



# City of Appleton

100 North Appleton Street  
Appleton, WI 54911-4799  
www.appleton.org

## Meeting Agenda - Final Board of Health

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Wednesday, March 11, 2020

7:00 AM

Council Chambers, 6th Floor

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1. Call meeting to order
2. Roll call of membership
3. Approval of minutes from previous meeting

[20-0341](#) February BOH Minutes

**Attachments:** [Feb 2020.pdf](#)

#### 4. Public Hearings/Apearances

#### 5. Action Items

[19-1184](#) Resolution #10-R-19 Beekeeping Permit Process Change

**Attachments:** [#10-R-19 Beekeeping Permit Process Changes.pdf](#)  
[Current - Residential Bee Keeping Permit Requirements.pdf](#)  
[Proposed - Residential Apiary Permit Requirements .pdf](#)  
[Current - Residential Apiary Permit Application .pdf](#)  
[Proposed - Residential Apiary Permit Application .pdf](#)

**Legislative History**

8/14/19	Board of Health	presented
11/13/19	Board of Health	held
1/8/20	Board of Health	held
2/12/20	Board of Health	held

[19-1454](#) Request to Clarify Bee Keeping Appeal Process

**Attachments:** [Beekeeping Permit Appeal Process Memo -updated 10.2.19.pdf](#)  
[Commerical Bee Keeping Permit Requirements.pdf](#)  
[Residential Bee Keeping Permit Requirements.pdf](#)

**Legislative History**

11/13/19	Board of Health	held
1/8/20	Board of Health	held
2/12/20	Board of Health	held

**6. Information Items**

[20-0340](#) COVID-19 Update

[20-0173](#) Environmental, Weight's & Measures 2019 Survey Results

**Attachments:** [Env. W&M 2019 Survey Results.pdf](#)

**Legislative History**

2/12/20 Board of Health held

[20-0179](#) Fourth Quarter 2019 Report

**Attachments:** [Fourth Quarter 2019 Report.pdf](#)  
[Fourth Quarter 2019 Executive Summary .pdf](#)

**Legislative History**

2/12/20 Board of Health held

[20-0180](#) Fourth Quarter 2019 Budget Performance Review

**Attachments:** [Department Budget Review Fourth Quarter 2019.pdf](#)  
[Summary Budget Review Fourth Quarter 2019.pdf](#)

**Legislative History**

2/12/20 Board of Health held

[20-0338](#) January Monthly Report

**Attachments:** [January 2020.pdf](#)

[20-0170](#) Noise Variance Approvals

**Attachments:** [Noise Variance Requests 021220.pdf](#)  
[Noise Variance Requests 031120.pdf](#)

**Legislative History**

2/12/20 Board of Health held

[20-0339](#) Update Chicken Lincseses

**7. Adjournment**

*Notice is hereby given that a quorum of the Common Council may be present during this meeting, although no Council action will be taken.*

*Reasonable Accommodations for Persons with Disabilities will be made upon Request and if Feasible.*





# City of Appleton

100 North Appleton Street  
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## Meeting Minutes - Final Board of Health

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Wednesday, February 12, 2020

7:00 AM

Council Chambers, 6th Floor

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1. Call meeting to order

2. Roll call of membership

**Present:** 5 - Spears, Nelson, Mielke, Hanna and Fenton

**Excused:** 1 - Vogel

3. Approval of minutes from previous meeting

[20-0171](#)

January BOH Minutes

**Attachments:** [Jan 2020.pdf](#)

**Mielke moved, seconded by Spears, that the minutes be approved. Motion carried by the following vote:**

**Aye:** 5 - Spears, Nelson, Mielke, Hanna and Fenton

**Excused:** 1 - Vogel

4. **Public Hearings/Appealances**

5. **Action Items**

[20-0172](#)

Noise Variance Request - Unit - O-20 Sanitary Sewer CIPP Liner

**Attachments:** [2020-01-24 Noise Variance.pdf](#)

**Spears moved, seconded by Hanna, that the Noise Variance Request be recommended for approval. Motion carried by the following vote:**

**Aye:** 5 - Spears, Nelson, Mielke, Hanna and Fenton

**Excused:** 1 - Vogel

[19-1828](#)

Noise Variance Request - Fox River House 2020

**Attachments:** [Noise Variance Request - Fox River House 2020.pdf](#)  
[Fox River House - Bill Siebers.pdf](#)

**Hanna moved, seconded by Spears, that the Noise Variance Request be recommended for approval. Motion carried by the following vote:**

**Aye:** 5 - Spears, Nelson, Mielke, Hanna and Fenton

**Excused:** 1 - Vogel

[19-1703](#)

WPHA Racial Equity Resolution

**Attachments:** [WPHA Racial Equity Resolution.pdf](#)  
[CHR2019 WI.pdf](#)

**Mielke moved, seconded by Nelson, that the WPHA Racial Equity Resolution be recommended for approval. Motion carried by the following vote:**

**Aye:** 5 - Spears, Nelson, Mielke, Hanna and Fenton

**Excused:** 1 - Vogel

[19-1184](#)

Resolution #10-R-19 Beekeeping Permit Process Change

**Attachments:** [#10-R-19 Beekeeping Permit Process Changes.pdf](#)  
[Current - Residential Bee Keeping Permit Requirements.pdf](#)  
[Proposed - Residential Apiary Permit Requirements .pdf](#)  
[Current - Residential Apiary Permit Application .pdf](#)  
[Proposed - Residential Apiary Permit Application .pdf](#)

**This Report Action Item was held**

[19-1454](#)

Request to Clarify Bee Keeping Appeal Process

**Attachments:** [Beekeeping Permit Appeal Process Memo -updated 10.2.19.pdf](#)  
[Commerical Bee Keeping Permit Requirements.pdf](#)  
[Residential Bee Keeping Permit Requirements.pdf](#)

**This Report Action Item was held**

[19-1948](#)

#18-R-19 Emotional Support Animals

**Attachments:** [#18-R-19 Emotional Support Animals.pdf](#)

**Nelson moved, seconded by Spears, that the #18-R-19 Emotional Support Animals be recommended for denial. Motion carried by the following vote:**

**Aye:** 5 - Spears, Nelson, Mielke, Hanna and Fenton

Excused: 1 - Vogel

**6. Information Items**

[20-0179](#) Fourth Quarter 2019 Report

**Attachments:** [Fourth Quarter 2019 Report.pdf](#)  
[Fourth Quarter 2019 Executive Summary .pdf](#)

**This Information Item was held**

[20-0180](#) Fourth Quarter 2019 Budget Performance Review

**Attachments:** [Department Budget Review Fourth Quarter 2019.pdf](#)  
[Summary Budget Review Fourth Quarter 2019.pdf](#)

**This Information Item was held**

[20-0173](#) Environmental, Weight's & Measures 2019 Survey Results

**Attachments:** [Env. W&M 2019 Survey Results.pdf](#)

**This Information Item was held**

[20-0170](#) Noise Variance Approvals

**Attachments:** [Noise Variance Requests 021220.pdf](#)

**This Information Item was held**

[20-0168](#) Coronavirus Update

**This Item was presented**

[20-0169](#) Health Officer Update

**This Item was presented**

**7. Adjournment**

**Fenton moved, seconded by Nelson, that the meeting be adjourned. Motion carried by the following vote:**

**Aye:** 5 - Spears, Nelson, Mielke, Hanna and Fenton

**Excused:** 1 - Vogel

**Resolution #10-R-19**  
**Changing Beekeeping Permit Process**

*Submitted By: Alderperson Meltzer District 2 & Alderperson Schultz District 9*  
*Date: August 7, 2019*

*Referred to: Board of Health*

WHEREAS the health of bees and the health of our community is interdependent, and beekeeping is a necessary part of restoring collapsing bee populations that we rely on; and

WHEREAS Appleton has recently attained Bee City USA status; and

WHEREAS Appleton residents have provided feedback over the years since residential beekeeping was approved indicating that our regulations are extreme compared to surrounding communities, there are obstacles to accessing beekeeping in Appleton, and there are no incentives to remain in Appleton rather than move to our surrounding communities if one wants to keep bees at their residence;

THEREFORE be it resolved, that the City of Appleton make the following changes to our beekeeping permit requirements:

1. Change the permit cycle to November - November to align with timeline of purchasing bees and setting up hives
2. Remove notification and neighbor veto
3. Bring permit fees into alignment with other Wisconsin communities
4. Replace the calculation for hives per acre with a set number of hives per lot
5. Remove excessive detail from flyaway barrier requirements
6. Allow keeping Top Bar hives in addition to Removable Frame hives and recommend hives face SE direction if possible

RESIDENTIAL BEEKEEPING PERMIT REQUIREMENTS  
(Ref. 3-52 Appleton Municipal Code)  
November 11, 2015

DEFINITIONS:

ACRE means a unit of measure equal to 4,840 sq. yds. or 43,560 sq. ft.

AGGRESSIVE BEHAVIOR is any instance in which unusual characteristics are displayed by a honeybee or colony including, but not limited to, stinging or attacking humans or animals without provocation.

APIARY means the assembly of one or more colonies of bees at a single location on a property.

BEEKEEPER means a person who owns or has charge of one (1) or more colonies of bees and has demonstrated to the Health Officer that he or she has obtained formal education or sufficient practical experience to act as a beekeeper.

BEEKEEPING EQUIPMENT means all items used in the operation of an apiary, such as hive bodies, supers, frames, top and bottom boards and extractors.

COLONY means an aggregate of honeybees in a hive consisting principally of workers, but having one queen and at times drones, including brood, combs and honey.

HEALTH DEPARTMENT means the City of Appleton's Health Department.

HIVE means the receptacle inhabited by a colony that is manufactured for that purpose.

HONEYBEE means all life stages of the common domestic honeybee, *Apis mellifera* species, including the queen and drones.

LOT means a tract of land, designated by metes and bounds, land survey, minor land division or plat, and recorded in the office of the county register of deeds

PERMIT means the written approval given by the Health Department to a property owner who occupies the premises and who is also a beekeeper pursuant to the definition herein.

PERMIT HOLDER means a beekeeper and who has received a permit from the Health Department allowing for an apiary on his or her property.

PROPERTY means a parcel of land identified by the City of Appleton as a lot in any state of development, ownership and occupation.

PROPERTY OWNER means a person, individual firm, association, syndicate or partnership that appears on the recorded deed of the lot.

URBAN FARM means the land or rooftops that are managed and maintained by an individual, group of individuals, organization or business for growing, harvesting, washing and packaging of fruits, vegetables, flowers and other plant and herb products with the primary purpose of growing food for sale and/or distribution.

1. **GENERALLY.** No person shall keep honeybees in the City of Appleton without being a beekeeper and obtaining a permit issued by the Health Department. A permit shall be valid for a period of one (1) year from March 1 through the last day of February the following year, and may be renewed annually. Only one (1) permit shall be granted per property regardless of the number of beekeepers residing at or owning said property.



Should multiple beekeepers request permits and be eligible for permits for a property, the permit shall be issued on a first-come, first-served basis.

2. **APPLICATION FOR PERMIT.** Application for a permit required in this section shall be made to the Health Department upon a form furnished by the Health Department and shall contain such information which the Health Department may prescribe and require and shall be accompanied by payment of the applicable fees. The Application form may be updated and/or amended as deemed necessary by the Health Department. No prior approval of a permit guarantees future approval. The Health Department reserves the right to require permit holders to reapply if the application is updated and/or amended, and refusal to reapply may result in the termination of a permit.

(a) GENERAL REQUIREMENTS.

1. The applicant must complete the required form by the Health Department, and provide to the Health Department the non-refundable application fee.
2. The permit applicant must provide proof of formal education and/or sufficient practical experience to act as a beekeeper.
3. The permit applicant must provide proof of property ownership for the property where the proposed apiary will be located.
4. The permit application must provide proof of occupancy of the property where the proposed apiary will be located.

(b) NEIGHBORHOOD APPROVAL REQUIRED.

1. When a permit is applied for, all property owners within a circular area having a radius of four hundred (400) feet, centered on the location where the proposed hive(s) will be placed, shall be notified of the application by the Health Officer. Notification shall be by first-class U.S. mail.
2. Property owners located within the circular radius of four hundred (400) feet of the proposed apiary objecting to the permit must file a written objection to the permit by contacting the City Health Officer at the Appleton Health Department within fourteen (14) business days of the date the notice was mailed or postmarked. Each objection must contain the objector's name, address, phone number, and reason for the objection to the permit.
3. Upon receipt of a written objection, the application shall be denied by the Health Officer. The applicant may appeal to the Board of Health per APPEALS Section seven (7) below. The Board of Health shall allow the applicant and objector an opportunity to be heard on why the permit should or should not be issued. The Board may affirm, modify or set aside the order of the Health Officer after a hearing on the matter. The Board of Health shall make and keep a record of all proceedings related to any such appeal and the record and actions of the Board of Health shall be subject to review by certiorari by a court of record.

- (c) INSPECTION OF APIARY. Prior to populating the apiary, an inspection of the apiary by the City Health Officer or his or her designee shall be conducted to ensure compliance with all of the following provisions:

1. Public Institutional District. A maximum of five (5) hives may be maintained within areas zoned P-I, Public Institutional District.
2. Urban Farm. A maximum of three (3) hives may be maintained by a permit holder per acre up to a maximum of twenty-five (25) hives within an area approved as an urban farm.
3. Residential Zone. No residentially zoned property shall have more than the following numbers of hives on the property:
  - a. A maximum of two (2) hives may be maintained on a lot one half (1/2) acre or smaller.
  - b. A maximum of three (3) hives may be maintained on a lot larger than one half (1/2) acre but smaller than three quarters (3/4) acre.
  - c. A maximum of four (4) hives may be maintained on a lot larger than three quarters (3/4) but smaller than one (1) acre.
  - d. A maximum of five (5) hives may be maintained on a lot one (1) acre or larger.
4. Occupation. Apiaries in residentially zoned areas must be located on the lot occupied by the permit holder.
5. Vacant/Unoccupied Lot. No apiary may be placed on vacant or unoccupied lots.
6. Frames. All colonies shall be kept in hives with removable frames, which shall be continuously maintained in sound and usable condition by the permit holder.
7. Identification. Each apiary shall, at all times, have the permit holder's name, address and phone number permanently and legibly displayed in a prominent place on an external portion of each hive.
8. Flyway Barrier. For all hives located within thirty (30) feet of a property line, a 6-foot high closed fence, closed hedge, building, or other solid flyway barrier, or other type of barrier which the Health Officer determines to be of sufficient height, shall be located between the rear and/or side property lines and the hive(s). A flyway barrier is not needed if the hive(s) are kept at least ten (10) feet off the ground. Flyway barriers, if required shall meet the requirements of the building code.
9. Water Supply. A continuous supply of water shall be located on the property where the apiary is located, and placed near the hive(s) and within the enclosures or flyway barriers. The water source shall be designed to allow the honeybees' access to water by landing on a hard surface available to the honeybees so long as they remain active outside of the hive.

10. Placement.

- a. All beekeeping equipment must be located a minimum of thirty (30) feet from the front property line and ten (10) feet from all other property lines.
- b. Hives may not be located in the front yard of any lot. Should there be multiple street frontages to a property or no front yard clearly indicated on the property records for a property, the placement of the apiary shall be at the discretion of the City Health Officer.
- c. Apiaries must be located a minimum of fifty (50) feet from dwellings, porches, gazebos, decks, swimming pools, permanently affixed play equipment and any other habitable area on any adjoining lots unless the owner of the adjoining property has provided written permission to the Health Department for closer placement.

3. PERMIT RENEWAL.

- (a) Permits shall be renewed (re-applied for) each year on a form furnished by the Health Department unless written notice of discontinued operation is received by the Health Department.
- (b) When a permit renewal is applied for, all property owners within a circular area having a radius of four hundred (400) feet, centered on the location where the hive(s) are placed, shall be notified of the application renewal by the Health Officer. Notification shall be by first-class U.S. mail.
- (c) Property owners located within the circular radius of four hundred (400) feet of the apiary objecting to the permit renewal must file a written objection to the permit renewal by contacting the Health Department or City Health Officer within fourteen (14) business days of the date the notice was mailed or postmarked. Each objection must contain the objector's name, address, phone number, and reason for the objection to the permit.
- (d) Upon receipt of a written objection, the application for renewal shall be denied by the Health Officer. The applicant may appeal to the Board of Health per APPEALS Section seven (7) below. The Board of Health shall allow the applicant and objector an opportunity to be heard on why the permit should or should not be renewed. The Board may affirm, modify or set aside the order of the Health Officer after a hearing on the matter. The Board of Health shall make and keep a record of all proceedings related to any such appeal and the record and actions of the Board of Health shall be subject to review by certiorari by a court of record.

4. APIARY MAINTENANCE.

- (a) Beekeeping equipment shall be actively maintained and managed at all times by the permit holder.
- (b) If a permit holder no longer intends to maintain and/or manage their apiary, the

permit holder must immediately notify the Health Department and remove or dismantle the hive(s). Failure to immediately remove the hives will be grounds for the Health Department to cause the removal of the hive(s) and the cost thereof shall be charged back to the permit holder as a special charge pursuant to Wis. Stat. § 66.0627

- (b) In any instance where the City Health Officer reasonably believes a colony exhibits aggressive behavior, it shall be the duty of the permit holder to immediately destroy or re-queen the hive.
- (c) Queens shall be selected from stock bred for gentleness and non-swarmling characteristics.
- (d) The provisions of Sec. 3-15(a), Appleton Municipal Code, do not apply to beekeeping.

5. **RIGHT OF ENTRY.**

- (a) The Health Officer or his or her designee may enter upon any permit holder's property at any time to inspect the apiary, beekeeping equipment and/or honeybees, and may take photographs and/or videos of the apiary, beekeeping equipment and/or honeybees as he or she deems necessary, or take any other action deemed necessary to properly enforce the provisions of this section.
- (b) If the Health Officer or his or her designee finds any apiary kept in violation of any portion of this section, he or she may order the violation corrected within thirty (30) days unless the violation appears to put the honeybee's or people in immediate harm or danger, in which case the Health Officer or his or her designee may order the immediate correction of the violation. If the permit holder fails to correct the violation pursuant to the order of the Health Officer, the hive(s) in violation may be destroyed and/or removed from the municipality by the Health Officer or his or her designee and the cost thereof shall be charged back to the permit holder as a special charge pursuant to Wis. Stat. § 66.0627.

6. **SUSPENSION OR REVOCATION OF PERMIT.** The Health Officer may suspend or revoke any permit issued pursuant to this section for violations of ordinances, laws or requirements regulating activity and for other good cause.

7. **APPEALS.** Any person aggrieved by the denial of a permit or by suspension or revocation of a permit by the Health Officer, or by any temporary suspension or any other order may appeal any such order to the Board of Health within thirty (30) days of denial, suspension or revocation of a permit or issuance of the order. The Board of Health shall provide the appellant a hearing or opportunity for hearing on the matter and may either suspend or continue any such order pending determination of appeal. The Board of Health shall make and keep a record of all proceedings related to any such appeal and the record and actions of the Board of Health shall be subject to review by certiorari by a court of record.

Approved by City Council November 2015.

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(Ref. 3-52 Appleton Municipal Code)  
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property. Should multiple beekeepers request permits and be eligible for permits for a property, the permit shall be issued on a first-come, first-served basis.

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3. The permit applicant must provide proof of property ownership for the property where the proposed apiary will be located.
4. The permit application must provide proof of occupancy of the property where the proposed apiary will be located.

(b) ~~NEIGHBORHOOD APPROVAL REQUIRED.~~

~~1. When a permit is applied for, all property owners within a circular area having a radius of four hundred (400) feet, centered on the location where the proposed hive(s) will be placed, shall be notified of the application by the Health Officer. Notification shall be by first-class U.S. mail.~~

~~2. Property owners located within the circular radius of four hundred (400) feet of the proposed apiary objecting to the permit must file a written objection to the permit by contacting the City Health Officer at the Appleton Health Department within fourteen (14) business days of the date the notice was mailed or postmarked. Each objection must contain the objector's name, address, phone number, and reason for the objection to the permit.~~

~~3. Upon receipt of a written objection, the application shall be denied by the Health Officer. The applicant may appeal to the Board of Health per APPEALS Section seven (7) below. The Board of Health shall allow the applicant and objector an opportunity to be heard on why the permit should or should not be issued. The Board may affirm, modify or set aside the order of the Health Officer after a hearing on the matter. The Board of Health shall make and keep a record of all proceedings related to any such appeal and the record and actions of the Board of Health shall be subject to review by certiorari by a court of record.~~

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2. Urban Farm. A maximum of three (3) hives may be maintained by a permit holder per acre up to a maximum of twenty-five (25) hives within an area approved as an urban farm.
3. Residential Zone. No residentially zoned property shall have more than ~~the following numbers of five (5)~~ hives on the property:
  - ~~a. A maximum of two (2) hives may be maintained on a lot one-half (1/2) acre or smaller.~~
  - ~~b. A maximum of three (3) hives may be maintained on a lot larger than one half (1/2) acre but smaller than three quarters (3/4) acre.~~
  - ~~c. A maximum of four (4) hives may be maintained on a lot larger than three quarters (3/4) but smaller than one (1) acre.~~
  - ~~d. A maximum of five (5) hives may be maintained on a lot one (1) acre or larger.~~
  - a. for each permitted hive one nucleus colony may be kept for requeening.
  - b. To maximize successful rescues of a swam or a relocated colon, a beekeeper may keep such a colony, upon notification to the health department, until a permanent location can be found.
4. Occupation. Apiaries in residentially zoned areas must be located on the lot occupied by the permit holder.
- ~~5. Vacant/Unoccupied Lot. No apiary may be placed on vacant or unoccupied lots.~~
- ~~56. Frames. To facilitate inspection for disease, all honeycombs must be readily removeable and replaceable. All colonies shall be kept in hives with removable frames, which shall be continuously maintained in sound and usable condition by the permit holder.~~
- ~~67. Identification. Each apiary shall, at all times, have the permit holder's name, address and phone number permanently and legibly displayed in a prominent place on an external portion of each hive.~~
- ~~78. Flyway Barrier. For all hives located within thirty (30) twenty-five (25) feet of a property line, a 6-foot high closed fence, closed hedge, building, or other solid flyway barrier, or other type of barrier which the Health Officer determines to be of sufficient height, shall be located between the rear and/or side property lines and the hive(s). A flyway barrier is not needed if the hive(s) are kept at least ten (10) feet off the ground. Flyway barriers, if required shall meet the requirements of the building code.~~
- ~~89. Water Supply. A continuous supply of water shall be located on the property where the apiary is located, and placed near the hive(s) and within the enclosures or flyway barriers. The water source shall be designed to allow the honeybees' access to water by landing on a hard surface available to the honeybees so long as they remain active outside of the hive.~~

Commented [BKS2]: Eliminate a, b, c & d

10. Placement.

- a. All beekeeping equipment must be located a minimum of thirty (30) feet from the front property line and ten (10) feet from all other property lines.
- b. Hives may not be located in the front yard of any lot. Should there be multiple street frontages to a property or no front yard clearly indicated on the property records for a property, the placement of the apiary shall be at the discretion of the City Health Officer.
- c. Apiaries must be located a minimum of ~~fty (50)~~ twenty-five (25) feet from dwellings, porches, gazebos, decks, swimming pools, permanently affixed play equipment and any other habitable area on any adjoining lots unless the owner of the adjoining property has provided written permission to the Health Department for closer placement.

3. PERMIT RENEWAL.

- (a) Permits shall be renewed (re-applied for) each year on a form furnished by the Health Department unless written notice of discontinued operation is received by the Health Department.
- (b) When a permit renewal is applied for, all property owners within a circular area having a radius of four hundred (400) feet, centered on the location where the hive(s) are placed, shall be notified of the application renewal by the Health Officer. Notification shall be by first-class U.S. mail.
- (c) Property owners located within the circular radius of four hundred (400) feet of the apiary objecting to the permit renewal must file a written objection to the permit renewal by contacting the Health Department or City Health Officer within fourteen (14) business days of the date the notice was mailed or postmarked. Each objection must contain the objector's name, address, phone number, and reason for the objection to the permit.
- (d) Upon receipt of a written objection, the application for renewal shall be denied by the Health Officer. The applicant may appeal to the Board of Health per APPEALS Section seven (7) below. The Board of Health shall allow the applicant and objector an opportunity to be heard on why the permit should or should not be renewed. The Board may affirm, modify or set aside the order of the Health Officer after a hearing on the matter. The Board of Health shall make and keep a record of all proceedings related to any such appeal and the record and actions of the Board of Health shall be subject to review by certiorari by a court of record.

4. APIARY MAINTENANCE.

- (a) Beekeeping equipment shall be actively maintained and managed at all times by the permit holder.



(b) If a permit holder no longer intends to maintain and/or manage their apiary, the permit holder must immediately notify the Health Department and remove or dismantle the hive(s). Failure to immediately remove the hives will be grounds for the Health Department to cause the removal of the hive(s) and the cost thereof shall be charged back to the permit holder as a special charge pursuant to Wis. Stat. § 66.0627

(b) In any instance where the City Health Officer reasonably believes a colony exhibits aggressive behavior, it shall be the duty of the permit holder to immediately destroy or re-queen the hive.

~~(c) Queens shall be selected from stock bred for gentleness and non-swarming characteristics.~~

(d) The provisions of Sec. 3-15(a), Appleton Municipal Code, do not apply to beekeeping.

5. **RIGHT OF ENTRY.**

(a) The Health Officer or his or her designee may enter upon any permit holder's property at any time to inspect the apiary, beekeeping equipment and/or honeybees, and may take photographs and/or videos of the apiary, beekeeping equipment and/or honeybees as he or she deems necessary, or take any other action deemed necessary to properly enforce the provisions of this section.

(b) If the Health Officer or his or her designee finds any apiary kept in violation of any portion of this section, he or she may order the violation corrected within thirty (30) days unless the violation appears to put the honeybee's or people in immediate harm or danger, in which case the Health Officer or his or her designee may order the immediate correction of the violation. If the permit holder fails to correct the violation pursuant to the order of the Health Officer, the hive(s) in violation may be destroyed and/or removed from the municipality by the Health Officer or his or her designee and the cost thereof shall be charged back to the permit holder as a special charge pursuant to Wis. Stat. § 66.0627.

6. **SUSPENSION OR REVOCATION OF PERMIT.** The Health Officer may suspend or revoke any permit issued pursuant to this section for violations of ordinances, laws or requirements regulating activity and for other good cause.

7. **APPEALS.** Any person aggrieved by the denial of a permit or by suspension or revocation of a permit by the Health Officer, or by any temporary suspension or any other order may appeal any such order to the Board of Health within thirty (30) days of denial, suspension or revocation of a permit or issuance of the order. The Board of Health shall provide the appellant a hearing or opportunity for hearing on the matter and may either suspend or continue any such order pending determination of appeal. The Board of Health shall make and keep a record of all proceedings related to any such appeal and the record and actions of the Board of Health shall be subject to review by certiorari by a court of record.

Approved by City Council November 2015.

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**HEALTH DEPARTMENT - 100 N Appleton St, Appleton WI 54911**  
**Telephone: 920-832-6429 Fax: 920-832-5853**  
**RESIDENTIAL APIARY PERMIT APPLICATION**  
**Effective Date December 1, 2017**

PLEASE PRINT

Date of Application: \_\_\_\_\_ Anticipated Start Date \_\_\_\_\_

**Applicant Information:**

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

**Apiary Information:**

Number of Hives: \_\_\_\_\_

Address: \_\_\_\_\_

Location of Hive or Hives: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Person in Charge of Apiary: \_\_\_\_\_

<u>Activity Code</u>	<u>Permit Description</u>	<u>Fee</u>
141	Preinspection Fee: New Apiary	\$145.00
142	Apiary Permit (Separate Permit Required for each apiary on a Property)	\$59.00
NOTE:	The Preinspection Fee Is Non-Refundable	
	<b>Total Amount Due</b>	<b>\$</b>

Provide a sketch of the property and the location where the hive or hives will be kept. Include hive distances from property lines, neighboring dwellings, porches, gazebos, decks, swimming pools, permanently affixed play equipment. Indicate watering location. Indicate flyway barrier location, material and height. Provide documentation of training as a Beekeeper.

Name of Applicant (Print) \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Drivers License Number \_\_\_\_\_

MAKE CHECK OR MONEY ORDER PAYABLE TO ..... CITY OF APPLETON  
 SUBMIT APPLICATION AND FEE TO ..... APPLETON HEALTH DEPT.  
 100 N APPLETON ST  
 APPLETON WI 54911-4799

OFFICE USE

Date letter sent to property owners within 400 feet of center of proposed apiary \_\_\_\_\_

Written Objections Received (attach) \_\_\_\_\_ Written Objection Deadline \_\_\_\_\_

Inspector Signature \_\_\_\_\_ Date \_\_\_\_\_

Apiary Start Date \_\_\_\_\_

Establishment Number (COA#) \_\_\_\_\_ Account # 12530-4305 Receipt # \_\_\_\_\_

License Year March 1, \_\_\_\_\_ Expires February \_\_\_\_\_, \_\_\_\_\_ Assigned Inspector \_\_\_\_\_

Amount Paid \$ \_\_\_\_\_ Check # \_\_\_\_\_ Account Name: \_\_\_\_\_





HEALTH DEPARTMENT - 100 N Appleton St, Appleton WI 54911  
 Telephone: 920-832-6429 Fax: 920-832-5853  
**RESIDENTIAL APIARY PERMIT APPLICATION**  
 Effective Date December 1, 2017

PLEASE PRINT

Date of Application: \_\_\_\_\_ Anticipated Start Date \_\_\_\_\_

**Applicant Information:** \_\_\_\_\_ **Apiary Information:** \_\_\_\_\_  
 Name: \_\_\_\_\_ Number of Hives: \_\_\_\_\_

Address: \_\_\_\_\_ Location of Hive or Hives: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ City/State/ZIP \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Person in Charge of Apiary: \_\_\_\_\_

<u>Activity Code</u>	<u>Permit Description</u>	<u>Fee</u>
141	Preinspection Fee: New Apiary	145-\$30
142	Apiary Permit (Separate Permit Required for each apiary on a Property)	59 \$10
NOTE:	The Preinspection Fee Is Non-Refundable	<u>Total Amount Due</u> \$ _____

Provide a sketch of the property and the location where the hive or hives will be kept. Include hive distances from property lines, neighboring dwellings, porches, gazebos, decks, swimming pools, permanently affixed play equipment. Indicate watering location. Indicate flyway barrier location, material and height. **Upon renewal, if no changes have been made, use original sketch on file.** Provide documentation of training as a Beekeeper.

Name of Applicant (Print) \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Drivers License Number \_\_\_\_\_

MAKE CHECK OR MONEY ORDER PAYABLE TO ..... CITY OF APPLETON  
 SUBMIT APPLICATION AND FEE TO ..... APPLETON HEALTH DEPT.  
 100 N APPLETON ST  
 APPLETON WI 54911-4799

OFFICE USE

Date letter sent to property owners within 400 feet of center of proposed apiary \_\_\_\_\_

Written Objections Received (attach) \_\_\_\_\_ Written Objection Deadline \_\_\_\_\_

Inspector Signature \_\_\_\_\_ Date \_\_\_\_\_

Apiary Start Date \_\_\_\_\_

Establishment Number (COA#) \_\_\_\_\_ Account # 12530-4305 Receipt # \_\_\_\_\_

License Year March 1, \_\_\_\_\_ Expires February \_\_\_\_\_, \_\_\_\_\_ Assigned Inspector \_\_\_\_\_

Amount Paid \$ \_\_\_\_\_ Check # \_\_\_\_\_ Account Name: \_\_\_\_\_





## LEGAL SERVICES DEPARTMENT

### Office of the City Attorney

100 North Appleton Street

Appleton, WI 54911

Phone: 920/832-6423

Fax: 920/832-5962

**TO:** Board of Health

**FROM:** Amanda Abshire, Assistant City Attorney

**DATE:** October 2, 2019

**RE:** Request for Clarification in the Beekeeping Permit Process

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Our office recently discovered inconsistent language related to the process for hearing objections to beekeeping permits. Certain portions of the policy seem to indicate that the Board of Health makes the final determination when an objection is received — whereas other portions within the same document suggest that the Common Council makes the final determination. I have attached the relevant documents as well as summarized the process below. Staff is seeking clarification regarding the appeal process so that the language in the policy is consistent.

- **Beekeeping Permit Requirements (aka: “rooftop beekeeping”)**
  - Upon receipt of a written objection from a property owner within a 200 feet radius, the application shall be placed on the Agenda for the Board of Health (“the Board”) to be reviewed at the next regular meeting.
  - Sec. 2(a)4. details that the Board shall make a recommendation to the Common Council regarding the approval of a permit after providing the applicant and objector an opportunity to be heard. Thus, there appears to be an expectation that because the Board’s determination is merely a recommendation, the matter will be heard again by the Common Council.
  - Sec. 6 indicates that the Board may affirm, modify or set aside the order of the Health Officer after a hearing on the matter—suggesting finality in the Board’s decision. The same section then indicates that the decision of the Board is subject to review by certiorari by the court of record. This language again suggests that the determination of Board is final and thereby only appealable to the court – not subject to a hearing before the Common Council.

While the sections referenced above seem to be inconsistent, it is worth noting that the residential beekeeping permit requirements are clear in that the Board of Health makes the final determination. There is no mention regarding a recommendation, but rather, the expectation that they are making a final determination regarding the appeal. The appeal process for residential beekeeping is summarized below:

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James P. Walsh  
*City Attorney*

Christopher R. Behrens  
*Deputy City Attorney*

Amanda Abshire  
*Assistant City Attorney*

Darrin M. Glad  
*Assistant City Attorney*

- **Residential Beekeeping Permit Requirements**

- Upon receipt of a written objection from a property owner within a 400 feet radius, the application shall be placed on the Agenda for the Board of Health (“the Board”) to be reviewed at the next regular meeting.
- Sec. 2(b)3. indicates that the Board shall allow the applicant and objector an opportunity to be heard on the permit. Thereafter, the Board may affirm, modify or set aside the order. The Board’s decision is subject to review by certiorari by a court of record.
- Sec. 7 reiterates that the Board of Health hears the appeal and makes the final determination – subject to review by certiorari by a court of record.

**REQUEST FROM STAFF:** Staff is seeking clarification in the appeal process: should the respective Board make a . . .

- ❖ recommendation to the Common Council regarding the application OR
- ❖ final determination regarding the application

Once the process is clarified, staff will draft the appropriate changes to the rules and regulations.

Thank you for your consideration. As always, please do not hesitate to reach out to me with any questions and/or concerns.

**BEEKEEPING PERMIT REQUIREMENTS**  
(Ref. 3-52 Appleton Municipal Code)

**DEFINITIONS:**

**APIARY** means the assembly of one or more colonies of bees at a single location on a property.

**BEEKEEPING** means intentionally creating, fostering or maintaining a colony of honeybees.

**BEEKEEPER** means a person who owns or has charge of one or more colonies of bees and has demonstrated to the Health Officer that he or she has obtained formal education or sufficient practical experience to act as a beekeeper.

**BEEKEEPING EQUIPMENT** means all items used in the operation of an apiary, such as hive bodies, supers, frames, top and bottom boards and extractors.

**COLONY** means an aggregate of honeybees in a hive consisting principally of workers, but having, one queen and at times many drones, including brood, combs, honey and the receptacle inhabited by the bees.

**HONEY BEE** means all life stages of the common domestic honeybee, *Apis mellifera* species.

**URBAN FARM** means the land or rooftops that are managed and maintained by an individual, group of individuals, organization or business for growing, harvesting, washing and packaging of fruits, vegetables, flowers and other plant and herb products with the primary purpose of growing food for sale and/or distribution.

**1. GENERALLY.**

No person shall keep honeybees in the city without being a beekeeper and obtaining a permit issued by the Health Department. A permit shall be valid for a period of one-year from July 1 through June 30, and may be renewed annually, except that a permit initially issued during the period beginning March 1 and ending on June 30 expires on June 30 the following year.

**2. APPLICATION FOR PERMIT**

Application for a permit required in this section shall be made to the Health Department upon a form furnished by the Department and shall contain such information which the Department may prescribe and require and shall be accompanied by payment of the applicable fee.



(a). NEIGHBORHOOD APPROVAL REQUIRED.

Before a permit is issued for the keeping of bees, the following process shall be followed:

1. **Written permission from the property owner is required if the permit applicant doesn't own the property where bees will be kept.**
2. When a permit is applied for, all property owners within a circular area having a radius of 200 feet, centered on the premises for which a permit has been requested, shall be notified of the application by the Health Officer. Notification shall be by first-class U.S. mail.
3. Property owners shall have 14 working days to file a written objection to the Health Officer if they object to the granting of a permit.
4. Upon receipt of a written objection, the matter shall be placed on the Agenda for the Board of Health to be reviewed at the next regular meeting. The Board of Health shall allow the applicant and objector an opportunity to be heard on why the permit should or should not be issued. The Board shall make a recommendation to the Common Council regarding approval of said permit.

(b). INSPECTION OF APIARY

Prior to populating the hive or hives, an inspection shall be conducted to ensure compliance with all of the following provisions:

1. Up to five (5) honeybee hives may be maintained by a permit holder within areas zoned P-I, Public Institutional District and **Central Business District (CBD)**; or, a permit holder may maintain three (3) honeybee hives per acre up to a maximum of twenty-five (25) hives within an area approved as an urban farm.
2. All colonies shall be kept in hives with removable frames, which shall be maintained in sound and usable condition.
3. Each apiary shall have the owner's name and address legibly displayed in a prominent place in the apiary. All hives shall be permanently marked with the owners name and address, if located off the property under control of the hive owner.
4. A 6-foot high closed fence, or closed hedge, a building, or other solid flyway barrier, or other type of barrier which the Health Officer determines to be of sufficient height, shall be located between the hives and the rear and side property lines for all hives located within 30 feet of the property line. A flyway barrier is not needed if the bee hive

or hives are kept at least 10 feet off the ground. *Health Officer discretion will be used regarding the need for physical barriers.*

5. A continuous supply of water shall be located on the property where hives are kept, be located near the hive or hives, and be located within the enclosures and flyway barriers. The water source shall be designed to allow bees to access water by landing on a hard surface. This provision is not required during the winter.
6. All hives and related structures that form the apiary shall be located a minimum of 30 feet from the front property line and 10 feet from all other property lines. Hives may not be located in the front yard of any lot.
7. Hives shall be located a minimum of 50 feet from dwellings, porches, gazebos, decks, swimming pools, permanently affixed play equipment and any other habitable area on any adjoining lots unless the owner of the adjoining property has provided written permission for closer hive placement.

### 3. APIARY MAINTENANCE

- a. Hives shall be actively maintained. Hives not under active human management and maintenance shall be dismantled or removed by the most recent permit holder.
- b. In any instance in which a colony exhibits aggressive or swarming behavior, it shall be the duty of the beekeeper to destroy or re-queen the hive. Queens shall be selected from stock bred for gentleness and non-swarming characteristics. Aggressive behavior is any instance in which unusual characteristics such as stinging or attacking humans or animals without provocation occurs.
- c. The provisions of Sections 3-15 (a), Appleton Municipal Code, do not apply to beekeeping.

### 4. RIGHT OF ENTRY.

- a. The Health Officer, or his or her designee, may enter upon any property required to hold a permit in this section at all reasonable times to inspect the premises, obtain photographs or take any other action deemed necessary to properly enforce the provisions of this section.
- b. If the Health Officer, or his or her designee, finds any hive kept in violation of these requirements, he or she may order the violation corrected within 30 days. If the permit holder fails to correct the violation within 30 days, the hive in violation may be destroyed and/or removed from the municipality by the Health Officer, or his or her designee, and the cost

thereof shall be charged back to the property owner as a special charge pursuant to Wis. Stat. § 66.0627.

#### 5. SUSPENSION OR REVOCATION OF PERMIT

The Health Officer may suspend or revoke any permit issued pursuant to this section for violations of ordinances, laws or requirements regulating activity and for other good cause.

#### 6. APPEALS

Any person aggrieved by the denial of a permit or by suspension or revocation of a permit by the Health Officer, or by any temporary suspension or any other order may appeal any such order to the Board of Health within thirty (30) days of denial, suspension or revocation of a permit or issuance of the order. The Board of Health shall provide the appellant a hearing or opportunity for hearing on the matter and may either suspend or continue any such order pending determination of appeal. The Board may affirm, modify or set aside the order of the Health Officer after a hearing on the matter. The Board of Health shall make and keep a record of all proceedings related to any such appeal and the record and actions of the Board of Health shall be subject to review by certiorari by a court of record.

Approved at the March 2, 2011 Board of Health meeting.

Approved at the March 2, 2011 Common Council meeting.

Amended 3-29-13 to include the 3-20-13 Council approval of beehives at urban farms

Amended 5-10-17 to include BOH approval of beehives on rooftops in CBD

Approved by Common Council on 5-17-17

RESIDENTIAL BEEKEEPING PERMIT REQUIREMENTS  
(Ref. 3-52 Appleton Municipal Code)  
November 11, 2015

DEFINITIONS:

ACRE means a unit of measure equal to 4,840 sq. yds. or 43,560 sq. ft.

AGGRESSIVE BEHAVIOR is any instance in which unusual characteristics are displayed by a honeybee or colony including, but not limited to, stinging or attacking humans or animals without provocation.

APIARY means the assembly of one or more colonies of bees at a single location on a property.

BEEKEEPER means a person who owns or has charge of one (1) or more colonies of bees and has demonstrated to the Health Officer that he or she has obtained formal education or sufficient practical experience to act as a beekeeper.

BEEKEEPING EQUIPMENT means all items used in the operation of an apiary, such as hive bodies, supers, frames, top and bottom boards and extractors.

COLONY means an aggregate of honeybees in a hive consisting principally of workers, but having one queen and at times drones, including brood, combs and honey.

HEALTH DEPARTMENT means the City of Appleton's Health Department.

HIVE means the receptacle inhabited by a colony that is manufactured for that purpose.

HONEYBEE means all life stages of the common domestic honeybee, *Apis mellifera* species, including the queen and drones.

LOT means a tract of land, designated by metes and bounds, land survey, minor land division or plat, and recorded in the office of the county register of deeds

PERMIT means the written approval given by the Health Department to a property owner who occupies the premises and who is also a beekeeper pursuant to the definition herein.

PERMIT HOLDER means a beekeeper and who has received a permit from the Health Department allowing for an apiary on his or her property.

PROPERTY means a parcel of land identified by the City of Appleton as a lot in any state of development, ownership and occupation.

PROPERTY OWNER means a person, individual firm, association, syndicate or partnership that appears on the recorded deed of the lot.

URBAN FARM means the land or rooftops that are managed and maintained by an individual, group of individuals, organization or business for growing, harvesting, washing and packaging of fruits, vegetables, flowers and other plant and herb products with the primary purpose of growing food for sale and/or distribution.

1. **GENERALLY.** No person shall keep honeybees in the City of Appleton without being a beekeeper and obtaining a permit issued by the Health Department. A permit shall be valid for a period of one (1) year from March 1 through the last day of February the following year, and may be renewed annually. Only one (1) permit shall be granted per property regardless of the number of beekeepers residing at or owning said property.

Should multiple beekeepers request permits and be eligible for permits for a property, the permit shall be issued on a first-come, first-served basis.

2. **APPLICATION FOR PERMIT.** Application for a permit required in this section shall be made to the Health Department upon a form furnished by the Health Department and shall contain such information which the Health Department may prescribe and require and shall be accompanied by payment of the applicable fees. The Application form may be updated and/or amended as deemed necessary by the Health Department. No prior approval of a permit guarantees future approval. The Health Department reserves the right to require permit holders to reapply if the application is updated and/or amended, and refusal to reapply may result in the termination of a permit.

(a) GENERAL REQUIREMENTS.

1. The applicant must complete the required form by the Health Department, and provide to the Health Department the non-refundable application fee.
2. The permit applicant must provide proof of formal education and/or sufficient practical experience to act as a beekeeper.
3. The permit applicant must provide proof of property ownership for the property where the proposed apiary will be located.
4. The permit application must provide proof of occupancy of the property where the proposed apiary will be located.

(b) NEIGHBORHOOD APPROVAL REQUIRED.

1. When a permit is applied for, all property owners within a circular area having a radius of four hundred (400) feet, centered on the location where the proposed hive(s) will be placed, shall be notified of the application by the Health Officer. Notification shall be by first-class U.S. mail.
2. Property owners located within the circular radius of four hundred (400) feet of the proposed apiary objecting to the permit must file a written objection to the permit by contacting the City Health Officer at the Appleton Health Department within fourteen (14) business days of the date the notice was mailed or postmarked. Each objection must contain the objector's name, address, phone number, and reason for the objection to the permit.
3. Upon receipt of a written objection, the application shall be denied by the Health Officer. The applicant may appeal to the Board of Health per APPEALS Section seven (7) below. The Board of Health shall allow the applicant and objector an opportunity to be heard on why the permit should or should not be issued. The Board may affirm, modify or set aside the order of the Health Officer after a hearing on the matter. The Board of Health shall make and keep a record of all proceedings related to any such appeal and the record and actions of the Board of Health shall be subject to review by certiorari by a court of record.

- (c) INSPECTION OF APIARY. Prior to populating the apiary, an inspection of the apiary by the City Health Officer or his or her designee shall be conducted to ensure compliance with all of the following provisions:

1. Public Institutional District. A maximum of five (5) hives may be maintained within areas zoned P-I, Public Institutional District.
2. Urban Farm. A maximum of three (3) hives may be maintained by a permit holder per acre up to a maximum of twenty-five (25) hives within an area approved as an urban farm.
3. Residential Zone. No residentially zoned property shall have more than the following numbers of hives on the property:
  - a. A maximum of two (2) hives may be maintained on a lot one half (1/2) acre or smaller.
  - b. A maximum of three (3) hives may be maintained on a lot larger than one half (1/2) acre but smaller than three quarters (3/4) acre.
  - c. A maximum of four (4) hives may be maintained on a lot larger than three quarters (3/4) but smaller than one (1) acre.
  - d. A maximum of five (5) hives may be maintained on a lot one (1) acre or larger.
4. Occupation. Apiaries in residentially zoned areas must be located on the lot occupied by the permit holder.
5. Vacant/Unoccupied Lot. No apiary may be placed on vacant or unoccupied lots.
6. Frames. All colonies shall be kept in hives with removable frames, which shall be continuously maintained in sound and usable condition by the permit holder.
7. Identification. Each apiary shall, at all times, have the permit holder's name, address and phone number permanently and legibly displayed in a prominent place on an external portion of each hive.
8. Flyway Barrier. For all hives located within thirty (30) feet of a property line, a 6-foot high closed fence, closed hedge, building, or other solid flyway barrier, or other type of barrier which the Health Officer determines to be of sufficient height, shall be located between the rear and/or side property lines and the hive(s). A flyway barrier is not needed if the hive(s) are kept at least ten (10) feet off the ground. Flyway barriers, if required shall meet the requirements of the building code.
9. Water Supply. A continuous supply of water shall be located on the property where the apiary is located, and placed near the hive(s) and within the enclosures or flyway barriers. The water source shall be designed to allow the honeybees' access to water by landing on a hard surface available to the honeybees so long as they remain active outside of the hive.

10. Placement.

- a. All beekeeping equipment must be located a minimum of thirty (30) feet from the front property line and ten (10) feet from all other property lines.
- b. Hives may not be located in the front yard of any lot. Should there be multiple street frontages to a property or no front yard clearly indicated on the property records for a property, the placement of the apiary shall be at the discretion of the City Health Officer.
- c. Apiaries must be located a minimum of fifty (50) feet from dwellings, porches, gazebos, decks, swimming pools, permanently affixed play equipment and any other habitable area on any adjoining lots unless the owner of the adjoining property has provided written permission to the Health Department for closer placement.

3. PERMIT RENEWAL.

- (a) Permits shall be renewed (re-applied for) each year on a form furnished by the Health Department unless written notice of discontinued operation is received by the Health Department.
- (b) When a permit renewal is applied for, all property owners within a circular area having a radius of four hundred (400) feet, centered on the location where the hive(s) are placed, shall be notified of the application renewal by the Health Officer. Notification shall be by first-class U.S. mail.
- (c) Property owners located within the circular radius of four hundred (400) feet of the apiary objecting to the permit renewal must file a written objection to the permit renewal by contacting the Health Department or City Health Officer within fourteen (14) business days of the date the notice was mailed or postmarked. Each objection must contain the objector's name, address, phone number, and reason for the objection to the permit.
- (d) Upon receipt of a written objection, the application for renewal shall be denied by the Health Officer. The applicant may appeal to the Board of Health per APPEALS Section seven (7) below. The Board of Health shall allow the applicant and objector an opportunity to be heard on why the permit should or should not be renewed. The Board may affirm, modify or set aside the order of the Health Officer after a hearing on the matter. The Board of Health shall make and keep a record of all proceedings related to any such appeal and the record and actions of the Board of Health shall be subject to review by certiorari by a court of record.

4. APIARY MAINTENANCE.

- (a) Beekeeping equipment shall be actively maintained and managed at all times by the permit holder.
- (b) If a permit holder no longer intends to maintain and/or manage their apiary, the

permit holder must immediately notify the Health Department and remove or dismantle the hive(s). Failure to immediately remove the hives will be grounds for the Health Department to cause the removal of the hive(s) and the cost thereof shall be charged back to the permit holder as a special charge pursuant to Wis. Stat. § 66.0627

- (b) In any instance where the City Health Officer reasonably believes a colony exhibits aggressive behavior, it shall be the duty of the permit holder to immediately destroy or re-queen the hive.
- (c) Queens shall be selected from stock bred for gentleness and non-swarming characteristics.
- (d) The provisions of Sec. 3-15(a), Appleton Municipal Code, do not apply to beekeeping.

5. **RIGHT OF ENTRY.**

- (a) The Health Officer or his or her designee may enter upon any permit holder's property at any time to inspect the apiary, beekeeping equipment and/or honeybees, and may take photographs and/or videos of the apiary, beekeeping equipment and/or honeybees as he or she deems necessary, or take any other action deemed necessary to properly enforce the provisions of this section.
- (b) If the Health Officer or his or her designee finds any apiary kept in violation of any portion of this section, he or she may order the violation corrected within thirty (30) days unless the violation appears to put the honeybee's or people in immediate harm or danger, in which case the Health Officer or his or her designee may order the immediate correction of the violation. If the permit holder fails to correct the violation pursuant to the order of the Health Officer, the hive(s) in violation may be destroyed and/or removed from the municipality by the Health Officer or his or her designee and the cost thereof shall be charged back to the permit holder as a special charge pursuant to Wis. Stat. § 66.0627.

6. **SUSPENSION OR REVOCATION OF PERMIT.** The Health Officer may suspend or revoke any permit issued pursuant to this section for violations of ordinances, laws or requirements regulating activity and for other good cause.

7. **APPEALS.** Any person aggrieved by the denial of a permit or by suspension or revocation of a permit by the Health Officer, or by any temporary suspension or any other order may appeal any such order to the Board of Health within thirty (30) days of denial, suspension or revocation of a permit or issuance of the order. The Board of Health shall provide the appellant a hearing or opportunity for hearing on the matter and may either suspend or continue any such order pending determination of appeal. The Board of Health shall make and keep a record of all proceedings related to any such appeal and the record and actions of the Board of Health shall be subject to review by certiorari by a court of record.

Approved by City Council November 2015.



## ENVIRONMENTAL SURVEY 2019

Total # surveys sent out	160	Completed surveys returned	26
surveys returned as undeliverable		Percent returned	16.25%
Surveys (assumed) received by operators	160		

SURVEY QUESTION	Very Satisfied	Satisfied	Somewhat Dissatisfied	Dissatisfied	totals	% Satisfied
How satisfied are you that the inspector identified him/herself and the purpose of their visit?	17	5	1	1	24	91.67%
Was courteous and professional?	20	2	2		24	91.67%
Went over the inspection report thoroughly?	18	5	0		23	100.00%
Gave recommendations for correction of violations/errors?	18	5	1		24	95.83%
How satisfied are you that the inspection process used methods that fairly evaluated your business?	17	6	1		24	95.83%
How satisfied are you that the Environmental Health Inspection Program ensures good sanitation and food handling practices?	20	3	2		25	92.00%
How satisfied are you that we are inspecting often enough to ensure good sanitation and food handling practices?	21	4	0		25	100.00%
<b>RESPONSE TOTALS</b>	<b>131</b>	<b>30</b>	<b>7</b>	<b>1</b>	<b>169</b>	<b>95.27%</b>

### ENTER WRITTEN COMMENTS BELOW (comments are typed exactly as written)

#### 5. In your opinion, what, if anything, can be done to improve the inspection process to better ensure good sanitation and food handling practices?

Maybe call ahead/as we are very busy. Could also come at more of a convenient time.
Scheduled inspections as we are not always free when inspector may need us.
My opinion is this is spot on!
No changes needed.
What if a sheet of requirements re: employee hygiene written by the Health Dept was available to every new hire? It would be a great "back-up" to the employer. This is the <u>law</u> .
It is very professional

New inspectors
Continue providing helpful feedback on what I can do to ensure health code compliance. I appreciate the suggestions I've received in the past.
<b>6. If you rated any of the above items as “somewhat dissatisfied” or “dissatisfied” please use the space below to briefly explain the reasons for your dissatisfaction.</b>
None/our inspector is great to work with!
I almost did for question #1. I never know if you see your inspector looking around (first) - are you supposed to interupt them or wait for them to find you?
Rude health inspector, year after year
<b>7. What additional suggestions, if any, do you have for improving the quality of this inspection program or our services to your business?</b>
Could be quicker. Doesn't take long to temp food/look at organization and storage of food.
No
Keep our inspector, great work and knowledge!
Say you struggle w/a certain employee to cover their mouth, wash hands - whatever, its just a struggle to get them to comply...could the food establishment have the inspector put their name (employee) on the report in a note to show employee they mean business?
I understand this may not be possible because of county lines but we have restaurants in Calumet and Outagamie and sometimes the inconsistency between inspectors can be at time frustrating.
<b>Other comments</b>
We did not have an inspector come to our location as far as I know.

## WEIGHTS & MEASURES SURVEY 2019

Total # surveys sent out	85	Completed surveys returned	8
unopened surveys returned as undeliverable		Percent returned	9.41%
Surveys (assumed) received by operators	85		

SURVEY QUESTION	Very Satisfied	Satisfied	Very Dissatisfied	Dissatisfied	Does Not Apply	totals	% satisfied
How satisfied are you that the inspector identified him/herself and the purpose of their visit?	5	1	1			7	85.71%
Was courteous and professional?	5	1		1		7	85.71%
Went over the inspection report thoroughly?	5	2				7	100.00%
Gave recommendations for correction of violations/errors?	5	1	1			7	85.71%
How satisfied are you that the inspection process used methods that fairly evaluated your business?	5	1	1			7	85.71%
How satisfied are you that the inspection process fairly and accurately assesses the following for your business? Scales, pumps, meters and/or measures	5		1		1	7	83.33%
Price scanning and/or price control systems?	4	2			1	7	100.00%
Weighing and measuring of bulk products & packaged goods?	5	1			1	7	100.00%
Product labeling, signage and method of sale compliance?	4	1			2	7	100.00%
How satisfied are you that the W & M program ensures fairness between the business and the consumer?	5	2				7	100.00%
How satisfied are you that we are inspecting often enough to ensure fairness between the business and the consumer?	5	4	1			10	90.00%
<b>TOTALS</b>	<b>53</b>	<b>16</b>	<b>5</b>	<b>1</b>	<b>5</b>	<b>80</b>	<b>92.00%</b>

**ENTER WRITTEN COMMENTS BELOW (comments are typed exactly as written)**

<b>5. In your opinion, What, if anything, can be done to improve the inspection process to better ensure fairness between the business and the consumer?</b>
No
I think that the current method is working out quite well.
Good sir good job.

**6. If you rated any of the above items as somewhat dissatisfied or dissatisfied, please use the space below to briefly explain the reasons for your dissatisfaction.**

N/A

N/A

**7. What additional suggestions, if any, do you have for improving the quality of this program or our services to your business?**

No inspection has been done in over a year.

The inspector & scale people work well together. Annual inspection is set up w/ our scale people.

N/A

**Other comments**



**I. Preventing Disease**

<b>Community Education Sessions</b>	<b>Quarter</b>	<b>Year to Date</b>	<b>Last Year to Date</b>
Group Education Sessions	4	24	20
Number of Attendees	81	488	626

<b>Immunization Clinics</b>	<b>Current Month</b>	<b>Quarter</b>	<b>Year to Date</b>	<b>Last Year to Date</b>
Persons Immunized	15	45	141	122
Immunizations administered	30	91	331	267

<b>Vaccine Type/Number of Doses</b>	<b>Quarter</b>	<b>Year to Date</b>	<b>Last Year to Date</b>
<a href="#">DtaP (Diphtheria, Tetanus, Acellular Pertussis)</a>	2	11	7
<a href="#">Dtap/IPV</a>	3	7	3
<a href="#">Dtap/IPV/Hep B</a>	4	5	7
<a href="#">Flu (Influenza)</a>	31	50	37
<a href="#">Flu Nasal</a>	2	2	0
<a href="#">HBV (Hepatitis B)</a>	1	5	2
<a href="#">Heb B/Hib Comvax</a>	0	0	0
<a href="#">Hep A</a>	9	24	13
<a href="#">Hep A/Hep B</a>	0	1	8
<a href="#">HIB (Haemophilus Influenzae b)</a>	1	5	9
<a href="#">HPV (Human Papillomavirus)</a>	4	21	23
<a href="#">IPV (Inactivated Polio Vaccine)</a>	4	11	5
<a href="#">MCV4 (Meningococcal)</a>	4	14	8
<a href="#">MenB</a>	3	8	0
<a href="#">MMR (Measles, Mumps, Rubella)</a>	12	45	16
<a href="#">PCV13 (Pevnar)</a>	0	6	11
<a href="#">Rotavirus</a>	0	1	4
<a href="#">Td (Tetanus diphtheria)</a>	3	18	7
<a href="#">Tdap</a>	0	14	11
<a href="#">VZV (Varicella)</a>	15	45	19

<b>Communicable Disease Cases</b>	<b>Current Month</b>	<b>Quarter</b>	<b>Year to Date</b>	<b>Last Year to Date</b>
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**Gastroenteric**

<a href="#">Campylobacter</a>	0	0	15	20
<a href="#">Cryptosporidiosis</a>	0	1	10	9
<a href="#">Cyclosporiasis</a>	0	0	6	6
<a href="#">E. Coli (STEC)</a>	0	2	18	58
<a href="#">E. Coli (Other)</a>	5	13	50	0
<a href="#">Giardiasis</a>	0	1	12	5
<a href="#">Hemolytic Uremic Syndrome</a>	0	0	0	1
<a href="#">Listeriosis</a>	0	0	0	0
<a href="#">Salmonellosis</a>	0	0	18	16
<a href="#">Shigellosis</a>	0	1	4	3
<a href="#">Vibriosis</a>	0	0	2	2
<a href="#">Yersinia</a>	0	0	0	1

<b>Other Communicable Diseases</b>	<b>Current Month</b>	<b>Quarter</b>	<b>Year to Date</b>	<b>Last Year to Date</b>
<a href="#">Acute Flaccid Myelitis</a>	0	0	0	1
<a href="#">Babesiosis</a>	0	0	1	2
<a href="#">Bacterial Meningitis</a>	0	0	0	1
<a href="#">Blastomycosis</a>	0	0	0	0
<a href="#">Burkholderia Pseudomallei</a>	0	0	0	0
<a href="#">Carbon Monoxide Poisoning</a>	0	2	10	4
<a href="#">Dengue Fever</a>	0	0	0	0
<a href="#">Ehrlichiosis / Anaplasmosis</a>	0	1	5	2
<a href="#">Haemophilis Influenza</a>	0	0	1	0
<a href="#">Hep A</a>	0	3	3	0
<a href="#">Hep B</a>	0	0	4	4
<a href="#">Hep C</a>	4	14	50	47
<a href="#">Histoplasmosis</a>	0	0	1	1
<a href="#">Hospitalized Influenza</a>	5	5	35	59
<a href="#">Invasive Group A Strep</a>	0	0	0	1
<a href="#">Invasive Strep, Other</a>	0	0	0	9
<a href="#">Jamestown Canyon</a>	0	0	0	0
<a href="#">Kawasaki</a>	0	0	0	2
<a href="#">Legionellosis</a>	0	0	1	1
<a href="#">Leprosy</a>	0	0	0	0
<a href="#">Lyme Disease</a>	1	3	22	15
<a href="#">Malaria</a>	0	4	0	0
<a href="#">Neisseria Meningitidis, Invasive Disease</a>	0	0	0	1
<a href="#">Novel Influenza</a>	0	0	0	0
<a href="#">Rocky Mountain Spotted Fever</a>	0	0	0	0
<a href="#">Streptococcus group B invasive disease</a>	0	0	15	8
<a href="#">Streptococcus pneumoniae</a>	1	2	2	4
<a href="#">TB, Latent Infection</a>	5	5	35	23
<a href="#">TB: Atypical</a>	1	4	8	2
<a href="#">TB: Mycobacterium</a>	0	0	2	0
<a href="#">Viral Meningitis</a>	0	0	0	0
<a href="#">VISA</a>	0	0	0	0
<a href="#">West Nile Virus</a>	0	0	0	0

<b>Vaccine Preventable</b>	<b>Current Month</b>	<b>Quarter</b>	<b>Year to Date</b>	<b>Last Year to Date</b>
<a href="#">Measles</a>	0	0	0	0
<a href="#">Mumps</a>	0	0	0	0
<a href="#">Pertussis</a>	1	1	4	8
<a href="#">Rubella</a>	0	0	0	0
<a href="#">Varicella</a>	0	4	9	9

<b>Tuberculosis Prevention and Control</b>	<b>Quarter</b>	<b>Year to Date</b>	<b>Last Year to Date</b>
Number of TB (Chemoprophylaxis Referrals)	5	26	15
Number of TB Skin Tests	1	70	170
Number of Referrals for TB Blood Test	0	20	27
Number of TB positive tests	0	0	0

<b>Sexually Transmitted Disease</b>	<b>Current Month</b>		<b>Quarter</b>		<b>Year to Date</b>		<b>Last Year to Date</b>	
	<b>All Ages</b>	<b>≤18</b>	<b>All Ages</b>	<b>≤18</b>	<b>All Ages</b>	<b>≤18</b>	<b>All Ages</b>	<b>≤18</b>
<a href="#">Chlamydia</a>	29	1	95	4	321	27	346	48
<a href="#">Gonorrhea</a>	9	0	30	1	61	3	50	5
<a href="#">HIV</a>	0	0	0	0	3	0	3	0
<a href="#">Other STD</a>	0	0	0	0	0	0	0	0
<a href="#">Partner/Referral Program (Contacts)</a>	0	0	0	0	1	0	1	0
<a href="#">Syphilis</a>	3	0	6	0	8	0	6	0

<b>Planned Parenthood Contract</b>	<b>Quarter</b>	<b>Year to Date</b>	<b>Last Year to Date</b>
Individuals served	11	47	65
Number of tests	28	101	157
Individuals treated	3	14	14

<b>Lead</b>	<b>Quarter</b>	<b>Year to Date</b>	<b>Last Year to Date</b>
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**Elevations**

Initial Venous lead levels >19 ug/dl	0	0	0
Repeat Venous lead levels >19 ug/dl	0	0	0
Initial Venous lead levels 10 - 19 ug/dl	0	1	1
Repeat Venous lead levels 10 - 19 ug/dl	0	0	0
Capillary lead levels >10 ug/dl	2	5	3
Capillary lead levels 5 - 9 ug/dl	8	26	0
Venous lead levels 5 - 9 ug/dl	2	9	16
Home Inspections	0	1	4
Education	1	8	7
Formal Enforcement Action	0	1	3

<b>Licensed Establishments</b>	<b>Plan Reviews</b>			<b>Preinspections</b>		
	<b>Quarter</b>	<b>Year to Date</b>	<b>Last Year to Date</b>	<b>Quarter</b>	<b>Year to Date</b>	<b>Last Year to Date</b>
Public Eating and Drinking	2	3	0	8	53	27
Retail Food	0	0	4	1	9	13
Hotel/Motel and Tourist Rooming House	0	0	0	0	1	0
Bed and Breakfast	0	0	0	0	0	0
Manufactured Home Communities	0	0	0	0	0	0
Vending Machines	0	0	0	0	0	0
Swimming Pools	0	0	0	0	0	0
Tattoo and Body Piercing	0	0	0	0	3	4
Temporary Restaurants	0	0	0	0	0	0
Non-profit	0	0	0	0	0	0
Rec/Ed Campground	0	0	0	0	0	0
Campground	0	0	0	0	0	0
Pigeon Permit	0	0	0	0	0	0
Temporary Retail	0	0	0	0	0	0
Special Organization Serving Meals	0	0	0	0	0	0
Apiary	0	0	1	0	1	3
Chicken Keeping	0	1	0	0	4	8
Total	2	4	5	9	71	55

<b>Licensed Establishments</b>	<b>Inspections</b>			<b>Reinspections</b>		
	<b>Quarter</b>	<b>Year to Date</b>	<b>Last Year to Date</b>	<b>Quarter</b>	<b>Year to Date</b>	<b>Last Year to Date</b>
Public Eating and Drinking	65	223	285	8	31	83
Retail Food	33	78	88	0	3	13
Hotel/Motel and Tourist Rooming House	1	3	7	0	0	0
Bed and Breakfast	0	2	3	0	0	0
Manufactured Home Communities	0	0	1	0	0	0
Vending Machines	0	0	0	0	0	0
Swimming Pools	1	13	18	0	1	0
Tattoo and Body Piercing	0	7	11	0	0	0
Temporary Restaurants	0	15	18	0	1	0
Non-profit	0	55	58	0	6	8
Rec/Ed Campground	0	0	1	0	0	0
Campground	0	0	0	0	0	0
Pigeon Permit	0	0	0	0	0	0
Temporary Retail	1	8	6	0	0	0
Special Organization Serving Meals	0	0	0	0	0	0
Apiary	0	4	2	0	0	0
Chicken Keeping	0	1	8	0	0	0
Total	101	409	506	8	42	104

Licensed Establishments	Complaints			Complaint Followups		
	Quarter	Year to Date	Last Year to Date	Quarter	Year to Date	Last Year to Date
Public Eating and Drinking	5	24	26	1	6	6
Retail Food	2	7	2	0	2	0
Hotel/Motel and Tourist Rooming House	0	0	0	0	0	0
Bed and Breakfast	0	0	0	0	0	0
Manufactured Home Communities	0	0	0	0	0	0
Vending Machines	0	0	0	0	0	0
Swimming Pools	4	5	4	0	0	0
Tattoo and Body Piercing	0	0	0	0	0	0
Temporary Restaurants	0	0	1	0	0	0
Non-profit	0	0	0	0	0	0
Rec/Ed Campground	0	0	0	0	0	0
Campground	0	0	0	0	0	0
Pigeon Permit	0	0	0	0	0	0
Temporary Retail	0	0	0	0	0	0
Special Organization Serving Meals	0	0	0	0	0	0
Apiary	0	0	0	0	0	0
Chicken Keeping	0	1	0	0	0	0
Total	11	37	33	1	8	6

Licensed Establishments	Consultations		
	Quarter	Year to Date	Last Year to Date
Public Eating and Drinking	71	255	264
Retail Food	13	37	67
Hotel/Motel and Tourist Rooming House	0	6	1
Bed and Breakfast	0	0	1
Manufactured Home Communities	0	2	1
Vending Machines	0	1	0
Swimming Pools	1	5	6
Tattoo and Body Piercing	1	20	43
Temporary Restaurants	1	34	31
Non-profit	2	37	47
Rec/Ed Campground	0	1	0
Campground	0	0	0
Pigeon Permit	0	0	0
Temporary Retail	3	5	2
Special Organization Serving Meals	0	0	0
Apiary	0	6	8
Chicken Keeping	2	18	34
Total	94	427	505

Food Borne-Water Borne Disease	Current Month	Quarter	Year to Date	Last Year to Date
Number of Outbreaks	0	0	0	0
Number of Interviews	0	0	0	3
Number symptomatic	0	0	0	3

Laboratory/Field Tests	Current Month	Quarter	Year to Date	Last Year to Date
WDATCP Random Sampling Program	0	30	30	0

#### Swimming Pool Water Samples

Total number of pools sampled	19	55	237	229
Total number of pools resampled	2	3	3	6
Total positive HPC	2	3	3	0
Total positive coliform	2	2	2	6



**Rabies Specimens**

Type of Animal Shipped

Dog	0	1	0
Cat	0	0	1
Bat	1	10	2
Raccoon	0	0	0
Ferret	0	0	0
Skunk	0	0	0
Other	0	0	0
Total shipped	1	11	3
Total positive results	0	0	0

**II. Protecting the Environment**

Environmental Investigations	Consultations			Complaints		
	Quarter	Year to Date	Last Year to Date	Quarter	Year to Date	Last Year to Date
Community water supplies	0	0	0	0	0	0
School/Day Care	2	3	1	0	0	0
Private water supplies	0	1	1	0	0	0
Surface water pollution	0	0	2	0	0	0
Animal nuisances	2	6	15	0	0	0
Rabies control	10	33	23	0	1	0
Insect control	6	17	25	1	4	3
Rodent control	2	3	4	2	3	1
Hazardous substance control	1	4	10	0	0	1
Air pollution - Indoor	1	8	12	1	3	0
Air pollution - Outdoor	0	0	1	0	0	0
Noise	1	8	14	1	1	1
Radiation	0	3	1	0	0	0
Garbage/rubbish nuisance	0	0	3	0	0	1
Private residence/housing	3	3	14	3	4	3
Lead	1	7	1	0	0	0
Other Programs	5	27	11	0	0	0
Other Business	3	7	29	0	0	0
Mold	11	29	40	4	6	1
Totals	48	159	207	12	22	11

Environmental Investigations	Complaint Followups		
	Quarter	Year to Date	Last Year to Date
Community Water Supplies	0	0	0
School/Day Care	0	0	0
Private water supplies	0	0	0
Surface water pollution	0	0	0
Animal nuisances	0	0	0
Rabies control	0	0	0
Insect control	0	2	5
Rodent control	1	2	2
Hazardous substance control	0	0	0
Air pollution - Indoor	0	0	0
Air pollution - Outdoor	0	0	0
Noise	3	3	1
Radiation	0	0	0
Garbage/rubbish nuisance	0	0	1
Private residence/housing	0	0	4
Lead	0	0	0
Other Programs	0	0	0
Other Business	0	0	0
Mold	1	1	1
Totals	5	8	14

### III. Promoting Health

Type of Referrals to Public Health Nurse (PHN)	Quarter	Year to Date	Last Year to Date
Family	1	1	3
Maternal/Child	229	920	926
Adult/Elderly	1	5	7
Total	231	926	936

Community Health Visits	Admissions			Revisits		
	Quarter	Year to Date	Last Year to Date	Quarter	Year to Date	Last Year to Date

Includes contact to elderly and adult clients, parents, and children for purposes of assessment, teaching, referrals and case management

MCH	31	134	145	144	393	359
Adult	13	86	64	107	266	126
Elderly	0	7	5	4	18	118
Total	44	227	214	255	677	603

Community Health Visits	Discharges			Phone Calls as Visit		
	Quarter	Year to Date	Last Year to Date	Quarter	Year to Date	Last Year to Date

Includes contact to elderly and adult clients, parents, and children for purposes of assessment, teaching, referrals and case management

MCH	0	2	7	8	77	74
Adult	0	14	7	2	9	13
Elderly	0	3	5	0	2	4
Total	0	19	19	10	88	91

Primary Health Problem	Quarter	Year to Date	Last Year to Date
General Health Promotion	29	136	148
Prenatal	28	86	87
Postpartum	69	204	217
Infant and Child Health	89	251	233
Communicable Disease	99	227	134
Endocrine/Nutritional/Immunity Disorders	0	3	10
Nervous system and sense organs	0	0	0
Circulatory system	10	38	64
Respiratory system	4	7	18
Musculoskeletal system and Connective tissue	0	0	7
Other	11	31	50
Total	339	983	968

<b>Adult/Elderly Clients By Referral Source</b>	<b>Quarter</b>	<b>Year to Date</b>	<b>Last Year to Date</b>
Self	0	0	1
Case Finding	0	1	1
Physician (Unhospitalized)	0	1	1
Hospital	0	1	0
Social Service/Counseling	0	1	1
Community Agency	0	0	2
Other Public Health Agency	1	1	0
Licensed Home Health Agency	0	0	0
State Agency	0	0	0
Carried Over From Previous Year	0	12	19
Other	0	0	0
<b>Total</b>	<b>1</b>	<b>17</b>	<b>25</b>

<b>Client Interventions</b>	<b>Quarter</b>	<b>Year to Date</b>	<b>Last Year to Date</b>
Case Management	91	314	328
Consultation	32	55	53
Counseling	26	129	169
Delegated Functions	0	1	2
Disease and Health Event Investigation	0	2	1
Health Teaching	90	344	316
Referral and Follow Up	13	72	86
Screening	78	225	227
<b>Total</b>	<b>330</b>	<b>1142</b>	<b>1182</b>

<b>Non-Client Contacts</b>	<b>Quarter</b>	<b>Year to Date</b>	<b>Last Year to Date</b>
Adult child	0	1	0
Aging & Disability Resource	3	3	1
Citizen	6	12	22
Client	0	2	0
Community Agency	1	3	6
Employer	0	2	0
Faith Community	0	1	0
Friend	1	4	0
Hospital	1	2	0
Human Services	0	1	1
Mental Health Provider	0	0	0
Nurse	0	1	0
Other	1	2	0
Parent/Guardian	2	4	5
Primary Care Provider	0	1	0
Spouse	0	1	0
<b>Total</b>	<b>15</b>	<b>40</b>	<b>35</b>

<b>Non-Client Contact Interventions</b>	<b>Quarter</b>	<b>Year to Date</b>	<b>Last Year to Date</b>
Consultation	7	16	5
Counseling	0	2	3
Health Teaching	4	7	6
Referral and Follow Up	6	22	25
<b>Total</b>	<b>17</b>	<b>47</b>	<b>39</b>

**IV. Protecting the Consumer**

Consumer Complaints	Number Received			Number of Violations Found		
	Quarter	Year to Date	Last Year to Date	Quarter	Year to Date	Last Year to Date
Foods	1	2	1	0	0	0
Liquid foods	0	0	0	0	0	0
Non-food Products	0	0	0	0	0	0
Heating Oil and LP gas	0	0	0	0	0	0
Firewood	0	0	0	0	0	0
Gas station pumps	5	14	13	1	3	3
Gas station service console	1	7	1	0	0	0
Gas station price signage	0	6	1	0	2	0
Gas station gasoline quality	0	3	2	0	0	0
Scales: food	0	0	1	0	0	0
Scales: scrap metal	0	1	0	0	0	0
Scales: other	0	0	0	0	0	0
Scanning	2	5	13	0	0	2
Trade practices	0	4	5	0	1	1
Advertising	0	0	3	0	0	1
Going out of business sales	0	1	0	0	1	0
Temporary sales	0	0	0	0	0	0
Miscellaneous	0	0	0	0	0	0
Totals	9	43	40	1	7	7

Type of Establishments Inspected	Current Month	Quarter	Year to Date	Last Year to Date
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Food and convenience stores, restaurants, bakery and candy stores, dairy plants and stores, drug stores, hardware stores, variety stores, gas stations, salvage and recyclers, pet shops, garden centers, industrial manufacturing plants, concrete and asphalt plants

Total number inspected	47	115	648	627
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Equipment and Device Examined	0				Number Not in Compliance			
	Current Month	Quarter	Year to Date	Last Year to Date	Current Month	Quarter	Year to Date	Last Year to Date
Scales and Balances	36	146	568	609	0	1	14	3
Measures (Includes gas pumps and fuel oil tru	3	83	1,056	1,008	0	3	40	35
Weights	1	1	25	14	0	0	0	0
Total	40	230	1,649	1,631	0	4	54	38

Commodity Report	Current Month	Quarter	Year to Date	Last Year to Date
Total units of product investigated	6,107	33,830	162,981	131,856
Random sample size	1,025	5,011	19,225	20,716
Total products/units found short weight	36	313	1,210	1,267
Total products/units found mislabeled	271	607	1,985	723

Price Scanning Inspections	Month	Quarter	Year to Date	Last Year to Date
Number of Inspection	12	24	144	141
Number of items scanned	350	700	4,775	4,602
Pricing errors found	0	6	103	130

License Investigations	Quarter	Year to Date	Last Year to Date
Closeout sales	0	1	0
Secondhand dealers	17	32	25
Commercial solicitation	1	20	32
Taxicab	0	5	10
Pet store	0	3	4
Fire wood	0	20	20



# APPLETON HEALTH DEPARTMENT QUARTERLY REPORT October 1 - December 31, 2019

## Executive Summary

*The Health Department's day-to-day activities for the third quarter of 2019 are enumerated in the attached report. The Department continues to work toward fulfilling the goals of our Department, keeping in mind the belief statements that support and enhance our mission statement.*

***“Plays a vital role assessing and assuring the health needs and trade practices in the community”***

City Sealer Eric Maggio and Health Officer Kurt Eggebrecht met with the nine contracted Consortium municipalities of Ashwaubenon, Berlin, Fox Crossing, Kaukauna, Kimberly, Little Chute, New London, Ripon and Waupaca. The yearly meetings provide a chance to have face-to-face meetings about the program, provide next year's budget projections, and answer any questions about the work during the year. The municipalities all value the partnership of sharing services.

***“Provides services to protect and promote the health and well-being of the citizen and consumer”***

Health Officer Kurt Eggebrecht and Emergency Management Coordinator Cassidy Walsh participated in the Fox Valley Healthcare Emergency Readiness Coalition's (FVHERC) Closed Point of Dispensing (POD) exercise on December 11<sup>th</sup>. This exercise introduced a biological attack scenario that escalated in the Fox Valley area. The purpose of the exercise was to identify the need to vaccinate staff and their family members within the healthcare agency in order to keep daily operations going in a time of crisis. The exercise developed into great discussion on future collaboration with both hospitals in Appleton. The next step will be to escalate into a hands-on drill utilizing the City of Appleton Health Department Closed POD plans.

Cassidy Walsh organized preparedness training gap assessment meetings with all the department directors and deputy directors. These meetings allowed each department to meet one on one with Cassidy, describe the roles of their departments in the city, and identify training needs and opportunities to better prepare staff in each department. These

meetings were conducted on October 24<sup>th</sup>, 25<sup>th</sup>, 29<sup>th</sup>, and November 5<sup>th</sup>, 12<sup>th</sup>, and 19<sup>th</sup>. This was a great opportunity to create an emergency training plan for the city for the next couple years.

November 14<sup>th</sup>, Environmentalist Michelle Roberts and Ryan Mathew conducted swab sampling at three licensed establishments as part of DATCP's Listeria monitoring program. All samples tested negative for Listeria.

***“Communicates with the public on health and consumer related issues”***

Public Health Nurse Val Davis created a display to promote Childhood Lead Poisoning Prevention. This educational display was available for the community to view at the Appleton Public Library for the entire month of October.

October 17<sup>th</sup>, Becky Lindberg, RN and Krista Waterstradt, RN gave two presentations to 44 First Grade students at Foster Elementary. This interactive presentation focused on handwashing and “germs”.

November 12<sup>th</sup>, Krista Waterstradt, RN and Val Davis, RN presented on the topic of communicable disease to 20 YMCA child care teachers at YMCA-Fox West.

***“Provides services in a cost effective and efficient manner”***

Health department nursing staff provided 253 doses of influenza vaccine to City of Appleton elected officials, employees, their spouses, partners and children nine years of age and older.

In 2019, there were 32 new lead cases with an initial lead capillary level of 5 µg/dL or greater in children residing within the city limits of Appleton. Of these cases, 28 were 5-9 µg/dL and 4 were 10 µg/dL or above. There was 100% follow up on all 32 cases via mail and/or phone (14 cases had additional phone outreach). Of the 28 cases 5-9 µg/dL, 23 had a follow up venous test done and 3 are “In process” for a repeat test and 2 have not responded back to our outreach efforts. No cases 5-9 µg/dL had a home visit, but home visits were offered. Of the four (10+ µg/dL) cases, all four had follow-up venous testing done (100%). 1 case of 10+ had a home visit and an environmental investigation done. The other 3 cases had follow-up venous tests below 5 µg/dL.

In addition to case management of lead elevated children, primary prevention services are offered. There is outreach done to all City of Appleton families of 6-month-old children who live in a home built prior to 1950. This outreach offers these families a home visit to help identify lead hazards and includes information about lead sources. On average, this reaches about 20 families per month.

***“Develops and evaluates departmental programs, policies and procedures based on community needs and collaborate with community agencies and providers to assess those needs and ensure high quality services”***

Public Health Nurses Becky Lindberg, Sonja Jensen and Susan Larson participated in a discussion with staff from Mosaic Family Health and World Relief Fox Valley on October 18. The topic focused on how the three agencies could best work together to provide optimal refugee health services.

Emergency Management Coordinator Cassidy Walsh hosted a Public Health Preparedness Partnership meeting in Appleton on October 11<sup>th</sup>. The meeting offered a chance to go over the contract deliverables associated with the preparedness grant. The group explored new tools to utilize when engaging the public on preparedness matters. It was also a chance for Cassidy to lay out her vision of focusing and enhancing the PHEP plans on an individual basis. It was met with full support by the group. The new meeting schedule will now be group meetings quarterly and individual meetings in the months between.

This quarter, Common Council approved ordinance language that prohibits the possession of vaping and e-cigarette related products. Given that more than 30% of high school students in Appleton use these products, we wanted to provide an alternative to citations that would lead to greater understanding of the dangers of these products. In Depth is a program from the American Lung Association that teaches youth about how the tobacco industry hires lobbyists and marketing specialists to target this product directly to their age groups in order to make a profit.

Health Officer Kurt Eggebrecht has facilitated discussions with Lawrence University students to teach this class to those who receive citations. If students participate, the citation from a police officer is waived. The Appleton Area School District has supported this social justice approach to reduce the epidemic of use. Nicotine consumption at a young age impacts brain development and impairs learning. The Community Foundation is supporting this pilot project to determine effectiveness.

***“Professional staff works together as a cohesive team by cooperating, communicating and supporting each other to achieve departmental and individual goals”***

Public Health Nurse Jena McNeil completed the Thrive Leadership Academy, which culminated in a graduation ceremony on December 2.

October 7<sup>th</sup>, Ryan Mathew was hired to fill the vacant Environmentalist position. As part of his orientation and training, Ryan has completed his required 25 joint inspections with Steve, Michelle and Wisconsin Department of Agriculture, Trade and Consumer Protection (WI DATCP) staff along with required online FDA courses. Ryan is now able to do independent inspections in the field. Ryan is a great addition to our staff.

In December, Steve Kihl began working with DATCP staff on his initial standardization. This process involves doing 8 side by side inspections with a State “Standard” to ensure consistency in the inspection and report writing processes. Steve will then become our agency Standard and go through the same process with Michelle and Ryan. This assures that all inspections are upholding the current food codes.

This quarter staff participated in a variety of trainings including:

October 2<sup>nd</sup>, Public Health Nurse Jena McNiel and Public Health Nursing Supervisor Sonja Jensen participated in the Imagine Fox Cities Community Summit in Kimberly. The overarching aim of Imagine Fox Cities is, “To advance the Well-Being of Our Place and the Well-Being of Our People”.

October 2<sup>nd</sup>, Britney Stobbe, Val Davis, and Cassidy Walsh attended a training at the Fox Valley Technical College. The focus was the new Inventory Management and Tracking System (IMATS).

October 7<sup>th</sup>-9<sup>th</sup>, Weights and Measures Specialist Todd Schmidt represented Appleton by attending the annual WWMA fall conference in Stevens Point, WI. The conference was administered by the Wisconsin Weights and Measures Association and the National Conference for Weights and Measures. A variety of topics were discussed during this year’s training. At the conclusion of the conference, Todd was sworn in as Vice President of Wisconsin Weights and Measures Association. He will serve on the board in various roles for the next 4 years.

October 9<sup>th</sup>-10<sup>th</sup>, Public Health Nurse Julie Erickson attended the Wisconsin Public Health Employee Orientation Session in Rothschild. This training was held at the Central Wisconsin Convention and Expo Center and was sponsored by the Wisconsin Department of Health Services.

October 10<sup>th</sup>, Steve and Michelle attended the Lead Risk Assessor Refresher class. This is a required recertification training provided by WI DHS – Lead and Asbestos Section. The certification is required for individuals performing lead risk assessments in homes of children found to be lead poisoned.

October 10<sup>th</sup>, Public Health Nurses Jess Moyle, Krista Waterstradt and Val Davis attended the First Breath Regional Session in Green Bay.

October 16<sup>th</sup>-18<sup>th</sup>, Cassidy Walsh attended the Debris Management course put on by Wisconsin Emergency Management. The 24-hour course highlighted the several phases and challenges with debris removal after a disaster, and the importance of having a debris removal plan. Outagamie County is in the works of creating a debris removal plan. The City of Appleton Public Works staff and Cassidy plan to be highly involved in that planning process when the county moves forward.



October 29<sup>th</sup>, Public Health Nurses Becky Lindberg and Jess Moyle attended the Employee Friendly Workplace Launch at Werner Electric Supply in Appleton. This event was sponsored by the Fox Cities Chamber. Becky and Jess are able to provide advice to companies interested in breast feeding options at the workplace.

November 6<sup>th</sup>, Environmentalist Ryan Mathew attended the Rabies Control Training sponsored by WI DATCP. The training covered rabies exposure response protocols along with specimen shipping requirements.

November 6<sup>th</sup>-7<sup>th</sup>, Public Health Nurses Jena McNiell, Jess Moyle, Julie Erickson, Krista Waterstradt, Val Davis and Sonja Jensen attended the Northeast Region Tuberculosis Summit at Liberty Hall in Kimberly. Jena McNiell and Sonja Jensen were on the planning committee for this educational event.

November 16<sup>th</sup>, Public Health Nurses Becky Lindberg and Susan Larson and Public Health Nursing Supervisor Sonja Jensen attended the Joint Fox Valley Refugee Resettlement Meeting at Miron Construction in Neenah. The meeting included a presentation on the H.E.A.R.T. (Healing Environment and Restorative Therapy) model of care in working with survivors of torture.

November 16<sup>th</sup>-17<sup>th</sup>, Emergency Management Coordinator Cassidy attended Wisconsin Emergency Management (WEM) 101 in Madison. This was a course that covered the multitude of programs within WEM, introduced the WEM staff that manage the programs, discussed the WEM certification process, and highlighted emergency service programs across the state of Wisconsin. This course was largely a great networking opportunity for new emergency management directors/coordinators.

November 7<sup>th</sup>, Environmental Health Supervisor Steve Kihl attended the New Supervisor Orientation.

December 16<sup>th</sup>, Environmentalists Ryan Mathews and Michelle Roberts attended Hazard Analysis and Critical Control Point (HACCP) Verification Training sponsored by WI DATCP. Certain food processes require an approved HACCP Plan. This training covered detailed inspection criteria to evaluate in an establishment with a required HACCP Plan.

Respectfully submitted,

Kurt Eggebrecht, M.Ed., MCHES  
Health Officer

**HEALTH DEPARTMENT**  
**Fourth Quarter Review**  
**All Figures Through December 31, 2020**

**Significant 2018 Events:**

See 2018 Quarterly Reports

**Performance Data:**

<b>Administration 4th Quarter</b>						
Program	Criteria	Actual 2017	Actual 2018	Actual 2019	Actual 2020	Target 2020
<b>ADMIN</b>	Client Benefit					
Train Staff	Benefit #1: Training request/ reviewed/ approved	100%	100%	100%	100%	100%
Safe Work	Benefit #2: # unresolved safety issues	0	0	0	0	0
Level III Health Dept	Outcome #1: # of unresolved issues	0	0	0	0	0
Internal Advancement	Outcome #2: % vacancies filled from within	100%	100%	100%	100%	100%
Training	Output #1: Hours of training/employee	36	41	48	49	40
Staff Assessments	Output #2: % completed on time	100%	100%	100%	100%	100%
Collaboration with Health Care Partners	Output #3: # of meetings	137	151	147	138	140
Prepare Annual Report	Output #4: Complete by 120th day of following year	4/30	4/21	4/18	4/13	4/25

## Nursing 4th Quarter

Program	Criteria	Actual 2017	Actual 2018	Actual 2019	Actual 2020	Target 2020
<b>Client Benefits/Impacts</b>						
TB Disease Resolved	Benefit #1: Three negative tests/ complete treatment/ + clinical status	(2 Total) 1 - resolved 1 - in treatment	(2 Total) 1 - moved out of jurisdiction 1 - in treatment	1-resolved	2-in treatment	100%
Occupational Health	Benefit #2: TB testing and training	100%	100%	100%	100%	100%
<b>Strategic Outcomes</b>						
Epi-linked TB Cases	Outcome #1: # of cases	0	0	0	0	0
Increase Vaccine Coverage	Outcome #2: % school age children vaccinated	99%	99%	99%	99%	99%
COM Regulations	Outcome #3: % of required participants	100.0%	100.0%	100.0%	100.0%	100.0%
<b>Work Process Outputs</b>						
Case Management of TB	Output #1: # of home visits	426	90	47	224	100
TB Skin Test	Output #2: # of TB skin tests	101	72	172	70	75

## Environmental 4th Quarter

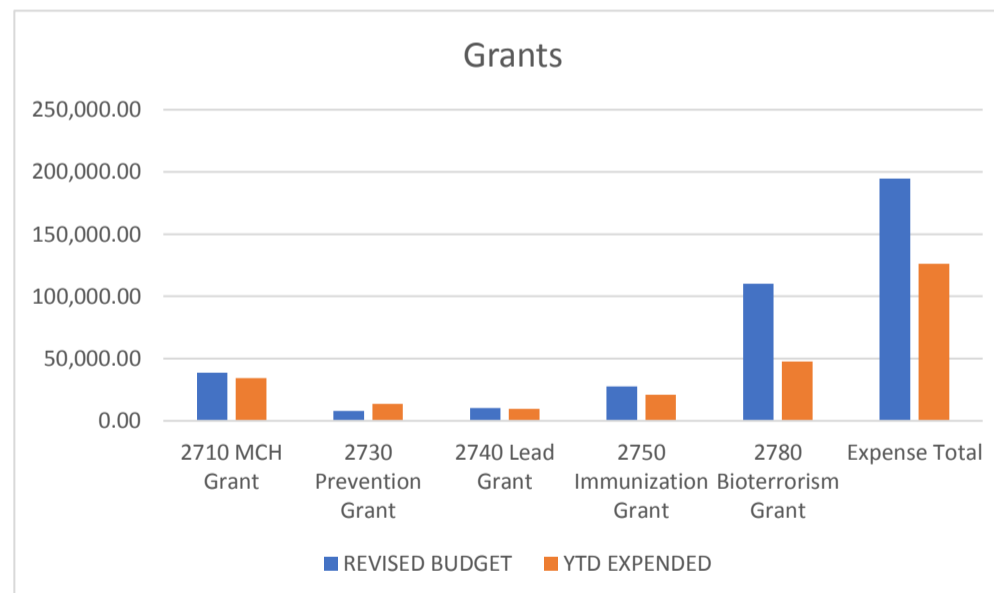
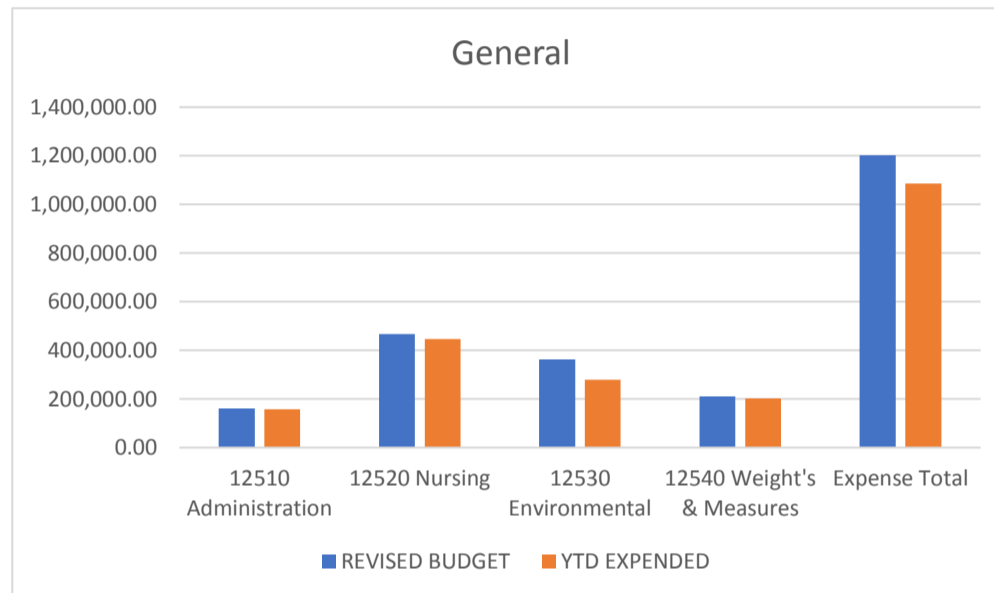
Program	Criteria	Actual 2017	Actual 2018	Actual 2019	Actual 2020	Target 2020
<b>Client Benefits/Impacts</b>						
Fair and Consistent Inspection	Benefit #1: Positive triennial survey results	100	100%	100%	95.2%	100%
Health Hazards	Benefit #2: Identified and corrected inspection reports	100%	100%	100%	100%	100%
<b>Strategic Outcomes</b>						
Voluntary Compliance Improved	Outcome #1: # of critical violations	396	371	402	586	375
Human Cases of Rabies	Outcome #2: # of cases	0	0	0	0	0
Foodborne Outbreaks	Outcome #3: # of outbreaks related to special events	0	0	0	0	0
Foodborne Outbreaks	Outcome #4: # of food establishment linked outbreaks	0	0	0	0	0
<b>Work Process Outputs</b>						
Annual Inspection & Follow-ups	Output #1: # of inspections	501	515	506	409	540
Annual Inspection & Follow-ups	Output #2: # of follow up inspections	114	102	104	36	120
Response to Complaints	Output #3: # of complaints/follow ups	26/26	78/58	68/20	71/23	135/75
Response to Complaints	Output #4: % completed within 3 days	100.0%	100%	97%	100%	99%
Animal Bite Complaints	Output #5: % response within 4 hours	100%	100%	100%	100%	100%
Education Sessions for Non-profits	Output #6: # of vendors participating	84	84	60	41	25

## Weights & Measures 4th Quarter

Program	Criteria	Actual 2017	Actual 2018	Actual 2019	Actual 2020	Target 2020
<b>Client Benefits/Impacts</b>						
Reduce Price Scanning Errors	Benefit #1: % error trend reporting compliance (over charges)	99.1%	98.5%	98.7%	98.8%	100.0%
Accurate Product Labeling	Benefit #2: Positive triennial consumer survey	100.0%	88%	100%	100.0%	100.0%
Accurate Measuring Devices	Benefit #3: % of devices that measure accurately	94.2%	97.4%	97.7%	96.7%	96.0%
<b>Strategic Outcomes</b>						
System of Price Control	Outcome #1: % error trend reporting compliance (undercharges)	97.9%	99.1%	98.5%	99.1%	98.0%
Short Weight & Mislabeled Measured Sales	Outcome #2: % error trend reporting compliance	95.8%	97.9%	98.5%	98.0%	96.0%
Public Confidence in System Integrity	Outcome #3: Triennial consumer survey response	100.0%	88.0%	98.2%	92.0%	99.0%
<b>Work Process Outputs</b>						
Price Scanning Inspection	Output #1: # of annual inspections	145	125	141	144	130
Commodity Inspections	Output #2: # of inspections	13,431	17,887	20,678	19,225	15,000
Device Inspections	Output #3: # of inspections	1,794	1,787	1,631	1,649	1,775

ACCOUNT DESCRIPTION	ORIGINAL APPROD	REVISED BUDGET	YTD EXPENDED	AVAILABLE BUDGET	% USED
12510 Administration	161,806.00	161,806.00	157,363.53	4,442.47	97.3%
12520 Nursing	466,524.00	466,524.00	446,300.05	20,223.95	95.7%
12530 Environmental	362,623.00	362,623.00	279,294.04	83,328.96	77.0%
12540 Weight's & Measures	211,174.00	211,174.00	202,848.28	8,325.72	96.1%
Expense Total	1,202,127.00	1,202,127.00	1,085,805.90	116,321.10	90.3%

ACCOUNT DESCRIPTION	ORIGINAL APPROD	REVISED BUDGET	YTD EXPENDED	AVAILABLE BUDGET	% USED
2710 MCH Grant	38,732.00	38,732.00	34,436.80	4,295.20	88.9%
2730 Prevention Grant	7,902.00	7,902.00	13,520.82	-5,618.82	171.1%
2740 Lead Grant	10,317.00	10,317.00	9,593.67	723.33	93.0%
2750 Immunization Grant	27,531.00	27,531.00	21,144.09	6,386.91	76.8%
2780 Bioterrorism Grant	110,204.00	110,204.00	47,552.51	62,651.49	43.1%
Expense Total	194,686.00	194,686.00	126,247.89	68,438.11	64.8%





**I. Preventing Disease**

<b>Immunization Clinics</b>	<b>Current Month</b>	<b>Year to Date</b>	<b>Last Year to Date</b>
Persons Immunized	5	5	11
Immunizations administered	11	11	30

<b>Communicable Disease Cases</b>	<b>Current Month</b>	<b>Year to Date</b>	<b>Last Year to Date</b>
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**Gastroenteric**

<a href="#">Campylobacter</a>	0	0	0
<a href="#">Cryptosporidiosis</a>	0	0	1
<a href="#">Cyclosporiasis</a>	0	0	0
<a href="#">E. Coli (STEC)</a>	0	0	0
<a href="#">E. Coli (Other)</a>	3	3	0
<a href="#">Giardiasis</a>	0	0	2
<a href="#">Hemolytic Uremic Syndrome</a>	0	0	0
<a href="#">Listeriosis</a>	0	0	0
<a href="#">Salmonellosis</a>	3	3	1
<a href="#">Shigellosis</a>	0	0	1
<a href="#">Vibriosis</a>	0	0	0
<a href="#">Yersinia</a>	0	0	0

<b>Other Communicable Diseases</b>	<b>Current Month</b>	<b>Year to Date</b>	<b>Last Year to Date</b>
<a href="#">Acute Flaccid Myelitis</a>	0	0	0
<a href="#">Babesiosis</a>	0	0	0
<a href="#">Bacterial Meningitis</a>	0	0	0
<a href="#">Blastomycosis</a>	1	1	0
<a href="#">Burkholderia Pseudomallei</a>	0	0	0
<a href="#">Carbon Monoxide Poisoning</a>	0	0	2

<a href="#">Denque Fever</a>	0	0	0
<a href="#">Ehrlichiosis / Anaplasmosis</a>	0	0	1
<a href="#">Haemophilis Influenza</a>	0	0	0
<a href="#">Hepatitis A</a>	1	1	0
<a href="#">Hepatitis B</a>	0	0	0
<a href="#">Hepatitis C</a>	5	5	7
<a href="#">Histoplasmosis</a>	0	0	1
Hospitalized Influenza	4	4	3
<a href="#">Invasive Group A Strep</a>	0	0	0
<a href="#">Invasive Strep, Other</a>	1	1	0
<a href="#">Jamestown Canyon</a>	0	0	0
<a href="#">Kawasaki</a>	0	0	0
<a href="#">Legionellosis</a>	0	0	0
<a href="#">Leprosy</a>	0	0	0
<a href="#">Lyme Disease</a>	1	1	1
<a href="#">Malaria</a>	0	0	0
<a href="#">Neisseria Meningitidis, Invasive Disease</a>	0	0	0
<a href="#">Novel Influenza</a>	0	0	0
<a href="#">Rocky Mountain Spotted Fever</a>	0	0	0
<a href="#">Streptococcus group B invasive disease</a>	0	0	0
<a href="#">Streptococcus pneumoniae</a>	0	0	0
<a href="#">TB, Latent Infection</a>	4	4	6
TB: Atypical	2	2	0
<a href="#">TB: Mycobacterium</a>	0	0	0
<a href="#">Viral Meningitis</a>	0	0	0
<a href="#">VISA</a>	0	0	0
<a href="#">West Nile Virus</a>	0	0	0
<a href="#">Other</a>	1	0	0

<b>Vaccine Preventable</b>	<b>Current Month</b>	<b>Year to Date</b>	<b>Last Year to Date</b>
<a href="#">Measles</a>	0	0	0
<a href="#">Mumps</a>	0	0	0
<a href="#">Pertussis</a>	0	0	0
<a href="#">Rubella</a>	0	0	0
<a href="#">Varicella</a>	0	0	1

<b>Sexually Transmitted Disease</b>	<b>Current Month</b>		<b>Year to Date</b>		<b>Last Year to Date</b>	
	<b>All Ages</b>	<b>≤18</b>	<b>All Ages</b>	<b>≤18</b>	<b>All Ages</b>	<b>≤18</b>
<a href="#">Chlamydia</a>	24	3	24	3	22	2
<a href="#">Gonorrhea</a>	6	0	6	0	2	0
<a href="#">HIV</a>	0	0	0	0	0	0
Other STD	0	0	0	0	0	0
Partner/Referral Program	0	0	0	0	0	0
<a href="#">Syphilis</a>	1	0	1	0	1	0



<b>Licensed Establishments</b>	<b>Current Month</b>	<b>Year to Date</b>	<b>Last Year to Date</b>
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PE & D, Retail Food, Hotel/Motel, Bed & Breakfast, Manufactured Home Community, Vending Machines, Swimming Pools, Tattoo & Body Piercing, Rec/Ed Camps, Temporary Restaurant, Non-profit, Campground

Plan Reviews	1	1	1
Preinspections	2	2	4
Inspections	42	42	28
Reinspections	11	11	2
Complaints	0	0	2
Complaint Follow-ups	0	0	1
Consultations	43	43	40

<b>Food Borne/Water Borne</b>	<b>Current Month</b>	<b>Year to Date</b>	<b>Last Year to Date</b>
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Number of Outbreaks	0	0	0
Number of Interviews	0	0	0
Number of symptomatic	0	0	0

<b>Laboratory/Field Tests</b>	<b>Current Month</b>	<b>Year to Date</b>	<b>Last Year to Date</b>
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### Swimming Pool Water Samples

Total number of pools sampled	16	16	20
Total number of pools resampled	0	0	0
Total positive HPC	0	0	0
Total positive coliform	0	0	0

## ***II. Protecting the Environment***

<b>Environmental Investigations</b>	<b>Current Month</b>	<b>Year to Date</b>	<b>Last Year to Date</b>
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Community water supplies, private water supplies, surface water pollution, standing water nuisance, animal nuisances, rabies control, insect control, rodent control, hazardous substance control, indoor/outdoor air pollution, noise, radiation, garbage/rubbish, private residence/housing, other business (non-licensed)

Consultations	14	14	27
Complaints	4	4	7
Complaint Follow-ups	1	1	1

## ***III. Promoting Health***

<b>Community Health Visits</b>	<b>Current Month</b>	<b>Year to Date</b>	<b>Last Year to Date</b>
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Includes contact to elderly and adult clients, parents, and children for purposes of assessment, teaching, referrals, and case management

Patient Home/Telephone Visits	74	74	87
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#### IV. Protecting the Consumer

<b>Consumer Complaints</b>	<b>Current Month</b>	<b>Year to Date</b>	<b>Last Year to Date</b>
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##### Weights and Measures, Product Labeling, and Trade Practices

Total number of consumer complaints	5	5	4
Total number found in violation	0	0	1

<b>Type of Establishments Inspected</b>	<b>Current Month</b>	<b>Year to Date</b>	<b>Last Year to Date</b>
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Food and convenience stores, restaurants, bakery and candy stores, dairy plants and stores, drug stores, hardware stores, variety stores, gas stations, salvage and recyclers, pet shops, and garden centers, industrial manufacturing plants, concrete and asphalt plants

Total number inspected	29	29	65
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<b>Equipment and Devices Examined</b>	<b>Inspected</b>			<b>Number Not in Compliance</b>		
	<b>Current Month</b>	<b>Year to Date</b>	<b>Last Year to Date</b>	<b>Current Month</b>	<b>Year to Date</b>	<b>Last Year to Date</b>
Scales and balances	95	95	63	1	1	5
Measures (includes gas pumps and fuel oil truck meters)	0	0	1	0	0	0
Weights	0	0	0	0	0	0
Total	95	95	64	1	1	5

<b>Commodity Report</b>	<b>Current Month</b>	<b>Year to Date</b>	<b>Last Year to Date</b>
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Total units of product investigated	10,360	10,360	7,749
Random sample size	1,814	1,814	1,549
Total products/units found short weight	18	18	247
Total products/units found mislabeled	30	30	369

<b>Price Scanning Inspections</b>	<b>Current Month</b>	<b>Year to Date</b>	<b>Last Year to Date</b>
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Number of inspections	11	11	28
Number of items scanned	350	350	900
Pricing errors found	12	12	30

**The following noise variance requests have been approved by Health Officer, Kurt Eggebrecht:**

*Annual Appleton Car Show  
Pierce Park  
July 19<sup>th</sup>, 6:00am-4:00pm*

*The Mission Church Worship Service  
Pierce Park  
June 7<sup>th</sup>, 10am-12pm*

*The Mission Church Picnic in the Park  
Pierce Park  
June 2<sup>nd</sup>, 6:30pm-8pm*

*Snowdrop Apple Creek 50K  
Apple Creek YMCA  
April 25<sup>th</sup>, 6am-2:30pm*

*Missing and Murdered Indigenous Women and Girls Vigil  
Houdini Plaza  
February 14<sup>th</sup>, 5pm-8pm*

**The following noise variance requests have been approved by  
Health Officer, Kurt Eggebrecht:**

*Art in the Park*

*City Park*

*July 25<sup>th</sup> 9am -9pm*

*July 26<sup>th</sup> 9am-4pm*

*Sole Burner*

*City Park*

*May 9<sup>th</sup>, 7:30am – 11am*