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## CHAMPAIGN COUNTY BOARD OF HEALTH

Brookens Administrative Center  
1776 E. Washington  
Urbana, IL 61802

Phone: (217) 384-3772  
Fax: (217) 384-3896

### Champaign County Board of Health

Tuesday, January 24, 2012

4:30 PM

*(Note time change)*

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

### AGENDA

| <u>ITEM</u>   | <u>PAGE NO.</u> |
|---|-----------------|
| A. Call to Order  |                 |
| B. Roll Call  |                 |
| C. Approval of Agenda/Addenda   |                 |
| D. Approval of Minutes  |                 |
| 1. September 20, 2011   | *1-3            |
| E. Public Participation on Agenda Items Only  |                 |
| F. Correspondence and Communications  |                 |
| G. SmileHealthy   |                 |
| 1. Monthly Report – September 2011  | *4-6            |
| 2. Monthly Report – October 2011  | *7-9            |
| 3. Monthly Report – November 2011   | *10-12          |
| 4. Monthly Report – December 2011   | *13-15          |
| 5. Ratification of Participation Agreement between Champaign County Board of Health and SmileHealthy  | *16-17          |
| 6. Approval of Participation Agreement between Champaign County Public Health Department and CIDES (Central Illinois Dental Education and Services) | *18-24          |
| H. CUPHD  |                 |
| 1. Approval of CUPHD Invoice for September 2011 Services  | *25-27          |
| 2. Approval of CUPHD Invoice for October 2011 Services  | *28-34          |
| 3. Approval of CUPHD Invoice for November 2011 Services   | *35-58          |
| 4. Invoice from State's Attorney's Office regarding the Ramos Case  | *59-60          |
| 5. Approval of 2012 Champaign County Board of Health Meeting Schedule   | *61             |
| 6. Approval of Illinois Tobacco-Free Communities Grant with Champaign County Public Health Department   | *62-75          |
| 7. CUPHD Monthly Division Reports – August through December 2011  |                 |
| Reports can be viewed at: <a href="http://www.c-uphd.org/monthly-reports.html">http://www.c-uphd.org/monthly-reports.html</a>                       |                 |
| a. Administrative Training  |                 |
| b. Environmental Health   |                 |
| c. Human Resources  |                 |
| d. Infectious Disease   |                 |
| e. Maternal & Child Health  |                 |
| f. Wellness & Health Promotion  |                 |

**Champaign County BOH Meeting Agenda**  
**Page 2**

- 8. Private Sewage Program - National Pollution Discharge Elimination System (NPDES) Permitting Program for Surface Discharging Private Sewage Disposal Systems \*76-83
  - 9. Potable Water Program - Change to the Illinois Water Well Construction Code to Allow for Permitting and Licensing of Geothermal Vertical Closed Loops by the Illinois Department of Public Health \*84-97
  - 10. Food Protection
    - a. Annual Newsletter—News Time 2011 \*98-99
    - b. PHIRE Research Project with University of Illinois; Correlation between Foodborne Illness Risk Factors and Environmental Load \*100
    - c. University of Illinois, Office of Public Engagement: Mobile App Development
    - d. Cottage Food Operations — General Information \*101-119
- I. Old Business**
- 1. Food Establishment Inspection Reporting
    - a. Garrison Enterprises, Inc. and Website Update
    - b. Conference for Food Protection — General Information \*120-127
- J. Other Business**
- K. Public Participation on Non-Agenda Items Only**
- L. Adjournment**

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# CHAMPAIGN COUNTY BOARD OF HEALTH

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*Tuesday, September 20, 2011*

## **Call to Order**

The Champaign County Board of Health held a meeting on September 20, 2011 at the Champaign-Urbana Public Health District office, 201 W. Kenyon Road, Champaign. The meeting was called to order at 6:01 PM by President, Bobbi Scholzi.

## **Roll Call**

Upon roll call, the following Board members were found to be present: Bobbi Scholzi, President, Betty Segal, Secretary, Dr. John Peterson, Treasurer, Stan James and Dr. Michael Ruffatto. Dr. Prashanth Gowda and David Thies were absent.

Also present were Julie A. Pryde, CUPHD Administrator, Jim Roberts, CUPHD Director of Environmental Health, Amy Roberts, CUPHD, Nancy Greenwalt, SmileHealthy Executive Director, two (2) representatives from the League of Women Voters and WILL radio.

## **Approval of Agenda/Addendum**

Stan James made a motion to approve the September 20, 2011 agenda and addendum. Dr. Peterson seconded the motion. With all in favor, the motion carried.

## **Approval of Minutes**

Dr. Peterson made a motion to approve August 16, 2011 meeting minutes. Stan James seconded the motion. With all in favor, the motion carried.

## **Public Participation on Agenda Items Only**

There was no public participation regarding agenda items.

## **Correspondence and Communications**

There was no correspondence or communications presented.

## **Smile Healthy**

Stan James made a motion to receive and place on file the August 2011 SmileHealthy monthly report. Dr. Peterson seconded the motion. With all in favor, the motion carried.

52  
53 **CUPHD**

54  
55 Dr. Peterson made a motion to approve the CUPHD invoice for July 2011  
56 services. Stan James seconded the motion. With all in favor, the motion carried.

57  
58 Dr. Peterson made a motion to approve the CUPHD invoice for August  
59 2011 services. Stan James seconded the motion. With all in favor, the motion  
60 carried.

61  
62 Dr. Peterson made a motion to approve the August invoice from the  
63 State's Attorney's Office regarding the Ramos' case in the amount of \$75.00.  
64 Stan James seconded the motion. With all in favor, the motion carried.

65  
66 Jim Roberts addressed the Board regarding restaurant inspection  
67 reporting. He noted that inspection reports are public information; however, it is  
68 not a requirement for the reports to be posted. The most effective way to provide  
69 the reports is to be determined. It is anticipated that inspection reports will be  
70 available on the CUPHD website by January 2012.

71  
72 Mr. Roberts reviewed four (4) options on how to proceed: 1.) Wait to see  
73 what the recommendations from the Food Protection conference held in April of  
74 2012 are and join a unified group of CUPHD and Board, CCBOH and U of I for  
75 consistent scoring and posting methods; 2.) Do the work ourselves by gathering  
76 articles and information and determining the parameters; 3.) Post inspection  
77 reports on the restaurant doors which would include a corrective action report,  
78 trends graphic and health permit with contact information; 4.) Encourage  
79 voluntary disclosure. Mr. Roberts would like to see what recommendations are  
80 made at the Food Protection conference.

81  
82 All Board members were in agreement that they would like to see some  
83 information regarding restaurant inspections posted. Mr. Roberts is looking at  
84 developing a new certificate that encompasses both low-tech and high-tech  
85 information options. Stan James would like to see standards and an ordinance  
86 developed regarding posting certificates. Mr. James also suggested reviewing  
87 options for a system to fine restaurants that need repeat inspections. Additional  
88 items for consideration are the placement of the certificate, fee structure,  
89 possible fines and enforcement of those fines. Betty Segal would like to see  
90 public education regarding this issue. The Restaurant Inspection Reporting  
91 agenda item will be on-going.

92  
93 Julie A. Pryde noted that the CUPHD Monthly Reports were available on-  
94 line. She stated that the CUPHD Division of Environmental Health has  
95 discovered an Asian Tiger Mosquito in their traps. This is the first documented in  
96 Champaign County. These mosquitoes have been known to transmit dengue  
97 fever, yellow fever and West Nile virus. This mosquito was a male (only females  
98 bite) and this type of mosquito is a day-feeder (bites during the day). If we start

102  
103 getting more of these mosquitoes in our area we will need to change our  
104 educational campaign which indicates that people should avoid being outside  
105 from dusk until dawn. CUPHD recently investigated a foodborne outbreak at a  
106 local restaurant. The pathogen is presumed to be a norovirus; the outbreak has  
107 ended. Infectious Disease has been dealing with a case of cryptosporidiosis and  
108 one of E.coli-producing shiga toxin. CUPHD is working with IDPH and UI Vet  
109 Med to address an outbreak of tularemia in cats. To date, there have been three  
110 (3) confirmed, and one (1) probable case. CUPHD used the SIREN alert system  
111 to send information to all veterinarians in Champaign County and surrounding  
112 areas. Additionally, a SIREN alert was sent out to all clinicians alerting them to  
113 the outbreak and to advise them to consider testing clients for tularemia if they  
114 present with symptoms consistent with the spectrum of tularemia. Stan James  
115 made a motion to approve the monthly reports and place them on file.  
116 Dr. Peterson seconded the motion. With all in favor, the motion carried.

117

#### 118 **Other Business**

119

120 Dr. Michael Ruffatto, a new Champaign County Board of Health member,  
121 was introduced. Dr. Ruffatto is a dentist at Mitchem Dental in Champaign.

122

#### 123 **Public Participation on Non-Agenda Items Only**

124

125 There was no public participation regarding non-agenda items.

126

#### 127 **Adjournment**

128

129 With no further business, the meeting was adjourned at 7:26 PM.



**Champaign County Board of Health  
Monthly Report for September 2011, FY11**

Total Number of Patients Seen From All Programs this month: **490**

Total Number of Unique Patients In BOH Fiscal Year 2011: **1885**

Breakdown of current month patients for all programs by town.

- |                        |                        |
|------------------------|------------------------|
| ○ Champaign: <b>72</b> | ○ Rantoul: <b>29</b>   |
| ○ Fisher: <b>1</b>     | ○ Savoy: <b>5</b>      |
| ○ Gifford: <b>3</b>    | ○ St. Joseph: <b>1</b> |
| ○ Homer: <b>1</b>      | ○ Thomasboro: <b>1</b> |
| ○ Ludlow: <b>2</b>     | ○ Tolono: <b>1</b>     |
| ○ Mahomet: <b>6</b>    | ○ Urbana: <b>44</b>    |
| ○ Ogden: <b>4</b>      | ○ Other: <b>319</b>    |
| ○ Penfield: <b>1</b>   |                        |

Clinic Events

- September 1, 2011--Thursday, Dr. Anderson
- September 1, 2011--Thursday, Rantoul Head Start
- September 6, 2011--Tuesday, Frances Nelson @ Carle
- September 8, 2011--Thursday, Provena Day @ Wesley Food Pantry
- September 12, 2011--Monday, Rantoul Head Start
- September 13, 2011--Tuesday, Savoy Head Start
- September 15, 2011--Thursday, Christian Health Center
- September 16, 2011--Friday, Lincoln's Challenge Academy
- September 19, 2011--Monday, Migrant Head Start
- September 19, 2011--Monday, Rantoul Head Start
- September 19, 2011--Monday, Lincoln's Challenge Academy (hygiene only)
- September 20, 2011--Tuesday, Frances Nelson @ Carle
- September 20, 2011--Tuesday, Lincoln's Challenge Academy
- September 21, 2011--Wednesday, Savoy Head Start (normal clinic)
- September 22, 2011--Thursday, Savoy Head Start (mass screening)
- September 26, 2011--Monday, Urbana Head Start (mass screening)
- September 28, 2011--Wednesday, Lincoln's Challenge Academy
- September 30, 2011--Friday, Mobile Clinic Wesley Food Pantry

Education and Outreach

9-1-11 Volunteer Fair, Illini Union. 3 Interns were present. Approximately **50 students** stopped by the table to inquire about volunteering and intern positions.

**SmileHealthy** – formerly Central Illinois Dental Education and Services (CIDES)  
Head Start Dental Clinic . Mobile Dental Clinics . Child Dental Access Program . Dental Health Education  
PO Box 154, Champaign, IL 61824-0154 – phone 217.359.7404 – fax: 217.352-9745  
[www.smilehealthy.org](http://www.smilehealthy.org)

9-13-11, Provena Medical Center, Family Nutrition and Dental Referral Program, A staff hygienist and intern presented dental education and supplies to **3 adults**.

9-19-11 Vineyard Church, "Hope Center", staff hygienist and education intern were present to talk with attendees about Oral Hygiene and gave information about SmileHealthy programs. Gave out supplies to **12 adults and 10 children**.

9-20-11 Rantoul Rotary, Director presented information about SmileHealthy and access to care issues in Champaign County to about **25 Rotarians**.

9-22-11 University of Illinois Community Health Professions Class – talked with about **50 students** about internships and careers in community dentistry and health promotion.

9-24-11 Conexion, Latino event at Judah Christian school. 2 interns were present. Gave out supplies to approximately **50 adult and children**.

9-24-11 Multicultural event at Orchard Downs Graduate housing. Staff Hygienist present to review proper oral hygiene and answer questions about oral health. There were **10 adults and 8 children** present. Supplies were given to the attendees.

9-27-11, Provena Medical Center, Family Nutrition and Dental Referral Program, A staff hygienist and intern presented dental education and supplies to **7 adults**.

**SmileHealthy**  
Champaign County Board of Health  
Fiscal Year 2011 Report

|              | Dec 10     | Jan 11     | Feb 11*    | March 11   | April 11   | May 11     | June 11    | July 11    | Aug 11     | Sep 11     | Oct 11   | Nov 11   | Total |
|--------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|----------|----------|-------|
| Bondville    |            |            |            |            |            |            |            |            | 1          |            |          |          | 1     |
| Broadlands   |            |            |            |            |            |            |            |            |            |            |          |          | 0     |
| Champaign    | 38         | 47         | 57         | 44         | 62         | 72         | 45         | 35         | 51         | 72         |          |          | 523   |
| Dewey        |            |            |            |            |            |            |            |            |            |            |          |          | 0     |
| Fisher       |            |            | 2          |            | 1          |            |            |            |            | 1          |          |          | 4     |
| Foosland     |            |            |            |            |            |            |            |            |            |            |          |          | 0     |
| Gifford      |            |            |            |            |            | 3          |            |            | 1          | 3          |          |          | 7     |
| Homer        |            |            |            | 1          | 2          | 2          | 3          |            |            | 1          |          |          | 9     |
| Ivesdale     |            |            |            |            |            |            |            |            |            |            |          |          | 0     |
| Ludlow       |            | 2          | 1          | 2          |            | 1          |            | 1          | 4          | 2          |          |          | 13    |
| Mahomet      |            | 1          | 18         | 5          | 5          | 8          | 5          | 3          | 1          | 6          |          |          | 52    |
| Ogden        |            | 2          |            |            |            |            |            | 3          | 3          | 4          |          |          | 12    |
| Penfield     |            |            |            |            |            |            |            | 2          |            | 1          |          |          | 3     |
| Pesotum      |            |            | 2          |            |            |            |            |            |            |            |          |          | 2     |
| Philo        |            | 5          |            | 1          | 1          |            |            |            |            |            |          |          | 7     |
| Rantoul      | 57         | 36         | 51         | 31         | 48         | 47         | 40         | 22         | 68         | 29         |          |          | 429   |
| Royal        |            |            |            |            |            | 1          |            | 1          |            |            |          |          | 2     |
| Sadorus      |            | 1          | 1          | 1          |            | 2          | 1          | 1          |            |            |          |          | 7     |
| Savoy        | 2          | 6          | 22         | 10         | 10         | 7          | 5          | 6          | 6          | 5          |          |          | 79    |
| Seymour      |            |            |            |            |            |            |            |            |            |            |          |          | 0     |
| Sidney       |            | 12         | 1          |            | 3          | 1          | 2          | 2          | 2          |            |          |          | 23    |
| St. Joseph   | 2          | 3          | 7          | 1          | 2          | 41         | 6          | 5          | 2          | 1          |          |          | 70    |
| Thomasboro   | 21         | 1          | 2          | 2          | 1          | 1          |            |            | 2          | 1          |          |          | 31    |
| Tolono       | 1          | 29         | 1          | 3          | 4          | 3          | 5          | 6          | 3          | 1          |          |          | 56    |
| Urbana       | 11         | 32         | 47         | 27         | 35         | 47         | 17         | 19         | 21         | 44         |          |          | 300   |
| Other/Unk    | 2          | 2          | 392        | 16         | 9          | 2          | 4          | 6          | 2          | 319        |          |          | 754   |
| <b>Total</b> | <b>134</b> | <b>179</b> | <b>604</b> | <b>143</b> | <b>182</b> | <b>238</b> | <b>132</b> | <b>115</b> | <b>167</b> | <b>490</b> | <b>0</b> | <b>0</b> |       |

**Total Unique  
Patients in FY**

|     |     |     |     |     |      |      |      |      |      |
|-----|-----|-----|-----|-----|------|------|------|------|------|
| 134 | 299 | 849 | 913 | 988 | 1176 | 1264 | 1339 | 1471 | 1885 |
|-----|-----|-----|-----|-----|------|------|------|------|------|

**Education**

|                 |     |     |     |      |      |     |     |    |     |     |      |
|-----------------|-----|-----|-----|------|------|-----|-----|----|-----|-----|------|
| <b>Contacts</b> | 698 | 772 | 944 | 1574 | 1386 | 952 | 175 | 44 | 246 | 225 | 7016 |
|-----------------|-----|-----|-----|------|------|-----|-----|----|-----|-----|------|

Champaign and Urbana children seen either live outside city limits and are county residents or are part of the Head Start program and paid for by Medicaid or other funding.

\*Feb will include patients from Give Kids A Smile with C-UPHD and IDDS.





**Champaign County Board of Health  
Monthly Report for October 2011, FY11**

Total Number of Patients Seen From All Programs this month: **178**

Total Number of Unique Patients In BOH Fiscal Year 2011: **1925**

Breakdown of current month patients for all programs by town.

- o Champaign: **30**
- o Ludlow: **1**
- o Mahomet: **1**
- o Ogden: **3**
- o Rantoul: **25**
- o Savoy: **10**
- o St. Joseph: **3**
- o Thomasboro: **2**
- o Tolono: **1**
- o Urbana: **21**
- o Other: **80**

Clinic Events

- October 3, 2011--Monday, Rantoul Head Start
- October 6, 2011--Thursday, Rantoul Head Start
- October 6, 2011--Thursday, Dr. Anderson
- October 12, 2011--Wednesday, Savoy Head Start (recall clinic)
- October 13, 2011--Thursday, Savoy Head Start (normal clinic)
- October 17, 2011--Monday, Rantoul Head Start
- October 20, 2011--Thursday, Christian Health Center
- October 24, 2011--Monday, Rantoul Head Start
- October 27, 2011--Thursday, Rantoul Head Start (recall clinic)
- October 28, 2011--Friday, Prairie Center, Urbana
- October 31, 2011--Monday, Rantoul Head Start

Education and Outreach

October 4

Savoy Head Start, Staff Hygienist presented education materials to **54 children**

Dr. Howard School, Wellness Fair, Staff Hygienist and Education Intern presented education materials and supplies to **60 children** and **15 adults**.

October 5

Savoy Head Start, Staff Hygienist presented education materials to **54 children**.

**SmileHealthy** – formerly Central Illinois Dental Education and Services (CIDES)  
 Head Start Dental Clinic . Mobile Dental Clinics . Child Dental Access Program . Dental Health Education  
 PO Box 154, Champaign, IL 61824-0154 – phone 217.359.7404 – fax: 217.352-9745  
[www.smilehealthy.org](http://www.smilehealthy.org)

October 11

Savoy Head Start, Staff Hygienist along with education intern, presented education materials to **54 children**.

Provena Medical Center, Family Nutrition and Dental Referral Program, Staff Hygienist along with UI Extension employee and education intern presented education material and supplies to **8 adults**.

October 12

Frances Nelson Dental Center sees its first patient.

Campaign for Better Health Care, Champaign Public Library, Staff Hygienist presented information about SmileHealthy and our programs to **8 adults**.

October 13

Rantoul Head Start, Staff Hygienist presented education materials to **67 children**.

October 18

Rantoul Head Start, Staff Hygienist presented education materials to **36 children**.

WIC, Rantoul, provided 100 youth, pedo and infant brushes to WIC program.

October 20

Urbana Head Start, Staff Hygienist presented education materials to **40 children**.  
Staff Hygienist attended Diabetes Coalition meeting.

October 25

Champaign Head Start, Staff Hygienist presented education materials to **40 children**.

Provena Covenant Medical Center, Family Nutrition and Dental Referral Program, staff hygienist along with UI Extension employee and education intern, presented education and dental supplies to **6 adults**.

October 30

St. Patrick's Church, Health and Wellness event, Staff Hygienist and SmileHealthy employee presented education materials and supplies to **30 adults and 10 children**.

October 31

Garden Hills Elementary School, Champaign, Halloween event, Staff Hygienist and SmileHealthy employee presented education materials and toothbrushes to **140 children**.

**SmileHealthy**  
Champaign County Board of Health  
Fiscal Year 2011 Report

|              | Dec 10     | Jan 11     | Feb 11*    | March 11   | April 11   | May 11     | June 11    | July 11    | Aug 11     | Sep 11     | Oct 11     | Nov 11   | Total |
|--------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|----------|-------|
| Bondville    |            |            |            |            |            |            |            |            | 1          |            |            |          | 1     |
| Broadlands   |            |            |            |            |            |            |            |            |            |            |            |          | 0     |
| Champaign    | 38         | 47         | 57         | 44         | 62         | 72         | 45         | 35         | 51         | 72         | 31         |          | 554   |
| Dewey        |            |            |            |            |            |            |            |            |            |            |            |          | 0     |
| Fisher       |            |            | 2          |            | 1          |            |            |            |            | 1          |            |          | 4     |
| Foosland     |            |            |            |            |            |            |            |            |            |            |            |          | 0     |
| Gifford      |            |            |            |            |            | 3          |            |            | 1          | 3          |            |          | 7     |
| Homer        |            |            |            | 1          | 2          | 2          | 2          | 3          |            | 1          |            |          | 9     |
| Ivesdale     |            |            |            |            |            |            |            |            |            |            |            |          | 0     |
| Ludlow       |            | 2          | 1          | 2          |            | 1          |            | 1          | 4          | 2          | 1          |          | 14    |
| Mahomet      |            | 1          | 18         | 5          | 5          | 8          | 5          | 3          | 1          | 6          | 1          |          | 53    |
| Ogden        |            | 2          |            |            |            |            |            | 3          | 3          | 4          | 3          |          | 15    |
| Penfield     |            |            |            |            |            |            |            | 2          |            | 1          |            |          | 3     |
| Pesotum      |            |            | 2          |            |            |            |            |            |            |            |            |          | 2     |
| Philo        |            | 5          |            | 1          | 1          |            |            |            |            |            |            |          | 7     |
| Rantoul      | 57         | 36         | 51         | 31         | 48         | 47         | 40         | 22         | 68         | 29         | 25         |          | 454   |
| Royal        |            |            |            |            |            | 1          |            | 1          |            |            |            |          | 2     |
| Sadorus      |            | 1          | 1          | 1          |            | 2          | 1          | 1          |            |            |            |          | 7     |
| Savoy        | 2          | 6          | 22         | 10         | 10         | 7          | 5          | 6          | 6          | 5          | 10         |          | 89    |
| Seymour      |            |            |            |            |            |            |            |            |            |            |            |          | 0     |
| Sidney       |            | 12         | 1          |            | 3          | 1          | 2          | 2          | 2          |            |            |          | 23    |
| St. Joseph   | 2          | 3          | 7          | 1          | 2          | 41         | 6          | 5          | 2          | 1          | 3          |          | 73    |
| Thomasboro   | 21         | 1          | 2          | 2          | 1          | 1          |            |            | 2          | 1          | 2          |          | 33    |
| Tolono       | 1          | 29         | 1          | 3          | 4          | 3          | 5          | 6          | 3          | 1          | 1          |          | 57    |
| Urbana       | 11         | 32         | 47         | 27         | 35         | 47         | 17         | 19         | 21         | 44         | 21         |          | 321   |
| Other/Unk    | 2          | 2          | 392        | 16         | 9          | 2          | 4          | 6          | 2          | 319        | 80         |          | 834   |
| <b>Total</b> | <b>134</b> | <b>179</b> | <b>604</b> | <b>143</b> | <b>182</b> | <b>238</b> | <b>132</b> | <b>115</b> | <b>167</b> | <b>490</b> | <b>178</b> | <b>0</b> |       |

**Total Unique Patients in FY**

|     |     |     |     |     |      |      |      |      |      |      |
|-----|-----|-----|-----|-----|------|------|------|------|------|------|
| 134 | 299 | 849 | 913 | 988 | 1176 | 1264 | 1339 | 1471 | 1885 | 1925 |
|-----|-----|-----|-----|-----|------|------|------|------|------|------|

**Education**

|                 |     |     |     |      |      |     |     |    |     |     |     |      |
|-----------------|-----|-----|-----|------|------|-----|-----|----|-----|-----|-----|------|
| <b>Contacts</b> | 698 | 772 | 944 | 1574 | 1386 | 952 | 175 | 44 | 246 | 225 | 622 | 7638 |
|-----------------|-----|-----|-----|------|------|-----|-----|----|-----|-----|-----|------|

Champaign and Urbana children seen either live outside city limits and are county residents or are part of the Head Start program and paid for by Medicaid or other funding.

\*Feb will include patients from Give Kids A Smile with C-UPHD and IDDS.



**Champaign County Board of Health  
Monthly Report for November 2011, FY11**

Total Number of Patients Seen From All Programs this month: **235**

Total Number of Unique Patients In BOH Fiscal Year 2011: **2027**

Breakdown of current month patients for all programs by town.

- |                        |                        |
|------------------------|------------------------|
| ○ Champaign: <b>88</b> | ○ Savoy: <b>8</b>      |
| ○ Fisher: <b>1</b>     | ○ Sidney: <b>2</b>     |
| ○ Gifford: <b>3</b>    | ○ St. Joseph: <b>4</b> |
| ○ Homer: <b>2</b>      | ○ Thomasboro: <b>3</b> |
| ○ Ludlow: <b>14</b>    | ○ Tolono: <b>7</b>     |
| ○ Mahomet: <b>2</b>    | ○ Urbana: <b>25</b>    |
| ○ Ogden: <b>2</b>      | ○ Other: <b>12</b>     |
| ○ Rantoul: <b>61</b>   |                        |

Clinic Events

- November 3, 2011—Thursday, CDAP at Dr. Anderson
- November 3, 2011—Thursday, Rantoul Head Start
- November 9, 2011—Wednesday, Savoy Head Start
- November 14, 2011—Monday, Rantoul Head Start
- November 15, 2011—Tuesday, St Patrick's Church, Urbana
- November 17, 2011—Thursday, CDAP at Christian Health Center
- November 18, 2011—Ludlow Elementary SEALS Clinic
- November 21, 2011—Monday, Savoy Head Start
- November 22, 2011—Tuesday, Champaign Head Start
- November 28, 2011—Wednesday, Rantoul Head Start

Education and Outreach

**11-1-11** Savoy Head Start, Staff Hygienist presented education to **54 children**,

**11-3-11** Savoy Head Start, Staff Hygienist presented education to **54 children**.

**11-8-11** Provena Medical Center, Family Nutrition and Dental Referral Program presented education materials and supplies to **4 adults**.

Savoy Head Start, Staff Hygienist presented education to **54 children**.

**SmileHealthy** – formerly Central Illinois Dental Education and Services (CIDES)  
Head Start Dental Clinic . Mobile Dental Clinics . Child Dental Access Program . Dental Health Education  
PO Box 154, Champaign, IL 61824-0154 – phone 217.359.7404 – fax: 217.352-9745  
[www.smilehealthy.org](http://www.smilehealthy.org)

Ribbon Cutting and Press Conference for Frances Nelson Dental Center about 50 people attended.

**11-9-11** Rantoul Head Start, Staff Hygienist presented education to **68 children**.

Frances Nelson Dental Center Open House--about 50 community members attended.

**11-10-11** Diabetes Coalition meeting, 14 community members present.

Booker T Washington Wellness Fair, staff hygienist along with education intern interacted with **30 adults, 75 children** with an educational game about sugar content.

**11-12-11** Resource Fair, Lincoln Square Mall, staff hygienist presented and distributed educational materials and supplies to approximately **60 adults** and **40 children**.

**11-14-11** Diabetes Wellness Fair, staff hygienist presented and distributed educational materials and supplies to approximately **75 adults**.

**11-15-11** Rantoul Head Start, staff hygienist presented education to **36 children**.

CU Fit Families, 12 community members present.

**11-16-11** Champaign Head Start, Staff Hygienist presented education to **18 children**.

**11-17-11** Urbana Head Start, Staff Hygienist presented education to **54 children**.

**11-22-11** Champaign Head Start, Staff Hygienist presented education to **36 children**.

Family Nutrition and Dental Referral Program, Provena Medical Center **4 adults** were present.

SmileHealthy participated in U of I ENG 315, Learning in Community.

Only those in **bold** are counted as education contacts.

**SmileHealthy**  
Champaign County Board of Health  
Fiscal Year 2011 Report

|              | Dec 10     | Jan 11     | Feb 11*    | March 11   | April 11   | May 11     | June 11    | July 11    | Aug 11     | Sep 11     | Oct 11     | Nov 11     | Total |
|--------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|-------|
| Bondville    |            |            |            |            |            |            |            |            | 1          |            |            |            | 1     |
| Broadlands   |            |            |            |            |            |            |            |            |            |            |            |            | 0     |
| Champaign    | 38         | 47         | 57         | 44         | 62         | 72         | 45         | 35         | 51         | 72         | 31         | 88         | 642   |
| Dewey        |            |            |            |            |            |            |            |            |            |            |            |            | 0     |
| Fisher       |            |            | 2          |            | 1          |            |            |            |            | 1          |            | 1          | 5     |
| Foosland     |            |            |            |            |            |            |            |            |            |            |            |            | 0     |
| Gifford      |            |            |            |            |            | 3          |            |            | 1          | 3          |            | 3          | 10    |
| Homer        |            |            |            |            | 1          | 2          | 2          | 3          |            | 1          |            | 2          | 11    |
| Ivesdale     |            |            |            |            |            |            |            |            |            |            |            |            | 0     |
| Ludlow       |            | 2          | 1          | 2          |            | 1          |            | 1          | 4          | 2          | 1          | 14         | 28    |
| Mahomet      |            | 1          | 18         | 5          | 5          | 8          | 5          | 3          | 1          | 6          | 1          | 2          | 55    |
| Ogden        |            | 2          |            |            |            |            |            | 3          | 3          | 4          | 3          | 2          | 17    |
| Penfield     |            |            |            |            |            |            |            | 2          |            | 1          |            |            | 3     |
| Pesotum      |            |            | 2          |            |            |            |            |            |            |            |            |            | 2     |
| Philo        |            | 5          |            | 1          | 1          |            |            |            |            |            |            |            | 7     |
| Rantoul      | 57         | 36         | 51         | 31         | 48         | 47         | 40         | 22         | 68         | 29         | 25         | 61         | 515   |
| Royal        |            |            |            |            |            | 1          |            | 1          |            |            |            |            | 2     |
| Sadorus      |            | 1          | 1          | 1          |            | 2          | 1          | 1          |            |            |            |            | 7     |
| Savoy        | 2          | 6          | 22         | 10         | 10         | 7          | 5          | 6          | 6          | 5          | 10         | 8          | 97    |
| Seymour      |            |            |            |            |            |            |            |            |            |            |            |            | 0     |
| Sidney       |            | 12         | 1          |            | 3          | 1          | 2          | 2          | 2          |            |            | 2          | 25    |
| St. Joseph   | 2          | 3          | 7          | 1          | 2          | 41         | 6          | 5          | 2          | 1          | 3          | 4          | 77    |
| Thomasboro   | 21         | 1          | 2          | 2          | 1          | 1          |            |            | 2          | 1          | 2          | 3          | 36    |
| Tolono       | 1          | 29         | 1          | 3          | 4          | 3          | 5          | 6          | 3          | 1          | 1          | 7          | 64    |
| Urbana       | 11         | 32         | 47         | 27         | 35         | 47         | 17         | 19         | 21         | 44         | 21         | 25         | 346   |
| Other/Unk    | 2          | 2          | 392        | 16         | 9          | 2          | 4          | 6          | 2          | 319        | 80         | 13         | 847   |
| <b>Total</b> | <b>134</b> | <b>179</b> | <b>604</b> | <b>143</b> | <b>182</b> | <b>238</b> | <b>132</b> | <b>115</b> | <b>167</b> | <b>490</b> | <b>178</b> | <b>235</b> |       |

**Total Unique  
Patients in FY**

|     |     |     |     |     |      |      |      |      |      |      |      |
|-----|-----|-----|-----|-----|------|------|------|------|------|------|------|
| 134 | 299 | 849 | 913 | 988 | 1176 | 1264 | 1339 | 1471 | 1885 | 1925 | 2027 |
|-----|-----|-----|-----|-----|------|------|------|------|------|------|------|

**Education**

|                 |     |     |     |      |      |     |     |    |     |     |     |     |      |
|-----------------|-----|-----|-----|------|------|-----|-----|----|-----|-----|-----|-----|------|
| <b>Contacts</b> | 698 | 772 | 944 | 1574 | 1386 | 952 | 175 | 44 | 246 | 225 | 622 | 662 | 8300 |
|-----------------|-----|-----|-----|------|------|-----|-----|----|-----|-----|-----|-----|------|

Champaign and Urbana children seen either live outside city limits and are county residents or are part of the Head Start program and paid for by Medicaid or other funding.

\*Feb will include patients from Give Kids A Smile with C-UPHD and IDDS.



**Champaign County Board of Health  
Monthly Report for December 2011, Fiscal Year 2012**

Total number of patients seen from all programs this month: **119**

Total number of unique patients in BOH Fiscal Year 2012: **119**

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

- Champaign: **21**
- Gifford: **1**
- Ludlow: **1**
- Mahomet: **2**
- Ogden: **1**
- Rantoul: **36**
- Sadorus: **3**
- Savoy: **6**
- St. Joseph: **2**
- Tolono: **28**
- Urbana: **18**

Clinic Events

- December 1, 2011—Thursday, CDAP at Dr. Anderson
- December 1, 2011—Thursday, Savoy Head Start
- December 2, 2011—Friday, Unity West Sealant Clinic
- December 5, 2011—Monday, Rantoul Head Start
- December 5, 2011—Monday, Unity West Sealant Clinic
- December 8, 2011—Thursday, Rantoul Head Start
- December 15, 2011—Thursday, CDAP at Christian Health Center
- December 19, 2011—Monday, Rantoul Head Start

Education and Outreach

**December 1**

Savoy Head Start, Staff Hygienist presented education material to **54 children**.

**December 6**

Provena Medical Center, Family Nutrition and Dental Referral Program, Staff Hygienist presented education material and supplies to **4 adults**.

Savoy Head Start, Staff Hygienist presented education materials to **54 children**.

**December 8**

Rantoul Head Start, Staff Hygienist presented education materials to **70 children**.

**SmileHealthy** — Mobile Dental Clinics - Frances Nelson Dental Center Coordinators  
Head Start Dental Clinic - Child Dental Access Program - Dental Health Education  
PO Box 154, Champaign, IL 61824-0154 — phone 217.359.7404 — fax: 217.352-9745  
[www.smilehealthy.org](http://www.smilehealthy.org)

Diabetes Coalition meeting, approximately 16 adult committee members present.

**December 13**

Savoy Head Start, Staff Hygienist presented education materials to **54 children**.

**December 15**

Urbana Head Start, Staff Hygienist presented education materials to **54 children**.

**December 20**

Rantoul Head Start, Staff Hygienist presented education materials to **36 children**.

**December 22**

Champaign Head Start, Staff Hygienist presented education materials to **36 children**.

SmileHealthy participated in U of I ENG 315, Learning in Community.

Only those in **bold** are counted as education contacts.



**SmileHealthy**  
Champaign County Board of Health  
Fiscal Year 2012 Report

|              | Dec 11     | Jan 12   | Feb 12*  | March 12 | April 12 | May 12   | June 12  | July 12  | Aug 12   | Sep 12   | Oct 12   | Nov 12   | Total |
|--------------|------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|-------|
| Bondville    |            |          |          |          |          |          |          |          |          |          |          |          | 0     |
| Broadlands   |            |          |          |          |          |          |          |          |          |          |          |          | 0     |
| Champaign    | 21         |          |          |          |          |          |          |          |          |          |          |          | 21    |
| Dewey        |            |          |          |          |          |          |          |          |          |          |          |          | 0     |
| Fisher       |            |          |          |          |          |          |          |          |          |          |          |          | 0     |
| Foosland     |            |          |          |          |          |          |          |          |          |          |          |          | 0     |
| Gifford      | 1          |          |          |          |          |          |          |          |          |          |          |          | 1     |
| Homer        |            |          |          |          |          |          |          |          |          |          |          |          | 0     |
| Ivesdale     |            |          |          |          |          |          |          |          |          |          |          |          | 0     |
| Ludlow       | 1          |          |          |          |          |          |          |          |          |          |          |          | 1     |
| Mahomet      | 2          |          |          |          |          |          |          |          |          |          |          |          | 2     |
| Ogden        | 1          |          |          |          |          |          |          |          |          |          |          |          | 1     |
| Penfield     |            |          |          |          |          |          |          |          |          |          |          |          | 0     |
| Pesotum      |            |          |          |          |          |          |          |          |          |          |          |          | 0     |
| Philo        |            |          |          |          |          |          |          |          |          |          |          |          | 0     |
| Rantoul      | 36         |          |          |          |          |          |          |          |          |          |          |          | 36    |
| Royal        |            |          |          |          |          |          |          |          |          |          |          |          | 0     |
| Sadorus      | 3          |          |          |          |          |          |          |          |          |          |          |          | 3     |
| Savoy        | 6          |          |          |          |          |          |          |          |          |          |          |          | 6     |
| Seymour      |            |          |          |          |          |          |          |          |          |          |          |          | 0     |
| Sidney       |            |          |          |          |          |          |          |          |          |          |          |          | 0     |
| St. Joseph   | 2          |          |          |          |          |          |          |          |          |          |          |          | 2     |
| Thomasboro   |            |          |          |          |          |          |          |          |          |          |          |          | 0     |
| Tolono       | 28         |          |          |          |          |          |          |          |          |          |          |          | 28    |
| Urbana       | 18         |          |          |          |          |          |          |          |          |          |          |          | 18    |
| Other/Unk    |            |          |          |          |          |          |          |          |          |          |          |          | 0     |
| <b>Total</b> | <b>119</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> |       |

**Total Unique  
Patients in FY**      119

**Education**

**Contacts**      362      362

Champaign and Urbana children seen either live outside city limits and are county residents or are part of the Head Start program and paid for by Medicaid or other funding.

\*Feb will include patients from Give Kids A Smile with C-UPHD and IDDS.

## RENEWAL OF PARTICIPATION AGREEMENT

WHEREAS, the Champaign County Health Department, through its duly authorized agent, the Champaign County Board of Health, hereinafter known as the "Board", and SmileHealthy formerly Central Illinois Dental Education and Services, NFP or CIDES, entered into a Participation Agreement dated December 15, 2005, a copy of which is attached to this Renewal of Participation Agreement and marked as "Exhibit A"; and

WHEREAS, the Champaign County Board has approved its budget for the County's Fiscal Year from December 1, 2011 to November 30, 2012 in which it has included a grant for the cost of the renewal of the Participation Agreement between the Board and SmileHealthy in the amount of \$~~45,000~~55,490; and

WHEREAS, the Board believes it is in the best interest of residents served by the Champaign County Health Department that the Participation Agreement should be renewed for the period December 1, 2011 to November 30, 2012, with all of the terms and conditions previously contained in the Participation Agreement attached to this Renewal of Participation Agreement and marked as "Exhibit A", with the following exception:


The Board and SmileHealthy agree that should SmileHealthy merge with the Champaign-Urbana Public Health District or any other entity during the term of this Renewal of Participation Agreement, or alternatively should the services presently performed by SmileHealthy be subsumed by the Champaign-Urbana Public Health District, the parties shall modify the terms and conditions of this Renewal of Participation Agreement as necessitated by the said merger or take-over; and


WHEREAS, the Board and SmileHealthy agree that the annual contract cost for the renewal of the Participation Agreement shall be the sum of \$45,000;

The Champaign County Board of Health and SmileHealthy enter into this Renewal of Participation Agreement for the period December 1, 2011 to November 30, 2012 in the amount of \$45,000, with the monthly payments to be \$3,750 per month, and with the said Renewal to be pursuant to the remaining terms and conditions outlined in this Renewal of Participation Agreement and the attached "Exhibit A", on this \_\_\_\_\_ day of \_\_\_\_\_, 2011.

CHAMPAIGN COUNTY HEALTH  
DEPARTMENT

SMILEHEALTHY, NFP

BY:   
Chair, Champaign County Board  
of Health

BY:   
Chairperson, SmileHealthy

Originally Prepared by:

Susan W. McGrath  
Senior Assistant State's Attorney  
Office of the Champaign County State's Attorney  
1776 E. Washington  
Urbana, IL 61802  
217/384-3776

With edits for dates and budgeted amounts by SmileHealthy

PARTICIPATION AGREEMENT

WHEREAS, Central Illinois Dental Education and Services, hereinafter known as "CIDES", is a not for profit corporation organized and existing under the laws of the State of Illinois and in good standing; and

WHEREAS, CIDES has organized and coordinates a program involving the recruitment of area dentists and dental hygienists who are willing to provide low cost dental hygiene services to children for whom such services might otherwise be unavailable; and

WHEREAS, the Champaign County Health Department, hereinafter known as "DEPARTMENT", is a duly organized and existing County Health Department; and

WHEREAS the DEPARTMENT and CIDES had previously entered into agreements for the participation of children residing outside of the Champaign-Urbana Public Health District service area in the program organized and coordinated by CIDES; and

WHEREAS, the program established and coordinated by CIDES results in low cost dental hygiene services being provided to such children without cost to them; and WHEREAS, said dentists and dental hygienists have agreed to participate in said program and to accept as full and final payment for their services, payments below the market value for those services as a result of their desire to assure that such services are provided to said children; and

WHEREAS, CIDES' program has resulted in the education of county residents on the importance of dental hygiene and dental care; and

WHEREAS, CIDES has engaged in out-reach efforts to generate community support and increased access to dental providers for eligible children; and WHEREAS, CIDES has coordinated and organized screenings and evaluations of such children by registered dental hygienist in

accordance with the Dental Practice Act; and

WHEREAS, the DEPARTMENT wishes to continue it's pre-existing relationship with CIDES so as to ensure that eligible county children and families are provided access to education and services, the DEPARTMENT and CIDES hereby enter into this agreement as follows:

1. The term of this agreement commences on the date of approval by both CIDES and the DEPARTMENT and shall continue in full force and effect until November 30<sup>th</sup>, 2006 unless otherwise terminated as provided for herein.
2. The DEPARTMENT and CIDES may mutually agree to extend the term of this agreement at any time or to enter into a new agreement at any time prior to November 30<sup>th</sup>, 2006, but there shall be no automatic renewal of this agreement absent such mutual assent.
3. The DEPARTMENT shall pay to CIDES the sum of \$105,168.00 in equal monthly installments of \$8,764.00 per month payable on or before the 1<sup>st</sup> day of each month during the term of this agreement, with the first such payment hereunder to be prorated so as to insure that the total payment for December 2005 pursuant to this agreement and the existing agreements equals but does not exceed \$8,764.00.
4. CIDES shall, for all intents and purposes, be an independent contractor and shall, for no purposes, be considered to be in a joint venture relationship with the DEPARTMENT; and furthermore no employee or independent contractor of CIDES shall be considered to have a joint venture or an employer-employee relationship with the DEPARTMENT.

5. CIDES shall be solely responsible for the payment of all payroll, taxes, Social Security payments, unemployment payments, and all other financial obligations in the performance of this agreement, including obligations for personnel hired by CIDES to perform the services set forth herein.
6. CIDES shall not, without prior authorization from the DEPARTMENT, submit any grants on behalf of the DEPARTMENT, and nothing in this agreement shall be construed as rendering CIDES an agent of the Department for such purposes absent such prior authorization.
7. CIDES shall provide to the DEPARTMENT a copy of it's annual audit within (30) days after the said audit is completed and available for distribution.
8. CIDES shall provide to the DEPARTMENT contact information, including a telephone number at which the public can contact CIDES concerning the program offered by it, including the access and education services provided pursuant to this agreement and shall implement a system by which the public can communicate with representatives of CIDES concerning said program and access thereto at reasonable times. It is the intent of the parties, absent unforeseen circumstances, that contacts to CIDES by members of the public shall be responded to within (1) regular business day following the receipt of said requests.
9. It shall be the sole responsibility of CIDES to ensure the adequacy of it's staff and that all participating dentists and dental hygienists have appropriate professional certifications to provide the services to be under the CIDES program.
10. The DEPARTMENT shall have not be deemed to be a party to any agreements for

the provision of said services nor in anyway to be responsible for the sufficiency of said services or the manner in which they are provided. Instead, it is the express intent of the parties hereto that the DEPARTMENT is contracting with CIDES to ensure access to the program and educational services provided by CIDES for county residents and, in no manner, shall the DEPARTMENT be deemed to have any obligation to exercise control or responsibility for the provision of any services organized by CIDES.

11. The DEPARTMENT and CIDES expressly acknowledge, however, that the DEPARTMENT has a substantial interest in assuring that the children sought to be served by participation with CIDES are adequate in number and level of service in light of the compensation provided hereunder and thus CIDES shall provide to the DEPARTMENT monthly reports at the DEPARTMENT's regular Board meetings which shall include information concerning the number of children served pursuant to participation in this agreement; a brief description of the services provided; and such other further and additional information, if any, reasonably requested by the DEPARTMENT through it's Board, so as to enable the DEPARTMENT to be fully informed with respect to the type, manner, and number of services being provided hereunder. Such further additional information may include, if necessary for the DEPARTMENT to fulfill it's review of services provided, financial information, to the extent that the same reflects upon the provision of services hereunder.
12. CIDES shall maintain, at it's own expense, such insurance, including worker's compensation insurance, liability insurance, and other such insurance as it deems

necessary and shall provide a certificate of such insurance to the DEPARTMENT upon execution of this agreement. The provision of said certificate shall be for information purposes only and shall not be deemed to constitute a relationship of any type or nature other than the contractual relationship provided for hereunder.

13. CIDES represents, however, that it has and shall maintain liability insurance in an amount not less than \$1,000,000.00 per occurrence and such worker's compensation insurance as required by Illinois Law.
14. CIDES and the DEPARTMENT further agree that should either party fail to fulfill it's obligations hereunder the other party may bring an action to specifically enforce the obligations hereunder, but that such an action shall not exclude the availability of any other remedy permitted by law.
15. In the event that either party fails to fulfill it's respective obligations, the party claiming such breach shall provide notice to the purportedly breaching party and shall afford that party and opportunity to remedy said breach or for the parties to reach an agreement with respect thereto of not less than (14) days following the effective date of service. Service shall be deemed effective upon actual receipt by personal delivery by service upon the registered agent or any officer of CIDES or personal service upon the Chair of the Champaign County Board of Health, or it's administrator.
16. CIDES and the DEPARTMENT further agree that the nature of the agreement provided for herein is in the nature of a personal services contract and thus CIDES shall not assign or delegate it's contractual responsibilities and obligations hereunder



to any third party without the express written consent of the DEPARTMENT.

17. CIDES and the DEPARTMENT further agree that neither the dentists nor dental hygienists who are participating in the program organized and administrated by CIDES, nor any child for whom services thereunder may be provided, are or shall be deemed to be third party beneficiaries, intended or otherwise, of this agreement; that nothing herein shall be construed to create any relationship between CIDES and the DEPARTMENT other than as an independent contractor; that nothing shall be construed herein, or interpreted, to provide that the DEPARTMENT or CIDES are providing dental hygiene services, but instead shall be construed and interpreted so as to ensure that the scope and extent of the DEPARTMENT's involvement in the provision of services recruited and organized by CIDES is for the purpose of ensuring access for said eligible children and public education.
18. This agreement shall be interpreted, construed, and enforced in accordance with the provisions of applicable Illinois Law.
19. This agreement contains the entirety of the parties agreement regarding the relationship established hereby and no prior discussions, negotiations, or agreements are a part hereof the same being conclusively deemed to have merged herein.

CENTRAL ILLINOIS DENTAL EDUCATION  
SERVICES, NFP, AN ILLINOIS NOT FOR  
PROFIT CORPORATION,

BY: \_\_\_\_\_  
President

CHAMPAIGN COUNTY  
HEALTH DEPARTMENT,

BY: \_\_\_\_\_  
Chair, Champaign County Board of  
Health

Prepared by:  
Robert G. Kirchner  
Attorney at Law  
100 Trade Centre Drive, Suite 402

Champaign, IL 61820  
Phone: 217-355-5660  
Fax: 217-355-5675

G:\WPDOCS\bob\CIDES\PARTICIPATION AGREEMENT.wpd

|                  |                  |
|------------------|------------------|
| Invoice Number:  | 1110             |
| Date of Invoice: | October 12, 2011 |
| Billing Period:  | September-11     |

To:

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

For the Following Expenses:

|  |           |                  |
|--|-----------|------------------|
| 533.07 Professional Services - LHPG Communicable Disease | \$        | 3,578.83         |
| 533.07 Professional Services - LHPG Disease Intervention | \$        | 5,055.34         |
| 533.07 Professional Services - LHPG Hepatitis            | \$        | 726.09           |
| 533.07 Professional Services - LHPG Tuberculosis         | \$        | 2,796.84         |
| 533.07 Professional Services - LHPG Food                 | \$        | 13,402.08        |
| 533.07 Professional Services - LHPG Water                | \$        | 4,714.33         |
| 533.07 Professional Services - LHPG Sewage               | \$        | 5,125.08         |
| 533.07 Professional Services - Vital Statistics          | \$        | 210.08           |
| 533.07 Professional Services - Administration            | \$        | 12,096.67        |
| 533.07 Professional Services - PHEP Grant                | \$        | -                |
| 533.07 Professional Services - TFC Grant                 | \$        | -                |
| 533.07 Professional Services - West Nile Virus Grant     | \$        | 3,248.87         |
| 533.07 Professional Services - County Well Water Testing | \$        | 336.03           |
| <b>Total Amount Due to CUPHD per Contract</b>            | <b>\$</b> | <b>51,290.24</b> |

## CERTIFICATION:

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

  
 Authorized Agency Official

West Nile Virus - CC  
Grant # 15380173  
September 2011

|  | Sep-11          |
|--|-----------------|
| <b>PERSONAL SERVICES</b>                             |                 |
| Jeff Blackford                                       | \$542.17        |
| Kyle Boatright                                       | \$509.51        |
| Casey Dexter   | \$554.83        |
| Amanda Landers                                       | \$291.88        |
| Jim Roberts  | \$113.49        |
| Michael Schroeder                                    | \$5.00          |
| Total Personal Services                              | 2,016.88        |
| <b>FRINGE BENEFITS</b>                               |                 |
| IMRF   | 67.39           |
| FICA   | 153.07          |
| Health Insurance                                     | 74.31           |
| Life Insurance                                       | 0.21            |
| Illinois Unemployment Comp.                          | 39.35           |
| Workmen's Compensation                               | 50.71           |
| Total Fringe Benefits                                | <b>385.04</b>   |
| <b>Total Personal Services &amp; Fringe Benefits</b> | <b>2,401.92</b> |
| <b>CONTRACTUAL SERVICES</b>                          |                 |
| Printing   | 0.02            |
| Postage  | 0.44            |
| Training   | 70.00           |
| Total Contractual Services                           | <b>70.46</b>    |
| <b>TRAVEL</b>  |                 |
| Mileage  | 357.42          |
| Total Travel   | <b>357.42</b>   |
| <b>TELECOMMUNICATIONS</b>                            |                 |
| Total Telecommunications                             | -               |
| <b>SUPPLIES</b>                                      |                 |
| Program Supplies                                     | 419.07          |
| Total Supplies                                       | <b>419.07</b>   |
| <b>Total</b>   | <b>3,248.87</b> |

County Well Water Testing  
September 2011

|  | Sep-11        |
|--|---------------|
| <b>A. PERSONAL SERVICES</b>                          |               |
| Jeff Blackford                                       | \$102.26      |
| Tammy Hamilton                                       | \$54.57       |
| Michael Schroeder                                    | \$3.02        |
| <b>Total Personal Services</b>                       | <b>159.85</b> |
| <b>B. FRINGE BENEFITS</b>                            |               |
| FICA   | 12.11         |
| IMRF   | 16.56         |
| Health Insurance                                     | 15.43         |
| Life Insurance                                       | 0.05          |
| Illinois Unemployment Comp.                          | -             |
| Workmen's Compensation                               | 1.03          |
| <b>Total Fringe Benefits</b>                         | <b>45.18</b>  |
| <b>Total Personal Services &amp; Fringe Benefits</b> | <b>205.03</b> |
| <b>C. CONTRACTUAL SERVICES</b>                       |               |
| Printing   | 0.68          |
| Postage  | 25.32         |
| Water Sample Test                                    | 105.00        |
| <b>Total Contractual Services</b>                    | <b>131.00</b> |
| <b>D. SUPPLIES</b>                                   |               |
| <b>Total Supplies</b>                                | <b>-</b>      |
| <b>E. TRAVEL</b>                                     |               |
| <b>Total Travel</b>                                  | <b>-</b>      |
| <b>F. EQUIPMENT</b>                                  |               |
| <b>Total Equipment</b>                               | <b>-</b>      |
| <b>Total</b>   | <b>336.03</b> |

|                  |                   |
|------------------|-------------------|
| Invoice Number:  | 1110              |
| Date of Invoice: | December 12, 2011 |
| Billing Period:  | October-11        |

To:

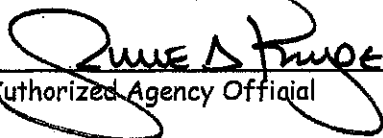
Champaign County Public Health Department  
 1776 East Washington Street  
 Urbana, Illinois 61802

For the Following Expenses:

|   |           |                  |
|---|-----------|------------------|
| 533.07 Professional Services - LHPG Communicable Disease  | \$        | 3,578.83         |
| 533.07 Professional Services - LHPG Disease Intervention  | \$        | 5,055.34         |
| 533.07 Professional Services - LHPG Hepatitis             | \$        | 726.09           |
| 533.07 Professional Services - LHPG Tuberculosis          | \$        | 2,796.84         |
| 533.07 Professional Services - LHPG Food                  | \$        | 13,402.08        |
| 533.07 Professional Services - LHPG Water                 | \$        | 4,714.33         |
| 533.07 Professional Services - LHPG Sewage                | \$        | 5,125.08         |
| 533.07 Professional Services - Vital Statistics           | \$        | 210.08           |
| 533.07 Professional Services - Administration             | \$        | 12,096.67        |
| 533.07 Professional Services - PHEP Grant                 | \$        | -                |
| 533.07 Professional Services - TFC Grant (July - October) | \$        | 5,851.62         |
| 533.07 Professional Services - West Nile Virus Grant      | \$        | 427.25           |
| 533.07 Professional Services - County Well Water Testing  | \$        | 147.51           |
| <b>Total Amount Due to CUPHD per Contract</b>             | <b>\$</b> | <b>54,131.72</b> |

## CERTIFICATION:

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

  
 Authorized Agency Official

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH**  
**Office of Health Promotion**  
**REIMBURSEMENT CERTIFICATION / EXPENDITURE FORM**

Fiscal Contact Person: Esther Thomas  
 Telephone Number: 217-531-4262  
 Email Address: ethomas@c-uphd.org  
 Date Submitted: 12/09/11

Please submit reimbursements to: Illinois Department of Public Health, Tobacco Control Program,  
 Attn: Gail DeVito, 535 W. Jefferson, 2nd Floor, Springfield IL 62761 or email to gail.devito@illinois.gov

|   |  | In the box below, please enter reimbursement amounts submitted for your FY11 grant. |                          |                      |           |         |          |          |         |          |       |       |     |      |     |
|---|--|---|--------------------------|----------------------|-----------|---------|----------|----------|---------|----------|-------|-------|-----|------|-----|
|   |  | \$563.11  | July                     | August               | September | October | November | December | January | February | March | April | May | June | YTD |
| <b>Agency Name:</b>                           | <b>Champaign County Public Health Department</b> |   |                          |                      |           |         |          |          |         |          |       |       |     |      |     |
| <b>FEIN #:</b>                                | <b>37-6006910</b>                                |   |                          |                      |           |         |          |          |         |          |       |       |     |      |     |
| <b>Grant #:</b>                               | <b>23281009</b>                                  |   |                          |                      |           |         |          |          |         |          |       |       |     |      |     |
| <b>Program Name:</b>                          | <b>Illinois Tobacco-Free Communities</b>         |   |                          |                      |           |         |          |          |         |          |       |       |     |      |     |
|   |  | <b>Billing Period:</b>  | <b>July-11</b>           |                      |           |         |          |          |         |          |       |       |     |      |     |
| Name / Vendor                                 | Title / Purpose                                  | Period / Date Incurred  | Amount Claimed from IDPH | Components (specify) |           |         |          |          |         |          |       |       |     |      |     |
| <b>Personal Services (Salary &amp; Wages)</b> |  |   |                          |                      |           |         |          |          |         |          |       |       |     |      |     |
| Nikki Hillier                                 | Program Coordinator                              | 7/1/11-7/31/11  | \$20.90                  |                      |           |         |          |          |         |          |       |       |     |      |     |
| Jennifer Jackson                              | Health Educator II                               | 7/1/11-7/31/11  | \$446.68                 |                      |           |         |          |          |         |          |       |       |     |      |     |
| <b>Total Personal Services</b>                |  |   | <b>\$467.58</b>          |                      |           |         |          |          |         |          |       |       |     |      |     |
| <b>Fringe Benefits</b>                        |  |   |                          |                      |           |         |          |          |         |          |       |       |     |      |     |
| IMRF  | IMRF   | 7/1/11-7/31/11  | \$37.74                  |                      |           |         |          |          |         |          |       |       |     |      |     |
| FICA  | FICA   | 7/1/11-7/31/11  | \$29.86                  |                      |           |         |          |          |         |          |       |       |     |      |     |
| Health Insurance                              | Health Insurance                                 | 7/1/11-7/31/11  | \$4.14                   |                      |           |         |          |          |         |          |       |       |     |      |     |
| Life Insurance                                | Life Insurance                                   | 7/1/11-7/31/11  | \$0.37                   |                      |           |         |          |          |         |          |       |       |     |      |     |
| Illinois Unemployment Comp.                   | Illinois Unemployment Compensation               | 7/1/11-7/31/11  | \$0.00                   |                      |           |         |          |          |         |          |       |       |     |      |     |
| Workmen's Compensation                        | Workmen's Compensation                           | 7/1/11-7/31/11  | \$14.70                  |                      |           |         |          |          |         |          |       |       |     |      |     |
| <b>Total Fringe Benefits</b>                  |  |   | <b>\$86.81</b>           |                      |           |         |          |          |         |          |       |       |     |      |     |
| <b>Contractual Services</b>                   |  |   |                          |                      |           |         |          |          |         |          |       |       |     |      |     |
| USPS/Pitney Bowes                             | Postage  | 7/1/11-7/31/11  | \$1.76                   |                      |           |         |          |          |         |          |       |       |     |      |     |
| <b>Total Contractual</b>                      |  |   | <b>\$1.76</b>            |                      |           |         |          |          |         |          |       |       |     |      |     |
| <b>Travel</b>                                 |  |   |                          |                      |           |         |          |          |         |          |       |       |     |      |     |
| <b>Total Travel</b>                           |  |   | <b>\$0.00</b>            |                      |           |         |          |          |         |          |       |       |     |      |     |
| <b>Printing</b>                               |  |   |                          |                      |           |         |          |          |         |          |       |       |     |      |     |
| R.K. Dixon                                    | Photocopies                                      | 7/1/11-7/31/11  | \$6.96                   |                      |           |         |          |          |         |          |       |       |     |      |     |
| <b>Total Printing</b>                         |  |   | <b>\$6.96</b>            |                      |           |         |          |          |         |          |       |       |     |      |     |
| <b>Supplies</b>                               |  |   |                          |                      |           |         |          |          |         |          |       |       |     |      |     |
| <b>Total Supplies</b>                         |  |   | <b>\$0.00</b>            |                      |           |         |          |          |         |          |       |       |     |      |     |
| <b>Grand Total</b>                            |  |   | <b>\$563.11</b>          |                      |           |         |          |          |         |          |       |       |     |      |     |

*Certification: This signed document hereby certifies the goods and/or services claimed are necessary expenditures for the program, appropriate purchasing procedures have been followed, payment has been made as indicated and a reimbursement has not previously been requested or received.*

  
 Authorized Agency Official

12-9-11  
 Date

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH**  
**Office of Health Promotion**  
**REIMBURSEMENT CERTIFICATION / EXPENDITURE FORM**

Fiscal Contact Person: Esther Thomas  
 Telephone Number: 217-531-4262  
 Email Address: ethomas@c-uphd.org  
 Date Submitted: 12/09/11

Please submit reimbursements to: Illinois Department of Public Health, Tobacco Control Program,  
 Attn: Gail DeVito, 535 W. Jefferson, 2nd Floor, Springfield IL 62761 or email to gail.devito@illinois.gov

|                 |   | In the box below, please enter reimbursement amounts submitted for your FY11 grant. |           |  |          |  |            |
|-----------------|---|---|-----------|--|----------|--|------------|
| Agency Name:    | Champaign County Public Health Department | \$563.11  | July      |  | October  |  | January    |
| FEIN #:         | 37-6006910                                | \$1,008.73  | August    |  | November |  | February   |
|                 |   |   | September |  | December |  | March      |
| Grant #:        | 23281009                                  |   |           |  |          |  | April      |
| Program Name:   | Illinois Tobacco-Free Communities         |   |           |  |          |  | May        |
|                 |   |   |           |  |          |  | June       |
| Billing Period: | August-11                                 |   |           |  |          |  | YTD        |
|                 |   |   |           |  |          |  | \$1,571.84 |

| Name/Vendor                                   | Title/Purpose                      | Period Date Incurred | Amount Claimed from IDPH | Components (specify) |
|---|------------------------------------|----------------------|--------------------------|----------------------|
| <b>Personal Services (Salary &amp; Wages)</b> |                                    |                      |                          |                      |
| Nikki Hillier                                 | Program Coordinator                | 8/1/11-8/31/11       | \$67.36                  |                      |
| Jennifer Jackson                              | Health Educator II                 | 8/1/11-8/31/11       | \$737.58                 |                      |
| <b>Total Personal Services</b>                |                                    |                      | \$804.94                 |                      |
| <b>Fringe Benefits</b>                        |                                    |                      |                          |                      |
| IMRF  | IMRF                               | 8/1/11-8/31/11       | \$65.57                  |                      |
| FICA  | FICA                               | 8/1/11-8/31/11       | \$51.79                  |                      |
| Health Insurance                              | Health Insurance                   | 8/1/11-8/31/11       | \$7.03                   |                      |
| Life Insurance                                | Life Insurance                     | 8/1/11-8/31/11       | \$0.60                   |                      |
| Illinois Unemployment Comp.                   | Illinois Unemployment Compensation | 8/1/11-8/31/11       | \$0.00                   |                      |
| Workmen's Compensation                        | Workmen's Compensation             | 8/1/11-8/31/11       | \$24.47                  |                      |
| <b>Total Fringe Benefits</b>                  |                                    |                      | \$149.46                 |                      |
| <b>Contractual Services</b>                   |                                    |                      |                          |                      |
| USPS/Pitney Bowes                             | Postage                            | 8/1/11-8/31/11       | \$17.82                  |                      |
| <b>Total Contractual</b>                      |                                    |                      | \$17.82                  |                      |
| <b>Travel</b>                                 |                                    |                      |                          |                      |
| Nikki Hillier                                 | Mileage to Schools                 | 8/1/11-8/31/11       | \$5.55                   |                      |
| Jennifer Jackson                              | Mileage to Schools                 | 8/1/11-8/31/11       | \$26.64                  |                      |
| Nikki Hillier                                 | Mileage to Coalition Meetings      | 8/1/11-8/31/11       | \$3.33                   |                      |
| <b>Total Travel</b>                           |                                    |                      | \$35.52                  |                      |
| <b>Printing</b>                               |                                    |                      |                          |                      |
| R.K. Dixon                                    | Photocopies                        | 8/1/11-8/31/11       | \$0.99                   |                      |
| <b>Total Printing</b>                         |                                    |                      | \$0.99                   |                      |
| <b>Supplies</b>                               |                                    |                      |                          |                      |
| <b>Total Supplies</b>                         |                                    |                      | \$0.00                   |                      |
| <b>Grand Total</b>                            |                                    |                      | \$1,008.73               |                      |

*Certification: This signed document hereby certifies the goods and/or services claimed are necessary expenditures for the program, appropriate purchasing procedures have been followed, payment has been made as indicated and a reimbursement has not previously been requested or received.*

  
 Authorized Agency Official

12-9-11  
 Date



**ILLINOIS DEPARTMENT OF PUBLIC HEALTH**  
**Office of Health Promotion**  
**REIMBURSEMENT CERTIFICATION / EXPENDITURE FORM**

Fiscal Contact Person: Esther Thomas  
 Telephone Number: 217-531-4262  
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Please submit reimbursements to: Illinois Department of Public Health, Tobacco Control Program,  
 Attn: Gail DeVito, 535 W. Jefferson, 2nd Floor, Springfield IL 62761 or email to gail.devito@illinois.gov

|   |   | In the box below, please enter reimbursement amounts submitted for your FY11 grant. |                         |                      |          |  |          |  |       |  |  |            |     |
|---|---|---|-------------------------|----------------------|----------|--|----------|--|-------|--|--|------------|-----|
| Agency Name:                                  | Champaign County Public Health Department | \$563.11  | July                    |                      | October  |  | January  |  | April |  |  |            |     |
| FEIN #:                                       | 37-6006910                                | \$1,008.73  | August                  |                      | November |  | February |  | May   |  |  |            |     |
| Grant #:                                      | 23281009                                  | \$2,349.13  | September               |                      | December |  | March    |  | June  |  |  |            |     |
| Program Name:                                 | Illinois Tobacco-Free Communities         |   |                         |                      |          |  |          |  |       |  |  | \$3,920.97 | YTD |
| Program Name:                                 | Illinois Tobacco-Free Communities         | Billing Period:   | September-11            |                      |          |  |          |  |       |  |  |            |     |
| Name/Vendor                                   | Title/Purpose                             | Period/Date Incurred  | Amount Claimed from DPH | Components (specify) |          |  |          |  |       |  |  |            |     |
| <b>Personal Services (Salary &amp; Wages)</b> |   |   |                         |                      |          |  |          |  |       |  |  |            |     |
| Nikki Hillier                                 | Program Coordinator                       | 9/1/11-9/30/11  | \$92.92                 |                      |          |  |          |  |       |  |  |            |     |
| Jennifer Jackson                              | Health Educator II                        | 9/1/11-9/30/11  | \$1,805.31              |                      |          |  |          |  |       |  |  |            |     |
| <b>Total Personal Services</b>                |   |   | \$1,898.23              |                      |          |  |          |  |       |  |  |            |     |
| <b>Fringe Benefits</b>                        |   |   |                         |                      |          |  |          |  |       |  |  |            |     |
| IMRF  | IMRF                                      | 9/1/11-9/30/11  | \$156.81                |                      |          |  |          |  |       |  |  |            |     |
| FICA  | FICA                                      | 9/1/11-9/30/11  | \$120.89                |                      |          |  |          |  |       |  |  |            |     |
| Health Insurance                              | Health Insurance                          | 9/1/11-9/30/11  | \$11.58                 |                      |          |  |          |  |       |  |  |            |     |
| Life Insurance                                | Life Insurance                            | 9/1/11-9/30/11  | \$0.99                  |                      |          |  |          |  |       |  |  |            |     |
| Illinois Unemployment Comp.                   | Illinois Unemployment Compensation        | 9/1/11-9/30/11  | \$0.00                  |                      |          |  |          |  |       |  |  |            |     |
| Workmen's Compensation                        | Workmen's Compensation                    | 9/1/11-9/30/11  | \$59.47                 |                      |          |  |          |  |       |  |  |            |     |
| <b>Total Fringe Benefits</b>                  |   |   | \$349.74                |                      |          |  |          |  |       |  |  |            |     |
| <b>Contractual Services</b>                   |   |   |                         |                      |          |  |          |  |       |  |  |            |     |
| USPS/Pitney Bowes                             | Postage                                   | 9/1/11-9/30/11  | \$6.83                  |                      |          |  |          |  |       |  |  |            |     |
| <b>Total Contractual</b>                      |   |   | \$6.83                  |                      |          |  |          |  |       |  |  |            |     |
| <b>Travel</b>                                 |   |   |                         |                      |          |  |          |  |       |  |  |            |     |
| Jennifer Jackson                              | Mileage to Schools                        | 9/1/11-9/30/11  | \$79.92                 |                      |          |  |          |  |       |  |  |            |     |
| <b>Total Travel</b>                           |   |   | \$79.92                 |                      |          |  |          |  |       |  |  |            |     |
| <b>Printing</b>                               |   |   |                         |                      |          |  |          |  |       |  |  |            |     |
| R.K. Dixon                                    | Photocopies                               | 9/1/11-9/30/11  | \$14.41                 |                      |          |  |          |  |       |  |  |            |     |
| <b>Total Printing</b>                         |   |   | \$14.41                 |                      |          |  |          |  |       |  |  |            |     |
| <b>Supplies</b>                               |   |   |                         |                      |          |  |          |  |       |  |  |            |     |
| <b>Total Supplies</b>                         |   |   | \$0.00                  |                      |          |  |          |  |       |  |  |            |     |
| <b>Grand Total</b>                            |   |   | \$2,349.13              |                      |          |  |          |  |       |  |  |            |     |

*Certification: This signed document hereby certifies the goods and/or services claimed are necessary expenditures for the program, appropriate purchasing procedures have been followed, payment has been made as indicated and a reimbursement has not previously been requested or received.*

  
 Authorized Agency Official

12-9-11  
 Date



West Nile Virus - CC  
Grant # 15380173  
October 2011

|  | Oct-11        |
|--|---------------|
| <b>PERSONAL SERVICES</b>                             |               |
| Jeff Blackford                                       | \$46.88       |
| Kyle Boatright                                       | \$77.07       |
| Casey Dexter   | \$82.02       |
| Michael Schroeder                                    | \$2.25        |
| Total Personal Services                              | 208.22        |
| <b>FRINGE BENEFITS</b>                               |               |
| IMRF   | 5.05          |
| FICA   | 15.76         |
| Health Insurance                                     | 7.21          |
| Life Insurance                                       | 0.03          |
| Illinois Unemployment Comp.                          | 4.56          |
| Workmen's Compensation                               | 5.47          |
| Total Fringe Benefits                                | <b>38.08</b>  |
| <b>Total Personal Services &amp; Fringe Benefits</b> | <b>246.30</b> |
| <b>CONTRACTUAL SERVICES</b>                          |               |
| Total Contractual Services                           | -             |
| <b>TRAVEL</b>  |               |
| Total Travel   | -             |
| <b>TELECOMMUNICATIONS</b>                            |               |
| Total Telecommunications                             | -             |
| <b>SUPPLIES</b>                                      |               |
| Program Supplies                                     | 180.95        |
| Total Supplies                                       | <b>180.95</b> |
| <b>Total</b>   | <b>427.25</b> |

County Well Water Testing  
October 2011

|  | Oct-11        |
|--|---------------|
| <b>A. PERSONAL SERVICES</b>                          |               |
| Jeff Blackford                                       | 58.52         |
| Tammy Hamilton                                       | 16.38         |
| Total Personal Services                              | 74.90         |
| <b>B. FRINGE BENEFITS</b>                            |               |
| FICA   | 5.65          |
| IMRF   | 7.72          |
| Health Insurance                                     | 11.73         |
| Life Insurance                                       | 0.03          |
| Illinois Unemployment Comp.                          | -             |
| Workmen's Compensation                               | 0.44          |
| Total Fringe Benefits                                | 25.57         |
| <b>Total Personal Services &amp; Fringe Benefits</b> | <b>100.47</b> |
| <b>C. CONTRACTUAL SERVICES</b>                       |               |
| Printing   | 1.27          |
| Postage  | 22.55         |
| Water Sample Test                                    | 21.00         |
| Total Contractual Services                           | 44.82         |
| <b>D. SUPPLIES</b>                                   |               |
| Total Supplies                                       | -             |
| <b>E. TRAVEL</b>                                     |               |
| Mileage  | 2.22          |
| Total Travel   | 2.22          |
| <b>F. EQUIPMENT</b>                                  |               |
| Total Equipment                                      | -             |
| <b>Total</b>   | <b>147.51</b> |

|                  |                   |
|------------------|-------------------|
| Invoice Number:  | 1112              |
| Date of Invoice: | December 21, 2011 |
| Billing Period:  | November-11       |

To:

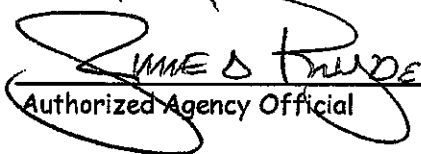
Champaign County Public Health Department  
1776 East Washington Street  
Urbana, Illinois 61802

For the Following Expenses:

|  |           |                  |
|--|-----------|------------------|
| 533.07 Professional Services - LHPG Communicable Disease         | \$        | 3,578.83         |
| 533.07 Professional Services - LHPG Disease Intervention         | \$        | 5,055.34         |
| 533.07 Professional Services - LHPG Hepatitis                    | \$        | 726.09           |
| 533.07 Professional Services - LHPG Tuberculosis                 | \$        | 2,796.84         |
| 533.07 Professional Services - LHPG Food                         | \$        | 13,402.08        |
| 533.07 Professional Services - LHPG Water                        | \$        | 4,714.33         |
| 533.07 Professional Services - LHPG Sewage                       | \$        | 5,125.08         |
| 533.07 Professional Services - Vital Statistics                  | \$        | 210.08           |
| 533.07 Professional Services - Administration                    | \$        | 12,096.67        |
| 533.07 Professional Services - PHEP Grant (August-November)      | \$        | 12,848.82        |
| 533.07 Professional Services - TFC Grant                         | \$        | 1,858.33         |
| 533.07 Professional Services - Smoke-Free IL Citation Fee Reimb. | \$        | 375.00           |
| 533.07 Professional Services - West Nile Virus Grant             | \$        | -                |
| 533.07 Professional Services - County Well Water Testing         | \$        | 109.66           |
| <b>Total Amount Due to CUPHD per Contract</b>                    | <b>\$</b> | <b>62,897.15</b> |

## CERTIFICATION:

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

  
Authorized Agency Official

**Illinois Department of Public Health  
Office of Preparedness & Response  
Reimbursement Certification Form**

Grantee Name: Champaign County Public Health Department  
 FEIN: 37-6006910  
 Date Submitted: 12/21/2011  
 Preparer's Name: Esther Thomas  
 Preparer's Phone: 217-531-4262

Grant Number: 27180009  
 Program Name: PHP FY 2012  
 Billing Period: Aug-11  
 Preparer's Email: ethomas@c-uphd.org

| Name / Vendor                   | Title / Purpose | Period / Date Incurred | Amount Claimed from IDPH | Amount Matched / In-Kind from LHD |
|---------------------------------|-----------------|------------------------|--------------------------|-----------------------------------|
| Subtotal Salaries and Wages     |                 |                        | \$844.20                 | \$0.00                            |
| Subtotal Fringe Benefits        |                 |                        | \$317.50                 | \$0.00                            |
| Subtotal Contractual            |                 |                        | \$1,848.44               | \$0.00                            |
| Subtotal Travel                 |                 |                        | \$0.00                   | \$0.00                            |
| Subtotal Commodities            |                 |                        | \$0.00                   | \$0.00                            |
| Subtotal Printing               |                 |                        | \$0.00                   | \$0.00                            |
| Subtotal Equipment              |                 |                        | \$0.00                   | \$0.00                            |
| Subtotal Telecommunications     |                 |                        | \$80.00                  | \$0.00                            |
| Administrative Costs            |                 |                        | \$0.00                   | \$535.00                          |
| <b>Grand Total (Page Total)</b> |                 |                        | <b>\$3,090.14</b>        | <b>\$535.00</b>                   |
| Adjustment to total             |                 | <b>Adjusted total</b>  |                          |                                   |

**CERTIFICATION:** The undersigned hereby certifies that the goods and/or services claimed above are necessary expenditures for the the program, are listed in the Department's approved budget (when a budget was requested and approved), that appropriate purchasing procedures have been followed, that payment has been made as indicated and that reimbursement has not previously been requested or received.

Authorized Grantee Official  Date 12-21-11

**Illinois Department of Public Health, Office of Preparedness and Response Use only**  
 Control Number \_\_\_\_\_ Processing date \_\_\_\_\_



**Illinois Department of Public Health  
Office of Preparedness & Response  
Reimbursement Certification Form**

Grantee Name: Champaign County Public Health Department  
 FEIN: 37-6006910  
 Date Submitted: 12/21/2011

Grant Number: 27180009  
 Program Name: PHP FY 2012  
 Billing Period: Aug-11

| Name / Vendor                   | Title / Purpose                            | Period / Date Incurred | Amount Claimed from IDPH | Amount Matched / In-Kind by LHD |
|---------------------------------|--|------------------------|--------------------------|---------------------------------|
| <b>Fringe Benefits</b>          |  |                        |                          |                                 |
| Retirement                      | IMRF                                       | 8/1/11-8/31/11         | \$79.97                  |                                 |
| Social Security                 | FICA/Medicare                              | 8/1/11-8/31/11         | \$58.44                  |                                 |
| Group Insurance                 | Health, Life, Worker's Comp & Unemployment | 8/1/11-8/31/11         | \$179.09                 |                                 |
| <b>Subtotal Fringe Benefits</b> |  |                        | \$317.50                 | \$0.00                          |
| <b>Contractual</b>              |  |                        |                          |                                 |
| USPS/Pitney Bowes               | Postage                                    | 8/1/11-8/31/11         | \$0.44                   |                                 |
| Regional Planning Commission    | GIS Service                                | 8/1/11-8/31/11         | \$1,848.00               |                                 |
|                                 |  |                        |                          |                                 |
|                                 |  |                        |                          |                                 |
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|                                 |  |                        |                          |                                 |
| <b>Subtotal Contractual</b>     |  |                        | \$1,848.44               | \$0.00                          |



**Illinois Department of Public Health  
Office of Preparedness & Response  
Reimbursement Certification Form**

Grantee Name: Champaign County Public Health Department  
 FEIN: 37-6006910  
 Date Submitted: 12/21/2011

Grant Number: 27180009  
 Program Name: PHP FY 2012  
 Billing Period: Aug-11

| Name / Vendor               | Title / Purpose | Period / Date Incurred | Amount Claimed from IDPH | Amount Matched / In-Kind by LHD |
|-----------------------------|-----------------|------------------------|--------------------------|---------------------------------|
| <b>Travel</b>               |                 |                        |                          |                                 |
|                             |                 |                        |                          |                                 |
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| <b>Subtotal Travel</b>      |                 |                        | \$0.00                   | \$0.00                          |
| <b>Commodities</b>          |                 |                        |                          |                                 |
|                             |                 |                        |                          |                                 |
|                             |                 |                        |                          |                                 |
|                             |                 |                        |                          |                                 |
| <b>Subtotal Commodities</b> |                 |                        | \$0.00                   | \$0.00                          |
| <b>Printing</b>             |                 |                        |                          |                                 |
|                             |                 |                        |                          |                                 |
|                             |                 |                        |                          |                                 |
| <b>Subtotal Printing</b>    |                 |                        | \$0.00                   | \$0.00                          |

**Illinois Department of Public Health  
Office of Preparedness & Response  
Reimbursement Certification Form**

Grantee Name: Champaign County Public Health Department  
 FEIN: 37-6006910  
 Date Submitted: 12/21/2011

Grant Number: 27180009  
 Program Name: PHP FY 2012  
 Billing Period: Aug-11

| Name / Vendor                      | Title / Purpose    | Period / Date Incurred | Amount Claimed from IDPH | Amount Matched / In-Kind by LHD |
|------------------------------------|--------------------|------------------------|--------------------------|---------------------------------|
| <b>Equipment</b>                   |                    |                        |                          |                                 |
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| <b>Subtotal Equipment</b>          |                    |                        | \$0.00                   | \$0.00                          |
| <b>Telecommunications</b>          |                    |                        |                          |                                 |
| Motorola                           | Starcom Radio Fees | 8/1/11-8/31/11         | \$80.00                  |                                 |
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| <b>Subtotal Telecommunications</b> |                    |                        | \$80.00                  | \$0.00                          |

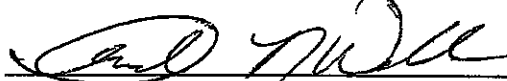
**Illinois Department of Public Health  
Office of Preparedness & Response  
Reimbursement Certification Form**

Grantee Name: Champaign County Public Health Department  
 FEIN: 37-6006910  
 Date Submitted: 12/21/2011  
 Preparer's Name: Esther Thomas  
 Preparer's Phone: 217-531-4262

Grant Number: 27180009  
 Program Name: PHP FY 2012  
 Billing Period: Sep-11  
 Preparer's Email: ethomas@c-uphd.org

| Name / Vendor                   | Title / Purpose | Period / Date Incurred | Amount Claimed from IDPH | Amount Matched / In-Kind from LHD |
|---------------------------------|-----------------|------------------------|--------------------------|-----------------------------------|
| Subtotal Salaries and Wages     |                 |                        | \$2,107.62               | \$136.15                          |
| Subtotal Fringe Benefits        |                 |                        | \$679.22                 | \$25.62                           |
| Subtotal Contractual            |                 |                        | \$0.44                   | \$0.05                            |
| Subtotal Travel                 |                 |                        | \$149.44                 | \$45.02                           |
| Subtotal Commodities            |                 |                        | \$26.49                  | \$0.00                            |
| Subtotal Printing               |                 |                        | \$0.00                   | \$0.00                            |
| Subtotal Equipment              |                 |                        | \$0.00                   | \$0.00                            |
| Subtotal Telecommunications     |                 |                        | \$80.00                  | \$0.00                            |
| Administrative Costs            |                 |                        | \$0.00                   | \$328.16                          |
| <b>Grand Total (Page Total)</b> |                 |                        | <b>\$3,043.21</b>        | <b>\$535.00</b>                   |
| Adjustment to total             |                 | <b>Adjusted total</b>  |                          |                                   |

**CERTIFICATION:** The undersigned hereby certifies that the goods and/or services claimed above are necessary expenditures for the the program, are listed in the Department's approved budget (when a budget was requested and approved), that appropriate purchasing procedures have been followed, that payment has been made as indicated and that reimbursement has not previously been requested or received.

Authorized Grantee Official  Date 12-21-11

|  |                 |
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| Illinois Department of Public Health, Office of Preparedness and Response Use only |                 |
| Control Number   | Processing date |



**Illinois Department of Public Health  
Office of Preparedness & Response  
Reimbursement Certification Form**

Grantee Name: Champaign County Public Health Department  
 FEIN: 37-6006910  
 Date Submitted: 12/21/2011

Grant Number: 27180009  
 Program Name: PHP FY 2012  
 Billing Period: Sep-11

| Name / Vendor                   | Title / Purpose                            | Period / Date Incurred | Amount Claimed from IDPH | Amount Matched / In-Kind by LHD |
|---------------------------------|--|------------------------|--------------------------|---------------------------------|
| <b>Fringe Benefits</b>          |  |                        |                          |                                 |
| Retirement                      | IMRF                                       | 9/1/11-9/30/11         | \$205.52                 | \$13.96                         |
| Social Security                 | FICA/Medicare                              | 9/1/11-9/30/11         | \$150.15                 | \$10.41                         |
| Group Insurance                 | Health, Life, Worker's Comp & Unemployment | 9/1/11-9/30/11         | \$323.55                 | \$1.25                          |
| <b>Subtotal Fringe Benefits</b> |  |                        | \$679.22                 | \$25.62                         |
| <b>Contractual</b>              |  |                        |                          |                                 |
| USPS/Pitney Bowes               | Postage                                    | 9/1/11-9/30/11         | \$0.44                   |                                 |
| R.K. Dixon                      | Copies                                     | 9/1/11-9/30/11         | \$0.00                   | \$0.05                          |
| <b>Subtotal Contractual</b>     |  |                        | \$0.44                   | \$0.05                          |



**Illinois Department of Public Health  
Office of Preparedness & Response  
Reimbursement Certification Form**

Grantee Name: Champaign County Public Health Department  
 FEIN: 37-6006910  
 Date Submitted: 12/21/2011

Grant Number: 27180009  
 Program Name: PHP FY 2012  
 Billing Period: Sep-11

| Name / Vendor                      | Title / Purpose    | Period / Date Incurred | Amount Claimed from IDPH | Amount Matched / In-Kind by LHD |
|------------------------------------|--------------------|------------------------|--------------------------|---------------------------------|
| <b>Equipment</b>                   |                    |                        |                          |                                 |
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| <b>Subtotal Equipment</b>          |                    |                        | \$0.00                   | \$0.00                          |
| <b>Telecommunications</b>          |                    |                        |                          |                                 |
| Motorola                           | Starcom Radio Fees | 9/1/11-9/30/11         | \$80.00                  |                                 |
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| <b>Subtotal Telecommunications</b> |                    |                        | \$80.00                  | \$0.00                          |

**Illinois Department of Public Health  
Office of Preparedness & Response  
Reimbursement Certification Form**

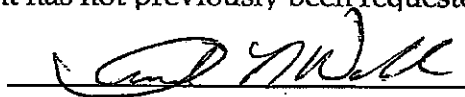
Grantee Name: Champaign County Public Health Department  
 FEIN: 37-6006910  
 Date Submitted: 12/21/2011  
 Preparer's Name: Esther Thomas  
 Preparer's Phone: 217-531-4262

Grant Number: 27180009  
 Program Name: PHP FY 2012  
 Billing Period: Oct-11  
 Preparer's Email: ethomas@c-uphd.org

| Name / Vendor                      | Title / Purpose | Period / Date Incurred | Amount Claimed from IDPH | Amount Matched / In-Kind from LHD |
|------------------------------------|-----------------|------------------------|--------------------------|-----------------------------------|
| <b>Subtotal Salaries and Wages</b> |                 |                        | \$2,544.18               | \$0.00                            |
| <b>Subtotal Fringe Benefits</b>    |                 |                        | \$785.78                 | \$0.00                            |
| <b>Subtotal Contractual</b>        |                 |                        | \$0.00                   | \$0.85                            |
| <b>Subtotal Travel</b>             |                 |                        | \$71.69                  | \$0.00                            |
| <b>Subtotal Commodities</b>        |                 |                        | \$0.00                   | \$0.00                            |
| <b>Subtotal Printing</b>           |                 |                        | \$0.00                   | \$0.00                            |
| <b>Subtotal Equipment</b>          |                 |                        | \$0.00                   | \$0.00                            |
| <b>Subtotal Telecommunications</b> |                 |                        | \$80.00                  | \$0.00                            |
| <b>Administrative Costs</b>        |                 |                        | \$0.00                   | \$534.15                          |
| <b>Grand Total (Page Total)</b>    |                 |                        | \$3,481.65               | \$535.00                          |
| <b>Adjustment to total</b>         |                 | <b>Adjusted total</b>  |                          |                                   |

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Authorized Grantee Official



Date

12-21-11

**Illinois Department of Public Health, Office of Preparedness and Response Use only**

Control Number

Processing date



**Illinois Department of Public Health  
Office of Preparedness & Response  
Reimbursement Certification Form**

Grantee Name: Champaign County Public Health Department  
 FEIN: 37-6006910  
 Date Submitted: 12/21/2011

Grant Number: 27180009  
 Program Name: PHP FY 2012  
 Billing Period: Oct-11

| Name / Vendor                      | Title / Purpose               | Period / Date Incurred | Amount Claimed from IDPH | Amount Matched / In-Kind by LHD |
|------------------------------------|-------------------------------|------------------------|--------------------------|---------------------------------|
| <b>Salaries and Wages</b>          |                               |                        |                          |                                 |
| Jane Li                            | Emergency Response Planner    | 10/1/11-10/31/11       | \$1,202.66               |                                 |
| Awais Vaid                         | Epidemiologist                | 10/1/11-10/31/11       | \$1,043.26               |                                 |
| Jim Roberts                        | Environmental Health Director | 10/1/11-10/31/11       | \$208.08                 |                                 |
| Candi Crause                       | Infectious Disease Director   | 10/1/11-10/31/11       | \$90.18                  |                                 |
| Julie Pryde                        | Administrator                 | 10/1/11-10/31/11       | \$0.00                   |                                 |
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| <b>Subtotal Salaries and Wages</b> |                               |                        | <b>\$2,544.18</b>        | <b>\$0.00</b>                   |

**Illinois Department of Public Health  
Office of Preparedness & Response  
Reimbursement Certification Form**

Grantee Name: Champaign County Public Health Department  
 FEIN: 37-6006910  
 Date Submitted: 12/21/2011

Grant Number: 27180009  
 Program Name: PHP FY 2012  
 Billing Period: Oct-11

| Name / Vendor                   | Title / Purpose                            | Period / Date Incurred | Amount Claimed from IDPH | Amount Matched / In-Kind by LHD |
|---------------------------------|--|------------------------|--------------------------|---------------------------------|
| <b>Fringe Benefits</b>          |  |                        |                          |                                 |
| Retirement                      | IMRF                                       | 10/1/11-10/31/11       | \$257.65                 |                                 |
| Social Security                 | FICA/Medicare                              | 10/1/11-10/31/11       | \$188.91                 |                                 |
| Group Insurance                 | Health, Life, Worker's Comp & Unemployment | 10/1/11-10/31/11       | \$339.22                 |                                 |
| <b>Subtotal Fringe Benefits</b> |  |                        | <b>\$785.78</b>          | <b>\$0.00</b>                   |
| <b>Contractual</b>              |  |                        |                          |                                 |
| R.K. Dixon                      | Copies                                     | 10/1/11-10/31/11       | \$0.00                   | \$0.85                          |
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| <b>Subtotal Contractual</b>     |  |                        | <b>\$0.00</b>            | <b>\$0.85</b>                   |



**Illinois Department of Public Health  
Office of Preparedness & Response  
Reimbursement Certification Form**

Grantee Name: Champaign County Public Health Department  
 FEIN: 37-6006910  
 Date Submitted: 12/21/2011

Grant Number: 27180009  
 Program Name: PHP FY 2012  
 Billing Period: Oct-11

| Name / Vendor                      | Title / Purpose    | Period / Date Incurred | Amount Claimed from IDPH | Amount Matched / In-Kind by LHD |
|------------------------------------|--------------------|------------------------|--------------------------|---------------------------------|
| <b>Equipment</b>                   |                    |                        |                          |                                 |
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| <b>Subtotal Equipment</b>          |                    |                        | \$0.00                   | \$0.00                          |
| <b>Telecommunications</b>          |                    |                        |                          |                                 |
| Motorola                           | Starcom Radio Fees | 10/1/11-10/31/11       | \$80.00                  |                                 |
|                                    |                    |                        |                          |                                 |
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|                                    |                    |                        |                          |                                 |
| <b>Subtotal Telecommunications</b> |                    |                        | \$80.00                  | \$0.00                          |


**Illinois Department of Public Health  
Office of Preparedness & Response  
Reimbursement Certification Form**

Grantee Name: Champaign County Public Health Department  
 FEIN: 37-6006910  
 Date Submitted: 12/21/2011  
 Preparer's Name: Esther Thomas  
 Preparer's Phone: 217-531-4262

Grant Number: 27180009  
 Program Name: PHP FY 2012  
 Billing Period: Nov-11  
 Preparer's Email: ethomas@c-uphd.org

| Name / Vendor                   | Title / Purpose | Period / Date Incurred | Amount Claimed from IDPH | Amount Matched / In-Kind from LHD |
|---------------------------------|-----------------|------------------------|--------------------------|-----------------------------------|
| Subtotal Salaries and Wages     |                 |                        | \$2,399.58               | \$0.00                            |
| Subtotal Fringe Benefits        |                 |                        | \$737.34                 | \$0.00                            |
| Subtotal Contractual            |                 |                        | \$0.88                   | \$0.88                            |
| Subtotal Travel                 |                 |                        | \$16.02                  | \$0.00                            |
| Subtotal Commodities            |                 |                        | \$0.00                   | \$0.00                            |
| Subtotal Printing               |                 |                        | \$0.00                   | \$0.00                            |
| Subtotal Equipment              |                 |                        | \$0.00                   | \$0.00                            |
| Subtotal Telecommunications     |                 |                        | \$80.00                  | \$0.00                            |
| Administrative Costs            |                 |                        | \$0.00                   | \$534.12                          |
| <b>Grand Total (Page Total)</b> |                 |                        | <b>\$3,233.82</b>        | <b>\$535.00</b>                   |
| Adjustment to total             |                 | <b>Adjusted total</b>  |                          |                                   |

**CERTIFICATION:** The undersigned hereby certifies that the goods and/or services claimed above are necessary expenditures for the the program, are listed in the Department's approved budget (when a budget was requested and approved), that appropriate purchasing procedures have been followed, that payment has been made as indicated and that reimbursement has not previously been requested or received.

Authorized Grantee Official  Date 12-21-11

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|--|
| Illinois Department of Public Health, Office of Preparedness and Response Use only |
| Control Number                      Processing date                                |



**Illinois Department of Public Health  
Office of Preparedness & Response  
Reimbursement Certification Form**

Grantee Name: Champaign County Public Health Department  
 FEIN: 37-6006910  
 Date Submitted: 12/21/2011

Grant Number: 27180009  
 Program Name: PHP FY 2012  
 Billing Period: Nov-11

| Name / Vendor                   | Title / Purpose                            | Period / Date Incurred | Amount Claimed from IDPH | Amount Matched / In-Kind by LHD |
|---------------------------------|--|------------------------|--------------------------|---------------------------------|
| <b>Fringe Benefits</b>          |  |                        |                          |                                 |
| Retirement                      | IMRF                                       | 11/1/11-11/30/11       | \$243.17                 |                                 |
| Social Security                 | FICA/Medicare                              | 11/1/11-11/30/11       | \$178.30                 |                                 |
| Group Insurance                 | Health, Life, Worker's Comp & Unemployment | 11/1/11-11/30/11       | \$315.87                 |                                 |
| <b>Subtotal Fringe Benefits</b> |  |                        | \$737.34                 | \$0.00                          |
| <b>Contractual</b>              |  |                        |                          |                                 |
| USPS/Pitney Bowes               | Postage                                    | 11/1/11-11/30/11       | \$0.88                   |                                 |
| R.K. Dixon                      | Copies                                     | 11/1/11-11/30/11       | \$0.00                   | \$0.88                          |
| <b>Subtotal Contractual</b>     |  |                        | \$0.88                   | \$0.88                          |





**Illinois Department of Public Health  
Office of Preparedness & Response  
Reimbursement Certification Form**

Grantee Name: Champaign County Public Health Department  
 FEIN: 37-6006910  
 Date Submitted: 12/21/2011

Grant Number: 27180009  
 Program Name: PHP FY 2012  
 Billing Period: Nov-11

| Name / Vendor                      | Title / Purpose    | Period / Date Incurred | Amount Claimed from IDPH | Amount Matched / In-Kind by LHD |
|------------------------------------|--------------------|------------------------|--------------------------|---------------------------------|
| <b>Equipment</b>                   |                    |                        |                          |                                 |
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| <b>Subtotal Equipment</b>          |                    |                        | \$0.00                   | \$0.00                          |
| <b>Telecommunications</b>          |                    |                        |                          |                                 |
| Motorola                           | Starcom Radio Fees | 11/1/11-11/30/11       | \$80.00                  |                                 |
|                                    |                    |                        |                          |                                 |
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|                                    |                    |                        |                          |                                 |
| <b>Subtotal Telecommunications</b> |                    |                        | \$80.00                  | \$0.00                          |

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH**  
**Office of Health Promotion**  
**REIMBURSEMENT CERTIFICATION / EXPENDITURE FORM**

Fiscal Contact Person: Esther Thomas  
 Telephone Number: 217-531-4262  
 Email Address: ethomas@c-uphd.org  
 Date Submitted: 12/21/11

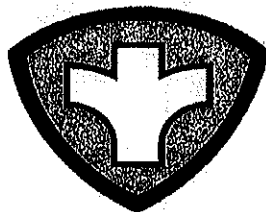
Please submit reimbursements to: Illinois Department of Public Health, Tobacco Control Program,  
 Attn: Gail DeVito, 535 W. Jefferson, 2nd Floor, Springfield IL 62761 or email to gail.devito@illinois.gov

|   |   | In the box below, please enter reimbursement amounts submitted for your FY11 grant. |                          |                        |          |          |                |
|---|---|---|--------------------------|------------------------|----------|----------|----------------|
| Agency Name:                                  | Champaign County Public Health Department | \$563.11  | July                     | \$1,930.65             | October  | January  | April          |
| FEIN #:                                       | 37-6006910                                | \$1,008.73  | August                   | \$1,858.33             | November | February | May            |
| Grant #:                                      | 23281009                                  | \$2,349.13  | September                |                        | December | March    | June           |
| Program Name:                                 | Illinois Tobacco-Free Communities         |   |                          |                        |          |          | \$7,708.95 YTD |
|   |   | Billing Period:   | November-11              |                        |          |          |                |
| Name/Vendor                                   | Title/Purpose                             | Period/Date Incurred  | Amount Claimed from IDPH | Component(s) (Specify) |          |          |                |
| <b>Personal Services (Salary &amp; Wages)</b> |   |   |                          |                        |          |          |                |
| Nikki Hillier                                 | Program Coordinator                       | 11/1/11-11/30/11  | \$144.04                 |                        |          |          |                |
| Jennifer Jackson                              | Health Educator II                        | 11/1/11-11/30/11  | \$1,137.46               |                        |          |          |                |
| Elizabeth Reynolds                            | SFI Compliance Check Staff                | 11/1/11-11/30/11  | \$88.00                  |                        |          |          |                |
| Cecilia Ramirez                               | SFI Compliance Check Staff                | 11/1/11-11/30/11  | \$88.00                  |                        |          |          |                |
| <b>Total Personal Services</b>                |   |   | \$1,457.50               |                        |          |          |                |
| <b>Fringe Benefits</b>                        |   |   |                          |                        |          |          |                |
| IMRF  | IMRF                                      | 11/1/11-11/30/11  | \$105.24                 |                        |          |          |                |
| FICA  | FICA                                      | 11/1/11-11/30/11  | \$96.47                  |                        |          |          |                |
| Health Insurance                              | Health Insurance                          | 11/1/11-11/30/11  | \$12.25                  |                        |          |          |                |
| Life Insurance                                | Life Insurance                            | 11/1/11-11/30/11  | \$0.92                   |                        |          |          |                |
| Illinois Unemployment Comp.                   | Illinois Unemployment Compensation        | 11/1/11-11/30/11  | \$5.10                   |                        |          |          |                |
| Workmen's Compensation                        | Workmen's Compensation                    | 11/1/11-11/30/11  | \$43.72                  |                        |          |          |                |
| <b>Total Fringe Benefits</b>                  |   |   | \$263.70                 |                        |          |          |                |
| <b>Contractual Services</b>                   |   |   |                          |                        |          |          |                |
| USPS/Pitney Bowes                             | Postage                                   | 11/1/11-11/30/11  | \$25.15                  |                        |          |          |                |
| <b>Total Contractual</b>                      |   |   | \$25.15                  |                        |          |          |                |
| <b>Travel</b>                                 |   |   |                          |                        |          |          |                |
| Cecilia Ramirez                               | Mileage to SFI Investigations             | 11/1/11-11/30/11  | \$108.78                 |                        |          |          |                |
| <b>Total Travel</b>                           |   |   | \$108.78                 |                        |          |          |                |
| <b>Printing</b>                               |   |   |                          |                        |          |          |                |
| R.K. Dixon                                    | Photocopies                               | 11/1/11-11/30/11  | \$3.20                   |                        |          |          |                |
| <b>Total Printing</b>                         |   |   | \$3.20                   |                        |          |          |                |
| <b>Supplies</b>                               |   |   |                          |                        |          |          |                |
| <b>Total Supplies</b>                         |   |   | \$0.00                   |                        |          |          |                |
| <b>Grand Total</b>                            |   |   | \$1,858.33               |                        |          |          |                |

*Certification: This signed document hereby certifies the goods and/or services claimed are necessary expenditures for the program, appropriate purchasing procedures have been followed, payment has been made as indicated and a reimbursement has not previously been requested or received.*

  
 \_\_\_\_\_  
 Authorized Agency Official

12-21-11  
 \_\_\_\_\_  
 Date



# Public Health

Prevent. Promote. Protect.

## Champaign-Urbana Public Health District

### CHECK REQUEST

Requested By Nikki Hillier Date 11/08/11  
 Amount \$ \$375.00

#### Vendor Information:

Payable to Illinois Department of Public Health  
 Address 535 W. Jefferson 2nd Floor  
 City Springfield State IL ZIP 62761  
 Contact Person Gail DeVito Phone 217-785-1054  
 Payable for Sfi fines from Shirley's Oasis and Game On (Ken Peterson)

Check Required When? ASAP Mail Check?  No

#### APPROVAL:

Requested By:

Approved By Division Director (≤ \$249):

### CHAMPAIGN-URBANA PUBLIC HEALTH DISTRICT

Check Date: 11/14/2011  
 Check Number: 81112

To: Illinois Department of Public Health Phone: (217) 782-3300  
 Div of Chronic Disease Prev & Control  
 535 W. Jefferson St.

| Invoice Number | Date      | Description                           | Amount   | Discount | Net Amount |
|----------------|-----------|---------------------------------------|----------|----------|------------|
|                | 11/8/2011 | SFL Fines (Shirley's Oasis & Game On) | \$375.00 | \$0.00   | \$375.00   |
|                |           | Totals:                               | \$375.00 | \$0.00   | \$375.00   |

County Well Water Testing  
November 2011

|  | Nov-11        |
|--|---------------|
| <b>A. PERSONAL SERVICES</b>                          |               |
| Jeff Blackford                                       | 0.10          |
| Tammy Hamilton                                       | 49.12         |
| Total Personal Services                              | 49.22         |
| <b>B. FRINGE BENEFITS</b>                            |               |
| FICA   | 3.74          |
| IMRF   | 5.13          |
| Health Insurance                                     | 9.68          |
| Life Insurance                                       | 0.03          |
| Illinois Unemployment Comp.                          | -             |
| Workmen's Compensation                               | 0.29          |
| Total Fringe Benefits                                | 18.87         |
| <b>Total Personal Services &amp; Fringe Benefits</b> | <b>68.09</b>  |
| <b>C. CONTRACTUAL SERVICES</b>                       |               |
| Printing   | 0.28          |
| Postage  | 14.74         |
| Water Sample Test                                    | 21.00         |
| Total Contractual Services                           | 36.02         |
| <b>D. SUPPLIES</b>                                   |               |
| Total Supplies                                       | -             |
| <b>E. TRAVEL</b>                                     |               |
| Mileage  | 5.55          |
| Total Travel   | 5.55          |
| <b>F. EQUIPMENT</b>                                  |               |
| Total Equipment                                      | -             |
| <b>Total</b>   | <b>109.66</b> |

**Office of the State's Attorney  
Champaign County, Illinois  
101 East Main Street  
P. O. Box 785, Urbana, Illinois 61801  
Phone (217) 384-3733**

**BILL TO:**

|         |                                  |       |                |
|---------|----------------------------------|-------|----------------|
| Client  | Champaign County Board of Health |       |                |
| Attn:   | Bobbi Scholze - President        |       |                |
| Address | 1776 E. Washington Street        |       |                |
| City    | Urbana                           | State | IL             |
| Phone   | (217) 384-3772                   | Fax   | (217) 384-3896 |
|         |                                  |       | Zip 61802      |

**TOTAL AMOUNT DUE:**

|    |       |
|----|-------|
| \$ | 70.00 |
|----|-------|

**For Professional Services in the matter of Champaign County v. Eduardo Ramos and Bernard Ramos, et. al., 11-MR-586**

**SUMMARY OF INVOICE**

| Date                    | ASA | Item Completed   | Item Cost       |
|-------------------------|-----|--|-----------------|
| 8/18/2011               | JF  | Service of Summons of Nikalas Quintana, PO Box 340, Donna, TX 78537 in re: 11-MR-586 | \$ 70.00        |
| <b>Total Amount Due</b> |     |  | <b>\$ 70.00</b> |

**Office of the State's Attorney  
Champaign County, Illinois  
101 East Main Street  
P. O. Box 785, Urbana, Illinois 61801  
Phone (217) 384-3733**



**SUMMARY OF INVOICE**

**BILL TO:**

|         |                                  |       |     |                |       |
|---------|----------------------------------|-------|-----|----------------|-------|
| Client  | Champaign County Board of Health |       |     |                |       |
| Attn:   | Bobbi Scholze - President        |       |     |                |       |
| Address | 1776 E. Washington Street        |       |     |                |       |
| City    | Urbana                           | State | IL  | Zip            | 61802 |
| Phone   | (217) 384-3772                   |       | Fax | (217) 384-3896 |       |

**Copies of this invoice will be sent to the following:**

Julie A. Pryde - Public Health Administrator, Champaign Urbana Public Health District, 201 West Kenyon Rd. Champaign, IL 61820  
Debra Busey - County Administrator, Brookens Administrative Center, 1776 E. Washington, Urbana, IL 61802

**For Professional Services in the matter of Champaign County v. Eduardo Ramos and  
Bernard Ramos, et. al., 11-MR-586**

**TOTAL AMOUNT DUE:**

**\$**

**70.00**



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

Champaign-Urbana Public Health District

**Champaign County Public Health Department Board of Health  
201 W. Kenyon Road  
Champaign, IL 61820**

## **2012 MEETING SCHEDULE**

### **Monthly Meetings**

January 24, 2012

March 27, 2012

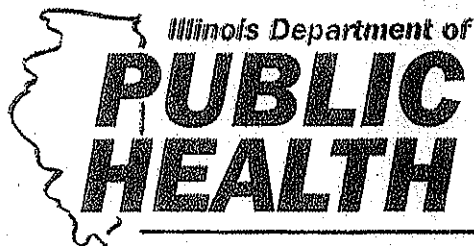
May 22, 2012

July 24, 2012

August 28, 2012

October 23, 2012

All Monthly Meetings to be held at 4:30 PM in the large conference room unless notified.



Pat Quinn, Governor

525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • [www.idph.state.il.us](http://www.idph.state.il.us)

December 5, 2011

Julie Pryde  
Champaign-Urbana Public Health District  
201 W. Kenyon Road  
Champaign, IL 61820

RE: Illinois Tobacco Free Communities Program Grant # 23281009 and 23281010

Dear Ms. Pryde,

Congratulations. Your Fiscal Year 2012, Illinois Tobacco Free Communities (ITFC) grant agreements for Champaign-Urbana Public Health District and Champaign County Public Health Department have been officially executed by the Department. Enclosed are copies of the grant agreements for your records.

If your staff has not already begun submitting ITFC reimbursement certifications/expenditure forms for FY12, they may now submit them to me, either by mail or in an electronic format to [Gail.DeVito@illinois.gov](mailto:Gail.DeVito@illinois.gov). The forms have been provided electronically to tobacco program coordinators.

Thank you for your continued service with this program.

Sincerely,

A handwritten signature in cursive script that reads "Gail M. DeVito".

Gail DeVito, MPA  
Tobacco Control Program Manager  
Illinois Department of Public Health  
535 W. Jefferson, 2<sup>nd</sup> Floor  
Springfield, IL 62761

Attachments



Fiscal Year 2012Contract # 23281009  
Appropriation 733-48230-4400-0000  
Federal Grant # N/ASTATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTHGrant Agreement

The Illinois Department of Public Health or its successor, hereinafter referred to as the "Department", and Champaign County Public Health Dept., 201 W. Kenyon Road, Champaign, IL 61820, hereinafter referred to as the "Grantee", hereby agree as follows:

**1. Authority:**

- 1.1 The Department is authorized to make this grant pursuant to a direct appropriation in the Illinois Department of Public Health budget funded through the Tobacco Settlement Recovery Fund.
- 1.2 The sole purpose of this grant is to fund the Grantee's performance of the services described herein during the term of this grant. The Grantee represents and warrants that the grant application submitted by the Grantee is in all material aspects true and accurate; that it is authorized to undertake the obligations set forth in this Agreement and that it has obtained or will obtain all permits, licenses or other governmental approvals that may be necessary to perform the grant services.

**2. Services:**

- 2.1 The Grantee will provide the following services and agrees to act in compliance with all state and federal statutes and administrative rules applicable to the provision of services pursuant to this grant agreement. The grant application submitted by Grantee related to this grant agreement and on file with the Department is hereby incorporated and made a part of this agreement.
  - 2.1.1 Conduct an Illinois Tobacco-Free Communities (ITFC) Program as described in the approved Community Intervention Plan (CIP), currently on file with the Department.
  - 2.1.2 Enforce the Smoke-Free Illinois Act, or a local ordinance that is at least as stringent as the Smoke-Free Illinois Act, through coordination with local law enforcement and the State's Attorney's Office. The enforcement activities shall include educating the public, coalitions, and businesses; monitoring the Smoke-Free Illinois complaint and enforcement system; following up on complaints; and issuing citations for witnessed violations of the Smoke-Free Illinois Act.
  - 2.1.3 Provide to the Department any proposed, newly enacted, or revised tobacco-related ordinances within their jurisdiction.
  - 2.1.4 Convene or participate in a coalition to identify tobacco prevention and control needs within the community, and shall work with the coalition to develop a coalition action plan that focuses specifically on priorities related to the tobacco goal areas and objectives of the Grantee's CIP.
  - 2.1.5 Promote the Illinois Tobacco Quitline (1-866-Quit-Yes/1-866-784-8937) within its jurisdiction. As part of the promotion effort, the Grantee must provide timely notification to the Department's vendor, American Lung Association of Illinois, of any media placement by the Grantee regarding the Illinois Tobacco Quitline.
  - 2.1.6 Implement a program that provides FDA-approved tobacco cessation pharmacotherapy (i.e., nicotine replacement therapy or prescription medication) in conjunction with Quitline counseling for residents of its jurisdiction. The Grantee shall enter a written collaborative agreement with the American Lung Association of Illinois to outline procedures and responsibilities under such program. A copy of the

written collaborative agreement shall be provided to the Department.

- 2.1.7 Provide to the Department and to the American Lung Association of Illinois a current listing of cessation classes and resources offered in their jurisdiction on an ongoing basis.
- 2.1.8 All brochures, booklets, flyers, journal articles, programs, advertisements (including print and out-of-home), multimedia presentations, videos, and any other printed or electronic materials (including, but not limited to web sites) developed by the Grantee with funds from this grant must be forwarded to the Department, no later than six weeks prior to the intended distribution, for approval by the Department. All materials submitted for approval must include a completed "ITFC Publication/Media Approval Request" form and must include the following wording:
- "This project was made possible by funds received from the Illinois Department of Public Health."*
- 2.1.9 Place or distribute media messages developed by the CDC for tobacco control and prevention, and media messages developed by the American Lung Association of Illinois for the Illinois Tobacco Quitline and approved by the Department for use during FY2012 without obtaining pre-approval from the Department. Prior to publishing or distributing these media messages, the Grantee must submit a completed "ITFC Publication/Media Approval Request" form to the Department to notify the Department of the media or publication. The media placement must include the following wording:
- "This project was made possible by funds received from the Illinois Department of Public Health."*
- 2.1.10 Participate in any statewide Tobacco Control and Prevention partnership developed and convened by the Department.
- 2.1.11 Participate in any evaluation activities conducted by the Department, and must provide information or data requested by the Department with regard to such evaluation activities.
- 2.1.12 Category II grantees must staff the ITFC Program with the equivalent of one half-time, Full-Time Employee (FTE). The 50% FTE may be divided among multiple staff working directly on the ITFC grant deliverables. It is recommended that the lead staff person have at least an undergraduate degree in Health Education, and/or be a Certified Health Education Specialist (CHES) and have two years experience in tobacco prevention and control.
- 2.1.13 Designate, at a minimum, one person to attend all Department mandated conferences, trainings, and other required meetings. If that person is not the lead contact person, the Grantee must, if requested by the Department, provide justification for the substitution.
- 2.1.14 Report performance relative to each program objective listed in the approved CIP using standardized reporting forms developed by the Department. These reports are to be submitted quarterly during the grant period unless otherwise stipulated in writing by the Department. Reports must be submitted within the first 15 calendar days following the end of the quarterly period (i.e., October 15, January 15, April 15, and July 15). If that date is a weekend or holiday, the reports are due the next working day.
- 2.1.15 When requested by the Department, document that, in implementing activities/projects of the approved CIP, the Grantee is working in coordination with the Department, the Illinois Liquor Control Commission, and/or the Office of the Attorney General of Illinois on projects that are led by these agencies in such a manner as to prevent duplication of tobacco control and prevention services.
- 2.1.16 Expend funds in accordance with the budget approved by the Department, which is incorporated herein. If changes in line items of the approved budget are necessary, the Grantee shall submit a budget adjustment request in writing on approved Department forms, for approval prior to making any

of the requested expenditure changes. Revision requests MUST be in writing and MUST be received by the Department no later than 45 days before the end of the grant period. Requests received after that date will not be processed.

2.1.17 Contact the Department's ITFC staff when difficulties implementing the CIP occur or when there is a need to revise the approved CIP activities. Proposed revisions to the CIP must be approved by the Department's Tobacco Control Program Manager prior to implementation.

2.1.18 The Grantee, and all of its subsequent subcontractors, acknowledge that the State shall be the owner of all rights, title, and interest in, but not limited to, the copyright of any and works created, produced, or developed under this grant agreement, whether published or unpublished. Refer to Section 8.7 of this agreement for Use and Ownership language.

2.1.19 Submit monthly reimbursement certificates to the following address:

Illinois Department of Public Health  
Office of Health Promotion, 2<sup>nd</sup> Floor  
535 West Jefferson Street  
Springfield, IL 62761  
Attention: Tobacco Prevention and Control Program

2.2 The Grantee will not use the services of a subcontractor or subgrantee to fulfill any obligations under this agreement without the prior written consent of the Department. All subgrantees shall have an application, including a budget and project deliverables, on file with the grantee and the Department prior to the issuance of any written consent. The Department reserves the right to review all subcontracts and subgrants.

2.4 In connection with the services described in Section 2.1 above, the Department will:

2.3.1 Reimburse the Grantee as described in Section 4.3 of this grant agreement.

3. **Term:**

The period of this grant agreement is July 1, 2011 through June 30, 2012; however, it may be terminated at any time during this period by either party upon written notice to the other party thirty (30) calendar days prior to the actual termination date. Upon termination, the Grantee shall be paid for work satisfactorily completed prior to the date of termination.

4. **Compensation:**

4.9 The grant funds shall be in amount not to exceed a maximum amount of \$26,250.

4.10 This grant is state funded.

4.11 Subject to 4.1 above, the Department will compensate the Grantee on the following basis:

**25% Partial Advance/Remainder Reimbursement**

Upon execution of this Agreement, the Department shall authorize an initial disbursement in the amount of twenty-five percent (25%) of the total grant award. Future payments to the Grantee are subject to the Grantee's submission and certification of eligible costs incurred and any documentation as required by the Department. Payment shall be initiated upon the Department's approval of eligible costs and cash amount requested for reimbursement of those costs.

4.12 The Grantee will provide its services in accordance with the budget submitted in the grant application and which is on file with the Department.

- 4.13 Grantee, through its agents, employees and contractors, will provide all equipment, supplies, services and other items of support which are necessary for the effective performance of the services, unless the agreement specifically set forth items of support to be provided by the Department.
- 4.14 Grantee and any subgrantees shall not, in accordance with P.A. 096-1456, expend any grant funds paid from the State of Illinois General Revenue Funds for the following promotional items: calendars, pens, buttons, pins, magnets, and any other similar promotional items. Promotional items also include but are not limited to: gift cards, posters, and stationery.

4.15 **Expenditure of Grant Funds: Right to Refund**

Payment of the grant amount specified in Section 4.1 shall be made to the Grantee as specified herein. Grant funds provided under this Agreement must be expended only to perform the tasks set forth in Section 2.1 of this agreement and the grant application on file with the Department. In addition to reasons set forth in other sections of this agreement, the Department will require a refund from Grantee if (i) the total grant expenditures are less than the amount vouchered to the Grantee from the Department pursuant to this agreement; or (ii) Grant funds have not been expended or legally obligated by a binding contractual obligation within the grant term. If the Department requires a refund under either of the above circumstances, the Grant funds must be returned to the Department within forty-five (45) days of the end of the grant term or the otherwise effective grant agreement termination date.

4.16 **Grants Fund Recovery Act (30 ILCS 705/1, et seq.)**

This Agreement is subject to all applicable provisions of the Illinois Grant Funds Recovery Act, including the requirement that any Grant Funds not expended or legally obligated at the expiration or termination of the Grant term must be returned to the Department within forty-five (45) days following said expiration or termination. Any interest earned on Grant Funds that is not expended or legally obligated during the Grant term must also be returned to the Department within forty-five (45) days following the expiration or termination of this Agreement. Grantee's failure to comply with any reporting requirements of the Department may result in the termination of this agreement or suspension of payments under this agreement.

5. **Notices:**

Notices and other communications provided for herein shall be given in writing by registered or certified mail, return receipt requested, by receipted hand delivery, by courier (UPS, Federal Express or other similar and reliable carrier), by e-mail, or by fax showing the date and time of successful receipt. Notices shall be sent to the individuals at the following respective addresses or to such other address as either party may from time to time designate by notice to the other party. Each such notice shall be deemed to have been provided at the time it was actually received. By giving notice, either Party may change the contact information.

to the Department: Illinois Department of Public Health  
Office of Health Promotion  
Tobacco Control Program  
535 West Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, IL 62761  
Attention: Gail DeVito, Tobacco Control Program Manager

to the Grantee: Champaign County Public Health Dept.  
201 W. Kenyon Road  
Champaign, IL 61820  
Attention: Julie Pryde

6. **Public Information Requirements:**

For the duration of the Agreement, the Grantee will prominently acknowledge the participation of the Department in the Project in all press releases, publications and promotional materials presented to the media or otherwise dissemination published concerning the Project. The Grantee must provide the Department with copies of any proposed press releases, publications and promotional materials not less than fifteen (15) days before these materials are disseminated. Grantee will submit copies of any press releases, publications and promotional materials to the Department's Project Manager. The Grantee shall not publish, disseminate or otherwise release any promotional materials without the express written approval by the Department.

The Grantee will provide adequate advance notice pursuant to Section 5 of promotional events such as open houses, dedications, or other planned publicity events; and will also coordinate in the planning of said events. Any materials or displays to be distributed in connection with the promotional event must be submitted to the Department in advance of publication or dissemination and must prominently acknowledge the Department's participation in the event.

7. **Grant Fund Control Requirements:**

7.1 **Audits**

- A. **Standard Audit:** If the Grantee is required to obtain a Standard Audit and provide the Department with a copy of the audit report, the management letter, and the SAS 114 letter within thirty (30) days of the Grantee's receipt of such audit report, but in no event later than nine (9) months following the end of the period for which the audit was performed. The Audit Report is required to be provided to IDPH annually for the life of the grant.
- B. **Single Audit:** If the Grantee is required to have a Single Audit performed in accordance with OMB Circular A-133, the Grantee is required to submit copies of the audit report, the data collection form, the management letter, and the SAS 114 letter, as provided for in the Single Audit Act and OMB Circular A-133, to the Department within thirty (30) days of the Grantee's receipt of such audit report, but in event later than nine (9) months following the end of the period for which the audit was performed. **If no Single Audit is required,** the Grantee is to provide IDPH with an annual letter stating a Single Audit was not required.
- C. **Audit Requirements for State Grants Audited by the Illinois Office of the Auditor General (OAG):** Grantees required by the Illinois OAG to obtain a financial audit, compliance examination, performance audit will be notified by the OAG. The Grantee shall provide the Department with a copy of any financial audit, compliance examination, Single Audit or performance audit along with the accompanying management letter, letter of immaterial findings and the SAS 114 letter within thirty (30) days of the Grantee's receipt of such audit report, but in no event later than nine (9) months following the end of the period for which the audit or examination was performed. The Audit Report is required to be provided to IDPH any year an audit is performed over the life of the grant.
- D. **Discretionary Audit:** The Department may, at any time, and its discretion, request a Grant-Specific Audit or other audit, Management Letter and SAS 114 letter to be delivered within thirty (30) days of the Grantee's receipt of such audit report, but in no event later than nine (9) months following the end of the period for which the audit was performed.
- E. **Audit Performance:** All Audits shall be performed by an independent certified public accountant or accounting firm licensed by the appropriate licensing body in accordance with applicable auditing standards. The grantee will fully comply and cooperate with any and all audits.

7.2 **Reporting Requirements**

In addition to any other documents specified in this Agreement, the Grantee must submit the following reports and information in accordance with the provisions hereof.

A. At a minimum, the grantee shall file a quarterly report with the Department. The quarterly reports shall describe the progress of the program, project, or use and the expenditure of the grant funds provided to the grantee under this Agreement. The Department reserves the right to request revised quarterly reports or clarification to any statements made in such reports.

B. Expenditures and Project Activity Prior to Grant Execution. If the Agreement is executed more than ninety (90) days after the beginning date of the grant term provided in grant agreement, the Grantee must submit a Financial Status Report and a Project Status Report, in a format provided by the Department, accounting for expenditures and project activity incurred from the beginning of the grant term up to the end of the month preceding the date of the Department's execution. If these Reports are required, the Department will not disburse any Grant Funds until the report is submitted to and approved by the Department.

C. Final Financial Status Report The Final Financial Status Report is due within forty-five (45) days following the end date stated in the Notice of Grant Award. **The Grantee should refer to the Grant Instruction Package and the Reports Deliverable Schedule for the specific reporting requirements and due dates.** Grantee must submit the report in the format provided by the Department. This report must summarize expenditure of the Grant Funds and activities completed during the grant term. The Grantee's failure to comply with this requirement will be considered a material breach of the performance required by this Agreement and may be the basis to initiate proceedings to recover all Grant Funds disbursed to the Grantee. Grantee's failure to comply with this Section shall be considered prima facie evidence of default, and may be admitted as such, without further proof, into evidence before the Department or in any other legal proceeding.

a. Additional Information: Upon request by the Department, the Grantee must, within the time directed by the Department, submit additional written reports regarding the Project, including, but not limited to materials sufficient to document information provided by the Grantee.

b. Submittal of Reports: Submittal of all reports and documentation required under this Agreement should be submitted to the individual as directed by the Department.

c. Failure to Submit Report: In the event Grantee fails to timely submit any reports required under this Agreement, the Department withhold or suspend the distribution of Grant Funds until said reports are filed and approved by the Department.

### 7.3 Grant Instructions

Upon execution of this Grant Agreement, the Grantee will receive a grant instruction package detailing reporting requirements and procedures relating to the Grant. The Grantee is obligated to comply with those requirements and any revisions thereto in accordance with Section 7.2(C) of this Grant Agreement.

### 7.4 Fiscal Recording Requirements

The Grantee's financial management system shall be structured to provide for accurate, current, and complete disclosure of the financial results of the Project funded under this grant program. The Grantee is accountable for all Grant Funds received under this Grant, including those expended for subgrantees. The Grantee shall maintain effective control and accountability over all Grant Funds, equipment, property, and other assets under the grant as required by the Department. The Grantee shall keep records sufficient to permit the tracing of Grant Funds to a level of expenditure adequate to insure that Grant Funds have not been inappropriately expended, and must have internal controls consistent with generally accepted accounting practices adopted by the American Institute of Certified Public Accountants.

**7.5 Due Diligence in Expenditure of Grant Funds**

Grantee shall ensure that Grant Funds are expended in accordance with the following principles: (i) grant expenditures should be made in accordance with generally accepted sound, business practices, arms-length bargaining, applicable federal and state laws and regulations; (ii) grant expenditures should conform to the terms and conditions of this Agreement; (iii) grant expenditures should not exceed the amount that would be incurred by a prudent person under the circumstances prevailing at the time the decision is made to incur the costs; and (iv) grant accounting should be consistent with generally accepted accounting principles.

**7.6 Monitoring**

The grant will be monitored for compliance in accordance with the terms and conditions of the Grant Agreement, together with appropriate programmatic rules, regulations, and/or guidelines that the Department promulgates or implements. The Grantee must permit any agent authorized by the Department, upon presentation of credentials, in accordance by all methods available by law, including full access to and the right to examine any documents, equipment, papers, or records either in hard copy or electronic, of the Grantee involving transactions relating to this grant.

**8. General Provisions:**

**8.1 Availability of Appropriation/Sufficiency of Funds**

This grant is contingent upon and subject to the availability of funds. The Department, at its sole option, may terminate or suspend this grant, in whole or in part, without penalty or further payment being required, if (1) the Illinois General Assembly or the federal funding source fails to make an appropriation sufficient to pay such obligation, or if funding is not available for any reason, (2) the Governor decreases the Department's funding by reserving some or all of the Department's appropriation(s) pursuant to power delegated to the Governor by the Illinois General Assembly; or (3) the Department determines, in its sole discretion or as directed by the Office of the Governor, that a reduction is necessary or advisable based upon actual or projected budgetary considerations. The Grantee will be notified in writing of the failure of appropriation or a reduction or decrease.

**8.2 Audit/Retention of Records (30 ILCS 500/20-65)**

Grantee and its subcontractors shall maintain books and records relating to the performance of the agreement or subcontract and necessary to support amounts charged to the State under the agreement or subcontract. Books and records, including information stored in databases or other computer systems, shall be maintained by the Grantee for a period of three (3) years from the later of the date of final payment under the agreement or completion of the agreement, and by the subcontractor for a period of three (3) years from the later of final payment under the term or completion of the subcontract. If federal funds are used to pay agreement costs, the Grantee and its subcontractors must retain its records for five (5) years. Books and records required to be maintained under this section shall be available for review or audit by representatives of: the granting Agency, the Auditor General, the Attorney General, the Executive Inspector General, the Chief Procurement Officer, State of Illinois internal auditors or other governmental entities with monitoring authority, upon reasonable notice and during normal business hours. Grantee and its subcontractors shall cooperate fully with any such audit and with any investigation conducted by any of these entities. Failure to maintain books and records required by this section shall establish a presumption in favor of the State for the recovery of any funds paid by the State under the agreement for which adequate books and records are not available to support the purported disbursement. The Grantee or subcontractors shall not impose a charge for audit or examination of the Grantee's books and records.

If any of the services to be performed under this Agreement are subcontracted and/or if subgrants are issued/awarded for the expenditure of Grant Funds provided under this Agreement, the Grantee shall include in all such subcontractors and subgrants, a provision that the Department, the Attorney General, the Office of Inspector General, and the Auditor General of the State of Illinois, or any of their duly authorized representatives, will have full access to and the right to examine any pertinent books, documents, papers and records of any such subcontractor or subgrantee involving transactions related to this Agreement for a period of three (3) years following the Department's final approval of all required close-outs (financial and/or programmatic), and any such subcontractor shall be governed by the same requirements to which the Grantee is subject under this Agreement.

**8.3 Time is of the Essence**

Time is of the essence with respect to Grantee's performance of this agreement. Grantee shall continue to perform its obligations while any dispute concerning the agreement is being resolved unless otherwise directed by the State.

**8.4 No Waiver of Rights**

Except as specifically waived in writing, failure by a Party to exercise or enforce a right does not waive that Party's right to exercise or enforce that or other rights in the future.

**8.5 Force Majeure**

Failure by either Party to perform its duties and obligations will be excused by unforeseeable circumstances beyond its reasonable control and not due to its negligence including acts of nature, acts of terrorism, riots, labor disputes, fire, flood, explosion, and governmental prohibition. The non-declaring Party may cancel the agreement without penalty if performance does not resume within thirty (30) days of the declaration.

**8.6 Confidential Information**

Each Party, including its agents and subgrants, to this agreement may have or gain access to confidential data or information owned or maintained by the other Party in the course of carrying out its responsibilities under this agreement. Grantee shall presume all information received from the State or to which it gains access pursuant to this agreement is confidential. Grantee information, unless clearly marked as confidential and exempt from disclosure under the Illinois Freedom of Information Act, shall be considered public. No confidential data collected, maintained, or used in the course of performance of the agreement shall be disseminated except as authorized by law and with the written consent of the disclosing Party, either during the period of the agreement or thereafter. The receiving Party must return any and all data collected, maintained, created or used in the course of the performance of the agreement, in whatever form it is maintained, promptly at the end of the agreement, or earlier at the request of the disclosing Party, or notify the disclosing Party in writing of its destruction. The foregoing obligations shall not apply to confidential data or information lawfully in the receiving Party's possession prior to its acquisition from the disclosing Party; received in good faith from a third-party not subject to any confidentiality obligation to the disclosing Party; now is or later becomes publicly known through no breach of confidentiality obligation by the receiving Party; or is independently developed by the receiving Party without the use or benefit of the disclosing Party's confidential information.

**8.7 Use and Ownership**

All work performed or supplies created by Grantee under this agreement, whether written documents or data, goods or deliverables of any kind, shall be deemed work-for-hire under copyright law and all intellectual property and other laws, and the State of Illinois is granted sole and exclusive ownership to all such work, unless otherwise agreed in writing. Grantee hereby assigns to the State all right, title, and interest in and to such work including any related intellectual property rights, and/or waives any and all



claims that Grantee may have to such work including any so-called "moral rights" in connection with the work. Grantee acknowledges the State may use the work product for any purpose. Confidential data or information contained in such work shall be subject to confidentiality provisions of this agreement.

Equipment and material authorized to be purchased with Grant Funds becomes the property of the Grantee. Grantee will maintain an inventory or property control record for all equipment and material purchased with Grant Funds. During the Grant term, the Grantee must: (1) use equipment and materials acquired with Grant Funds only for the approved Project purposes set forth in Section 2.1; and (2) provide sufficient maintenance on the equipment and materials to permit achievement of the approved Project purposes and maintain, at its own expense, insurance coverage on all equipment and material purchased with Grant Funds, for its full equipment value, against loss, damage and other risks ordinarily insured against by owners or users of similar equipment and material in similar businesses. The Grantee is prohibited from, and may not sell, transfer, encumber (other than original financing) or otherwise dispose of said equipment or material during the grant term without prior written approval of the Department. The Department reserves the right to inspect, at any time, such equipment and materials. All Grantee actions involving equipment and materials shall be in compliance with the applicable state and federal law.

**8.8 Indemnification and Liability**

The Grantee shall indemnify and hold harmless the State of Illinois, its agencies, officers, employees, agents and volunteers from any and all costs, demands, expenses, losses, claims, damages, liabilities, settlements and judgments, including in-house and contracted attorneys' fees and expenses, arising out of: (a) any breach or violation by Grantee of any of its certifications, representations, warranties, covenants or agreements; (b) any actual or alleged death or injury to any person, damage to any property or any other damage or loss claimed to result in whole or in part from Grantee's negligent performance; or (c) any act, activity or omission of Grantee or any of its employees, representatives, subcontractors or agents. Neither Party shall be liable for incidental, special, consequential or punitive damages.

**8.9 Independent Contractor**

Grantee shall act as an independent contractor and not an agent or employee of, or joint venturer with the State. All payments by the State shall be made on that basis.

**8.10 Solicitation and Employment**

Grantee shall not employ any person employed by the State during the term of this agreement to perform any work under this agreement. Grantee shall give notice immediately to the Agency's director if Grantee solicits or intends to solicit State employees to perform any work under this agreement.

**8.11 Compliance with the Law**

The Grantee, its employees, agents, and subcontractors shall comply with all applicable federal, state, and local laws, rules, ordinances, regulations, orders, federal circulars and all license and permit requirements in the performance of this agreement. Grantee shall be in compliance with applicable tax requirements and shall be current in payment of such taxes. Grantee shall obtain at its own expense, all licenses and permissions necessary for the performance of this agreement.

**8.12 Background Check**

Whenever the State deems it reasonably necessary for security reasons, the State may conduct, at its expense, criminal and driver history background checks of Grantee's and subcontractors officers, employees or agents. Grantee or subagreementor shall reassign immediately any such individual who, in the opinion of the State, does not pass the background checks.

8.13 **Applicable Law**

This agreement shall be construed in accordance with and is subject to the laws and rules of the State of Illinois. The Department of Human Rights' Equal Opportunity requirements (44 Ill. Adm. Code 750) are incorporated by reference. Any claim against the State arising out of this agreement must be filed exclusively with the Illinois Court of Claims (705 ILCS 505/1). The State shall not enter into binding arbitration to resolve any agreement dispute. The State of Illinois does not waive sovereign immunity by entering into this agreement. The official text of cited statutes is incorporated by reference (An unofficial version can be viewed at <http://www.ilga.gov/legislation/ilcs/ilcs.asp>). In compliance with the Illinois and federal Constitutions, the Illinois Human Rights Act, the U. S. Civil Rights Act, and Section 504 of the federal Rehabilitation Act and other applicable laws and rules the State does not unlawfully discriminate in employment, agreements, or any other activity.

8.14 **Contractual Authority**

The Agency that signs for the State of Illinois shall be the only State entity responsible for performance and payment under the agreement. When the Chief Procurement Officer or authorized designee signs in addition to an Agency, they do so as approving officer and shall have no liability to Grantee. When the Chief Procurement officer or authorized designee signs a master agreement on behalf of State agencies, only the Agency that places an order with the Grantee shall have any liability to Grantee for that order.

8.15 **Modifications and Survival**

Amendments, modifications and waivers must be in writing and signed by authorized representatives of the Parties. Any provision of this agreement officially declared void, unenforceable, or against public policy, shall be ignored and the remaining provisions shall be interpreted, as far as possible, to give effect to the Parties' intent. All provisions that by their nature would be expected to survive, shall survive termination. In the event of a conflict between the State's and the Grantee's terms, conditions and attachments, the State's terms, conditions and attachments shall prevail.

8.16 **Performance Record/Suspension**

Upon request of the State, Grantee shall meet to discuss performance or provide agreement performance updates to help ensure proper performance of the agreement. The State may consider Grantee's performance under this agreement and compliance with law and rule to determine whether to continue the agreement, suspend Grantee from doing future business with the State for a specified period of time, or to assess whether Grantee can be considered responsible on specific future agreement opportunities. The Department may immediately suspend a grant agreement after due consideration of any issues affecting the Grantee's performance.

8.17 **Freedom of Information Act**

This agreement and all related public records maintained by, provided to or required to be provided to the State are subject to the Illinois Freedom of Information Act notwithstanding any provision to the contrary that may be found in this agreement.

8.18 **Amendments**

This Agreement may not be amended without prior written approval of both the Grantee and the Department. Any amendments must be executed by both parties no later than 30 days prior to the end of the grant term.

8.19 **Assignment**

The Grantee understands and agrees that this Agreement may not be sold, assigned, or transferred in any

manner and that any actual or attempted sale, assignment, or transfer without the prior written approval of the Department shall render this Agreement null, void, and of no further effect.

**8.20 Termination for Cause**

The State may immediately terminate this agreement, in whole or in part, upon notice to the Grantee if: (a) the Grantee commits any illegal act; (b) the State determines that the actions or inactions of the Grantee, its agents, employees or subagreementors have caused, or reasonably could cause, jeopardy to health, safety, or property, (b) the Grantee has notified the State that it is unable or unwilling to perform the agreement or c) the State has reasonable cause to believe that the Grantee cannot lawfully perform the grant agreement

If Grantee breaches any material term, condition, or provision of this agreement, is in violation of a material provision of this agreement, or the State determines that the Grantee lacks the financial resources to perform the agreement, the State may, upon 15 days prior written notice to the Grantee, cancel this agreement. For termination due to any of the causes contained in this Section, the State retains its rights to seek any available legal or equitable remedies and damages.

**8.21 Termination for Convenience**

The State may, for its convenience and with thirty (30) days prior written notice to Grantee, terminate this agreement in whole or in part and without payment of any penalty or incurring any further obligation to the Grantee. The Grantee shall be entitled to compensation upon submission of invoices and proof of claim for supplies and services provided in compliance with this agreement up to and including the date of termination.

**8.22 Health Insurance Portability and Accountability Act Compliance**

Grantee shall comply with the applicable provisions of the Health Insurance Portability and Accountability Act (HIPAA), including, but not limited to statute, 42 USC 132d, and applicable regulations, 45 CFR 160, 162, and 164, as may be promulgated or amended over time.

**8.23 Entire Agreement**

The Department and the Grantee understand and agree that this Agreement constitutes the entire Agreement between them and that no promises, terms, or conditions not recited or incorporated within this Agreement, including prior Agreements or oral discussions not incorporated within this Agreement, shall be binding upon either the Grantee or the Department.

**9. Federally Funded General Grant Provisions: N/A**

**10. Taxpayer Status:**

I certify that:

4. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
5. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
6. I am a U.S. person (including a U.S. resident alien).

- If you are an individual, enter your name and SSN as it appears on your Social Security Card.
- If you are a sole proprietor, enter the owner's name on the name line followed by the name of the business and the owner's SSN or EIN.
- If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's name on the name line and the d/b/a on the business name line and enter the owner's SSN or EIN.
- If the LLC is a corporation or partnership, enter the entity's business name and EIN and for corporations, attach IRS acceptance letter (CP261 or CP277).
- For all other entities, enter the name of the entity as used to apply for the entity's EIN and the EIN.

Name: Champaign County Public Health Dept.

Business Name: \_\_\_\_\_

**Taxpayer Identification Number:**

Social Security Number \_\_\_\_\_  
or  
Employer Identification Number 37-6006910

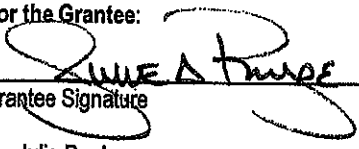
**Legal Status (check one):**

- |   |   |
|---|---|
| <input type="checkbox"/> Individual   | <input checked="" type="checkbox"/> Governmental  |
| <input type="checkbox"/> Sole Proprietor  | <input type="checkbox"/> Nonresident alien  |
| <input type="checkbox"/> Partnership  | <input type="checkbox"/> Estate or trust  |
| <input type="checkbox"/> Legal Services Corporation   | <input type="checkbox"/> Pharmacy (Non-Corp.)   |
| <input type="checkbox"/> Tax-exempt   | <input type="checkbox"/> Pharmacy/Funeral Home/Cemetery (Corp.)                           |
| <input type="checkbox"/> Corporation providing or billing medical and/or health care services     | <input type="checkbox"/> Limited Liability Company (select applicable tax classification) |
| <input type="checkbox"/> Corporation NOT providing or billing medical and/or health care services | D = disregarded entity  |
|   | C = corporation   |
|   | P = partnership   |

11. Attestation:

Grantee certifies under oath that Grantee has read, understands, and agrees to all provisions of this Agreement and that the information contained in the Agreement is true and correct to the best of his/her knowledge, information and belief, that the funds awarded under this grant shall be used only for the purposes described in this Agreement and that the Grantee shall be bound by the same. Grantee acknowledges that the award of Grant Funds under this Agreement is conditioned upon this certification/attestation.

For the Grantee:

  
Grantee Signature

Julie Pryde  
Typed Name

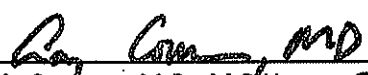

Public Health Administrator  
Title

114576-00  
Illinois Department of Human Rights Number (if applicable)

10.14.11  
Date

For the Department:

Gail DeVito  
Recommended By

  
Craig Conover, M.D., M.P.H.  
Acting Director 

11/29/11  
Execution Date

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AN ACT concerning regulation.

**Be it enacted by the People of the State of Illinois,  
represented in the General Assembly:**

Section 5. The Private Sewage Disposal Licensing Act is amended by changing Sections 3 and 7 as follows:

(225 ILCS 225/3) (from Ch. 111 1/2, par. 116.303)

Sec. 3. As used in this Act, unless the context otherwise requires:

(1) "Domestic Sewage" means waste water derived principally from dwellings, business or office buildings, institutions, food service establishments, and similar facilities.

(2) "Director" means Director of the Illinois Department of Public Health.

(3) "Department" means the Illinois Department of Public Health.

(4) "Human Wastes" means undigested food and by-products of metabolism which are passed out of the human body.

(5) "Person" means any individual, group of individuals, association, trust, partnership, corporation, person doing business under an assumed name, the State of Illinois or any Department thereof, or any other entity.

(6) "Population Equivalent" means an average waste loading

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equivalent to that produced by one person which is defined as 100 gallons per day.

(7) "Private Sewage Disposal System" means any sewage handling or treatment facility receiving domestic sewage from less than 15 people or population equivalent and having a ground surface discharge or any sewage handling or treatment facility receiving domestic sewage and having no ground surface discharge.

(8) "Private Sewage Disposal System Installation Contractor" means any person constructing, installing, repairing, modifying, or maintaining private sewage disposal systems.

(9) "Property Owner" means the person in whose name legal title to the real estate is recorded.

(10) "Waste" means either human waste or domestic sewage or both.

(11) "Private Sewage Disposal System Pumping Contractor" means any person who cleans or pumps waste from a private sewage disposal system or hauls or disposes of wastes removed therefrom.

(12) "Alternative private sewage disposal system" means any system designed to address a unique circumstance where the prescriptive requirements of the private sewage disposal code does not apply, where the final treatment and discharge is free flowing through native soil, and where (i) the projected wastewater is likely to be atypical of residential or domestic

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wastewater in that flow may exceed 1500 gallons per day; (ii) the 5-day biochemical oxygen demand of the wastewater may exceed 300 milligrams per liter; (iii) any portion of the system is to be shared by 2 or more owners; or (iv) any portion of the treated wastewater is proposed for recycling or reuse.

(13) "NPDES" means the National Pollutant Discharge Elimination System.

(14) "Surface Discharging Private Sewage Disposal System" means a sewage disposal system that discharges into the waters of the United States, as that term is used in the Federal Water Pollution Control Act.

(Source: P.A. 95-656, eff. 10-11-07.)

(225 ILCS 225/7) (from Ch. 111 1/2, par. 116.307)

Sec. 7. (a) The Department shall promulgate and publish and may from time to time amend a private sewage disposal code which shall include minimum standards for the design, construction, materials, operation and maintenance of private sewage disposal systems, for the transportation and disposal of wastes removed therefrom and for private sewage disposal system servicing equipment. In the preparation of the private sewage disposal code, the Department may consult with and request technical assistance from other state agencies, and shall consult with other technically qualified persons and with owners and operators of such services. Such technically qualified persons shall include representatives of the real



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estate, development, and building industries.

(b) The Department is expressly prohibited from amending the private sewage disposal code by rule if there are increases in the land density requirements. Amendments that increase the land density requirements must be approved by the Illinois General Assembly.

(c) On and after January 1, 2013, a surface discharging private sewage disposal system with a discharge that enters the waters of the United States, as that term is used in the Federal Water Pollution Control Act, shall not be constructed or installed by any person unless he or she has a coverage letter under a NPDES permit issued by the Illinois Environmental Protection Agency or he or she constructs or installs the surface discharging private sewage disposal system in a jurisdiction in which the local public health department has a general NPDES permit issued by the Illinois Environmental Protection Agency and the surface discharging private sewage disposal system is covered under the general NPDES permit. The private sewage disposal code must be amended before January 1, 2013 to comply with this subsection.

(d) Except as provided in subsection (c) of this Section, ~~before~~ Before the adoption or amendment of the private sewage disposal code, the Department shall hold a public hearing with respect thereto. At least 20 days' notice for such public hearing shall be given by the Department in such manner as the Department considers adequate to bring such hearing to the

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attention of persons interested in such code. Notice of such public hearing shall be given by the Department to those who file a request for a notice of any such hearings.

(Source: P.A. 88-690, eff. 1-24-95.)

Section 10. The Environmental Protection Act is amended by adding Section 3.487 and by changing Section 12 as follows:

(415 ILCS 5/3.487 new)

Sec. 3.487. Surface discharging private sewage disposal system. "Surface discharging private sewage disposal system" means a sewage disposal system that discharges into the waters of the United States, as that term is used in the Federal Water Pollution Control Act.

(415 ILCS 5/12) (from Ch. 111 1/2, par. 1012)

Sec. 12. Actions prohibited. No person shall:

(a) Cause or threaten or allow the discharge of any contaminants into the environment in any State so as to cause or tend to cause water pollution in Illinois, either alone or in combination with matter from other sources, or so as to violate regulations or standards adopted by the Pollution Control Board under this Act.

(b) Construct, install, or operate any equipment, facility, vessel, or aircraft capable of causing or contributing to water pollution, or designed to prevent water

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pollution, of any type designated by Board regulations, without a permit granted by the Agency, or in violation of any conditions imposed by such permit.

(c) Increase the quantity or strength of any discharge of contaminants into the waters, or construct or install any sewer or sewage treatment facility or any new outlet for contaminants into the waters of this State, without a permit granted by the Agency.

(d) Deposit any contaminants upon the land in such place and manner so as to create a water pollution hazard.

(e) Sell, offer, or use any article in any area in which the Board has by regulation forbidden its sale, offer, or use for reasons of water pollution control.

(f) Cause, threaten or allow the discharge of any contaminant into the waters of the State, as defined herein, including but not limited to, waters to any sewage works, or into any well or from any point source within the State, without an NPDES permit for point source discharges issued by the Agency under Section 39(b) of this Act, or in violation of any term or condition imposed by such permit, or in violation of any NPDES permit filing requirement established under Section 39(b), or in violation of any regulations adopted by the Board or of any order adopted by the Board with respect to the NPDES program.

No permit shall be required under this subsection and under Section 39(b) of this Act for any discharge for which a permit

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is not required under the Federal Water Pollution Control Act, as now or hereafter amended, and regulations pursuant thereto.

For all purposes of this Act, a permit issued by the Administrator of the United States Environmental Protection Agency under Section 402 of the Federal Water Pollution Control Act, as now or hereafter amended, shall be deemed to be a permit issued by the Agency pursuant to Section 39(b) of this Act. However, this shall not apply to the exclusion from the requirement of an operating permit provided under Section 13(b)(i).

Compliance with the terms and conditions of any permit issued under Section 39(b) of this Act shall be deemed compliance with this subsection except that it shall not be deemed compliance with any standard or effluent limitation imposed for a toxic pollutant injurious to human health.

In any case where a permit has been timely applied for pursuant to Section 39(b) of this Act but final administrative disposition of such application has not been made, it shall not be a violation of this subsection to discharge without such permit unless the complainant proves that final administrative disposition has not been made because of the failure of the applicant to furnish information reasonably required or requested in order to process the application.

(g) Cause, threaten or allow the underground injection of contaminants without a UIC permit issued by the Agency under Section 39(d) of this Act, or in violation of any term or

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condition imposed by such permit, or in violation of any regulations or standards adopted by the Board or of any order adopted by the Board with respect to the UIC program.

No permit shall be required under this subsection and under Section 39(d) of this Act for any underground injection of contaminants for which a permit is not required under Part C of the Safe Drinking Water Act (P.L. 93-523), as amended, unless a permit is authorized or required under regulations adopted by the Board pursuant to Section 13 of this Act.

(h) Introduce contaminants into a sewage works from any nondomestic source except in compliance with the regulations and standards adopted by the Board under this Act.

(i) On and after January 1, 2013, construct or install a surface discharging private sewage disposal system that discharges into the waters of the United States, as that term is used in the Federal Water Pollution Control Act, unless he or she has a coverage letter under a NPDES permit issued by the Illinois Environmental Protection Agency or he or she is constructing or installing the surface discharging private sewage disposal system in a jurisdiction in which the local public health department has a general NPDES permit issued by the Illinois Environmental Protection Agency and the surface discharging private sewage disposal system is covered under the general NPDES permit.

(Source: P.A. 92-574, eff. 6-26-02.)

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AN ACT concerning regulation.

**Be it enacted by the People of the State of Illinois,  
represented in the General Assembly:**

Section 5. The Water Well and Pump Installation Contractor's License Act is amended by changing Sections 2, 6 and 13 as follows:

(225 ILCS 345/2) (from Ch. 111, par. 7103)

(Section scheduled to be repealed on January 1, 2012)

Sec. 2. As used in this Act, unless the context otherwise requires:

(1) "Water well" and "well" mean any excavation that is drilled, cored, bored, washed, driven, dug, jetted or otherwise constructed when the intended use of such excavation is for the location, diversion, artificial recharge, or acquisition of ground water, but such term does not include an excavation made for the purpose of obtaining or prospecting for oil, natural gas, minerals or products of mining or quarrying or for inserting media to repressure oil or natural gas bearing formation or for storing petroleum, natural gas or other products, or monitoring wells;

(2) "Ground water" means water of under-ground aquifers, streams, channels, artesian basins, reservoirs, lakes and other water under the surface of the ground whether percolating

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or otherwise;

(3) "Drill" and "drilling" mean all acts necessary to the construction of a water well including the sealing of unused water well holes;

(4) "Water Well Contractor" and "Contractor" mean any person who contracts to drill, alter or repair any water well;

(5) "Water Well Pump Installation" means the selection of and the procedure employed in the placement and preparation for operation of equipment and materials utilized in withdrawing or obtaining water from a well for any use, including all construction involved in making entrance to the well and establishing such seals and safeguards as may be necessary to protect such water from contamination and all construction involved in connecting such wells and pumping units or pressure tanks in the water supply systems of buildings served by such well, including repair to any existing installation;

(6) "Water Well Pump Installation Contractor" means any person engaged in the business of installing or repairing pumps and pumping equipment owned by others;

(7) "Water Well and Pump Installation Contractor" means any person engaged in both businesses described in subsections 4, 5, and 6 above;

(8) "Department" means the Department of Public Health of this State;

(9) "Director" means the Director of the Department of Public Health;

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(10) "Board" means the Water Well and Pump Installation Contractors Licensing Board created by Section 6 of this Act;

(11) "Person" includes any natural person, partnership, association, trust and public or private corporation;

(12) "Monitoring well" means a water well intended for the purpose of determining groundwater quality or quantity; -

(13) "Closed loop well" means a sealed, watertight loop of pipe buried outside of a building foundation intended to recirculate a liquid solution through a heat exchanger but is limited to the construction of the bore hole and the grouting of the bore hole and does not include the piping and appurtenances used in any other capacity. "Closed loop well" does not include any horizontal closed loop well systems where grouting is not necessary by law or standard industry practice;

(14) "Closed loop well contractor" means any person who installs closed loop wells for another person. "Closed loop well contractor" does not include the employee of a closed loop contractor.

(Source: P.A. 86-843.)

(225 ILCS 345/6) (from Ch. 111, par. 7107)

(Section scheduled to be repealed on January 1, 2012)

Sec. 6. Water Well and Pump Installation Contractors Licensing Board; Closed Loop Well Contractors Certification Board.

(a) There is created in the Department the Water Well and



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Pump Installation Contractors Licensing Board which shall exercise its duties provided in this Act under the supervision of the Department. The Water Well and Pump Installation Contractors Licensing Board shall consist of 6 members, designated from time to time by the Director. Two members shall be licensed water well contractors, 2 ~~two~~ members shall be licensed water well pump installation contractors, and 2 ~~two~~ members shall be licensed water well and pump installation contractors. In making the appointments to the Water Well and Pump Installation Contractors Licensing Board, the Director shall consider the recommendation of the Illinois Association of Groundwater Professionals or its successor organization.

The members of the Water Well and Pump Installation Contractors Licensing Board shall be reimbursed for necessary traveling expenses in accordance with travel regulations prescribed by the Department of Finance.

The Water Well and Pump Installation Contractors Licensing Board shall advise and aid the Director in:

(1) ~~(a)~~ preparing subject matter for continuing education sessions and examinations to test the knowledge and skills of applicants for license in the construction, installation and repair of water wells, well pumps, water pressure storage tanks, connecting piping and related appurtenances, including proper sealing of abandoned water wells, and the rules and regulations of the Department promulgated pursuant to the Illinois Pump Installation

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Code Law and the Illinois Water Well Construction Code Law;

(2) ~~(b)~~ promulgating rules to govern the number of hours of continuing education required for a continuing education session, examinations, hearings for suspension or revocation of or refusal to issue or renew a license, clarifying the law as it relates to water well and pump installation contracting;

(3) ~~(e)~~ holding examinations of applicants for license at least once a year prior to November 1st in each year;

(4) ~~(d)~~ holding hearings for the revocation or suspension of, or refusal to issue, renew or reinstate licenses;

(5) ~~(e)~~ submitting recommendations to the Director from time to time for the efficient administration of this Act;

(6) ~~(f)~~ grading all tests and examinations for licenses and promptly reporting the results to the Director; ~~and~~

(7) ~~(g)~~ performing such other duties from time to time prescribed by the Director; and -

(8) consulting and agreeing with the Closed Loop Well Contractors Certification Board regarding:

(i) the registering and certification of closed loop well contractors; and

(ii) the installation of closed loop wells.

For purposes of this item (8), the term "closed loop well" shall be limited to the construction, installation,

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repair, and abandonment of the bore hole and the grouting of the bore hole.

(b) There is created in the Department the Closed Loop Well Contractors Certification Board, which shall exercise its duties provided in this Act under the supervision of the Department. The Closed Loop Well Contractors Certification Board shall consist of 6 members, designated from time to time by the Director. A temporary board shall be appointed by the Department for the sole purpose of assisting with the process of initial certification and registration of closed loop well contractors and shall remain in place until 2 years after the effective date of this amendatory Act of the 97th General Assembly. On the dissolution of the temporary board, the 6 members must be closed loop well contractors who are registered and certified under this Act. In making appointments to the Closed Loop Well Contractors Certification Board, the Director shall consider the recommendations of organizations that are representative of the closed loop well industry in Illinois. Recommendations shall include consideration of statewide geographical representation.

The Closed Loop Well Contractors Certification Board shall advise and aid the Director in:

(1) preparing subject matter for continuing education sessions relating to closed loop wells and preparing examinations to test the knowledge and skills of applicants for certification relating to the construction,

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installation, repair, and abandonment of closed loop wells and the rules of the Department adopted under this Act for closed loop wells;

(2) adopting rules relating to (i) closed loop wells, (ii) continuing education requirements, (iii) examinations, (iv) hearings for suspension or revocation of or refusal to issue or renew a certification, and (v) the construction, installation, repair, and abandonment of closed loop wells;

(3) holding examinations of applicants for certification at least once a year prior to November 1st in each year;

(4) holding hearings for the revocation or suspension of, or refusal to issue, renew, or reinstate, certifications;

(5) submitting recommendations to the Director from time to time for the efficient administration of this Act;

(6) grading all tests and examinations for certifications, and promptly reporting the results to the Director;

(7) performing such other duties as may be from time to time prescribed by the Director; and

(8) conferring with the Water Well and Pump Installation Contractors Licensing Board regarding the construction, installation, repair, and abandonment of closed loop wells.

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(Source: P.A. 90-692, eff. 1-1-99.)

(225 ILCS 345/13) (from Ch. 111, par. 7114)

(Section scheduled to be repealed on January 1, 2012)

Sec. 13. The fee to be paid by an applicant for an examination to determine his fitness to receive a license as a water well contractor is \$50.

The fee to be paid by an applicant for an examination to determine his fitness to receive a license as a water well pump installation contractor is \$50.

The fee to be paid by an applicant for an examination to determine his fitness to receive a license as a water well and pump installation contractor is \$80.

The fee to be paid by an applicant for the annual renewal of a license as a water well contractor or water well pump installation contractor is \$25.

The fee to be paid by an applicant for the annual renewal of a license as a water well and pump installation contractor is \$35.

The fee to be paid by an applicant for the reinstatement of a water well contractor license or a water well pump installation contractor license which has lapsed less than 3 years is \$10, plus all lapsed renewal fees.

The fee to be paid by an applicant for restoration of a water well contractor's license or water well pump installation contractor's license which has lapsed more than three years is

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\$150.

The fee to be paid by an applicant for the reinstatement of a water well and pump installation contractor license which has lapsed less than 3 years is \$15, plus all lapsed renewal fees.

The fee to be paid by an applicant for the restoration of a license as a water well and pump installation contractor which has lapsed more than 3 years is \$175.

There shall be no reduction in such fees because a license when issued may be valid for less time than a full license year.

(Source: P.A. 77-1626.)

Section 10. The Illinois Water Well Construction Code is amended by changing Sections 3, 5, and 6 and by adding Sections 9.1 and 9.2 as follows:

(415 ILCS 30/3) (from Ch. 111 1/2, par. 116.113)

Sec. 3. Definitions. As used in this Act, unless the context otherwise requires:

(a) "Construction" means all acts necessary to obtaining ground water by any method, including without limitation the location of and the excavation for the well, but not including prospecting, surveying or other acts preparatory thereto, nor the installation of pumps and pumping equipment.

(b) "Department" means the Department of Public Health.

(c) "Director" means the Director of Public Health.

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(d) "Modification" means any change, replacement or other alteration of any water well which shall be contrary to the rules and regulations regarding the construction of a well.

(e) "Water well" means any excavation that is drilled, cored, bored, washed, driven, dug, jetted or otherwise constructed when the intended use of such excavation is for the location, diversion, artificial recharge, or acquisition of ground water, but such term does not include an excavation made for the purpose of obtaining or prospecting for oil, natural gas, minerals or products of mining or quarrying or for inserting media to repressure oil or natural gas bearing formation or for storing petroleum, natural gas or other products or for observation or any other purpose in connection with the development or operation of a gas storage project.

(f) "Public water system", "community water system", "non-community water system", "semi-private water system" and "private water system" have the meanings ascribed to them in the Illinois Groundwater Protection Act.

(g) "Potential route", "potential primary source" and "potential secondary source" have the meanings ascribed to them in the Environmental Protection Act.

(h) "Closed loop well" means a sealed, watertight loop of pipe buried outside of a building foundation intended to recirculate a liquid solution through a heat exchanger but is limited to the construction of the bore hole and the grouting of the bore hole and does not include the piping and

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appurtenances used in any other capacity. "Closed loop well" does not include any horizontal closed loop well systems where grouting is not necessary by law or standard industry practice.

(i) "Monitoring well" means a water well intended for the purpose of determining groundwater quality or quantity.

(j) "Closed loop well contractor" means any person who installs closed loop wells for another person. "Closed loop well contractor" does not include the employee of a closed loop contractor.

(Source: P.A. 86-843.)

(415 ILCS 30/5) (from Ch. 111 1/2, par. 116.115)

Sec. 5. Department powers and duties.

The Department has general supervision and authority over the location, construction and modification of water wells, closed loop wells and monitoring wells and for the administration of this Act. With respect thereto it shall:

(a) Adopt and publish, and from time to time amend rules and regulations as hereinafter provided;

(b) Commencing no later than January 1, 1988, issue permits for the construction or change in depth of any water well other than community public water systems and monitoring wells; ~~and~~

(b-5) Commencing no later than one year after the effective date of this amendatory Act of the 97th General Assembly, issue permits for the construction, modification, and abandonment of closed loop wells; and



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(c) Exercise such other powers as are practical and reasonably necessary to carry out and enforce the provisions of this Act.

(Source: P.A. 86-843.)

(415 ILCS 30/6) (from Ch. 111 1/2, par. 116.116)

Sec. 6. Rules and regulations. The Department shall adopt and amend rules and regulations reasonably necessary to effectuate the policy declared by this Act. Such rules and regulations shall provide criteria for the proper location and construction of any water well, closed loop well or monitoring well and shall, no later than January 1, 1988, provide for the issuance of permits for the construction and operation of water wells other than community public water systems, ~~closed loop wells~~ and monitoring wells. The Department shall by regulation require a one time fee, not to exceed \$100, for permits for construction, modification, or abandonment of water wells. The Department shall by rule require a one-time fee for permits for the construction, modification, or abandonment of closed loop wells. ~~issued under the authority of this Act.~~

(Source: P.A. 86-843.)

(415 ILCS 30/9.1 new)

Sec. 9.1. Closed loop well contractor certification.

(a) Within 2 years after the effective date of this amendatory Act of the 97th General Assembly, all closed loop

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well contractors, shall be certified by the Department. The Department shall issue closed loop well contractor certificates to those applicants who are qualified and have successfully passed the Department's closed loop well contractor's certification exam. Application for certification as a closed loop well contractor must be made to the Department in writing and under oath or affirmation on forms prescribed and furnished by the Department. Applications may require any information the Department deems necessary in order to carry out the provisions of this Act. The Department shall collect a fee for the closed loop well contractor's qualification exam.

(b) Any person holding a valid water well contractor's license issued under the Water Well and Pump Installation Contractor's License Act may apply and receive, without examination or fee, a closed loop well contractor's certification, provided that all other requirements of this Act are met.

(c) Any person who only installs horizontal closed loop wells using the open trench method shall be exempt from certification under this Section.

(415 ILCS 30/9.2 new)

Sec. 9.2. Closed loop well contractor registration.

(a) Beginning one year after the effective date of this amendatory Act of the 97th General Assembly, no person may engage in the occupation of a closed loop well contractor

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unless he or she holds a valid certificate of registration as a closed loop well contractor issued by the Department.

(b) All closed loop well contractors doing business in this State must annually file an application for registration with the Department.

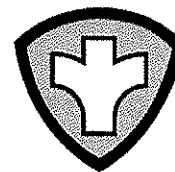
(c) One year after the effective date of this amendatory Act of the 97th General Assembly, all applications filed for registration under this Section must be accompanied by verification of the certification of the applicant by an organization approved by the Department for its appropriateness in determining the knowledge and expertise as a closed loop well contractor, and the applicant must submit proof of certification under Section 9.1 of this Act, unless specifically exempt from certification in subsection (c) of Section 9.1 of this Act.

(d) Certificates of registration issued under this Section shall expire and must be renewed on an annual basis.

(e) The Department shall collect an annual fee for registration of a closed loop well contractor.

Section 99. Effective date. This Act takes effect upon becoming law.

# News Time 2011



ENVIRONMENTAL HEALTH DIVISION

## CHAMPAIGN COUNTY PUBLIC HEALTH DEPARTMENT

### Publicizing Food Establishment Inspection Reports

#### Contact Us:

Champaign County  
Public Health Department

201 W. Canyon Road  
Champaign, IL 61820

Phone: 217.363.3269  
Emergency: 217.531.3386  
Fax: 217.373-7905  
[www.uphcd.org](http://www.uphcd.org)

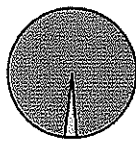
Hours:  
8:00 a.m. – 12:00 p.m.  
1:00 p.m. – 4:00 p.m.  
Monday – Friday

#### For Your Information

##### Routine Inspections & Reinspections

Total Conducted: 5,425  
C-U & County  
April 2007- April 2011

5,254  
Passed  
(97%)



171  
Failed  
(3%)

State of Illinois and local law does not currently require the posting or publicizing of food establishment inspection reports (i.e., on a website or on the front door of a facility). However, inspection reports have always been public documents that are subject to the Illinois Freedom of Information Act (FOIA). When requested, the Champaign County Public Health Department (CCPHD), as one source of inspection reports, follows the FOIA law and provides copies of inspections to the requestor. The other source of inspection reports is *you*, the food establishment operator. Do you voluntarily make copies of your inspection reports available to your customers?

Note that although it is not required by law, the CCPHD has been working with our inspection software provider to make all food establishment inspection reports available on our website for public viewing.

In September 2011, the Champaign County Board of Health (CCBOH) met to discuss options in publicizing food establishment inspection reports. Jim Roberts, director of environmental health, was also part of the discussion. Before making any official decision, the CCBOH decided to wait until after the Confer-

ence of Food Protection is held in April 2012, when this issue will be discussed and recommendations will be forwarded to the Food & Drug Administration (FDA). At that time, there may be a decision about amending the Champaign County health ordinance with new inspection posting requirements.

Until a final decision is made, you can tout your food safety compliance by volunteering to show your inspection reports either by responding to a customer request (similar to showing a CARFAX report when purchasing a vehicle) or by posting the report in public view. In the same way restaurants began advertising a "smoke-free environment" in order to attract customers, it could be a way to advertise your food safety compliance and the cleanliness of your restaurant during your last inspection.

Listed below are some questions and answers from Jim Roberts.

#### Why should food establishment inspection reports be posted online?

The inspection reports are public information documents. Under the Illinois FOIA law, the public is entitled to this information and posting the reports online is



one way to make them readily available to everyone. If a consumer chooses to use the information in the inspection reports to make a dining or food purchase decision, then posting online helps to inform.

#### When will the CCPHD online system be up and running?

The tentative date is January 2012.

#### What information will be posted about food services?

As of now, the CCPHD is planning on posting the entire inspection report on our website. We want the public to see the report as you receive it, with no additional health department interpreting, translating or ranking the information into grades, colors, star ratings, etc. This information will give the public the ability to see the entire performance of your facility. We would also like to illustrate trends

(→)

## Food Establishment Inspection Reports (cont'd)

(inspection report findings over time) because a "snapshot" inspection on any given day may not be representative of your overall performance. Board of Health decisions, however, may change what information is posted on our website.

### How could the online information affect my facility?

If your food establishment is exceeding the food code standards, the online system could be a good marketing advantage for your facility. The public will be able to see that you control foodborne illness risk factors, minimize repeat violations, and proactively comply by having few violations of the food code. On the contrary, if your food establishment is not meeting standards, the public will be able to see that as well.

### Are food establishments required to post their inspection reports or scores?

Currently, there is no requirement to post; however, you may voluntarily post your inspection to inform your customers. Another option discussed at the CCBOH meeting was to mandate posting of reports. Known as "Reports on the Doors", it could

include the last inspection report, your corrective action report, a performance trend report and a more visible health permit posted on your establishment's door, window, or similar location so that it is clearly visible to the general public prior to entering the establishment. "Reports on the Doors" would complement the online posting so that the public could be informed even without the Internet.

### If the Board of Health requires a food establishment to post their inspection report/score/grade on their facility's door, and they only have to keep the report/score/grade up all year?

Most likely. That is why it is important to make sure you always manage your food safety risks and maintain high sanitation standards each day so that your inspection performance shines brightly.

### If I receive a disappointing score, can I request a reinspection in order to try and obtain an improved score?

No. Isn't the goal to manage an establishment safely 24 hours a day, 365 days a year?

### Example of a FOIA Request

In September 2011, there was an article published by CU-CitizenAccess entitled, "Champaign County Restaurants Fail Inspections But Public Never Told" (<http://cu-citizenaccess.org/feature/restaurant-inspections>). The article indicated that approximately one in ten Champaign County restaurants failed inspections in the last four years, yet the public was unaware of these failures. The copies of inspection reports for the CU-Citizen Access article and website were obtained through FOIA.

\* \* \* \* \*

If you have any comments, questions, or opinions about this subject, please contact Jim Roberts or the Champaign County Board of Health.

Jim Roberts  
(217) 531-2909

[jroberts@c-uphd.org](mailto:jroberts@c-uphd.org)

Champaign County Board of Health  
<http://www.co.champaign.il.us/boardofhealth/contacts.htm>

## Home Bakers & Jelly/Jam Makers

Effective January 1, 2012, new legislation allows certain foods made in home kitchens to be sold at farmers' markets. This list of foods includes non-potentially hazardous baked foods; some types of fruit jams, jellies, preserves, and fruit butters; dried herbs and dry herb blends; and dry tea blends.



As stated above, the new legislation allows for these foods to ONLY be

sold at farmers' markets. Just a reminder, that ALL home-prepared food is prohibited in a food service or retail food store establishment, and is considered to originate from an unapproved source. As with any food from unapproved sources, if home-prepared food (even though you may have purchased it from a farmers' market) is discovered in your establishment, you are in violation of the rules and regulations, and the food(s) will be detained and embargoed until the destruction or disposal of this food.

## New Staff

Jennifer Simburger is a new Environmental Health Specialist In-Training. She has her BS in Public Health with a concentration in Environmental Health from Northern Illinois University. Jennifer will conduct food establishment & tanning facility inspections and will be working in the radon program.

Shayna Dye is also a recent graduate of Northern Illinois University with a BS in Public Health and an emphasis in Environmental Health. She will be conducting food, tanning and lead paint inspections. Shayna's title is Environmental Health Specialist In-Training.

## Project Description

### **Is there an association between restaurant inspection scores and bacterial load in the food preparation areas?**

YJ Johnson and VG Eisenbart

The CDC estimates that in the US there are 76 million cases of foodborne disease each year at an estimated cost of \$ 8.2 billion and resulting in 325,000 hospitalizations and 5,000 deaths. Several recent studies have implicated restaurants as an important source of foodborne disease in the United States. A primary control measure for restaurant-based foodborne disease has been restaurant inspections. However several studies have concluded that: compliance with sanitary regulations cannot eliminate the possibility of a foodborne illness outbreak; restaurant inspections did not predict outbreaks; and that restaurant inspection procedures may need to be changed.

We are asking you to assist us by participating in a University of Illinois – Center for One Health Illinois research project to provide recommendations that will allow the Champaign-Urbana Public Health Department (CUPHD) to improve their restaurant inspection process. Our goal is to enhance public health through the prevention of foodborne illness.

A random sample of local restaurants, have been selected for potential participation in this study. Participation by your establishment is strictly VOLUNTARY. If you agree to participate, you will be asked to allow us to collect environmental samples from 5 locations within the kitchen area of your establishment in the presence of a CUPHD sanitarian at a time that is not related to your routine inspection. The sample collection visit should be completed in approximately 15 minutes.

The samples collected from your establishment will be used only for research purposes. Any samples not used will be disposed of according to University of Illinois policy. Information that identifies your establishment with the samples collected will be secured and known only by the responsible principal investigator and will be destroyed after the study is complete.

There will be NO questionnaires or surveys to complete. NO identifying information about the participating restaurants OR their personnel will be collected. The results of the samples obtained during this study will remain CONFIDENTIAL. Participation in this study will have NO AFFECT ON subsequent restaurant inspections of your establishment. The results of samples from individual restaurants will NOT be released to CUPHD personnel. NO identifying information about your restaurant will EVER be published from this study.

Participation in this research is voluntary. You may withdraw your participation at any time.

If at any time you have questions about this research project, or if you experience any problems related to your participation in the project, please feel free to contact the responsible project investigator: Dr. Yvette J. Johnson, University of Illinois College of Veterinary Medicine Teaching Hospital 1008 W. Hazelwood Drive 227 Large Animal Clinic Urbana, IL 61801 Tel: 217-333-1903. Email: [yjohn38@illinois.edu](mailto:yjohn38@illinois.edu) . You are welcome to call collect if you identify yourself as a research participant.

(410 ILCS 625/4)

Sec. 4. Cottage food operation.

(a) For the purpose of this Section:

"Cottage food operation" means a person who produces or packages non-potentially hazardous food in a kitchen of that person's primary domestic residence for direct sale by the owner or a family member, stored in the residence where the food is made.

"Farmers' market" means a common facility or area where farmers gather to sell a variety of fresh fruits and vegetables and other locally produced farm and food products directly to consumers.

"Potentially hazardous food" means a food that is potentially hazardous according to the Federal Food and Drug Administration 2009 Food Code (FDA 2009 Food Code) or any subsequent amendments to the FDA 2009 Food Code. Potentially hazardous food (PHF) in general means a food that requires time and temperature control for safety (TCS) to limit pathogenic microorganism growth or toxin formation. In accordance with the FDA 2009 Food Code, potentially hazardous food does not include a food item that because of its pH or Aw value, or interaction of Aw and pH values, is designated as a non-PHF/non-TCS food in Table A or B of the FDA 2009 Food Code's potentially hazardous food definition.

(b) Notwithstanding any other provision of law and except as provided in subsections (c) and (d) of this Section, neither the Department of Public Health nor the Department of Agriculture nor the health department of a unit of local government may regulate the service of food by a cottage food operation providing that all of the following conditions are met:

(1) The food is not a potentially hazardous baked good, jam, jelly, preserve, fruit butter, dry herb, dry herb blend, or dry tea blend and is intended for end-use only. The following provisions shall apply:

(A) The following jams, jellies and preserves are allowed: apple, apricot, grape, peach, plum, quince, orange, nectarine, tangerine, blackberry, raspberry, blue currant, boysenberry, cherry, cranberry, strawberry, red currants, or a combination of these fruits. Rhubarb, tomato, and pepper jellies or jams are not allowed. Any other jams, jellies, or preserves not listed may be produced by a cottage food operation provided their recipe has been tested and documented by a commercial laboratory, at the expense of the cottage food operation, as being not potentially hazardous, containing a pH equilibrium of less than 4.6.

(B) The following fruit butters are allowed: apple, apricot, grape, peach, plum, quince, and prune. Pumpkin butter, banana butter, and pear butter are not allowed. Fruit butters not listed may be produced by a cottage food operation provided their recipe has been tested and documented by a commercial laboratory, at the expense of the cottage food operation, as being not potentially hazardous, containing a pH equilibrium of less than 4.6.

(C) Baked goods, such as, but not limited to, breads, cookies, cakes, pies, and pastries are allowed. Only high-acid fruit pies that use the following fruits are allowed: apple, apricot, grape, peach, plum, quince, orange, nectarine, tangerine, blackberry, raspberry, blueberry, boysenberry, cherry, cranberry, strawberry, red currants or a combination of these fruits. Fruit pies not listed may be produced by a cottage food operation provided their recipe has been tested and documented by a commercial laboratory, at the expense of the cottage food operation, as being not potentially hazardous, containing a pH equilibrium of less than 4.6. The following are potentially hazardous and prohibited from production and sale by a cottage food operation: pumpkin pie, sweet potato pie, cheesecake, custard pies, creme pies, and pastries with potentially hazardous fillings or toppings.

(2) The food is to be sold at a farmers' market.

(3) Gross receipts from the sale of food exempted under this Section do not exceed \$25,000 in a calendar year.

(4) The food packaging conforms to the labeling requirements of the Illinois Food, Drug and Cosmetic Act and includes the following information on the label of each of its products:

(A) the name and address of the cottage food operation;

(B) the common or usual name of the food product;

(C) all ingredients of the food product, including any colors, artificial flavors, and preservatives, listed in descending order by predominance of weight shown with common or usual names;

(D) the following phrase: "This product was produced in a home kitchen not subject to public health inspection that may also process common food allergens.";

(E) the date the product was processed; and

(F) allergen labeling as specified in federal labeling requirements.

(5) The name and residence of the person preparing and selling products as a cottage food operation is registered with the health department of a unit of local government where the cottage food operation resides. No fees shall be charged for registration.

(6) The person preparing and selling products as a cottage food operation has a Department of Public Health approved Food Service Sanitation Management Certificate.

(7) At the point of sale a placard is displayed in a prominent location that states the following: "This product was produced in a home kitchen not subject to public health inspection that may also process common food allergens.".

(c) Notwithstanding the provisions of subsection (b) of this Section, if the Department of Public Health or the health department of a unit of local government has received a consumer complaint or has reason to believe



that an imminent health hazard exists or that a cottage food operation's product has been found to be misbranded, adulterated, or not in compliance with the exception for cottage food operations pursuant to this Section, then it may invoke cessation of sales until it deems that the situation has been addressed to the satisfaction of the Department.

(d) Notwithstanding the provisions of subsection (b) of this Section, a State-certified local public health department may, upon providing a written statement to the Department of Public Health, regulate the service of food by a cottage food operation. The regulation by a State-certified local public health department may include all of the following requirements:

(1) That the cottage food operation (A) register with the State-certified local public health department, which may include a reasonable fee set by the State-certified local public health department notwithstanding paragraph (5) of subsection (b) of this Section and (B) agree in writing at the time of registration to grant access to the State-certified local public health department to conduct an inspection of the cottage food operation's primary domestic residence in the event of a consumer complaint or foodborne illness outbreak.

(2) That in the event of a consumer complaint or foodborne illness outbreak the State-certified local public health department is allowed to (A) inspect the premises of the cottage food operation in question and (B) set a reasonable fee for that inspection.

(Source: P.A. 97-393, eff. 1-1-12.)

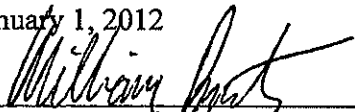
ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
OFFICE OF HEALTH PROTECTION  
DIVISION OF FOOD, DRUGS AND DAIRIES

TECHNICAL INFORMATION BULLETIN

DESCRIPTION: Technical Information Bulletin / Food # 44

SUBJECT: Frequently Asked Questions – Cottage Food Operations

EFFECTIVE: January 1, 2012

AUTHORIZED BY:   
William Beaty, Chief (Acting)  
Division of Food, Drugs and Dairies

On August 16, 2011, Governor Quinn signed three pieces of legislation that support Illinois' agriculture industry and increase access to farmers' markets for the growing cottage food industry. Public Act 097-0393 (Senate Bill 840) will allow certain homemade foods to be sold at Illinois farmers' markets.

P. A. 097-0393, effective January 1, 2012, amends the Food Handling Regulation Enforcement Act, 410 ILCS 625 and the Sanitary Food Preparation Act, 410 ILCS 650, to exempt a "cottage food operation" from regulation by the Illinois Department of Public Health (IDPH) and the Illinois Department of Agriculture (IDOA) provided the cottage food operation meets all the conditions and requirements of exemption in 410 ILCS 625/4(b).

The intent of the P.A. 097-0393 is that all local health departments will register cottage food operations operating in their jurisdiction provided that all the conditions of P.A. 097-0393 law are met as outlined in Section 4 (b) of the Public Act. Section 4(d) allows a local health department to charge a fee for that registration so that the new registration would not be a new unfunded mandate. The additional information in Section 4(d) was added to give local health departments the tools needed in the case of a foodborne illness or food safety issue.

Under the Public Act, food that is not potentially hazardous may be produced in the kitchen of the person's primary domestic residence for direct sale to customers at farmers' markets. The Public Act only provides for direct sale by the owner or the family member to customers at farmers' markets. Thus, cottage food operation products cannot be sold to retail stores, restaurants, over the Internet, by mail order, or to wholesalers, brokers or other food distributors who resell food. A cottage food operation shall comply with the labeling requirements of the Illinois Food, Drug and Cosmetic Act.

<http://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=1577&ChapterID=35>

The following is a list of questions and answers regarding the cottage food operation provisions of the Food Handling Regulation Enforcement Act [410 ILCS 625/4] and the Sanitary Food Preparation Act [410 ILCS 650/11] which allow for the sale of certain food that is not potentially hazardous and produced in a home kitchen.

## **TYPES OF FOOD PRODUCTS ALLOWED FOR SALE**

### **What products that are made in a home kitchen can be sold under the "cottage food operation" provisions?**

Food that is not a potentially hazardous such as baked goods, jam, jelly, preserves, fruit butter, dry herbs, dry herb blends or dry tea blends and that is intended for end-use only, shall be sold by the owner or a family member using safe food handling practices that reduce the risk of contamination.

#### *Jams, Jellies and Preserves:*

The following jams, jellies and preserves are allowed: apple, apricot, grape, peach, plum, quince, orange, nectarine, tangerine, blackberry, raspberry, blueberry, boysenberry, cherry, cranberry, strawberry, red currant or a combination of these fruits.

The presence of low sugar or sugar substitute in jams, jellies and preserves, can make a difference in the shelf stability of the product. With lower sugar and pectin levels, spoilage organisms are more likely to survive the cooking process. The best practice for low sugar jams and jellies is that they be processed only in a boiling water canner for a minimum of ten minutes and not by any other methods unless water activity is determined by a commercial lab to be less than 0.85.

Other jams, jellies, or preserves not listed may be produced if the cottage food operator's recipe has been tested and documented by a commercial laboratory (at the expense of the cottage food operation) as being not potentially hazardous, containing a pH equilibrium of less than 4.6. (See prohibited items).

#### *Fruit Butters:*

The following fruit butters are allowed: apple, apricot, grape, peach, plum, quince, and prune. Fruit butters not listed may be produced if the cottage food operator's recipe has been tested and documented by a commercial laboratory (at the expense of the cottage food operation) as being not potentially hazardous, containing a pH equilibrium of less than 4.6. (See prohibited items).

#### *Baked Goods:*

The following baked goods, including, but not limited to the following, are allowed: breads, cookies, cakes, pies and pastries. Only high-acid fruit pies that use the following fruits are allowed: apple, apricot, grape, peach, plum, quince, orange, nectarine, tangerine, blackberry, raspberry, blueberry, boysenberry, cherry, cranberry, strawberry, red currants or a combination of these fruits. Fruit pies not listed may be produced if the cottage food operator's recipe has

been tested and documented by a commercial laboratory (at the expense of the cottage food operation) as being not potentially hazardous, containing a pH equilibrium of less than 4.6. (See prohibited items).

*Dried Foods:*

The following dried foods are allowed: dried herbs, dried herb blends, or dry tea blends.

*Prohibited Items:*

The following items are prohibited from production and sale by a cottage food operation: pumpkin pie, sweet potato pie, cheesecake, custard pies, and cream pies, as well as pastries with potentially hazardous fillings or toppings. Pumpkin, banana, and pear butters are not allowed. Also, rhubarb, tomato, pepper and watermelon jellies or jams are not allowed.

**Can cottage food operators sell a “take-n-bake product?”**

No. These products would require temperature control to prevent bacterial growth and are not allowed for sale by a cottage food operation.

**MARKETING COTTAGE FOOD OPERATION PRODUCTS**

**Where can “cottage foods” be sold?**

Products can only be sold at farmers’ markets, which are defined by the Public Act as a “common facility or area where farmers gather to sell a variety of fresh fruits and vegetables and other locally produced farm and food products, directly to consumers.”

**Can products be sold at a year-round or indoor farmers’ market?**

Yes, as long as the products meet the “cottage food” requirements of the Public Act.

**Can products be sold at retail outlets (i.e., local grocery stores or retail markets)?**

No, the Food Handling Regulation Enforcement Act “cottage food operations” provisions clearly identify farmers’ markets as the only venue where “cottage food” products may be sold. Cottage foods cannot be sold to a retailer for resale or to a restaurant for use or sale in the restaurant. Cottage foods cannot be sold over the Internet, by mail order, or to wholesalers, brokers or other food distributors who will resell the cottage foods.

**TESTING AND DOCUMENTING BY A COMMERCIAL LABORATORY**

**What is a commercial laboratory?**

A commercial laboratory is a laboratory which performs fee for service analysis. It accepts samples from the public. Such a laboratory may be certified in one or more categories of

accreditation. The Illinois Department of Public Health laboratories will not perform these services.

**Which commercial laboratories do food testing?**

A list of laboratories that conduct food testing is included in Attachment A. This list is not all inclusive and the operator may do an Internet search for commercial labs that perform food testing.

**What food testing is involved with the testing and documenting of a recipe?**

Any product that is not listed as allowed in the jam, jelly, preserve, fruit butter or baked goods shall be tested and documented by a commercial laboratory, at the expense of the cottage food operation, as being not potentially hazardous, containing a pH equilibrium of less than 4.6.

**Does each product need to be tested and documented?**

Yes, each product that is not listed as allowed shall be tested and documented.

**If a cottage food operation has already had their product tested and documented as being not potentially hazardous, and they want to give their recipe to another cottage food operation, does the recipe have to be approved again?**

No, if documentation is available and no change to the recipe has been made. However, if no documentation is available or changes to the recipe have been made, testing would be required.

**LABELING REQUIREMENTS**

**What information must be included on the label of a cottage food product?**

The basic information that must be on the label is as follows:

- Name and address of the cottage food operation.
- The common or usual name of the food product (All capital letters or upper/lower case are both acceptable).
- The ingredients of the cottage food product, including any colors, artificial flavors, and preservatives, listed in descending order of predominance by weight. If you use a prepared item in your recipe, you must list the sub ingredients as well. For example: soy sauce is not acceptable, soy sauce (wheat, soybeans, salt) would be acceptable, please see the label below for further examples.
- The following statement: "This product was produced in a home kitchen not subject to public health inspection that may also process common food allergens."
- The date the product was processed.
- Allergen labeling as specified in federal labeling requirements.  
<http://www.fda.gov/Food/GuidanceComplianceRegulatoryInformation/GuidanceDocuments/FoodLabelingNutrition/FoodLabelingGuide/default.htm>

Here is an example of a label:

**THIS PRODUCT WAS PRODUCED IN A HOME KITCHEN  
NOT SUBJECT TO PUBLIC HEALTH INSPECTION THAT MAY ALSO PROCESS  
COMMON FOOD ALLERGENS**

**Chocolate Chip Cookie**

Net Wt. 3 oz (85.05 g)

Ingredients: Enriched flour (Wheat flour, niacin, reduced iron, thiamine, mononitrate, riboflavin and folic acid), butter (milk, salt), chocolate chips (sugar, chocolate liquor, cocoa butter, butterfat (milk), Soy lecithin as an emulsifier), walnuts, sugar, eggs, salt, artificial vanilla extract, baking soda

Contains: wheat, eggs, milk, soy, walnuts

Artie Pinkster

123 Foodstuff Lane

Casserole City, IL 60000

Production Date: 10/19/2011

Hand-printed labels are acceptable if they are clearly legible, written with durable, permanent ink, and printed large enough to be easily read.

In addition, at the point of sale a placard must be displayed in a prominent location that states the following: "This product was produced in a home kitchen not subject to public health inspection that may also process common food allergens."

**What does allergen labeling, as specified in federal labeling requirements, mean?**

It means the operator must identify if any of the ingredients are made from one of the following food groups: milk, eggs, fish, crustacean shellfish, tree nuts (such as almonds, pecans or walnuts), wheat, peanuts, and soybeans. So, if there is an ingredient made with a wheat based product, the operator has the following two options:

1. Include the allergen in the ingredient list. For example, a white bread with the following ingredient listing: whole wheat flour, water, salt and yeast. In this example, the statement 'whole wheat flour', meets the requirements of federal law.
2. Include an allergen statement ("Contains:") after the ingredient list. For example a white bread, with the following ingredients: whole wheat flour, water, sodium caseinate, salt and yeast. Contains wheat and milk.

The "Contains" statement must reflect all the allergens found in the product. In this example, the sodium caseinate comes from milk.

**Are there any special requirements for tree nuts labeling for allergens?**

Yes, if the cottage food product has tree nuts as an ingredient you must identify which tree nut you are using. For example, if you made Nut Bread, an acceptable ingredient list would be:

Ingredients: wheat flour, water, almonds, salt, yeast.

The following would not be acceptable:

Ingredients: flour, water, nuts, salt, yeast.

**Does the cottage food operator have to include home address on product labeling or is a post office box sufficient?**

The physical address of the home kitchen must be on the product label, not a post office box. The purpose of including an address on product labels is to be able to locate the business in case of a recall or traceback associated with a foodborne illness complaint or outbreak. The Public Act specifies that the name and address of the business of the cottage food operation shall be included on the label.

**COTTAGE FOOD OPERATION REGISTRATION**

**Does the cottage food operation have to be registered with the local health authority?**

Yes, the cottage food operation shall register with the local health department (LHD) where the cottage food operation resides. Failure to register with the LHD will subject the cottage food operation to regulation by IDPH and/or IDOA.

Out of state cottage food operations are not allowed as the Public Act only applies to businesses where the home kitchen (primary domestic residence) is physically located in Illinois.

If a cottage food operation cannot meet the requirements of the Public Act, they would fall under current regulation by IDPH, IDOA or LHD as a retail food operation.

A sample registration form is included in Attachment B.

**Does the cottage food operator need to be certified as a Food Service Sanitation Manager?**

Yes, the person preparing and selling products as a cottage food operation must have an Illinois Food Service Sanitation Manager Certification, 410 ILCS 4(b)(6). Courses can be found on the IDPH website at the following link: <http://dph.illinois.gov/fssmccourses>

**Can a cottage food operation be required to pay a registration fee?**

Yes. The Public Act permits the LHD to charge a reasonable fee for registration, provided the cottage food operation can meet all the conditions for exemption. However, neither IDPH nor IDOA may charge a fee.

**What information do Local Health Departments need to provide to IDPH?**

Annually, LHD's that have decided to regulate Cottage Food Operations in their jurisdiction shall provide a written statement to IDPH, Division of Food, Drugs and Dairies stating that the LHD is regulating the cottage food operations located within their jurisdiction. The Department will accept the statements via email.

**Recommendation for Local Health Departments:**

It is recommended that a LHD issue a certificate of registration to cottage food operations that register in their jurisdictions.

**OTHER RESOURCES**

FDA – A Food Labeling Guide [www.fda.gov](http://www.fda.gov)

National Center for Home Food Preservation [www.uga.edu/nchfp/](http://www.uga.edu/nchfp/)

The University of Georgia, Cooperative Extension, "Preserving Food: Processing Jams and Jellies". Attachment C.



**Attachment A  
Commercial Laboratories – Food Testing**

This list is not all inclusive and IDPH does not endorse any of the following laboratories.

## 2011

### Food Testing

**Covance Laboratories**  
3301 Kinsman Boulevard  
Madison, WI 53704  
Phone (608) 241-4471  
[www.covance.com/food](http://www.covance.com/food)

**Toxin Technology ##**  
7165 Curtiss Ave.  
Sarasota, FL 34231-8012  
Phone (941) 925-2032  
[www.toxintechnology.com](http://www.toxintechnology.com)

**Q Laboratories Inc.**  
1400 Harrison Ave.  
Cincinnati, OH 45214  
Phone (513) 471-1300  
[www qlaboratories.com](http://www qlaboratories.com)

**Key Laboratory Services**  
2363 E. Federal Dr  
Decatur, IL  
217-875-2691

**Accugen Labs**  
50 W. 75<sup>th</sup> St  
Willowbrook, IL  
630-789-8105

**Food Safety Net Services, LTD**  
199 W. Rhapsody  
San Antonio, TX 78216 # #  
Phone (210) 308-0675  
Grand Prairie Lab  
Phone (972) 602-2078  
Phoenix Lab  
Phone (602) 385-4030  
Green Bay Lab ##  
Phone (920) 465-4165  
[www.foodsafety.net.com](http://www.foodsafety.net.com)

**Exova (FPL)**  
12003 N.E. Ainsworth Circle  
Suite 105  
Portland, Oregon 97220  
Phone (800) 375-9555  
[www.exova.com](http://www.exova.com)

**Metro Diversified Labs**  
10024 W. Roosevelt Rd  
Westchester, IL  
708-865-1400

**Silliker Labs**  
Chicago, IL  
312-938-5151

**ABC Research Corp**  
3437 SW 24<sup>th</sup> Ave.  
Gainesville, FL 32607-4502  
Phone (352) 372-0436  
[www.abcr.com](http://www.abcr.com)

**Deibel Labs**  
103 S. 2<sup>nd</sup> Street  
Madison, WI 53704  
Phone (608)241-1177  
[www.deibellabs.com](http://www.deibellabs.com)

**Deibel Labs (Main Lab)**  
7120 N. Ridgeway Ave.  
Lincolnwood, IL 60712  
Phone (847) 329-9900  
[www.deibellabs.com](http://www.deibellabs.com)

**Attachment B**  
**Sample Cottage Food Registration Form**

**<Local Health Department>**

&lt;Local Health Department address&gt;

&lt;Local Health Department Telephone Number&gt;

**APPLICATION FOR COTTAGE FOOD INDUSTRY REGISTRATION**

Name of Business: \_\_\_\_\_ Phone #: \_\_\_\_\_

Owner Name(s): \_\_\_\_\_

Address where food is being prepared: \_\_\_\_\_

Mailing address if different from above: \_\_\_\_\_

| Food Service Sanitation Manager Certification |                            |
|---|----------------------------|
| NAME  | ID NUMBER (issued by IDPH) |
|   |                            |
|   |                            |

| PRODUCTS (please circle the items you will be making and selling)  |
|--|
| <b>Dry herb, dry herb blend or dry tea blend intended for end-use only:</b><br>_____   |
| <b>Jam/ Jelly/ Preserves/ Fruit Pie:</b><br>apple apricot grape peach plum quince orange nectarine tangerine blackberry<br>raspberry blueberry boysenberry cherry cranberry strawberry red currants<br>combination of the above: _____ |
| <b>Fruit Butter:</b><br>apple apricot grape peach plum quince prune  |
| <b>Breads/ Cookies/ Cakes/ Pastries:</b><br>_____  |

The following product(s) have been tested by a commercial laboratory and deemed "Not Potentially Hazardous" with a pH below 4.6. Attach a copy of laboratory results.

Item: \_\_\_\_\_  
 \_\_\_\_\_

### PRODUCT LABELING

- The name and address of the cottage food operation
- The common or usual name of the food product
- All ingredients including colors, artificial flavors, preservatives, listed in decreasing order of prominence by weight
- Statement **"This product was produced in a home kitchen not subject to public health inspection that may also process common food allergens."**
- The date the product was processed
- Allergen labeling as specified in federal labeling requirements

### Owner's Statements

I, \_\_\_\_\_, agree to grant access to the local health department to conduct an inspection of my cottage food operation's primary domestic residence in the event of a consumer complaint or foodborne illness outbreak.

Signature(s) of

Owners: \_\_\_\_\_  
 \_\_\_\_\_

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

**Attachment C**

**Preserving Food: Processing Jams and Jellies**




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## Preserving Food: Processing Jams and Jellies

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Even though sugar has a preservative action in jams and jellies, molds can still grow and spoil these products. Mold growth causes product to be lost when it occurs. In addition, some research indicates that mold growth on fruit products may not always be as completely harmless as believed in the past. USDA and the Cooperative Extension are endorsing a boiling water canning process for jams and jellies which will make the potential for mold spoilage as small as possible. The cost of ingredients is high enough to make any preventable loss unacceptable.

Paraffin or wax sealing of jars is no longer considered an equally acceptable choice for any sweet spread, including jellies. Any pinholes, shrinkage or cracks in the wax paraffin allow airborne molds to contaminate and grow on the product. In addition, leaks or holes in the paraffin can allow product to seep out during storage. Once on the surface, this seeping product will provide nutrients for molds to grow on the surface and enter into the jam or jelly in the jar.

### **Follow These Steps in Making Jam or Jelly at Home:**

1. Prepare the boiling water canner before starting to cook the jam or jelly. Fill the canner at least half full with clean, warm water. Enough water is needed so that the level will be 1 to 2 inches over the tops of the filled jars once they are added. Center the canner over the burner. The burner and range should be level. If the jars are to be pre-sterilized (see the next step), do not heat the water before adding the empty jars. If the jars will not be pre-sterilized, preheat the water to about 180 degrees F. (simmering) to prepare for processing filled jars. The water should not be boiling when it is time to add the filled jars.
2. Wash Mason canning jars (half-pint or pint size) in hot water with detergent and rinse well by hand, or wash in a dishwasher. If directions call for pre-sterilized jars, sterilize the cleaned jars by boiling them completely submerged in boiling water for 10 minutes. The easiest way is to stand the empty jars upright on a rack in a boiling water canner filled with clean water. There should be enough water to fill the jars and still come to a level 1-2 inches above the tops of the jars. Bring the water to a boil and boil for 10 minutes. (If you are at an altitude of 1000 feet or more, add 1 minute of sterilizing time for each 1000 feet of altitude.) Keep the jars in the hot water until they are ready to be filled. If you do not pre-sterilize jars, keep the washed, rinsed jars hot until they are filled.
3. Prepare the canning jar lids according to the manufacturer's recommendations.

4. Prepare the jam or jelly according to recipe directions. Boil for the recommended time in the recipe and then quickly skim off foam (if needed or desired).
5. Remove pre-sterilized jars from the hot water one at a time, tilting them to quickly empty them into the canner. To make sure they are completely drained, they may be turned upside down on a clean towel on the countertop. Fill either the pre-sterilized or hot, clean jars quickly with the hot jelly or jam mixture, leaving 1/4 inch headspace. Wipe the sealing surface of the jars with a clean paper towel, dampened with hot water, to remove any jelly, jam or sugar crystals. Adjust lids.

Work quickly to insure that the filled jars stay as hot as possible until all are filled and ready to load into the canner for processing. However, remember the jam or jelly mixture is very hot and take precautions not to burn yourself.

6. Load the filled jars, fitted with lids, into the canner one at a time, using a jar lifter. Make sure the jar lifter is securely positioned below the neck of the jar and ring band. Keep the jar upright at all times. Tilting the jar could cause the hot jelly or jam mixture to spill into the sealing area of the lid, which should remain clean and undisturbed. The water in the canner can be close to boiling when the jars are added, if you have made sure the filled product has remained very hot until the canner load is ready.
7. Turn the burner under the canner to its highest heat setting, cover the canner with its lid and heat until the water comes to a full boil. If the jars were pre-sterilized, boil the jam or jelly gently for 5 minutes. If hot, clean jars were used, process the jam or jelly for 10 minutes. (If you are at an altitude of 1000 feet or more, add 1 minute of sterilizing time for each 1000 feet of altitude.) The water level in the canner should be 1 to 2 inches above the tops of the jars. The water in the canner must remain boiling during the entire 5- or 10- minute process time, so keep a tight lid on the canner.
8. When the jars have been processed in boiling water for the recommended time, turn off the heat and remove the canner lid. Wait 5 minutes before removing jars from the canner to allow the boiling and jar contents to settle. This waiting period is not required for safety of the food, however.
9. Remove jars from canner; use a jar lifter and keep jars upright. Carefully place them directly onto a towel or cake cooling rack, leaving at least one inch of space between the jars during cooling. Avoid placing the jars on a cold surface or in a cold draft.
10. Cool jars upright for 12 to 24 hours while vacuum seal is drawn and the jam or jelly sets up. Let the jars sit undisturbed while they cool. When using the standard two-piece metal canning lid system, do *not* tighten ring bands on the lids. Also, do not push down on the center of the flat metal lid until the jar is completely cooled. For other lid systems, follow the manufacturer's directions.
11. Remove ring bands from sealed jars. Put any unsealed jars in the refrigerator and use first.
12. Wash jars and lids to remove all residues. Label and store in a cool, dry place out of direct light.

*Do I have to pre-sterilize the jars?*

If the jars are not pre-sterilized, the process time in the boiling water canner is 10 minutes. (At altitudes of 1000 feet or more, add 1 minute of sterilizing time for each 1000 feet of altitude.) Jars should still be washed in hot water with detergent and rinsed well by hand, or washed in a dishwasher, and kept warm until they are ready to be filled.

Pre-sterilization of jars (and thus the five minute process time) is preferred when the fruits may not be naturally high in pectin, since the longer process time in the canner without pre-sterilized jars may weaken these gels.

*Are there other methods of sealing jars?*

Some other methods of sealing jars call for inverting a closed, filled jar of hot product for anywhere from thirty seconds to one hour. (Inverting is turning the filled jar upside down on its lid.) While this inversion process can be successful in producing a sealed jar, it works best with very hot product. Individual variation in practicing this procedure or unexpected interruptions can result in delays between filling jars, getting lids screwed on, and inverting the jars. If the product cools down too much, the temperature of the product can become low enough to no longer be effective in sealing jars or preventing spoilage.

When the inversion process does work, the vacuum seals of filled jars still tend to be weaker than those produced by a short boiling water canning process. A larger amount of retained oxygen in the headspace may allow some mold growth if airborne molds contaminated the surface of the product as the jar was filled and closed. More complete removal of oxygen from the headspace also offers some longer protection from undesirable color and flavor changes with some types of fruit products. A weak seal may be more likely to fail during storage.

The canning process is therefore a more foolproof method of making jams and jellies that will not spoil. In addition, although no cases of burning have been reported in the news media, experience has shown that some people will experience leaking of the hot product from the jar when it is turned over if the lid wasn't put on just right. If hot enough, someone could get burned. Even if it doesn't cause burns, leaking means product is lost.

*Should I worry about mold?*

But is there a safety hazard in some molding of a jam or jelly? The best answer is that there is a *potential* risk. However, we want to make a recommendation that minimizes all potential problems and hazards. Some molds growing on fruit products made at home have been shown to produce "mycotoxins", or mold poisons. The danger to humans from consuming mycotoxins, as well as the actual expected incidence of mycotoxins from moldy jars of jams, are issues with no easy answers. But, animal studies indicate there is the potential for poisonous effects of some mycotoxins in humans. Patulin is one mycotoxin detected in a few tested jars of homemade apple jam and juice. Patulin has been shown to be carcinogenic in animals, but its role in causing human disease is not all that clear. It is also difficult to assess the actual health risk from consuming moldy jam or jelly because not all molds produce mycotoxins, and molds which do produce them vary in consistency of production when conditions change some.



Nevertheless, the USDA advice for handling moldy jars of jam or jelly is to discard the contents of the whole jar. (See "Molds on Food: Are They Dangerous," USDA-FSIS, retrieved June 6, 2011 from [http://www.fsis.usda.gov/Fact\\_Sheets/Molds\\_On\\_Food/index.asp](http://www.fsis.usda.gov/Fact_Sheets/Molds_On_Food/index.asp) and [http://www.fsis.usda.gov/PDF/Molds\\_on\\_Food.pdf](http://www.fsis.usda.gov/PDF/Molds_on_Food.pdf).)

### Summary

Because we are interested in recommending jam and jelly making procedures that offer the highest quality, the least health and safety risks, and the lowest chance of losing product, all Extension recommendations for jams and jellies include a boiling water canning process for room temperature storage of sealed jars. Standard canning jars used with self-sealing flat metal lids and ring bands, pre-sterilization of clean canning jars, hot filling of product into the jars, and processing for 5 minutes in a boiling water canner are recommended for highest quality and to prevent mold growth.

###



Elizabeth L. Andress, Ph.D., Professor and Extension Food Safety Specialist

The University of Georgia and Ft. Valley State University, the U.S. Department of Agriculture and counties of the state cooperating. The University of Georgia Cooperative Extension and the Colleges of Agricultural and Environmental Sciences & Family and Consumer Sciences offer educational programs, assistance and materials to all people without regard to race, color, national origin, age, sex or disability.

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FDNS-E-37-1

Revised June 2011

**Conference for Food Protection  
2010 Issue Form**

**Issue: 2010 II-005**

|                                |                       |                                     |                     |                          |           |                          |
|--------------------------------|-----------------------|-------------------------------------|---------------------|--------------------------|-----------|--------------------------|
| <b>Council Recommendation:</b> | Accepted as Submitted | <input checked="" type="checkbox"/> | Accepted as Amended | <input type="checkbox"/> | No Action | <input type="checkbox"/> |
| <b>Delegate Action:</b>        | Accepted              | <input checked="" type="checkbox"/> | Rejected            | <input type="checkbox"/> |           |                          |

*All information above the line is for conference use only.*

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**Title: Re-create – Inspection Form Scoring Committee**

**Recommended Solution:**

The Conference recommends re-creating the Inspection Form Scoring Committee during 2010-2012 to:

1. Continue working with academic researchers to:
  - investigate and determine the most effective Foodservice Establishment scoring system, based on the current identified risk factors and interventions identified in the FDA Food Code, and for use with the current FDA Food Establishment Inspection Form; including the possible development of a scoring system for the FDA Model Food Establishment Inspection Report Form.
  - determine the most effective way to communicate the Food Establishment Inspection scores to the public so they have access to information in advance of choosing where to dine or where to purchase food items; including the possible development of a method to post inspection scores so that the public has access to the information in advance of choosing where to dine and purchase food items.
  - identify funding sources to conduct research and provide a letter of support for funding already identified.
2. Report the committee's findings back to the Conference for Food Protection at the 2012 Biennial Meeting.

*It is the policy of the Conference for Food Protection to not accept Issues that would endorse a brand name or a commercial proprietary process.*

**Conference for Food Protection  
2010 Issue Form**

**Issue: 2010 I-004**

|                         |             |               |             |               |                        |
|-------------------------|-------------|---------------|-------------|---------------|------------------------|
| <b>Council</b>          | Accepted as |               | Accepted as |               |                        |
| <b>Recommendation:</b>  | Submitted   | <u>      </u> | Amended     | <u>      </u> | No Action <u>  X  </u> |
| <b>Delegate Action:</b> | Accepted    | <u>  x  </u>  | Rejected    | <u>      </u> |                        |

*All information above the line is for conference use only.*

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**Title: Inclusion of Inspection Result Posting in the Model Food Code**

**Recommended Solution:**

The Conference recommends no action.

**Reason:**

Existing Committee is still actively working on most effective methods for posting.

*It is the policy of the Conference for Food Protection to not accept Issues that would endorse a brand name or a commercial proprietary process.*

## Conference for Food Protection Executive Board Meeting Committee Report

This report must be submitted to your Council Chair for review so that it can be approved and submitted to the Executive Board via the Executive Director 30 days before each Executive Board Meeting (held in April and August of each year). The report must be accompanied by an updated committee roster on the Excel spreadsheet provided (Committee Members Template) located here: <http://www.foodprotect.org/work/>.

### COMMITTEE NAME:

Inspections Form Scoring Committee has been formed as outlined in the Conference for Food Protection (CFP) approved issue 2008 II-041.

### COUNCIL II

DATE OF REPORT 07-19-2011

### SUBMITTED BY:

Chair – Bill Flynn

### COMMITTEE CHARGE(s):

The CFP recommends the creation of a Scoring Ad-Hoc Committee charged with the following:

- Conduct research to:
  - Determine the most common **Foodservice Establishment** scoring systems.
- Conduct academic research to:
  - Determine the most effective **Foodservice Establishment** scoring systems.
  - Determine the most effective way to communicate the scores to the public.
- Report the committee's findings back to the conference at the Biennial meeting.

### PROGRESS REPORT:

In 2010 our original researcher from Loma Linda University withdrew their committed resources due to a downturn in the economy. Subsequent interviews with potential researchers from University of Minnesota School of Public Health, Kansas State University, and North Carolina State University determined that the committee charge was broad enough that it would be advantageous for multiple researchers to work together.

The original goal of developing a grant application for the National Institute of Food and Agriculture (NIFA) Integrated Research, Education, and Extension Competitive Grants Program – National Integrated Food Safety Initiative was abandoned due to researcher turnover in 2011. Instead of the grant the committee sourced volunteer research from Dr. Barbara Almanza from Purdue, Dr. Margaret Binkley from Ohio State University, and private industry consultants. The outcomes have been promising.

**I. Scoring Committee Working Assumptions:** Scoring can have a positive impact on public health by reducing the risk factors associated with foodborne disease if:

- The committee can raise approximately \$75,000 in resources to modify a web-based database.
- The health jurisdictions program includes inspector and industry training.
- The scoring system is easy for the health inspector, the public and regulated industry to understand.
- The inspector's performance is standardized on an ongoing basis.
- The jurisdiction is using a risk based food code that required effective control of CDC risk factors.
- The health department regularly evaluates their inspection program results using a consistent and effective methodology.
- The public receives the health inspection report scores in a way that allows them to make an informed decision about where they would like to eat.
- Restaurants, grocery stores, institutional kitchens, etc. need to be evaluated differently.

**II. Information Gatherers Objectives:**

- Collect inspection reports of jurisdictions that score inspection reports from random health jurisdictions using public disclosure systems or freedom of information act.
- Organize a list of conveniently accessed health jurisdiction reports.
- Organize health department scoring systems based on the size of a jurisdiction.
- Source a web-based database to house health inspection data and scoring normalization.

**III. Practitioners Objectives:**

- Utilizing actual health jurisdiction forms, conduct standardized inspections using the five most common health jurisdiction scoring formats.
- Using the latest version of CFP inspection report form, conduct standardized inspections using a normalized scoring technique based on percent of 100.

**IV. Researcher Objectives:**

- Conduct literature review/ research to identify communication techniques that consumers, regulators, and the industry can mutually understand.
- Develop consumer and industry survey instruments and work with CSPI and NRA on conducting surveys to targeted populations.
- Analyze the results of the survey instrument and write a research paper with findings, recommendations, and conclusions.

#### V. Scoring Committee Accomplishments:

- A web-based database has been created to gather, report, and analyze the committee's information. The cost was absorbed through private donations, fundraisers, and volunteer programmers from graduate students.
- 75 unique health jurisdiction forms have been gathered for analysis.
- A list of conveniently accessed health jurisdiction reports has been organized on the database.
- The list of health department scoring systems organized by the size of a jurisdiction is 75% complete.
- The database has been program to normalize scores on percent of 100 as test. Once researchers determine the most successful method of reporting scores, that system will be utilized to normalize health jurisdiction scores.
- Approximately 100 standardized inspections have been completed comparing the scoring results of 5 different health jurisdiction inspections forms.

#### VI. Scoring Committee Challenges:

- Creating and programming the database consumed many hours and most of the committee resources.
- Information gathering, in a non-web based environment, allowed for inefficiencies when gathering the results from random locations across the country.
- Gathering the information while maintaining anonymity for the subject restaurants, could compromise the ability to report results.

#### COMMITTEE ACTIVITIES AND DATES:

|            |                                  |
|------------|----------------------------------|
| 8/26/2010  | Co-Chair meeting                 |
| 10/1/2010  | Committee survey distributed     |
| 10/26/2010 | Committee survey completed       |
| 11/10/2010 | Sub-committee (x3) assignment    |
| 11/29/2010 | Co-Chair meeting                 |
| 12/16/2010 | Committee conference call        |
| 1/5/2011   | Sub-committee #1 conference call |
| 1/12/2011  | Sub-committee #2 conference call |
| 2/15/2011  | Sub-committee #1 conference call |
| 2/12/2011  | Sub-committee #2 conference call |
| 3/8/2011   | Sub-committee #1 conference call |
| 3/15/2011  | Sub-committee #2 conference call |
| 4/14/2011  | Sub-committee #1 conference call |
| 4/21/2011  | Sub-committee #2 conference call |
| 5/24/2011  | Committee conference call        |

**Committee: Inspection Form Scoring**

| Last Name        | First Name | Position (Chair/Member) | Constituency                  | Employer  | City          | State | Telephone      | Email                           |
|------------------|------------|-------------------------|-------------------------------|---|---------------|-------|----------------|---------------------------------|
| Akin             | Richard    | Member                  | Regulatory - State            | Florida Division of Hotels and Restaurants          | Tallahassee   | FL    | (850) 488-1133 | rick.akin@dbpr.state.fl.us      |
| Baroudi          | Al         | Member                  | Industry - Retail Food Stores | The Cheesecake Factory                              | Calabassas    | CA    |                |                                 |
| Carotenuto       | Tony       | Member                  | Regulatory - Federal          | Navy and Marine Corps Public Health Center          | Portsmouth    | VA    | (757) 953-0712 | anthony.carotenuto@med.navy.mil |
| Catlin           | Charles    | Member                  | Industry - Food Service       | P.F. Chang's China Bistro Inc.                      | Scottsdale    | AZ    | (480) 888-3166 | chuck.catlin@pfc.com            |
| Harris           | Andrew     | Member                  | Regulatory - Local            | Summit County Health District                       | Stow          | OH    | (330) 926-5641 | aharris@schd.org                |
| Kohl             | Larry      | Member                  | Other - Association           | Food Marketing Institute                            | Arlington     | VA    | (202) 220-0659 | lkohl@fmi.org                   |
| Luebkekmann      | Geoff      | Member                  | Industry - Food Service       | Florida Restaurant and Lodging Associaton           | Tallahassee   | FL    | (850) 879-2581 | geoff@fria.org                  |
| Martin           | Dave       | Member                  | Regulatory - State            | Oregon Public Health Division                       | Portland      | OR    | (971) 673-0457 | david.c.martin@state.or.us      |
| Tryba            | Casimir M. | Member                  | Industry - Retail Food Stores | Big Y Foods, Inc.                                   | Springfield   | MA    | (413) 504-4450 | tryba@bigy.com                  |
| Tufto            | Brad       | Consultant              | Regulatory - Federal          | FDA   | Spokane       | WA    | 509-353-2554   | brad.tufto@fda.hhs.gov          |
| Yamnik           | Dale       | Member                  | Industry - Retail Food Stores | YUM Brands  | Castle Rock   | CO    | (720) 253-5538 | Dale.Yamnik@yum.com             |
| Informed Members |            |                         |                               |   |               |       |                |                                 |
| Berrazzani       | Diane      | Informed Member         | Regulatory - State            | Massachusetts Dept of Public Health/Food Protection | Jamaica Plain | MA    | (617) 983-6765 | diane.berrazzani@state.ma.us    |
| Bhatt            | Chirag H.  | Informed Member         | Other - Software Technology   | Garrison Enterprises, Inc.                          | Houston       | TX    | (832) 286-1839 | cbhatt@garrisonenterprises.net  |

|        |           |                 |                         |                               |                 |                   |                               |
|--------|-----------|-----------------|-------------------------|-------------------------------|-----------------|-------------------|-------------------------------|
| Grover | Steven F. | Informed Member | Industry - Food Service | The Steak 'n Shake<br>Company | Indianapolis IN | (317) 656<br>4580 | Steven.Grover@steaknshake.com |
|--------|-----------|-----------------|-------------------------|-------------------------------|-----------------|-------------------|-------------------------------|



### Information Gatherers

|           |       |                      |                               |                                      |            |    |                |                                       |
|-----------|-------|----------------------|-------------------------------|--------------------------------------|------------|----|----------------|---------------------------------------|
| Hardister | Bill  | Member               | Regulatory - Local            | Mecklenburg County Health Department | Charlotte  | NC | (704) 336-5333 | billhardister@mecklenburgcountynv.gov |
| Nesel     | Nancy | Member               | Industry - Retail Food Stores | The Cheesecake Factory               | Calabassas | CA | (818) 871-5884 | anesel@thecheesecakefactory.com       |
| Sherratt  | Grant | Member               | Other - Software Technology   | Stetson Technology                   | St. George | UT | (435) 666-3655 | grant.sherratt@stetson.com            |
| Verdne    | Sue   | Member - Team Leader | Industry - Food Service       | Jack in the Box Inc.                 | San Diego  | CA | (858) 574-2171 | Sue.verdne@jackinthebox.com           |

### Academia/Researchers

|         |          |                           |                             |                           |                |    |                |                        |
|---------|----------|---------------------------|-----------------------------|---------------------------|----------------|----|----------------|------------------------|
| Anzaba  | Barbara  | Chair - Team Leader       | Academia                    | Rhode University          | West Lafayette | IN |                | anzaba@rhode.edu       |
| Emkley  | Margaret | Co-Chair - Co-Team Leader | Academia                    | The Ohio State University | Columbus       | OH | (614) 292-4529 | emkley62@osu.edu       |
| Novak   | Neal J.  | Co-Chair                  | Other - Software Services   | WinWarm Software          | Mount Laurel   | NJ | (856) 988-6988 | nealnov@winwarm.com    |
| Kennedy | Terrence | Member                    | Industry - Food Service     | Starbucks Coffee Company  | Manchester     | MA | (617) 781-2884 | tkennedy@starbucks.com |
| Taylor  | Todd     | Member                    | Other - Sanitation Services | Ecobat                    | Greensboro     | NC | (919) 844-4849 | toddtaylor@ecobat.com  |

### Practitioner

|          |         |          |                               |  |              |    |                |                                 |
|----------|---------|----------|-------------------------------|--|--------------|----|----------------|---------------------------------|
| Flynn    | William | Co-Chair | Other - Sanitation Services   | Everclean Services                         | Agoura Hills | CA | (877) 532-5326 | wflynn@evercleanservices.com    |
| Frias    | Liza    | Member   | Industry - Retail Food Stores | Supervalu                                  | Fullerton    | CA | (714) 300-6813 | liza.frias@supervalu.com        |
| Klein    | Carl    | Member   | Industry - Retail Food Stores | Garden Fresh                               | San Diego    | CA |                | cklein@gardenfreshcorp.com      |
| Worzalla | Diann   | Member   | Regulatory - State            | Florida Division of Hotels and Restaurants | Tallahassee  | FL | (850) 488-1133 | diann.worzalla@dbpr.state.fl.us |

### Member of All 4 Teams

|         |       |                        |                      |     |           |    |              |                           |
|---------|-------|------------------------|----------------------|-----|-----------|----|--------------|---------------------------|
| Wanucha | Donna | Consultant - Alternate | Regulatory - Federal | FDA | Charlotte | NC | 704-344-6116 | donna.wanucha@fda.hhs.gov |
|---------|-------|------------------------|----------------------|-----|-----------|----|--------------|---------------------------|