORRECTIVE ACTIONS   |   |    |   |   |   |                 |
|---|---|----|---|---|---|-----------------|
| Item No.  | P | PI | C | R | Violations cited in this report must be corrected within the timeframes below.<br>NRI=Next Routine Inspection   | Correction Date |
| 49  |   |    | X |   | 4-601 11(C) Non-FOOD-CONTACT SURFACES EQUIPMENT Clean<br>The interior floor of the "Traulsen" refrigerator in kitchenette 1-3 was soiled. The stainless steel pans holding butter in the "Traulsen" refrigerator in kitchenette 1-3 were heavily soiled. Racks were moldy in the left walk-in cooler and in the center walk-in cooler.  | NRI             |
| 51  |   |    | X | X | 5-205 15 (B) PLUMBING SYSTEM Maintain in Good Repair<br>Kitchenette 4-5 had an open drain / waste pipe into the wall, as if a fixture or sink had been removed.   | NRI             |
| 55  |   |    | X |   | 6-201 11 Floors Floor Coverings Walls Wall Coverings and Ceilings-Designed, Constructed, Installed<br>Floor tiles were cracked, in poor repair in the cart wash room. The floor tiles were cracked, in poor repair in front of the door to the middle walk-in cooler. Both kitchenette 1-3 and kitchenette 4-5 had the floors in poor repair under the "Traulsen" brand refrigeration units, no longer smooth or easy cleanable. The small round plugs were missing from the floors of the walk-in cooler and walk-in freezer, leaving round holes. | NRI             |
| 55  |   |    | X | X | 6-201 11 Floors Floor Coverings Walls, Wall Coverings and Ceilings-Designed, Constructed, Installed<br>The dish area floor was in poor repair with missing grout and pooling water (Third Repeat - R3)  | NRI             |
| 55  |   |    | X | X | 6-201 13 (A) Floor-Wall Junctions Covered & Closed for Non-water Flushing Cleaning<br>The covered base tile was missing under the dish area hand sink (Second Repeat - R2)  | NRI             |
| 55  |   |    | X |   | 6-201 13 (A) Floor-Wall Junctions Covered & Closed for Non-water Flushing Cleaning<br>The covered base between the left and middle walk-in coolers was detached from the wall with a gap.   | NRI             |
| 55  |   |    | X | X | 6-501 12 (A) (B) PHYSICAL FACILITIES Cleaning Frequency As Often as Necessary to Keep Clean<br>Floors were soiled under the racks in the dry storage room (Fourth Repeat - R4)  | NRI             |
| 55  |   |    | X |   | 6-501 12 (A) (B) PHYSICAL FACILITIES Cleaning Frequency As Often as Necessary to Keep Clean<br>Floors were soiled under equipment in the kitchen, particularly along the walls. The floor had standing water in the mop closet / room. The floor was soiled in both kitchenette 1-3 and kitchenette 4-5 under the refrigeration units. The floor was soiled in kitchenette 1-3 under the stainless steel counter unit. The floor was soiled in the right walk-in cooler.  | NRI             |
| 55  |   |    | X |   | 6-501 12 (A) (B) PHYSICAL FACILITIES Cleaning Frequency As Often as Necessary to Keep Clean<br>The ceiling in the dish area (to the left of the dish machine) was either soiled or moldy with black spots. The ceiling and vent in front of the door to the dry storage room were soiled.   | NRI             |
| 55  |   |    | X |   | 6-201 16 Wall/Ceiling Coverings/Coatings Materials and Attachment<br>The FRP walls in the cart wash room were in poor repair with cracks / holes. The ceiling in the dish area had peeling paint. The small round plugs were missing from the walls of the walk-in cooler and walk-in freezer, leaving round holes. There was a gap around a pipe in the lower wall of kitchenette 4-5.   | NRI             |
| 55  |   |    | X | X | 6-501 11 PHYSICAL FACILITIES In Poor Repair<br>The caulk was stained or moldy above the drain board on the soiled side of the dish machine (Third Repeat - R3)  | NRI             |
| 55  |   |    | X |   | 6-501 113 Storing Maintenance Tools<br>There were several metal screws, a metal washer and a hose sprayer stored on top of the dish machine.  | NRI             |
| 56  |   |    | X |   | 6-303 11 Light Intensity<br>The light fixture in the dry storage room (nearest the door) was missing the light bulbs.   | NRI             |
| <p>Inspection Comments</p> <p>FOR INFORMATIONAL PURPOSES ONLY - NOT AN OFFICIAL REPORT</p> <p>At the time of the inspection there were no Certified Food Protection Managers ("Food Managers") present. Please ensure you have enough trained staff to provide coverage.</p> <p>HACCP Concept Discussed: Cold Holding</p> <p>Please call with any questions at 217-531-2937</p> <p>FOR INFORMATIONAL PURPOSES ONLY - NOT AN OFFICIAL REPORT</p> |   |    |   |   |   |                 |
| Person in Charge (Signature) Chissy FNC   |   |    |   |   | Date: 10/04/2018  |                 |
| Environmental Health Specialist (Signature) Paula Liles   |   |    |   |   | Follow-up: Yes - No Follow-up Date:   |                 |



**Gordy Hulten**  
**Champaign County Clerk**  
Champaign County, Illinois

1776 East Washington Street  
Urbana, IL 61802  
Email: [mail@champaigncountyclerk.com](mailto:mail@champaigncountyclerk.com)  
Website: [www.champaigncountyclerk.com](http://www.champaigncountyclerk.com)

Vital Records: (217)384-3720  
Elections: (217)384-3724  
Fax: (217)384-1241  
TTY: (217)384-8601

**COUNTY CLERK**  
**MONTHLY REPORT**  
**OCTOBER**  
**2018**

|                           |                  |
|---------------------------|------------------|
| Liquor Licenses & Permits | 200.00           |
| Civil Union Licenses      | 140.00           |
| Marriage License          | 6,440.00         |
| Interests                 | 7.61             |
| State Reimbursements      | -                |
| Vital Clerk Fees          | 21,309.75        |
| Tax Clerk Fees            | 6,616.79         |
| Refunds of Overpayments   | -                |
| <b>TOTAL</b>              | <b>34,714.15</b> |
| Additional Clerk Fees     | 1,238.00         |



# CHAMPAIGN COUNTY ADMINISTRATIVE SERVICES

1776 East Washington Street, Urbana, Illinois 61802-4581

ADMINISTRATIVE, BUDGETING, PURCHASING & HUMAN RESOURCE  
MANAGEMENT SERVICES

Debra Busey, County Administrator

## MONTHLY HR REPORT OCTOBER 2018

### VACANT POSITIONS LISTING

| FUND        | DEPT | POSITION TITLE         | HOURLY RATE | REG HRS | REGULAR SALARY | FY 2018 HRS  | FY 2018 SALARY |
|-------------|------|------------------------|-------------|---------|----------------|--------------|----------------|
| 80          | 16   | Admin Assistant        | \$15.57     | 1950    | \$30,361.50    | 1957.5       | \$30,478.28    |
| 80          | 28   | PC Appl Programmer     | \$25.19     | 1950    | \$49,120.50    | 1957.5       | \$49,309.43    |
| 80          | 30   | Executive Assistant    | \$17.16     | 1950    | \$33,462.00    | 1957.5       | \$33,590.70    |
| 80          | 30   | Sr Legal Clerk         | \$14.52     | 1950    | \$28,314.00    | 1957.5       | \$28,422.90    |
| 80          | 30   | Trainer/App Asst       | \$17.16     | 1950    | \$33,462.00    | 1957.5       | \$33,590.70    |
| 80          | 40   | Deputy Sheriff         | \$23.79     | 2080    | \$49,483.20    | 2088         | \$49,673.52    |
| 80          | 40   | Deputy Sheriff         | \$23.79     | 2080    | \$49,483.20    | 2088         | \$49,673.52    |
| 80          | 41   | Asst State's Attorney  | \$25.18     | 1950    | \$49,101.00    | 1957.5       | \$49,289.85    |
| 80          | 51   | Court Services Officer | \$19.86     | 1950    | \$38,727.00    | 1957.5       | \$38,875.95    |
| 80          | 52   | Court Services Officer | \$17.77     | 1950    | \$34,651.50    | 1957.5       | \$34,784.78    |
| 80          | 140  | Clerk                  | \$13.70     | 1950    | \$26,715.00    | 1957.5       | \$26,817.75    |
| 80          | 140  | Correctional Officer   | \$19.81     | 2080    | \$41,204.80    | 2088         | \$41,363.28    |
| 80          | 140  | Correctional Officer   | \$19.81     | 2080    | \$41,204.80    | 2088         | \$41,363.28    |
| 80          | 140  | Correctional Officer   | \$19.81     | 2080    | \$41,204.80    | 2088         | \$41,363.28    |
| 80          | 140  | Master Control Officer | \$15.57     | 2080    | \$32,385.60    | 2088         | \$32,510.16    |
| 80          | 140  | PT Master Cntrl Ofcr   | \$15.57     | 1040    | \$16,192.80    | 1044         | \$16,255.08    |
| 83          | 60   | Highway Maint Wkr      | \$25.97     | 2080    | \$54,017.60    | 2088         | \$54,225.36    |
| 91          | 247  | Animal Cntrl Wrdsn     | \$15.57     | 2080    | \$32,385.60    | 2088         | \$32,510.16    |
| 630         | 30   | Financial Manager      | \$22.05     | 1950    | \$42,997.50    | 1957.5       | \$43,162.88    |
| -- TOTAL -- |      |                        |             |         |                | \$724,474.40 | \$727,260.84   |

### UNEMPLOYMENT REPORT

Benefit Determination Received – 1  
Nursing Home – benefits approved

### PAYROLL REPORT

#### OCTOBER PAYROLL INFORMATION

| Pay Group | 10/12/2018 |                    | 10/26/2018 |                    |
|-----------|------------|--------------------|------------|--------------------|
|           | EE's Paid  | Total Payroll \$\$ | EE's Paid  | Total Payroll \$\$ |
|           |            |                    |            |                    |



|                |     |                |     |                |
|----------------|-----|----------------|-----|----------------|
| General Corp   | 501 | \$956,523.69   | 509 | \$973,544.89   |
| Nursing Home   | 190 | \$241,221.38   | 192 | \$244,140.85   |
| RPC/Head Start | 256 | \$349,126.84   | 254 | \$337,403.05   |
| Total          | 947 | \$1,546,871.91 | 955 | \$1,555,088.79 |

**HEALTH INSURANCE/BENEFITS REPORT**

Total Number of Employees Enrolled: 720

General County Union (includes AFSCME & FOP):

Single 198; EE+spouse 29; EE+child(ren) 66; Family 27; waived 61

Nursing Home Union:

Single 41; EE+spouse 6; EE+child(ren) 8; Family 1; waived 20

Non-bargaining employees:

Single 118; EE+spouse 35; EE+child(ren) 42; Family 11; waived 57

Life Insurance Premium paid by County: \$1,821.28

Health Insurance Premium paid by County: \$412,851.07

**TURNOVER REPORT**

Turnover is the rate at which an employer gains and loses employees. To get the best picture for turnover the calculations are based on rolling year averages.

General County

October 2018: 1.04% average over the last 12 months

October 2018: 6 out of 578 Employees left Champaign County: 6 resignations

**WORKERS' COMPENSATION REPORT**

| Entire County Report                               | October<br>2018 | October<br>2017 |
|--|-----------------|-----------------|
| New Claims   | 12              | 4               |
| Closed   | 9               | 7               |
| Open Claims  | 39              | 30              |
| Year To Date Total<br>(On-going # of claims filed) | 84              | 75              |

**EEO REPORT**

Information provided based on EEO Tracking forms submitted by Applicant. Figures are for General County only.

| Oct 2018 Monthly EEO Report<br>General County Only | Administrative<br>Secretary_Auditor | Autopsy Tech_Coroner | Master Control<br>Officer_Sheriff | Tax Map Tech_S of A | Warden_Animal Control |            |
|--|-------------------------------------|----------------------|-----------------------------------|---------------------|-----------------------|------------|
| <b>Total Applicants</b>                            | 54                                  | 22                   | 16                                | 8                   | 25                    | <b>125</b> |
| <b>Male</b>  | 11                                  | 8                    | 5                                 | 4                   | 11                    | <b>39</b>  |
| <b>Female</b>                                      | 42                                  | 14                   | 11                                | 4                   | 14                    | <b>85</b>  |
| <b>Undisclosed</b>                                 | 1                                   | 0                    | 0                                 | 0                   | 0                     | <b>1</b>   |
| <b>Hispanic or Latino</b>                          | 0                                   | 0                    | 0                                 | 1                   | 1                     | <b>2</b>   |
| <b>White</b>                                       | 45                                  | 18                   | 8                                 | 6                   | 21                    | <b>98</b>  |
| <b>Black or African-American</b>                   | 6                                   | 4                    | 7                                 | 0                   | 2                     | <b>19</b>  |
| <b>Native Hawaiian or Other Pacific Islander</b>   | 1                                   | 0                    | 0                                 | 0                   | 0                     | <b>1</b>   |
| <b>Asian</b>                                       | 2                                   | 0                    | 0                                 | 0                   | 0                     | <b>2</b>   |
| <b>American Indian or Alaska Native</b>            | 0                                   | 0                    | 1                                 | 0                   | 0                     | <b>1</b>   |
| <b>Two or more races</b>                           | 0                                   | 0                    | 0                                 | 1                   | 0                     | <b>1</b>   |
| <b>Undisclosed</b>                                 | 0                                   | 0                    | 0                                 | 0                   | 1                     | <b>1</b>   |
| <b>Veteran Status</b>                              | 1                                   | 3                    | 0                                 | 0                   | 2                     | <b>6</b>   |

**ADMINISTRATIVE SUPPORT to COUNTY BOARD REPORT**

|                     |   |                             |    |                     |   |
|---------------------|---|-----------------------------|----|---------------------|---|
| Agendas Posted      | 8 | Meetings Staffed            | 6  | Minutes Posted      | 7 |
| Appointments Posted | 4 | Notification of Appointment | 2  | Contracts Posted    | 2 |
| Calendars Posted    | 4 | Resolutions Prepared        | 16 | Ordinances Prepared | 1 |

**Resolution No.**

**Resolution Supporting the Re-Alignment of Region 2 (East Central) Economic Development Region and the Addition of Douglas County into LWIA 17**

**WHEREAS**, the State of Illinois has determined that the Workforce Innovation and Opportunity Act (WIOA) planning regions should align with existing Economic Development Regions; and

**WHEREAS**, in accordance with WIOA Section 106(a)(2), a single local area of a Local Workforce Investment Area (LWIA) may not be split across two Economic Development Regions; and

**WHEREAS**, local areas must be contiguous to be an Economic Development Region and effectively align economic and workforce development activities and resources (20 CFR 679.210); and

**WHEREAS**, Douglas County is both in LWIA 23 and Region 2 (east Central) Economic Development Region, and the other thirteen (13) of the fourteen (14) counties in LWIA 23 are in Region 7 (Southeastern) Economic Development Region; and

**WHEREAS**, both a representative of the Illinois Department of Economic Opportunity and representatives of the Douglas County Board are in support of moving Douglas County from LWIA 23 into LWIA 17; and

**WHEREAS**, the movement of Douglas County into LWIA 17 will satisfy a monitoring finding by the U.S. Department of Labor that directs the State of Illinois to identify a regional planning structure that does not result in a single local planning area being split between two regions; and

**WHEREAS**, the County Board directs the Champaign County Clerk to deliver a copy of this resolution to John Barr, Illinois Department of Commerce and Economic Opportunity, 100 West Randolph, Suite 3-400, Chicago IL 60601.

**NOW, THEREFORE, BE IT RESOLVED**, the County Board of Champaign County, Illinois hereby authorizes the County Board Chair, in his capacity as a member of the Chief Elected Officers for LWIA 17, to support the re-alignment of Region 2 (East Central) Economic Development Region and the addition of Douglas County into LWIA 17.

**PRESENTED, ADOPTED, APPROVED, AND RECORDED** this 27<sup>th</sup> day of November A.D. 2018.

\_\_\_\_\_  
C. Pius Weibel, Chair  
Champaign County Board

ATTEST: \_\_\_\_\_  
Gordy Hulten, County Clerk  
and ex-officio Clerk of the  
Champaign County Board

## **STATE OF ILLINOIS – WORKFORCE INNOVATION & OPPORTUNITY ACT CHIEF ELECTED OFFICIALS / LOCAL WORKFORCE INNOVATION BOARDS ROLES & RESPONSIBILITIES**

### **BACKGROUND**

The Workforce Innovation and Opportunity Act (WIOA), passed by Congress in summer 2014, was fully implemented in July 2017. WIOA replaced the 1998 Workforce Investment Act and is the first federal reform of the workforce system in 15 years. It formally adopts many parts of Illinois' progressive workforce development model on a nationwide basis, with the goal of ensuring that our workforce system is job-driven - responding to the needs of the employers and preparing workers for jobs available now and in the future.

Under the WIOA, the Governor has the responsibility to designate and re-designate Local Workforce Innovation Areas (LWIA) that administer public workforce programs through Illinois workNet Centers. A LWIA is composed of one or more counties that provide workforce development services under the leadership of a business-led Local Workforce Innovation Board (LWIB). In 2015, twenty-two (22) LWIAs were initially identified by the Governor, under the authority of Section 106(b)(2) of the WIOA legislation.

#### *State Partners*

The *Core Partners* that administer the WIOA programs in Illinois are: Illinois Department of Commerce and Economic Opportunity (Commerce), Illinois Community College Board (ICCB), Illinois Department of Employment Security (IDES), and the Illinois Department of Human Services – Vocational Rehabilitation Services (DHS-DRS).

#### *New Requirements – Regional Planning*

New to WIOA is the requirement in WIOA Section 106(a)(2) which states that “a single local area may not be split across two planning regions. Local areas must be contiguous in order to be a planning region and effectively align economic and workforce development activities and resources.” 20 CFR 679.210. In 2017 Illinois was monitored by the US Department of Labor (USDOL). USDOL observed that five LWIBs had six counties that are split between different planning regions (4/Ogle, 11/Livingston, 19/DeWitt, 21/Calhoun, Jersey and 23/Douglas). See the attached map. As a result of that monitoring, a formal finding was issued that requires Illinois to come into compliance with this requirement.

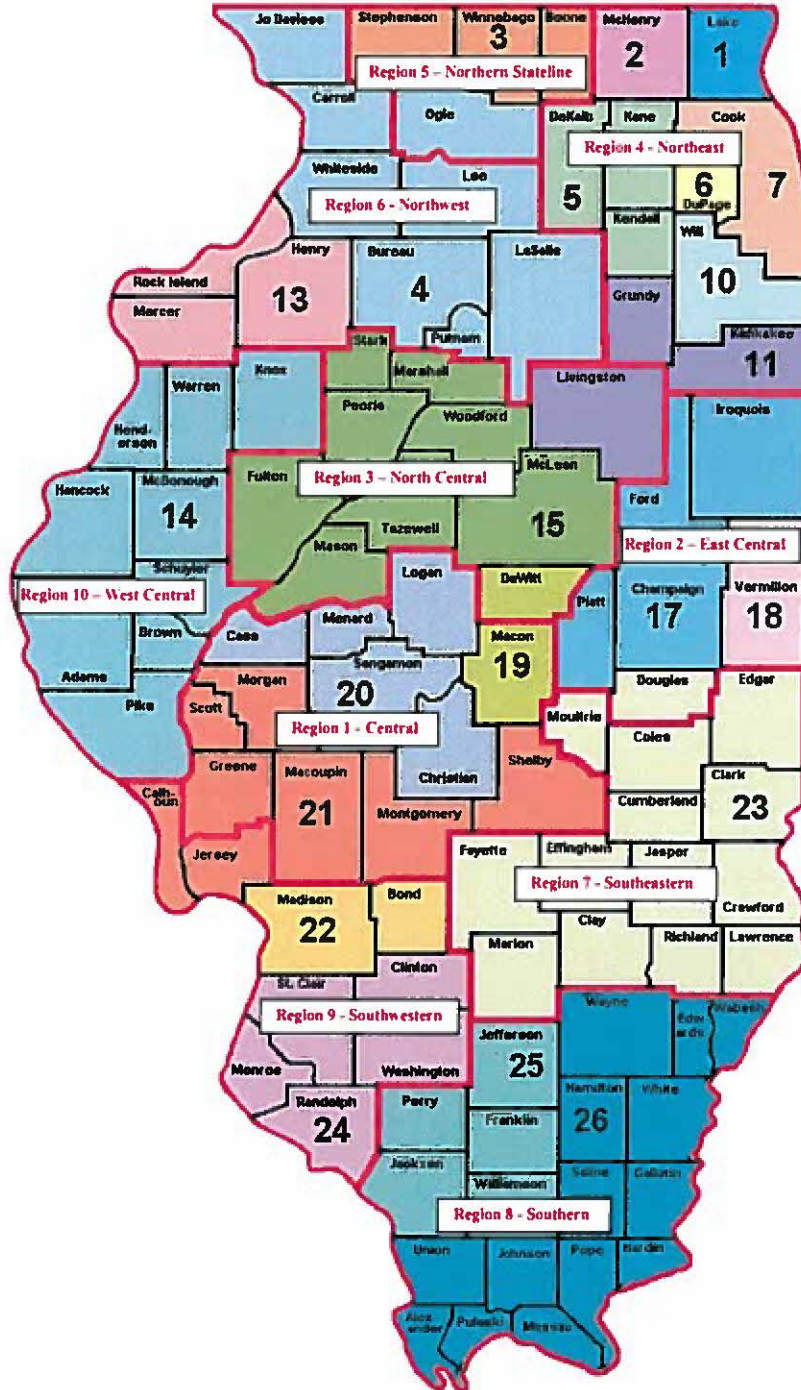
### **CHIEF ELECTED OFFICIALS ROLES & RESPONSIBILITIES**

The WIOA provides the Chief Elected Officials (CEOs) with a significant amount of responsibility in the administration of the WIOA funded programs. CEOs have exclusive roles in several areas such as either serving or naming an alternate entity that will be the Grant Recipient and Fiscal Agent, appointing members of the LWIB to carry out the priorities of the CEOs, and assume financial responsibility for any grant funds determined to be misused or unallowable. CEOs must agree with LWIB action in several other significant areas such as: how WIOA funds will be used, including the budget for the LWIB and its staff; the negotiated Memorandum of Understanding; the four-year local plan; and the competitive selection process of the one-stop operator, including termination of the operator if warranted.

#### *Chief Elected Officials Agreement*

The law requires a written agreement (if there are multiple CEOs) between all CEOs in the LWIA. That agreement must outline the process of how the CEOs will appoint LWIB members, the name of the entities designated to be the Grant Recipient and Fiscal Agent, how liability will be shared if funds are misused, how the CEOs will partner with the LWIB to fulfill the responsibilities listed above, and how the CEOs will consult with the state concerning activities in the local area. The CEO Agreement is further defined in state policy (Policy 1.2 - CEO Functions and Agreement Between Multiple CEOs).

# LWIA and Regional Map



January 2016

FUND 091 ANIMAL CONTROL

DEPARTMENT 248 ANIMAL IMPOUND SERVICES

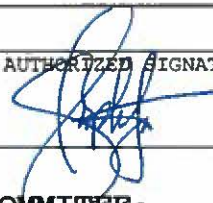
INCREASED APPROPRIATIONS:

| ACCT. NUMBER & TITLE                     | BEGINNING BUDGET AS OF 12/1 | CURRENT BUDGET | BUDGET IF REQUEST IS APPROVED | INCREASE (DECREASE) REQUESTED |
|--|-----------------------------|----------------|-------------------------------|-------------------------------|
| 091-248-534.87 CHAMPGN ANIM IMPOUND FEES | 6,000                       | 6,000          | 9,500                         | 3,500                         |
| 091-248-534.66 UNIV OF IL SURGICAL FEES  | 0                           | 3,000          | 7,200                         | 4,200                         |
| 091-248-534.86 URBANA ANIM IMPOUND FEES  | 3,000                       | 3,195          | 4,195                         | 1,000                         |
| TOTALS                                   | 9,000                       | 12,195         | 20,895                        | 8,700                         |

INCREASED REVENUE BUDGET:

| ACCT. NUMBER & TITLE                     | BEGINNING BUDGET AS OF 12/1 | CURRENT BUDGET | BUDGET IF REQUEST IS APPROVED | INCREASE (DECREASE) REQUESTED |
|--|-----------------------------|----------------|-------------------------------|-------------------------------|
| 091-248-344.03 ANIM IMPOUND FEES-CHAMPGN | 6,000                       | 6,000          | 9,500                         | 3,500                         |
| 091-248-344.02 ANIM IMPOUND FEES-URBANA  | 3,000                       | 3,000          | 4,000                         | 1,000                         |
| TOTALS                                   | 9,000                       | 9,000          | 13,500                        | 4,500                         |

EXPLANATION: UNDER BUDGETED FOR FEE REIMBURSEMENT. THE FEE IS COLLECTED FROM THE PET OWNER AND REIMBURSEMENT TO THE CITY. 091-248-534-87  
 NO MONIES BUDGETED FOR 091-248-534.66 IN FY 2018. WE DID NOT ENTER NTO A CONTRACT UNTIL AFTER BUDGET CYCLE.

DATE SUBMITTED: 10/9/18 AUTHORIZED SIGNATURE  \*\* PLEASE SIGN IN BLUE INK \*\*

APPROVED BY BUDGET & FINANCE COMMITTEE: \_\_\_\_\_ DATE: \_\_\_\_\_

FUND 075 REGIONAL PLANNING COMM DEPARTMENT 886 GARDEN HILLS ENERGY EFFCY

**INCREASED APPROPRIATIONS:**

| ACCT. NUMBER & TITLE | BEGINNING BUDGET AS OF 12/1 | CURRENT BUDGET | BUDGET IF REQUEST IS APPROVED | INCREASE (DECREASE) REQUESTED |
|----------------------|-----------------------------|----------------|-------------------------------|-------------------------------|
| See attached         |                             |                |                               |                               |
|                      |                             |                |                               |                               |
|                      |                             |                |                               |                               |
| TOTALS               | 0                           | 0              | 210,000                       | 210,000                       |

**INCREASED REVENUE BUDGET:**

| ACCT. NUMBER & TITLE | BEGINNING BUDGET AS OF 12/1 | CURRENT BUDGET | BUDGET IF REQUEST IS APPROVED | INCREASE (DECREASE) REQUESTED |
|----------------------|-----------------------------|----------------|-------------------------------|-------------------------------|
| See attached         |                             |                |                               |                               |
|                      |                             |                |                               |                               |
|                      |                             |                |                               |                               |
| TOTALS               | 0                           | 0              | 210,000                       | 210,000                       |

EXPLANATION: PLEASE SEE ATTACHED SHEET FOR PROGRAM DESCRIPTION. THANK YOU

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

|                                   |  |
|-----------------------------------|--|
| DATE SUBMITTED:<br><i>10/2/18</i> | AUTHORIZED SIGNATURE<br><i>Chun Ward</i> |
|-----------------------------------|--|

APPROVED BY BUDGET & FINANCE COMMITTEE: DATE: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





The Garden Hills Energy Efficiency Initiative will include the following:

- **Door to Door Canvassing** – RPC will identify a minimum of 250 residences in the Garden Hills neighborhood through door-to-door canvassing to educate residents about energy efficiency; distribute and install energy efficiency enhancements; i.e., LED light bulbs, aerators, smart power strips; and inform and enroll residents in the planned LED exterior lighting program and the Ameren Illinois Home Efficiency Program.
- **Energy Efficiency Workshop and Kit Distribution** – RPC will conduct four energy efficiency workshops to further educate residents about energy efficiency; inform and enroll Ameren customers in the LED porch light program; and enroll residents in the Home Energy Efficiency program.
- **Home Efficiency Program** – RPC will identify qualified low-income residences in the Garden Hills neighborhood for services through the Ameren Illinois Home Efficiency program. RPC will develop the scope of work and will oversee assessments and retrofits for 40-60 homes.
- **LED Front Yard Lighting** – RPC will implement a two-phased approach to address the lack of street lighting in the Garden Hills neighborhood. RPC intends to leverage Ameren funding to install and distribute LED porch lights in prioritized sections of the neighborhood. LED porch lights may serve to diminish the violence that plagues this neighborhood and promote the health and safety of its residents.
  - Phase 1 – RPC proposes to provide energy efficient outdoor lighting to the residents by distributing LED bulbs and/or installing efficient porch lighting. RPC plans to install over 100 LED/retrofits in year 1 and 300 in year 2.
  - Phase 2 – In subsequent years, RPC plans to explore installation of residential yard lamp posts in the Garden Hills neighborhood to further promote safety and well-being.

FUND 080 GENERAL CORPORATE

DEPARTMENT 036 PUBLIC DEFENDER

**INCREASED APPROPRIATIONS:**

| ACCT. NUMBER & TITLE                      | BEGINNING BUDGET AS OF 12/1 | CURRENT BUDGET | BUDGET IF REQUEST IS APPROVED | INCREASE (DECREASE) REQUESTED |
|---|-----------------------------|----------------|-------------------------------|-------------------------------|
| 080-036-522.44 EQUIPMENT LESS THAN \$5000 | 820                         | 820            | 2,512                         | 1,692                         |
|   |                             |                |                               |                               |
|   |                             |                |                               |                               |
| TOTALS                                    | 820                         | 820            | 2,512                         | 1,692                         |

**INCREASED REVENUE BUDGET:**

| ACCT. NUMBER & TITLE                | BEGINNING BUDGET AS OF 12/1 | CURRENT BUDGET | BUDGET IF REQUEST IS APPROVED | INCREASE (DECREASE) REQUESTED |
|-------------------------------------|-----------------------------|----------------|-------------------------------|-------------------------------|
| 080-036-364.10 SALE OF FIXED ASSETS | 0                           | 0              | 1,692                         | 1,692                         |
|                                     |                             |                |                               |                               |
|                                     |                             |                |                               |                               |
| TOTALS                              | 0                           | 0              | 1,692                         | 1,692                         |

**EXPLANATION:** TO USE REVENUE FROM SALES OF ASSETS FOR OTHER EQUIPMENT.

DATE SUBMITTED:

10-31-18

AUTHORIZED SIGNATURE

\*\* PLEASE SIGN IN BLUE INK \*\*

APPROVED BY BUDGET & FINANCE COMMITTEE:

DATE:

FUND 476 SELF-FUNDED INSURANCE

DEPARTMENT 118 PROPERTY/LIABILITY INSUR

**INCREASED APPROPRIATIONS:**

| ACCT. NUMBER & TITLE                   | BEGINNING BUDGET AS OF 12/1 | CURRENT BUDGET | BUDGET IF REQUEST IS APPROVED | INCREASE (DECREASE) REQUESTED |
|--|-----------------------------|----------------|-------------------------------|-------------------------------|
| 476-118-533.03 ATTORNEY/LEGAL SERVICES | 100,000                     | 180,000        | 545,000                       | 365,000                       |
| 476-118-533.20 INSURANCE               | 954,629                     | 954,629        | 970,629                       | 16,000                        |
| TOTALS                                 | 1,054,629                   | 1,134,629      | 1,515,629                     | 381,000                       |

**INCREASED REVENUE BUDGET:**

| ACCT. NUMBER & TITLE    | BEGINNING BUDGET AS OF 12/1 | CURRENT BUDGET | BUDGET IF REQUEST IS APPROVED | INCREASE (DECREASE) REQUESTED |
|-------------------------|-----------------------------|----------------|-------------------------------|-------------------------------|
| None: from Fund Balance |                             |                |                               |                               |
| TOTALS                  | 0                           | 0              | 0                             | 0                             |

EXPLANATION: 533.03 PAYMENT OF CLAIM SETTLEMENTS.

533.20 PAYMENT OF DECEMBER PREMIUM (FY2018)

DATE SUBMITTED:

11-5-2018

AUTHORIZED SIGNATURE

\*\* PLEASE SIGN IN BLUE INK \*\*

*Debra L. Buring*

APPROVED BY BUDGET & FINANCE COMMITTEE:

DATE:

FUND 476 SELF-FUNDED INSURANCE

DEPARTMENT 119 WORKERS COMP INSURANCE

**INCREASED APPROPRIATIONS:**

| ACCT. NUMBER & TITLE                     | BEGINNING BUDGET AS OF 12/1 | CURRENT BUDGET | BUDGET IF REQUEST IS APPROVED | INCREASE (DECREASE) REQUESTED |
|--|-----------------------------|----------------|-------------------------------|-------------------------------|
| 476-119-513.14 WKRS COMP SELF-FUND CLAIM | 782,150                     | 782,150        | 907,150                       | 125,000                       |
| TOTALS                                   | 782,150                     | 782,150        | 907,150                       | 125,000                       |

**INCREASED REVENUE BUDGET:**

| ACCT. NUMBER & TITLE    | BEGINNING BUDGET AS OF 12/1 | CURRENT BUDGET | BUDGET IF REQUEST IS APPROVED | INCREASE (DECREASE) REQUESTED |
|-------------------------|-----------------------------|----------------|-------------------------------|-------------------------------|
| None: from Fund Balance |                             |                |                               |                               |
| TOTALS                  | 0                           | 0              | 0                             | 0                             |

**EXPLANATION:** PAYMENT OF CLAIMS FOR REMAINDER OF FY 2018

DATE SUBMITTED: 11-5-2018

AUTHORIZED SIGNATURE: *Debra L. Busby* \*\* PLEASE SIGN IN BLUE INK \*\*

APPROVED BY BUDGET & FINANCE COMMITTEE: DATE:

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |
|  |  |  |

FUND 080 GENERAL CORPORATE

DEPARTMENT 041 STATES ATTORNEY

**INCREASED APPROPRIATIONS:**

| ACCT. NUMBER & TITLE                     | BEGINNING BUDGET AS OF 12/1 | CURRENT BUDGET | BUDGET IF REQUEST IS APPROVED | INCREASE (DECREASE) REQUESTED |
|--|-----------------------------|----------------|-------------------------------|-------------------------------|
| 080-041-533.07 PROFESSIONAL SERVICES     | 0                           | 47,233         | 107,233                       | 60,000                        |
| 080-041-533.29 COMPUTER/INF TCH SERVICES | 18,960                      | 25,196         | 30,196                        | 5,000                         |
| TOTALS                                   | 18,960                      | 72,429         | 137,429                       | 65,000                        |

**INCREASED REVENUE BUDGET:**

| ACCT. NUMBER & TITLE    | BEGINNING BUDGET AS OF 12/1 | CURRENT BUDGET | BUDGET IF REQUEST IS APPROVED | INCREASE (DECREASE) REQUESTED |
|-------------------------|-----------------------------|----------------|-------------------------------|-------------------------------|
| None: from Fund Balance |                             |                |                               |                               |
| TOTALS                  | 0                           | 0              | 0                             | 0                             |

**EXPLANATION:** AN INCREASE IN APPROPRIATIONS TO FUND LITIGATION EFFORTS IN THE CARLE PROPERTY TAX CASE. THESE APPROPRIATIONS WILL BE USED FOR EXPERT WITNESSES, CASE DATA TRIAL PREP, AND RELATED COSTS

DATE SUBMITTED:

11/5/18

AUTHORIZED SIGNATURE



\*\* PLEASE SIGN IN BLUE INK \*\*

APPROVED BY BUDGET & FINANCE COMMITTEE:

DATE:

FUND 076 TORT IMMUNITY TAX FUND DEPARTMENT 075 GENERAL COUNTY

**INCREASED APPROPRIATIONS:**

| ACCT. NUMBER & TITLE                     | BEGINNING BUDGET AS OF 12/1 | CURRENT BUDGET | BUDGET IF REQUEST IS APPROVED | INCREASE (DECREASE) REQUESTED |
|--|-----------------------------|----------------|-------------------------------|-------------------------------|
| 076-075-513.04 WORKERS' COMPENSATION INS | 570,150                     | 570,150        | 612,150                       | 42,000                        |
|  |                             |                |                               |                               |
|  |                             |                |                               |                               |
| TOTALS                                   | 570,150                     | 570,150        | 612,150                       | 42,000                        |

**INCREASED REVENUE BUDGET:**

| ACCT. NUMBER & TITLE    | BEGINNING BUDGET AS OF 12/1 | CURRENT BUDGET | BUDGET IF REQUEST IS APPROVED | INCREASE (DECREASE) REQUESTED |
|-------------------------|-----------------------------|----------------|-------------------------------|-------------------------------|
| None: from Fund Balance |                             |                |                               |                               |
|                         |                             |                |                               |                               |
|                         |                             |                |                               |                               |
| TOTALS                  | 0                           | 0              | 0                             | 0                             |

**EXPLANATION:** FOR INCREASES IN WORKERS' COMPENSATION RATES PAID FROM THE TORT IMMUNITY FUND.

|                                      |  |                               |
|--------------------------------------|--|-------------------------------|
| DATE SUBMITTED:<br><i>11-07-2018</i> | AUTHORIZED SIGNATURE<br><i>Cynthia Boatz</i> | ** PLEASE SIGN IN BLUE INK ** |
|--------------------------------------|--|-------------------------------|

APPROVED BY BUDGET & FINANCE COMMITTEE: \_\_\_\_\_ DATE: \_\_\_\_\_

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |
|  |  |  |

FUND 080 GENERAL CORPORATE

DEPARTMENT 040 SHERIFF

**INCREASED APPROPRIATIONS:**

| ACCT. NUMBER & TITLE                     | BEGINNING BUDGET AS OF 12/1 | CURRENT BUDGET | BUDGET IF REQUEST IS APPROVED | INCREASE (DECREASE) REQUESTED |
|--|-----------------------------|----------------|-------------------------------|-------------------------------|
| 080-040-512.03 SLEP REG FULL-TIME EMP'EE | 3,658,395                   | 3,658,395      | 3,669,419                     | 11,024                        |
|  |                             |                |                               |                               |
|  |                             |                |                               |                               |
| TOTALS                                   | 3,658,395                   | 3,658,395      | 3,669,419                     | 11,024                        |

**INCREASED REVENUE BUDGET:**

| ACCT. NUMBER & TITLE                     | BEGINNING BUDGET AS OF 12/1 | CURRENT BUDGET | BUDGET IF REQUEST IS APPROVED | INCREASE (DECREASE) REQUESTED |
|--|-----------------------------|----------------|-------------------------------|-------------------------------|
| 080-040-337.23 LOC GVT RMB-EVNT SECURITY | 77,626                      | 77,626         | 99,237                        | 21,611                        |
|  |                             |                |                               |                               |
|  |                             |                |                               |                               |
| TOTALS                                   | 77,626                      | 77,626         | 99,237                        | 21,611                        |

**EXPLANATION:** ADDITIONAL HOURS FOR SECURITY FOR THE LUKE BRYAN FARM TOUR.  
EVEN WITH THE BENEFIT COSTS THE REVENUE EXCEEDED THE EXPENDITURE.

|                                    |   |                               |
|------------------------------------|---|-------------------------------|
| DATE SUBMITTED<br><i>11/8/2018</i> | AUTHORIZED SIGNATURE<br><i>Dean Walsh</i> | ** PLEASE SIGN IN BLUE INK ** |
|------------------------------------|---|-------------------------------|

APPROVED BY BUDGET & FINANCE COMMITTEE: \_\_\_\_\_ DATE: \_\_\_\_\_

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |
|  |  |  |

FUND 080 GENERAL CORPORATE

DEPARTMENT 040 SHERIFF

**INCREASED APPROPRIATIONS:**

| ACCT. NUMBER & TITLE                     | BEGINNING BUDGET AS OF 12/1 | CURRENT BUDGET | BUDGET IF REQUEST IS APPROVED | INCREASE (DECREASE) REQUESTED |
|--|-----------------------------|----------------|-------------------------------|-------------------------------|
| 080-040-512.03 SLEP REG FULL-TIME EMP'EE | 3,658,395                   | 3,658,395      | 3,716,478                     | 58,083                        |
|  |                             |                |                               |                               |
|  |                             |                |                               |                               |
| TOTALS                                   | 3,658,395                   | 3,658,395      | 3,716,478                     | 58,083                        |

**INCREASED REVENUE BUDGET:**

| ACCT. NUMBER & TITLE    | BEGINNING BUDGET AS OF 12/1 | CURRENT BUDGET | BUDGET IF REQUEST IS APPROVED | INCREASE (DECREASE) REQUESTED |
|-------------------------|-----------------------------|----------------|-------------------------------|-------------------------------|
| None: from Fund Balance |                             |                |                               |                               |
|                         |                             |                |                               |                               |
|                         |                             |                |                               |                               |
| TOTALS                  | 0                           | 0              | 0                             | 0                             |

**EXPLANATION:** TO COVER WAGE SHORTAGES DUE TO THE PAYMENT OF BENEFITS UPON TERMINATION OF EMPLOYMENT BY 13 EMPLOYEES.

DATE SUBMITTED: 11/8/2018 AUTHORIZED SIGNATURE: *Don Walsh* \*\* PLEASE SIGN IN BLUE INK \*\*

APPROVED BY BUDGET & FINANCE COMMITTEE: \_\_\_\_\_ DATE: \_\_\_\_\_

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |
|  |  |  |



**Katie M. Blakeman**  
Clerk of the Circuit Court



**Champaign County Courthouse**  
101 East Main Street  
Urbana, Illinois 61801  
Phone (217) 384-3725  
Fax (217) 384-3879

**CHAMPAIGN COUNTY**  
**OFFICE OF THE CIRCUIT CLERK**

**MEMORANDUM**

**TO: Finance Chairperson and Members of the Champaign County Board  
Committee of the Whole**

**FROM: Katie Blakeman, Circuit Clerk of Champaign County  
Donna M. Davis, Assistant State's Attorney**

**DATE: November 2, 2018**

**RE: VILLAGE OF MAHOMET INTERGOVERNMENTAL AGREEMENT  
FOR ELECTRONIC CITATION**

---

The Office of the Circuit Clerk is requesting a County Resolution authorizing the Circuit Clerk to enter into an Intergovernmental Agreement for Electronic Citation between the Champaign County Circuit Clerk and the Village of Mahomet.

E-Citations provide automated citations in local law enforcement squad cars. The devices will be linked to the Court System, have the capacity to automatically import information necessary to process a citation, and will produce printed citations at the scene of a traffic stop for the ticketed driver and a record copy for law enforcement. The system should increase efficiency from traffic stops through the court system, and may also make collections of traffic fines more efficient.

Since 2011, Illinois state law allows the Circuit Clerk to collect a statutory E-Citation Fee of \$5.00 for all County law enforcement agencies. The fee is to be divided between the Clerk (\$3.00) and the enforcement agency (\$2.00). Most of the agencies in the County entered into an agreement with the Circuit Clerk's office whereby the Circuit Clerk acts as caretaker for the agency's portion of the fee as well. These fees have been deposited in the E-Citation Fund (632-030). Over the past two years, the Circuit Clerk worked with the law enforcement agencies to vet potential vendors for E-citations through an RFQ process, and selected Quicket Solutions to provide a pilot program. Certain agencies have selected Quicket to implement their own E-Citations programs. The Circuit Clerk will need to enter into agreement with Quicket for each law enforcement agency that moves forward with Quicket. The Intergovernmental Agreement you have been referred provides terms for the Circuit Clerk's willingness to accept invoices and pay funds to the E-Citation vendor on the agency's behalf. It allows the Clerk to retain the Village's portion of the fee to fund these costs.

The Circuit Clerk asks that the County Board consider the Resolution authorizing her office to enter into these agreements. The Circuit Clerk has been advised by the Office of the State's Attorney to enter into

**Katie M. Blakeman**  
Clerk of the Circuit Court



**Champaign County Courthouse**  
101 East Main Street  
Urbana, Illinois 61801  
Phone (217) 384-3725  
Fax (217) 384-3879

**CHAMPAIGN COUNTY**  
**OFFICE OF THE CIRCUIT CLERK**

individual IGAs with any particular law enforcement agency so that both the Circuit Clerk and the County of Champaign are protected by clearly defined terms.

Thank you,

Katie M. Blakeman  
Clerk of the Circuit Court  
Champaign County

**RESOLUTION NO. \_\_\_\_\_**

**RESOLUTION APPROVING AN INTERGOVERNMENTAL AGREEMENT  
BETWEEN CHAMPAIGN COUNTY, THE VILLAGE OF MAHOMET, THE  
CHAMPAIGN COUNTY CIRCUIT CLERK, AND THE MAHOMET POLICE  
DEPARTMENT FOR E-CITATION FUNDING**

**WHEREAS**, Section 10 of Article VII of the Illinois Constitution of 1970 authorizes units of local government to contract or otherwise associate among themselves in any manner not prohibited by law or by ordinance; and

**WHEREAS**, P.A. 96-1210 did establish 705 ILCS 105/27.3e of The Clerks of Courts Act (“the Act”) to establish the Electronic Citation Fee whereby traffic, misdemeanor, municipal ordinance, conservation, and other citations and law enforcement data may be transmitted via electronic means to the circuit court clerk; and

**WHEREAS**, the Act instructs all circuit court clerks to charge and collect an electronic citation fee of \$5 to defray the expense of establishing and maintaining electronic citations and establishes the Circuit Court Clerk is the custodian of the electronic citation fund; and

**WHEREAS**, the Act directs that 60% of the fee be deposited into the Circuit Court Clerk Electronic Citation Fund and that 40% of the fee be disbursed to the arresting agency to defray expenses related to the establishment and maintenance of electronic citations; and

**WHEREAS**, the Mahomet Police Department did by Agreement dated February 16, 2011 direct the Champaign County Circuit Clerk to be the caretaker of the agency’s share of e-citation funds and to use the funds towards a county wide electronic citation program; and

**WHEREAS**, the Champaign County Circuit Clerk wishes to cooperate with the Mahomet Police Department to allocate 100% of the electronic citation fees collected relating to and/or allocable to the Mahomet Police Department from the initiation of the electronic citation fee in 2011 through the expiration of the agreed contract between Quicket Solutions Inc. and the Village of Mahomet to be used to establish an electronic citation program; and

**WHEREAS**, it is in the best interest of both Champaign County and the Village of Mahomet to establish an intergovernmental agreement regarding the establishment of an electronic citation program between the Champaign County Circuit Clerk and the Mahomet Police Department;

**NOW, THEREFORE, BE IT RESOLVED**, by the County Board of Champaign County, that the Champaign County Board Chair and Circuit Clerk are authorized to sign the intergovernmental agreement that is attached hereto.

PRESENTED, PASSED, APPROVED AND RECORDED this 27<sup>th</sup> day of November, A.D. 2018.

\_\_\_\_\_  
C. Pius Weibel, Chair  
Champaign County Board

ATTEST: \_\_\_\_\_  
Gordy Hulten, County Clerk and  
Ex-Officio Clerk of the County Board

**INTERGOVERNMENTAL AGREEMENT  
BETWEEN CHAMPAIGN COUNTY, ILLINOIS, THE CHAMPAIGN COUNTY  
CIRCUIT CLERK, THE VILLAGE OF MAHOMET, ILLINOIS AND THE MAHOMET  
POLICE DEPARTMENT FOR ELECTRONIC CITATION PROGRAM FEES**

**THIS INTERGOVERNMENTAL AGREEMENT** (hereinafter "the Agreement") is entered into by and between the County of Champaign, a body politic and corporate ("County"), the Champaign County Circuit Clerk (hereinafter "Circuit Clerk"), the Village of Mahomet, a municipal corporation, ("Village") and the Mahomet Police Department ("Police Department") (collectively "the Parties").

**WHEREAS**, Section 10 of Article VII of the Illinois Constitution of 1970 authorizes units of local government to contract or otherwise associate among themselves in any manner not prohibited by law or by ordinance; and

**WHEREAS**, P.A. 96-1210 did establish 705 ILCS 105/27.3e of The Clerks of Courts Act ("the Act") to establish the Electronic Citation Fee whereby traffic, misdemeanor, municipal ordinance, conservation, and other citations and law enforcement data may be transmitted via electronic means to the circuit court clerk; and

**WHEREAS**, the Act instructed all circuit court clerks to charge and collect an electronic citation fee of \$5 to defray the expense of establishing and maintaining electronic citations and establishes the Circuit Court Clerk is the custodian of the electronic citation fund; and

**WHEREAS**, the Act directs that 60% of the fee be deposited into the Circuit Court Clerk Electronic Citation Fund and that 40% of the fee be disbursed to the arresting agency to defray expenses related to the establishment and maintenance of electronic citations; and

**WHEREAS**, the Mahomet Police Department did by Agreement dated February 16, 2011 direct the Champaign County Circuit Clerk to be the caretaker of the agency's share of e-citation funds and to use the funds towards a county wide electronic citation program; and

**WHEREAS**, the Champaign County Circuit Clerk wishes to cooperate with the Mahomet Police Department to allocate 100% of the electronic citation fees collected relating to and/or allocable to the Mahomet Police Department from the initiation of the electronic citation fee in 2011 to be used to establish an electronic citation program; and

**WHEREAS**, Two Thousand, Three Hundred Seventy-Five Dollars (\$2,375.00) has been collected by the Champaign County Circuit Clerk from the initiation of the electronic citation program relating to the Mahomet Police Department; and

**WHEREAS**, the Circuit Clerk shall continue to collect the fee and manage the entire fee, including the portion to be disbursed to the arresting agency for the term of this Agreement; and

**WHEREAS**, the Parties agree it would be most effective and efficient for the Circuit Clerk to manage the payment of the electronic citation fees to the vendor selected by the Mahomet Police Department for as long as the Circuit Clerk is collecting the E-Citation Fee on behalf of the Mahomet Police Department.

**NOW, THEREFORE**, in consideration of the terms, conditions and covenants contained herein, or attached hereto and incorporated by reference, the Parties agree as follows:

**Section 1. Circuit Clerk's Obligations.**

- A. The Circuit Clerk agrees to cooperate with the Police Department and the vendor selected by the Police Department, Quicket Solutions, Inc. (the "vendor") to implement the electronic citation program at the Village for the term of this Agreement.
- B. The Circuit Clerk agrees to accept a monthly or annual invoice from the vendor for the total amount of the electronic citation fee fund related and/or allocable to the Mahomet Police Department and to pay to the vendor that amount for the term of this Agreement.

**Section 2. Mahomet Police Department's Obligations.** The Police Department agrees to allow the Circuit Clerk to retain the entire share of the electronic citation fee relating or allocable to the Police Department for the term of this Agreement to be used to pay the selected vendor.

**Section 3. Term.** This Agreement shall be effective on \_\_\_\_\_, 2018

**Section 4. Notices.** All notices, requests and communications which are required or may be given under this Agreement shall be in writing and shall be sent to the following:

Katie Blakeman  
c/o Chief Deputy Brian Kelly  
Champaign County Circuit Clerk's Office  
101 E. Main St.  
Urbana, IL 61801

---

Chief Michael Metzler  
Mahomet Police Department  
303 E Oak Street  
Mahomet, IL 61853

**Section 5. Applicable Law and Venue.** This Agreement shall be governed by and construed in accordance with the laws of the State of Illinois. Venue for any action arising from the interpretation or performance of this Agreement shall be within Champaign County, Illinois.


**Section 6. Counterparts.** This Agreement may be executed in counterparts, each of which shall be deemed an original and all of which shall be deemed one and the same instrument. Signatures sent via facsimile or e-mail transmission shall be deemed original signatures for purposes of creating a binding agreement.

IN WITNESS WHEREOF, the Champaign County Board, the Village of Mahomet, and the Champaign County Circuit Clerk and the Mahomet Police Department, pursuant to authority given by their respective governing bodies, have caused this Agreement to be executed and attested in its name by its duly authorized officers as of the date shown below, and this Agreement shall be effective as set forth in Section 3 of this Agreement.

**CHAMPAIGN COUNTY**

\_\_\_\_\_ Date: \_\_\_\_\_  
C. Pius Weibel, Board Chair  
Champaign County Board

**VILLAGE OF MAHOMET**

 \_\_\_\_\_ Date: \_\_\_\_\_  
Sean Widener, Village President  
Village Board of Trustees

**CHAMPAIGN COUNTY CIRCUIT CLERK**

 \_\_\_\_\_ Date: 11/2/18  
Katie M. Blakeman  
Champaign County Circuit Clerk

**MAHOMET POLICE DEPARTMENT**



---

Michael Metzler  
Police Chief

Date: 10/31/10



**Julia R. Rietz**  
State's Attorney



Courthouse  
101 East Main Street  
P. O. Box 785  
Urbana, Illinois 61801  
Phone (217) 384-3733  
Fax (217) 384-3816  
email: [statesatty@co.champaign.il.us](mailto:statesatty@co.champaign.il.us)

**Office of  
State's Attorney  
Champaign County, Illinois**

October 31, 2018

Stephanie Fortado  
Deputy Chair  
Finance Committee  
Champaign County Board Office  
Brookens Administration Center  
1776 E. Washington Street  
Urbana, IL 61802

Re: Renewal of State's Attorney's Appellate Prosecutor Program for FY19

Dear Deputy Chair and County Board Members:

Enclosed for the Committee's consideration is a packet from the State's Attorney's Appellate Prosecutor Office containing the goals of the Program, a Statement regarding the matching funds, and a resolution implementing the agreement.

On behalf of the Champaign County State's Attorney's Office, I respectfully request that the Committee approve the renewal of this agreement and forward the recommendation to the County Board.

Sincerely,

A handwritten signature in blue ink, appearing to be "Julia R. Rietz".

Julia R. Rietz  
State's Attorney

Enclosure



# STATE'S ATTORNEYS APPELLATE PROSECUTOR

Administrative Office • 725 South Second Street • Springfield, IL 62704 • 217-782-1628 • Fax 217-782-6305

**PATRICK J. DELFINO**  
DIRECTOR

**DAVID J. ROBINSON**  
CHIEF DEPUTY DIRECTOR

**DEPUTY DIRECTORS**

**DAVID J. ROBINSON**  
2<sup>nd</sup> / 3<sup>rd</sup> / 4<sup>th</sup> DISTRICTS

**PATRICK D. DALY**  
5<sup>th</sup> DISTRICT

**BOARD OF GOVERNORS**

**FIRST DISTRICT:**

**KIMBERLY M. FOXX**  
STATE'S ATTORNEY  
COOK COUNTY

**SECOND DISTRICT:**

**JOSEPH P. BRUSCATO**  
STATE'S ATTORNEY  
WINNEBAGO COUNTY

**JOSEPH H. McMAHON**  
STATE'S ATTORNEY  
KANE COUNTY

**THIRD DISTRICT:**

**JOHN L. McGEHEE**  
STATE'S ATTORNEY  
ROCK ISLAND COUNTY

**STEWART J. UMHOLTZ**  
STATE'S ATTORNEY  
TAZEWELL COUNTY

**FOURTH DISTRICT:**

**BEN GOETTEN**  
STATE'S ATTORNEY  
JERSEY COUNTY

**JOHN C. MILHISER**  
STATE'S ATTORNEY  
SANGAMON COUNTY

**JULIA R. RIETZ**  
STATE'S ATTORNEY  
CHAMPAIGN COUNTY

**FIFTH DISTRICT:**

**TYLER R. EDMONDS**  
STATE'S ATTORNEY  
UNION COUNTY

**JUSTIN HOOD**  
STATE'S ATTORNEY  
HAMILTON COUNTY

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

**JUSTIN HOOD**  
CHAIRMAN

October 25, 2018

Honorable Julia Rietz  
Champaign County State's Attorney  
Champaign County Courthouse  
101 East Main - Room 301  
Urbana, Illinois 61801

Dear State's Attorney Rietz:

I am pleased to inform you that your county's FY19 contribution for participating in our Agency's program will remain at the same amount as FY18. The amount due from your county is listed on the enclosed billing statement.

In consideration of your contribution, our Agency is ready to serve you in the following areas:

1. Handling all criminal and civil appeals;
2. Serving as Special Prosecutor in conflict cases or in cases where there is the appearance of a conflict;
3. Providing specialized service by our Local Drug Prosecution Support Unit to assist in research, trial, and appeal of drug cases with a particular emphasis on asset tracking and forfeiture;
4. Assisting in the trial and appeal of tax objection cases;
5. Assisting in labor matters arising under the Illinois Public Labor Relations Act; and
6. Providing comprehensive legal training programs for prosecutors to comply with MCLE credit requirements.

For your use and convenience, I am enclosing a sample resolution for presentation to your County Board. When the enclosed resolution is approved, or one similar to it, kindly return a fully executed copy to our Office.

Thank you again for your participation in our Program and for your active support of our Agency. Please let me know whenever I can be of service.

Looking forward to working with you in the upcoming year.

Very truly yours,



Patrick J. Delfino  
Director

enclosures



# STATE'S ATTORNEYS APPELLATE PROSECUTOR

Administrative Office • 725 South Second Street • Springfield, IL 62704 • 217-782-1628 • Fax 217-782-6305

PATRICK J. DELFINO  
DIRECTOR

JUSTIN HOOD  
CHAIRMAN

## STATEMENT

October 25, 2018

Honorable Julia Rietz  
Champaign County State's Attorney  
Champaign County Courthouse  
101 East Main - Room 301  
Urbana, Illinois 61801

### COLLECTION OF COUNTY MATCHING FUNDS January 1, 2019 - December 31, 2019

County fiscal year January 1, 2019, through December 31, 2019. County contribution for participation in the State's Attorneys Appellate Prosecutor's Program.

**AMOUNT DUE:       \$36,000.00**

Make check payable to State's Attorneys Appellate Prosecutor's County Fund and remit to:

Gloria Mundy  
Chief Fiscal Officer  
State's Attorneys Appellate Prosecutor  
725 South Second Street  
Springfield, Illinois 62704

For questions please contact Gloria Mundy at 217-782-1632 or [gmundy@ilsaap.org](mailto:gmundy@ilsaap.org).

**PLEASE NOTE: A signed resolution must be sent. The resolution serves as your contract with the Agency and must be kept by the Agency for auditing purposes.**

**PLEASE MAKE CHECKS PAYABLE FOR COUNTY CONTRIBUTIONS ONLY . . . do not add payment for labor, special prosecution charges, or cannabis fines.**

RESOLUTION NO. 2018-

WHEREAS, the Office of the State's Attorneys Appellate Prosecutor was created to provide services to State's Attorneys in Counties containing less than 3,000,000 Inhabitants; and

WHEREAS, the powers and duties of the Office of the State's Attorneys Appellate Prosecutor are defined and enumerated in the "State's Attorneys Appellate Prosecutor's Act", 725 ILCS 210/1 et seq., as amended; and

WHEREAS, the Illinois General Assembly appropriates monies for the ordinary and contingent expenses of the Office of the State's Attorneys Appellate Prosecutor, one-third from the State's Attorneys Appellate Prosecutor's County Fund and two-thirds from the General Revenue Fund, provided that such funding receives approval and support from the respective Counties eligible to apply; and

WHEREAS, the Office of the State's Attorneys Appellate Prosecutor shall administer the operation of the appellate offices so as to insure that all participating State's Attorneys continue to have final authority in preparation, filing, and arguing of all appellate briefs and any trial assistance; and

NOW, THEREFORE, BE IT RESOLVED that the Champaign County Board, In regular session, this 27<sup>th</sup> day of November 2018 does hereby support the continued operation of the Office of the State's Attorneys Appellate Prosecutor and designates the Office of the State's Attorneys Appellate Prosecutor as Its Agent to administer the operation of the appellate offices and process said appellate court cases for this County.

BE IT FURTHER RESOLVED that the attorneys employed by the Office of the State's Attorneys Appellate Prosecutor are hereby authorized to act as Assistant State's Attorneys on behalf of the State's Attorney of this County In the appeal of all cases, when requested to do so by the State's Attorney, and with the advice and consent of the State's Attorney prepare, file, and argue appellate briefs for those cases; and also, as may be requested by the State's Attorney, to assist in the prosecution of cases under the Illinois Controlled Substances Act, the Cannabis Control Act, the Drug Asset Forfeiture Procedure Act and the Narcotics Profit Forfeiture Act. Such attorneys are further authorized to assist the State's Attorney in the State's Attorney's duties under the Illinois Public Labor Relations Act, including negotiations thereunder, as well as in the trial and appeal of tax objections.

BE IT FURTHER RESOLVED that the Office of the State's Attorneys Appellate Prosecutor will offer Continuing Legal Education training programs to the State's Attorneys and Assistant State's Attorneys.

BE IT FURTHER RESOLVED that the attorneys employed by the Office of the State's Attorneys Appellate Prosecutor may also assist the State's Attorney of this County In the

discharge of the State's Attorney's duties in the prosecution and trial of other cases, and may act as Special Prosecutor if duly appointed to do so by a court having jurisdiction.

BE IT FURTHER RESOLVED that If the Office of the State's Attorneys Appellate Prosecutor Is duly appointed to act as a Special Prosecutor In this county by a court having jurisdiction, this county will provide reasonable and necessary clerical and administrative support on an as needed basis.

BE IT FURTHER RESOLVED that the Champaign County Board hereby agrees to participate In the service program of the Office of the State's Attorneys Appellate Prosecutor for Fiscal Year 2019, commencing January 1, 2019 and ending December 31, 2019, by hereby appropriating the sum of \$36,000.00 as consideration for the express purpose of providing a portion of the funds required for financing the operation of the Office of the State's Attorneys Appellate Prosecutor, and agrees to deliver the same to the Office of the State's Attorneys Appellate Prosecutor on request during the Fiscal Year 2019.

Passed and adopted by the County Board of Champaign County, Illinois, this 27<sup>th</sup> day of November 2018.

---

C. Pius Weibel, Chair  
Champaign County Board

ATTEST: \_\_\_\_\_  
Gordy Hulten, County Clerk  
And ex-officio Clerk of the  
Champaign County Board

# CHAMPAIGN COUNTY INFORMATION TECHNOLOGY SERVICES

1776 East Washington Street, Urbana, Illinois 61802-4581



**Andy Rhodes, Information Technology Director**

## **BOARD ACTION WORKSHEET**

**November 1, 2018**

### **RFP 2018-003 – INTEGRATED PROPERTY TAX ASSESSMENT, EXTENSION AND COLLECTION SYSTEM**

#### **REPORT:**

1. A Request for Proposals for this project was released by Champaign County on September 12, 2018. The RFP was sent to all firms who had previously indicated an interest in providing a system to the County. In addition, other firms who are known to have similar systems in other Illinois Counties were contacted. Appropriate notices were placed in the Legal Notices section of the News-Gazette newspaper, and the RFP was posted on the County's website.
2. On October 12, 2018, proposals were received from the following four firms:
  - a. Tyler Technologies
  - b. Computer Information Concepts, Inc.
  - c. DEVNET Incorporated
  - d. XSoft Government Financial Software Solutions
3. The RFP 2018-003 Evaluation Team (Andy Rhodes, IT Director; Paula Bates, Supervisor of Assessments; John Farney, County Treasurer; Sasha Green, Lead Tax Extension Specialist; and Leanne Brehob-Riley, Champaign County GIS Consortium Director) individually reviewed all proposals, utilizing the evaluation rating form established for this project. Upon compilation of all individual results the Evaluation Team reached a consensus and recommends that the County enter into an Agreement with DEVNET Incorporated.

#### **DEVNET Incorporated stood out for several reasons:**

- a. Breadth of experience – DEVNET is used in over 60 Illinois Counties including several of similar or greater parcel count than Champaign County
- b. Implementation – DEVNET has a proven implementation scheme that will not impact the timeliness of the tax cycle
- c. Internal staff knowledge – staff in the Supervisor of Assessments Office and CCGIS Consortium have experience working with DEVNET
- d. Time in business – DEVNET products have been in use in Illinois Counties since 1997.

Not only was the DEVNET proposal the overall top ranked proposal, it was also the top ranked proposal by each member of the Evaluation Team.

4. The Agreement will be presented to the Board for final approval.

**RECOMMENDATION:**

**The RFP 2018-003 Evaluation Team recommends that the County enter into an Agreement with DEVNET Incorporated for an Integrated Property Tax Assessment, Extension and Collection System, with said Agreement being presented to the County Board for final approval.**



**ORDINANCE NO.**

**FY2019 ANNUAL BUDGET AND APPROPRIATION ORDINANCE**

**WHEREAS**, the Finance Committee of the Whole of the County Board of Champaign County, Illinois, has considered and determined the amounts of monies estimated and deemed necessary expenses to be incurred by and against the County of Champaign, State of Illinois, within and for the fiscal year beginning January 1, 2019 and ending December 31, 2019, and has further proposed County expenditures in the attached recommended Budget; and

**WHEREAS**, pursuant to 55 ILCS 5/6-1002, the attached recommended Budget includes the following:

- a. A statement of the receipts and payments and a statement of the revenues and expenditures of the fiscal year last ended.
- b. A statement of all monies in the county treasury or in any funds thereof, unexpended at the termination of the fiscal year last ended, of all amounts due or accruing to such county, and of all outstanding obligations or liabilities of the county incurred in any preceding fiscal year.
- c. Estimates of all probable income for the current fiscal year and for the ensuing fiscal year covered by the budget, specifying separately for each of said years the estimated income from taxes, from fees, and from all other sources. The estimated income from fees shall indicate both the estimated total receipts from fees by county fee officers and the estimated net receipts from fees to be paid into the county treasury.
- d. A detailed statement showing estimates of expenditures for the current fiscal year, revised to the date of such estimate, and, separately, the proposed expenditures for the ensuing fiscal year for which the budget is prepared. Said revised estimates and proposed expenditures shall show the amounts for current expenses and capital outlay, shall specify the several objects and purposes of each item of current expenses, and shall include for each of said years all floating indebtedness as of the beginning of the year, the amount of funded debt maturing during the year, the interest accruing on both floating and funded debt, and all charges fixed or imposed upon counties by law.
- e. A schedule of proposed appropriations itemized as provided for proposed expenditures included in the schedule prepared in accordance with the provisions of paragraph (d) hereof, as approved by the county board.

**WHEREAS**, the level of appropriation for each fund and department is defined by the amount as listed with the following exceptions: the legal level of control in all departments (except the Regional Planning Commission) is by category, Personnel and Non-Personnel, for each department or group of departments within the same fund and headed by the same administrator. Transfers between any line items in the Personnel category and transfers between any line items in the Non-Personnel category, in the same department or group of departments headed by the same administrator within the same fund, may be made by notifying the County Auditor on forms provided by the Auditor. Transfers between the Personnel and Non-Personnel categories, as well as transfers between different departments headed by different administrators may be made only with the approval of a 2/3 vote of the full County Board; and

**WHEREAS**, the Regional Planning Commission’s legal level of budgetary control is by fund. Transfers between any line items in the same department or group of departments within the same fund may be made by notifying the county Auditor on standardized forms;

**NOW, THEREFORE, BE IT ORDAINED** by the Champaign County Board that the attached recommended Budget is hereby adopted as the Annual Budget and Appropriation Ordinance of Champaign County for the fiscal year beginning January 1, 2019 and ending December 31, 2019. The full budget is available on the County website at the following link <http://www.co.champaign.il.us/CountyBoard/Budget.php>.

**PRESENTED** by the County Board of Champaign County, Illinois, at the recessed October, A.D. 2018 session.

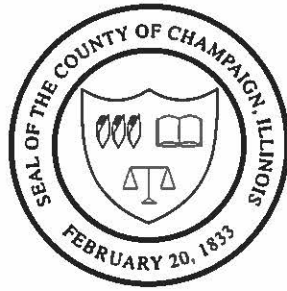
**PRESENTED, PASSED, APPROVED, AND RECORDED** by the County Board of Champaign County, Illinois, this 27<sup>th</sup> day of November, A.D. 2018.

\_\_\_\_\_  
C. Pius Weibel, Chair  
Champaign County Board

AYE \_\_\_ NAY \_\_\_ ABSENT \_\_\_

ATTEST:

\_\_\_\_\_  
Gordy Hulten, County Clerk & ex-officio  
Clerk of the Champaign County Board



OFFICE OF THE  
COUNTY ADMINISTRATOR

To: Chairman C. Pius Weibel and Honorable Members of the Champaign County Board

Fr: Deb Busey, Interim County Administrator; and  
Tami Ogden, Deputy County Administrator/Finance

RE: Letter of Transmittal - FY2019 Budget

The Fiscal Year (FY) 2019 Annual Budget, for the period beginning January 1, 2019 and ending December 31, 2019, is presented for your consideration and approval. The budget was developed in accordance with Resolution No. 2018-142, and pursuant to Illinois Statutes (55 ILCS 5/6-1001). The consolidated budget is submitted with revenue of **\$120,775,667** and expenditure of **\$122,974,563**, and complies with relevant Champaign County financial policies. This transmittal letter is intended to provide an executive summary and overview of the budget document.

### **Budget Document Overview**

The budget document provides extensive financial information for every component of Champaign County government. The budget is divided into nine sections further explained in How to Use This Document, which is part of the Introduction section of the budget.

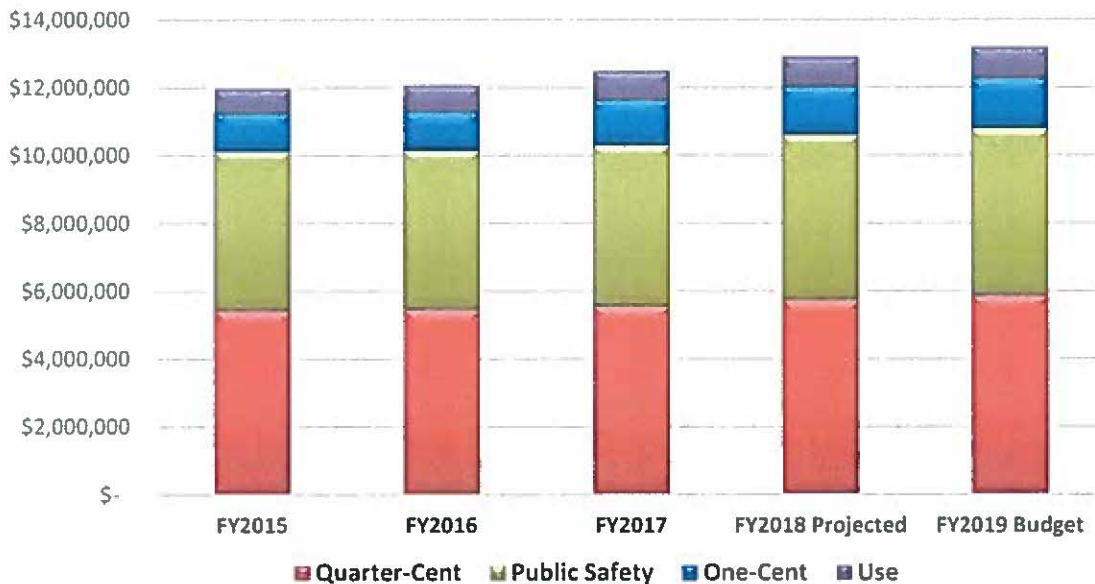
1. Introduction
2. Budget Summary
3. General Fund
4. Special Revenue Funds
5. RPC Funds
6. Joint Venture Fund
7. Debt Management and Capital Projects Funds
8. Proprietary Funds
9. Supplemental Information

The FY2019 Budget includes fifty-two funds, with each fund containing at least one department budget. This year, a new Department/Fund Relationship matrix was added to the budget in order to illustrate the relationship between the County's financial structure and its organizational structure.

## Economic Environment

Per the Conference Board Consumer Confidence Survey, consumer confidence in September 2018 was at an 18-year high and not far from an all-time high reached in 2000.<sup>1</sup> Likewise in September, the University of Illinois Flash Index, designed to give a quick reading of the state economy, hit its highest reading of 105.2 since May 2016.<sup>2</sup> Champaign County's sales and use tax revenues as projected in FY2018 and budgeted in FY2019, reflect this economic expansion and increased consumer confidence.

### Sales & Use Tax



As of August 2018, the Illinois' unemployment rate declined to 4.2%, down from 5.3% in the year-ago period. The August 2018 rate for Champaign County is flat at 4.5% compared to August 2017. Both local and state unemployment statistics exceed the national rate of 3.9%.

According to the Champaign County Association of Realtors, year-to-date home sales as of August 2018, are 1.78 percent ahead of last year with 2,155 homes sold so far this year.<sup>3</sup> This represents an increase of 77 homes compared to year-to-date 2017. The positive news from this sector is important for the county as property taxes represent a major segment of its revenue sources. Preliminary equalized assessed valuation (EAV) for revenue year 2018 exceeds \$4 billion and reflects a 4 percent increase over RY2017, with growth in EAV from new construction estimated at \$83 million. The County's total EAV, tax rate, and property tax extension comparison for tax levy years 2008 through 2017 is shown in the table on the following page.

<sup>1</sup> <https://www.conference-board.org/data/consumerconfidence.cfm>

<sup>2</sup> <https://igpa.uillinois.edu/report/flash-index-continues-upward-climb>

<sup>3</sup>

<http://www.champaigncountyassociationofrealtors.com/News/TabId/101/ArtMID/469/ArticleID/330/Champaign-County-Area-Home-Sales-Bounce-Back-in-August.aspx>

| Tax Levy Year | EAV              | % Increase/Decrease | Tax Rate/\$100 of EAV | Property Tax Extension |
|---------------|------------------|---------------------|-----------------------|------------------------|
| 2008          | \$ 3,485,212,304 | 5.7%                | 0.7426                | \$ 26,000,871          |
| 2009          | \$ 3,537,653,786 | 1.5%                | 0.7487                | \$ 26,607,976          |
| 2010          | \$ 3,561,497,476 | 0.7%                | 0.7688                | \$ 27,506,700          |
| 2011          | \$ 3,546,623,981 | -0.4%               | 0.7841                | \$ 27,911,272          |
| 2012          | \$ 3,532,086,251 | -0.4%               | 0.8138                | \$ 28,832,637          |
| 2013          | \$ 3,479,591,533 | -1.5%               | 0.8511                | \$ 29,700,112          |
| 2014          | \$ 3,532,923,580 | 1.5%                | 0.8255                | \$ 30,598,651          |
| 2015          | \$ 3,600,615,388 | 1.9%                | 0.8322                | \$ 31,404,567          |
| 2016          | \$ 3,806,286,018 | 5.7%                | 0.8458                | \$ 32,245,372          |
| 2017          | \$ 3,972,464,264 | 4.4%                | 0.8481                | \$ 33,737,737          |

### Change in Form of Government

At the November 8, 2016 general election, voters approved a proposition to establish the County Executive form of government. The County will transition to this form of government in December 2018 following the November 6, 2018 general election, when the first County Executive will be elected at large.

### Revenues and Expenditures

Revenue for all county funds in FY2019 is budgeted at \$120,775,667, a decrease of \$10.7 million (-8.1%) compared to the original FY2018 Budget. While the budget reflects strong growth in property tax (\$1.5 million) and grant revenues (\$650,000), the significant decrease in total budgeted revenue is the result of the planned sale of the Champaign County Nursing Home prior to December 31, 2018. Sale proceeds and operating revenues for the Home were included in the FY2018 Budget, while the FY2019 Nursing Home Budget includes revenue of only \$2.5 million in anticipation of fees the County will continue to collect for previously provided services.

Property tax revenue in the FY2019 Budget includes approximately \$1 million the County is uncertain whether it will receive. A return of the currently exempt hospital properties to the County's tax base would result in increased tax revenue when treated as new construction under the Property Tax Extension Limitation Law (PTELL). This case is currently before the Champaign County Circuit Court and is scheduled for trial in January 2019. If the ruling is not forthcoming prior to the closure of the tax books in 2019, the County Clerk will automatically reduce the levy to the maximum allowed under PTELL.

Expenditure for all county funds in FY2019 is budgeted at \$122,974,563, a decrease of \$6.7 million (-5.2%) compared to the original FY2018 Budget. The budget for FY2019 reflects reduced expenditures in every category with the exception of capital and Interfund expenditures. The decrease in total budgeted expenditure correlates to the discontinuation of Nursing Home operations as a result of the planned sale of the Home.

The \$2.2 million revenue to expenditure deficit is the result of combining current fiscal year revenues with funds reserved in prior fiscal years for planned projects and replacements

scheduled in FY2019. The Motor Fuel Tax Fund will utilize \$2.2 million of its fund balance for a major road reconstruction and the match for a Federal grant to upgrade the County's guardrail system. In the Capital Asset Replacement Fund, \$666,000 is appropriated from prior fiscal year reserves for items scheduled to be replaced in the current year. The FY2019 Budget is balanced per Champaign County's Financial Policies.

### **Investment in Facilities and Technology**

The Budget Process Resolution approved by the County Board in May 2018, directed the FY2019 Budget be prepared utilizing all available General Fund and Public Safety Sales Tax Fund revenues to prioritize the County's technology and facility needs. Funding for facilities was increased by \$588,000 over the prior fiscal year in order to provide \$1.12 million for projects scheduled in FY2019 per the County's Capital Facilities Plan.

Funding for implementation of real estate tax cycle software to replace the current in-house system, jail management Software as a Service (SaaS), and law enforcement civil processing SaaS is included in the FY2019 Budget. Replacing the County's in-house financial and human resources system with cloud-based Enterprise Resource Planning (ERP) software is planned for FY2020; however, the current budget includes appropriations to allow the County to start on the project in FY2019 if feasible. The Capital Asset Replacement Fund budgets were prepared with funding for current items scheduled for replacement, as well as reserve funding for items scheduled for replacement in future fiscal years. A 24/7 Information Security Operations Center system is funded in FY2019 after the County experienced three severe virus outbreaks in 2018.

### **Staffing**

The FY2019 budget reflects a net reduction of 140 full-time employees. While the sale of the Nursing Home reduces headcount by 191 employees, new and expanded grant initiatives increase budgeted personnel within RPC funds by 50 full-time employees. A net increase of one full-time employee in the General Fund is the result of a new Planner position in the Planning and Zoning department, the addition of a Data Analyst position in the Sheriff's Office, and the reclassification of the County Board Chair position from full-time to part-time.

### **General Fund**

In the General Fund, revenue and expenditure are budgeted respectively at \$39,510,715 and \$38,629,730. Revenue growth measures \$2.25 million, or 6% year-over-year with increases in all revenue categories. Expenditure growth measures \$1.85 million, or 5% year-over-year with increases in all expenditure categories. Significant increases in both the Interfund revenue and Interfund expenditure categories represent transfers between funds for the County's increased investment in facilities and technology.

The budget surplus of \$880,985 denotes one-time revenues in the amount of \$375,252 owed from the Nursing Home Fund for services General Fund departments provided to the Home in previous fiscal years. This outstanding amount may be paid through the continued

collection of fees owed to the Home following its sale. Also included in the budget surplus is \$488,364 in property tax revenue that the County is uncertain whether it will receive. This amount is associated with a favorable ruling in the hospital property tax exemption case as previously explained. The receipt of additional revenue in FY2019 will be utilized to improve General Fund reserves. The fund balance target is set at 16.7%, or two months of operating expenditure. The FY2019 General Fund budget is a balanced budget per Champaign County's financial policies.

### **Nursing Home Fund**

In January 2018, the County Board released a request seeking proposals for the sale of the Champaign County Nursing Home. One responsive proposal was received and in May 2018, the County Board approved Resolution No. 2018-141 authorizing the sale of the Home to Extended Care Clinical, LLC and Altitude Health Services, Inc. With the planned sale of the Home expected to be complete prior to December 31, 2018, proceeds will be utilized to defease or redeem the Nursing Home bonds and pay outstanding obligations to outside vendors in FY2018.

The FY2019 Budget was prepared in anticipation of receiving \$2.5 million in revenue for services previously provided by the Home. The expenditure budget predominantly reflects a transfer to the General Corporate Fund for amounts owed to that fund for services provided by General Fund departments, accounts payable paid on behalf of the Home, and transfers and loans made to the Home.

### **County-wide Financial Concerns**

The impact of both legislative and administrative decisions made at the state level continue to alter and weaken some county revenue streams.

#### **State Funding Cuts and Diversions.**

- **Income Tax.** The state legislature implemented a one-time, 10% cut to Income tax from July 1, 2017 through June 30, 2018, that cost the County \$322,000. Rather than letting the cut expire as proposed, the legislature reduced the 10% cut to 5% effective July 1, 2018. This second year of cuts is estimated to reduce County revenues by \$165,000, part of which will affect the first six months of FY2019.
- **Sales Tax.** A 2% collection fee was imposed on Public Safety Sales Tax revenues and resulted in the loss of \$95,000 in the period ending June 30, 2018. Although the fee was reduced to 1.5% after the first year, it is expected to be a permanent fee.
- **Personal Property Replacement Tax (PPRT).** The state's continued diversion of PPRT funds prior to application of the funding formula for distribution to local governments increases each fiscal year. In 2009, diversions totaled \$21,643 and in 2019 total diversions exceed \$300 million.
- **AOIC funding.** The Administrative Office of the Illinois Courts provides reimbursement for a portion of the Juvenile Detention Center and Probation and Court Services

personnel costs. Funding has continued to decline since FY2015, when the allocation was \$2.17 million. Over the past four fiscal years, the allocation has declined by a total of \$638,000 with the most significant decrease, \$289,000, in FY2019.

- Grants and Contracts. The loss of a Victim Advocacy grant, and a contract with the Illinois Department of Child and Family Services for a parental rights attorney, result in a \$70,525 reduction in revenue in FY2019.

#### Fees and Fines Legislation.

Signed on August 20, 2018, Public Act 100-0987 significantly changed the fines and fees collected through the courts and distributed to County funds. The 300+ page act amended or repealed multiple statutes and affects several County funds including the General Fund, Circuit Clerk Special Revenue Funds, State's Attorney Special Revenue Funds, and the Probation Services Fund. The majority of the changes are effective July 1, 2019. At the time of budget preparation, there were still uncertainties regarding the impact on County funds; therefore, the FY2019 Budget was prepared without consideration for the legislation as the County was not able to fully assess the magnitude of the Act on the last six months of FY2019.

#### Facility Maintenance and Planning.

The County Board approved a 10-Year Capital Facilities Plan<sup>4</sup> in May 2018. The plan calls for an investment of \$23 million through FY2029, and prioritizes building envelopes, mechanicals, mechanical controls, business continuation/emergency preparedness, and parking lot/sidewalk maintenance. Interior improvements such as paint, carpeting, and flooring are not funded in the plan.

Facilities not included in the plan are the Sheriff's Office and downtown Correctional Center. Per a 2015 Facilities Condition Report<sup>5</sup>, these facilities are categorized as poor, and have either "more significant deficiencies that require replacement or repair, or a larger quantity of components needing to be upgraded or repaired." The 0-5 year Deferred Maintenance Backlog (DMB) for these buildings is \$2.9 million, and the 5-25 year DMB is just under \$9 million. It is essential for the County to resume discussions regarding a plan for these facilities early in FY2019.

#### Technology Investment.

The County's FY2019 investment in technology is significant; however, continued investment in future fiscal years is essential. Replacing the current in-house financial and human resources system with cloud-based Enterprise Resource Planning (ERP) software and Animal Control business and kennel management software should be prioritized in FY2020 as these systems are still on the County's AS/400 system. Complete replacement of the Law Enforcement Records Management System (currently Area-wide Record Management System or ARMS) and METCAD Dispatch software will be a joint venture with other law enforcement agencies commencing as early as FY2021 or FY2022.

---

<sup>4</sup> [http://www.co.champaign.il.us/FacilitiesPlans/PDFS/10-Year\\_Capital\\_Facilities\\_Plan.pdf](http://www.co.champaign.il.us/FacilitiesPlans/PDFS/10-Year_Capital_Facilities_Plan.pdf)

<sup>5</sup> [http://www.co.champaign.il.us/FacilitiesPlans/PDFS/Facilities\\_Assessment\\_Report.pdf](http://www.co.champaign.il.us/FacilitiesPlans/PDFS/Facilities_Assessment_Report.pdf)



#### Hospital Property Tax Exemption Case.

A case to determine the charitable property tax exemption status of hospital properties is currently before the Champaign County Circuit Court. A ruling that favors the hospitals' position, could adversely affect county finances by requiring the return of previously collected taxes. The County's potential liability in the event of an unfavorable ruling is approximately \$2.6 million, not including possible pre-judgement interest.

#### Employee health care costs.

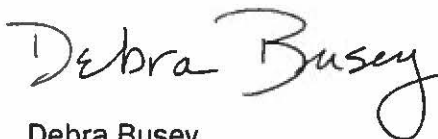
Following an 11.6% increase in FY2017, the County has enjoyed two years of affordable health insurance premium increases in fiscal years 2018 and 2019, 2.7% and 2% respectively. On January 1, 2018, the County changed from a Health Maintenance Organization (HMO) plan through Health Alliance, to a Preferred Provider Organization (PPO) plan through Blue Cross Blue Shield. Several factors contribute to the cost of a health insurance plan including claims history, the composition of the risk pool, the average age of the group, and the type and level of coverage. In future fiscal years, the collaborative work of the joint Labor Management Health Insurance Committee will continue to be vitally important to negotiating health insurance costs that are affordable for both employees and the county.

#### Acknowledgements

We wish to acknowledge the outstanding cooperation and collaboration among all county elected officials, department heads, and County Board members in the preparation of the fiscal year 2019 budget. We also extend our special thanks to staff members providing crucial assistance in the development and completion of this budget document: Bill Simmering, Business Applications Developer; Andy Rhodes, Information Technology Director; Evelyn Boatz, Budget and Human Resource Specialist; Kathleen Oldrey, Planner II; Tammy Asplund, Executive Assistant to the County Administrator; and Kay Rhodes, Administrative Assistant.

On behalf of our officials and staff, we are pleased to present to you the fiscal year 2019 Champaign County budget.

Respectfully submitted,

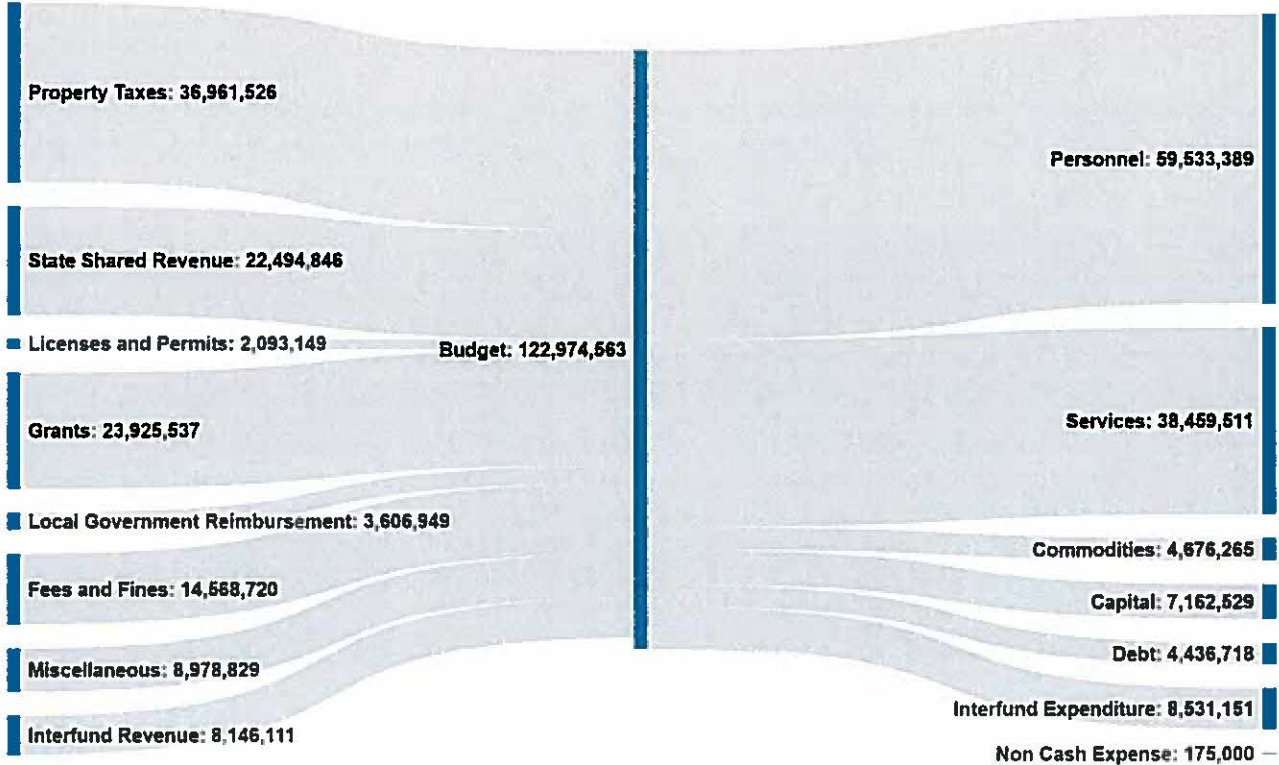


Debra Busey  
Interim County Administrator



Tami Ogden  
Deputy County Administrator of Finance

# FY2019 BUDGET SUMMARY



## FY2019 Champaign County Budget

|             |               |
|-------------|---------------|
| Revenue     | \$120,775,667 |
| Expenditure | \$122,974,563 |

The Champaign County budget was developed by the County’s elected officials and department heads with oversight and review by administration. The County Board receives and places the budget on file for public review in October, with final approval of the budget scheduled for November 27, 2018. The FY2019 Budget is a Balanced Budget per Champaign County’s Financial Policies. The \$2.2 million revenue to expenditure deficit is the result of appropriating reserve balances within individual funds for planned projects and capital expenditures, predominantly in the Motor Fuel Tax and Capital Asset Replacement Funds.

Budgeted revenue includes \$993,386 in property tax revenue that the County is uncertain whether it will receive in FY2019. The property tax levy was prepared in order to capture new growth revenue in the event of a ruling related to the hospital property tax exemption case. If there is a ruling that returns the hospital properties to the tax rolls prior to the Board of Review closing the books for revenue year 2018, under the Property Tax Extension Limitation Law (PTELL), the County may treat the Equalized Assessed Value (EAV) as new growth. If there is no change in the exemption status of the hospital properties prior to the books being closed, the County Clerk will limit the total extension and the County will receive the property taxes it is allowed under the PTELL calculation.

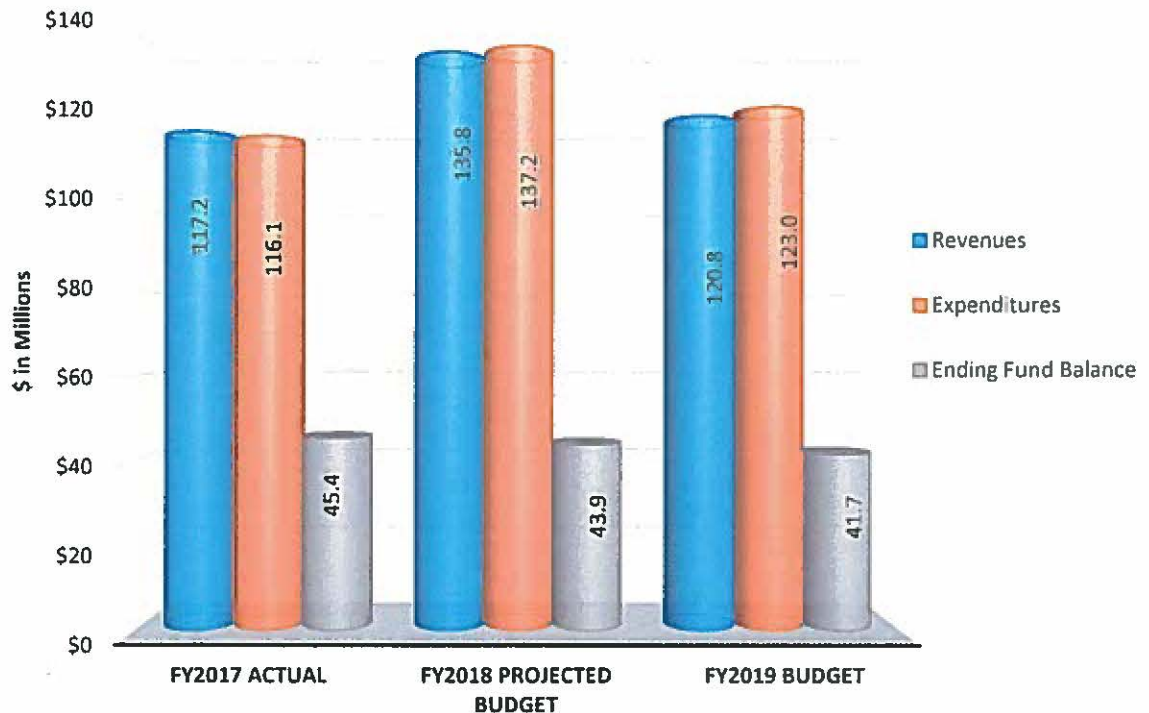
This table on the following page reflects an aggregated roll-up of the Champaign County Budget.

FY2019 Budget  
Champaign County, Illinois

Budget Summary  
All Funds

|                                 | FY2017 Actual      | FY2018 Original Budget | FY2018 Projected Budget | FY2019 Budget      | \$ Variance         | % Variance   |
|---------------------------------|--------------------|------------------------|-------------------------|--------------------|---------------------|--------------|
| Property Taxes                  | 32,849,373         | 35,463,482             | 34,464,821              | 36,961,526         | 1,498,044           | 4.2%         |
| Fed. State Local Shared Revenue | 22,502,151         | 22,345,765             | 22,747,784              | 22,494,846         | 149,081             | 0.7%         |
| Licenses & Permits              | 1,983,326          | 1,942,760              | 2,051,185               | 2,093,149          | 150,389             | 7.7%         |
| Grants                          | 18,933,730         | 23,278,006             | 21,222,778              | 23,925,537         | 647,531             | 2.8%         |
| Local Gov. Reimbursement        | 3,540,900          | 3,453,261              | 3,568,519               | 3,606,949          | 153,688             | 4.5%         |
| Fees & Fines                    | 20,821,442         | 17,816,901             | 21,610,677              | 14,568,720         | (3,248,181)         | -18.2%       |
| Miscellaneous                   | 9,817,306          | 19,714,376             | 18,713,458              | 8,978,829          | (10,735,547)        | -54.5%       |
| Interfund Revenue               | 6,730,189          | 7,428,997              | 11,394,577              | 8,146,111          | 717,114             | 9.7%         |
| <b>TOTAL REVENUE</b>            | <b>117,178,417</b> | <b>131,443,548</b>     | <b>135,773,799</b>      | <b>120,775,667</b> | <b>(10,667,881)</b> | <b>-8.1%</b> |
| Personnel                       | 61,646,530         | 64,247,222             | 65,306,793              | 59,533,389         | (4,713,833)         | -7.3%        |
| Commodities                     | 4,196,979          | 5,316,920              | 6,041,584               | 4,676,265          | (640,655)           | -12.0%       |
| Services                        | 33,407,595         | 41,570,264             | 39,329,003              | 38,459,511         | (3,110,753)         | -7.5%        |
| Capital                         | 7,111,273          | 5,658,686              | 5,438,588               | 7,162,529          | 1,503,843           | 26.6%        |
| Non Cash Expense                | 269,321            | 177,829                | 140,000                 | 175,000            | (2,829)             | -1.6%        |
| Interfund Expenditure           | 3,943,453          | 6,580,858              | 11,994,648              | 8,531,151          | 1,950,293           | 29.6%        |
| Debt                            | 5,558,139          | 6,138,312              | 8,981,850               | 4,436,718          | (1,701,594)         | -27.7%       |
| <b>TOTAL EXPENDITURE</b>        | <b>116,133,290</b> | <b>129,690,091</b>     | <b>137,232,466</b>      | <b>122,974,563</b> | <b>(6,715,528)</b>  | <b>-5.2%</b> |

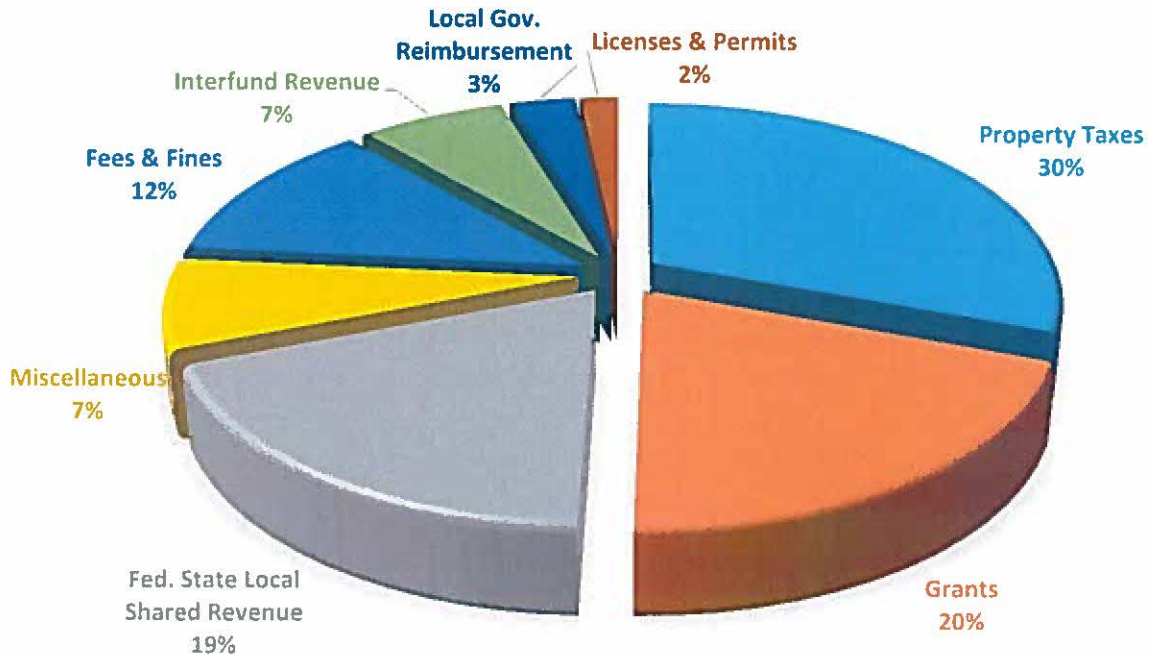
### Champaign County Total Budget



## FY2019 Total Budgeted Revenue \$120,775,667

An 8.1% decrease compared to the original FY2018 Budget.

Includes \$8.15 million in Interfund Transfers.



The significant decrease in budgeted revenue in FY2019 is due to the planned sale of the Champaign County Nursing Home in FY2018. Sale proceeds for the Home, less the broker fee and required escrow holdback, are budgeted in FY2018 at \$10.4 million in the miscellaneous revenue category. There is also a decrease in budgeted nursing home fees in FY2019 since the County will no longer be operating the Home, and will only receive fee revenue for outstanding amounts owed for services previously provided.

### Property Taxes ▲4.2%

Property taxes are the County's most stable revenue source and support numerous county operations with the largest portions of the levy going to the General Corporate, Highway, Mental Health and Developmental Care funds. This revenue category is comprised of real estate taxes, mobile home taxes, back taxes, payment in lieu of taxes, and delinquent taxes interest and costs. In comparing the FY2018 and FY2019 budgets, the total increase in budgeted property tax revenue is \$1.5 million.

In both fiscal years, the property tax levy was prepared to capture additional revenue associated with a potential ruling in the hospital property tax case. As there was no ruling in the case, the County's extension of property taxes under PTELL in FY2018 was \$33.7 million. PTELL allows for annual inflationary increases which are limited by the lesser of 5% or the Consumer Price Index (CPI) for the year preceding levy year. Because the County's proposed aggregate

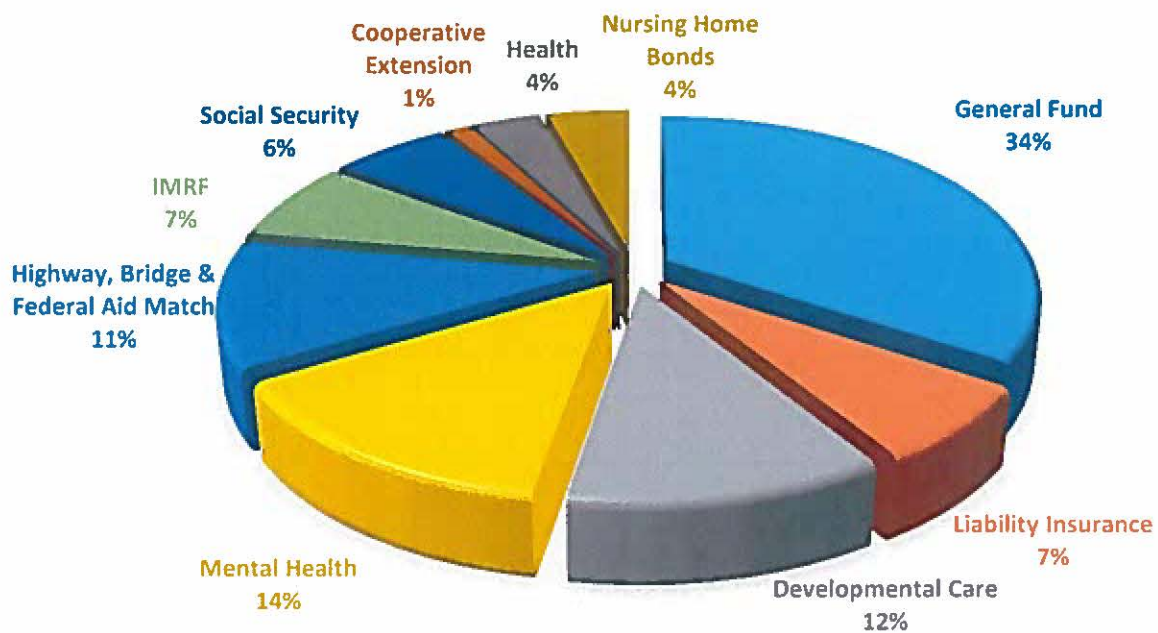
levy exceeded a 5% increase over the prior year's extension, a Truth in Taxation public hearing was held in October 2018.

The proposed FY2019 property tax levy, \$34.7 million, represents a 2.8% increase over the FY2018 extension. The total projected increase in the levy is \$957,590. Of this total, \$993,386 is attributed to potential new growth revenue as explained earlier. If there is no change in the hospitals' exemption status prior to the Board of Review closing the books, the County Clerk's Office will limit the total extension as it did in FY2018, and the County will receive the property tax it is allowed under the PTELL calculation which is an expected to be \$33.7 million in FY2019. Although an appropriation for the Nursing Home bonds is included in the FY2019 Budget, the sale of the Nursing Home will result in the defeasance of the Nursing Home bonds and abatement of the taxes levied in the bond ordinances; therefore a levy for the bonds is not included in the FY2019 levy/rate projection.

The Nursing Home operating levy is reallocated to the IMRF, Social Security, and Liability levies in FY2019 for outstanding amounts owed by the Home to those funds for payroll and insurance obligations from prior fiscal years. A drop in the County's IMRF rate effective January 1, 2019, allowed for the reallocation of a portion of the IMRF levy to the General Fund and Liability Fund.

The Consumer Price Index (CPI) used to compute the 2018 extensions (for taxes payable in 2019) under PTELL is 2.1%. Including the hospital properties, Champaign County's estimated 2018 EAV reflects 7.1% growth over the 2017 EAV. Excluding the hospital properties, the estimated EAV reflects a 4% increase over 2017.

### FY2019 ESTIMATED LEVY BY FUND



**Federal, State and Local Shared Revenue ▲0.7%**

This revenue primarily originates from sales and use tax, income tax, motor fuel tax and state reimbursement. The County’s sales and use tax revenues are described below with the Quarter-cent sales tax representing the largest source of sales tax revenue.

| <b>Tax</b>           | <b>% of State Shared Revenue</b> | <b>Description</b>  |
|----------------------|----------------------------------|---|
| <b>One-cent</b>      | 6.5%                             | Collected on general merchandise and qualifying food, drug and medical appliances purchased in the <u>unincorporated area</u> of Champaign County.  |
| <b>Quarter-cent</b>  | 26%                              | Collected on general merchandise and qualifying food, drug and medical appliances purchased <u>anywhere</u> in Champaign County.  |
| <b>Use</b>           | 4%                               | Imposed on the privilege of using, in the State of Illinois, any item of tangible personal property that is purchased anywhere at retail. This revenue source is collected by the State and distributed on a per capita basis.          |
| <b>Public Safety</b> | 22%                              | Collected on general merchandise purchased <u>anywhere</u> in Champaign County <b>excluding</b> qualifying food, drug and medical appliances, and titled or registered personal property (i.e. vehicles, boats, trailers, motorcycles). |

Total budgeted sales and use tax revenues reflect an increase of 5.8% over the original FY2018 Budget as strong economic growth is expected to continue in FY2019. According to the Illinois Department of Revenue, in FY2017, the County’s top-ten sales tax contributors made up 59% of total one-cent revenues. This revenue stream has displayed extreme fluctuations over the past few years. Because the top-ten taxpayers make up such a large percentage of the total revenue, the loss of one top-ten payer can significantly impact one-cent tax revenue.

Use tax is budgeted to reflect strong growth in FY2019, as it has for the past several years. The *South Dakota v. Wayfair Inc.* decision could result in an even larger increase than budgeted; however, there are multiple uncertainties that preclude the County from including additional revenue as a result of this ruling in the budget at this time. Beginning in July 2017, the State of Illinois imposed a 2% collection fee on the County’s Public Safety Sales Tax revenue, which cost the County \$95,000 in the first 12-months. The fee was reduced to 1.5% in July 2018.

Income Tax is calculated based on population and accounts for 14% of total State Shared Revenue in FY2019. Beginning July 1, 2017, the state legislature imposed a one-time, one-year, ten percent reduction to local government income tax revenue. This cut resulted in the loss of \$322,000 for Champaign County. Rather than allowing the one-time cut to end as initially approved, the state legislature extended a five percent cut for an additional year effective July 1, 2018.

Motor Fuel Tax represents 10.7% of total State Shared Revenue and is flat against the FY2018 Budget.

State Reimbursement, 7.3% of total State Shared Revenue, is primarily made up of salary subsidies from the Administrative Office of the Illinois Courts (AOIC) for Probation and Court Services employees. Beginning in FY2016, the allocation from AOIC has reflected funding declines, with a significant decrease of \$288,676 in FY2019. Since a supplemental allocation was received in FY2015, the reimbursement from AOIC has been reduced by \$638,000.

**Licenses and Permits ▲ 7.7%**

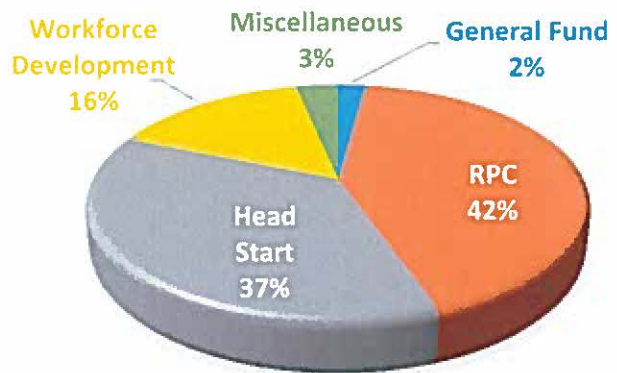
The majority of license and permit revenue is in the General Fund and is predominantly associated with revenue stamp fees which are budgeted to increase \$100,000 in FY2019. An increase in revenue stamp revenue also corresponds to an increase in purchase document stamp expenditure as sixty-seven percent of this revenue must be submitted to the state.

**Grants ▲ 2.8%**

The majority of the County’s federal and state grant revenue goes to support the Champaign County Head Start, Workforce Development and Regional Planning Commission. In FY2019, federal and state grants make up 86% of RPC budgets and include 100 grants in eight program areas.

Staffing levels are projected to increase in all RPC departments due to increased grant funding, which includes an additional \$1.2 million for new transportation planning initiatives and a 39-month \$1.5 million Department of Labor Young Adult Reentry Project grant.

**FY2019 GRANTS**

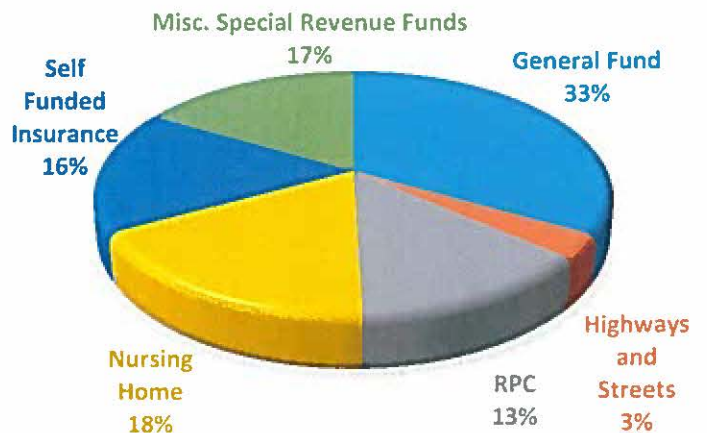


**Fees and Fines ▼ 18.2%**

This revenue stream reflects a decline in FY2019 due to the planned sale of the Nursing Home in 2018. The County will continue to collect revenue for services previously provided by the Home; however, the FY2019 Budget is significantly less than the original FY2018 budget as a result of the discontinuation of County operation of the Home.

The largest source of fees and fines revenue comes from the General Fund, which increases \$248,000 in FY2019. Although there are increases and decreases within the fees and fines revenue lines, the total increase is due to the planned receipt of one-time revenues for services provided by General Fund departments to the Nursing Home in prior fiscal years.

**FY2019 FEES & FINES REVENUE**



In August of 2018, the state legislature approved the Criminal and Traffic Assessment Act (Public Act 100-0987). The Act significantly changes the collection and distribution of fees and fines effective July 1, 2019, and will have an impact on multiple county funds including the General Fund and some special revenue funds with fee and/or fine revenues. The Circuit Clerk’s Office has completed a preliminary analysis of the impact of the legislation on County funds, although the Supreme Court has not yet determined which civil filings will be placed in certain categories. The FY2019 Budget was prepared without consideration for this legislation as the County was not able to fully assess the consequence of the Act on the last six months of the fiscal year at the time of budget preparation.

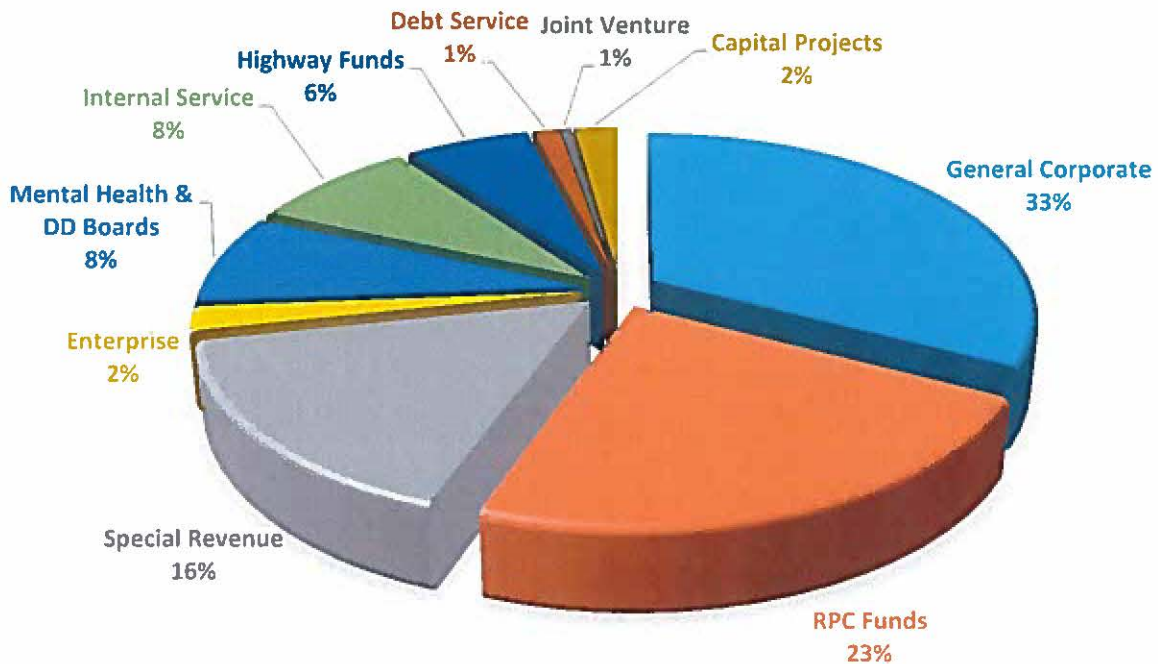
**Miscellaneous Revenue ▼54.5%**

The FY2019 Budget for miscellaneous revenue decreases by \$10.7 million as this revenue category in the FY2018 Budget included proceeds for the sale proceeds of the Nursing Home.

**Interfund Revenue ▲9.7%**

The transfers from the General Fund and Public Safety Sales Tax Fund reflect increases, which will allow for an increased transfers to the Capital Asset Replacement Fund for the County’s investment in facilities and technology in FY2019 as directed by the County Board. The Probation Services Fund transfer to the General Fund increases to partially offset further losses in AOIC funding. A new Interfund transfer line from the Tort Immunity Fund accommodates a transfer to the Self-Funded Insurance Fund for the amount levied for some of the outstanding balance the Nursing Home owes to that fund.

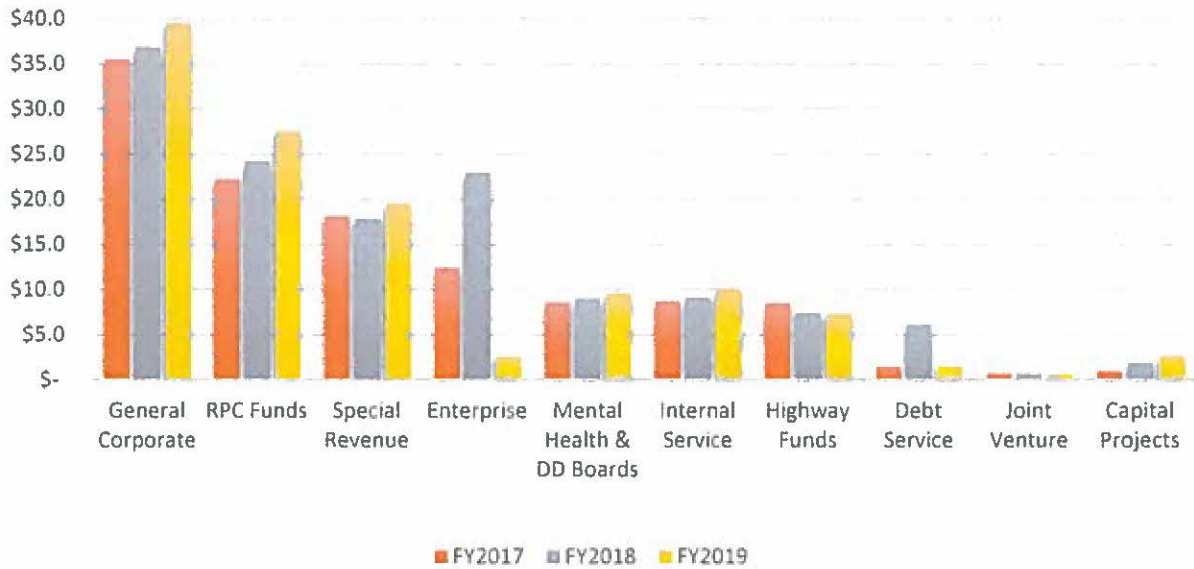
**FY2019 REVENUE BY FUND TYPE**





Revenue totals by fund for FY2017, projected FY2018, and budgeted FY2019 are shown in the chart below. The significant increase in the Enterprise Fund and Debt Service Fund in FY2018 is due to budgeting for the planned sale of the Nursing Home and subsequent defeasance and redemption of the bonds issued for the facility.

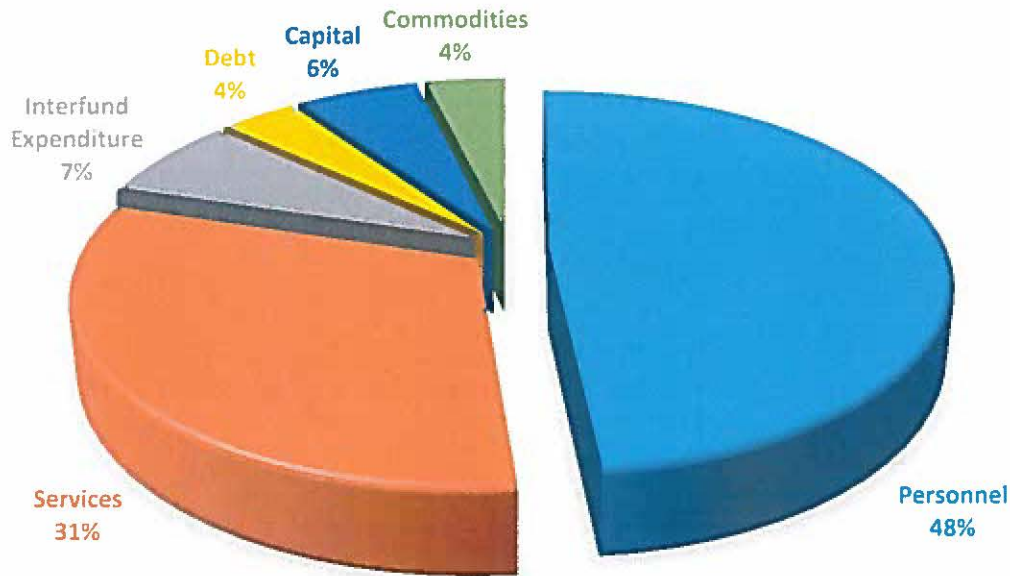
**Revenue by Fund Type (in Millions)**



*Expenditure Summary begins on the following page.*

## FY2019 Total Budgeted Expenditure \$122,974,563

A 5.2% decrease compared to the original FY2018 Budget.



### Personnel ▼7.3%

Personnel costs represent the largest expenditure for Champaign County and include salaries and wages, worker's compensation insurance expenses, health and life insurance benefits, social security expenses and IMRF pension benefits. In FY2019 the personnel expenditure budget decreases \$4.7 million compared to the original FY2018 Budget. This decrease reflects a drop in the County's IMRF rates effective January 1, 2019, and the elimination of personnel expenditures for the Nursing Home as a result of the planned sale of the Home in FY2018.

Salaries and wages represent 63% of total FY2019 personnel expenditures with the county's portion of health and life insurance expenditures totaling 20% of the personnel budget. The remaining 17% of the budget is for FICA and IMRF benefits and workers compensation and unemployment insurance costs. The FY2019 Budget reflects a net reduction of 140 full-time employees. While the sale of the Nursing Home reduces headcount by 191 employees, new and expanded grant initiatives increase budgeted personnel within RPC departments by 50 full-time employees. A net increase of one full-time employee in the General Fund is the result of a new Planner position in the Planning and Zoning department, the addition of a Data Analyst position in the Sheriff's Office, and the reclassification of the County Board Chair position from full-time to part-time.

The County renewed its health insurance plan with BlueCross BlueShield in FY2019 at a premium increase of 2%.

### Services ▼7.5%

Services make up the second largest percentage of the County's expenditures and in FY2019 are budgeted to reflect a decrease of \$3.1 million. This significant decrease in service expenditures

is due to the absence of an operating budget for the Nursing Home in FY2019 due to the planned sale of the Home. The largest budgeted service expenditure, \$9.8 million, is for contributions and grants, which are predominantly accounted for in the County's Mental Health Care and Treatment of Persons with a Developmental Disability budgets.

Large fluctuations in this expenditure category are summarized below:

- Decreases in gas, electric and professional services, and the elimination of IPA licensing fees, contract nursing, and Nursing Home facility repair due to the sale of the Home; and
- A decrease in the Regional Planning Commission's energy assistance program and an increase in emergency shelter/utilities expenditures; and
- An increase in contributions and grants in the Mental Health Board and Developmental Disabilities Board's budgets; and
- In the General Fund, a decrease in election judge pay expenditure based on the number of elections scheduled for FY2019; and
- An increase in general liability claims expenditures within the County's Self-Funded Insurance Fund; and
- A decrease in engineering services in Highway funds subsequently resulting in an increase in capital expenditures in FY2019 for projects that were engineered in FY2018.

#### **Commodities ▼ 12%**

The decrease in commodities is attributed to the discontinuation of Nursing Home operations resulting in the elimination of pharmacy charges, and reductions in food and operational supplies expenditures. Increases in purchase document stamps and equipment less than \$5,000 resulted in a net decrease of \$641,000 in budgeted expenditures for commodities.

#### **Capital ▲ 26.6%**

The majority of the County's capital expenditures are for bridge, culvert and road improvements in the Highway funds. In FY2019, the County is increasing capital expenditures within the Highway funds by approximately \$1.4 million. For capital facility improvements in FY2019, the Capital Asset Replacement Fund budget for facility repairs increases \$588,000 allowing for a \$1.12 million budget for projects scheduled in the County's Capital Facilities Plan.

#### **Non-Cash Expense ▼ 1.6%**

Non-cash expenditure is for bad debt that is budgeted in the Regional Planning Commission's Economic Development Fund.

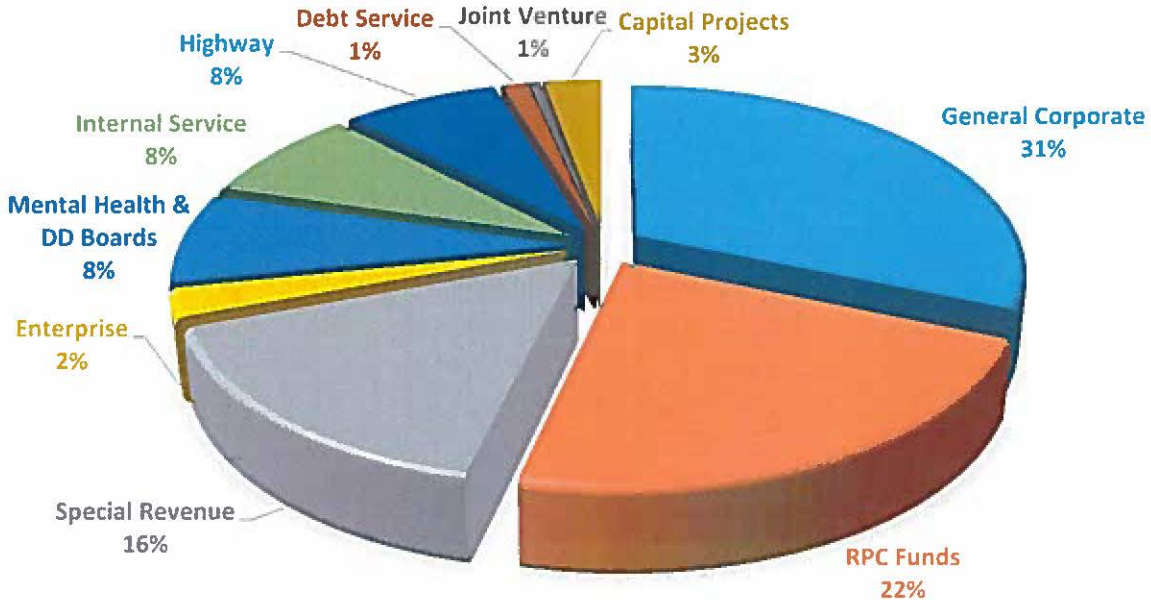
#### **Interfund Expenditure ▲ 29.6%**

The budget increase for Interfund expenditure reflects larger transfers from the General Fund and Public Safety Sales Tax Fund to the Capital Asset Replacement Fund for investment in facilities and technology. The increase in the transfer to the General Fund is for amounts the Nursing Home owes to the County for services provided to the Home, loans, bills paid on the Home's behalf, and unpaid debt service reimbursement. A new Interfund transfer to the Self-Funded Insurance Fund accommodates a transfer from the Tort Immunity Fund for amounts owed by the Nursing Home to that fund.

**Debt ▼ 27.7%**

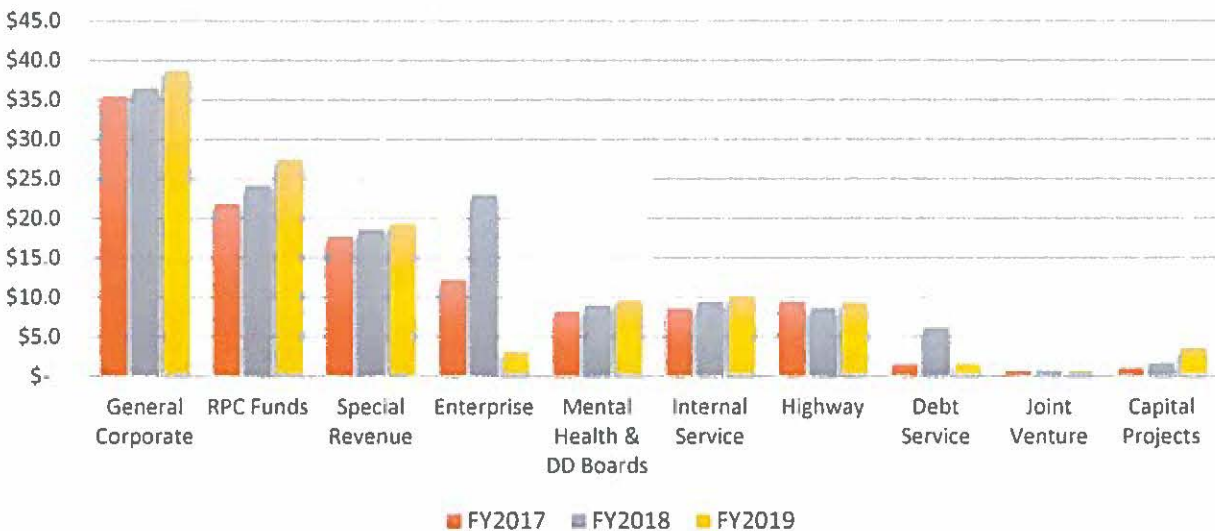
The FY2018 Budget was prepared to reflect some outstanding amounts owed by the Nursing Home in the debt category. In FY2019, amounts owed to the General Fund are budgeted in the Interfund expenditure category, rather than the debt category.

**FY2019 EXPENDITURE BY FUND TYPE**



Expenditure totals by fund for FY2017, projected FY2018, and budgeted FY2019 are shown in the chart below. The significant increase in the Enterprise Fund and Debt Service Fund in FY2018 is due to budgeting to pay outstanding amounts owed by the Nursing Home following the sale, and subsequent defeasance and redemption of the bonds issued for the facility.

**Expenditure by Fund Type (in Millions)**



**ORDINANCE NO.**

**FY2019 ANNUAL TAX LEVY ORDINANCE CHAMPAIGN COUNTY, ILLINOIS**

**WHEREAS**, we the County Board of Champaign County, Illinois, have determined that for County purposes, it will be necessary to levy a tax in the total amount of \$34,695,327 on the real property and railroad property, in Champaign County, Illinois, for raising of monies for the several objects and purposes specified in the FY2019 Annual Budget and Appropriation Ordinance,

**NOW, THEREFORE, BE IT ORDAINED** that there is hereby levied a tax in the amount of \$12,415,811 for the County General Corporate purposes;

**BE IT FURTHER ORDAINED** that there is hereby levied a tax in the amount of \$2,494,546 for the purpose of acquiring insurance against any loss or liability which may be imposed upon the County, in accordance with 745 ILCS 10/9-107, said \$2,494,546 is exclusive of and in addition to those sums heretofore levied; and

**BE IT FURTHER ORDAINED** that there is hereby levied a tax, in the amount of \$2,675,869 as the County Highway Tax, as provided in the Illinois Highway Code, being for the purpose of improving, repairing, maintaining, constructing, and reconstructing highways in this county required to be repaired, maintained, and constructed by the County in accordance with 605 ILCS 5/5-601, said sum raised to be placed in a separate fund known as the County Highway Fund, which \$2,675,869 is exclusive of and in addition to those sums heretofore levied; and

**BE IT FURTHER ORDAINED** that there is hereby levied a tax, in the amount of \$1,340,069 as provided in the Illinois Highway Code, for the County Bridge Fund for expenditures payable from the County Bridge Fund and for the purpose of constructing and repairing bridges, culverts, drainage structures or grade separations, including approaches thereto, on public roads in the County, required to be so constructed and repaired by the County under the Illinois Highway Code, in accordance with 605 ILCS 5/5-602, said sum of \$1,340,069 being exclusive of and in addition to those sums heretofore levied; and

**BE IT FURTHER ORDAINED** that there is hereby levied a tax, in the amount of \$4,994,438 for the purpose of providing community mental health facilities and services in Champaign County, pursuant to an election held November 7, 1972, authorizing a levy of a tax not to exceed 10 percent of the full assessed valuation, and amendments to the Community Mental Health Act, 405 ILCS 20/4, authorizing an increase to the maximum levy of tax not to exceed .15 percent of the full assessed valuation, said sum shall be placed into a special fund in the Champaign County Treasury to be designated as the "Community Mental Health Fund" and shall be used only for the purpose specified in the Illinois Compiled Statutes; said sum of \$4,994,438 is exclusive of and in addition to those sums heretofore levied; and

**BE IT FURTHER ORDAINED** that there is hereby levied a tax, in the amount of \$2,621,369 in accordance with an act entitled Illinois Municipal Retirement Fund Act, as amended, 40 ILCS 5/7-171, and being for the purpose of making county contributions to said Illinois Municipal Retirement Fund as required by law, said \$2,621,369 being exclusive of and in addition to those sums heretofore levied; and

**BE IT FURTHER ORDAINED** that there is hereby levied a tax, in the amount of \$2,168,302 for the purpose of participation in the Federal Social Security Insurance Program and Federal Medicare Program, in accordance with 40 ILCS 5/21-110 to 5/21-110.1, said \$2,168,302 is exclusive of and in addition to those sums heretofore levied; and

**BE IT FURTHER ORDAINED** that there is hereby levied a tax, in the amount of \$106,693 for the purpose of providing funds to pay expenses in the construction and maintenance of highways in the federal aid network or

County highway network in accordance with 605 ILCS 5/5-603, and said sum of \$106,693 shall be placed in a separate fund known as the Matching Fund and is exclusive of and in addition to those sums heretofore levied; and

**BE IT FURTHER ORDAINED** that there is hereby levied a tax, in the amount of \$439,412 for the purpose of the County’s share of the Cooperative Extension service programs, in accordance with 505 ILCS 45/8, said \$439,412 is exclusive of and in addition to those sums heretofore levied; and

**BE IT FURTHER ORDAINED** that there is hereby levied a tax, in the amount of \$1,271,785 for the purpose of the County Health Fund in accordance with 70 ILCS 905/15 and 55 ILCS 5/5-25010 to 5-25011, said \$1,271,785 shall be held in a separate fund known as the County Health Fund and is exclusive of and in addition to those sums heretofore levied; and

**BE IT FURTHER ORDAINED** that there is hereby levied a tax, in the amount of \$4,167,033 for the purpose of providing facilities or services for the benefit of residents in Champaign County who are cognitively challenged or under a developmental disability and who are not eligible to participate in any such program conducted under Article 14 of the School Code, pursuant to an election held November 2, 2004, authorizing a levy of a tax not to exceed .10 percent of the full assessed valuation, said sum shall be placed into a special fund in the Champaign County Treasury to be designated as the “Fund for Persons With a Developmental Disability” and shall be used only for the purpose specified in 55 ILCS 105; said sum of \$4,167,033 is exclusive of and in addition to those sums heretofore levied; and

**BE IT FURTHER ORDAINED** that the sums heretofore levied in the total amount of \$34,695,327 be raised by taxation upon property in this County and the County Clerk of Champaign County is hereby ordered to compute and extend upon the proper books of the County Collector for the said year, the sums heretofore levied for so much thereof as will not in the aggregate exceed the limit established by law on the assessed valuation as equalized for the year 2018.

**PRESENTED** in accordance with 35 ILCS 200/18-10 at the September 2018 session.

**PRESENTED, PASSED, APPROVED and RECORDED** by the County Board of Champaign County, Illinois, this 27<sup>th</sup> day of November, A.D. 2018.

\_\_\_\_\_  
C. Pius Weibel, Chair  
Champaign County Board

\_\_\_ AYE \_\_\_ NAY \_\_\_ ABSENT

ATTEST:

\_\_\_\_\_  
Gordy Hulten, County Clerk & ex-officio  
Clerk of the Champaign County Board

**TRUTH IN TAXATION  
CERTIFICATE OF COMPLIANCE**

I, the undersigned, hereby certify that I am the presiding officer of Champaign County, Illinois, and as such presiding officer I certify that the levy ordinance, a copy of which is attached, was adopted pursuant to, and in all respects in compliance with the provisions of Section 18-60 through 18-85 of the "Truth in Taxation" law.

Check One of the Choices Below

1) The taxing district published a notice in the newspaper and conducted a hearing meeting the requirements of the Truth in Taxation Law.

2) The taxing district's aggregate levy did not exceed a 5% increase over the prior year's extension. Therefore, a notice and a hearing were not necessary.

3) The proposed aggregate levy did not exceed a 5% increase over the prior year's extension. Therefore, a hearing was not held. The adopted aggregate tax levy exceeded 5% of the prior year's extension and a notice was published within 15 days of its adoption in accordance with the Truth in Taxation Law.

4) The adopted levy exceeded the amount stated in the published notice. A second notice was published within 15 days of the adoption in accordance with the Truth in Taxation Law.

This certificate applies to the RY2018 levy.

Date \_\_\_\_\_

Presiding Officer \_\_\_\_\_

C. Pius Weibel, Chair  
Champaign County Board

**RESOLUTION NO.**

**RESOLUTION FORGIVING LOANS FROM THE CHAMPAIGN COUNTY GENERAL CORPORATE FUND TO THE NURSING HOME FUND AUTHORIZED BY RESOLUTIONS NUMBERED 9892 AND 10097 AND RENEWED BY RESOLUTION NUMBER 10188**

**WHEREAS**, on March 14, 2017, the Champaign County Board approved Resolution No. 9892 authorizing a loan to the Champaign County Nursing Home from the General Corporate Fund in the amount of \$250,000 for the purpose of fulfilling employee payroll and vendor account obligations; and

**WHEREAS**, on August 24, 2017, the Champaign County Board approved Resolution No. 10097 authorizing a loan to the Champaign County Nursing Home from the General Corporate Fund in the amount of \$250,000 for the purpose of fulfilling employee payroll and vendor account obligations; and

**WHEREAS**, the Champaign County Nursing Home Fund was unable to pay the outstanding balance of the loans in the amount of \$500,000 by December 31, 2017, the Champaign County Board approved Resolution No. 10188 on January 9, 2018, authorizing the renewal of the loans from the General Corporate Fund to the Nursing Home Fund, for a period no later than December 31, 2018; and

**WHEREAS**, the Champaign County Nursing Home Fund is unable to pay the outstanding balance of the loans in the amount of \$500,000 by December 31, 2018; and

**WHEREAS**, the County Board has determined to forgive the loans from the General Corporate Fund to the Nursing Home Fund; and

**WHEREAS**, the County Board directs the Champaign County Treasurer to document the amount of the loans forgiven in the Record of Transfers and Loans to the Nursing Home Fund from the General Corporate Fund.

**NOW, THEREFORE, BE IT RESOLVED** by the County Board of Champaign County that the outstanding balance of the loans in the amount of \$500,000, from the General Corporate Fund to the Nursing Home Fund granted pursuant to Resolutions 9892 and 10097, and renewed by Resolution 10097 are hereby forgiven.

**PRESENTED, ADOPTED, APPROVED, AND RECORDED** this 27th day of November, 2018.

---

C. Pius Weibel, Chair  
Champaign County Board

ATTEST:

---

Gordy Hulten, Count Clerk and *Ex-Officio*  
Clerk of the Champaign County Board



FUND 080 GENERAL CORPORATE

DEPARTMENT 075 GENERAL COUNTY

**INCREASED APPROPRIATIONS:**

| ACCT. NUMBER & TITLE            | BEGINNING BUDGET AS OF 12/1 | CURRENT BUDGET | BUDGET IF REQUEST IS APPROVED | INCREASE (DECREASE) REQUESTED |
|---------------------------------|-----------------------------|----------------|-------------------------------|-------------------------------|
| 080-075-534.45 BAD DEBT EXPENSE | 0                           | 226,802        | 726,802                       | 500,000                       |
| TOTALS                          | 0                           | 226,802        | 726,802                       | 500,000                       |

**INCREASED REVENUE BUDGET:**

| ACCT. NUMBER & TITLE    | BEGINNING BUDGET AS OF 12/1 | CURRENT BUDGET | BUDGET IF REQUEST IS APPROVED | INCREASE (DECREASE) REQUESTED |
|-------------------------|-----------------------------|----------------|-------------------------------|-------------------------------|
| None: from Fund Balance |                             |                |                               |                               |
| TOTALS                  | 0                           | 0              | 0                             | 0                             |

**EXPLANATION:** TO RECOGNIZE BAD DEBT PURSUANT TO A RESOLUTION FORGIVING LOANS TO THE CHAMPAIGN COUNTY NURSING HOME GRANTED FOR THE PURPOSE OF FULFILLING EMPLOYEE PAYROLL AND VENDOR ACCOUNT OBLIGATIONS IN 2017 BY RESOLUTION NO.'S 9892 AND 10097, RENEWED BY RESOLUTION NO. 10188.

DATE SUBMITTED: 11-2-2018 AUTHORIZED SIGNATURE *Zamaraf G. de* \*\* PLEASE SIGN IN BLUE INK \*\*

APPROVED BY BUDGET & FINANCE COMMITTEE: \_\_\_\_\_ DATE: \_\_\_\_\_