CHAMPAIGN COUNTY BOARD OF HEALTH

Brookens Administrative Center 1776 E. Washington Urbana, IL 61802

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PAGE NO.

Champaign County Board of Health

Tuesday, August 16, 2016 5:30 PM

Location: Champaign-Urbana Public Health District 201 W. Kenyon, Champaign, IL Main Conference Room (Park & Enter on North Side of Facility—Middle Door)

AGENDA

ITEM

- A. Call to Order
- B. Roll Call

C. Approval of Agenda/Addenda

D. Approval of Minutes 1. March 15, 2016 - Monthly Meeting 1-3

E. Public Participation on Agenda Items Only

F. Correspondence and Communications

G. SmileHealthy

| 1. | Monthly Report – January 2016 | 4-7 |
|----|--------------------------------|-------|
| 2. | Monthly Report – February 2016 | 8-11 |
| 3. | Monthly Report – March 2016 | 12-16 |
| 4. | Monthly Report – April 2016 | 17-21 |
| 5. | Monthly Report – May 2016 | 22-26 |
| 6. | Monthly Report – June 2016 | 27-30 |

H. CUPHD

| 1. | Approval of CUPHD Invoice for February 2016 Services | 31-32 |
|----|--|-------|
| 2. | Approval of CUPHD Invoice for March 2016 Services | 33-34 |
| 3. | Approval of CUPHD Invoice for April 2016 Services | 35-36 |
| 4. | Approval of CUPHD Invoice for May 2016 Services | 37-38 |

- 4. Approval of CUPHD Invoice for May 2016 Services
- 5. Approval of CUPHD Invoice for June 2016 Services 39-40
- 6. CUPHD Monthly Division Reports March 2016 to July 2016 Reports can be viewed at: http://www.c-uphd.org/monthly-reports.html
 - a. Administrative Training
 - b. Environmental Health
 - c. Human Resources
 - d. Infectious Disease
 - e. Maternal & Child Health
 - f. Planning & Research
 - g. Wellness & Health Promotion

Champaign County BOH Meeting Agenda Page 2

| | 7. | Update on Zika Virus | |
|----|---------|---|-------|
| | 8. | Discussion of IDPH Local Health Protection Grant Findings | 41-55 |
| | 9. | Discussion of IDPH Letter, March 15, 2016, regarding Local Ordinances | 56 |
| I. | Old Bus | iness | |
| | 1. | Environmental Health | |
| | | a. Discussion of Fee Schedule for Environmental Health Programs b. Approval of Amending Ordinance No. 975 An Ordinance | 57-68 |
| | | EstablishingFees under the Health Ordinance of Champaign County | 69-73 |
| J. | Other E | Business | |
| | 1. | Slate of Officers/Elections | |
| | 2. | Approval of Proposed SmileHealthy Budget Request for FY2017 | 74-76 |
| | 3. | Approval of Proposed CUPHD Contract Budget for FY2017 | 77-82 |
| | 4. | Approval of Proposed County Board of Health Budget for FY2017 | 83-84 |

K. Public Participation on Non-Agenda Items Only

L. Adjournment

| 1 2 | CHAMPAIGN COUNTY BOARD OF HEALTH |
|----------------------------|---|
| 2 3 4 5 6 7 | Tuesday, March 15, 2016 |
| , , , | Call to Order |
| | The Champaign County Board of Health held a meeting on March 15, 2016 at the Champaign-Urbana Public Health District office, 201 W. Kenyon Road, Champaign. The meeting was called to order at 5:31 PM by President, Krista Jones. |
| | Roll Cali |
| | Upon roll call, the following Board members were found to be present: Krista Jones, President, Dr. Michael Ruffatto, Vice President, David King, David Thies, Jim McGuire, and Dr. Vura-Weis. Dr. John Peterson, Secretary/Treasurer, was in attendance at 5:34 PM and Betty Segal was absent. |
| | Also present were: Julie Pryde, CUPHD Administrator, Jim Roberts, CUPHD Director of Environmental Health, Michael Flanagan, Environmental Health Specialist II, and a representative from Smilehealthy. |
| | Approval of Agenda/Addendum |
| | David Thies made a motion to approve the March 15, 2016 agenda. Dr. Vura-Weis seconded the motion. With all in favor, the motion carried. |
| | Approval of Minutes |
| | Dr. Ruffatto made a motion to approve the November 17, 2015 monthly meeting minutes. David Thies seconded the motion. With all in favor, the motion carried. |
| | Public Participation on Agenda Items Only |
| | There was no public participation. |
| | Correspondence and Communications |
| | There was no correspondence. |
| | Smile Healthy |
| | David King made a motion to receive and place on file the October, November, and December 2015 SmileHealthy monthly reports. Dr. Vura-Weis seconded the motion. With all in favor, the motion carried. |
| | |

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50 March 15, 2016

51 Page 2 52

53 David Thies made a motion to approve the Renewal Agreement between 54 the Champaign County Board of Health and SmileHealthy. Dr. Ruffatto seconded 55 the motion. A review of the amount granted to SmileHealthy will be reviewed at 56 the next meeting. In addition, the Board would like to see an updated amendment 57 for the next year's proposal. With all in favor, the motion carried. 58

Item G5, approval of Participation Agreement between Central IL Dental
 Education Services and the Champaign County Health Department, was not
 needed.

63 CUPHD

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Dr. Peterson made a motion to approve the CUPHD invoices for
 September, October, November and December 2015 services and January 2016
 services. David Thies seconded the motion. With all in favor, the motion carried.

68

Dr. Peterson asked about CUPHD's continued participation in mosquito
 abatement and Jim Roberts stated that CUPHD has funding to cover surveillance
 at this time for West Nile virus.

72

CUPHD Monthly Reports are available on-line. Julie Pryde mentioned that
new reports would be coming soon and they will be in conjunction with CUPHD's
performance management, quality improvement plan and strategic plan.
Dr. Peterson made a motion to approve and place on file the monthly reports for
CUPHD. Dr. Dorothy Vura-Weis seconded the motion. With all in favor, the
motion carried.

79

Julie Pryde reported on Zika virus and stated that 19 samples from within
 the county have been sent for testing. Anyone who has traveled to an affected
 area that is pregnant or has symptoms is tested.

83

Jim Roberts received correspondence from Susan Monte with the Champaign County Regional Planning Commission in regards to the Champaign County Environmental Land Use Committee's recommendation regarding potential limits to types of heat exchange fluid used in closed loops system wells installed in Champaign County. Mr. Roberts' recommendation was to let the State of Illinois change the code with CUPHD adopting the changes thereafter.

90

91 Old Business

92

Jim Roberts addressed the Board regarding fee schedules for Environmental Health programs. Sewage and water fees have not changed since 1998 and food has remained the same since 2006. Mr. Roberts stated that he feels the costs for water and sewage construction and inspection should be fully covered by the owner of private property and not with tax payer dollars. Food is based upon category as well as size. Mr. Roberts would like to provide an incentive to each of the Champaign County food establishments that post

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- 103

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post the color-coded placard. Jim McGuire would like for that incentive to be removed. Each program and fees were reviewed with the Board. A proposal for

approval will be presented at the next meeting.

108 Other Business

110 There was no other business to be discussed.

112 Public Participation on Non-Agenda Items Only

114 There was no public participation.

116 Adjournment

- 117
- 118 With no further business to be discussed, the meeting was adjourned at
- 119 **7:45 PM**.



Champaign County Board of Health Monthly Report for January 2016, Fiscal Year 2016

Total number of children seen from all programs this month: **212** Total number of unique pediatric dental patients in BOH Fiscal Year 2015: **212**

Breakdown of current month of patients for all programs by town.

- Champaign: 99
- Fisher: 1
- Gifford: 1
- Mahomet: 8
- Philo: 5
- Rantoul: 51

- Savoy: 9
- Seymour: 1
- Thomasboro: 1
- Urbana: 16
- Other/Unknown: 16

Education and Outreach

JANUARY 2016 Monday January 4th

Dental Education Report

Staff hygienist did prenatal visits at Frances Nelson Health Center and had contact with **1 woman**. Education materials were provided.

Staff hygienist did medical visits at Frances Nelson Health Center and had contact with **1** adult. Education materials were provided.

Staff hygienist did well child visits at Frances Nelson Health Center and had contact with **5 children**. **1 appointment** was made.

Tuesday January 5th

Staff hygienist went to Rantoul Head Start and presented to **110 children**. Education materials and supplies were presented and provided for each child.

Staff hygienist did well child visits at Frances Nelson Health Center and had contact with **14 children**. Education materials were provided.

Staff hygienist did prenatal visits at Frances Nelson Health Center and had contact with **2 women**. Education materials were provided.

Wednesday January 6th

Staff hygienist went to the Daily Bread Soup Kitchen and had contact with **25 adults**. Education materials and toothpaste samples were provided.

Staff hygienist did well child visits at Frances Nelson Health Center and had contact with **7 children**. Education materials were provided. **3 appointments** were made.

Staff hygienist did prenatal visits at Frances Nelson Health Center and had contact with **4 women**. **1 appointment** was made.

Thursday January 7th

Staff hygienist did well child visits at Frances Nelson Health Center and had contact with **5 children.** Education materials were provided. **3 appointments** were made.

Friday January 8th

Staff hygienist did well child visits at Frances Nelson Health Center and had contact with **3 children.** Education materials were provided. **1 appointment** was made.

Staff hygienist did prenatal visits at Frances Nelson Health Center and had contact with **4 women**. Education materials were provided. **2 appointments** were made.

Monday January 11th

Volunteer hygienist did well child visits at Frances Nelson Health Center and had contact with **2 children**. Education materials were provided. (2 of the well child doctors are on vacation)

Tuesday January 12th

Staff hygienist had contact with **2** adults on the medical side. Zero well child's scheduled, doctors on vacation.

Staff hygienist went to Savoy Head Start and did a presentation for **144 children**. Education materials were provided for each child.

Wednesday January 13th

Staff hygienist presented the DEERP Emergency Program to **1** adult. Education materials were provided.

Volunteer hygienist did prenatal visits at Frances Nelson Health Center and had contact with **8 women**. Education materials were provided. **5 appointments** were made.

Thursday January 14th

Staff hygienist Mary did well child visits at Frances Nelson Health Center and had contact with **2 children**. Education materials were provided.

Friday January 15th

Staff hygienist did well child visits at Frances Nelson Health Center and had contact with **10 children**. Education materials were provided.

Monday January 18th

Volunteer hygienist did prenatal visits at Frances Nelson Health Center and had contact with **1 woman**. Education materials were provided.

Volunteer hygienist did well child visits at Frances Nelson Health Center and had contact with **2 children**. Education materials were provided.

Tuesday January 19th

Staff hygienist did prenatal visits at Frances Nelson Health Center and had contact with **2 women**. Education materials were provided. **2 appointments** were scheduled.

Staff hygienist did well child visits at Frances Nelson Health Center and had contact with **11 children**. Education materials were provided. **2 appointments** were scheduled.

Staff hygienist went to Urbana Head Start and did a presentation to 66 children. Each child was provided with education materials.

Wednesday January 20th

Staff hygienist went to New Hope Food Pantry and had contact with **16 adults**. Toothpaste samples and education materials were provided.

Staff hygienist did well child visits at Frances Nelson Health Center and had contact with **7 children**. **3 appointments** were made. Education materials were provided.

Staff hygienist did prenatal visits at Frances Nelson Health Center and had contact with 9 women. Education materials were provided. 1 appointment was made.

Friday January 22nd

Staff hygienist did well child visits at Frances Nelson Health Center and had contact with **7 children**. Education materials were provided.

Staff hygienist did prenatal visits at Frances Nelson Health Center and had contact with **4 women.** Education materials were provided.

Monday January 25th

Volunteer hygienist did well child visits at Frances Nelson Health Center and had contact with **3 children**. Education materials were provided.

Tuesday January 26th

Staff hygienist went to Champaign Head Start and did a presentation to **52 children**. Education materials were provided for each child. Staff hygienist did well child visits at Frances Nelson Health Center and had contact with **6 children**. Education materials were provided.

Staff hygienist did prenatal visits at Frances Nelson Health Center and had contact with **1 woman**. Education materials were provided.

Staff hygienist had contact with 1 adult patient from the DEERP Program.

Thursday January 28th

Staff hygienist did well child visits at Frances Nelson Health Center and had contact with **2 children.** Education materials were provided.

Total number of contacts: 540 Total number of prenatal: 36 Total well child visits: 86 Smile Healthy Dental Center is home: 29 Other Dental Home: 27 No dental home need follow up: 11 Infant, no teeth yet: 19 Total appointments made: 24



Champaign County Board of Health Monthly Report for February 2016, Fiscal Year 2016

Total number of children seen from all programs this month: **322** Total number of unique pediatric dental patients in BOH Fiscal Year 2015: **508**

Breakdown of current month of patients for all programs by town.

- Champaign: 107
- Gifford: 3
- Mahomet: 8
- Philo: 10
- Rantoul: 58
- Sadorus: 2
- Savoy: 10

- Seymour: 1
- Sidney: 21
- St. Joseph: 2
- Tolono: 44
- Urbana: 34
- Other/Unknown: 22

Education and Outreach

FEBRUARY 2016 Monday February 1st

Dental Education Report

Staff hygienist had contact with **4 children** from the DEERP Program. Education materials were provided. **4 appointments** were scheduled.

Volunteer hygienist did well child visits at Frances Nelson Health Center and had contact with **2 children.** Education materials were provided.

Volunteer hygienist did prenatal visits at Frances Nelson Health Center and had contact with **2 women**. Education materials were provided.

Tuesday February 2nd

Staff hygienist went to Rantoul Head Start and presented to **110 children**. Education materials were provided.

Wednesday February 3rd

Volunteer hygienist did well child visits at Frances Nelson Health Center and had contact with **6 women.** Education materials were provided. **2 appointments** were made.

Staff hygienist went to the Daily Bread Soup Kitchen and had contact with **19 adults**. Education materials were provided.

819 Bloomington Road • Champaign, IL 61820 (217) 359-7404 Mobile/Head Start (217) 403-5477 Dental Center • www.promisehealth.org Staff hygienist saw 1 adult patient on the medical side. 1 appointment was made.

Monday February 8th

Volunteer hygienist did well child visits at Frances Nelson Health Center and had contact with **1 child.** Education materials were provided.

Tuesday February 9th

Staff hygienist went to Savoy Head Start and presented to **139 children**. Education materials were provided.

Staff hygienist did well child visits at Frances Nelson Health Center and had contact with **6 children**. Education materials were provided. **1 appointment** was made.

Staff hygienist did prenatal visits at Frances Nelson Health Center and had contact with **1 woman**. Education materials were provided. **1 appointment** was made.

Staff hygienist presented the DEERP Program to 1 patient.

Wednesday February 10th

Staff hygienist did well child visits at Frances Nelson Health Center and had contact with **3 children**. Education materials were provided. **1 appointment** was made.

Staff hygienist did prenatal visits at Frances Nelson Health Center and had contact with **5 women**. Education materials were provided. **2 appointments** were made.

Monday February 15th

Volunteer hygienist did well child visits at Frances Nelson Health Center and had contact with **1 child.** Education materials were provided.

Tuesday February 16th

Staff hygienist went to Urbana Head Start and presented to **57 children**. Education materials were provided to each child.

Staff hygienist did well child visits at Frances Nelson Health Center and had contact with **4 children.** Education materials were provided.

Staff hygienist did prenatal visits at Frances Nelson Health Center and had contact with **3 women**. Education materials were provided. **1 appointment** was made.

Wednesday February 17th

Volunteer hygienist went to Daily Bread Soup Kitchen and had contact with 26 adults. Toothpaste samples were provided. Staff hygienist did prenatal visits at Frances Nelson Health Center and had contact with **3 women.** Education materials were provided.

Staff hygienist did well child visits at Frances Nelson Health Center and had contact with **2 children**. Education materials were provided. **2 appointments** were made.

Friday February 19th

Staff hygienist went to La Petite Academy and presented to **100 children**. Toothpaste and toothbrushes were provided for each child.

Monday February 22nd

Volunteer hygienist did well child visits at Frances Nelson Health Center and had contact with **5 children**. Education materials were provided.

Tuesday February 23rd

Staff hygienist did well child visits at Frances Nelson Health Center and had contact with **5 children.** Education materials were provided.

Staff hygienist went to Champaign Head Start and presented to **49 children**. Education materials were supplied for each child.

Staff hygienist went to Unity West Elementary School and presented to **60 children**. Toothpaste and toothbrushes were provided for each child.

Staff hygienist did prenatal visits at Frances Nelson Health Center and had contact with **2 women.** Education materials were provided.

Wednesday February 24th

Staff hygienist did well child visits at Frances Nelson Health Center and had contact with 1 child. Education materials were provided.

Staff hygienist went to the University of Illinois and presented to a Community Health Class with **200 students** in attendance. Samples of gum were handed out.

Volunteers attended the Dart Container Health Fair and had contact with **25 people**. Education materials were provided.

Friday February 26th

Volunteer hygienist did prenatal visits at Frances Nelson Health Center and had contact with **6 women.** Education materials were provided.

Volunteer hygienist did well child visits at Frances Nelson Health Center and had contact with **4 children**. Education materials were provided.

Total number of contacts: 853 Total number of prenatal: 28 Total well child visits: 38 Smile Healthy Dental Center is home: 14 Other Dental Home: 8 No dental home need follow up: 10 Infant, no teeth yet: 6 Total appointments made: 11



Champaign County Board of Health Monthly Report for March 2016, Fiscal Year 2016

Total number of children seen from all programs this month: **405** Total number of unique pediatric dental patients in BOH Fiscal Year 2015: **856**

Breakdown of current month of patients for all programs by town.

- Champaign: 101
- Fisher: 2
- Gifford: 1
- Mahomet: 18
- Philo: 5
- Ogden: 4
- Penfield: 1
- Philo: 2

- Rantoul: 69
- Sadorus: 1
- Savoy: 14
- St. Joseph: 10
- Thomasboro: 3
- Tolono: 5
- Urbana: 49
- Other/Unknown: 26

Education and Outreach

Dental Education Report

Tuesday March 1st

MARCH 2016

Staff hygienist did well child visits at Frances Nelson Health Center and had contact with **4 children.** Education materials were provided. **2 appointments** were made.

Staff hygienist did prenatal visits at Frances Nelson Health Center and had contact with **1 woman.** Education materials were provided.

Staff hygienist went to Rantoul Head Start and presented to **116 children**. Toothbrush timers were provided for each child.

Wednesday March 2nd

Volunteer hygienist did prenatal visits at Frances Nelson Health Center and had contact with **7 women. 1 appointment** was made.

Saturday March 5th

Staff hygienist went to Read Across America at Lincoln Square Mall and had contact with **350 people.** Education samples were provided.

Tuesday March 8th

Staff hygienist did well child visits at Frances Nelson Health Center and had contact with **7 children**. Education materials were provided.

Staff hygienist did prenatal visits at Frances Nelson Health Center and had contact with **1 woman.** Education materials were provided.

Staff hygienist went to Savoy Head Start and presented to **159 children**. Toothbrush timers were provided for each child.

Wednesday March 9th

Staff hygienist went to Prince of Peace Early Learning Center in St. Joe and presented to **100 children**. Toothpaste and toothbrushes were provided.

Staff hygienist went to St. Thomas School in Philo and presented to **25 children**. Toothpaste and toothbrushes were provided.

Staff hygienist did prenatal visits at Frances Nelson Health Center and had contact with **4 women**. **2 appointments** were made.

Staff hygienist presented the DEERP program to **3 adults**. Education materials were provided.

Friday March 11th

Volunteer hygienist did well child visits at Frances Nelson Health Center and had contact with **4 children**. Education materials were provided.

Volunteer hygienist did prenatal visits at Frances Nelson Health Center and had contact with **2 women**. Education materials were provided.

Saturday March 12th

Staff hygienist attended Give Kids A Smile and had contact with **200 people**. Education information was provided.

Monday March 14th

Volunteer hygienist did well child visits at Frances Nelson Health Center and had contact with **4 children.** Education materials were provided.

Tuesday March 15th

Staff hygienist went to Urbana Head Start and presented to **68 children**. Toothbrush timers were provided for each child.

Staff hygienist did well child visits at Frances Nelson Health Center and had contact with **2 children.** Education materials were provided.

Wednesday March16th

Volunteer attended the ReEntry Resource Health Fair and had contact with 30 people. Education materials were provided.

Thursday March 17th

Staff hygienist did well child visits at Frances Nelson Health Center and had contact with 1 child and 2 adults. Education materials were provided.

Monday March 21st

Staff hygienist did well child visits at Frances Nelson Health Center and had contact with **12 children.** Education materials were provided. **2 appointments** were made.

Tuesday March 22nd

Staff hygienist went to Champaign Head Start and presented to 47 children. Toothbrush timers were provided.

Staff hygienist did well child visits at Frances Nelson Health Center and had contact with 12 children. Education materials were provided.

Wednesday March 23rd

Staff hygienist went to New Hope Food Pantry and had contact with 21 people. Education materials and toothpaste samples were provided.

Staff hygienist did prenatal visits at Frances Nelson Health Center and had contact with 3 women. 1 appointment was made.

Friday March 25th

Staff hygienist did prenatal visits at Frances Nelson Health Center and had contact with 2 women. Education materials were provided. 1 appointment was made.

Tuesday March 29th

Staff hygienist did well child visits at Frances Nelson Health Center and had contact with 5 children. Education materials were provided.

Wednesday March 30th

Volunteer hygienist did well child visits at Frances Nelson Health Center and had contact with 1 child. Education materials were provided.

Volunteer hygienist did prenatal visits at Frances Nelson Health Center and had contact with 6 women. Education materials were provided.

Thursday March 31st

Staff hygienist did well child visits at Frances Nelson Health Center and had contact with 2 children. Education materials were provided.

Staff hygienist did prenatal visits at Frances Nelson Health Center and had contact with **1 woman.** Education materials were provided.

Volunteers and Interns attended Type One, Type Two, Type You Diabetes event at Lincoln Square Mall and had contact with **250 people**. Education materials were provided.

Total number of contacts: 1451 Total number of prenatal: 27 Total well child visits: 54 SmileHealthy Dental Center: 19 Other Dental Home: 14 No dental home need follow up: 15 Infant, no teeth yet: 6 Total appointments made: 9

(a)

| | Jan 16 | Feb 16 | March 16 ⁴ | April 16 | May 16 | June 16 | July 16 | Aug 16 | Sep 16 | Oct 16 | Nov 16 | Dec 16 | Total |
|----------------|--------|--------|-----------------------|----------|--------|---------|---------|----------|----------|--------|--|----------|-------|
| Bondville | | | | | | 10.10 | 2019 20 | 1 106 10 | - 260 IO | 00010 | IADA TO | Dec 10 | |
| Broadlands | | | | | - | | | <u> </u> | _ | | | | 0 |
| Champaign | 99 | 107 | 101 | | | | | | | | | | 307 |
| Dewey | | | | | | | | | | | | | 0 |
| Fisher | 1 | | 2 | | | | | | | | | | 3 |
| Foosland | | | | | | | | | | | | | 0 |
| Gifford | 1 | 3 | 1 | | | | | | | | | | . 5 |
| Homer | | | | | | - | | | | | | | 0 |
| lvesdale | | | | | | | | | | | —————————————————————————————————————— | | 0 |
| Ludlow | | | | | | _ | | | | | | | 0 |
| Mahomet | 8 | 8 | 18 | | | | | | | | | | 34 |
| Ogden | | | 4 | | | | | | | | | | 4 |
| Penfield | | | 1 | | | | | | | | | | 1 |
| Pesotum | | | | | | | | | | | | | 0 |
| Philo | 5 | 10 | 2 | | | | | | | | | | 17 |
| Rantoul | 51 | 58 | 69 | | | | | | | | | | 178 |
| Royal | | | | | | | | | | | | | 0 |
| Sadorus | | 2 | 1 | | | | | | | | | | 3 |
| Savoy | 9 | 10 | 14 | | | | | | | | | | 33 |
| Seymour | 1 | 1 | | | | | | | | | | | 2 |
| Sidney | | 21 | | | | | | | | | | | 21 |
| St. Joseph | | 2 | 10 | | | | | | | | | | 12 |
| Thomasboro | 1 | | 3 | | | | | | | | | | 4 |
| Tolono | | 44 | 5 | | 1 | | | İ | | | | | 49 |
| Urbana | 20 | 34 | 49 | | | | | | | | | | 103 |
| Other/Unk | 16 | 22 | 125 | | | | | | | | | | 163 |
| Total | 212 | 322 | 405 | oʻ | oʻ | o | oʻ | o' | o' | o' | 0 | 0 | |
| | | | | | | | | | | - | | - | |
| Total Unique | 212 | 508 | 856 | | | | | | | | | | |
| Patients in FY | | | | | | | | | | | | | |
| Education | | | | | | | | | | | | | |
| Contacts | 540 | 853 | 1451 | | | | | | | | | Г | 2844 |
| | | | | | | | | | | | | L | |

Smile Healthy Champaign County Board of Health Crifft Dontal Access Program Fiscal Year 2016 Report

"Line from his how of since approved that the Allow some spin and pressed by a commentation



Champaign County Board of Health Monthly Report for April 2016, Fiscal Year 2016

Total number of children seen from all programs this month: **279** Total number of unique pediatric dental patients in BOH Fiscal Year 2015: **1030**

Breakdown of current month of patients for all programs by town.

- Champaign: 90
- Fisher: 1
- Gifford: 3
- Mahomet: 24
- Philo: 3
- Rantoul: 39
- Savoy: 9

- Seymour: 1
- Sidney: 10
- St. Joseph: 27
- Thomasboro: 12
- Tolono: 5
- Urbana: 38
- Other/Unknown: 17

Education and Outreach

APRIL 2016 Monday April 4

Dental Education Report

Monday April 4th

Volunteer hygienist did well child visits at Frances Nelson Health Center and had contact with **5 children**. Education materials were provided.

Staff hygienist did prenatal visits at Frances Nelson Health Center and had contact with **1 woman.** Education materials were provided.

Tuesday April 5th

Staff hygienist went to Rantoul Head Start and presented to **124 children**. Floss samples were provided for each child.

Wednesday April 6th

Staff hygienist went to the Daily Bread Soup Kitchen and had contact with **30 adults**. Toothpaste samples were provided.

Staff hygienist did well child visits at Frances Nelson Health Center and had contact with **8 children.** Education materials were provided.

Staff hygienist did prenatal visits at Frances Nelson Health Center and had contact with **2 women.** Education materials were provided.

Thursday April 7th

Staff hygienist did well child visits at Frances Nelson Health Center and had contact with **2 children.** Education materials were provided.

Monday April 11th

Volunteer hygienist did well child visits at Frances Nelson Health Center and had contact with **2 children**. Education materials were provided.

Tuesday April 12th

Staff hygienist did well child visits at Frances Nelson Health Center and had contact with **6 children.** Education materials were provided.

Staff hygienist went to Savoy Head Start and did a presentation to **159 children**. Floss was provided for each child.

Friday April 15th

Staff hygienist did prenatal visits at Frances Nelson Health Center and had contact with **1 woman.** Education materials were provided.

Staff hygienist did well child visits at Frances Nelson Health Center and had contact with **2 children**. Education materials were provided.

Staff hygienist attended the Guatemalan Family night at Stratton Elementary School and had contact with **50 adults and children**. Education materials along with toothbrushes were handed out.

Saturday April 16th

Interns attend the Campaña de Salud at the Orchard Downs Community Center and had contact with **50 people.** Education materials were provided.

Monday April 18th

Staff hygienist did prenatal visits at Frances Nelson Health Center and had contact with **2 women**. Education materials were provided. **1 appointment** was made.

Staff hygienist did well child visits at Frances Nelson Health Center and had contact with **10 children.** Education materials were provided. **1 appointment** was made.

Tuesday April 19th

Staff hygienist went to Urbana Head Start and did a presentation to **63 children**. Floss was provided for each child.

Staff hygienist did prenatal visits at Frances Nelson Health Center and had contact with **1 woman**. Education materials were provided.

Staff hygienist did well child visits at Frances Nelson Health Center and had contact with **7 children.** Education materials were provided.

Wednesday April 20th

Staff hygienist did well child visits at Frances Nelson and had contact with 5 children. Education materials were provided.

Interns and staff hygienist attended the Special Populations Fair and had contact with **300 people.** Education materials were provided.

Volunteer hygienist did prenatal visits at Frances Nelson Health Center and had contact with **7 women.** Education materials were provided.

Monday April 25th

Staff hygienist went to Savoy Head Start and did a presentation to **150 children**. Education materials and apple slices were provided for each child.

Staff hygienist did well child visits at Frances Nelson Health Center and had contact with **14 children**. Education materials were provided.

Tuesday April 26th

Staff hygienist went to Champaign Head Start and did a presentation to **57 children**. Floss and education materials were provided for each child.

Staff hygienist did prenatal visits at Frances Nelson Health Center and had contact with **4 women**. Education materials were provided.

Staff hygienist did well child visits at Frances Nelson Health Center and had contact with **13 children**. Education materials were provided.

Wednesday April 27th

Staff hygienist went to the New Hope Food Pantry and had contact with **20 adults** and **10 children**. Education materials were provided.

Staff hygienist did prenatal visits at Frances Nelson Health Center and had contact with **2 women.** Education materials were provided.

Staff hygienist did well child visits at Frances Nelson Health Center and had contact with **3 children.** Education materials were provided.

Staff hygienist presented the Dental Emergency Education Referral Program and had contact with **1 adult**. Education materials were provided.

Staff hygienist went to the medical side and had contact with **1** adult patient. Education materials were provided.

Thursday April 28th

Staff hygienist did well child visits at Frances Nelson Health Center and had contact with **17 children**. Education materials were provided. **6 appointments** were made.

Staff hygienist did prenatal visits at Frances Nelson Health Center and had contact with **2 women**. Education materials were provided.

Total number of contacts: 1131 Total number of prenatal: 22 Total well child visits: 94 Smile Healthy Dental Center is home: 27 Other Dental Home: 24 No dental home need follow up: 11 Infant, no teeth yet: 18 Total appointments made: 11

| SmileHealthy | |
|--|--|
| Champaign County Board of Health Child Deptal Access Program | |
| Fiscal Year 2016 Report | |

| | Jan 16 | Feb 16 | March 16* | April 16 | May 16 | June 16 | July 16 | Aug 16 | Sep 16 | Oct 16 | Nov 16 | Dec 16 | Total |
|--------------------------------|--------|--------|-----------|-----------|--------|---------|---------|--------|----------|--------|--------|---------------|-------|
| Bondville | | | | | | | | | | | | | 1010. |
| Broadlands | | | | | | | | | | | | | |
| Champaign | 99 | 107 | 101 | 90 | | | | | | | | | 397 |
| Dewey | | | | | | | | | <u> </u> | | | | (|
| Fisher | 1 | | 2 | . 1 | | | | | | | | -1 | 4 |
| Foosland | | | | | | | | | | | | i | C |
| Gifford | 1 | 3 | 1 | 3 | | | | | | | | | 8 |
| Homer | | | | | | | | | | | | | 0 |
| Ivesdale | | | | | | | | | | | | | 0 |
| Ludlow | | | | | | | | | | | | | 0 |
| Mahomet | 8 | 8 | 18 | 24 | | | | | | | | | 58 |
| Ögden | | | 4 | | | | | | | | | | 4 |
| Penfield | | | 1 | · · · · · | | | | | | | | | 1 |
| Pesotum | | | | | | | | | | | | | 0 |
| Philo | 5 | 10 | 2 | 3 | | | | | | | | | 20 |
| Rantoul | 51 | 58 | 69 | 39 | | | _ | | | | | [| 217 |
| Royal | | | | | | | | | | | | | 0 |
| Sadorus | | 2 | - 1 | | | | | | | - | | | 3 |
| Savoy | 9 | 10 | 14 | 9 | | | | | | | | | 42 |
| Seymour | 1 | 1 | | 1 | | | | | | | | | 3 |
| Sidney | | Z1 | | 10 | | | | | | | | | 31 |
| St. Joseph | | 2 | 10 | 27 | | | | | | | | | 39 |
| Thomasboro | 1 | | 3 | 12 | | | | | | | | | 16 |
| Tolono | | 44 | 5 | 5 | | | | | | | | | 54 |
| Urbana | 20 | 34 | | 38 | | | | | | | | | 141 |
| Other/Unk | 16 | 22 | 125 | 17 | | | | | | | i - | | 180 |
| Total | 212 | 322 | 405 | 279 | o | oʻ | o' | o | ר ס' | o | o | ວ້ | |
| Total Unique Patients in FY | 212 | 508 | 856 | 1030 | | | | | | | | | |
| Education | | | | | | | | | | | | | |
| Contacts | 540 | 853 | 1451 | 1131 | | | | | | | | Г | 3975 |

South models of information and the south April 10 Million APRID and Million Apple And Transmission



Champaign County Board of Health Monthly Report for May 2016, Fiscal Year 2016

Total number of children seen from all programs this month: **240** Total number of unique pediatric dental patients in BOH Fiscal Year 2015: **1183**

Breakdown of current month of patients for all programs by town.

- Bondville: 1
- Champaign: 85
- Gifford: 1
- Mahomet: 7
- Ogden: 1
- Philo: 6
- Rantoul: 75

- Savoy: 8
- Sidney: 1
- St. Joseph: 4
- Thomasboro: 3
- Tolono: 2
- Urbana: 34
- Other/Unknown: 12

Education and Outreach

MAY 2016

Dental Education Report

Monday May 2nd

Staff hygienist did well child visits at Frances Nelson Health Center and had contact with **11 children**. Education materials were provided. **7 appointments** were made.

Tuesday May 3rd

Staff hygienist did well child visits at Frances Nelson Health Center and had contact with **7 children**. Education materials were provided.

Staff hygienist did prenatal visits at Frances Nelson Health Center and had contact with **3 women.** Education materials were provided.

Wednesday May 4th

Volunteer hygienist went to Daily Bread Soup Kitchen and had contact with **27** adults. Toothpaste samples were provided.

Volunteer hygienist did prenatal visits at Frances Nelson Health Center and had contact with **2 women**. Education materials were provided.

Friday May 6th

Staff hygienist did prenatal visits at Frances Nelson Health Center and had contact with **1 woman**. Education materials were provided.

Staff hygienist did well child visits at Frances Nelson Health Center and had contact with **2 children.** Education materials were provided.

Monday May 9th

Staff hygienist did well child visits at Frances Nelson Health Center and had contact with **11 children**. Education materials were provided. **1 appointment** was made.

Tuesday May 10th

Staff hygienist went to Rantoul Head Start and did a presentation for **120 children**. Education materials and apple slices were presented for each child.

Staff hygienist did well child visits at Frances Nelson Health Center and had contact with **3 children.** Education materials were provided.

Wednesday May 11th

Volunteer hygienist did well child visits at Frances Nelson Health Center and had contact with **3 children.** Education materials were provided.

Volunteer hygienist did prenatal visits at Frances Nelson Health Center and had contact with **6 women**. Education materials were provided.

Thursday May 12th

Staff hygienist did well child visits at Frances Nelson Health Center and had contact with **1 child**. Education materials were provided.

Staff hygienist attended the end of school Picnic/Resource Fair and had contact with **100** children and adults. Education materials and toothpaste samples were provided.

Monday May 16th

Staff hygienist went to the Circle or Friends Daycare Center and had contact with **30** adults. Education materials were provided.

Staff hygienist went to the Wellness Spring Fling Fair at Douglass Park and had contact with **150 adults and children.** Education materials were provided.

Staff hygienist did well child visits at Frances Nelson Health Center and had contact with **4 children.** Education materials were provided. **1 appointment** was made.

Tuesday May 17th

Staff hygienist went to Urbana Head Start and did a presentation to **65 children**. Education materials and apple slices were provided for each child. Staff hygienist did well child visits at Frances Nelson Health Center and had contact with **8 children**. Education materials were provided.

Staff hygienist did prenatal visits at Frances Nelson Health Center and had contact with **1 woman**. Education materials were provided.

Staff hygienist had contact with **3 adults** from the Dental Emergency Education Referral Program. Education materials were provided.

Wednesday May 18th

Volunteer hygienist did well child visits at Frances Nelson Health Center and had contact with **4 children**. Education materials were provided.

Volunteer hygienist did prenatal visits at Frances Nelson Health Center and had contact with **7 women.** Education materials were provided.

Friday May 20th

Staff hygienist did well child visits at Frances Nelson Health Center and had contact with **1 child.** Education materials were provided.

Staff hygienist did prenatal visits at Frances Nelson Health Center and had contact with **1 woman.** Education materials were provided.

Monday May 23rd

Volunteer hygienist did well child visits at Frances Nelson Health Center and had contact with **5 children**. Education materials were provided. **3 appointments** were made.

Tuesday May 24th

Staff hygienist went to Champaign Head Start and did a presentation for **63 children**. Apple slices and education materials were provided.

Staff hygienist did well child visits at Frances Nelson Health Center and had contact with **10 children**. Education materials were provided.

Wednesday May 25th

Staff hygienist went to New Hope Food Pantry and had contact with **19 children and** adults. Education materials were provided.

Staff hygienist did well child visits at Frances Nelson Health Center and had contact with **3 children**. Education materials were provided. **1 appointment** was made.

Staff hygienist did adult visits at Frances Nelson Health Center and had contact with 2 adults. 2 emergency appointments were provided.

Staff hygienist did prenatal visits at Frances Nelson Health Center and had contact with **1 woman**. Education materials were provided. **1 appointment** was made.

Thursday May 26th

Staff hygienist did well child visits at Frances Nelson Health Center and had contact with **3 children**. Education materials were provided.

Friday May 27th

Staff hygienist did well child visits at Frances Nelson Health Center and had contact with **10 children**. Education materials were provided. **3 appointments** were made.

Staff hygienist did prenatal visits at Frances Nelson Health Center and had contact with **5 women**. Education materials were provided. **4 appointments** were made.

Tuesday May 31st

Volunteer hygienist did well child visits at Frances Nelson Health Center and had contact with **2 children**. Education materials were provided.

Total number of contacts: 694 Total number of prenatal: 27 Total well child visits: 88 Smile Healthy Dental Center is home: 37 Other Dental Home: 23 No dental home need follow up: 18 Infant, no teeth yet: 10 Total appointments made: 23

| | Jan 16 | Feb 16 | March 16 | April 16 | May 16 | June 16 | July 16 | Aug 16 | Sep 16 | Oct 16 | Nov 16 | Dec 16 | Total |
|-----------------------|--------|--------|----------|----------|--------|---------|---------|--------|--------|--------|--------|-----------|-------|
| Bondville | | | | | 1 | | | | | | 1 | | 1 |
| Broadlands | | | | | | | | | | | | | 0 |
| Champaign | 99 | 107 | 101 | 90 | 85 | | | | i | | | · · · · · | 482 |
| Dewey | | | | | | | | | | | | | 0 |
| Fisher | 1 | | 2 | 1 | | | | | | | | | 4 |
| Foosland | | | | | | | | | | | | | 0 |
| Gifford | 1 | 3 | 1 | 3 | 1 | | | | | | | | 9 |
| Homer | | | | | | | | | | | | i | 0 |
| Ivesdale | | | | | | | | İ | | | | | 0 |
| Ludlow | | | | | | | | | | | | Í | 0 |
| Mahomet | 8 | 8 | 18 | 24 | 7 | | | | | | | | 65 |
| Ogden | | | 4 | | 1 | | | | | | | | 5 |
| Penfield | | | 1 | | | | | | | | | | 1 |
| Pesotum | | | | | | | | | | | | | 0 |
| Philo | 5 | 10 | 2 | 3 | 6 | | | | | | | | 26 |
| Rantoul | 51 | 58 | 69 | 39 | 75 | | | | | | | | 292 |
| Royal | | | | | | | | | | | | | 0 |
| Sadorus | | 2 | 1 | | | | | | | | | | 3 |
| Savoy | 9 | 10 | 14 | 9 | 8 | | | | | | | | 50 |
| Seymour | 1 | 1 | | 1 | | | | | | | | | 3 |
| Sidney | | 21 | | 10 | 1 | | | | | | | | 32 |
| St. Joseph | | 2 | 10 | 27 | 4 | | | | | | | | 43 |
| Thomasboro | 1 | | 3 | 12 | 3 | | | | | | | | 19 |
| Tolono | | 44 | 5 | 5 | 2 | | | | | | | | 56 |
| Urbana | 20 | 34 | 49 | 38 | 34 | | | | | | | | 175 |
| Other/Unk | 16 | 22 | 125 | 17 | 12 | | | | | | | | 192 |
| Total | 212 | 322 | 405 | 279 | 240 | o | 0 | ່ວ່ | ່ວ່ | 0 | ່ວ່ | ່ວ່ | |
| | | | | | | | | | | | | | |
| Total Unique | 212 | 508 | 856 | 1030 | 1183 | | | | | | | | |
| Patients in FY | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Education | | | | | | | | | | | | _ | |
| Contacts | 540 | 853 | 1451 | 1131 | 694 | | | | | | | [| 4669 |
| | | | | | | | | | | | | - | |

SmileHealthy Champage County Board of Health Child Dontal Access Program Fiscal Yess 2016 Report

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Champaign County Board of Health Monthly Report for May 2016, Fiscal Year 2016

Total number of children seen from all programs this month: **294** Total number of unique pediatric dental patients in BOH Fiscal Year 2015: **1338**

Breakdown of current month of patients for all programs by town.

- Champaign: 111
- Gifford: 1
- Mahomet: 5
- Rantoul: 70
- Sadorus: 4

- Savoy: 8
- St. Joseph: 5
- Tolono: 11
- Urbana: 41
- Other/Unknown: 38

Education and Outreach

JUNE 2016

Wednesday June 1st

Dental Education Report

Staff hygienist did prenatal visits at Frances Nelson Health Center and had contact with **1 woman**. Education materials were provided.

Friday June 3rd

Staff hygienist did prenatal visits at Frances Nelson Health Center and had contact with **2 women**. Education materials were provided.

Monday June 6th

Volunteer hygienist did well child visits at Frances Nelson Health Center and had contact with **3 children**. Education materials were provided.

Tuesday June 7th

Staff hygienist did well child visits at Frances Nelson Health Center and had contact with **5 children**. Education materials were provided. **1 appointment** was made.

Wednesday June 8th

Staff hygienist presented the Dental Emergency Education Referral Program to 2 adults. 2 appointments were made.

Staff hygienist did prenatal visits at Frances Nelson Health Center and had contact with **4 women. 2 appointments** were made.

819 Bloomington Road • Champaign, IL 61820 (217) 359-7404 Mobile/Head Start (217) 403-5477 Dental Center • www.promisehealth.org

Monday June 13th

Staff hygienist did prenatal visits at Frances Nelson Health Center and had contact with **1 woman**. Education materials were provided.

Staff hygienist did well child visits at Frances Nelson Health Center and had contact with **4 children**. Education materials were provided. **2 appointments** were made

Tuesday June 14th

Staff hygienist did well child visits at Frances Nelson Health Center and had contact with **12 children**. Education materials were provided. **1 appointment** was made

Wednesday June 15th

Staff hygienist did well child visits at Frances Nelson Health Center and had contact with **4 children**. Education materials were provided.

Volunteer hygienist did prenatal visits at Frances Nelson Health Center and had contact with **4 women**. **1 appointment** was made.

Monday June 20th

Staff hygienist did prenatal visits at Frances Nelson Health Center and had contact with **5 women**. **3 appointments** were made.

Staff hygienist did well child visits at Frances Nelson Health Center and had contact with **8 children.** Education materials were provided.

Tuesday June 21st

Staff hygienist did well child visits at Frances Nelson Health Center and had contact with **7 children.** Education materials were provided.

Wednesday June 22nd

Staff hygienist did well child visits at Frances Nelson Health Center and had contact with **7 children**. Education materials were provided. **3 appointments** were made.

Staff hygienist did prenatal visits at Frances Nelson Health Center and had contact with **6 women**. Education materials were provided. **3 appointments** were made.

Staff hygienist had contact with **2** adults on the medical side. Education materials were provided. **2** appointments were made.

Staff hygienist presented the Dental Emergency Education Referral Program to 1 adult. 1 appointment was made

Friday June 24th

Staff hygienist did well child visits at Frances Nelson Health Center and had contact with **4 children.** Education materials were provided

Staff hygienist presented a program to **10 children** at the TAP-In Leadership Academy. Education materials, toothbrushes and toothpaste were provided for each child.

Monday June 27th

Volunteer hygienist did well child visits at Frances Nelson Health Center and had contact with **7 children**. Education materials were provided.

Tuesday June 28th

Staff hygienist did prenatal visits at Frances Nelson Health Center and had contact with **1 woman**. **1 appointment** was made.

Staff hygienist did well child visits at Frances Nelson Health Center and had contact with **12 children**. Education materials were provided.

Wednesday June 29th

Staff hygienist had contact with **1 adult** at Frances Nelson Medical Center. Education materials were provided.

Staff hygienist did prenatal visits at Frances Nelson Health Center and had contact with **1 woman**. Education materials were provided

Staff hygienist did well child visits at Frances Nelson Health Center and had contact with **1 child.** Education materials were provided

Thursday June 30th

Volunteer attend the Kindergarten Readiness Event at the Urbana Early Childhood Center and had contact with **40 parents and children**. Education materials were provided.

Staff hygienist did well child visits at Frances Nelson Health Center and had contact with **3 children**. Education materials were provided.

Total number of contacts: 154 Total number of prenatal: 21 Total well child visits: 77 Smile Healthy Dental Center is home: 28 Other Dental Home: 23 No dental home need follow up: 15 Infant, no teeth yet: 11 Total appointments made: 20

| Bondville Broadlands Champaign Dewey Fisher | 99 | Feb 16 107 | 101 | April 16 | May 16 | June 16 | July 16 | Aug 16 | Sep 16 | Oct 16 | Nov 16 | Dec 16 | Total 1 |
|---|-----|---------------|------|----------|--------|---------|---------|--------|---------|--------|--------|--------|------------|
| Champaign Dewey Fisher | | 107 | 101 | | | | | | | | | | |
| Dewey Fisher | | 107 | 101 | | | | | | | | i | | 0 |
| Fisher | 1 | | | 90 | 85 | 111 | | | | | | | 593 |
| | 1 | | | | | | | | · · · · | | | | 0 |
| | | | 2 | 1 | | | | | | | | | 4 |
| Foosland | I | | | | | | | | | | · | | 0 |
| Gifford | 1 | 3 | 1 | 3 | 1 | 1 | | | | | | | 10 |
| Homer | | | | | | | | | | | | | 10 |
| Ivesdale | | | | | | | | | | | | · | 0 |
| Ludlow | | | | | | | | | | | | | 0 |
| Mahomet | 8 | 8 | 18 | 24 | 7 | 5 | | | | | | | 70 |
| Ogden | | | 4 | | 1 | | | | | | | | 5 |
| Penfield | | | 1 | | | | | | | | | | 5 |
| Pesotum | | | | | | | | | | | | | 0 |
| Philo | 5 | 10 | 2 | 3 | 6 | | | | | | | | 26 |
| Rantoul | 51 | 58 | 69 | 39 | 75 | 70 | | | | | | | 362 |
| Royal | | | | | | | | | | | | | 0 |
| Sadorus | | ź | 1 | | | 4 | | | | | i | | 7 |
| Savoy | 9 | 10 | 14 | 9 | 8 | 8 | | | | | | | 58 |
| Seymour | 1 | 1 | | 1 | | | 1 | | · | | | | 3 |
| Sidney | | 21 | | 10 | 1 | | | | | | | | 32 |
| St. Joseph | | 2 | 10 | 27 | 4 | 5 | | | | | İ | | 48 |
| Thomasboro | 1 | | 3 | 12 | 3 | | | | | | | i | 19 |
| Tolono | | 44 | 5 | 5 | 2 | 11 | | | | | | | 67 |
| Urbana | 20 | 34 | 49 | 38 | 34 | 41 | | | | | - | | 216 |
| Other/Unk | 16 | 22 | 125 | 17 | 12 | 38 | | | | | | | 230 |
| Total | 212 | 322 | 405 | 279 | 240 | 294 | o | o | o' | o | o' | 0 | |
| | | | | | | | | | | | | | |
| Total Unique | 212 | 508 | 856 | 1030 | 1183 | 1338 | | | | | | | |
| Patients in FY | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Education | | | | | | | | | | | | | |
| Contacts | 540 | 853 | 1451 | 1131 | 694 | 154 | | | | | | ſ | 4823 |
| | | | | | | | | | | | | - | |

SmileHealthy Chambaign Coupty Board of Health Child Dente, Alicess Program Fiscal Yes, 2016 Report

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| Invoice Number: | 1602 |
|------------------|----------------|
| Date of Invoice: | March 18, 2016 |
| Billing Period: | February-16 |

To:

Champaign County Public Health Department 1776 East Washington Street Urbana, Illinois 61802

For the Following Expenses:

| 533.07 Professional Services - LHPG Communicable Disease | \$ 3,972.00 |
|--|-----------------|
| 533.07 Professional Services - LHPG Disease Intervention | \$ 5,885.83 |
| 533.07 Professional Services - LHPG Tuberculosis | \$ 3,923.92 |
| 533.07 Professional Services - LHPG Food | \$ 19,018.08 |
| 533.07 Professional Services - LHPG Water | \$ 3,784.50 |
| 533.07 Professional Services - LHPG Sewage | \$ 6,211.25 |
| 533.07 Professional Services – Administration | \$ 10,565.25 |
| 533.07 Professional Services - PHEP Grant | \$ 4,392.79 |
| 533.07 Professional Services - TFC Grant | \$ - |
| 533.07 Professional Services - Smoke-Free IL Citation Fee Reimb. | \$ - |
| 533.07 Professional Services - Summer Food Inspection Grant | \$ - |
| 533.07 Professional Services - Vector Surveillance & Control Grant | \$ - |
| 533.07 Professional Services - County Well Water Testing | \$ 108.17 |
| Total Amount Due to CUPHD per Contract | \$ 57,861.79 |

CERTIFICATION:

I hereby certify that the amounts billed above agree with the approved budget, that appropriate purchasing procedures have been followed, and that reimbursement has not previously been requested or received.

uthorized Agency Official

County Well Water Testing February 2016

| | Feb-16 |
|--|----------|
| | |
| PERSONAL SERVICES | |
| Michael Flanagan | \$47.31 |
| Tammy Hamilton | \$6.91 |
| Total Personal Services | 54.22 |
| FRINGE BENEFITS | |
| FICA | 4.06 |
| IMRF | 4.81 |
| Health Insurance | 9.32 |
| Life Insurance | 0.03 |
| Illinois Unemployment Insurance | 0.94 |
| Workers Compensation | 2.32 |
| Total Fringe Benefits | 21.48 |
| Total Personal Services & Fringe Benefits | 75.70 |
| | |
| CONTRACTUAL SERVICES | |
| Printing | 0.14 |
| Postage | 30.71 |
| Total Contractual Services | 30.85 |
| | |
| SUPPLIES | |
| Total Supplies | - |
| | |
| TRAVEL | |
| Mileage | 1.62 |
| Total Travel | 1.62 |
| | |
| EQUIPMENT | |
| Total Equipment | - |
| | <u>.</u> |
| Total | 108.17 |

| Inv | oice Number: | 1603 |
|------|---------------|----------------|
| Dat | e of Invoice: | April 18, 2016 |
| Bill | ing Period: | March-16 |

To:

Champaign County Public Health Department 1776 East Washington Street Urbana, Illinois 61802

For the Following Expenses:

| 533.07 Professional Services – LHPG Communicable Disease | \$ 3,972.00 |
|--|-----------------|
| 533.07 Professional Services - LHPG Disease Intervention | \$ 5,885.83 |
| 533.07 Professional Services - LHPG Tuberculosis | \$ 3,923.92 |
| 533.07 Professional Services - LHPG Food | \$ 19,018.08 |
| 533.07 Professional Services - LHPG Water | \$ 3,784.50 |
| 533.07 Professional Services - LHPG Sewage | \$ 6,211,25 |
| 533.07 Professional Services – Administration | \$ 10,565.25 |
| 533.07 Professional Services – PHEP Grant | \$ 4,500.93 |
| 533.07 Professional Services – TFC Grant | \$ 6,649.83 |
| 533.07 Professional Services – Smoke-Free IL Citation Fee Reimb. | \$ - |
| 533.07 Professional Services – Summer Food Inspection Grant | \$ - |
| 533.07 Professional Services - Vector Surveillance & Control Grant | \$ - |
| 533.07 Professional Services - County Well Water Testing | \$ 129.65 |
| Total Amount Due to CUPHD per Contract | \$ 64,641.24 |

CERTIFICATION:

I hereby certify that the amounts billed above agree with the approved budget; that appropriate purchasing procedures have been followed, and that reimbursement has not previously been requested or received.

WE N IN DE Authorized Agency Official

County Well Water Testing March 2016

| | Mar-16 |
|---|------------|
| | |
| PERSONAL SERVICES | |
| Michael Flanagan | \$68.01 |
| Tammy Hamilton | \$8.79 |
| Total Personal Services | 76.80 |
| FRINGE BENEFITS | 70.00 |
| FICA | 5.77 |
| IMRF | 6.81 |
| Health Insurance | 13.17 |
| Life Insurance | 0.03 |
| Illinois Unemployment Insurance | 1.02 |
| Workers Compensation | 3.33 |
| Total Fringe Benefits | 30.13 |
| Total Personal Services & Fringe Benefits | 106.93 |
| 5 | |
| CONTRACTUAL SERVICES | |
| Printing | 0.09 |
| Postage | 21.01 |
| Total Contractual Services | 21.10 |
| | |
| SUPPLIES | |
| Total Supplies | - |
| | |
| TRAVEL | |
| Mileage | 1.62 |
| Total Travel | 1.62 |
| | |
| EQUIPMENT | |
| Total Equipment | - |
| | |
| Total | 129.65 |

| Invoice Number: | 1604 |
|------------------------|--------------|
| Date of Invoice: | May 19, 2016 |
| Billing Period: | April-16 |

To:

Champaign County Public Health Department 1776 East Washington Street Urbana, Illinois 61802

For the Following Expenses:

| 533.07 Professional Services - LHPG Communicable Disease | \$ 3,972.00 |
|--|-----------------|
| 533.07 Professional Services - LHPG Disease Intervention | \$ 5,885.83 |
| 533.07 Professional Services - LHPG Tuberculosis | \$ 3,923.92 |
| 533.07 Professional Services - LHPG Food | \$ 19,018.08 |
| 533.07 Professional Services - LHPG Water | \$ 3,784.50 |
| 533.07 Professional Services – LHPG Sewage | \$ 6,211.25 |
| 533.07 Professional Services - Administration | \$ 10,565.25 |
| 533.07 Professional Services – PHEP Grant | \$ 4,468.62 |
| 533.07 Professional Services – TFC Grant | \$ - |
| 533.07 Professional Services - Smoke-Free IL Citation Fee Reimb. | \$ - |
| 533.07 Professional Services – Summer Food Inspection Grant | \$ - |
| 533.07 Professional Services - Vector Surveillance & Control Grant | \$ - |
| 533.07 Professional Services – County Well Water Testing | \$ 208.89 |
| Total Amount Due to CUPHD per Contract | \$ 58,038.34 |

CERTIFICATION:

I hereby certify that the amounts billed above agree with the approved budget; that appropriate purchasing procedures have been followed, and that reimbursement has not previously been requested or received.

05 20 2016 mor Authorized Agency Official

35

County Well Water Testing April 2016

| | Apr-16 |
|--|----------|
| PERSONAL SERVICES | |
| Michael Flanagan | \$121.24 |
| Tammy Hamilton | \$12.56 |
| Total Personal Services | 133.80 |
| FRINGE BENEFITS | |
| FICA | 10.05 |
| IMRF | 11.87 |
| Health Insurance | 22.81 |
| Life Insurance | 0.07 |
| Illinois Unemployment Insurance | 0.06 |
| Workers Compensation | 5.91 |
| Total Fringe Benefits | 50.77 |
| Total Personal Services & Fringe Benefits | 184.57 |
| CONTRACTUAL SERVICES | |
| Printing | 0.03 |
| Postage | 16.73 |
| Total Contractual Services | 16.76 |
| SUPPLIES | |
| Total Supplies | |
| TRAVEL | |
| Mileage | 7.56 |
| Total Travel | 7.56 |
| EQUIPMENT | |
| Total Equipment | - |
| Total | 208.89 |

| Invo | ice Number: | 1605 |
|--------|---------------|---------------|
| Date | e of Invoice: | June 27, 2016 |
| Billir | ng Period: | May-16 |

To:

Champaign County Public Health Department 1776 East Washington Street Urbana, Illinois 61802

For the Following Expenses:

| 533.07 Professional Services - LHPG Communicable Disease | \$ 3,972.00 |
|--|-----------------|
| 533.07 Professional Services – LHPG Disease Intervention | \$ 5,885,83 |
| 533.07 Professional Services - LHPG Tuberculosis | \$ 3,923,92 |
| 533.07 Professional Services - LHPG Food | \$ 19,018.08 |
| 533.07 Professional Services - LHPG Water | \$ 3,784.50 |
| 533.07 Professional Services - LHPG Sewage | \$ 6,211,25 |
| 533.07 Professional Services – Administration | \$ 10,565,25 |
| 533.07 Professional Services – PHEP Grant | \$ 7,183.65 |
| 533.07 Professional Services – TFC Grant | \$ |
| 533.07 Professional Services - Smoke-Free IL Citation Fee Reimb. | \$ 1,200.00 |
| 533.07 Professional Services - Summer Food Inspection Grant | \$ |
| 533.07 Professional Services - Vector Surveillance & Control Grant | \$ - |
| 533.07 Professional Services - Ebola Grant | \$ 1,245.67 |
| 533.07 Professional Services - County Well Water Testing | \$ 128.96 |
| Total Amount Due to CUPHD per Contract | \$ 63,119.11 |

CERTIFICATION:

I hereby certify that the amounts billed above agree with the approved budget; that appropriate purchasing procedures have been followed, and that reimbursement has not previously been requested or received.

Authorized Agency Official

County Well Water Testing May 2016

| | May-16 |
|---|---------|
| PERSONAL SERVICES | |
| Michael Flanagan | \$65.05 |
| Tammy Hamilton | \$20.10 |
| Total Personal Services | 85.15 |
| FRINGE BENEFITS | 00.10 |
| FICA | 6.39 |
| IMRF | 7.54 |
| Health Insurance | 14.66 |
| Life Insurance | 0.05 |
| Illinois Unemployment Insurance | - |
| Workers Compensation | 3.24 |
| Total Fringe Benefits | 31.88 |
| Total Personal Services & Fringe Benefits | 117.03 |
| | |
| CONTRACTUAL SERVICES | |
| Printing | 0.06 |
| Postage | 11.87 |
| Total Contractual Services | 11.93 |
| SUPPLIES | |
| Total Supplies | |
| | |
| TRAVEL | |
| Total Travel | - |
| EQUIPMENT | |
| Total Equipment | |
| | - |
| Total | 128.96 |

| Invoice Number: | 1606 |
|------------------|---------------|
| Date of Invoice: | July 21, 2016 |
| Billing Period: | June-16 |

To:

Champaign County Public Health Department 1776 East Washington Street Urbana, Illinois 61802

For the Following Expenses:

| 533.07 Professional Services - LHPG Communicable Disease | \$ 3,972.00 |
|--|-----------------|
| 533.07 Professional Services - LHPG Disease Intervention | \$ 5,885.83 |
| 533.07 Professional Services - LHPG Tuberculosis | \$ 3,923.92 |
| 533.07 Professional Services - LHPG Food | \$ 19,018.08 |
| 533.07 Professional Services – LHPG Water | \$ 3,784.50 |
| 533.07 Professional Services - LHPG Sewage | \$ 6,211,25 |
| 533.07 Professional Services – Administration | \$ 10,565.25 |
| 533.07 Professional Services – PHEP Grant | \$ 10,941.08 |
| 533.07 Professional Services - TFC Grant | \$ 11,768.73 |
| 533.07 Professional Services - Smoke-Free IL Citation Fee Reimb. | \$ - |
| 533.07 Professional Services - Summer Food Inspection Grant | \$ 100,00 |
| 533.07 Professional Services - Vector Surveillance & Control Grant | \$ 5,986.48 |
| 533.07 Professional Services – Ebola Grant | \$ 683.59 |
| 533.07 Professional Services - County Well Water Testing | \$ 154.04 |
| Total Amount Due to CUPHD per Contract | \$ 82,994.75 |

CERTIFICATION:

I hereby certify that the amounts billed above agree with the approved budget; that appropriate purchasing procedures have been followed, and that reimbursement has not previously been requested or received.

This Authorized Agency Official

County Well Water Testing June 2016

| | Jun-16 |
|---|--------------------|
| PERSONAL SERVICES | |
| Michael Flanagan | \$82.80 |
| Tammy Hamilton | \$02.00 \$17.58 |
| Total Personal Services | 100.38 |
| FRINGE BENEFITS | 100.50 |
| FICA | 7.52 |
| IMRF | 8.90 |
| Health Insurance | 18.02 |
| Life Insurance | 0.05 |
| Illinois Unemployment Insurance | - |
| Workers Compensation | 4.06 |
| Total Fringe Benefits | 38.55 |
| Total Personal Services & Fringe Benefits | 138.93 |
| | |
| CONTRACTUAL SERVICES | |
| Printing | 0.13 |
| Postage | 12.82 |
| Total Contractual Services | 12.95 |
| | |
| SUPPLIES | |
| Total Supplies | - |
| | |
| TRAVEL | |
| Mileage | 2.16 |
| Total Travel | 2.16 |
| | |
| EQUIPMENT | |
| Total Equipment | - |
| | |
| Total | 154.04 |



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June 28, 2016

Julie Pryde Public Health Administrator Champaign County Public Health Department 1776 East Washington Urbana, IL 61802

Dear Ms. Pryde:

In accordance with the Local Health Protection Grant (LHPG) Code (77 III. Adm. Code 615), an LHPG program review has been completed to determine compliance for your health department's three environmental programs—Food Protection, Potable Water Supply, and Private Sewage Disposal—during Calendar Year 2015. A copy of the LHPG compliance review, which may include specific recommendations from the program review staff, is provided with this letter. The findings for this review are shown below:

| LHPG Code Section | <u>Compliance</u> |
|---|-------------------|
| Section 615.310 - Food Protection | Met |
| Section 615.320 – Potable Water Supply | Met |
| Section 615.330 - Private Sewage Disposal | Met |
| Section 615.340 – Common Requirements | Met |

Your health department has been found to be in substantial compliance with the standards of the LHPG Code. Therefore, your health department's next LHPG program review will be scheduled during 2019 to determine compliance during Calendar Year 2018. Thank you for your cooperation during the program review process and for your continued commitment to health protection.

If you have any questions about the LHPG program review process or the findings for your health department, please contact me at (217) 785-2075 or by e-mail at <u>allen.griffy@illinois.gov</u>.

Sincerely,

K. ally

K. Allen Griffy Assistant to the Deputy Director Office of Health Protection

Enclosure

cc: Division of Environmental Health Division of Food, Drugs, and Dairies

Attachment D LOCAL HEALTH PROTECTION GRANT FINDINGS REVIEW Food Protection Program

INTRODUCTION

This is a Local Health Protection Grant (LHPG) food program review of Champaign County Public Health Department for calendar year 2015.

FINDINGS

| Standard 615.310(a) | Rule Summary: Results of Review of Compliance with Sections 615.310 (b)-(c) | | Compliance: Met/Not Met |
|-------------------------------|---|---------------------|----------------------------|
| Comments: | Champaign County Public Health Department (CCPHD) was | | MET |
| 00111101100 | in substantial compliance with the LHPG food program standards. | | |
| Standard 615.310 (b)(1) | Rule Summary: Agency Possesses a Local Ordinance or a Signed Uniform Retail Food Protection Agreement | | |
| Comments: | CCPHD has a local ordinance dated November 2015. | | MET |
| Standard 615.310 (b)(2) | Rule Summary: List of All Food Service Establishments and Retail Food Stores | | |
| Comments: | CCPHD maintains a list of all retail food establishments and updates the list daily as information is entered in their Digital Health Department electronic data system. | | MET |
| Standard 615.310 (b)(3) | Rule Summary: Relative Risk Factor Assigned to All Food Establishments and Annually Verify Risk Classification for I and II and Biennially for Type III Facilities | Must Meet 75% | |
| Comments: | CCPHD had 345 establishments in 2015. 29 total files were reviewed and 100% had documentation of annual risk classification verified in 2015 via permit applications and/or during inspections. CCPHD regularly changes risk classification when necessary due to menu or operational changes. | | MET |
| Standard 615.310 | Rule Summary: Facilities are Inspected Based on Classification of Food | Must Meet | |

| (b)(4) | Establishment and Prescribed Frequency | 75% | |
|-------------------------------|--|---------------------|-----|
| Comments: | A total of 29 files were reviewed. | | MET |
| | Of the 8 high risk facility files reviewed, 8 (100%) were inspected 3 times/year or 2 times/year with alternate condition. CCPHD uses a recipe review HACCP or education contact as the alternate condition to waive the 3 rd inspection. They also developed a new form they began using in 2016 to document FSSMC presence during all hours of operation. | | |
| | Of the 14 medium risk facility files reviewed, 14 (100%) received 1 inspection in 2015. | | |
| | And of the 7 low risk facility files reviewed, 7 (100%) had been inspected once within the last 2 years. | | |
| Standard 615.310 (b)(5) | Rule Summary: Facility Inspections Which Include HACCP Concepts for Category I and II Facilities and Documented on the Inspection Report | | |
| Comments: | CCPHD has a written policy about incorporating HACCP into each inspection and it appears on the placard that they use for their establishments. Of the 29 files reviewed, all (100%) facilities had HACCP documented on every inspection. | | MET |
| Standard 615.310 (b)(6) | Rule Summary: Conduct Plan Reviews and Pre-Operational Inspections | | |
| Comments: | CCPHD routinely conducts plan reviews and pre-operational inspections. At time of review, the health department had 76 plan reviews in progress (18 of which were in the county). They first review a new food facility using a risk factor checklist soon after opening and then do an unannounced routine inspection about 30 days later. | | MET |
| Standard 615.310 (b)(7) | Rule Summary: Conduct Follow-up Inspections, Consultation, and Enforcement Actions | Must Meet 75% | |
| Comments: | Of the 29 files reviewed, follow up inspections were noted on 6 of the inspection reports and 6 (100%) were conducted. | | MET |
| Standard 615.310 (b)(8) | Rule Summary: Establish a System to Respond to Foodborne Complaints and Food Incidents. | Must Meet 75% | |
| Comments: | CCPHD has an established system to monitor foodborne | | MET |

| | illness. A syndrome surveillance system is in place and foodborne illness complaints are evaluated by the Epidemiologist and CD investigator, who meet weekly with the EH Director and Food Program Coordinator to review any reports. They also have a sample collection protocol, check and restock sample kit twice a year and keep their media in the refrigerator in EH. They have a written policy/protocol for embargo and voluntary destruction. They receive recall info via the FDA and USDA. | | |
|--------------------------------|---|---------------------|-----|
| Standard 615.310 (b)(9) | Rule Summary: Provide Food Safety Information to General Public, Including Primary and Secondary Schools | | |
| Comments: | CCPHD provides food safety information to the general public via their website, social media and through multiple public events. They have also provided food safety information to school children at these community events (photo documentation was reviewed during program review) and they send an annual letter (12/4/15) to all county and city schools offering them food safety information. | | MET |
| Standard 615.310 (b)(10) | Rule Summary: Provide Program to Inform Establishment Managers and Personnel of Proper Ways of Storing and Preparing Food and the Necessity of Reporting Illness | | |
| Comments: | CCPHD provides food establishment personnel with information during their inspections (many examples of these handouts and worksheets were reviewed during program review), on their inspection notice placards and via the website. | | MET |
| Standard 615.310 (b)(11) | Rule Summary: Conduct Self-Evaluation/Quality Assurance Review. | | |
| Comments: | CCPHD submitted an annual self-evaluation on 7/23/15. | | MET |
| Standard 615.310 (c)(1) | Rule Summary: One Person Standardized by State Evaluation Officer; Local Standardized Training Officer Standardized the Remaining Staff | Must Meet 75% | |
| Comments: | The staff that have been standardized have submitted nomination forms that are on file with IDPH. They have developed a standardization protocol that will be implemented in February 2016. Jim Roberts is the supervising LEHP #183.000740 and is on site at CCPHD. | | MET |
| Standard | Rule Summary: | Must | |

| 615.310 (c)(2) | New Staff Completed the Three Year Department-Approved Training Program within 36 month after employment | Meet 75% | |
|-------------------------------|--|---------------------|-----|
| Comments: | No new staff were hired in 2015. One newer staff member attended New Sanitarian Training Level II in October 2015. | | MET |
| Standard 615.310 (c)(3) | All Personnel Attended Five Hours of Department- Approved Training | Must Meet 75% | |
| Comments: | All food program staff received more than 5 hours of continuing education in 2015. | | MET |

RECOMMENDATIONS FROM REVIEW:

- CCPHD has a comprehensive food protection program.
- Excellent resources, guidance and food safety education practices have been developed by CCPHD to provide food safety information to their food establishments and to the public.

LOCAL HEALTH PROTECTION GRANT REVIEW POTABLE WATER SUPPLY PROGRAM - SUMMARY

Local Health Department_Champaign County_____ Date of Review_January 20, 2016___

| STANDARD | INDICATOR | DATA SOURCE | COMMENTS |
|--------------------------|--|--|----------|
| 615.320(b)(1) | Agreement with the Department to conduct the program as an agent or by approved ordinance. | IDPH files. | Met |
| 615.320(b)(2) | Current listing of names and addresses of non-community public water supplies/change notification within 30 days. | Inventory of supplies/records of changes. | Met |
| 615.320(b)(3) | Non-community supplies sampled at a frequency required by the Drinking Water Systems Code. | Supply sampling records. | Met |
| 615.320(b)(4) | Non-community supplies inspected and sampled every 2 years; completed inspection reports sent within 14 days. | Inspection records and individual water supply inspection reports. | Met |
| 615.320(b)(5) | Notification of non-community supply inspection results sent to owner; reinspection to assure corrections; enforcement. | Inspection and enforcement records; water supply files. | Met |
| 615.320(b)(6) | All requests for inspections and sample of private and semi-private supplies evaluated; if valid, responded to within 7 days. | Inspection records/ service request logs. | Met |
| 615320(b)(6) (A) | Inspect and sample semi-private supplies; notify owner of findings and corrections needed. Reinspection; violations corrected or enforcement taken. | Inspection and enforcement files/records. | Met |
| 615.320(b)(6) (B) | Inspect and sample private supplies; notify owner of findings and recommendations. | Inspection records/files. | Met |
| 615.320(b)(7) | Water well and closed loop well system applications in compliance with code and permits issued. | Water well permit records. | Met |
| 615.320(b)(8) | All new water wells inspected and sampled. Closed loop wells inspected. Corrective action on all violations or enforcement action initiated. Homeowners notified of inspection results, analyses, interpretations, and corrective measures recommended. | Inspection and permit records; sample records; correspondence files; enforcement records. | Met |
| 615.320(b)(9) | Information provided to the public and educational presentations. | Education materials; documentation of presentations. | Met |
| 615.320(b)(10) | Variances issued in compliance with the code and copies with rationale submitted to the Department quarterly. | Permit files; IDPH files. | Met |
| 615.320(b)(11) | All abandoned wells found have been sealed and inspected; homeowners advised of requirements. | Abandoned well reports/ correspondence files. | Met |
| 615.320(b)(12) | Water well logs and sealing forms sent to Water Survey within 30 days of receipt. | Record of transmittal to Survey. | Met |
| 615.320(b)(13) | Letters sent to all unlicensed well contractors with referral to the Department. | Enforcement or contractor files. | Met |
| 615.320(c)(1)& (c)(2) | Initial orientation for new staff; 3 hours of Department-approved training for existing staff. | Training records. | Met |
| 615.340(e) | Records maintained 5 years. | Files or record retirement plan. | Met |

Local Health Protection Grant Review Potable Water Supply Program Page 1

Local Health Department Champaign County Date January 20, 2016

Person Interviewed Michael Flanagan Reviewed by Bruce Hawkins & Mark Kuechler

Title Environmental Health Specialist II

INTRODUCTION

This is a review of the water program activities conducted in 2015. The jurisdiction of the Champaign County Health Department does not include the area regulated by the Champaign-Urbana Public Health District. The Champaign County Board of Health has a contract with the District for these services and District staff conduct the program.

Standard **Rule Summary:** 615.320(b)(1) Agreement with the Department to conduct the program as an agent or by approved ordinance. **Comments:** The water program is conducted under an ordinance. 100% Standard **Rule Summary:** Current listing of names and addresses of non-community public water 615.320(b)(2) supplies/changes notification within 30 days. Comments: A current list of non-community water supplies is maintained. 100% Standard **Rule Summary:** 615.320(b)(3) Non-community supplies sampled at a frequency required by the Drinking Water Systems Code. Comments: There are 22 non-community water supplies and they are sampled as required: 100% Standard **Rule Summary:** 615.320(b)(4) Non-community supplies inspected and sampled every 2 years; completed inspection reports sent within 14 days. **Comments:** All of the supplies have been inspected in the past 2 years. 100%

FINDINGS

| Page 2 | |
|------------------------------|--|
| Standard 615.320(b)(5) | Rule Summary: Notification of non-community supply inspection results sent to owner if violations are found; reinspection to assure corrections; enforcement. |
| Comments: | The supplies were inspected to determine compliance with the code. MCL violations occurred and appropriate follow-up action was taken. |
| | |
| Standard 615.320(b)(6) | Rule Summary: All requests for inspections and samples of private and semi-private supplies evaluated; if valid, responded to within 7 days. |
| Comments: | All requests for sample kits are screened to determine if a well inspection is warranted based on the public health significance. |
| | 100% |
| Standard 615.320(b)(6)(A) | Rule Summary: Inspect and sample semi-private supplies; notify owner of findings and corrections needed. Reinspection; violations corrected or enforcement taken. |
| Comments: | No requests for inspections with a valid public health purpose were received. |
| | D.1. 0 |
| Standard 615.320(b)(6)B) | Rule Summary: Inspect and sample private supplies; notify owner of findings and recommendations. |
| Comments: | In response to requests, 10 well inspections were made. The inspections were well documented and the owners were sent letters advising them of the results of the inspection, including appropriate recommendations. |
| | |
| Standard 615.320(b)(7) | Rule Summary: Closed loop well systems and water well applications for construction, modification and sealing in compliance with code and permits issued. |
| Comments: | Sixty-five well applications were received and we reviewed 23 files. All of the applications complied with the code. |
| | 100% |
| | |

Local Health Protection Grant Review

Potable Water Supply Program Page 3

| Page 3 | |
|---------------------------|---|
| Standard 615.320(b)(8) | Rule Summary: All new water wells and closed loop well systems inspected. Water wells sampled. Comprehensive water well inspection of licensed contractors that install three or more wells. Corrective action on all violations or enforcement action initiated. Homeowners notified of inspection results, analyses, interpretations, and corrective measures recommended. Samples exceeding MCLs must have suggestions for additional sampling, other measures made in writing. |
| Comments: | |
| | Of the 23 files reviewed: 6 were for closed loop well systems 17 were for water wells 2 were for wells that have been completed and inspected, but not sampled, because plumbing necessary for sampling had not yet been installed. 1 was for an irrigation well that was inspected, but not sampled. 14 were for wells that had been inspected and sampled as required by the rule. Homeowners are advised of the results of the inspections and sampling. Of the files reviewed, 8 drillers were identified as having constructed wells in Champaign County in 2015 and all of them had a comprehensive inspection of at least one of their wells. |
| | 100% |
| Standard | Rule Summary: |
| 615.320(b)(9) | Information provided to the public and educational presentations. |
| Comments: | Pamphlets and bulletins are available for distribution to the public. Information is also available from the Champaign-Urbana Public Health District website, <u>http://www.c-uphd.org/water-wells.html</u> . |
| | 100% |
| Standard | Rule Summary: |
| 615.320(b)(10) | Variances issued in compliance with the code and copies with rationale submitted to the Department quarterly. |
| | J submitted to the Department quarterny. |
| Comments: | No variances were issued. |

Local Health Protection Grant Review Potable Water Supply Program Page 4

| Dula Summannu |
|--|
| Rule Summary: All abandoned water wells and closed loop well found have been sealed and inspected; homeowners advised of requirements. |
| Thirteen abandoned wells were sealed. The one well sealed by a homeowner was inspected while it was being sealed. Five drillers sealed abandoned wells and all of them received the appropriate inspections. |
| 100% |
| Rule Summary: Water well logs and sealing forms sent to Water Survey within 30 days of receipt. |
| Water well logs and sealing forms are sent to the Water Survey. |
| 100% |
| Rule Summary: Letters sent to all unlicensed well contractors with referral to the Department. |
| No unlicensed contractors were identified. |
| 100% |
| Rule Summary: Initial orientation for new staff; 3 hours of Department-approved training for existing staff. |
| There are no new staff. Michael Flanagan attended training at the LaSalle County Health Dept. for 3 hours. Shannon Loyd and Jeff Blackford attended training sponsored by IALEHA on October 2, 2015 for 3 hours. Jim Roberts attended training sponsored by IEHA in Peoria on October 22, 2015 for 4 hours. |
| 100% |
| QUIREMENTS |
| Rule Summary: |
| Documentation of activities maintained 5 years. Documentation of activities is maintained for at least 5 years. |
| 100% |
| |

Local Health Protection Grant Review Potable Water Supply Program

Page 5

| Standard 615.340(a) | Rule Summary: Personnel compliance with the Environmental Practitioner Registration Act. |
|------------------------|--|
| Comments: | Jim Roberts, Sarah Michaels, Jeff Blackford, Michael Flanagan and Shannon Loyd are licensed environmental health practitioners. |
| | 100% |

The following items were not in substantial compliance:

None

Recommendations from Review:

None

LOCAL HEALTH PROTECTION GRANT REVIEW PRIVATE SEWAGE DISPOSAL PROGRAM - SUMMARY

Local Health Department Champaign County Date of Review: January 20, 2016

| STANDARD | INDICATOR | DATA SOURCE | COMMENTS |
|--------------------------|--|---|----------|
| 615.330(b)(1) | Agent agrees to conduct the program or approved ordinance. | IDPH files. | Met |
| 615.330(b)(2) | Long and short range planning for private sewage disposal system use. | Planning files. | Met |
| 615.330(b)(3) | Review and approval of subdivision plats, which utilize private sewage disposal systems. | Copies of plat approvals or review logs. | Met |
| 615.330(b)(4) | Private sewage disposal systems reviewed and approved in compliance with the code or approved ordinance. | System approval/permit records. | Met |
| 615.330(b)(5) | Private sewage disposal system inspections and determination of compliance with approved plans and the code or approved ordinance; inspection reports with drawings. | Inspection records and individual reports/ drawings. | Met |
| 615.330(b)(6) | Annual reviews of septage hauling equipment, storage facilities and land disposal sites in compliance with the code and approved ordinance. | Inspection records and individual inspection reports. | Met |
| 615.330(b)(7) | All complaints investigated within 10 working days. | Complaints records. | Met |
| 615.330(b)(8) | Voluntary compliance efforts. | Correspondence files. | Met |
| 615.330(b)(9) | Enforcement action when voluntary compliance fails. | Enforcement records. | Met |
| 615.330(b)(10) | Educational materials, which are made available to the public, | Educational materials available. | Met |
| 615.330(c)(1) &(c)(2) | Initial orientation for new staff: 3 hours of Department-approved training for existing staff. | Training records. | Met |
| 615.340(e) | Records maintained 5 years. | Files or record retirement plan. | Met |

52

LOCAL HEALTH PROTECTION GRANT REVIEW Private Sewage Disposal Program

| Local Health Department | Champaign County | Date January 20, 2016 |
|-------------------------|------------------|------------------------|
| Local meanin Department | Champaign County | Price Balladi 20, 2010 |

Person Interviewed Michael Flanagan _____ Reviewed by Mark Kuechler and Bruce Hawkins_____

Title Environmental Health Specialist II

INTRODUCTION

This is a review of the sewage program activities conducted in 2015. The jurisdiction of the Champaign County Health Department does not include the area regulated by the Champaign-Urbana Public Health District. The Champaign County Board of Health has a contract with the District for these services and District staff conduct the program.

FINDINGS

| Standard | Rule Summary: |
|---------------|---|
| 615.330(b)(1) | Agent agreement to conduct the program or approved ordinance. |
| Comments: | The ordinance was signed in 1998. There have not been any changes to the ordinance. |
| | 100% |
| Standard | Rule Summary: |
| | |
| 615.330(b)(2) | Long and short range planning for private sewage disposal system use. |
| Comments: | There are short and long range plans in place. Part of the long range plan is to work with the zoning office and develop regulations that call for a reserve area to be used for a replacement seepage field. |
| | 100% |
| Standard | Rule Summary: |
| 615.330(b)(3) | Review and approval of subdivision plats, which utilize private sewage disposal systems. |
| Comments: | During 2015, there was one plat received for review. A written procedure outlining the process is followed. |
| | 100% |
| Standard | Rule Summary: |
| 615.330(b)(4) | Private sewage disposal systems reviewed and approved in compliance with the code or approved ordinance. |
| | |
| Comments: | During 2015, there were 70 applications received and we reviewed 23 of these. All of the applications were complete and contained the details needed to ensure compliance with the code. |
| | 100% |

LOCAL HEALTH PROTECTION GRANT REVIEW Private Sewage Disposal Program

| Standard 615.330(b)(5) | Rule Summary: Private sewage disposal system inspections and determination of compliance with approved plans and the code or approved ordinance; inspection reports with drawings. |
|----------------------------|---|
| Comments: | Twenty of the permits we reviewed had been installed. All were inspected during installation and the inspection report verified compliance with the code. |
| <u></u> | 100% |
| Standard 615.330(b)(6) | Rule Summary: Annual reviews of septage hauling equipment, storage facilities and land disposal sites in compliance with the code and approved ordinance. |
| Comments: | There are two septage hauling businesses and all of the equipment was inspected. The businesses dispose of the septage at the Urbana-Champaign Sanitary District treatment plant. |
| | 100% |
| Standard 615.330(b)(7) | Rule Summary: All complaints investigated within 10 working days. |
| Comments: | In 2015, seventeen complaints were received and all were investigated promptly. |
| | 100% |
| Standard 615.330(b)(8) | Rule Summary: Voluntary compliance efforts. |
| Comments: | Violation notices were sent as appropriate. |
| | 100% |
| Standard 615.330(b)(9) | Rule Summary: Enforcement action when voluntary compliance fails. |
| Comments: | One unresolved complaint was referred to the State's Attorney. |
| | 100% |
| Standard 615.330(b)(10) | Rule Summary: Education materials which are made available to the public. |
| Comments: | A variety of educational materials are available. The materials include: selection of system type, installation and system maintenance. |
| | 100% |

Local Health Protection Grant Review Private Sewage Disposal Program

Page 3

| Standard 615.330(c) | Rule Summary: Initial orientation for new staff; 3 hours of Department-approved training for existing staff. | |
|------------------------|--|--|
| Comments: | Training has been received by the staff in accordance with the rules. Most staff attended the IALEHA conference in January, 2015. Michael Flanagan attend the OWPI conference. | |
| | 100% | |
| COMMON RE | QUIREMENTS | |
| Standard 615.340(e) | Rule Summary: Documentation of activities maintained 5 years. | |
| Comments: | Records are kept for at least five years. | |
| | 100% | |
| Standard 615.340(a) | Rule Summary: Personnel compliance with the Environmental Practitioner Registration Act. | |
| Comments: | Jim Roberts, Michael Flanagan, Sarah Michaels, Shannon Loyd and Jeff Blackford are licensed environmental health practitioners. | |
| | 100% | |

The following items were not in substantial compliance:

None

Recommendations from Review:

None



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| TO: | Local Health Department Administrators Local Health Department Environmental Health Directors |
|-------|--|
| FROM: | April Caulk, Acting Food Program Section Chief Division of Food, Drugs and Dairies |
| DATE: | March 15, 2016 |
| RE: | Local Ordinances |

In anticipation of future changes to local ordinances, this memo serves to provide clarification regarding the role of the Division of Food, Drugs and Dairies (DFDD).

Unlike the Division of Environmental Health, the DFDD does not have statutory authority to review and approve ordinances. As a part of the Local Health Protection Grant (LHPG) program review process, the Department will request verification of an up-to-date ordinance. At that time or at the time of update, a local health department (LHD) may submit a revised ordinance to DFDD for LHPG LHD records. The Department will not, however, review and approve. A LHD needs to submit their local ordinance to their State's Attorney for review.

In working with a certified LHD's respective State's Attorney or City Attorney, here are a few considerations:

- Incorporate by reference the Illinois Food Service Sanitation Code [77 Ill. Adm. Code 750]. Do not
 reference the United States Food and Drug Administration (FDA) Food Code. The FDA Food Code
 will be incorporated by reference into the Illinois Food Service Sanitation Code. For
 implementation, the Illinois Food Service Sanitation Code Field Guide will combine and be a
 comprehensive document.
- 2. Violations will no longer be referred to as "critical" and "non-critical". Remember to address this language if specific in the local ordinance. The new inspection report categorizes violations as "foodborne illness risk factors and public health interventions" and "good retail practices".
- 3. The new, uniform grading system will require the LHD to determine what "pass", "pass with conditions" and "fail" means regarding enforcement, follow-up inspections, etc. For example, an inspection report may have a score of "pass", but an imminent health hazard may be present in the establishment (e.g., sewage back-up, pest infestation, etc.) that would dictate closure or other enforcement.

For non-certified LHDs, the Department acknowledges only certified local health departments under the LHPG. While the LHPG delegates authority for conduct of inspection and food protection program per the Illinois Food Service Sanitation Code, the Department encourages non-certified local health departments to do the same, which ultimately will assist with statewide consistency and standardization.

Please feel free to contact us with any questions.

Any questions from the public should directed to <u>dph.food@illinois.gov</u>

Information Memorandum

To: Champaign County Board of Health

From: Jim Roberts

Director of Environmental Health, Champaign-Urbana Public Health District

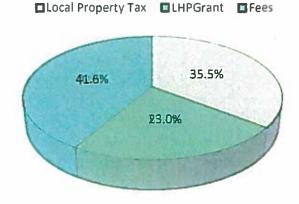
Subject: Fee Schedule for Food Protection Program

Date: July 11, 2016

- I. Review chart comparing current and proposed fee structure and fees.
 - A. Annual Operating Permit (AOP)
 - Adding
 - > Scale (sq. ft.) with fee increments to the Risk Category Classification
 - > Incentive fee with rebate to post inspection notice placard
 - B. Plan Review
 - Adding
 - > A fee for new construction of sq.ft. less than 100 sq. ft.
 - > New fees for plans submitted late, modified after review approval, and more than 2 revisions
 - > New fee for scheduled final inspection after 2 previous scheduled final inspections
 - > New fee for Special Processes review; remove Special Process AOP
 - Changing
 - > Range of sq.ft. and fees
 - C. Change of Ownership with Transitional Operating Permit (needs ordinance change)
 - D. Temporary Permits (no change)
 - E. Other Fees
 - Adding
 - > New fees for correction verification after 2 visits, late application return for nonfor-profit AOPs, Inspection Notice posting incentive, and variance
 - Changing
 - > Fees for Re-inspection and late payment of AOP

- II. Review changes in the contributions from the revenue sources using the Annual Operating Permit (AOP) proposed fees.
 - A. Current AOP fees

Food Protection Program (cost center # 7130) FY16 Budget--\$193,166 Revenue Sources (Fee Amount from November 2015)

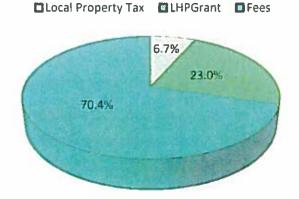


| Local Property Tax~ | \$68,494 |
|-----------------------|-----------|
| LHPGrant | \$44,372 |
| Fees* | \$80,300 |
| Total per FY16 Budget | \$193,166 |

* Collected November 2015, but budget \$ 101,438 ~ \$21,138 added to budget \$ 47,356

- B. Proposed AOP fees
 - Sq.ft. distribution is unknown, but if approved it can be achieved.
 - Adding Inspection Notice placard posting incentive amount.
 - Increase of fees with incentive amount and no rebates.

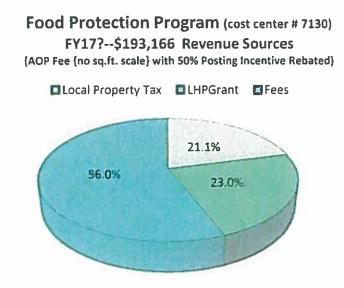
FY17?--\$193,166 Revenue Sources



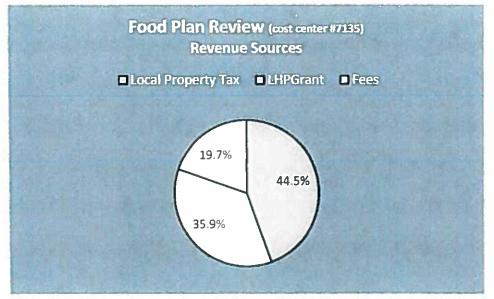
Food Protection Program (cost center # 7130)

(AOP Fee (no sq.ft. scale) without Rebating \$200 Posting Incentive

o Increase of fees with incentive amount with 50% rebated.

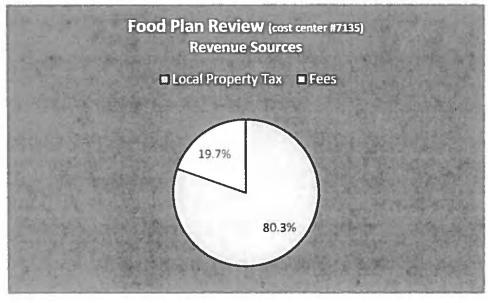


- III. Review changes in the contributions from the revenue sources for Plan Review New Construction fees.
 - Sq. ft. distribution is unknown, but it can be tracked.
 - County: April-July 11th: 9@ 1-1000 sq. ft. + 2@ 1001-2000 sq. ft.
 - Current



| Local Property Tax | \$13,965 | |
|--------------------|----------|-----------------------------|
| LHPGrant | \$11,260 | FY16 budget |
| Fees | \$6,175 | 2-year average collected |
| Total | \$31,400 | 2-year average expenditures |

Proposed for FY17?



| Local Property Tax * | \$25,225 | |
|----------------------|----------|-----------------------------|
| Fees | \$6,175 | 2-year average collected |
| Total | \$31,400 | 2-year average expenditures |

* Additional funds (\$ 11,260) redistributed from reductions in local property tax contributions in the proposed private sewage and potable water construction permits and inspections cost centers (\$19,718 + \$5,840). LHPGrant can be redistributed to other core programs, e.g. food protection program, or cost centers.

- IV. No changes in the contributions from the revenue sources for the temporary permit fees.
- V. Consider amending Ordinance No. 975 which is AN ORDINANCE ESTABLISHING FEES UNDER THE HEALTH ORDINANCE OF CHAMPAIGN COUNTY.

| Food ProgramCCPHD | | Current | Proposed |
|---|--|--|--------------------------------------|
| Annual Operating Permit (AOP) 1223 | | 2005 | |
| | Category 1 | | sq. ft. ⁵ Fee |
| | | \$400 | 1-1000 \$600 |
| | | \$400 | 1001-3000 \$630 |
| | | \$400 | >3000 \$650 |
| | Category II | | sq. ft. ³ Fee |
| | | \$300 | 1-1000 \$500 |
| | | \$300 | 1001-3000 \$530 >3000 \$550 |
| | Category III | \$300 | sq. ft. ⁵ Fee |
| | Category III | \$150 | 1-1000 \$350 |
| | | \$150 | 1001-3000 5380 |
| | | \$150 | >3000 \$400 |
| Plan Review 314 | | 1998 sq.ft. | sq. ft. ⁵¹⁶ Fee |
| | New Construction? | 50 1-100 | 1.1000 \$200 |
| | | \$200 100-1000 | 1001-2000 \$250 |
| | | 5300 1001-10,000 | 2001-3000 \$300 |
| | | \$400 10,001-50,000 | 3001-5000 \$350 |
| | | \$500 > 50,000 | >5000 \$400 |
| | Remodel ⁴ | 75% of New Construction sq.ft. fee | 75% of New Construction sq.ft. le |
| | Equipment replacement or finish repair* | No charge | No charge |
| | Construction/remodeling that begins before plans have been | | |
| | submitted and date stamped | None | 2x New Construction sq.ft. fee |
| | | | 50% of New Construction sq.ft. fee |
| | Resubmitted or modified plans after plan approval | None | per each revision |
| | | | 50% of New Construction sq ft Tee |
| | More than two plan revisions required for review and approval | None | per each revision |
| | More than two on-site scheduled final inspections | None | \$150 each inspection |
| | Plan review consultations/follow-ups (office or on-site) ¹⁰ | No charge | No charge \$100/hour in 15 minute |
| | Plan Review fee for Special Processes ¹⁹ with HACCP Plan (per | Separate plan review fee, separate AOP and | increments; incorporate process |
| | Special Process) as part of an AOP | AOP fee | into AOP |
| Change of Ownership with Transitional Operating Permit ^{3:11} | Change of Ownership Application Submission | 1998 | OLD PROT |
| | Active status ≤ 30 calendar days after effective date of | | |
| | ownership change 12 | 75% of New Construction | 50% of AOP |
| | Active status > 30 calendar days after effective date of | | |
| | ownership change " | 75% of New Construction | 2x AOP |
| Temporary Permit ³ | | 1998 | |
| | One Day | \$50 | \$50 |
| | 2-14 Days | \$75 | \$75 |
| | Late (less than 72 hours prior to day of event) application | | |
| | and/or fee submitted | \$25 | \$50 |
| Other Fees ³ | | | |
| | Correction verification ¹¹ after 2 visits (Follow-up Enforcement) | None | \$75 each visit |
| | Cottage Food Operation annual registration | None, does not apply | None; does not apply |
| | Inspection Notice posting incentive ¹⁴ | None–Voluntary (2014) | \$200 reduct an |
| | Insufficient lundsReturned check | \$25 | \$35 |
| | Late payment of AOP | \$25 | \$250 |
| | Late return of AOP application for non-for-profit | None | \$10 |
| | Late return of Major Violation Correction Form | None | \$10/CUPHD business day |
| | Re-inspection (Follow-up Enforcement) Reinstatement (after closure) | \$25/hour \$50 | \$200 |
| | Replacement of AOP (paper copy) | \$5 | \$5 |
| ······································ | Replacement of Food Code (paper copy) | | \$0.02 per printed page |
| | Variance | None | \$200 |
| | e serve e Rela | Tables | 3600 |
| No Charge Activities | | 1 | |
| No Charge Activities | | | No charan |
| Complaint Investigation | | | No charge |
| Complaint Investigation Consultations | | | No charge |
| Complaint Investigation Consultations Correction Verification ¹³ ≤ 2 visits | | | No charge No charge |
| Complaint Investigation Consultations Correction Verification ¹³ ≤ 2 visits Disaster Response | hapter 11 of Health Ordinance of Champa en County, No. 3691 | | No charge No charge No charge |
| Complaint Investigation Consultations Correction Verification ¹³ ≤ 2 visits Disaster Response | hapter 11 of Health Ordinance of Champaign County. No. 3691 | | No charge No charge |

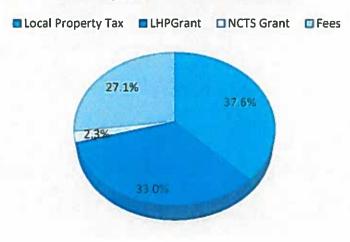
- ¹ AOP is valid for 1 year from December 1st-November 30th.
- ² AOP fee prorated at 50% if AOP issued between June 1st and November 30th.
- ³ All fees are not refundable except where allowed in Section 12.3 in Health Ordinance # 969.
- ⁴ Does not include AOP and fee is valid for one (1) year from date received.
- Sq. ft. = area under health permit, including but limited to kitchen, bar, wait/service stations, food/single service item storage, employee/public toilet rooms, mechanical merchandise area, & garbage storage.
- If mobile unit, then combine mobile + commissary area.
- Includes facilities not previously permitted as a food establishment; previously permitted, but now an Inactive facility; or if a new additional permit is added to a currently permitted facility.
- Includes changes to an Active status food establishment to the physical space, finish surfaces, equipment addition, or equipment installation as a result in a change of menu, change in food preparation or service procedures, or change in equipment "footprint". It does not include redecorating, cosmetic refurbishing, or altering seating design.
- ³ Equipment, finish surface, or infrastructure minor repair, service or maintenance; "like-for-like" equipment exchanges; and additions of minor equipment that require no installation or modification of existing fixtures (such as countertop "plug-in" equipment), equipment or finishes.
- ¹⁰ Limited to approval or disapproval and discussing solution options, but no layout design.
- " AOP is not transferable to a new owner; Transitional Operating Permit allows business to continue to operate pending issuance of new AOP to new owner.
- ¹² Day 1 is the sale date on the bill of sale.
- ¹⁰ Of a procedure, equipment check, or items on the Major Violation Correction Form.
- ¹⁴ Verified posted Inspection Notice per guidelines from inspection to inspection (all routine and re-inspections) in the calendar year; AOP fee reduction (non-cumulative) from next year's non-incentive base AOP fee.
- ¹⁵ As identified in the current FDA Food Model Code.

Information Memorandum

| To: | Champaign County Board of Health |
|----------|---|
| From: | Jim Roberts |
| | Director of Environmental Health, Champaign-Urbana Public Health District |
| Subject: | Fee Schedule for Potable Water Supply Program |
| Date: | June 2, 2016 |

- I. Review chart comparing current and proposed fee structure and fees.
- II. Review changes in the contributions from the revenue sources using the proposed fees.

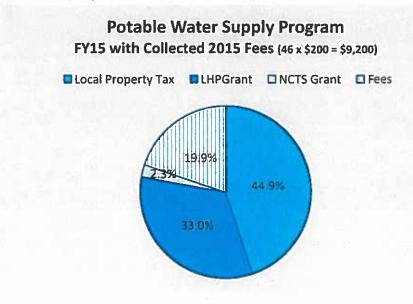
A. FY15 Budget



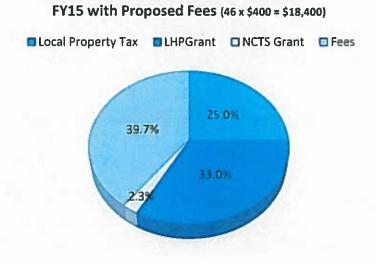
| Local Property Tax | \$17,426 |
|--------------------|----------|
| LHPGrant | \$15,270 |
| NCTS Grant | \$1,050 |
| Fees | \$12,560 |
| Total | \$46,306 |

Potable Water Supply Program FY15 Budget--\$46,306 Revenue Sources

B. FY15 with Collected Fees (46 permits x \$200 = \$ 9,200)



C. FY15 with Proposed Fees



Potable Water Supply Program

| Local Property Tax | \$11,586 |
|--------------------|----------|
| LHPGrant | \$15,270 |
| NCTS Grant | \$1,050 |
| Fees | \$18,400 |
| Total | \$46,306 |

III. Consider amending Ordinance No. 975 which is AN ORDINANCE ESTABLISHING FEES UNDER THE HEALTH ORDINANCE OF CHAMPAIGN COUNTY.

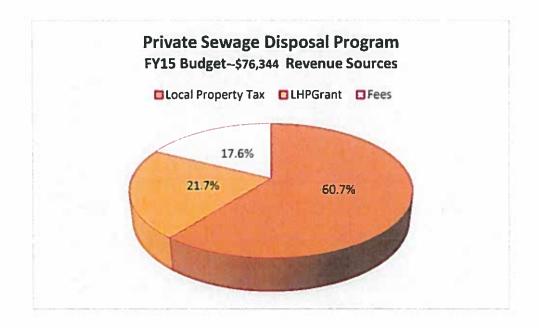
| Potable Water Supply Program | CCPHD Current | Proposed |
|--|----------------|-----------------------------|
| Water well construction | | |
| Construction permit (IL Statue) | \$100 | \$100 |
| Inspection (Maximum 2 on-site visits) | \$100 | \$300 |
| Water well sampling | | |
| Valid public health significance {ILLness, Infant, New, Investigation} | No charge | No charge |
| Other requests: \$49 for sampling and testing (coliform only) | \$49 | \$49 |
| Closed loop well construction | | |
| Construction permit (IL Code) | | |
| 1-10 bore holes (per bore hole after 10) | \$100 (+ \$10) | \$100 (+ \$10) |
| InspectionResidential | \$150 | \$150 |
| InspectionNon-residential | \$300 | \$300 |
| Non-community; transient water supplies (NCTS) | | |
| Biennial field inspection | No charge | No charge |
| Monitoring required water testing | No charge | No charge |
| Other | | |
| Additional required inspection | None | \$150 |
| Complaint investigations | No charge | No charge |
| Consultation or education (office or on-site) | No charge | No charge |
| Construction or installation without approved permit | None | 2x permit & inspection fees |
| Sealing permit for abandoned water wells and closed loop wells | No charge | No charge |
| Variances | No charge | \$200 |

Information Memorandum

| To: | Champaign County Board of Health |
|----------|---|
| From: | Jim Roberts |
| | Director of Environmental Health, Champaign-Urbana Public Health District |
| Subject: | Fee Schedule for Private Sewage Disposal System |
| Date: | June 2, 2016 |

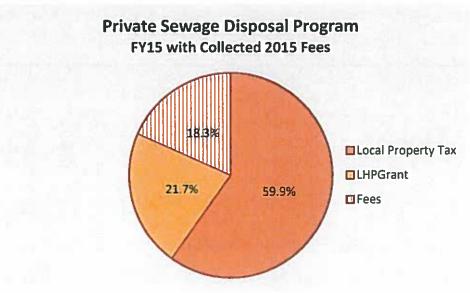
- I. Review chart comparing current and proposed fee structure and fees.
- II. Review changes in the contributions from the revenue sources using the proposed fees.

A. FY15 Budget

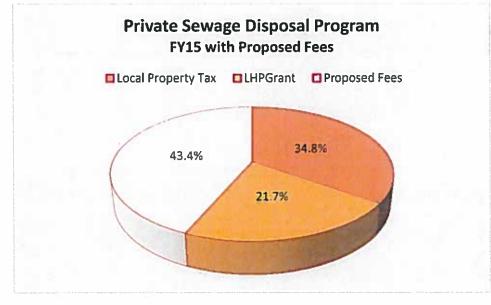


| Local Property Tax | \$46,320 |
|--------------------|----------|
| LHPGrant | \$16,592 |
| Fees | \$13,432 |
| Total | \$76,344 |

B. FY15 with Collected Fees (70 permits x \$200 = \$14,000)



C. FY15 with Proposed Fees



| Local Property Tax | \$26,602 |
|--------------------|----------|
| LHPGrant | \$16,592 |
| Proposed Fees | \$33,150 |
| Total | \$76,344 |

111. Consider amending Ordinance No. 975 which is AN ORDINANCE ESTABLISHING FEES UNDER THE HEALTH ORDINANCE OF CHAMPAIGN COUNTY.

| Private Sewage Disposal Program | CCPHD Current | Proposed | |
|--|---------------|---|--|
| Activities | | | |
| Complaint investigations | No charge | No charge | |
| Consultation and education (office or on-site) | No charge | No charge | |
| Pumping Contractor Activities | | | |
| Complaint investigation | No charge | No charge | |
| Hauling equipment inspection | No charge | No charge | |
| Land application site inspection | No charge | No charge | |
| Storage facility inspection | No charge | No charge | |
| Construction Activities | | н | |
| Construction permit with inspections (maximum 2 on-site visits) | | | |
| Residential | \$200 | \$450 | |
| Non-residential 1-500 gallons/day (GPD) | \$200 | \$600 | |
| Non-residential 501-1500 GPD | \$200 | \$750 | |
| Non-residential 1501+ GPD | \$200 | \$900 | |
| Additional required inspection | No charge | \$150 | |
| | | 2 x construction permit with inspection | |
| Construction or operation without applicable permit | None | or repair fee | |
| Repair/replacement of a single component (construction permit with 1 inspection) | \$200 | \$300 | |
| Variance | \$200 | \$200 | |
| Subdivision Plat Review | | | |
| 1-10 lots | \$200 | \$200 | |
| Each lot over 10 | \$15/lot | \$15/lot | |

AN ORDINANCE ESTABLISHING FEES UNDER THE HEALTH ORDINANCE OF CHAMPAIGN COUNTY

WHEREAS, the Champaign County Public Health Department was created by referendum passed on November 4, 1996;

WHEREAS, the Champaign County Board adopted Resolution Number 3812, *Resolution Establishing a County Health Department* on April 15, 1997 and the Champaign County Board correspondingly appointed a Board of Health;

WHEREAS, the Champaign County Board adopted Ordinance No. 969, *Health Ordinance of Champaign County, Illinois*, on November 10, 2015;

WHEREAS, the Champaign County Board, through the *Health Ordinance of Champaign County*, *Illinois*, sub-paragraphs 12.1.2 and 12.2.1.3, authorized and directed the Board of Health to establish a fee for any service provided or action required to administer and enforce that Ordinance, and to annually review the fee schedule to determine its sufficiency and its efficacy in promoting the purposes of that Ordinance;

WHEREAS, the Champaign County Board adopted Ordinance No. 975, An Ordinance Establishing Fees Under the Health Ordinance of Champaign County, Illinois, on December 17, 2015; and

WHEREAS, the Board of Health has determined that the fee schedule requires changes and additions in order to meet the goals of the *Health Ordinance of Champaign County, Illinois*

NOW, THEREFORE, BE IT ORDAINED by the Board of Health of the Champaign County Public Health Department that the following is and shall be the <u>amended</u> fee schedule for the *Health Ordinance of Champaign County, Illinois*:

FEE SCHEDULE FOR HEALTH ORDINANCE OF CHAMPAIGN COUNTY, ILLINOIS

A: <u>PLAN REVIEW FEES (FOOD SERVICE ESTABLISHMENTS)</u> - Plan review fees are based on square footage of food service areas (ex: kitchen, food storage, bars, wait stations, soda stations, etc.) Also include toilet rooms and outside storage sheds.

a. NEW CONSTRUCTION OR CONVERSION OF EXISTING STRUCTURES:

ii. Over 1,000 to 10,000 square feet --- \$300

iii. Over-10,000 to 50,000 square feet \$400

iv. Over 50,000 square feet and up ----- \$500

b. EXTENSIVE REMODEL OR CHANGE OF OWNER: 75% or greater of (a)

- i.--100-to-1,000 square feet \$150
- iii. Over 10,000 to 50,000 square feet -- \$300
- iv. Over 50,000 square feet and up \$375
- c. MINOR REMODEL: less than 75% of (a)
 - i. 100 to 1,000 square feet \$100
 - ii. Over 1,000-to-10,000 square feet \$150
 - iii. Over 10,000-to 50,000-square-feet \$200
 - iv. Over 50,000 square feet and up \$250
- <u>ANNUAL OPERATING PERMIT FEES (FOOD SERVICES)</u> Annual permit-fee should not be submitted until your facility is ready to open. Please <u>do not</u> submit it with your plan review information.
 <u>a. Category 1 \$400 (December 1 May 31) \$200 (June 1 November 30)</u>

Ordinance No.

b. Category 2 S300 (December 1 May-31) S150 (June 1 - November 30)

e. Category 3 S150 (December 1 May 31) S75 (June 1 November 30)

C. SPECIAL FEES (FOOD SERVICES)

a. Temporary Events (one day) \$50

b. Temporary Events (two to fourteen consecutive days) \$75

c. Reinspection Fee \$25 per hour

d. Permit-Reinstatement Fee - \$50

e. Health Permit (replacement copy) 55

f. Food Code Book (replacement copy) - S8

g. Late Fee \$25

D. SEWAGE PROGRAM FEES

a. Private Sewage System Construction Permit 5200

b. Variance S200

c. - Sewage Code Book - S8

d. Plat Review 1 10 lots \$200

Each-lot-over 10 \$15

E. WATER PROGRAM FEES

a. Private Water Well Construction

i Permit \$100

ii. Inspection Fee S100

b. Closed Loop Well System (new or modification)

i. Construction Permit

1. \$100 for the first 10 boreholes

2. S10 for each additional borehole

ii. Inspection

| - | Residential | |
|----------------|-----------------------|--------|
| and the second | Pre di de di di di di | φr.σ.υ |

2. Non residential \$300

c. Water Well Testing for Non-valid Public Health Reasons (coliform only) S49

F. MISCELLANEOUS FEES

a: Insufficient Funds Fee \$25

b. Freedom of Information Act Copying Fees

| 1 1 | Black & white | lattar or | 1000 P12 | 0 150 | pages- | Free |
|------|----------------|------------|------------|-------|---|------|
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51" page+ S0.15 per page

6 2 6 4

ii. Color, letter or legal size Actual cost of copies

iii Other media Actual cost of media

| Private Sewage Disposal Program | |
|--|---|
| Activities | |
| Complaint investigations | No charge |
| Consultation and education (office or on-site) | No charge |
| Pumping Contractor Activities | |
| Complaint investigation | No charge |
| Hauling equipment inspection | No charge |
| Land application site inspection | No charge |
| Storage facility inspection | No charge |
| Construction Activities | |
| Construction permit with inspections (maximum 2 on-site visits) | |
| Residential | \$450 |
| Non-residential 1-500 gallons/day (GPD) | \$600 |
| Non-residential 501-1500 GPD | \$750 |
| Non-residential 1501+ GPD | \$900 |
| Additional required inspection | \$150 |
| | 2 x construction permit with inspection |
| Construction or operation without applicable permit | or repair fee |
| Repair/replacement of a single component (construction permit with 1 inspection) | \$300 |
| Variance | \$200 |
| Subdivision Plat Review | |
| 1-10 lots | \$200 |
| Each lot over 10 | \$15/lot |

| Potable Water Supply Program | |
|--|-----------------------------|
| Water well construction | |
| Construction permit (IL Statue) | \$100 |
| Inspection (Maximum 2 on-site visits) | \$300 |
| Water well sampling | |
| Valid public health significance {ILLness, Infant, New, Investigation} | No charge |
| Other requests: \$49 for sampling and testing (coliform only) | \$49 |
| Closed loop well construction | |
| Construction permit (IL Code) | |
| 1-10 bore holes (per bore hole after 10) | \$100 (+ \$10) |
| InspectionResidential | \$150 |
| InspectionNon-residential | \$300 |
| Non-community; transient water supplies (NCTS) | |
| Biennial field inspection | No charge |
| Monitoring required water testing | No charge |
| Other | |
| Additional required inspection | \$150 |
| Complaint investigations | No charge |
| Consultation or education (office or on-site) | No charge |
| Construction or installation without approved permit | 2x permit & inspection fees |
| Sealing permit for abandoned water wells and closed loop wells | No charge |
| Variances | \$200 |

| Food Protection Program | 1 | | | | | |
|--|--|---|--|--|--|--|
| Annual Operating Permit (AOP) 1'2'3 | | | | | | |
| | Category I | sq. ft. ^s Fee | | | | |
| <u> </u> | | 1-1000 \$600 | | | | |
| | | 1001-3000 \$630 | | | | |
| | | >3000 \$650 | | | | |
| | Category II | sq. ft. ^s Fee | | | | |
| | | 1-1000 \$500 | | | | |
| | | 1001-3000 \$530 | | | | |
| | | >3000 \$550 | | | | |
| | Category III | sq. ft. ^s Fee | | | | |
| | | 1-1000 \$350 | | | | |
| | | 1001-3000 \$380 | | | | |
| | | >3000 \$400 | | | | |
| Plan Review ³⁻⁴ | | sq. ft. ⁵¹⁶ Fee | | | | |
| | New Construction ⁷ | 1 1000 \$200 | | | | |
| | | 1001-2000 \$250 | | | | |
| | | 2001-3000 \$300 | | | | |
| | | 3001-5000 \$350 | | | | |
| | | >5000 \$400 | | | | |
| | Remodel* | 75% of New Construction sq ft. f | | | | |
| | Equipment replacement or finish repair ⁹ | No charge | | | | |
| | Construction/remodeling that begins before plans have been | | | | | |
| | submitted and date stamped | 2x New Construction sq.ft. fee | | | | |
| | | 50% of New Construction sq.ft.f | | | | |
| | Resubmitted or modified plans after plan approval | per each revision | | | | |
| | 8. | 50% of New Construction sq ft. f | | | | |
| | More than two plan revisions required for review and approval | per each revision | | | | |
| | More than two on-site scheduled final inspections | \$150 each inspection | | | | |
| | Plan review consultations/follow-ups (office or on-site) ¹⁰ | No charge | | | | |
| | | \$100/hour in 15 minute | | | | |
| | Plan Review fee for Special Processes ¹⁹ with HACCP Plan (per | increments; incorporate proces | | | | |
| | Special Process) as part of an AOP | into AOP | | | | |
| Change of Ownership with | | | | | | |
| Transitional Operating Permit ^{3/11} | Change of Ownership Application Submission | | | | | |
| | Active status < 30 calendar days after effective date of | | | | | |
| | ownership change ¹² | 50% of AOP | | | | |
| | Active status > 30 calendar days after effective date of | 50% OT ROP | | | | |
| | ownership change ¹² | 2. 100 | | | | |
| | | 2x AOP | | | | |
| Temporary Permit ³ | | i de la constancia de la constancia de la constancia de la constancia de la constancia de la constancia de la c | | | | |
| | | 4 | | | | |
| | One Day | \$50 | | | | |
| | 2-14 Days | \$50 \$75 | | | | |
| | 2-14 Days Late (less than 72 hours prior to day of event) application | \$75 | | | | |
| | 2-14 Days | | | | | |
| Other Fees ³ | 2-14 Days Late (less than 72 hours prior to day of event) application and/or fee submitted | \$75 | | | | |
| Other Fees ³ | 2-14 Days Late (less than 72 hours prior to day of event) application and/or fee submitted Correction verification ¹⁹ after 2 visits (Follow-up Enforcement) | \$75 | | | | |
| Other Fees ³ | 2-14 Days Late (less than 72 hours prior to day of event) application and/or fee submitted | \$75 \$50 | | | | |
| Other Fees ³ | 2-14 Days Late (less than 72 hours prior to day of event) application and/or fee submitted Correction verification ¹⁹ after 2 visits (Follow-up Enforcement) | \$75 \$50 \$75 each visit | | | | |
| Other Fees ³ | 2-14 Days Late (less than 72 hours prior to day of event) application and/or fee submitted Correction verification ¹³ after 2 visits (Follow-up Enforcement) Inspection Notice posting incentive ¹⁴ | \$75 \$50 \$75 each visit \$200 reduction | | | | |
| Other Fees ³ | 2-14 Days Late (less than 72 hours prior to day of event) application and/or fee submitted Correction verification ¹³ after 2 visits (Follow-up Enforcement) Inspection Notice posting incentive ¹⁴ Insufficient fundsReturned check | \$75 \$50 \$75 each visit \$200 reduction \$35 | | | | |
| Other Fees ³ | 2-14 Days Late (less than 72 hours prior to day of event) application and/or fee submitted Correction verification ¹³ after 2 visits (Follow-up Enforcement) Inspection Notice posting incentive ¹⁴ Insufficient fundsReturned check Late payment of AOP | \$75 \$50 \$75 each visit \$200 reduction \$35 \$250 \$10 | | | | |
| Other Fees ³ | 2-14 Days Late (less than 72 hours prior to day of event) application and/or fee submitted Correction verification ¹³ after 2 visits (Follow-up Enforcement) Inspection Notice posting incentive ¹⁴ Insufficient fundsReturned check Late payment of AOP Late return of AOP application for non-for-profit | \$75 \$50 \$75 each visit \$200 reduction \$35 \$250 | | | | |
| Other Fees ³ | 2-14 Days Late (less than 72 hours prior to day of event) application and/or fee submitted Correction verification ¹³ after 2 visits (Follow-up Enforcement) Inspection Notice posting incentive ⁴⁴ Insufficient fundsReturned check Late payment of AOP Late return of AOP application for non-for-profit Late return of Major Violation Correction Form Re-inspection (Follow-up Enforcement) | \$75 \$50 \$75 each visit \$200 reduction \$35 \$250 \$10 \$10/CUPHD business day \$200 | | | | |
| Other Fees ³ | 2-14 Days Late (less than 72 hours prior to day of event) application and/or fee submitted Correction verification ¹³ after 2 visits (Follow-up Enforcement) Inspection Notice posting incentive ⁴⁴ Insufficient fundsReturned check Late return of AOP Late return of AOP application for non-for-profit Late return of Major Violation Correction Form Re-inspection (Follow-up Enforcement) Reinstatement (after closure) | \$75 \$50 \$75 each visit \$200 reduction \$35 \$250 \$10 \$10/CUPHD business day \$200 \$50 | | | | |
| Other Fees ³ | 2-14 Days Late (less than 72 hours prior to day of event) application and/or fee submitted Correction verification ¹³ after 2 visits (Follow-up Enforcement) Inspection Notice posting incentive ¹⁴ Insufficient fundsReturned check Late return of AOP Late return of AOP application for non-for-profit Late return of Major Violation Correction Form Re-inspection (Follow-up Enforcement) Reinstatement (after closure) Replacement of AOP (paper copy) | \$75 \$50 \$75 each visit \$200 reduction \$35 \$250 \$10 \$10/CUPHD business day \$200 \$50 \$50 \$5 | | | | |
| Other Fees ³ | 2-14 Days Late (less than 72 hours prior to day of event) application and/or fee submitted Correction verification ¹³ after 2 visits (Follow-up Enforcement) Inspection Notice posting incentive ¹⁴ Insufficient fundsReturned check Late return of AOP Late return of AOP application for non-for-profit Late return of Major Violation Correction Form Re-inspection (Follow-up Enforcement) Reinstatement (after closure) Replacement of AOP (paper copy) Replacement of Food Code (paper copy) | \$75 \$50 \$75 each visit \$200 reduction \$35 \$250 \$10/CUPHD business day \$200 \$10/CUPHD business day \$200 \$50 \$5 \$0.02 per printed page | | | | |
| · · · · · · · · · · · · · · · · · · · | 2-14 Days Late (less than 72 hours prior to day of event) application and/or fee submitted Correction verification ¹³ after 2 visits (Follow-up Enforcement) Inspection Notice posting incentive ¹⁴ Insufficient fundsReturned check Late return of AOP Late return of AOP application for non-for-profit Late return of Major Violation Correction Form Re-inspection (Follow-up Enforcement) Reinstatement (after closure) Replacement of AOP (paper copy) | \$75 \$50 \$75 each visit \$200 reduction \$35 \$250 \$10 \$10/CUPHD business day \$200 \$50 \$50 \$5 | | | | |
| No Charge Activities | 2-14 Days Late (less than 72 hours prior to day of event) application and/or fee submitted Correction verification ¹³ after 2 visits (Follow-up Enforcement) Inspection Notice posting incentive ¹⁴ Insufficient fundsReturned check Late return of AOP Late return of AOP application for non-for-profit Late return of Major Violation Correction Form Re-inspection (Follow-up Enforcement) Reinstatement (after closure) Replacement of AOP (paper copy) Replacement of Food Code (paper copy) | \$75 \$50 \$75 each visit \$200 reduction \$35 \$250 \$10 \$10/CUPHD business day \$200 \$50 \$50 \$5 \$0.02 per printed page \$200 | | | | |
| No Charge Activities Complaint Investigation | 2-14 Days Late (less than 72 hours prior to day of event) application and/or fee submitted Correction verification ¹³ after 2 visits (Follow-up Enforcement) Inspection Notice posting incentive ¹⁴ Insufficient fundsReturned check Late return of AOP Late return of AOP application for non-for-profit Late return of Major Violation Correction Form Re-inspection (Follow-up Enforcement) Reinstatement (after closure) Replacement of AOP (paper copy) Replacement of Food Code (paper copy) | \$75 \$50 \$75 each visit \$200 reduction \$35 \$250 \$10/CUPHD business day \$200 \$50 \$55 \$0.02 per printed page \$200 \$50 \$5 \$0.02 per printed page \$200 | | | | |
| No Charge Activities Complaint Investigation Consultations | 2-14 Days Late (less than 72 hours prior to day of event) application and/or fee submitted Correction verification ¹³ after 2 visits (Follow-up Enforcement) Inspection Notice posting incentive ¹⁴ Insufficient fundsReturned check Late return of AOP Late return of AOP application for non-for-profit Late return of Major Violation Correction Form Re-inspection (Follow-up Enforcement) Reinstatement (after closure) Replacement of AOP (paper copy) Replacement of Food Code (paper copy) | \$75 \$50 \$75 each visit \$200 reduction \$35 \$250 \$10 \$10/CUPHD business day \$200 \$50 \$55 \$0.02 per printed page \$200 No charge No charge | | | | |
| No Charge Activities Complaint Investigation Consultations Correction Verification ¹³ ≤ 2 visits | 2-14 Days Late (less than 72 hours prior to day of event) application and/or fee submitted Correction verification ¹³ after 2 visits (Follow-up Enforcement) Inspection Notice posting incentive ¹⁴ Insufficient fundsReturned check Late payment of AOP Late return of AOP application for non-for-profit Late return of Major Violation Correction Form Re-inspection (Follow-up Enforcement) Reinstatement (after closure) Replacement of AOP (paper copy) Replacement of Food Code (paper copy) | \$75 \$50 \$75 each visit \$200 reduction \$35 \$250 \$10 \$10/CUPHD business day \$200 \$50 \$55 \$0.02 per printed page \$200 No charge No charge No charge | | | | |
| No Charge Activities Complaint Investigation Consultations Correction Verification ¹⁸ ≤ 2 visits Disaster Response | 2-14 Days Late (less than 72 hours prior to day of event) application and/or fee submitted Correction verification ¹³ after 2 visits (Follow-up Enforcement) Inspection Notice posting incentive ¹⁴ Insufficient fundsReturned check Late return of AOP application for non-for-profit Late return of Major Violation Correction Form Re-inspection (Follow-up Enforcement) Replacement (after closure) Replacement of Food Code (paper copy) Variance | \$75 \$50 \$75 each visit \$200 reduction \$35 \$250 \$10 \$10/CUPHD business day \$200 \$50 \$55 \$0.02 per printed page \$200 No charge No charge No charge No charge | | | | |
| No Charge Activities Complaint Investigation Consultations Correction Verification ¹⁸ ≤ 2 visits Disaster Response Enforcement Actions (except penalty as in C | 2-14 Days Late (less than 72 hours prior to day of event) application and/or fee submitted Correction verification ¹³ after 2 visits (Follow-up Enforcement) Inspection Notice posting incentive ¹⁴ Insufficient fundsReturned check Late payment of AOP Late return of AOP application for non-for-profit Late return of Major Violation Correction Form Re-inspection (Follow-up Enforcement) Reinstatement (after closure) Replacement of AOP (paper copy) Replacement of Food Code (paper copy) | \$75 \$50 \$75 each visit \$200 reduction \$35 \$250 \$10 \$10/CUPHD business day \$200 \$50 \$55 \$0.02 per printed page \$200 No charge No charge No charge No charge No charge No charge | | | | |
| Complaint Investigation Consultations Correction Verification ¹³ ≤ 2 visits Disaster Response | 2-14 Days Late (less than 72 hours prior to day of event) application and/or fee submitted Correction verification ¹³ after 2 visits (Follow-up Enforcement) Inspection Notice posting incentive ¹⁴ Insufficient fundsReturned check Late return of AOP application for non-for-profit Late return of Major Violation Correction Form Re-inspection (Follow-up Enforcement) Replacement (after closure) Replacement of Food Code (paper copy) Variance | \$75 \$50 \$75 each visit \$200 reduction \$35 \$250 \$10 \$10/CUPHD business day \$200 \$50 \$55 \$0.02 per printed page \$200 No charge No charge No charge No charge | | | | |

Food Program Footnotes

¹ AOP is valid for 1 year from December 1st-November 30th.

² AOP fee prorated at 50% if AOP issued between June 1st and November 30th.

³ All fees are not refundable except where allowed in Section 12.3 in Health Ordinance # 969.

⁴ Does not include AOP and fee is valid for one (1) year from date received.

⁵ Sq. ft. = area under health permit, including but limited to kitchen, bar, wait/service stations, food/single service item storage, employee/public toilet rooms, mechanical merchandise area, & garbage storage.
 ⁶ If mobile unit, then combine mobile + commissary area.

⁷ Includes facilities not previously permitted as a food establishment; previously permitted, but now an Inactive facility; or if a new additional permit is added to a currently permitted facility.

⁸ Includes changes to an Active status food establishment to the physical space, finish surfaces, equipment addition, or equipment installation as a result in a change of menu, change in food preparation or service procedures, or change in equipment "footprint". It does not include redecorating, cosmetic refurbishing, or altering seating design.

⁹ Equipment, finish surface, or infrastructure minor repair, service or maintenance; "like-for-like" equipment exchanges; and additions of minor equipment that require no installation or modification of existing fixtures (such as countertop "plug-in" equipment), equipment or finishes.

¹⁰ Limited to approval or disapproval and discussing solution options, but no layout design.

¹¹ AOP is not transferable to a new owner; Transitional Operating Permit allows business to continue to operate pending issuance of new AOP to new owner.

¹² Day 1 is the sale date on the bill of sale.

¹³ Of a procedure, equipment check, or items on the Major Violation Correction Form.

¹⁴ Verified posted Inspection Notice per guidelines from inspection to inspection (all routine and re-inspections) in the calendar year; AOP fee reduction (non-cumulative) from next year's non-incentive base AOP fee.
¹⁵ As identified in the current EDA Feed Model Code.

¹⁵ As identified in the current FDA Food Model Code.

This FEE SCHEDULE shall be effective immediately upon its ratification.

The Champaign County Health Department shall cause this Fee Schedule to be published in whatever form the *Health Ordinance of Champaign County, Illinois*, is or will be published, including but not limited to posting the Fee Schedule at the offices of the Champaign County Health Department, in a place or places readily apparent to the public, and on the website of the Champaign County Health Department.

PRESENTED, PASSED, APPROVED and RECORDED this _____ day of _____, A.D. 2016.

Chair Champaign County Board of Health

SmileHealthy, a Program of Promise Healthcare Child Dental Access Program Champaign County Board of Health Fiscal Year 2017 Program Narrative and Budget

In Fiscal Year 2017, SmileHealthy will provide comprehensive dental care for income eligible county children in a number of different ways to maximize the number of children we can reach:

- mobile dental exam, hygiene and sealant clinics
- mobile restorative care clinics
- dental home through our dental center
- education programs from individual and family counseling to day care providers to full school assemblies.
- comprehensive specialty care for children

In Fiscal Year 2017 with the Board of Health Grant we expect to serve over 1000 low income county children unique to this grant. Plus we will reach at least 2000 additional county residents through our education and outreach efforts.

SmileHealthy is proposing a program for the coming year that can accomplish significant care and prevention within the Champaign County Board of Health's Budget. We are requesting \$45,000.

Programs and services listed below may be possible only through the support of Board of Health funding, providing services to county children that might otherwise go without.

<u>Child Dental Access Program – Dental Center Staff & Volunteer Dentists</u> SmileHealthy will offer clinic days each month to income eligible children with our staff and volunteer providers throughout the county and at our dental center to create a dental home for those who might otherwise go without. 500 dental visits

Sealant Dental Clinic Program – Staff and Volunteer Providers

This program provides comprehensive preventive services to children of <u>all grades</u> through high school at school during the school day. The program in addition to providing an important public health service to the children served, assists schools with state requirements to have a dental exam on all kindergarteners, second graders and sixth graders. 250 children seen

The Sealant program is regulated by the Illinois Department of Public Health Division of Oral Health and the Illinois Department of Healthcare and Family Services.

Champaign County Board of Health sites in the next school year will include Back to School Day/Church Women United/Bethany Park – Rantoul Heritage Elementary School District - Homer Ludlow Elementary School Mahomet Schools Prairieview-Ogden Elementary North - Royal Prairieview-Ogden Elementary South – Ogden St. Joseph-Ogden Grade and Middle Schools – St. Joseph Thomasboro Grade School – Thomasboro Unity East – Philo Unity West – Tolono Unity Junior and Senior High Schools – Tolono

Dental Health Education

Educational programs include offering and coordinating full school assemblies on oral health care, speaking in classrooms, organizing an educational outreach program to day care providers and small groups like girl scouts, individual and family counseling, media events, community fairs and festivals and the ADA's Give Kids a Smile with the Illini Dental Society & C-UPHD.

We provide a new toothbrush to everyone seen in all of our programs including most educational events. Usually we provide a kit that includes a toothbrush, toothpaste and floss. These kits are very popular and may be the only dental supplies some children receive. We have repeatedly heard of children in homes with no toothbrushes or only one old one to share. This is an important part of our public health mission to improve oral health care.

In 2017 we are on track to have over 7,500 contacts through our education program. We can project to provide dental health education to over 2000 county children in 2017 as part of the Champaign County Board of Health funding.

SmileHealthy Child Dental Access Program Champaign County Board of Health Fiscal Year 2017 Budget Proposal

| | Fiscal Year |
|--|-------------|
| | 2017 |
| Personnel (Office Staff & Dental Team) | 30,000 |
| Fringe (FY16 @ .18 of wages) | 5,400 |
| Personnel Subtotal | 35,400 |
| Travel/Mileage | 1,200 |
| Telephone | 800 |
| Dental Supplies (treatments & education) | 6,550 |
| Printing/Copies | 800 |
| Postage | 250 |
| Operations Sub-total | 7,608 |
| Total | 45,000 |

SmileHealthy will serve additional patients outside the Board of Health Grant though our Head Start Dental Clinic and Sealant and Mobile Restorative Dental Clinics at sites like Presence Covenant Medical Center, Prairie Center and area food pantries.

Thank you to the Board of Health and County Board for your continued support and commitment to the oral health for low-income children in Champaign County. Should you have any questions or need additional information, don't hesitate to contact me at the office (217) 403-5401, mobile 390-5365 or ngreenwalt@smilehealthy.org.



Champaign-Urbana Public Health District

County Board of Health – Budget Narrative for Calendar Year 2017

August 16, 2016

Champaign County Board of Health

Basic overview of Budget submitted August 2, 2016 for the period of January 2017 – December 2017. This budget includes an overlap of two grant periods and two fiscal years of Champaign-Urbana Public Health District.

Budget Highlights

- Overall budget change is an increase of 4.4% from the budget proposal submitted for 1/1/2016 to 12/31/2016.
- Property tax is the 2015 Extended Tax Levy increased by 1% per budget instructions. The property tax levy is then allocated between all County programs budgeted by CUPHD.
- Grant Revenue is budgeted as flat funding.
- 2017 County Contract revenue estimates for Communicable Diseases and Tuberculosis decreased 15.5% and increased 15.0% respectively due to the trend in these areas in calendar year 2016 requiring more/less oversight and intervention by Public Health.
 Food Permits increased 0.7%, Water and Sewage revenue estimates also show an increase of 27.1% and decrease of 16.8% respectively due an anticipated increase in closed loop wells permits, and realignment of staff.
- In 2014 the West Nile Vector Grant decreased by 47%. In order to allow the program to continue, we no longer charged grant for the Director's time to manage the grant, and significantly decreased the amount of time we charged program coordinator's time. 2017 budget shows an increase of 88,5% by including the program coordinator's wages and fringe benefits in the grant column even though the majority of the expenses are not billed to the grant due to lack of funding. This amount is offset by the surplus of the tax levy.
- Administration also has an increase of 14.7% due to adding personnel expense for the Environmental Health Director for .0883 FTE not previously accounted for due to previous reductions in grant revenue. These additional hours are spent in oversight of the West Nile Grant, grant applications and various meetings discussing various topics such as proposed permit fees, and other items as needed. Again, this expense is offset by the property tax levy. The remaining difference is for the agency's anticipated increase in wages and fringe benefit costs.



Champaign-Urbana Public Health District

 Indirect Costs remain as 9% of the total expenses. The agency's actual indirect cost rate as submitted to the Illinois Department of Human Services in 2011 was 12.3%, and this cost has increased substantially since that point in time due to various regulatory requirements. However it is important to note that not all indirect costs of CUPHD are attributable to the County contract and therefore are not requested for reimbursement. An example of a substantial indirect cost that is not passed on to the county is the Electronic Medical Records System as only those services requiring medical services incur this cost.

Specific questions, concerns or issues regarding the specific areas will be addressed by the applicable directors overseeing the budget.

Amanda Knight Director of Finance

| Appendix B CUPHD FY2016 Budget Proposal 1/1/17 to 12/31/17 | 7 | | 1 | 1 | | 1 | | | | 1 | | | | |
|--|--------------|---------------|----------------|-----------|---|---------------|--------------|---------------------|--------------|------------|-----------|-----------------------|-----------|--------------|
| to the Champaign County Board of Health | | | | | | | | | | | | | | |
| | Non - DHS | | | | | | | | | | | | | |
| | | | | | | | | | | | | | Fee for | |
| | | | | | | | | | | | | and the second second | Service | Fee for |
| | Total | Grant | Grant | Grant | Total | LHPG | LHPG | LHPG | LHPG | LHPG | LHPG | LHPG | Grant | Service |
| | | Tobacco Free | | West Nile | | | | | | | | | Summer | |
| | | & Reality | Emergency | Vector | | | Communicable | | | | | | Food | |
| | | lilinois | Preparedness - | Control - | | Admin | Diseases | Disease | | | | | Program - | Water We |
| | Overall CCHD | - 1420 & 1451 | 1215 | 7330 | All Grants | - 7911 & 9110 | - 2306 | Intervention | Tuberculosis | Food | Water | Sewage | - | Testing - 74 |
| Revenue | | | | | | | | | | | | | | |
| Property Taxes | 500,696.79 | 5,902.78 | 7,719.03 | 17,133.21 | 30,755.02 | 169,239,95 | 44,437.38 | 49,862.00 | 52,045.00 | 83,491 23 | 33,591.15 | 37,275.06 | | |
| ood Permits | 100,000.00 | | | | | | | | | 100,000.00 | , | | | |
| emporary Food Permits | 2,975.00 | | | | - | | | | | 2,975.00 | | | | |
| Private Sewage Permits | 13,432.00 | | | - | - | | | | + | - | | 13,432.00 | | - |
| Well Testing Fees | 2,250.00 | | | | | | | | | _ | | 20,102.00 | | 2,250. |
| Well Water Permits | 12,560.00 | | | | | | | | | - | 12,560.00 | | | 2,200. |
| Plan Review Fees | 1,225.00 | | - | | | - | | ··· · · · · · · · · | ++ | | 12,500.00 | | | |
| DPH Emergency Preperation Grant | 66,303.00 | | 66,303.00 | | 66,303.00 | | | | | 1,225.00 | | | | |
| DPH Emergency Preperation Grant DPH - Local Health Protection Grant - Yellow Fields Only | | - | 00,503.00 | | 00,503.00 | | 44 500 00 | 46.076.07 | 0.453.00 | - | 10.070.00 | 10 000 | | |
| · · · | 125,403.00 | | 1 | | and the second se | | 11,580.00 | 16,876.00 | 9,453.00 | 55,632.00 | 15,270.00 | 16,592.00 | | |
| DPH | 200.00 | | | | | | | | | - | | | 200.00 | |
| DPH WNV Vector Control Grant | 16,596.00 | | | 16,596.00 | 16,596.00 | | | | | - | | | | |
| DPH Tobacco Free Grant | 31,824.00 | 31,824.00 | - | | 31,824.00 | | | | | - | | | | |
| DHFS (Medicaid/Medicare/Insurance) Fee Revenue | 3,220.00 | <u>.</u> | - | | | | | 3,100.00 | 120.00 | - | | | | |
| Other Income | 5,550.00 | | | | | - | | 3,000.00 | 1,500.00 | - | 1,050.00 | | | |
| nterest Income | | | | | | | | | | | | | | |
| TOTAL REVENUE | 882,234.79 | 37,726.78 | 74,022.03 | 33,729.21 | 145,478.02 | 169,239.95 | 56,017.38 | 72,838.00 | 63,118.00 | 243,323.23 | 62,471.15 | 67,299.06 | 200.00 | 2,250. |
| Expenses | | | | | | | | 1 | | | | | | |
| Personnel FORMULA | 484,771.00 | 22,153.00 | 36,786.00 | 20,273.00 | 79,212.00 | 93,397.00 | 31,756.00 | 41,088.00 | 33,097.00 | 134,786.00 | 36,702.00 | 34,733.00 | - | - |
| ife Insurance | 241.00 | 11.00 | 18.00 | 10.00 | 39.00 | 47.00 | 16.00 | 21.00 | 16.00 | 67.00 | 18.00 | 17.00 | | |
| FICA & Medicare | 35,386.00 | 1,617.00 | 2,685.00 | 1,480.00 | 5,782.00 | 6,818.00 | 2,318.00 | 2,999.00 | 2,416.00 | 9,839.00 | 2,679.00 | 2,535.00 | | - |
| MRF | 43,752.00 | 2,040.00 | 3,388.00 | 1,157.00 | 6,585.00 | 8,602.00 | 2,925.00 | 3,784.00 | 3,048.00 | 12,230.00 | 3,380.00 | 3,198.00 | | |
| Unemployment Insurance | 6,498.00 | 297.00 | 493.00 | 272.00 | 1,062.00 | 1,252.00 | 426.00 | 551.00 | 443.00 | 1,806.00 | 492.00 | 465 00 | | |
| Employers Share Group Health Insurance | 91,458 00 | 4,431.00 | 7,357.00 | 2,512.00 | 14,300.00 | 18,679.00 | 6,351.00 | 8,218.00 | 6,619.00 | 25,820.00 | 4,525.00 | 6,946 00 | | |
| Workers Compensation Ins | 17,416.00 | 399.00 | 368.00 | 1,014.00 | 1,781.00 | 467.00 | 1,588.00 | 1,644.00 | 1.655.00 | 6,709.00 | 1,835.00 | 1,737.00 | ~ | |
| Total Personnel | 679,522.00 | 30,948.00 | 51,095.00 | 26,718.00 | 108,761.00 | 129,262.00 | 45,380.00 | 58,305.00 | 47,294.00 | 191,257.00 | 49,631.00 | 49,632.00 | - | |
| Stationary and Printing | | | 51,055.00 | | 100,701.00 | 123,202.00 | 45,555.55 | 50,505.00 | 47,254.00 | 151,257.00 | 43,031.00 | | | |
| Photocopying | 893.00 | 110.00 | 5.00 | 7.00 | 122.00 | 20.00 | 30.00 | 195.00 | 10.00 | 360.00 | 4.00 | 140.00 | 5.00 | 7. |
| Office Supplies | 1,951.00 | 200.00 | 5.00 | 30.00 | 230.00 | 825.00 | 60.00 | 80.00 | 31.00 | 650.00 | 30.00 | 25.00 | 5.00 | 20. |
| Operations Supplies | 3,830.00 | 200.00 | 1,830.00 | 1,100.00 | 2,930.00 | 525.00 | 00.00 | 80.00 | 51.00 | 200.00 | | | | |
| 1 11 | | 200.00 | 50.00 | | | - | 40.00 | 110.00 | 10.00 | | - | 700.00 | | |
| Postage Medical Scientifics | 2,127.00 | 200.00 | | 12.00 | 262.00 | 60.00 | 40.00 | 110.00 | 10.00 | 875.00 | 700.00 | 150.00 | 10.00 | 10. |
| Medical Supplies | 1,700.00 | | 300.00 | - | 300.00 | | | 600.00 | 800.00 | - | | | • | |
| Books, Periodicals | | | | | - | - | | | | - | - | | | - |
| Other Supplies | 615.00 | | 275.00 | | 275.00 | 40.00 | | + | 1 | 250.00 | | 50.00 | | |
| Fotal Supplies | 11,116.00 | 510.00 | 2,460.00 | 1,149.00 | 4,119.00 | 945.00 | 130.00 | 985.00 | 851.00 | 2,335.00 | 734.00 | 1,065.00 | 15.00 | 37. |
| Advertising | 1,300.00 | 1,000.00 | | 300.00 | 1,300.00 | | | | | - | | • | | |
| Professional Meetings | 2,020.00 | | 460.00 | 60.00 | 520.00 | | | | | 500.00 | 100.00 | 900.00 | | |
| Felecommunications | 2,720.00 | | 1,160.00 | | 1,160.00 | 1,300.00 | | 140.00 | - | 120.00 | | • | | |
| Other Travel | 730.00 | | 550.00 | | 550.00 | | | | | 110.00 | | 70.00 | | |
| Other Contractual Services | 7,486.00 | 100.00 | 6,766.00 | | 6,866.00 | | | 600.00 | - | 20.00 | | • | | |
| Business Meals Expense | 1,500.00 | 70.00 | 300.00 | | 370.00 | 130.00 | | | | 325.00 | 200.00 | 475.00 | | 0 |
| odging | 1,300.00 | | 200.00 | | 200.00 | | | | | 500.00 | 100.00 | 500.00 | | |
| fravel | 22,323.00 | 1,100.00 | 1,245.00 | 500.00 | 2,845.00 | 449.00 | 130.00 | 340.00 | 3,024.00 | 9,260.00 | 2,000.00 | 4,200.00 | 1 | 75 |
| DPH Certificate Fees | | | | | | P | | | | • | • | - | † | |
| Patient Care and Client Assistance | | 1 | | | | | 1 | 1 | | • | • | - | | |
| Software License and Maintenance | 6,675.00 | | 2,475.00 | | 2,475.00 | | [| | 1 | 4,200.00 | • | - | | - |
| Dues and Licenses | 2,200.00 | | 2,473.00 | <u> </u> | 200.00 | 400.00 | - | | - | 1,400.00 | 200.00 | - | + | |
| Conferences and Training | 775.00 | | 200.00 | | 200.00 | 275.00 | - | | - | 500.00 | 200.00 | - | | |
| Contingent Expenses | //3.00 | | | | | 273.00 | | } | | | | | | |
| Miscellaneous Expenses | - | 130.00 | | | 170.07 | | | | | • | - | - | | |
| MUSCENGIEOUS EXIGENSES | 120.00 | 120.00 | | - | 120.00 | | | - | | • | - | - | <u> </u> | |
| Employee License Reimbursement | 600.00 | | | | | 600.00 | | | 1 | | | | | |

| CUPHD FY2016 Budget Proposal 1/1/17 to 12/31/17 to the Champaign County Board of Health | | | | | | | | | | | | | | |
|---|--------------|---|-------------------------------------|--|------------|---|------------------------------------|-------------------------|--------------|------------|-----------|-----------|-------------------------------------|------------------------------|
| o the enamplify county board of freatty | Non - DHS | | | | | | | | | | | | | |
| | Total | Grant | Grant | Grant | Total | LHPG | LHPG | LHPG | LHPG | LHPG | LHPG | LHPG | Fee for Service Grant | Fee for Service |
| | Overall CCHD | Tobacco Free & Reality Illinois - 1420 & 1451 | Emergency Preparedness - 1215 | West Nile Vector Control - 7330 | All Grants | Admin - 7911 & 9110 | Communicable Diseases - 2306 | Disease Intervention | Tuberculosis | Food | Water | Sewage | Summer Food Program - 7111 | Water Well Testing - 7411 |
| ehicle Purchase | | | | | | | | | | - | | | | |
| Aedical Equipment | 1.000 | | | | | | | | | - | | | | |
| quipment under \$500 | 375.00 | | | | | - | | | | 300.00 | | 75.00 | | |
| apital Outlay | A COLORADO | | | | | | | | | | | | | |
| urnishings and Office Equipment | | | | | - | | | | | | | | | |
| otal Equipment | 375.00 | | | - | - | - | - | | | 300.00 | - | 75 00 | - | |
| ndirect Costs (Occupancy, Information Technology, etc.) | 66,678.00 | 3,046.00 | 6,022.00 | 2,585.00 | 11,653.00 | 12,002.00 | 4,108.00 | 5,433.00 | 4,606.00 | 18,975.00 | 4,767.00 | 5,123.00 | 1.00 | 10.00 |
| otal Indirect Costs | 66,678.00 | 3,046.00 | 6,022.00 | 2,585.00 | 11,653.00 | 12,002.00 | 4,108.00 | 5,433.00 | 4,606.00 | 18,975.00 | 4,767.00 | 5,123.00 | 1.00 | 10 00 |
| OTAL EXPENSES | 807,440.00 | 36,894.00 | 72,933.00 | 31,312.00 | 141,139.00 | 145,363.00 | 49,748.00 | 65,803.00 | 55,775.00 | 229,802.00 | 57,732.00 | 62,040.00 | 16.00 | 122.00 |
| MANUALLY ENTER FY17 Contract_12 months | 799,819.00 | 36,894.00 | 72,933.00 | 31,312.00 | 141,139.00 | 145,363.00 | 49,748.00 | 59,703.00 | 54,155.00 | 229,802.00 | 57,731.00 | 62,040.00 | 16.00 | 122.00 |
| MANUALLY ENTER FY16 Contract -12 months | 765.852.00 | 34,688.00 | 72,269.00 | 16,608.00 | 123.565.00 | 126,783.00 | 47,664.00 | 70.630.00 | 47.087.00 | 228,217.00 | 45,414.00 | 74,535.00 | | 1,957.00 |
| 6 CHANGE | 4.4% | the second second second second second second second second second second second second second second second se | 0.9% | 88.5% | 14.2% | and the second se | 4.4% | | | 0.7% | 27.1% | -16.8% | 0.0% | |

| Champaign County Board of Health | % Increase | 1.04 | | 1 | | | | | | | | | | 1 | | 1 | | | | |
|--|-------------|----------|------------------------|--------|--------------|----------|------------------------|-------|------------|--------|-----------|----------|-------------------|--------|---------------|--------|-----------------------|--------|----------------------|--------|
| Compensation Template | | | | 1 | | | | | | | | | | | | | | | | |
| Y2017 Budget Proposal Submitted by CUPHD | | | | | | | | | | | | | | | | | | | | 1 |
| | | | 41 | | | | C | | | | | | | | | | | | | |
| Name and Title | Hourly Rate | Hours | Annual Compensation | Total | Total | ССНД | Grant - 1420 & 1451 | | Grant - 12 | 215 | Grant - 7 | 7330 | Total | | | | LHPG | | LHPG | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | Tobacco Free | | | | | | | | | | | | | |
| | _ | | | | | | & Reality | | Emergency | | | | | | Admin | | | | | |
| | | | | FTE | Overall CCHD | FTE | tilinois F | TE | Ргер | FTE | WNV | FTE | Grant Programs FT | E | - 9110 & 7911 | FTE | Communicable Diseases | FTE | Disease Intervention | FTE |
| Basara, Kamil - IT Network Administrator | 31.57 | 2,088.00 | 67,236 52 | 0.1000 | \$6,724 | 0.1000 | \$0 | | \$0 | | \$0 | C | 50 | 0.0000 | \$6,724 | 0 1000 | \$0 | | \$0 | 0.0000 |
| Blackford, Jeff - Program Coordinator (vector) | 34.13 | 1,827.00 | 63,602.62 | 0.2202 | 2 \$14,005 | 0.2202 | \$0 | | \$0 | | \$12,466 | 0.1960 | \$12,466 | 0.1960 | 50 | | \$0 | | \$0 | 0.0000 |
| Brunkow, Stephen - IT Design and Support | 28.88 | 2,088.00 | 61,507.47 | 0.1301 | \$8,004 | 0.1301 | \$0 | | \$0 | | \$0 | | \$0 | 0.0000 | \$6,151 | 0 1000 | \$0 | | \$1,853 | 0.0301 |
| Crause, Candi - Director of Infectious Desease | 42.22 | 2,088.00 | 89,918 47 | 0.0453 | \$4,055 | 0.0451 | \$0 | | \$1,349 | 0.0150 | \$0 | • | \$1,349 | 0.0150 | \$0 | | \$0 | | \$2,707 | 0.0301 |
| Cruz, Amber - Public Health Nurse II | 27.82 | 2,088.00 | 59,249.92 | 0.3000 | \$17,775 | 0.3000 | \$0 | | \$0 | | \$0 | | \$0 | 0.0000 | \$0 | | \$0 | | \$17,775 | 0.3000 |
| Flanagan, Michael - Program Coordinator (water & sewage) | 31.68 | 1,827.00 | 59,036.95 | 0.8900 | \$52,543 | 0.8900 | \$0 | | \$0 | | \$0 | | 50 | 0.0000 | \$0 | | \$0 | | \$0 | 0.0000 |
| Griffit, Debra - Public Health Nurse II | 28.54 | 2,088.00 | 60,783.35 | 0.0401 | \$2,439 | 0.0401 | \$0 | | \$0 | | \$0 | | 50 | 0.0000 | \$0 | | 50 | | \$0 | 0.0000 |
| Hall, Jennifer - Public Health Nurse II | 28.59 | 2,088.00 | 60,889.84 | 0.4251 | \$25,884 | 0.4251 | \$0 | | \$0 | * | \$0 | • | \$0 | 0.0000 | \$0 | | \$0 | | \$0 | 0.0000 |
| Hamilton, Tammy - Administrative Assistant II | 25.55 | 1,827.00 | 47,613 45 | 0.3090 | \$14,713 | 0.3090 | \$0 | | \$0 | | \$95 | 0 0020 | \$95 | 0.0020 | \$0 | | \$0 | | \$0 | 0.0000 |
| Gregor, Whitney - Program Coordinator | 26.09 | 2,088.00 | 55,565.44 | 0.0600 | \$3,334 | 0.0600 | \$3,334 | 0.060 | 10 SO | | \$0 | | \$3,334 | 0.0600 | \$0 | | \$0 | | \$0 | 0.0000 |
| Jackson, Jennifer - Health Educator II | 24.32 | 1,827.00 | 45,321.29 | 0.1000 | \$4,532 | 0.1000 | \$4,532 | 0.100 | 50 50 | | \$0 | | \$4,532 | 0.1000 | SO | | \$0 | | \$0 | |
| Kilian, Shannon - Administrative Assistant II | 18.92 | 1,827.00 | 35,258.18 | 0.0603 | | | \$0 | | 50 | | \$0 | | \$0 | 0.0000 | \$0 | | \$0 | | \$2,126 | 0.0603 |
| Knight, Amanda - Director of Finance | 42.78 | 2,088.00 | 91,111.13 | 0.1000 | | | \$0 | | 50 | | \$0 | | 50 | 0.0000 | \$9,111 | | | | \$0 | |
| Li, Jane - Emergency Preparedness Planner | 25.35 | 1,827.00 | 47,240.74 | 0.4286 | | | \$0 | | \$20,246 | 0 4286 | | | \$20,246 | 0.4286 | \$0 | | \$0 | | \$0 | |
| Loyd, Shannon - Environmental Health Specialist | 22.8 | 1,827.00 | 42,488.71 | 0.448 | | | 50 | | \$0 | | \$0 | | 50 | 0.0000 | \$0 | | \$0 | | \$0 | |
| McCauley, Tara - Special Projects Coordinator | 19.6 | 2,088.00 | 41,743.30 | | | | \$6,875 | 0.164 | | | \$0 | | \$6,875 | 0.1647 | \$0 | | \$0 | | \$0 | |
| McClintock, Louise - Intake Specialist | 15.44 | 1,957.50 | 30,828.28 | | \$6,807 | | 50 | | 50 | | \$0 | | \$0 | 0.0000 | \$0 | | \$0 | | \$3,095 | |
| Michaels, Sarah - Program Coordinator (food) | 35.29 | 1,827.00 | 65,764.33 | | | | 50 | | \$0 | | \$0 | | \$0 | 0.0000 | \$0 | | 50 | | \$0 | 0.1004 |
| Mosquito Abatement Biker - Vacant (5) | 12 | 3,500.00 | 42,840.00 | | | | 50 | | \$0 | | \$7,711 | | | 0.1800 | 50 | | 50 | | \$0 | |
| Mucha, Raymond - Environmental Health Specialist | 24.29 | 1,827.00 | 45,265.39 | | | | 50 | | \$0 | | | | \$0 | 0.0000 | \$0 | | 50 | | \$0 | |
| Murphy, Penny - Program Coordinator (plan review) | 27.12 | 1,827.00 | 50,539.20 | | | | 50 | | 50 | | \$0 | | 50 | 0.0000 | | | | | | • |
| Nelson, Niksha - Public Health Nurse II | 24 92 | 2,088.00 | | | | | 50 | | | | \$0 | | | | 50 | | 50 | 0.0000 | | |
| | | | 53,073.62 | 0.0800 | | | | | \$0 | | \$0 | | \$0 | 0.0000 | \$0 | | \$3,184 | 0.0600 | \$0 | |
| Oakley, Talia - Health Educator I | 22.77 | 1,827.00 | 42,432.81 | 0.174 | | | \$7,412 | 0.174 | | | \$0 | | \$7,412 | 0.1747 | \$0 | | \$0 | - | \$0 | |
| Perry, Jamie - Nursing Supervisor | 39.43 | 2,088.00 | 83,976.44 | | | | \$0 | | \$1,837 | 0.0219 | | | \$1,837 | 0.0219 | \$18,496 | | | | \$0 | |
| Pryde, Julie - Public Health Administrator | 67.69 | 2,088.00 | 144,163.45 | | | | \$0 | | \$2,144 | | | | \$2,144 | 0.0149 | \$15,029 | | | | \$0 | |
| Roberts, Amy - HR Generalist/Public Information Officer | 25.68 | 2,088.00 | 54,692.24 | | 56,652 | | \$0 | | \$0 | | \$0 | | \$0 | 0.0000 | \$6,652 | | | | \$0 | - |
| Roberts, Jim - Director of Environmental Health | 44.29 | 2,088.00 | 94,327.07 | 0.3920 | | | \$0 | | \$0 | | \$0 | | \$0 | 0.0000 | \$8,329 | | | | \$0 | |
| Robinson, Patricia - Director of Human Resources | 43.55 | 2,088.00 | 92,751.05 | | | | \$0 | | \$0 | | \$0 | | \$0 | 0.0000 | \$9,113 | 0.0983 | | | \$0 | |
| Rolon, Ian - Environmental Health Specialist I | 22.36 | 1,827.00 | | | | | \$0 | | \$0 | | \$0 | | \$0 | 0.0000 | \$0 | | \$0 | | \$0 | |
| Sigler, Jacob Environmental Health Specialist | 20.84 | 1,827.00 | | | | | | | \$0 | | \$0 | | \$0 | 0.0000 | \$0 | | \$0 | | \$0 | |
| Schroeder, Jennifer - Environmental Health Specialist I | 22.8 | 1,827.00 | 42,488 71 | 0.261 | 8 \$11,124 | 0.2618 | \$0 | | \$0 | | \$0 | | \$0 | 0.0000 | 50 | | \$0 | | \$0 | |
| Stewart, Jill - Account Technician I | 21.74 | 2,088.00 | 46,300.98 | 0.2008 | 8 \$9,299 | 6 0.2008 | \$0 | | \$0 | | \$0 | | \$0 | 0.0000 | \$9,295 | 0.2008 | \$0 | | \$0 | 0.0000 |
| Thomas, Esther - Account Technician II | 23.73 | 2,088.00 | 50,539.20 | 0.089 | 0 \$4,498 | 0.0890 | \$0 | | \$0 | | \$0 | | \$0 | 0.0000 | \$4,498 | 0.0890 | \$0 | | \$0 | |
| Thompson, Rachella - CD Investigator | 28.08 | 1,957.50 | 56,065.93 | 0.431 | 7 \$24,206 | 6 0.4317 | \$0 | | \$0 | | \$0 | | \$0 | 0.0000 | \$0 | | \$24,206 | 0.4317 | \$0 | |
| Vaid, Awais - Epidemiologist | 40.8 | 2,088.00 | 86,894.21 | 0.179 | 3 \$15,576 | 6 0.1793 | \$D | | \$11,209 | 0 1290 | \$0 | | \$11,209 | 0.1290 | \$0 | | \$4,366 | 0.0503 | \$0 | 0.0000 |
| Walker, Janice - Prevention Specialist | 21.18 | 2,088.00 | 45,108.32 | 0.200 | 8 \$9,055 | 5 0.2008 | \$0 | | \$0 | | \$0 | | 50 | 0.0000 | \$0 | | \$0 | | \$9,055 | 0.2008 |
| Ypya, Samantha - Administrative Assistant I | 14.64 | 1,827-00 | 27,282.23 | 0.209 | 8 \$5,724 | 0.2098 | \$0 | | \$0 | 1 | \$0 | | 50 | 0.0000 | \$0 | | \$0 | | \$0 | |
| | | 1 | 2,164,405.75 | 8.52 | 1 \$480,292 | 8.5214 | \$22,153 | 0.499 | 536,786 | 0.6093 | \$20,273 | 0.3780 | \$79,211 | 1.4867 | \$93,397 | 1 2224 | \$31,756 | 0.5420 | \$36,611 | 0.7217 |

| hampaign County Board of Health compensation Template | | | | | | | | | - | | | | | | | |
|--|----------------------|--------|--------------|-------|--------------|---|----------|-----------|---------|---------|--------|--------------------------|------------|--------|-----------------------------|----|
| Y2017 Budget Proposal Submitted by CUPHD | | | | | | | | | | | | | | | | |
| 12017 Budget Hoposel Submitted by COLIND | _ | | | | 1. 1 | | | | | 1 | | | | | | |
| | | | | | | | | | | | | | | | | |
| lame and Title | LHPG | _ | LHPG | 1 | LHPG | | LHPG | - | LHPG | _ | | LHPG | LHPG | | Fee for Service | |
| | | | | | | | | | | | | | | | | |
| | Disease Intervention | | STD Clinic - | | | | | | | | | Potable Water | | | | |
| | | FTE | | FTE | Tuberculosis | FTE | Food | FTE | Water | FT | TE I | (Private Wells - 7420 | Sewage | FTE | Water Well Testing - 7411 F | TE |
| asara, Kamil - IT Network Administrator | \$0 | _ | \$0 | - | 50 | 6 | | 0 | | 50 | | SO | \$0 | | \$0 | |
| lackford, Jeff - Program Coordinator (vector) | \$0 | | \$0 | | \$0 | | \$1,5 | 9 0.024 | 12 | \$0 | | 50 | \$0 | 5 | \$0 | |
| runkow, Stephen - IT Design and Support | \$1,853 | 0.0301 | \$0 | | \$0 | | | 0 | | \$0 | | \$0 | \$0 | | \$0 | |
| rause, Candi - Director of Infectious Desease | \$2,707 | 0.0301 | \$0 | | \$0 | | | 0 | | \$0 | | \$0 | \$0 | | \$0 | |
| ruz, Amber - Public Health Nurse II | \$17,775 | 0.3000 | \$0 | | \$0 | | | 0 | | \$0 | | \$0 | \$0 | | \$0 | |
| lanagan, Michael - Program Coordinator (water & sewage) | \$0 | | \$0 | | \$0 | | | 0 | s | 30,109 | 0.5100 | \$13,578 | \$22,434 | | \$0 | |
| iriffit, Debra - Public Health Nurse II | \$0 | 0.0000 | \$0 | | \$2,439 | 0.0401 | | 0 | | \$0 | | \$0 | \$0 | | \$0 | |
| Iall, Jennifer - Public Health Nurse II | \$0 | 0.0000 | | | \$25,884 | 0.4251 | | 0 | | \$0 | | \$0 | \$0 | | \$0 | |
| amilton, Tammy - Administrative Assistant II | 50 | | \$0 | - | \$0 | | \$11,7 | | 70 | \$1,428 | 0.0300 | | 51,428 | 0.0300 | \$0 | |
| regor, Whitney - Program Coordinator | \$0 | | 50 | - | \$0 | | | 0 | | \$0 | | \$0 | \$0 | | \$0 | |
| ickson, Jennifer - Health Educator II | 50 | | \$0 | 1 | \$0 | | | 0 | | \$0 | | \$0 | \$0 | | \$0 | |
| ilian, Shannon - Administrative Assistant II | \$2,126 | 0.0603 | | -11 | 50 | | ···· · · | 0 | | \$0 | | \$0 | \$0 | | \$0 | |
| night, Amanda - Director of Finance | 50 | | \$0 | | 50 | | | 0 | | \$0 | | \$0 | \$0 | | \$0 | |
| , Jane - Emergency Preparedness Planner | 50 | | \$0 | 6 | 50 | | | 0 | | \$0 | | \$0 | \$0 | | \$0 | |
| oyd, Shannon - Environmental Health Specialist | 50 | | \$0 | - | \$0 | | \$8,9 | - | | \$2,124 | 0.0500 | | \$7,967 | 0.1875 | \$0 | |
| AcCauley, Tara - Special Projects Coordinator | 50 | | 50 | 4 | 50 | | | 0 | | \$0 | 0.0300 | \$0 | \$0 | | <u>\$0</u> \$0 | |
| AcClintock, Louise - Intake Specialist | \$3.095 | 0.1004 | | - | \$3,712 | | | 0 | | \$0 | | \$0 | \$0 | | \$0 | |
| Aichaels, Sarah - Program Coordinator (food) | 50 | 0.2004 | \$0 | - | \$0 | 0.120 | \$19,6 | _ | | \$0 | | \$0 | 50 | | \$0 | |
| Aosquito Abatement Biker - Vacant (5) | 50 | | \$0 | | \$0 | | | 0 | | \$0 | | 50 | \$0 | | \$0 | |
| Aucha, Raymond - Environmental Health Specialist I | 50 | | 50 | - | 50 | | \$12,7 | _ | | \$0 | | 50 | \$0 | | \$0 | |
| Aurphy, Penny - Program Coordinator (plan review) | 50 | | \$0 | - | 50 | | \$17,8 | _ | | \$0 | | \$0 | 50 | | \$0 | |
| lelson, Niksha - Public Health Nurse II | \$0 | 0.0000 | - | - | \$1,051 | 0.0200 | | io 0.15. | | \$0 | | \$0 | \$0 | | \$0 | |
| Jakley, Talia - Health Educator I | \$0 | 0.0000 | 50 | | 51,001 | | - | io | | \$0 | | 50 | 50 | | \$0 | |
| Perry, Jamie - Nursing Supervisor | \$0 | | \$0 | - | 50 | | | 0 | <u></u> | \$0 | | 50 | | | | |
| Pryde, Julie - Public Health Administrator | \$0 | | 50 | | 50 | | | 0 | | \$0 | | 50 | \$0 \$0 | | \$0 \$0 | |
| loberts, Amy - HR Generalist/Public Information Officer | \$0 | | | - | | | | | | | | 50 | | · · | | |
| | \$0 | | \$0 | - | \$0 | | | 0 | | \$0 | 0.0310 | | \$0 | | \$0 | |
| oberts, Jim - Director of Environmental Health | \$0 | | 50 | - | \$0 | | \$23,9 | - | | \$2,358 | 0.0250 | | \$2,358 | | \$0 | |
| lobinson, Patricia - Director of Human Resources | | | | | | | | <u>i0</u> | | \$0 | | \$0 | \$0 | | \$0 | |
| olon, Ian - Environmental Health Specialist I | \$0 | | \$0 | | \$0 | | \$11,8 | | | 50 | | \$0 | \$0 | | \$0 | |
| igler, Jacob Environmental Health Specialist I | \$0 | | \$0 | | \$0 | | \$10,9 | 30 | | \$0 | | \$0 | \$0 | | <u>\$0</u> | |
| chroeder, Jennifer - Environmental Health Specialist i | \$0 | | \$0 | | 50 | | \$11,1 | _ | | \$0 | | \$0 | \$0 | | \$0 | |
| tewart, Jill - Account Technician I | \$0 | | \$0 | | \$0 | | | 0 | | \$0 | | \$0 | \$0 | | \$0 | |
| homas, Esther - Account Technician II | \$0 | | \$0 | - | \$0 | | | <u>io</u> | | 50 | | \$0 | \$0 | | \$0 | |
| hompson, Rachella - CD Investigator | \$0 | | \$0 | - | \$0 | | | <u>io</u> | | \$0 | | \$0 | \$0 | | \$0 | |
| aid, Awais - Epidemiologist | \$0 | | SC | | \$0 | | | 0 | | \$0 | | \$0 | | | \$0 | |
| Valker, Janice - Prevention Specialist | \$13,532 | 0.3000 | - | | \$0 | | | 50 | | \$0 | | \$0 | | | \$0 | |
| 'pya, Samantha - Administrative Assistant | \$0 | 12 | \$0 | | \$0 | and the second se | \$4,4 | _ | 1 | \$682 | 0.0250 | | | 1 | \$0 | |
| | \$41,088 | 0.8205 | \$0 | 0.000 | 0 \$33,096 | 0.6056 | \$134,7 | 6 2.66 | 05 \$ | 36,702 | 0 6400 | \$17,911 | \$34,733 | 0.6425 | \$0 | D. |

BOARD OF HEALTH Fund 089-049

The Champaign County Board of Health is established by 55 ILCS 5/5-20 and consists of nine members, appointed by the County Board Chair to three-year, staggered terms. The Board is responsible for disease control and the physical and environmental health of County residents. This Board is supported through the Health Fund property tax levy; federal, state and local grants; and fees. The maximum rate for the Health Fund levy is \$0.10/\$100 assessed valuation. The current rate is \$0.0304/\$100 assessed valuation.

MISSION STATEMENT

The mission of the Champaign County Public Health Department is to promote health, prevent disease, and lessen the impact of illness through the effective use of community resources.

BUDGET HIGHLIGHTS

The Board of Health budget is dependent upon property taxes, permits, and federal and state grants for specific public health services. The property tax increases by approximately 1.79% from FY2016 to FY2017, partially due to an increase in the percentage of the equalized assessed value (EAV) attributed to the County Board of Health – outside of the Champaign-Urbana Public Health District (CUPHD). These revenues afford the Board of Health the capability to enter into a contract with the CUPHD to provide public health services throughout the County. The Board of Health has annually awarded a grant in the amount of \$45,000 to the Smile Healthy child dental access program. The \$45,000 is included in this initial budget in the child dental access program line item, but at the time of this writing – the Board of Health has not made a decision as to the allocation of that grant for FY2017.

The current proposed FY2016 budget is presented as revenue positive in the amount of \$26,819.

FINANCIAL

FUND BALANCE

| FY2015 Actual | FY2016 Projected | FY2017 Budgeted |
|---------------|------------------|-----------------|
| \$228,178 | \$249,010 | \$275,829 |

The fund balance goal of 25% (\$213,110 in FY2017) has been established by the County Board of Health to ensure appropriate balances to address cash flow requirements. The actual beginning fund balance for FY2017 is projected at 32.4%.

EXPENSE PER CAPITA (IN ACTUAL DOLLARS)

| FY2013 | FY2014 | FY2015 | FY2016 | FY2017 |
|--------|---------|--------|--------|---------|
| \$9.75 | \$10.01 | 10.46 | 10.85 | \$10.82 |

ALIGNMENT to STRATEGIC PLAN

County Board Goal 3 - Champaign County promotes a safe, just and healthy community

• To promote and participate in planning initiatives for the maintenance and improvement in delivery of public health services

• To provide public health programming and services to promote and enable a healthy community throughout Champaign County

County Board Goal 4 – Champaign County is a county that supports balanced, planned growth to balance economic growth with preservation of our natural resources

- To provide appropriate oversight for planned growth in the areas of licensed food services facilities, private sewer, and well water systems
- To anticipate and plan for impact of demographic and population changes on potential health hazards to be managed through public health

OBJECTIVES

- 1. To prevent the transmission of food borne diseases attributable to licensed food service facilities in Champaign County
- 2. To prevent the transmission of enteric disease in Champaign County attributed to improper sewage disposal or unsafe private water supplies
- **3.** To initiate investigation and surveillance within twenty-four hours of notification of 100% of reported diseases that could be spread through the environment
- **4.** To conduct inspections of 100% of private sewage disposal systems and 100% of private water wells installed under permit to assure that all state and local requirements are met
- 5. To conduct inspections and obtain compliance for all programs carried out by the department through grant/contractual agreements as agents for the Illinois Department of Public Health in order to protect the safety and well-being of Champaign County residents

| | FY2015 | FY2016 | FY2017 |
|---|--------|-----------|----------|
| Performance Indicators | Actual | Projected | Budgeted |
| Number of Foodborne/Waterborne Outbreaks (confirmed/probable) | 3 | 5 | 5 |
| Number of Foodborne/Waterborne Illness Complaints Investigated | 12 | 50 | 50 |
| Number of Reportable Communicable Disease Cases (Classes 1 & 2) | 64 | 75 | 75 |
| Number of Sexually Transmitted Disease Tests (Syphilis) | 224 | 315 | 300 |
| Number of Sexually Transmitted Disease Tests (Gonorrhea) | 270 | 315 | 300 |
| Number of Sexually Transmitted Disease Tests (Chlamydia) | 270 | 315 | 300 |
| Number of Tuberculosis (TB) Direct Observed Therapy Cases (Active | 0 | 3 | 3 |
| & Latent) | 0 | 5 | 5 |
| Number of Food Establishment Inspections | 387 | 470 | 500 |
| Number of Temporary Permits Issued | 258 | 245 | 260 |
| Number of Food Establishment Complaints Investigated | 49 | 32 | 50 |
| Number of Food Establishment Food Safety Education Presentations | 264 | 150 | 150 |
| Number of Sewage Construction Permits Issued | 65 | 75 | 90 |
| Number of Sewage Construction Inspections | 93 | 150 | 180 |
| Number of Private Sewage Complaints Investigated | 22 | 20 | 20 |
| Number of Water well Construction Permits Issued | 98 | 90 | 130 |
| Number of Water Well Construction Inspections | 27 | 40 | 25 |
| Number of Abandoned Water Wells Sealed | 20 | 20 | 20 |

PERFORMANCE INDICATORS