

***BOARD OF HEALTH MEETING***  
***TUESDAY, JULY 25, 2023***  
***6:00 P.M.***

# ***VITAL STATISTICS REPORT***

**Vital Statistics 2023**

	<i>January</i>	<i>February</i>	<i>March</i>	<i>April</i>	<i>May</i>	<i>June</i>	<i>July</i>	<i>August</i>	<i>September</i>	<i>October</i>	<i>November</i>	<i>December</i>	<i>Total</i>
Marriage Applications Processed	8	9	16	13	13	22							
Marriages that occurred in Ewing	10	9	13	11	10	14							
Notification of Marriages to other municipalities	2	4	4	9	5	8							
Certified Copies of Marriage certs issued in person/mail	35	14	28	19	30	28							
Births walk in or mail	1	0	1	1	0	2							
Deaths/Residents within Ewing boundaries	10	14	16	9	7	8							
Walkin Fetal Death Certs. issued	0	0	0	0	0	0							
EDRS Copies Processed/Issued	12	1	1	2	4	4							
EDRS Case Related Activities reported to State	112	96	98	92	97	71							
Walkin Death Certs. issued	12	21	0	0	0	1							
List of cases filed by funeral director	46	44	41	38	45	29							
Log of voided copies reported to the state	9	4	13	5	8	5							
State registrar meeting/Webinar	0	10	13	6	0	0							
Certs/Corrections Mailed to state	0	1	3	2	0	1							
Marriage License Quarterly Fees Mailed to State	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00							
Quarterly Fees Retained by township	fees waived	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00							

# ***ENVIRONMENTAL REPORT***

	<i>January</i>	<i>February</i>	<i>March</i>	<i>April</i>	<i>May</i>	<i>June</i>	<i>July</i>	<i>August</i>	<i>September</i>	<i>October</i>	<i>November</i>	<i>December</i>	<i>Total</i>
Risk- Assessment of Home	1	0	0	1	5	5							

*January February March April May June July August September October November December Total*

**BODY ART,  
TATTOO, AND  
PERMANENT  
COSMETICS  
SAFETY**

Number of licensed body art establishments operating	2	2	2	2	2	2						
Number of pre-operational inspections of body art facilities conducted	0	0	0	0	0	0						
Number of routine inspections of licensed body art facilities that were conducted	0	1	0	0	0	0						
Number of routine re-inspections of licensed body art facilities that were conducted	0	0	0	0	0	0						
Number of non-routine emergency & complaint-related inspections of body art facilities that were conducted	0	0	0	0	0	0						
Number of unlicensed body art operations that were identified	0	0	0	0	0	0						

Number of body art  
related infections/injuries  
reported

0 0 0 0 0 0

Number of Body Art  
Plan Reviews done

0 0 0 0 0 0

INQUIRIES, ISSUES,  
AND COMPLAINT -  
INVESTIGATIONS

January February March April May June July August September October November December Total

Number of contacts (inquiries,  
issues, and/or complaints)  
received by and/or reported

3 1 2 5 13 15

Number of unduplicated cases  
(stemming from complaints and/or  
issues reported to the LHD)  
investigated

3 1 1 5 13 15

Number of cases (stemming from  
complaints and/or issues reporting  
to the LHD) in this service area in  
this reporting year for which the  
LHD had to take one or more  
enforcement actions

0 0 0 1 3 3



**KENNELS, PET  
SHOPS, AND  
SHELTER/POUND  
FACILITIES  
LICENSED  
FACILITIES**

January February March April May June July August September October November December Total

Number of licensed pet shop facilities operating	0	0	0	0	0	0						
Number of licensed kennel facilities operating	0	0	0	0	0	0						
Number of licensed shelters/pound facilities operating	1	1	1	1	1	1						

**INSPECTIONS**

**Number of pre-operational inspections conducted at:**

- pet shop	0	0	0	0	0	0						
- kennel	0	0	0	0	0	0						
- shelter/pound	0	0	0	0	0	0						

**Number of routine inspections conducted at:**

- pet shop	0	0	0	0	0	0						
- kennel	0	0	0	0	0	0						
- shelter/pound	0	0	0	0	0	0						

**Number of routine re-inspections conducted at:**

- pet shop	0	0	0	0	0	0						
- kennel	0	0	0	0	0	0						

- shelter/pound	0	0	0	0	0	0
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**Number of non-routine emergency & complaint-related inspections conducted at:**

- pet shop	0	0	0	0	0	0
- kennel	0	0	0	0	0	0
- shelter/pound	0	0	0	0	0	0

ONSITE  
WASTEWATER  
DISPOSAL SYSTEM  
SAFETY

January February March April May June July August September October November December Total

Number of system construction permits issued that provide final authorization to proceed with:

- new system installation	0	0	0	0	0	0	0
- existing system repair	0	0	0	0	0	0	0
- existing system alteration (without expansion)	0	0	0	0	0	0	0
- existing system alteration (with expansion)	0	0	0	0	0	0	0
Number of system construction permits issued for installation, repair, or alteration of advanced wastewater pretreatment systems	0	0	0	0	0	0	0
Number of system construction permits issued for installation, repair, or alteration of commercial facility systems	0	0	0	0	0	0	0
Number of systems in this municipality	3	3	3	3	3	3	3
Number of unduplicated noncompliant systems identified	0	0	0	0	0	0	0
Number of realty transfer system inspection reports reviewed	0	0	0	0	0	0	0
Number of systems identified as noncompliant realty transfer system inspection	0	0	0	0	0	0	0
Number of system investigations conducted	0	0	1	0	1	0	0
Number of system-related summonses to appear in court that were issued	0	0	1	0	0	0	0
Number of OLD septic system emptying, crushing & filling in processes observed...have been out of service for quite some time...property hooked to public seweres for quite some time	0	0	0	0	1	0	0

**POTABLE  
WELLS AND  
DRINKING  
WATER  
SAFETY**

*January February March April May June July August September October November December Total*

Number of potable well inspections conducted	0	0	0	0	2	2						
Number of unduplicated potable wells inspected	0	0	0	0	2	2						
Number of potable well certificates of compliance issued	1	1	1	2	3	3						
Number of potable well investigations conducted	0	0	0	0	0	0						
Number of potable well investigations where the LHD determined the well water to be hazardous to human health	0	0	0	0	0	0						
Number of public water system complaints received	0	0	0	0	0	0						
Number of public water systems sealed by a professional well driller	1	1	0	0	1	2						

Number of Irrigation  
Wells Dug            0        0        0        0        0        0

Number of Geo-  
Thermal Wells  
(closed loop) dug  
for heating/ice  
conditioning        0        0        0        0        0        0

- other (e.g., retail food establishments that conduct ONLY specialized processes)	0	0	4	1	1	0
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**RE-INSPECTIONS**

**Number of routine re-inspections conducted for each of the following types of retail food establishment:**

- permanent fixed Risk Level 1	0	2	3	2	0	0
- permanent fixed Risk Level 2	2	7	2	5	2	3
- permanent fixed Risk Level 3	5	5	6	8	3	5
- mobile	0	0	0	0	0	0
- temporary	0	0	0	0	0	0
- other (e.g., retail food establishments that conduct ONLY specialized processes)	0	0	2	1	0	0

INVESTIGATIONS /  
INSPECTIONS /  
ENFORCEMENT

Number of non-routine emergency & complaint-related investigations/inspections of retail food establishments	1	1	1	3	4	6
- non-routine investigations	0	0	0	2	2	4
- non-routine inspections	1	1	1	1	2	2
Number of retail food establishments had to take one or more enforcement actions	0	1	0	0	0	2
Number of Hearings w/ Health Officer that needed to be held due to non-compliance/repeat violations	0	0	0	0	0	0

**TANNING**  
**FACILITY**  
**SAFETY**

*January February March April May June July August September October November December Total*

Number of unregistered tanning facilities identified	0	0	0	0	0	0						
Number of pre-operational inspections of tanning facilities conducted	0	0	0	0	0	0						
Number of routine inspections of tanning facilities conducted	0	1	0	2	1	0						
Number of routine re-inspections of tanning facilities conducted	0	1	0	1	2	0						
Number of non-routine emergency & complaint-related inspections of tanning facilities conducted	0	0	0	0	0	0						
Number of tanning facilities in this service area in this reporting year against which the LHD had to take one or more enforcement actions	0	0	0	0	0	0						



January February March April May June July August September October November December Total

**RECREATIONAL  
BATHING FACILITIES**

**Number of licensed public  
recreational bathing  
facilities**

- year-round facilities	4	4	4	4	5	5
- seasonal facilities	13	13	13	13	13	14

**Number of public  
recreational bathing  
features of each type**

- swimming/wading pool	17	17	17	17	17	18
- hot tub/spa	1	1	1	1	1	1
- spray park	2	2	2	2	2	2
- aquatic recreation facility	0	0	0	0	0	0
- bathing beach - bay/ocean	0	0	0	0	0	0
- bathing beach - river	0	0	0	0	0	0
- bathing beach - lake	0	0	0	0	0	0

**PRE-OPERATIONAL  
INSPECTIONS**

**Number of pre-operational  
inspections of public  
recreational bathing  
facilities conducted**

- year-round facilities	0	0	0	0	0	0
- seasonal facilities	0	0	0	0	10	4

## ROUTINE INSPECTIONS

### Number of routine inspections of public recreational bathing facilities conducted

- year-round facilities	1	1	2	1	1	2
- seasonal facilities	0	0	0	0	0	1

## ROUTINE RE-INSPECTIONS

### Number of routine re-inspections of public recreational bathing facilities conducted

- year-round facilities	0	1	0	1	0	3
- seasonal facilities	0	0	0	0	0	0

## NON-ROUTINE INSPECTIONS

### Number of non-routine emergency and complaint-related inspections of public recreational bathing facilities conducted

- year-round facilities	0	0	0	0	0	2
- seasonal facilities	0	0	0	0	0	0

## CLOSED FEATURES/FACILITIES

Number of public recreational bathing features closed

- swimming/wading pool	1	0	1	0	1	1
- hot tub/spa	0	1	1	0	0	1
- spray park	0	0	0	0	0	0
- aquatic recreation facility	0	0	0	0	0	0
- bathing beach - bay/ocean	0	0	0	0	0	0
- bathing beach - river	0	0	0	0	0	0
- bathing beach - lake	0	0	0	0	0	0

OTHER ACTIVITY

Number of CCMP sites	0	0	0	0	0	0
Number of sanitary surveys conducted	0	0	0	0	0	0
- bathing beach - bay/ocean	0	0	0	0	0	0
- bathing beach - river	0	0	0	0	0	0
- bathing beach - lake	0	0	0	0	0	0
Pool Plan Review (New)	0	0	0	0	1	0

**YOUTH  
CAMPS**

*January February March April May June July August September October November December Total*

Number of pre-operational inspections of youth camp facilities conducted

0 0 0 0 0 0 8

Number of routine inspections of summer youth camp facilities conducted

0 0 0 0 0 0 8

Number of routine re-inspections of youth camp facilities conducted

0 0 0 0 0 0 0

Number of non-routine emergency and complaint-related inspections of youth camp facilities conducted

0 0 0 0 0 0 0

Number of youth camp facilities in this service area in this reporting year on which the LHD had to take one or more enforcement actions

0 0 0 0 0 0 0

# ***NURSING REPORT***

Individualized Clinical Services	January	February	March	April	May	June	July	August	September	October	November	December	Total
Number of <b>clinic-based</b> medical visits	26	9	8	4	24	16	20						
Number of <b>unduplicated</b> individuals who received clinic-based medical services	26	5	8	0	22	14	20						
Number of <b>home-based</b> nursing visits	25	25	2	0	0	0	0						
Number of <b>unduplicated</b> individuals who received home nursing services	4	7	2	0	0	0	0						
Number of <b>clinic-based</b> medical visits and <b>home-based</b> nursing visits that <b>resulted in a referral</b>	2	2	4	0	0	0	0						
Number of other client contacts that resulted in <b>referral</b>	5	7	5	8	5	4	2						
Number of <b>immunizations administered</b> to children age 0-4	18	3	9	10	0	9	1						
Number of children age 0-4	8	3	3	2	0	2	1						
Number of school-age 5-18 <b>immunizations administered</b>	5	14	8	7	6	40	12						
Number of school-age children	5	5	3	3	2	5	2						
Number of adult (18-64) <b>immunizations administered</b>	6	3	1	1	3	1	0						
Number of adults (18-64)	6	3	1	1	3	1	0						
Number of older adults (65+) <b>immunizations administered</b>	7	7	1	1	14	7	0						
Number of older adults (65+)	7	7	1	1	14	7	0						
<b>Number of unduplicated individuals screened for</b>													
childhood blood lead	13	8	6	5	2	7	0						
Hepatitis B	0	0	0	0	0	0	0						
STD / STI (other than HIV/AIDS)	1	1	4	3	3	2							
HIV/AIDS	1	1	4	2	3	2							
breast cancer	0	0	0	0	0	0	0						
cervical cancer	0	0	0	0	0	0	0						
colorectal cancer	0	0	0	0	0	0	0						
all other cancers	0	0	0	0	0	0	0						
cardiovascular disease	6	14	6	10	28	26	43						
hypertension	6	14	6	10	103	24	43						
diabetes	0	0	0	2	0	0	0						
tuberculosis	0	8	0	6	9	1	22						
vision	0	0	0	0	0	0	0						
hearing	0	0	0	0	0	0	0						
all other screenings	0	0	0	0	0	0	0						
<b>Number of screening tests conducted for</b>													
childhood blood lead	0	0	0	0	0	0	0						
hepatitis B	0	0	0	0	0	0	0						
STD / STI (other than HIV/AIDS)	1	1	4	3	3	2							
HIV/AIDS	0	1	4	2	2	2							
breast cancer	0	0	0	0	0	0	0						
cervical cancer	0	0	0	0	0	0	0						
colorectal cancer	0	0	0	0	2	0	0						
all other cancers	0	0	0	0	2	0	0						
cardiovascular disease	6	14	6	10	42	12	23						
hypertension	6	14	6	10	42	12	23						
diabetes	0	0	1	6	0	0	0						
tuberculosis	0	2	1	0	7	1	22						
vision	0	0	0	0	0	0	0						
hearing	0	0	0	0	0	0	0						
Hemoglobin & other screenings	0	0	0	0	0	0	0						







# ***ANIMAL CONTROL REPORT***



Public health complaints	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Agricultural animal complaints	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Summons issued	1	0	0	0	1	0	0	0	0	0	0	0	0	0
Animals placed under Quarantine	2	2	1	5	5							0		0
Assist Veterinarian	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Police other Department assistance	0	0	0	0	2	0	0	0	0	0	0	0	0	0
<b>Monthly Totals</b>					136	0	0							

