



CATTARAUGUS COUNTY BOARD OF HEALTH

1 Leo Moss Drive, Olean, NY 14760, Tel. (716)373-8050, Fax (716) 701-3737



Public Health
Prevent. Promote. Protect.
Cattaraugus County
Health Department
Established 1923

Joseph Bohan, MD, President

Giles Hamlin, MD, Vice-President

Zahid Chohan, MD

Kelly J. Andreano, Legislator

Sondra Fox, RN, MSN, C.S.

Theresa Raftis

David L. Smith, Mayor

Kathryn Cooney Thrush, NP, MSN

Donna Vickman, LPN

MINUTES

November 2, 2022

The 908th meeting of the Cattaraugus County Board of Health (BOH) was held at the Old Library Restaurant on November 2, 2022.

The following members were present:

Joseph Bohan, MD

Zahid Chohan, MD

Giles Hamlin, MD

Kelly Andreano, Legislator

Kathryn Cooney-Thrush, NP, MSN

Sondra Fox, RN, MSN, C.S.

Theresa Raftis

David Smith, Mayor

Donna Vickman, LPN

Also present were:

Kevin D. Watkins, MD, MPH, Public Health Director

Ashley Smith, County Attorney

Legislator Richard Helmich

Legislator Ginger Schroeder (Virtual)

Legislator Rick Smith

Brenda Hanson, Resident (Virtual)

Ray Jordan, Senior Public Health Sanitarian

Sean Jordan, SBU Public Health Intern

Debra Lacher, Secretary to the Public Health Director

Collette Lulay-Pound, Administrative Officer

Rick Miller, Olean Times Herald Reporter

Lynne Moore, Director of Nursing

Dave Porter, Hearing Officer

Bob Ring, Environmental Health Director

Brooke Schnell, Community Health Nurse

Matt Tyssee, Health Educator

Gilbert Witte, MD, Medical Director

The meeting was called to order by Dr. Bohan. The roll was called and a quorum was present. Dr. Bohan asked for a motion to approve the meeting minutes from September 7, 2022. A motion to approve the Board of Health (BOH) meeting minutes from September 7, 2022 was made by Mayor Smith, seconded by Dr. Hamlin, and unanimously approved.

A motion to approve the Professional Advisory Minutes of July 20, 2022 was made by Dr. Witte, seconded by Mrs. Fox, and unanimously approved. Dr. Bohan stated that at this meeting there had been a discussion about decreased funding to homecare and would like Mrs. Moore to address that when she gives the homecare report.

DIRECTORS REPORT: Dr. Watkins stated that every year the Board must review and approve the Clean Indoor Air Act (CIAA) waivers that have been granted within the county. For 2023, there are two establishments that have modified their place of business by designating a separate room away from the general traffic; the rooms utilize special mechanical ventilation systems to control second hand smoke exposure to non-smokers that enter their establishments. These two establishments are the Ischua Fire Department, and the Little Valley VFW. He stated that environmental health staff will go out and inspect these two facilities to make sure that the ventilation systems are working properly and if they are, they will be issued a waiver upon the board's approval. A motion was made by Dr. Chohan and seconded by Dr. Hamlin to permit the issuance of waivers for the two establishments upon passing of their inspection, a vote of 8 ayes and one nay by Mrs, Fox was recorded, the motion passed.

Dr. Watkins reminded the Board that there were (2) membership associations that are exempt from all smoking restrictions contained within the CIAA. These associations attest that members of their organizations do not receive compensation of any kind from the membership association or any other entity for their performance or duties. These include the Christopher Columbus Club in Olean, and the Olean American Legion, These memberships associations do not need Board approval to allow smoking in their facility.

The budget was submitted and reviewed with the County Administrator and has now been forwarded to the County Legislature for adoption. The department will go before the Human Service committee to answer any questions pertaining to the budget on November 14th and the budget will be presented for adoption by the legislature board on November 22nd.

As it stands, the department projected an expense of \$14,637,348 for its 2023 budget, which is a 0.64% increase from this year's budget of \$14,543,901. This increase is basically due to increased wages for personnel. In addition, the department is projecting a revenue of \$11,009,459 for its 2023 budget which is a (5.6%) decrease from this year's budget. The loss of revenue is basically due to the loss of COVID-19 grants and the Delivery System Reform Incentive Payment (DSRIP) funding.

Last month was breast cancer awareness month, there is an annual awareness campaign that goes on each October to bring attention to the seconding leading cause of cancer deaths among women. The American cancer society has estimated that for breast cancer in the U.S., in 2022, there will be about (287,850) women who will have an invasive breast cancer diagnosis, and about (51,400) who will have a non-invasive breast cancer diagnosis. Unfortunately there will be about (40,920) women who will die from breast cancer this year. The American cancer society also projected that in the U. S., in 2022, there will be about (2,710) new cases of invasive breast cancer diagnosed in men, and about (530) men will die from breast cancer this year. When looking at race and ethnicity of breast cancer deaths in the United States per (100,000) individuals, Asians appear to have the least number of deaths compared to other races. African American appears to have the highest rate. The American College of Radiology has recommended that women, at the age of (40), should get a base line mammogram. When looking at screenings in Cattaraugus County, in 2016 Foothill Medical Group screened, with a mammogram, (29%) of their women patients (ages 40-60) for breast cancer, during the same year, UPC screened (56%), and Olean Medical Group screened (64%). One of the objectives of the Community Health Improvement Plan (CHIP) is to increase the breast cancer screening rates by at least (5%) each year. As of 2021, breast cancer screening rate at UPC for women (ages 40-60) increased to (63%) and during the same year, the breast cancer screening rate for OMG increased to (69%). Foothill Medical Group breast cancer screening rates for 2021 are still pending.

The Opioid Settlement Fund Advisory Board (OSFAB) has submitted their annual report to the State Legislators and hopefully Cattaraugus County will start to see more funding brought into the county to battle opioid addiction. Fentanyl and other synthetic opioids are the most common drugs involved in overdoses globally. When looking at opioid deaths by opioid types, fentanyl is the most common opioid associated with opioid fatalities in NYS. When we break the opioid fatalities down by race and ethnicity in NYS, we see that the curve for African Americans, and Hispanics have increased while the curve for Caucasians have started to decrease. There were (12) fentanyl deaths in Cattaraugus County for 2020, there were (13) fentanyl deaths in 2021, and as of date, there has been (14) fentanyl deaths in 2022 with (7) potential deaths to add to the 2022 totals, pending toxicology reports.

Trying to solve this problem, we are looking at locations of where the deaths are taking place. In 2021 there were (3) locations where most fentanyl deaths occurred; Olean, Salamanca, and Gowanda. In 2022 most of the deaths occurred in Olean.

The State will receive opioid settlement funding for the next (18) years and the OSFAB will advise the state legislature how to best spend the funds to combat opioid addiction.

The winter “tridemic” which includes COVID-19, influenza, and Respiratory Syncytial Virus (RSV) has public health officials concerned because it can potentially compromise the already fragile medical system and hospital capacity. If a person contracts one of these viruses it can potentially reduce their immune system and if they are exposed to a second virus on top of the first virus, it can lead to severe complications that lands the person in the hospital and possibly the intensive care unit.

COVID-19 Update: As of date, the department has reported (23,561) positive COVID-19 cases in Cattaraugus County, and (23,134) of those cases have recovered. The department continues to have self-reporting of positive cases. Of the number of positive cases reported, the highest rate are still among those 19 years of age and under. Unfortunately, there has been (275) deaths recorded so far in Cattaraugus County. For the month of September there were (848) positive COVID-19 cases and (8) deaths, in October there were (684) positive COVID-19 cases and (3) deaths.

New COVID-19 omicron sub-variants called BQ.1 and BQ.1.1 are on the rise. The sub-variants are adept at dodging the protective antibodies developed from prior infections and vaccinations. The sub-variants are extremely contagious, with a doubling time higher than BA.5. In NYS about (27%) of our current cases are BQ.1 and BQ.1.1.

(57%) of Cattaraugus County residents have received a vaccine, (53%) have completed their vaccine series, and (56%) of those have been boosted. On August 31st the bivalent booster was authorized by the FDA and CDC, which boosts immunity against the original coronavirus strain and also protects against the omicron sub-variants BA.4 and BA.5. At that time, the Pfizer bivalent booster was approved for those (12 years of age and older), and the Moderna bivalent booster was approved for those (18 years of age and older). On October 17th the Moderna and Pfizer bivalent booster vaccines were authorized for children. The Pfizer bivalent booster can be given to those (5 years of age and older) and the Moderna bivalent booster can be given to those (6 years of age and older). Dr. Chohan asked if this was the third or fourth dose being made available to residents. Dr. Watkins replied that it was the third dose available for children and the fourth dose for adults.

Influenza surveillance begins around October 1st in NYS. Since October 1st there has been (3) consecutive weeks that influenza has been categorized as widespread in NYS. All health department nursing personnel, and nursing home personnel have been offered an influenza vaccine. For those who decide to decline a vaccination they are required by State regulation to wear a face mask when treating patients once influenza has been declared to be wide spread by the State commissioner. Both Chautauqua and Cattaraugus County have high influenza activity based on reports from NYS. As of November 1st there has been (87) influenza A positive cases identified, and (1) influenza B positive case in Cattaraugus County. These are laboratory confirmed cases, and there may be many who have not been tested or reported.

The symptoms for influenza include fever, chills, sweat, headache, cough, shortness of breath, fatigue, and sore throat. Based on the CDC's report of influenza vaccine efficacy, some years the influenza vaccine is very effective against the circulating strain and some years the vaccine is nearly ineffective against the circulating strain. In 2010 there was a (60%) effectiveness, 2014 there was a (19%) effectiveness, last year the influenza vaccine was (35%) effective.

RSV is the third part of the tridemic. RSV- a common, contagious virus that causes infections of the respiratory tract. Respiratory syncytial virus enters the body through the eyes, nose or mouth. It spreads easily through the air on infected respiratory droplets and usually circulates during fall, winter, and spring, from mid-September to May, can affect all age groups.

RSV presents as a runny nose, dry cough, low grade fever, and sore throat. RSV infection can spread to the lower respiratory tract, causing pneumonia or bronchiolitis. The cough becomes more severe and children will wheeze and have difficulty breathing and occasionally cyanosis can occur which is the blue coloring of the skin. RSV can be severe for people who are younger than 5, older than 65, or immunocompromised and may result in hospitalization and potentially the intensive care unit.

Precautions should be taken, including washing hands, covering the mouth when coughing, not sharing drinking glasses, not smoking around children, and washing toys regularly. Dr. Watkins shared that he had reached out to community providers to determine if they were diagnosing an increase number of positive cases of RSV. One provider reported that they were not seeing much RSV, another reported that they are seeing an increase in RSV but they are not testing for it directly but ruling out COVID-19 and influenza.

Mayor Smith asked for an explanation of DSRIP funding that was eliminated in the budget. Dr. Watkins replied that five or six years ago the Office of Medicaid Inspector General inspected programs that serviced Medicaid patients and any program that billed Medicaid before collecting from the patient's third party insurance first, or billed Medicaid and did not complete the required information in their progress notes, those programs were penalized and required to reimburse Medicaid a pro-rated repayment fee. DSRIP was created from these collected funds and the purpose of DSRIP was to take these collected funds and restructure the health care delivery system in NYS by reinvesting in the Medicaid program, with the primary goal of reducing avoidable hospital use by 25% over 5 years.

Mrs. Vickman asked if COVID tests were becoming scarce. Dr. Watkins replied that the State is no longer giving away the over the counter at-home test kits for free. Therefore the department will have to pay for future COVID-19 tests kits, and will have to charge residents if they want to come in and get a PCR or an antigen COVID-19 test.

ENFORCEMENT LIST: Mr. Porter, Hearing Administrator Officer reported on the administrative hearing held September 13th, 2022.

DOCKET #22-021:

Respondent: Wayne S. Aarum, President, Living Waters Ministries, Inc., 10451 Ashcraft Road, Delevan, NY 14042, DBA Circle C Ranch, 10451 Ashcraft Rd., Freedom (T).

Violation:

- **10NYCRR 7-2.1 (b) (2) (xvi) & 7-2.11(a) (3) (iv).** During a routine inspection conducted on 7-12-22, camp staff failed to implement the buddy/board system during swimming activities as outlined in the swimming activity safety plan and as required by 10NYCRR 7-2.1(b) (xvi).
- **10NYCRR 6-1.4(b) (2) & 6-1.11(c) (1).** During a routine inspection of the bathing facilities conducted on 7-12-22, camp staff failed to maintain an adequate disinfectant residual in the shallow pool as required by 10NYCRR 6-1.11(c)(1).
- **10NYCRR 6-1.4 (b) (3) & 6-1.1(a)** During a routine inspection conducted on 7-12-22, camp staff failed to operate the chemical disinfection equipment for the shallow pool continuously as the chlorine crock was found to be empty. Staff also indicated during the interview that the chlorination system is not operated overnight.
- **10NYCRR 6-1.4(b) (12) & 6-1.16 (a)** During a routine inspection of the bathing facilities conducted on 7-12-22, it was found that a gate near the pool treatment room which allows access to a storage shed that was not secured. There was a gap between the storage shed and the fence which could allow campers access to the unsecured gate.
- **10NYCRR 6-1.4(b) (2) & 6-1.11(c) (1)** During a routine inspection of the bathing facilities conducted on 7-12-22, camp staff failed to maintain an adequate disinfectant residual in the deep pool as required.
- **10NYCRR 14-1.10(c) (2) & 14-1.140 (a)** During a routine inspection of the food service operation conducted on 7-12-22, a direct connection between the icemaker and the wastewater line was observed that the drink ice is subject to potential contamination.
- **10NYCRR 14-1.10 (b) (1) & 14-1.131 (e)** During a routine inspection of the food service operation conducted on 7-12-22, home-canned goods (canned goods that were not commercially canned) were found on the premises.
- **10NYCRR 14-1.10 (b) (1) & 14-1.31 (a)** During a routine inspection of the food service operation conducted on 7-12-22, a container of spoiled food was found in the walk-in cooler of the facility.

DOCKET #22-021 (continued):

- **10NYCRR 14-1.85 During a routine inspection of the food service operation conducted on 7-12-22, a stem-type thermometer was not readily available onsite for use in measuring internal cooking, holding or refrigeration temperatures of potentially hazardous foods.**
- **10NYCRR 7-2.5 (n) During a routine inspection conducted on 7-12-22, the activity specific safety plan for the Slip-N-Slide activity was observed to be inadequately implemented.**
- **10NYCRR 7-2.1 (b) (2) (xxvii) Following the report of a camper COVID-19 infection, the respondent failed to implement the approved safety plan by not following the intervention and control strategies recommended by the local health department to prevent the spread of illness. The operator failed to quarantine an unvaccinated counselor in accordance with the written guidance provided by the health department on 7-18-22.**

- Recommendation:** A. The respondent addressed and corrected 11 violations that were observed by CCHD Sanitarian on routine inspection 7-12-22 with methodology agreed to by CCHD personnel.
- B. Work with Mr. Rust of CCHD to address “must do’s” before Circle C Ranch opens in 2023 for campers.
- C. Results of inspection on 7-12-22
 Health Hazards 10 @ \$75.00/each = \$750.00
 Violations 25 @ \$50.00./each = \$1,250.00
 Results in a \$2,000.00 fine.

However due to remediations already made, a fine of \$500.00 is now recommended: by making the 10 Public Health Hazards @ \$50.00/each and making the 25 violations observed to \$0.00/each. The \$500.00 fine must be paid on or before 11-30-22 or a \$10.00 per day per diem will be levied for every day late.

- D. Board order to cover the following five items that have to be in place prior to the 2023 camping season.
1. An individual must have completed a certified food protection manager course for the kitchen and dining areas.
 2. Pool manager to be identified and trained for full compliance of swimming pools water treatment operator courses.
 3. A medical director must be on staff to insure proper first aid, distribution of approved medication, and have CPR training for all personnel that require it.
 4. An acceptable buddy board swimmer accountability plan must be approved by CCHD and in place.

DOCKET #22-021 (continued):

5. The potential contamination between icemaker and waste water line has to be corrected (plumbing changes); this was observed and reported on 7-12-22 to respondent.

A motion was made by Dr. Chohan to accept Mr. Porter's recommendation, seconded by Ms. Cooney-Thrush and unanimously approved.

DOCKET #22-022:

Respondent: Kirby Colling, PO Box 26, Arcade, NY, 14009. Property location 12178 NYS Rt. 16 Yorkshire, New York

Violation: 10NYCRR Subpart 5-1.23(a) upon inspection of the water system the UV light was found to be non-functioning and the disinfection bypass valve open. The disinfection bypass valve is clearly labeled not to use unless the CCHD has been notified and approved the opening of the bypass valve and issued a boil water notice.

10NYCRR Subpart 5-1.71 (b) UV light has not been maintained to insure continued compliance with subpart 5-1.

Recommendation: That the respondents \$150.00 civil compromise offered be changed to a \$150.00 fine and then doubled for no show/no communication with CCHD to \$300.00. It is also recommended that the respondent re-visit his original plan to hook to public water by working with Yorkshire Town Water District. The respondent has already received the legal easements with neighboring properties in order to hook to public water main on Pine Street. The fine must be paid on or before 11/30/22 or a \$10.00 per day per diem will be levied for every day late.

A motion was made by Dr. Hamlin to accept the recommendation made by Mr. Porter, seconded by Dr. Chohan, and unanimously approved.

Administrative Hearing 10-11-22, 11:00 AM:

DOCKET #22-028:

Respondent: Danielle Spencer, 1611 Avenue B, Olean, NY.

Violation: Sanitary code of CCHD 24.2.5 failed to provide proof of a current rabies vaccination for Daisy, the dog, when directed following a biting incident.

Recommendation: The \$75.00 civil compromise offered be changed to a \$75.00 fine and then doubled to \$150.00 for no show after being properly served. The fine and proof of rabies vaccination for Daisy, the dog, be completed by 11-30-22. A \$10.00 per day per diem will be levied for every day not in compliance.

A motion to accept Mr. Porter's recommendation was made by Ms. Raftis, seconded by Dr. Chohan, and unanimously approved.

Administrative Hearing 10-11-22, 11:30 AM

DOCKET #22-029:

Respondent: Kelli Whidt, 214 ½ E. Henley Street, Olean, NY.

Violation: Sanitary code of CCHD 24.2.5, the respondent failed to provide proof of a current rabies vaccination for Obi, the cat, when directed following a biting incident.

Recommendation: Board of Health Order to respondent from BOH directing the respondent to have her cat, Obi, vaccinated for rabies or show proof of rabies vaccination by 11-30-22 to CCHD.

A motion was made by Dr. Chohan to accept the recommendation of Mr. Porter, seconded by Dr. Hamlin, and unanimously approved.

NURSING DIVISION REPORT: Mrs. Moore, introduced Brooke Schnell, a Community Health Nurse who conducts Quality Assurance and Performance Improvement (QAPI) for the homecare division. Mrs. Schnell recently completed her Bachelor's in Nursing and was observing the Board meeting.

Mrs. Moore shared that the current homecare census was (283), over the last couple of months there were (231) admissions with (137) of them being readmissions and (162) discharges.

Responding to Dr. Bohan's earlier question regarding Medicare/Medicaid costs, Centers for Medicare & Medicaid Services (CMS) decided that they wanted to cut reimbursement for Medicare/Medicaid across the board. The most recent information related to this is that the actual percentage that they are wanting to cut has been decreased by (50%) due to the negative response received. The Homecare Association of New York and the Homecare Associations across the nation have been joining forces to combat this reimbursement cut. Nothing has been finalized but there is anticipation that a decrease will be coming. Another proposal they made was instituting a home health value based purchasing (HHVBP) model that has been in a pre-implementation stages this year and will be going into effect starting January 1st. With the HHVBP model a program is paid more for quality care of the patients. Another new program that will be going in to effect January 1st is the electronic visit verification program. This is a Medicaid based program where all practitioners will have an app on their phone that they will use to clock their arrival time at a patients home and then clock out when they leave the patients home. This is an attempt to eliminate fraud from different agencies and assures that whoever provided the care is where they are supposed to be when they are supposed to be there. At this point the department does not have all the particulars, but it is expected to be a challenge. Finally, NYS increased home health aides (HHA's) minimal pay by \$2.00 per hour for all upstate HHA's to \$15.20 an hour which did not affect the county directly as we pay well above the minimal wage.

The homecare division has increased their marketing and advertising.

In the lead program there were (127) children tested in the month of September, with the highest blood lead level tested at (24.6ug/dl) but has now decreased in October to a (16.8ug/dl). In October there were a total of (89) children tested, with the highest blood lead level tested at (44ug/dl) in March but has now decreased to a (21.8ug/dl) in October. There was a lead coalition meeting in September. A meeting/dinner is planned for April 2023 with a guest speaker and pediatric providers invited to discuss lead and childhood issues. Current lead case load is (102).

Mrs. Chamberlain, Community Health Nurse, is visiting local provider's offices to distribute lead, Medicaid Obstetric and Maternal Services (MOMS), and Maternal Child Health (MCH) information and brochures.

The results from the Island Peer Review Organization (IPRO) survey completed in August were received. Deficiencies that were identified were related to documentation and trainings that were postponed due to COVID-19. The corrective action plan (CAP) was completed and submitted on October 28th.

The main vaccine refrigerator in Olean went to an extremely low (-2.1 Celsius). This resulted in the department losing most of vaccines that were stored in the refrigerator. If the refrigerator temperature goes a little high then most of the vaccines are still viable but once it goes below (0.0 Celsius) even for a second, they are all lost. The only vaccines not affected were ones kept in a freezer. A new refrigerator has been ordered, along with an alarm system for the refrigerator. In addition, another refrigerator is being prepared and will be utilized as a back-up. Dr. Bohan asked if the alarm goes off in the middle of the night would the department be notified. Moore replied that it should alarm every 10-15 minutes when it is out of temperature.

HIV testing, there were (2) tests conducted in Machias, (13) in Olean and (8) in Salamanca during both September and October. All tests conducted were negative.

Communicable diseases, there were (6) confirmed cases of chlamydia in September and (17) in October; (4) cases of gonorrhea in September and (3) cases in October; (1) confirmed case of Hepatitis A in October; (2) confirmed cases of Hepatitis C in September and (4) in October all chronic; there was (1) case of Salmonellosis in September and (1) case in October; there was (1) confirmed case of Strep group A in October; and there were (2) confirmed cases of Strep group B in September.

There was (1) rabies pre-exposure prophylaxis vaccination series given in October and (5) rabies post exposure prophylaxis vaccination series administered in the month of October that were all bat exposures.

Dr. Chohan asked if there was any insurance on the vaccine that was lost due to the refrigerator failure. Dr. Watkins replied that the department has reached out to the County's risk management department to see if the County's insurance would cover the cost of the lost vaccine. If they determine that it is not covered, then we are allowed to send an insurance declination/rejection notice to the vaccine manufacturer who would then reimburse the department for a portion of the cost of the loss vaccines.

ENVIRONMENTAL HEALTH REPORT: Mr. Ring shared that the county hosted (3) free fall rabies clinic for resident's pets. There were (1,244) small animals vaccinated including (898) dogs, (338) cats and (8) ferrets.

Every year the department contracts with New York State Department of Environmental Conservation (DEC) to inspect larger industrial septic systems throughout the county in compliance and enforcement activities related to the State Pollutant Discharge Elimination System (SPDES) program and those inspections are due by the end of March 31st. An inspection is not possible if there is a heavy snowfall.

A number of campgrounds are planning on expanding, some expanded without the department's knowledge so the department is working with them trying to get everyone set before next spring. The department prepared a long letter highlighting sections of the codes that have been violated in the past and asked all campground owners to reach out with any questions. The department's goal is to focus on long term viability of campgrounds so they are safe and sustainable.

Capital project update; in Franklinville; the Great Lakes Cheese project and the waterline projects that are involved is a fast moving project. Phase 1 was the expansion of their water system from the village to the Great Lakes Cheese project plant; now they are upsizing some lines and installing a new storage tank with a 900,000 gallon capacity which nearly triples their capacity of water that the village has available. Phase 2 was approved for water improvement for line upsizing throughout the village and a new water storage tank. This project will go out to bid this month and go into construction in 2023. Phase 3 is already being discussed which is a new well.

Other capital projects with townships in construction includes South Dayton; who has a water project underway, Little Valley; who is working on a new well, Machias; who has a water project, the Village of Cattaraugus, and the City of Olean also have water system improvement projects.

Old/New Business: Dr. Watkins stated that next year 2023 will mark 100 years of the Health Department being in existence. The department is putting together a 100th year anniversary committee, and was hoping to have one or two Board members sit on that committee. The event will take place on June 15th, at the Holiday Valley Lodge in Ellicottville. There will not be a June BOH meeting but we are hoping that all the BOH members will join with the Health Department staff at this celebration. This celebration will be honoring the Cattaraugus County Health Department as the first rural health department in NYS. Mrs. Vickman and Mrs. Fox both volunteered to serve on this committee.

Dr. Zahid Chohan and Kathryn Cooney-Thrush's membership on the Board expires in December of this year and if the board agrees, we would like to submit their names to the legislators for reappointment.

A motion to adjourn was made by Dr. Chohan, seconded by Dr. Hamlin and unanimously approved.

Respectfully submitted,



Kevin D. Watkins, M.D., M.P.H.
Secretary to the Board of Health

**BOARD OF HEALTH
MEETING SCHEDULE
2023**

January-NO MEETING

February 1st

March 3rd (Friday)

April 5th

May 3rd

June-NO MEETING

July 12th (2nd Wednesday)

August 2nd

September 13th (2nd Wednesday)

October 4th

November 1st

December 6th



CATTARAUGUS COUNTY HEALTH DEPARTMENT



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Health Department

Established 1923

1 Leo Moss Drive, Olean, NY 14760, Tel. (716)373-8050, Fax (716) 701-3737

Kevin D. Watkins, M.D., MPH, Public Health Director

*Gilbert N. Witte, M.D.
Medical Director*

*Colette Lulay-Pound
Administrative Officer*

COUNTY OF CATTARAUGUS STATE OF NEW YORK ENFORCEMENT LIST

Administrative Hearing 11-8-2022; 9:30AM

DOCKET #22-032:

Respondent: Jenna McIntyre, 3620 Humphrey Road, Great Valley, NY 14741. New address is 4653 Humphrey Road, Great Valley, NY 14741.

Violations: Sanitary code of CCHD 24.2.5 Respondent failed to provide proof of a current rabies vaccination and return the confinement form when directed by the Health Dept. following a biting incident on 9-1-22.

Public Health Sanitarian: Rigel Johnson, appeared and was sworn in for the CCHD.

Respondent: Ms. J. McIntyre appeared and was sworn in.

Testimony of Mr. Johnson:

1. Enf. #1 read and affirmed to be true and a \$75.00 civil compromise offered I.D. as P.E. #1.
2. Bite report date of exposure 9-1-22 I.D. as P.E. #2. Dog owners name on report is Ms. McIntyre.
3. 9-2-22 called respondent no answer.
4. 9-8-22 Visited respondent home, no respondent but dog alive and well.
5. 9-9-22 Standard letter to respondent explaining confinement and compliance dates I.D. as P.E. #3.
6. 9-15-22 confinement report made out by sanitarian dog alive and well. Instructed respondent to call.
7. 10-21-22 talked with respondent, shots for dog not updated.
8. 9-22-22 email to respondent still looking for confinement form and need rabies vaccination for respondents dog I.D. as P.E. #4.
9. 10-11-22 email to respondent explaining free rabies clinic I.D. as P.E. #5.
10. Important 9-24-22 email from respondent to sanitarian explaining dog is not hers but belongs to a friend, Jason Tarr.

Testimony of Ms. McIntyre:

1. Moved to a new home alone 10-1-22, as of today's date 11-8-22, dog not vaccinated.
2. Dog does not live with respondent since 10-1-22 and she is not responsible for dog.