



**ASHLAND COUNTY HEALTH DEPARTMENT**

**Meeting Agenda**

Tuesday, December 08, 2020 @ 7:00pm

1763 State Route 60, Ashland, Ohio 44805

Call to Order: Dr. Becky Cawse – Ashland County Board of Health

1. **Approval of November Minutes**
2. **Approval of November Expenses**
3. **Division Reports**
  - a) Health Commissioner
  - b) Financial Report
  - c) Vital Records
  - d) Environmental Health
  - e) Nursing
  - f) PHEP
  - g) Accreditation
4. **Old Business:**
  - a) Cattleman's vs. Ashland County Health Department
5. **New Business:**
  - a) **First Reading of Food Fees:** (Pending)
  - b) Teleworking policy
  - c) COVID PAY – Explanation from Wally Burton
  - d) CDC change of quarantine rules
  - e) Guiding Principles/ S.W.A.T
  - f) Electronic signature boxes for Dr. Rebecca Cawse and Dr. David Tomchak
  - g) Temp Service to cover EH clerk while she is out
6. **Personal Comment**

Management Thank You
7. **Personal Privileges**

None

8. **Executive Session, as necessary:** Pursuant to Section 121.22 of ORC- Regarding the appointment, employment, dismissal, discipline, promotion, demotion or compensation. Roll Call for Executive Session:

**Adjourn – Next Meeting: Tuesday, January 12, 2021 @ 7:00pm**



Ashland County Board of Health Meeting Minutes  
1763 State Route 60, Ashland, Ohio 44805  
November 17, 2020 – 6:00pm  
**Meeting by Video**

**Board of Health Members Present:**

Dr. Rebecca Cawrse	Ron Puglisi	
Dr. David Tomchak		

**Staff Members Present:**

Heather Reffett	Health Commissioner	Absent
Lauren Jeffery	Vital Registrar/Administration	
Pat Donaldson	Environmental Health Director	
Shirley Bibby	Nursing Director	
Jenny Helbert	Finances	
Sheila Pryor	Covid-19 Specialist	
Vickie Taylor	Accreditation Coordinator	

**Guests Present:**


**Call to Order:** The Ashland County Health Department Meeting was called to order by Board President, Dr. Rebecca Cawrse at 6:20 pm at 1763 State Route 60, Ashland, Ohio 44805.

**Approval of Minutes:** A motion was made to approve the November 2020 Board of Health Meeting minutes by Dr. David Tomchak and seconded by Mr. Ron Puglisi. **The motion carried.**

**Approval of Expenses:** A motion was made to approve the November 2020 General /Food Protection/PHEP expenses by Dr. David Tomchak and seconded by Mr. Ron Puglisi. **The motion carried.**

**Health Commissioner Report:** None

**Financial Report:** Jenny Helbert reported that she paid for the second half of the computers.

Jenny was in communication with the State about the Contact Tracing Grant. It was declined on the thirteenth of November and needs correction.

Mr. Ron Puglisi asked what corrections need to be done. Jenny reported that in October Ms. Heather Reffett submitted how the money was to be spent for this grant. The State did not approve these expenditures. The State returned the form saying that they would not pay for twenty computers or the managers retreat at Mohican. Ms. Reffett had done a correction and Jenny thought she had better investigate the progress of where we were at in GMIS (Grant Management Information System). She had not gotten any response from the State. The State had looked at the corrections on November 13<sup>th</sup>, 2020 and it had been declined. Ms. Heather Reffett will have to take the time to correct this yet again and re-submit.

Dr. Rebecca Cawrse asked when the deadline for this Grant had been due. Jenny reported that this Grant was due in August of 2020. In the spring early summer there was a "dummy" budget created to be followed. At that time, we thought we might have three contact tracers. They are not specifically named in the grant. As time has gone on, it is up to us to submit our budget justification and the revision, get the approval and then every month expenses are added. The justification needs to match the names of the contact tracers. They cannot be listed as general contact tracers. If they are not specifically named in the grant, we are unable to claim them. Jenny has been sitting on several months' worth of expenses that she cannot claim because the justification has not been completed.

Once the justification has been done and approved Jenny will go back to the previous months and re-submit and get the re-imbusement. Until this is complete there is nothing else that can be done. Jenny reported that it has been very frustrating trying to get this completed by Ms. Heather Reffett. If things are completed on time, it should be very easy to go back and add your expenses and move on. Now we are accumulating months' worth of things that need to be added and opening up the chance for more errors and missing information and then trying to explain to the state why she is billing for something that she paid for back in the month of August. The state is very aware of what is happening. Jenny is not sure what more she can do to express how important this is to Ms. Heather Reffett.

Sheila Pryor reported that between she and Jenny they both have pieces and parts that can not be completed until the Health Commissioner does her part. It does not matter if they are on time with their parts of the grant if the Health Commissioner does not have her part completed.

It was also discussed that one of the grants of \$200,000.00 could be used for contact

tracing for the nursing department. They need help. The contract tracers are not paid any health benefits or vacation. The job is not complicated, and it is very good income. Ron Puglisi suggested even the college kids that are out on break. Lauren responded that we had brought the idea to Ms. Heather Reffett, and nothing was ever done to move forward. Contact tracers make \$18.00 an hour.

Dr. Tomchak asked if there was a risk of having to return any of the money. Jenny responded that she did not think that we would have to return any of the funds. She is sure that the State is willing to do whatever they can to work with us. Jenny reported that we do not get the money in one lump sum. Ron Puglisi asked what the total amount of money that we were responsible for at this moment in time. Jenny reported that it is about \$10,000.00 a month just for contact tracers. Vanessa Willaman our EPI is also getting paid from this grant. We could be bringing in about \$15,000.00 a month if we could just get our paperwork in.

Vickie Taylor reported that she is having the same issue with the OPPB budget. By law this budget has to be created every year in the spring and we have not completed this yet. Vickie has completed her parts and can not go any further without the parts that Ms. Heather Reffett needs to complete. The actual financial reporting needs to come from Ms. Reffett and it has not even been looked at.

Dr. Rebecca Cawse asked the board members if they had any further questions about the finances. There were none.

**Vital Records:** Lauren Jeffery reported that her board report was in the BOH packet to be reviewed. Vital Statistics has been very busy with Birth and Death Records. Phone calls have been out of control.

Ron asked what other vital statistic offices were doing. Lauren was very concerned when we shut down last week. The Funeral Homes were taken care of as Burial permits and cremation permits can be done from home. Actual death certificates can not be issued anywhere other than the vital statistic office. The Funeral homes were not at all concerned for the short amount of time that we were shut down. Other facilities have a turn around time of much longer. Between 17 and 30 weeks to receive a death certificate because so many offices are working from home. Our funeral homes are very happy with us and the way that we have been servicing them. They were very concerned about everyone's health and just wanted us to all be well.

**Environmental Health Division:** Pat informed the BOH that her report was in the BOH packet for review.

Pat reported that her entire staff has been out ill with COVID-19 for the last two weeks. Karleigh, Jenny and Pat are off quarantine. Pat reported that after talking with Jennifer



Frazier she was made aware that she is not doing well, and Anna Fisher is also not improving as fast.

Pat noted that there was an issue of a variance that needed to be added to the "new business". This was on Ms. Heather Reffett's desk for three weeks to be approved and was ignored.

Because of illness the Cost Methodology has not been accomplished. Pat would like to get the numbers together for the December Board of Health meeting and to have the public hearing in January and possibly suspend the third reading. The mailings need to go out at the beginning of February. People will need to be licensed by March 1, 2021

**Nursing:** Shirley reported that the Board had their reports in front of them if they would like to follow along.

Shirley also reported that there have been 181 positive cases of COVID. As it has been discussed earlier there is a desperate need for contact tracers. There have been some good leads on candidates. The student that had been working with Shirley was very interested in contact tracing. Shirley reported that she did receive a resignation letter from Lisa Stitzlein to go into effect December 18, 2020.

Contact tracing is a huge responsibility and the amount of people needing to be traced is growing daily. There are three more outbreaks that do not include Brethren Care Village. Crystal Care for example has 75 people to trace. These are both residents and staff. It is the same for Good Shepherd and Kingston of Ashland is following right behind. It is not looking good and anticipate deaths from these facilities.

Loretta was asked to give the exact numbers for Good Shepherd. There are forty residents and nineteen staff members. Six of the staff members live out of the county. There has been one death and there are three residents that are very critical.

There are also cases at the schools, the same nurses that are covering the long-term care facilities are also covering the schools. It has been quite a challenge to keep up.

Shirley asked if there were any questions. Jenny Helbert asked what Shirley thought a reasonable amount of people would be to hire to do contact tracing. Shirley replied, at least three more and then one to replace Lisa Stitzlein when she leaves. Six at minimum would be ideal. All of these should be full time positions. Shirley reported that the nursing department is being "crushed". They have cases that they started working on Friday, the contact tracers are still trying to get ahold of these individuals. This and still trying to help the long-term care facilities. It is difficult because the facility is monitoring the residents but, we monitor the staff member. Right now, one facility has seventeen staff members that are positive, and they monitor the people that they live with, quarantining their exposures. This is a massive undertaking. Then on top of this are the

schools. Ashland University had three positives just today. This is "undoable" for the present staff. Other Health Commissioners in other jurisdictions contact trace right along with their people. They roll up their sleeves and jump right in. They carry a whole case load themselves. We just not have had the help; it is imperative that we keep up with this.

Dr. Rebecca Cawse stated that she does have some nursing friends that she will contact about this. Lauren asked if 211 would be a possibility. Shirley reported that they had a meeting that was scheduled, not over contact tracing. Heather was not available for that meeting and the meeting was canceled by Heather. Shirley thought that might a good possibility. The State Crushers are helping. If you have one student in a school system or a teacher that is positive that could be forty students in quarantine. This is not a doable situation. They talked to the school nurses about this situation, they are the ones that are calling these people and putting them on quarantine and telling them that the State COVID Crushers will be in touch with them to monitor them. 211 does contract tracing free of charge.

All the above situations have just been an issue of getting an authorization to hire contact tracers. Ms. Heather Reffett had been asked repeatedly to please investigate hiring more contact tracers for the nursing department and did not act on these requests.

Dr. Rebecca Cawse reported that she did not have a problem hiring tracers and asked Dr. David Tomchak and Mr. Ron Puglisi. Dr. Tomchak replied that the need is desperate, and they would add this into the "new business" below.

**PHEP Report:** Shella's report was included in the Board of Health Packet. She has Josh working alongside her and she is involving him in a lot of training opportunities and reporting. She is also working hand in hand with EMA. The report has a great number of good things in it to read over.

**Accreditation Coordinator Report:** Vickie's report is also in the Board of Health packet for the members to read. Vickie reported that we have not made very much progress in the last month. A part of that is major items that still have not been completed. We need a strategic plan, we need an annual report, we need our QI plan, we need our employee performance plan. We are waiting for some fairly large items. If we do not have these done in the next month or two, we will not meet our December 31, 2020 deadline. Vickie is in a holding pattern without some of these major items.

She has 12 policies that need to be signed and uploaded. She has had these done for almost two months waiting for Ms. Reffett's signature. We are stalled until she signs these. Vickie is not sure what direction she should take to be able to move forward.

Mr. Ron Puglisi asked if we have a QI written down somewhere. Vickie replied that we

do not. We went to the retreat and really had good momentum on getting started on things. Everything just stopped afterwards. We might be able to go back and re-create from some of it but, we have lost all the creativity, and all of the documentation. Vickie stated that she does not think we need to start from the beginning. There was an employee performance that we had received, we could change dates on it and it would be fine. She thinks we most defiantly can create a Strategic Plan, but there are a lot of things that the State mentions that is solely the responsibility of the Health Commissioner.

Vickie also stated that she is re-doing the handbook and policies. We are just not making the progress that we should. We were on quite a roll and then everything just stopped.

#### **Old Business:**

a) Update on Existing Litigation with Cattleman's Restaurant - Lauren stated that there are unopened emails in Heathers GMAIL account from the lawyers. This will have to be discussed at the next meeting when they are opened, and Ms. Reffett is present.

#### **New Business:**

**Variance:** There is a request to install a holding tank for the use of an outbuilding for Shawn and Kim VanHorn, 605 Township Road 2475 in Green Twp. The property lies down just west of Big Creek and the road goes back over to 95.

Pat held up the drawing for the Board members to look at. She was showing them the property, the house and the outbuilding. They want to put the holding tank by the outbuilding. The sewage system for the house is above. It is not strategically able to get gravity. Dr. Cawrse asked if Pat thought it was a feasible idea. Pat agreed that yes it was. They have done it many times. They make them put an alarm on it and require the pump records to be forwarded to us. Ron Puglisi asked what it was going to be used for. It will be used for a noncommercial workshop with a small kitchen. It is a large building, and they had some farm animals around. It is no way a livestock barn or anything like that. Upon the possibility that it should be sold, the new owners would have to give it up or request a new variance.

**Motion to approve:** Dr. David Tomchak

2<sup>nd</sup>: Ron Puglisi

Motion Passed

**Approval of hiring more contact tracers:** Shirley was asked by Dr. Rebecca Cawrse on how many contact tracers she thinks she would need to be hired. Shirley responded that she would like to hire three and then one more to replace Lisa Stitzlein when she



leaves on December 18, 2020. The rate of pay would be \$18.50 an hour for a forty-hour week. This would be over a 7 day a week period. Dr. David Tomchak asked about 35 hours versus the forty hours. Jenny Helbert responded by saying they can work up to forty hours but no more than this. They are not paid overtime. Jenny stated that they avoid any hours over 40 because we ran into some flex time issues.

Jenny said that this is a separate category of employee. We budget money into the contract line item and she strictly pay all the contact tracers from that line number. It is separate from payroll. They do not get direct deposit like regular employees they receive an actual check. There are no taxes withheld, no PERS and sign papers saying that they have been informed that there are no withholdings. This being comparable to an independent contractor or being self-employed.

Dr. Tomchak would like to be clear on the actual hiring process. After reviewing resumes and conducting interviews how is the process envisioned? Shirley responded that she and Sheila and Lisa Stitzlein sit in on the interviews. Sheila asks very good questions and between the three of them they make the decision. Dr. Tomchak asked if a background check is performed. Shirley stated that yes, they were. Dr. Tomchak also asked if Shirley, Sheila and Lisa would have the authority to do the hiring. Jenny Helbert stated yes and that the only thing that the Health Commissioner is responsible for is sign the letter offering the position.

**Motion to approve** Mr. Ron Puglisi to hire four contact tracers, approval to be finalized by Medical Director Dr. David Tomachak or Board President, Dr. Rebecca Cawrse.

2<sup>nd</sup>: Dr. David Tomchak

Motion Passed

**Public Comment:** None

**Personal Privileges:** Ron Puglisi reported that Stan Kopp received complaints that they are not getting their well and water permits. Whatever the process is the Board members understand that staff has been ill. He just wanted it noted that people do not know what is going on in the office and they do not understand, and they are a little unhappy. Again, it is completely understood by the board of health members. Jenny stated that she had called many of the installers back and Lauren has as well. Lauren also stated that we were told that we should not tell the public why people were out and we as employees did not understand this. We felt as though if we were honest with the public and told them what was really going on with the health of the employees, that they would have been much more understanding about the whole situation. We were told not to say why they were out, just that they were out. Ron Puglisi said as the Board of health they need to discuss if that was the right approach. Pat stated that she has had a lot of conversations on the phone and many emails and she told them that she had been sick for two weeks and she figured that she did not have to actually come out and say it was COVID, that most people understood immediately what that meant.

Pat said on several different occasions that the whole Environmental health staff was out sick. Many people were just upset that it was not posted anywhere, such as the website, or on the door and some people had driven from quite a way. Dr. Cawrse thought that this was not something to hide, it is a pandemic and people need to know that we are not immune. They need to know the reality of the situation. Ron Puglisi would like a banner going across the web page with special announcements for things such as this.

#### **Additional Action: Apology and Thank you**

It was decided by management and the BOH members that we would post an apology and a thank you to the public through our website and messages on the door. To apologize for the inconvenience of our absence during illness and a thank you for their understanding during this time. Sheila will post this on our Facebook page as well.

It was brought up that there had not been a press release. Sheila posted numbers Monday, Wednesday and Friday last week without Heathers approval. Doing what we say we are going to do is what earns the loyalty of our public. The public seems to be very passionate when we are truthful and forthcoming with them.

Jenny brought up a discussion about COVID Pay and FMLA. Jenny contacted Erin Collins from the County Commissioners office. Everyone who is eligible for FMLA can be paid up to eighty hours, one incident only to be reimbursed for COVID. Some people took the two weeks, some will need a little bit more. Some have not been working for the Health Department for 90 days, some have not been working for a year. Jenny said she will probably have to get some more information, but she is wondering what the BOH members think as far as once the employee uses up the 80 hours, do they then take their sick time? What if they do not have sick time? Dr. Cawrse said she did not have an answer now. Jenny stated that there will be about 8 employees who will fall short. Jenny also stated that we have a new employee who has been out with no sick time and a Health Commissioner who has gone over her sick time leave and has not been here for a year. Dr. Cawrse asked if the employee must be there for 90 days to get the reimbursement. Jenny said that it was her understanding the employee must be employed for a year, they would have had to put in 1,250 hours of work time. Dr. Cawrse asked if this was the government program. Sheila replied that yes it was and that all restrictions on time worked had been lifted for this grant. Jenny said that she will have to look further into it with the commissioner's office to see exactly how this will work.

Dr. Cawrse and BOH members thanked staff for filling out the surveys that were given. Ron Puglisi also thanked staff for the continuation of operations and doing a great job.

Discussion was had about how to do a special meeting to go into executive session. Questions were asked should we do video or in person. It was decided to have an in-

person meeting to be published in the paper for Thursday November 19, 2020 at 6:00pm. Lauren will have published in the paper tonight for tomorrow so the public will have a 24-hour notice.

**Executive Session, at the request of the Health Commissioner:** Pursuant to Section 121.22 of ORC- Regarding the appointment, employment, dismissal, discipline, promotion, demotion or compensation of an employee or official.

Motion:

2nd:

**Roll Call to Enter into Executive Session: By - Lauren Jeffery**

**Roll Call to Leave Executive Session:**

**Adjourn:**

Next Meeting: Tuesday December 8th, 2020 @ 7:00pm

**Adjournment: Dr. Rebecca Cawrse 7:40pm**

**Executive Session Adjournment: No Executive Session**

**Notes taken by Lauren Jeffery**

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Dr. Rebecca Cawrse, President  
Ashland County Board of Health

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Dr. David Tomchak, Medical Director  
Ashland County Board of Health

## ALBANY COUNTY HEALTH DEPARTMENT - REGULAR SHEET

November

**Nov-20**  
**BILLS**  
**FUND 9**

Account	Date	Vendor	Purpose	Amount	MTD	YTD
1030	11/8/2020	BMC				
1080	11/8/2020	HealthLife	Employee Life Benefits for December	\$ 21.00		
2010	11/8/2020	Advent Co Treasurer	Employee Health Benefits for November	\$ 8,651.23		
	11/8/2020	Advent Co Treasurer	Employee Health Lease for Aug - Nov	\$ 240.00		
	11/8/2020	Primer Bros	Prudgale Motor Lease for 10/25-11/24	\$ 436.70		
	11/8/2020	Wells Fargo	Cooper Lease for 10/25-11/24	\$ 72.58		
	11/8/2020	Shred It	Shred it for October	\$ 82.00		
	11/8/2020	Quanta	Printing Services for November			
	11/8/2020	Shred Pasteur, Inc	Private Vaccine Materials	\$ 1,371.24		
	11/8/2020	Chaudhry	Private Vaccine Biosents	\$ 1,888.70		
	11/8/2020	McKesson	Private Vaccine Supplies	\$ 71.99		
	11/8/2020	Shred Pasteur, Inc	Private Vaccine Fluzone	\$ 691.87		
	11/8/2020	Shred Pasteur, Inc	Private Vaccine Fluzone	\$ 5.81		
	11/8/2020	Shred Pasteur, Inc	Private Vaccine Materials, Advair	\$ 1,375.29		
	11/8/2020	Chaudhry	Private Vaccine Engira	\$ 420.83		
4010	11/8/2020	Medical Supplies				
	11/8/2020	Shred Pasteur, Inc	Private Vaccine Materials	\$ 1,371.24		
	11/8/2020	Chaudhry	Private Vaccine Biosents	\$ 1,888.70		
	11/8/2020	McKesson	Private Vaccine Supplies	\$ 71.99		
	11/8/2020	Shred Pasteur, Inc	Private Vaccine Fluzone	\$ 691.87		
	11/8/2020	Shred Pasteur, Inc	Private Vaccine Fluzone	\$ 5.81		
	11/8/2020	Shred Pasteur, Inc	Private Vaccine Materials, Advair	\$ 1,375.29		
	11/8/2020	Chaudhry	Private Vaccine Engira	\$ 420.83		
4020	11/8/2020	Postage				
4040	11/8/2020	Office Supplies				
	11/8/2020	Shred Pasteur, Inc	Private Vaccine Materials	\$ 1,371.24		
	11/8/2020	Chaudhry	Private Vaccine Biosents	\$ 1,888.70		
	11/8/2020	McKesson	Private Vaccine Supplies	\$ 71.99		
	11/8/2020	Shred Pasteur, Inc	Private Vaccine Fluzone	\$ 691.87		
	11/8/2020	Shred Pasteur, Inc	Private Vaccine Fluzone	\$ 5.81		
	11/8/2020	Shred Pasteur, Inc	Private Vaccine Materials, Advair	\$ 1,375.29		
	11/8/2020	Chaudhry	Private Vaccine Engira	\$ 420.83		
9020	11/8/2020	Travel				
	11/8/2020	Shred Pasteur, Inc	Private Vaccine Materials	\$ 1,371.24		
	11/8/2020	Chaudhry	Private Vaccine Biosents	\$ 1,888.70		
	11/8/2020	McKesson	Private Vaccine Supplies	\$ 71.99		
	11/8/2020	Shred Pasteur, Inc	Private Vaccine Fluzone	\$ 691.87		
	11/8/2020	Shred Pasteur, Inc	Private Vaccine Fluzone	\$ 5.81		
	11/8/2020	Shred Pasteur, Inc	Private Vaccine Materials, Advair	\$ 1,375.29		
	11/8/2020	Chaudhry	Private Vaccine Engira	\$ 420.83		
9030	11/8/2020	Advertising				
	11/8/2020	Shred Pasteur, Inc	Private Vaccine Materials	\$ 1,371.24		
	11/8/2020	Chaudhry	Private Vaccine Biosents	\$ 1,888.70		
	11/8/2020	McKesson	Private Vaccine Supplies	\$ 71.99		
	11/8/2020	Shred Pasteur, Inc	Private Vaccine Fluzone	\$ 691.87		
	11/8/2020	Shred Pasteur, Inc	Private Vaccine Fluzone	\$ 5.81		
	11/8/2020	Shred Pasteur, Inc	Private Vaccine Materials, Advair	\$ 1,375.29		
	11/8/2020	Chaudhry	Private Vaccine Engira	\$ 420.83		
9040	11/8/2020	Other				
	11/8/2020	Shred Pasteur, Inc	Private Vaccine Materials	\$ 1,371.24		
	11/8/2020	Chaudhry	Private Vaccine Biosents	\$ 1,888.70		
	11/8/2020	McKesson	Private Vaccine Supplies	\$ 71.99		
	11/8/2020	Shred Pasteur, Inc	Private Vaccine Fluzone	\$ 691.87		
	11/8/2020	Shred Pasteur, Inc	Private Vaccine Fluzone	\$ 5.81		
	11/8/2020	Shred Pasteur, Inc	Private Vaccine Materials, Advair	\$ 1,375.29		
	11/8/2020	Chaudhry	Private Vaccine Engira	\$ 420.83		



## November

11/30/2020 Building Fund &amp; Loan

Municipal Supply - EPA Grant Landmarks Draw

\$ 1,575.00

6070 Audit  
6200 Accreditation  
6230 EPA STS Grant

## FOOD

6030 BWC  
6060 Health/Life  
6075 Supplies  
6080 Postage  
6090 State Rental

11/8/2020 Aqueduct Co Treasurer  
11/30/2020 Aqueduct Co Treasurer

Employee Life Benefits for December  
Employee Health Benefits for November

\$ 2.10  
\$ 1,575.00

6030 Travel

11/18/2020

Jawoll Frasier

Travel/Supplies for Oct

\$ 22.82

6040 Other

11/30/2020

Purchase Power

Postage Meter Refill

\$ 222.01

6075 Audit

## PHEP

6030 BWC  
6060 Health/Life  
6075 Contract Serv.

11/8/2020

Aqueduct Co Treasurer

Employee Life Benefits for December

\$ 4.20

11/8/2020

Jawoll

Contract Tracing Plan Time Pay out

\$ 1,228.16

11/8/2020

Troca Burget

Contract Tracing for 10/18-10/20

\$ 1,275.50

11/8/2020

Lisa Stetten

Contract Tracing for 10/13-10/20

\$ 1,450.00

11/8/2020

Jawoll Burget

Contract Tracing for 10/11-10/20

\$ 1,295.00

11/18/2020

Lisa Stetten

Contract Tracing for 10/21-10/23

\$ 1,545.00

11/18/2020

Troca Burget

Contract Tracing for 10/21-10/23

\$ 1,480.00

11/18/2020

Jawoll Burget

Contract Tracing for 10/24-10/27

\$ 1,261.50

11/30/2020

Lisa Stetten

Contract Tracing for 11/24-11/27

\$ 1,600.00

11/30/2020

Jawoll Burget

Contract Tracing for 11/01-11/27

\$ 1,480.00

11/30/2020

Troca Burget

Contract Tracing for 11/24-11/27

\$ 1,480.00

6075 Supplies

11/30/2020

Amazon

Thermomixer/Covid Grant

\$ 225.00

11/30/2020

Supplies

Office Supplies CT Grant

\$ 179.83

6040 Travel

11/8/2020

AAST Mobility

First bus expenses phone bill for September

\$ 406.94

6040 Other

11/30/2020

AAST Mobility

First bus expenses phone bill for October

\$ 422.77

6040 Other

11/30/2020

Aqueduct Co Security Office

BCI for Jawoll Security Covid Grant

\$ 30.00

6040 Other

11/30/2020

Aqueduct Co Security Office

BCI for Jawoll Security Covid Grant

\$ 30.00

11/30/2020  
11/30/2020

Jerry Madison  
Pvt Donor

TOTAL COUNTY BILLS:

Nov  
Covid Test Reimbursement CT grant  
Covid Test Reimbursement CT grant

\$	80.00	
\$	80.00	
\$	164,156.44	\$

Revised 11/30/2020

Health Commissioner  
Jerry Madison, Financial Analyst

  
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# Ashland County Health Department - November Budget Report

2020 - COUNTY HEALTH DEPARTMENT

## REVENUE

### FUND 9 General

Account	2020 Contract Budget	2020 Amended Budget	November MTD Actual	YTD Actual	Current Budget Bal
00001 State Property Taxes	505,000.00	505,000.00	0.00	402,875.29	47,875.29
00004 Subdivision Levy	21,200.00	21,200.00	0.00	22,000.00	-800.00
00008 Mobile Home Tax	500.00	500.00	0.00	658.01	-458.01
00101 Health Appeals	17,200.00	17,200.00	3,808.00	42,382.00	-4,282.00
00201 Health Services	30,000.00	30,000.00	0.00	27,150.00	2,850.00
00202 All State Property / Property	90,000.00	120,000.00	200,000.00	102,875.81	-187,875.81
00209 1 1/2 Subsidized Intermediate JTI	13,000.00	13,000.00	0.00	6,963.74	14,036.26
00401 BC&M Nursing Fees	60,000.00	60,000.00	1,000.00	34,900.00	40,100.00
00402 Health Care / Health Fees	300,000.00	300,000.00	6,300.00	76,484.50	223,515.50
00403 Environmental Health Fees	20,000.00	20,000.00	1,380.00	17,902.00	2,098.00
00405 Nursing Nursing Fees	120,000.00	120,000.00	17,427.12	81,415.94	71,584.06
00407 All Other Health Services	8,000.00	8,000.00	1,840.79	67,546.29	-59,546.29
00501 Travelers	0.00	0.00	0.00	1,150.42	-1,150.42
00510 All Other Health Services	200,000.00	200,000.00	447.00	185,126.84	15,873.16
00512 Gifts & Donations	0.00	0.00	0.00	50.00	-50.00
REVENUE TOTAL	1,062,500.00	1,062,500.00	204,763.18	1,362,708.14	-146,136.14

## EXPENSE

### FUND 9 General

Account	2020 Contract Budget	2020 Amended Budget	November Expenses	2020 YTD Expenses	2020 Unencumbered Balance	Current Fund Balance
00101 Employee Wages	508,000.00	508,000.00	36,675.96	410,804.46	71,195.54	0.00
00102 FICA / FUTA	71,100.00	71,100.00	6,594.19	60,944.49	21,075.51	0.00
00103 Workers Compensation	1,800.00	1,800.00	0.00	2,822.75	597.25	0.00
00104 Health Insurance Expense	7,000.00	7,000.00	675.28	6,018.28	2,046.82	0.00
00105 Insurance Premiums	128,125.00	128,125.00	6,675.21	206,618.81	29,506.19	0.00
00107 Medical Co Health Contract	7,000.00	12,500.00	846.88	6,179.64	3,129.36	3,096.77
00108 Medical Co Health Contract	74,100.00	74,100.00	44,812.47	28,467.10	1,568.18	28,038.77
00201 Property	1,000.00	1,000.00	0.00	949.49	504.51	0.00
00202 Office Supplies/Printing	6,000.00	5,000.00	134.24	2,179.40	2,428.60	6,468.24
00203 Traveling auto - Covid	0.00	124,412.00	0.00	124,412.00	0.00	0.00
00204 Medical Co Health State Health	90,000.00	90,000.00	125.00	80,880.70	29,117.30	18,644.70
00205 The Department Fees	11,000.00	11,000.00	0.00	11,188.00	1,988.00	0.00
00206 Travel	12,000.00	1,000.00	144.00	5,146.11	1,753.89	0.00
00207 Subcontract	12,000.00	1,000.00	0.00	36.97	1,469.03	0.00
00208 Subcontract	30,000.00	108,135.42	38,475.41	85,425.94	21,608.46	21,175.17
00209 All Other	5,000.00	5,000.00	0.00	26,877.49	16,812.51	28,774.49
00210 All Other	20,000.00	20,000.00	0.00	1,782.00	11,218.00	0.00
EXPENSE TOTAL	965,000.00	1,209,782.02	182,001.28	678,294.56	542,487.46	215,641.57
REVENUE BALANCE	611,885.17	852,717.98	82,761.90	684,413.58	168,293.58	147,889.84

# Ashland County Health Department - November Budget Report

## REVENUE

### FUND 16 PHED

Revenue	2020 Capital Budget	2020 Anticipated Budget	November YTD Actual	YTD Actual	Current Budget Bal
00000 All State Revenue / Grants	79,417.00	205,457.00	0.00	56,480.71	241,934.29
00040 All Other State Revenue	0.00	0.00	518.79	518.79	-518.79
00060 Transfers	0.00	0.00	0.00	124,451.00	-124,451.00
00010 All Other Revenues/Grants	0.00	0.00	0.00	619.54	-619.54
<b>REVENUE TOTAL</b>	<b>79,417.00</b>	<b>205,457.00</b>	<b>518.79</b>	<b>181,051.00</b>	<b>21,346.00</b>

## EXPENSE

### FUND 16 PHED

	2020 Approved Budget	2020 Amended Budget	November 2020 Expenses	2020 YTD Expenses	2020 Unexpended Balance	Open PCH	Unexpended Balance
00000 Employee Payroll	42,500.00	42,500.00	0.00	26,622.49	12,888.51	0.00	12,888.51
00000 FICA / STS	5,950.00	5,950.00	0.00	3,733.46	2,216.54	0.00	2,216.54
00000 Workers Compensation	375.00	442.11	0.00	442.11	0.00	0.00	0.00
00000 Medicare Employer Share	618.25	618.25	0.00	429.63	188.62	0.00	188.62
00000 Insurance Expenses	15.00	25.00	4.20	21.50	3.50	1.50	0.00
00000 Medical Co Health Contract	0.00	0.00	0.00	0.00	0.00	0.00	0.00
00000 Supplies	5,000.00	5,000.00	0.00	0.00	5,000.00	0.00	5,000.00
00000 Payroll	250.00	250.00	0.00	0.00	250.00	0.00	250.00
00000 Payroll	0.00	0.00	0.00	0.00	0.00	0.00	0.00
00000 Payroll	5,000.00	5,000.00	0.00	0.00	5,000.00	0.00	5,000.00
00000 Insurance	0.00	0.00	0.00	0.00	0.00	0.00	0.00
00000 Insurance	0.00	0.00	0.00	0.00	0.00	0.00	0.00
00000 Insurance	0.00	0.00	0.00	0.00	0.00	0.00	0.00
00000 Travel	1,000.00	1,000.00	0.00	307.00	693.00	0.00	693.00
00000 Other Expenses	1,000.00	1,000.00	0.00	694.21	1,341.79	0.00	1,341.79
<b>FUND 16 EXPENSES TOTAL</b>	<b>54,714.45</b>	<b>54,714.45</b>	<b>4.20</b>	<b>31,073.87</b>	<b>21,640.58</b>	<b>302.50</b>	<b>21,640.58</b>

## REVENUE

### FUND 16 PHED DEPT 1 CONTRACT

Revenue	2020 Capital Budget	2020 Anticipated Budget	November YTD Actual	YTD Actual	Current Budget Bal
00000 All State Revenue / Grants	0.00	0.00	0.00	0.00	0.00



# Ashland County Health Department - November Budget Report

2020 Total	0.00	0.00	0.00	0.00	0.00
2020 12-31 Other Fund	0.00	0.00	0.00	0.00	0.00
REVENUE TOTAL	0.00	0.00	0.00	0.00	0.00

## EXPENSE

### FUND 16 PREP DEPT 1 COVID-19

	2020 Approved Budget	2020 Amended Budget	2020 Encumbrance	2020 YTD Expense	2020 Unexpended Balance	Open POs	Unexpended Balance
00000 Employee Salary		34,689.49	32,331.29	32,331.29	2,358.20	0.00	2,358.20
00000 PERS / 5795		5,384.90	5,412.38	5,412.38	5,380.20	0.00	5,380.20
00000 Medical Expense Salary		347.32	347.32	347.32	79.88	0.00	79.88
00000 Ashland Co Health Contract		68,513.47	13,870.38	13,870.38	54,643.09	0.00	54,643.09
00000 Supplies		8,335.96	802.85	802.85	7,533.11	0.00	7,533.11
00000 Equipment		4,385.00	0.00	0.00	4,385.00	0.00	4,385.00
00000 Advances Out		2,180.42	0.00	0.00	2,180.42	0.00	2,180.42
00000 Other Expense		5,797.14	918.71	918.71	4,878.43	0.00	4,878.43
FUND 16 EXPENSE TOTAL		129,452.66	57,863.46	57,863.46	71,589.20	0.00	71,589.20

ENCUMBRANCE BALANCE	0.00	YTD REVENUES	129,452.66	YTD EXPENSES	57,863.46	CURRENT FUND BALANCE	71,589.20
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## REVENUE

### FUND 23 FOOD

	2020 Cardinal Budget	2020 Amended Budget	2020 Encumbrance	2020 YTD Revenue	2020 Unexpended Balance
00000 Food Service License	220,000.00	113,000.00	0.00	104,955.49	8,044.51
00000 Food Service Labor Fee	1,500.00	1,500.00	0.00	1,500.00	0.00
00000 Food Service Service Fee	1,750.00	1,750.00	175.00	1,575.00	175.00
00000 All Other Sales Expense	5,000.00	5,000.00	710.23	4,289.77	710.23
00000 All Other Subscriptions	750.00	750.00	0.00	750.00	0.00
REVENUE TOTAL	228,000.00	120,000.00	885.23	112,070.26	11,929.74

## EXPENSE

### FUND 23 FOOD

	2020 Approved Budget	2020 Amended Budget	2020 Encumbrance	2020 YTD Expense	2020 Unexpended Balance	Open POs	Unexpended Balance
00000 Employee Salary	75,400.00	75,400.00	5,375.00	42,121.40	33,278.60	0.00	33,278.60
00000 PERS / 5795	22,584.00	22,584.00	488.80	1,885.20	20,698.80	0.00	20,698.80
00000 Medical Expense Salary	350.00	350.00	0.00	350.00	0.00	0.00	350.00
00000 Ashland Co Health Contract	1,056.25	1,056.25	51.76	1,004.49	51.76	0.00	51.76
00000 Insurance Premium	12,350.00	12,350.00	1,678.10	10,671.90	1,678.10	0.00	1,678.10
00000 Supplies	0.00	250.00	0.00	250.00	0.00	0.00	250.00

# Asland County Health Department - November Budget Report


04000 Insurance	800.00	800.00	0.00	300.00	500.00	0.00	500.00
08000 Asland Health Ctr. Board Room	0.00	10,000.00	0.00	9,428.00	5,077.00	1,077.00	1,000.00
09000 Travel	0,000.00	0,000.00	0.00	0.00	0.00	0.00	0.00
09000 Other Expenses	1,000.00	1,000.00	0.00	0.00	0.00	0.00	0.00
EXPENSES TOTAL	10,000.00	10,000.00	0.00	9,428.00	5,077.00	1,077.00	1,000.00
RECEIVING BALANCE	120,000.00	120,000.00	0.00	0.00	0.00	0.00	0.00
YTD RECEIPTS	120,000.00	120,000.00	0.00	0.00	0.00	0.00	0.00
YTD EXPENSES	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CURRENT FUND BALANCE	120,000.00	120,000.00	0.00	0.00	0.00	0.00	0.00



Department  
of Health

Mike DeWine, Governor  
Jon Husted, Lt. Governor

Amy Acton, M.D., MPH, Director

TO: Ohio Department of Health (ODH) Subrecipients  
FROM: Amy Acton, M.D., MPH, Director   
DATE: April 1, 2020  
RE: COVID-19 Grant-Funded Staff Payroll Costs

### Temporary Reassignment of Staff

The Ohio Department of Health (ODH) has received staffing questions from subrecipients regarding COVID-19 activities. ODH has received guidance regarding the temporary reassignment of staff working on COVID-19 activities and we have completed the temporary reassignment form to submit to the federal government for approval. ODH will share all approvals or disapprovals once received. Approval must be received from the federal government prior to the allowance of staff being charged to their current funding for COVID-19 activities. Any staff who worked on COVID-19 activities prior to approval must be recoded to a non-federal funding source.

Subrecipients' payroll policies must include language regarding paying salaries and benefits under unexpected or extraordinary circumstances from all funding sources (federal or non-federal). This payroll policy language is required to charge staff to current funding sources when working on COVID-19 or future unexpected or extraordinary circumstances.

### Families First Coronavirus Response Act (FFCRA) – Paid Sick Leave and Emergency FMLA (Information below from the Wage and Hour Division of the United States Department of Labor)

The Families First Coronavirus Response Act (FFCRA) requires certain employers to provide their employees with paid sick leave and emergency Family and Medical Leave Act leave for specified reasons related to COVID-19. These provisions will apply from April 1, 2020 through December 31, 2020.

### PAID LEAVE ENTITLEMENTS

Generally, employers covered under the Act must provide employees:

Up to two weeks (80 hours, or a part-time employee's two-week equivalent) of paid sick leave based on the higher of their regular rate of pay, or the applicable state or federal minimum wage, paid at:

- 100% for qualifying reasons #1-3 below, up to \$511 daily and \$5,110 total;
- 2/3 for qualifying reasons #4 and 6 below, up to \$200 daily and \$2,000 total; and
- Up to 10 weeks more of paid sick leave and expanded family and medical leave paid at 2/3 for qualifying reason #5 below for up to \$200 daily and \$12,000 total.

A part-time employee is eligible for leave for the number of hours that the employee is normally scheduled to work over that period.

#### **ELIGIBLE EMPLOYEES**

In general, employees of private sector employers with fewer than 500 employees, and certain public sector employers (which includes state agencies, local health departments, and any other agency of a state or a political subdivision of a state), are eligible for up to two weeks of fully or partially paid sick leave for COVID-19 related reasons (see below). Employees who have been employed for at least 30 days prior to their leave request may be eligible for up to an additional 10 weeks of partially paid expanded family and medical leave for reason #5 below.

#### **QUALIFYING REASONS FOR LEAVE RELATED TO COVID-19**

An employee is entitled to take leave related to COVID-19 if the employee is unable to work, including unable to telework, because the employee:

1. Is subject to a federal, state, or local quarantine or isolation order related to COVID-19;
2. Has been advised by a health care provider to self-quarantine related to COVID-19;
3. Is experiencing COVID-19 symptoms and is seeking a medical diagnosis;
4. Is caring for an individual subject to an order described in (1) or self-quarantine as described in (2);
5. Is caring for his or her child whose school or place of care is closed (or childcare provider is unavailable) due to COVID-19 related reasons; or
6. Is experiencing any other substantially similar condition specified by the U.S. Department of Health and Human Services.

As with other leave (e.g., vacation, sick leave, personal, and comp time), the leave described above can only be charged to an ODH subgrant if a subrecipient charges leave normally as a fringe benefit. Additionally, ODH subrecipient staff who are unable to telework and do not meet the criteria listed above cannot be charged to an ODH subgrant program.

Please feel free to contact Anthony Perry at [Anthony.perry@odh.ohio.gov](mailto:Anthony.perry@odh.ohio.gov) or Jennifer McCauley at [Jennifer.mccauley@odh.ohio.gov](mailto:Jennifer.mccauley@odh.ohio.gov) if you have any questions.





ASHLAND COUNTY HEALTH DEPARTMENT  
DIVISION OF VITAL STATISTICS  
1763 STATE ROUT 60, ASHLAND, OHIO 44805

**VITAL STATISTICS MONTHLY REPORT**  
**November, 2020**

	November	JAN 1 – NOV. 30, 2020
<b>TOTAL BIRTHS</b>	<b>24</b>	<b>299</b>
MALE	9	132
FEMALE	15	130
HOME BIRTHS	6	51
<b>TOTAL DEATHS</b>	<b>42</b>	<b>480</b>
MALE	23	195
FEMALE	19	188
0-18	0	1
19-44	1	12
45-64	8	38
65 & OLDER	33	317
<b>TOTAL CERTIFIED COPIES SOLD</b>		
BIRTH	74	1405
DEATH	137	1755

			RED ARE NOT CONSIDERED COVID DEATHS	COVID-19 PANDEMIC DEATHS	
NAME	DATE OF DEATH	SIGNED	PRIMARY CAUSE	DUE TO FOR AS CONSEQUENCES OF	DUE TO AS CONSEQUENCES OF
Ernest Mott/ <b>Richland Cty</b>	6/25/2020 Yes		<b>MULTIFOCA PNEUMONIA</b>	COVID-19	
Rita Eichler	NOT OUR COUNTY				
LaDonna Price	7/13/2020 Yes		COVID-19 INFECTION		
Vernon Iceman	7/10/2020 Yes		COVID-19	ATRIAL FIBRILLATION	CHRONIC CHF
Harold Saurens/ <b>Cayahoga Cty</b>	8/4/2020 Yes		<b>CARDIAC ARREST</b>		
Merle Whitmer	NOT OUR COUNTY				
Bonnie Greigor	10/28/2020 Yes		<b>DEHYDRATION</b>	<b>FAILURE TO THRIVE</b>	COVID-19
Donald Price	10/15/2020 Yes		<b>PNEUMONIA</b>	COVID-19	
Phyllis Kahl	10/11/2020 Yes		COVID-19		
Betty Hinkle	10/10/2020 Yes		COVID-19		
Helen Adkins	10/5/2020 Yes		<b>ACUTE CORONARY EVENT</b>		
Barbara Friedman	10/10/2020 Yes		COVID-19		
Virginia Chaffin	10/13/2020 Yes		<b>ACUTE MYOCARDIAL RESPIRATORY FAILURE</b>	COVID PNEUMONIA	
Karen Raymer Foley	10/12/2020 Yes		COVID-19		
Shirley Corner	10/21/2020 Yes		COVID-19		
Edward Sterle	10/21/2020 Yes		COVID-19		
JoAnne Krebs	10/20/2020 Yes		<b>ACUTE RESPIRATORY DIST SYNDROME</b>	COVID-19 PNEUMONIA	
Raymond Sharrick	10/18/2020 Yes		<b>LARGE RT PNEUMOTHORAX</b>	<b>ACUTE HYPOXEMIC RESP FAILURE</b>	COVID-19
Martha Goore	10/17/2020 Yes		COVID-19		
Earl Franks	10/18/2020 yes		SEPSIS DUE TO COVID-19	DIABETES	HYPERTENSION
Lanabell Hertler	10/20/2020 yes		COVID-19		
Lois Gorterbarm	STILL WAITING				

			RED ARE NOT CONSIDERED COVID DEATHS	COVID-19 PANDEMIC DEATHS	
NAME	DATE OF DEATH	SIGNED	PRIMARY CAUSE	DUE TO FOR AS CONSEQUENCES OF	DUE TO AS CONSEQUENCES OF
Mary Obisk	11/15/2020	Yes	COVID-19		
Leonard Koenig	11/18/2020	yes	ACUTE RESPIRATORY DISTRESS SYNDROME	COVID-19 PNEUMONIA	
Gary Clevenger	11/17/2020	Yes	COVID-19		
Patricia Filkins	11/18/2020	Yes	RESPIRATORY FAILURE	COVID-19	
Richard McDonald	10/30/2020	Yes	FAILURE TO THRIVE		
Devise Kojen	STILL WAITING				
Nancy Grimm	11/20/2020	Yes	COVID-19		
Carol Ann Schofield	11/20/2020	Yes	COVID-19		
			ACUTE CARDIOPULMONARY ARREST	PULMONARY EMBOLISM	COVID-19
Freda Spake	11/25/2020	Yes			
John Kuntz					
Charles Bonecutter	11/26/2020	Yes	COVID-19		
James Moyer	11/22/2020	Yes	COVID-19		
Patricia Filkins	11/18/2020	Yes	RESPIRATORY FAILURE 3 DAYS	COVID-19	
Logan Hall	11/22/2020	Yes	COVID-19		
Charles Booth					
Clayton McKinley	11/21/2020	Yes	COVID-19		
Joan Woolf	11/22/2020	Yes	COVID-19		
Delores Harvey					
			ACUTE RESPIRATORY DIST SYNDROME		
Chester Wertman	11/27/2020	Yes		COVID-19 PNEUMONIA	
Stanley Newcomer	11/26/2020	yes	ACUTE RESPIRATORY DISTRESS SYNDROME	COVID-19 PNEUMONIA	
Joanne Moyers	11/29/2020	yes	ACUTE RESPIRATORY DISTRESS SYNDROME	COVID-19 PNEUMONIA	
Mark Whitaker					
Juliana Westfield	11/30/2020	Yes	COVID-19		

			RED ARE NOT CONSIDERED COVID DEATHS	COVID-19 PANDEMIC DEATHS	
NAME	DATE OF DEATH	SIGNED	PRIMARY CAUSE	DUE TO FOR AS CONSEQUENCES OF	DUE TO AS CONSEQUENCES OF
William Aten					
Gerald Spreng					



## Alameda County

INSPECTION/ACTIVITY, HEALTH ACTIVITY	JAN	FEB	MARCH	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	2002 TTD	2003
<b>Food Inspection</b>														
FOCI Licensed	1	209	56	5	1	1	1	1	1	0	0	0	179	188
FOCI Inspected (Both Level 1-4)	56	42	4	0	1	13	4	20	18	7	0	0	245	278
FOCI Sanitation	11	8	15	0	1	4	0	1	0	0	0	0	49	38
FOCI Inspection	8	50	0	0	1	1	1	1	1	4	0	0	29	240
FOCI Compliance	16	26	20	20	23	14	19	11	8	4	12	0	187	380
FOCI Licensed	0	35	26	5	1	1	2	1	1	0	0	0	64	94
FOCI Inspected (Both Level 1-4)	13	8	0	1	0	12	10	4	3	1	0	0	50	142
FOCI Sanitation	0	0	1	0	0	1	4	0	0	0	0	0	4	21
FOCI Inspection	0	8	0	0	0	0	0	0	0	0	0	0	1	11
FOCI Compliance	8	0	7	8	7	14	9	13	1	0	8	0	66	188
Mobile FOCI/FOCI Licensed	1	20	26	13	8	4	3	0	1	0	0	0	59	72
Mobile Inspection	0	1	4	1	1	4	1	0	0	4	0	0	19	71
Out of County Mobile Inspection	0	0	0	0	0	0	0	0	0	0	0	0	0	16
Mobile Compliance	7	2	0	11	11	12	7	1	8	1	0	0	63	262
Temporary FOCI/FOCI Licensed	0	1	1	1	0	1	0	0	1	0	0	0	4	22
Temporary FOCI/FOCI Inspection	0	0	0	1	0	0	1	0	0	1	0	0	12	19
Temporary Compliance	0	0	0	1	1	0	1	0	0	1	0	0	3	31
Vendor Location Inspection	0	0	0	18	0	0	0	0	0	0	0	0	18	31
Vendor Location Inspection	9	14	0	0	0	0	0	1	0	0	0	0	34	53
Vendor Compliance	0	1	0	0	0	0	0	1	0	0	0	0	4	24
Foodborne Investigation	0	1	1	0	0	0	0	0	0	0	0	0	2	3
Foodborne Compliance	1	1	0	0	0	0	0	0	1	0	0	0	3	15
Food Compliance Investigation	0	1	8	0	4	4	4	1	0	0	0	0	22	34
Food Compliance Compliance	0	1	1	8	4	4	1	1	0	0	0	0	23	32
FOCI/FOCI from Service	4	1	14	1	2	1	2	5	7	4	0	0	46	67
<b>Industrial Facilities</b>														
Air Inspection	0	0	0	0	0	1	0	0	0	0	0	0	1	2
Air Compliance	0	0	0	0	0	4	0	0	0	0	0	0	1	1
Water Inspection	0	0	0	0	0	0	0	0	1	0	0	0	1	34
School Compliance	0	0	0	0	0	0	0	0	1	0	0	0	1	26
<b>Public Health Services</b>														
Architectural Compliance Inspect	0	0	0	0	0	0	0	0	0	0	1	0	1	0
Architectural Compliance Consult	3	0	0	1	1	0	0	0	0	0	0	0	3	3
Animal Compliance Inspect	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Animal Compliance Consult	0	1	0	0	0	0	0	0	0	0	0	0	1	1
Boating Compliance Inspect	0	1	1	0	0	1	0	0	1	0	0	0	4	2
Boating Compliance Consult	1	8	3	3	0	4	4	1	0	0	1	0	21	58
Indoor Air Inspect	0	1	1	0	0	0	0	0	0	0	0	0	1	0
Indoor Air Consult	0	2	0	0	0	0	0	1	1	0	0	0	11	23
Water/Wastewater Compliance Inspect	0	0	0	0	0	0	0	0	0	0	0	0	0	4
Water/Wastewater Compliance Consult	1	3	7	0	0	8	1	0	0	1	0	0	23	27
Other Compliance Inspect	1	0	1	11	11	15	20	1	8	1	0	0	75	41
Other Compliance Consult	1	1	12	30	30	13	27	20	8	16	30	0	142	35
Swimming Compliance Inspect	0	1	1	0	1	1	0	0	0	0	0	0	4	9
Swimming Compliance Consult	2	1	1	8	0	8	1	1	1	1	0	0	18	33
Food Waste Compliance Inspect	0	0	0	1	1	0	0	1	0	0	0	0	4	14
Food Waste Compliance Consult	1	1	1	1	1	0	0	0	0	0	0	0	8	23

[illegible]

Robert Thomas, Barbara and Stephen

Feb 20 12

Fort DuRoi

# Mileage Report

Environmental Health Mileage: 2020					
Sanitarian	P. Donaldson	K. Stichert	J. Frazier	G. Taffia	Totals
January	517	366	366		1,261
February	435	296	390		1,121
March	226	245	175	206	852
April	247	22	115	23	407
May	311	81	179	36	607
June	424	253	247	214	1,138
July	313	404	249	186	1,154
August	482	473	266	0	1,221
September	259	736	217	0	1,211
October	539	467	65	0	1,071
November	77	137	16	0	232
December					0
2020 Totals	3,830	3,469	2,309	667	10,275

*Pat Donaldson*  
12.3.20

Ashtabud County

Bureau Section 2018	JAN	FEB	MARCH	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	2020 YTD	2019	2018
Step 8	1	0	0	0	0	0	2	8	12	4	3		31	133	139
OTAP	6	1	8	0	1	0	0	6	3	0	3		21	42	53
OTAP exp-PR	7	0	6	0	0	4	7	2	3	7	4		52	60	75
Chap-PR	1	0	0	0	0	1	1	2	2	0	0		9	22	26
MS	1	1	1	0	0	0	0	1	2	0	1		8	19	3
MS-8	8	8	2	0	0	10	3	10	4	9	7		51	190	155
MS-8 (Actual)	8	0	2	1	7	0	2	3	1	1	3		25	81	228
MS-8 (Previous)	8	5	4	8	1	8	1	11	20	4	3		53	134	155
MS-8 (Actual)	5	3	3	3	5	6	2	3	3	4	1		34	71	105
MS-8 (Previous)	6	2	4	0	0	4	1	3	6	3	5		34	80	55
PR	2	4	0	0	0	1	0	5	7	0	1		17	34	12
MCY4	1	2	0	0	0	8	3	14	25	14	7		74	169	188
MAWA	3	2	3	0	1	1	1	3	4	2	3		24	72	44
MAWA	3	1	0	0	0	1	1	3	3	0	0		12	25	27
MC-12	3	1	0	0	1	3	1	2	3	4	5		34	70	90
Business, Justice	4	0	1	0	0	1	0	0	0	1	1		8	24	20
Shirley	7	0	10	0	1	3	0	0	3	1	1		28	84	84
TD	1	1	0	0	0	1	0	0	1	0	0		4	14	14
TDP	5	1	1	1	1	5	7	11	23	9	3		77	118	118
Travel	12	3	2	0	0	1	1	2	2	2	8		27	45	57
Types	74	11	47	7	20	78	29	84	130	57	58		615	1,447	1,712
Infrastructure	0	0	0	0	0	0	0	0	0	0	0		0	0	0
TR, Maintenance	15	13	8	1	4	11	14	1	9	8	1		69	201	219
PR	0	0	0	0	0	0	0	0	0	0	0		0	14	94
LCR	8	4	0	0	0	0	0	0	0	0	0		12	15	43
Land	0	0	2	1	1	0	0	1	1	1	1		8	5	5
Car Parts	3	18	1	3	1	23	0	1	8	0	2		34	18	75
Cable for sale	1	18	0	0	0	0	0	0	0	1	0		20	3	3
Other Projects															
Active-CA	17	17	22	11	27	19	18	18	13	13	22		189	314	
Active-TR	134	134	141	109	140	140	152	154	153	153	149		1,594	1,684	
Total Churn	177	177	173	146	190	158	176	179	176	176	171		1,900	2,002	
New WAW	1	1	0	2	1	4	2	2	0	2	0		15	46	
Phone calls	14	6	3	0	0	0	0	1	3	4	0		33	64	
Business Referral	1	0	0	0	0	0	0	1	1	0	0		4	36	
Expenses	1	0	1	143	4	4	6	171	0	4	0		198	125	
Baby Box	0	0	0	0	0	0	0	0	0	0	0		0	21	
Total Services-CAWA	134	134	138	109	140	140	152	154	153	153	149		1,594	1,684	
Traveling	7	13	8	10	13	6	2	6	6	9	6		83	94	
Annual phone calls - active	0	0	7	6	14	10	8	2	1	1	0		48	79	
Churns moved to the office	0	1	0	0	0	2	1	0	0	1	0		3	10	
Ashtabud County Totals	722	849	832	672	814	798	827	1,084	779	803	875		7,711	12,873	44,037

# Ashland County

COMMUNICABLE DISEASE 2020	JAN	FEB	MARCH	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	2020 YTD	2019	2018
Campylobacter		1				2	2		2	3	1	11	15	17
Chlamydia	6	3	7	1	4	10	5	6	6	5	2	55	51	61
Coccidioidomycosis												0	0	1
CP-CHE		1										1	0	2
COVID -19			2	9	12	26	49	31	59	90	688	966	0	0
Cryptosporidium	1						1	1				3	3	8
Cyclosporiasis												0	2	1
E Coli (all serotypes)	1											1	4	6
Giardia	2											2	6	4
GC						1	1					2	10	7
Group A Strep			1					1				2	2	2
Hib												0	3	1
Hep A		1										1	3	0
Hep B, acute												0	1	0
Hep B, chronic	1											1	5	3
Hep C, acute		1				1						2	0	0
Hep C, chronic	4			1	1		1	1				6	16	18
Influenza Hospitalization	5	5	10	1								21	13	30
LaCrosse Virus									1			1	0	1
Legionellosis									2			2	2	3
Lyme Disease						3	5		1			9	11	4
Meningitis - Bacterial/Viral												0	2	1
Mumps												0	1	1
Pertussis			1									1	4	5
Rocky Mtn Spotted Fever												0	1	2
Salmonella				1	1	1	1	3				7	6	14
Strep Pneumoniae			1									1	3	3
TB			1									1	0	0
Tetanus												0	0	1
Varicella												0	2	3
Verruosis												0	1	0
Ashland County Totals	20	12	23	13	18	44	65	43	71	98	691	1098	167	199



# Ashland City

COMMUNICABLE DISEASE 2020	JAN	FEB	MARCH	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	2020 YTD	2019	2018
Campylobacter	1			1					2	1	1	6	5	8
Chlamydia	4	2	1	6	4	4	7	8	8	8	5	57	57	60
Coccidioidomycosis												0	0	3
COVID-19			1	8	3	8	22	17	53	91	0	203		
Cryptosporidium		1										1	4	3
Creutzfeldt-Jacob Disease												0	0	2
E Coli (all serotypes)									1			1	1	3
Ehrlichiosis												0	0	0
GIC		1						1	2			4	13	12
Giardia							1					1	1	3
Group A Strep	1			1	1							3	1	1
Group B Strep, Newborn												0	0	0
Hep A				1				1				2	3	0
Hep B, acute												0	2	2
Hep B, chronic	1					1			1			3	3	10
Hep C, acute						1						1	0	0
Hep C, chronic		2	1			1		1	1			6	6	13
Hep C, Perinatal							1					1		
Influenza Hospitalization	6	9	2									17	14	24
LaCrosse Virus												0	3	0
Legionellosis												0	1	1
Lyme Disease							2					2	2	1
Meningitis - aseptic/viral												0	3	2
Mumps												0	1	1
Pertussis	2											2	10	2
Salmonella					1							1	0	5
Strep Pneumoniae		1										1	3	3
Varicella												0	0	1
Vibriosis								1				1	0	1
Ashland City Totals	15	16	5	17	9	15	33	29	68	100	6	313	133	161
County-City Totals	35	28	28	30	27	59	98	72	139	198	697	1411	300	360



December 2020  
Ashland County Health Department  
Board Meeting



8 December

Readiness & Emergency Response Coordinator  
Team: Sheila Lynn Pryor – Josh Sexton



The Readiness and Emergency Response function for Ashland County is strategically building able to respond each day to our community, while also focusing on future capabilities and strength to EMA and Ashland County. We will provide our public health team the support needed to execute properly planned response, education, and readiness capabilities 24/7 to Ashland County in any needed opportunity. November was about getting programs back on track that have been none-existent since 2016 these programs are critical to every aspect of emergency preparedness. It is exciting to see new opportunity to serve the community. The MRC now has 13 volunteers that will begin training, we will be able to report hours of utilizing the MRC and gain potential grant availability that has not been an option to us for the last few years. We have stood up the WEB-EOC for the absolute reality that working offsite will in fact happen and the team needs to respond in a unified and educated manner – no by putting out the fire as in the past year. We will have a solid and streamline program to safely handle any situation, crisis, outbreak. Or emergency. The team building that we have been actively creating will compliment every aspect of this.

#### Accountable Accomplishments:

- Distribution of multiple "on-demand" incidents within our community for PPE at the onset of an outbreak. In November we have experienced 10 total outbreaks, but that capacity ranged from 6-60 in any given 14-day window. This also included a group Our community partners know they can count on us in time of need.
- Identified, evaluated solutions, and implemented the process of plexiglass installation for our ACHD team. Also established working partnership with another PPE resource readily available for our community.
- After providing ODH orders, and recommendations against social gatherings – we continue to create focused event specific media and publications to support the ongoing political venues in a safe and support way for Ashland County, that chose to hold events at their own. Asking them to meet and comply with the state mandate for masking and social distancing safely. We have established a workflow with EHL, and directly getting recommendations for venue variances in writing to Pat to approve or disapprove for schools, plays, churches and sporting events.
- Attended a tabletop exercise at Mapleton Schools with EMA to go over their Emergency plan in the case of bomb threat or active shooter incident.

- On site visit to Summit County – North East Central Ohio COVID-19 operations hub to see the full center. Obtain training for PHEP grant deliverables, learned about contact tracing protocols, funding options that other counties are utilizing. Sheila spent the day with Chris Barker building a partnership with our state leaders, and resources that are quickly available as needed. This has never happened in the past for Ashland.
- Active participation in all video calls regarding vaccination planning, ODH guidance calls, and keeping aware of all Ohio participations and compliance regulations.

#### **Continual Support Activities and Deliverables to Environmental Health – Nursing Staff – Accreditation Coordinator – Health Commissioner**

- Facilitation of Daily 0900 hours staff accountability and communication to team by conference call for 17 team members, to include a weekly “team building” that encourages team cohesiveness and esprit de corps. Creative ways that ten minutes of positive mentoring build us to be the best team ever. Taking care of our team as a family builds future success.
- Daily 1000 EOC update meetings in person – providing all current statistical information, trends and issues, as well as a conduit to our medical partner, UH Samaritan for patient count, monitoring and acuity of our cases.
- Twice Weekly Countywide EOC meetings – representing ESPB in a full capacity This opportunity gives our mayor, our commissioners, and civic leaders a direct Q & A period that shows our value to the county.
- Bi-weekly video meetings with all long-term care partners providing all needed statistical data, to include status of PPE shipments, Testing material shares, and vaccination planning.
- Participate in every school “Nurses Call” weekly, training opportunities, ODH Webinars are completed weekly for new guidance. Also, multiple capacity outbreak support – as the situations occur.
- Weekend on call point of contact for all weekends – to include contact within each department for support in the need of a call after hours.
- Leading organizational meetings for all upcoming COVID-19 testing groups
- Planning and coordinating for Ashland University pre-return testing that includes: Gov DeWine’s task team, National Guard liaisons, and all key leadership of the university. We are planned for three events throughout the holiday season to keep the community safe. The holiday break will still house nearly 400 student athletes that will be training on campus and completing education requirements virtually. Continuous monitoring of face to face situations being minimal.

**Other Notables:**

Josh's Completion of IS 200

Assisted with COVID testing at Ashland High school on November 13th, 17th, and 20th as part of their participation in the study with OSU medical center. Expanding another COVID-19 function offered during this pandemic and to the community

We have responded and supported 10 outbreaks in the month of November. These unpredictable events call for something new in the leverage of support to our teams and the community at a moment's notice.

Continue to accept and track a tremendous push of PPE from the state, work closely with EMA and the storage facilities that we are fortunate to have access to. Accuracy is critical and of utmost priority within our staff. Incoming 1600 disposable gowns, that are in high demand & additional 2750 washable gowns, that we have utilized in funeral home and educational settings as well.

Resourcing of the following PPE items in accountable manner to include signature of organization accepting items for future funding opportunities to be maintained:

Washable Gowns - 240  
Blue Disposable - 260  
Clear Disposable - 500  
Shields - 100  
N95 - 565  
KN95 - 1682  
Masks - 3150  
Gloves - 5700

*Summary prepared by Sheila Pryor 3 December 2020.*



# Ashland County Health Department

## Annual Report 2019



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

**HEALTHY PEOPLE, HEALTHY ENVIRONMENT, HEALTHY  
COMMUNITY!**



Ashland County Health Department serves over 53,000 citizens in our county. Of this 28% or 14,840 are under the age of 18 and 19% or 10,000 citizen are over the age of 65. Meeting the needs of our community is the goal of the Ashland County Health Department. This includes multiple services such as health fairs, vaccine clinics, health education, home visits, tracing communicable diseases among other things. Each year, the health department works to determine what is best to do for our community based on data coming in from multiple sources. One of these sources is our Community Health Improvement Plan (CHIP). From this, we determine our strategic plan and what is needed to make Ashland County healthier. We all have to do our part in making this community healthier. We must look at our personal health options and find ways in which we can improve our health such as quit smoking, losing weight, monitoring our sugar intake, eating healthy and exercising. Look for future health fairs and education from ACHD which can help us all make a difference in the health of

#### **District Advisory Council**

##### **2019 Officers:**

**Kent McGovern – Chairperson**  
**Bob Vinsack – Secretary**

The Ashland County Health Department serves the townships, villages, and contract cities of the county. The mayor of each of the villages, the president of the Ashland County Board of Commissioners and the chairperson of each township's board of trustees are the designated members of the District Advisory Council. They are required by law to meet annually in March, and their statutory powers and duties include selecting board of health members, considering special reports for the board of health and make recommendation to improve public health.

#### **THANK YOU – Ashland Community**

With the help of our community partners and the caring citizens of Ashland County, our important levy was passed. This continuation of funding will allow ACHD to offer the services we have been providing here locally. Did you know that many people rely on the Health Department for immunizations? Food businesses need to have licensing and inspections to operate? Vital records such as birth and death records are processed here in Ashland County? These and many more services help keep our community safe and healthy. THANK YOU, citizens of Ashland County.

## **2019 BOARD OF HEALTH AND STAFF OF ASHLAND COUNTY HEALTH DEPARTMENT**

#### **Board Members:**

##### **President:**

Jeff Hardman

##### **President Pro Tempore:**

Dr. Rebecca Cawse, DVM

Ronald Pugh

Stanley Kopp, Sr.

##### **Medical Director:**

Dr. David Tomchak, MD

#### **Leadership Team:**

Health Commissioner:

Sarah Goodwill Humphrey, MPH, CPH, RS

Environmental Health Director:

Pat Donaldson, BS, RS

##### **Nursing:**

Shirley Bisby, RN, BSN

#### **2019 Staff**

Jennifer Frazer, RS – Food Protection

Jennifer Helbert- EH/Finance Clerk

Lauren Jeffery – Vital Statistics

Jill Hartson – Emergency Preparedness

Laure McFarlin, RN – Nursing

Jenna Gerwig – RN, BSN – Nursing

Andrea Ellison – Nursing Clerk

Jean Neel, RN – Nursing

### Together we can make a healthier Ashland County

The Ashland County Health Department is mandated by Ohio Law to provide certain services to our community, without much financial support to do so. These activities include preventing the potential for rabies by investigating mammal bite cases, limited the transmission of communicable diseases through investigation and the treatment of individuals, providing vaccines for under-served or under-insured children, reducing smoking in our county, and offering health education and promotions.

Much of our funding comes from two major streams, your tax support from the levy millage, and from grant funding. ACHD works at applying for as many grants as we feel we are able to manage and we have been successful in getting some awards. Many times, the awarded grants are for specific programs rather than for general operations of the health department. All we can say to you is THANK YOU for your support! Having a healthier Ashland County takes the commitment of us all!

### List of Grants we participated in 2019:

**Mosquito Grant** – this grant provided tire vouchers that disposed of 1,770 tires that could have been breeding grounds for mosquitos.

**Principle Forgiveness** – Loan for sewage failures and replacements.

### Community Outreach

2019 kept the ACHD staff very busy. We had the following events:

1. Exercise on January 17 on Communicable Diseases
2. Child Fatality Review Board met in February
3. Baby Shower hosted on June 19<sup>th</sup>.
4. Family Fun Day with the theme "Circus" was held May 4<sup>th</sup>.
5. Amish Health and Safety Day was held on August 15.

### 2019 Program Activities

<b>Environmental Health</b>		<b>Swimming Pools</b>	34
<b>Sewage Program</b>		Licensed	22
Consultations	1489	Consulted	62
Reviews	29	Inspected	
Permits Issued	69	<b>Vital Statistics</b>	
Household Sewage Inspections	244	Total Birth Certificates Issued	2243
Subdivision Reviews	48	Total Death Certificates Issues	1840
<b>Water Program</b>			
Consultations	512	<b>Nursing</b>	
Inspections	79	Vaccines given 2019	10,815
Samples Collected	158	Tracking of Communicable Diseases	303
<b>Campgrounds</b>		Car Seats provided	58
Licensed	12	CMH Home Visits	66
Consulted	23	Lead follow-up	5
Inspected	16	Hypertension Clinic	58
<b>Rabies Control</b>	97	TB Tests Given	201

## ACHD FINANCES

Fund	Revenue	Expenses	Fund Balance
General	\$1,055,773	\$ 909,151	\$ 611,882
PHEP	63,641	65,781	46,049
Food	124,088	131,111	109,667

## COMMUNITY HEALTH NEEDS ASSESSMENT (CHA) COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)

Two major documents that are required by the State of Ohio Board of Health and PHAB are the CHA and CHIP. These documents can be found on our website [www.ashlandhealth.com](http://www.ashlandhealth.com).

Our current CHA and CHIP are in place until 2023. Before then, ACHD and the community partners will be focused on implementation and then preparing for the next one that is due in October 2023.

## ACCREDITATION UPDATE

This year, ACHD applied for accreditation with the Public Health Accreditation Board (PHAB). This is the beginning of a long process of collecting data, preparing reports, and uploading evidence for the team to review. After the review, ACHD will get a site visit from a team of members of PHAB and other health departments. After the visit, we will be approved for accreditation.



Did you know you can follow us on Facebook? Look for Ashland County Health Department for updates and current health news.

ACHD's mosquito grant program helps protect against mosquito-borne diseases by:

- Spraying town in the county
- Provide tire vouchers to help eliminate mosquito breeding areas
- Tracks mosquito types in the county and checks them for diseases such as Zika, West Nile, and La Cross Encephalitis
- Providing dunks for mosquito investigation for standing water such as ponds and lakes.



For more information regarding mosquitoes check with ACHD.



## Office of Vital Statistics

### Leading Causes of Death for 2019

- Heart Disease
- Cancer
- COPD/Pulmonary Hypertension
- Dementia/Alzheimer's
- Accidents

### Did you know?

Part of the role of public health is to be prepared for emergencies that could affect all or part of our population. As such we participate in PHEP grant which prepares ACHD to respond to such emergencies. PHEP Program works to advance six main areas of preparedness so state and local public health systems are better prepared for emergencies that impact the public's health.

- **Community Resilience:** Preparing for and recovering from emergencies
- **Incident management:** Coordinating an effective response
- **Information Management:** Making sure people have information to take action
- **Countermeasures and Mitigation:** Getting medicines and supplies where they are needed
- **Surge Management:** Expanding medical services to handle large events
- **Biosurveillance:** Investigating and identifying health threats.

ACHD is here to help keep us all safe.

### VITAL STATISTICS - 2019

#### BIRTHS -

- MALE = 147
- FEMALE = 125
- TOTAL = 272

#### DEATHS -

- MALE = 188
- FEMALE = 208
- TOTAL = 396

#### CHILDHOOD FATALITIES = 9

Vital Records provide a valuable service to the Ashland Community. Not only does it provide birth and death certificate copies to the public, but it also works with funeral homes on burial permits, doctors on cause of death, and reports to the State Vital Records for data reports on the causes of death.



## Ashland County Health Department

For Your Health,  
For Our Community



Part of the University of the Pacific Health System

Ashland County Annual Communicable Disease Report					
Reportable Condition	Count 2019	Count 2018	Count 2017	Count 2016	Disease Class
Babesiosis	0	0	0	1	B
Campylobacteriosis	20	25	21	17	B
Chlamydia infection	108	121	147	119	B
Coccidioidomycosis	0	1	0	1	B
Carbapenem-resistant Enterobacteriaceae	0	5	0	0	B
Cryptosporidiosis	7	11	7	18	B
Creutzfeldt-Jakob Disease	0	2	0	0	B
Cyclosporiasis	3	1	0	0	B
E. coli (Shiga toxin producing) – all serotypes	4	9	9	4	B
Ehrlichiosis	13	1	1	0	B
Giardiasis	7	7	8	7	B
Gonococcal infection	23	19	29	13	B
Haemophilus influenzae (invasive disease)	3	1	2	1	B
Hepatitis A	6	0	0	0	B
Hepatitis B – acute/chronic	11	2	9	9	B
Hepatitis B – Perinatal Infection	0	13	0	1	B
Hepatitis C – acute/chronic	22	31	36	38	B
Influenza – associated hospitalization	27	54	39	21	B
Lacrosse Virus Disease	3	1	2	0	B
Legionnaires' Disease	3	4	0	0	B
Lyme Disease	13	5	9	8	B
Meningitis – aseptic/viral	5	3	1	0	B
Meningitis – Bacterial (not n meningitis)	0	0	1	0	B
Mumps	2	2	0	0	B
Mycobacterial disease – other than TB	0	0	0	2	B
Pertussis	6	7	5	20	B
Q Fever	0	1	0	0	B
Salmonellosis	6	19	10	7	B
Shigellosis	0	0	0	1	B
Streptococcal – Group A – invasive	1	3	2	2	B
Strep pneumoniae – resistant, non, unk	6	6	3	5	B
Spotted Fever Rickettsiosis	1	2	0	0	B
Tetanus	0	1	0	0	
Varicella	2	4	3	1	B
West Nile Virus	0	0	1	0	B
Vibriosis	0	1	0	0	B
Yersiniosis	1	0	5	1	B
Total	303	362	350	297	




#### Assessment Coordinator – Board Report for December 8, 2020

November was a month of transition. In order for ACHD to move forward in accreditation, certain major items need completed. Although I am not certain I can complete them all, I have begun the process for the annual report and strategic plan. I am hoping this can move us forward and help the incoming health commissioner. PHAB has given us until 3-31-2020 for submission of documents. Any further extensions will need to be accompanied with a letter of explanation and then approved by PHAB's CEO.

#### Tasks:

- Draft of Annual Report
- 12 policies signed and uploaded in e-phab in place of the nonformatted documents.
- Began the process of taking information from retreat and from the community partners of CHIP items and putting a format for strategic plan
- Employee handbook has been completely retyped in a new format and updated. Still needs table of contents but will be added after edits. Next steps are (1) meet with staff and suggest changes to the policy, (2) present policy with suggested edits to the board for discussion and/or approval.
- CHIP Objective Worksheets were sent to all community partners for updating and most have come back before the deadline except for two TAG groups. Once they are all received, I will put into a report for the January Board Meeting and then into the strategic plan. Partners are wanting a meeting to go over the CHIP items. This will wait until we hire a new health commissioner.
- Attached are the following reports:
  - ACHD's Guiding Principles: this is what is expected of all staff at ACHD and was completed by all ACHD staff at the two different retreats
  - SWOT analysis completed by all staff at the two different retreats
  - Update on Accreditation numbers
  - Timeline of items due by ACHD. This is either according to ODH, law, or policy.

Respectfully submitted:



Vickie Taylor,  
Accreditation Coordinator

## Guiding Principles of Employees of ACHD

**EMPOWERMENT:** Every employee has ownership in the successful achievement of our Department's mission.

**COMMUNICATION:** We value effective, strong, and consistent communication both verbal and written that is respectful to all.

**KNOWLEDGE:** We value an educated staff and constituency that understands the importance of preventive measures and health literacy.

**SERVICE:** We value timely, professional, and responsive interactions with customers.

**ADAPTABILITY:** Our health department and staff are versatile and able to adjust to in an ever-changing environment.

**DATA DRIVEN:** We design our programs and interventions based upon reliable, evidence-based practices and data.

Final SWOT Analysis from Leadership and Staff Retreat

Strengths	Weaknesses	Opportunities	Threats
<ul style="list-style-type: none"> <li>• Our community partners</li> <li>• Diverse personnel</li> <li>• Accreditation process in progress</li> <li>• Locally focused</li> <li>• Experienced, educated staff who care</li> <li>• Longevity of staff</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of clear expectations and priorities</li> <li>• Poor communication</li> <li>• Lack of proper staffing</li> <li>• Lack of formalized orientation</li> <li>• Inconsistencies in schedules and supervision</li> <li>• Not enough funding to do all we should be doing</li> <li>• Lack of public trust</li> <li>• Staff not cross-trained</li> <li>• Lack of planning and systematic programming</li> <li>• Horrible office location</li> </ul>	<ul style="list-style-type: none"> <li>• Grants funding at local, state, and federal levels</li> <li>• Work with community partners to leverage shared resources</li> <li>• Impact community health with researched and planned programming specific to needs</li> <li>• Grow relationship with county commissioners and mayors</li> <li>• Partner on research projects with Ashland University</li> </ul>	<ul style="list-style-type: none"> <li>• Community perception that we are "big brother"</li> <li>• Non-compliance from community leaders and partners</li> <li>• Aging population in the community</li> <li>• Aging workforce at ACHD</li> <li>• Losing employees to other locations with better pay and benefits.</li> <li>• Staff not feeling prepared for emergency threats</li> </ul>

Domain #	# Measures Needed	Documents ready to complete	#Measures uploaded to e-PHAB	# remaining	% Expected uploaded	New Data Expected Upload %	% Completed	Date updated	# 1 % Domain Leader	# 2 % Domain Leader
Domain 1	47		43	4	100.00%	44.00%	91.49%	10-13-2020	James Williams	James Williams
Domain 2	44		24	20	100.00%	44.00%	54.55%	11-3-2020	Paula Pryor	Paula Pryor
Domain 3	34		19	15	100.00%	44.00%	55.88%	10-13-2020	Paula Pryor	Paula Pryor
Domain 4	13		4	9	100.00%	44.00%	30.77%	8-25-2020	James Williams	James Williams
Domain 5	26		4	22	100.00%	44.00%	15.38%	8-25-2020	James Williams	James Williams
Domain 6	31		9	22	100.00%	44.00%	29.03%	8-25-2020	James Williams	James Williams
Domain 7	17		0	17	100.00%	44.00%	0.00%		James Williams	James Williams
Domain 8	24		3	21	100.00%	44.00%	12.50%	10-16-2020	James Williams	James Williams
Domain 9	26		0	26	100.00%	44.00%	0.00%		James Williams	James Williams
Domain 10	7		2	5	100.00%	44.00%	28.57%	8-25-2020	James Williams	James Williams
Domain 11	45		6	39	100.00%	44.00%	13.33%	10-23-2020	James Williams	James Williams
Domain 12	15		1	14	100.00%	44.00%	6.67%	10-26-2020	James Williams	James Williams
Total	329	0	115	214	100.00%	44.00%	34.95%			

## PHAB online Status

Measures:	100
Not started	55
In Process	21
Director Review	24
PHAB Review	0

## PHAB Online Status



## **Beginning Timeline for Major Projects CHA, CHIP, SP, etc.**

### **Due to State:**

#### **March 1 every year:**

- Submission of a state health district subsidy fund application and compliance statement.
- Status of accreditation preparation and application efforts/ progress
- Submission of a completed annual financial report to the department.

#### **March 1 Even Numbered Years:**

- Completion and submission of the department's on-line report which incorporated the PHAB standards on accreditation progress

#### **End of each year:**

- EH Cost Methodology
- Cost for Vaccines

### **CHIP – 3 years**

- Year one timeline and tasks
- Year two timeline and tasks
- Year three timeline and tasks
- (timeline when the next one starts)
  - 2020-2022 SHIP now in place
  - 2020-2022 CHIP AC now in place
    - In 2022 the SHIP for 2023-2025 is released
    - Oct 1, 2023 AC CHIP is due for 2023-2025
      - In 2025 the 2026-2028 SHIP is released
      - Oct 1, 2026 the CHIP AC is due for 2026-2028

### **Strategic Plan – 5 year**

- Year one timeline and tasks (2021)
- Year two timeline and tasks (2022)
  - Need to start the CHA and CHIP that is due Oct 1 2023
- Year three timeline and tasks (2023)
  - October 1 CHIP is due
- Year four timeline and tasks (2024)
- Year five timeline and tasks (2025)
  - Need to start the CHA and CHIP that is due Oct 1, 2026
- Year 3 and 4 begin on the next Strategic Plan and update the current one.

### **Agency performance Plan 1 year**

- Based on year of CHIP and Strategic tasks



#### **Employee Performance Plan/ Improvement**

- Expectation
- Goals
- Values
- Individual Development
- Evaluation – Every January for existing employees, ½ through probation for new and 10 days before the end of probation
- Improvement Plan

#### **Quality Improvement- Agency**

- Evaluating goals met or not met
- Identify problems and how to improve

#### **Quality Improvement – Employee**

- Annual evaluation
- Employee recognition
- Minor disciplinary notices
- Monthly staff meetings all staff
- Divisional staff meetings

#### **Other items:**

- Every summer TB test evaluation (new employees get first TB test upon hire)
- Annually every employee should receive:
  - Information concerning dangers of drug abuse in the workplace
  - Current copy of the department's published statement on drug abuse
  - Current copy of the Drug Free Workplace Policy
  - Current copy of the employee drug testing policy
  - Information regarding drug counseling, programming etc.
- Annually, every employee should have updated training on bloodborne pathogens and communicable diseases.

#### **New Employees:**


- 45 day review/ another 10 days before end of probation period
- Copy of handbook (sign for receipt of understanding)
- Drug Free Workplace statement and policy (sign receipt)
- Drug Testing policy (sign receipt)
- Consent form for Drug Testing (sign form)
- Sign for Background check
- Copy of Ohio's Ethics law
- Copy of Public Health Ethics Law
- ORC Section 102

## Finance Report for November 2020

**The Contact Tracing Grant 2020** has been uploaded and approved. I will now be able to enter expenditures in for the months of August, September, October and November. I roughly figured our reimbursement will be \$75000.00. I will claim the remaining \$100,000.00 the first week of January. This amount will consist of paying tracers and flex time for those employees who have been tracing, supplies, etc for the month of December. This grant required that contracts were in place for all tracers before we were able to pay them. I have completed those contracts and have gotten signatures from our tracers.

**Covid \$200,000** – Every Health Department received these funds in November. These funds are to be used for things that were not covered under either the Covid or Contract Tracing grants. Currently, there is no documentation that we need to fill out. I have received guidance that we can take each individual employee who were involved in the pandemic (Health Commissioner, EH Staff, Nursing who are not included in any grants, PHEP staff, myself, etc) and use a percentage of their wages/fringes for these funds. I will have more information for you when I receive it.

**Covid Sick Leave** – See attached email I received from Jennifer at ODH. I asked her a few direct questions and you can see her response in the email.





Jennifer Helbert &lt;jhelbert@ashlandhealth.com&gt;

**covid sick leave**

Jennifer.McCauley@odh.ohio.gov &lt;Jennifer.McCauley@odh.ohio.gov&gt;

Fri, Dec 4, 2020 at 11:13 AM

To: Jennifer Helbert &lt;jhelbert@ashlandhealth.com&gt;

Cc: "Norma.Fletcher@odh.ohio.gov" &lt;Norma.Fletcher@odh.ohio.gov&gt;, "Shannon.Coleman@odh.ohio.gov" &lt;Shannon.Coleman@odh.ohio.gov&gt;, "Wally.Burden@odh.ohio.gov" &lt;Wally.Burden@odh.ohio.gov&gt;

Hi Jennifer,

My responses are below in red based on the guidance released in April, 2020. Hope this helps. Thanks

Jennifer

From: Jennifer Helbert <jhelbert@ashlandhealth.com>  
Sent: Friday, December 4, 2020 10:25 AM  
To: McCauley, Jennifer <Jennifer.McCauley@odh.ohio.gov>  
Subject: covid sick leave

Jennifer,

Can you help me? I am definitely not a HR person so you may have to handle me with kid gloves :)

Here's our situation:

We had several employees who were out of the office sick with Covid. Some were out 2 weeks (70 hours) and some are still out sick. I paid each of them their regular pay that they were to receive on a normal cycle and did not require they use their accumulated sick hours. Several of them do not even have the sick time to use anyway. Am I understanding correctly that our Board of Health will not be able to receive any kind of funds (federal, state) for paying these employees (FFCRA)? Yes, this is correct based on the attached guidance. Your agency would have needed to charge leave as a fringe and then pay for this leave using the fringe collected. Also, for those who do not have the sick time to use but are out past the 80 hours, what do you recommend? You would need to follow your agency policy. They apply for the FFCRA? Please refer to the attached regarding FFCRA. Your agency would need to have been charging leave as a fringe. This is how this would have been covered.

I'm totally clueless. I just want to be able to provide our board correct information for our board meeting next week.

Thank you!