

Agenda
Tuscola County Board of Commissioners
Committee of the Whole Monday, October 12, 2020 – 8:00 A.M.
HH Purdy Building - 125 W. Lincoln, Caro, MI

RESIDENTS OF TUSCOLA COUNTY PLEASE TAKE NOTICE

Electronic Remote Access - In accordance with Michigan Governor's Executive Order 2020-154, will be implemented in response to COVID-19 social distancing requirements and Michigan Governor's Executive Order 2020-160

To participate in the Electronic Meeting you can:

Join by phone: (US) +1 413-729-2634 PIN: 940 811 038#

Join by Hangouts Meet: meet.google.com/cfc-vtjs-otd

County Impacts from the Supreme Court Decision

1. Legislative Update from Senator Daley
2. Update from Ann Hepfer Health Officer
3. DHHS EO's under MCL 333.2253 (See A)
4. Board of Commissioner's: moving the county forward

Finance/Technology

Committee Leaders-Commissioners Young and Jensen

Primary Finance/Technology

1. 2021 Budget Development progress - Calendar (See B)
2. 2021 Capital Expense Review and Prioritization
3. MMR Reduction of Service (See C)
4. Workers Compensation– Mark Hankerd
5. Animal Control Update and projected needs
6. Inmate Telephone Services Agreement (See D)
7. 11th Amendment to the Inmate health care services (See E)
8. MIFSM Update

Building and Grounds

Committee Leaders-Commissioners Jensen and Grimshaw

Primary Building and Grounds

1. Adult Probation Building Fence
2. Purdy Building Public Access Update

3. Update on 1st Week of Purdy Building Public Access Opening
4. Recycling Building Progress

Personnel

Committee Leader-Commissioner Vaughan and Bardwell

Primary Personnel

1. Virtual Open Enrollment update
2. Elected/Appointed Compensation
3. Administrative FTE reduction impact – Budget preparation etc.

Other Business as Necessary

1. Elected Officials & Ballot Initiative update
2. MAC 7th Virtual Meeting Discussion
3. Parks & Rec Letter With Storage agreement (*See F*)

Correspondence

1. Inspection letter from Anne Veitengruber (*See G*)
2. EPA Underground Injection Permit (*See H*)

Public Comment Period



STATE OF MICHIGAN

GRETCHEN WHITMER
GOVERNOR

DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

ROBERT GORDON
DIRECTOR

Emergency Order Under MCL 333.2253 – Gathering Prohibition and Mask Order

The novel coronavirus (COVID-19) is a respiratory disease that can result in serious illness or death. It is caused by a new strain of coronavirus not previously identified in humans and easily spread from person to person. There is currently no approved vaccine for this disease. On March 10, 2020, the Michigan Department of Health and Human Services (“MDHHS”) identified the first two presumptive-positive cases of COVID-19 in Michigan. Throughout the pandemic, Michigan has used a range of public health tools and guidance to contain the spread of COVID-19 and protect the public health, including via the Governor’s authority under the Emergency Management Act and the Emergency Powers of Governor Act. On Friday, October 2, 2020, the Michigan Supreme Court concluded that the Governor was not authorized by law to issue executive orders addressing COVID-19 after April 30, 2020, invalidating the executive orders on that topic.

Michigan was one of the states most heavily impacted by COVID-19 early in the pandemic, with new cases peaking at nearly 2,000 per day in late March. Strict preventative measures and the cooperation of Michiganders drove those numbers down dramatically, greatly reducing the loss of life. Although fewer than 100 new cases per day were reported in mid-June, cases have increased since that time, and recently nearly 1,000 new cases have been reported per day. To protect vulnerable individuals, ensure the health care system can provide care for all health issues, and keep schools open as we head into the influenza season, we must not permit the spread of COVID-19 to increase. This necessitates continued use of mitigation techniques to restrict gatherings and require procedures in order to reduce the spread of the virus. In the absence of the Governor’s emergency orders, it is necessary to issue orders under the Public Health Code addressing these topics.

Michigan law imposes on MDHHS a duty to continually and diligently endeavor to “prevent disease, prolong life, and promote public health,” and gives the Department “general supervision of the interests of health and life of people of this state.” MCL 333.2221. In recognition of the severe, widespread harm caused by epidemics, MDHHS has special powers, dating back a century, to address threats to the public health like that posed by COVID-19. MCL 333.2253 (“If the director determines that control of an epidemic is necessary to protect the public health, the director by emergency order may prohibit the gathering of people for any purpose and may establish procedures to be followed during the epidemic to insure continuation of essential public health services and enforcement of health laws. Emergency procedures shall not be limited to this code.”). See also *In re Certified Questions* (opinion of Viviano, J., concurring, at 20) (“the 1919 law passed in the wake of the influenza epidemic and Governor Sleeper’s actions is still the law, albeit in slightly modified form”); see also McCormack, C.J., dissenting, at 12.

Considering the above, and upon the advice of scientific and medical experts employed by MDHHS, I have concluded pursuant to MCL 333.2253 that the COVID-19 pandemic continues to constitute an epidemic in Michigan. I further conclude that control of the epidemic is necessary to protect the public health and that it is necessary to establish procedures to be followed during the epidemic to ensure the continuation of essential public health services and enforcement of health laws. As provided in MCL 333.2253, these emergency procedures are not limited to the Public Health Code.

I therefore order that:

1. Attendance limitations at gatherings.

- (a) "Gathering" means any occurrence where persons from multiple households are present in a shared space in a group of two or more.
- (b) The restrictions imposed by this section do not apply to the incidental gathering of persons in a shared space, including an airport, bus station, factory floor, restaurant, shopping mall, public pool, or workplace.
- (c) Gatherings are permitted only as follows:
 - (1) Indoor gatherings of up to 10 persons occurring at a residence are permitted (face coverings are strongly recommended for such gatherings);
 - (2) Indoor gatherings of up to 10 persons occurring at a non-residential venue are permitted provided each person at the gathering wears a face covering;
 - (3) Indoor gatherings of more than 10 and up to 500 people occurring at a non-residential venue are permitted only to the extent that the organizers and venue:
 - (A) In venues with fixed seating, limit attendance to 20% of seating capacity of the venue, provided however that gatherings at up to 25% of seating capacity are permitted in Region 6, as that region was defined in Executive Order 2020-176;
 - (B) In venues without fixed seating, limit attendance to 20 persons per 1,000 square feet in each occupied room, provided however that gatherings of up to 25 persons per 1,000 square feet in each occupied room are permitted in Region 6, as that region was defined in Executive Order 2020-176;
 - (C) Require that each person gathered wears a face covering.
 - (4) Outdoor gatherings of up to 100 persons occurring at a residence are permitted (face coverings are recommended for such gatherings);
 - (5) Outdoor gatherings of up to 100 persons occurring at a non-residential venue are permitted provided that each person at the gathering wears a face covering;
 - (6) Outdoor gatherings of more than 100 and up to 1,000 persons occurring at a non-residential venue with fixed seating are permitted only to the extent that the organizers and venue:
 - (A) In venues with fixed seating, limit attendance to 30% of seating capacity;
 - (B) In venues without fixed seating, limit attendance to 30 persons per 1,000 square feet, including within any distinct area within the event space;
 - (C) Require that each person gathered wear a face covering.
- (d) Gatherings are permitted for the following purposes notwithstanding the requirements of subsection (1)(c):
 - (1) Voting or election-related activities at polling places;
 - (2) Training of law enforcement, correctional, medical, or first responder personnel, insofar as those activities cannot be conducted remotely;

(3) Gatherings for the purpose of engaging in organized sports held in accordance with section 5 of this order.

(4) Students in a classroom setting or children in a daycare setting.

(e) Organizers and venues hosting gatherings permitted under subsection (c) of this section must ensure that persons not part of the same household maintain six feet of distance from one another, including by designing the gathering to encourage and maintain social distancing.

2. Face covering requirement at gatherings.

(a) Except for schools in Region 6, as that term was defined in Executive Order 2020-176, businesses, government offices, schools, and other operations must not allow indoor gatherings of any kind unless they require individuals to wear a face covering consistent with section 3 of this order. For schools in Region 6, the wearing of face coverings is recommended.

(b) A business, school, government office, or other operation may not assume that someone who enters the business without a face covering falls in one of the exceptions specified in section 3 of this order, including the exception for individuals who cannot medically tolerate a face covering. A business, school, government office, or other operation may, however, accept an individual's verbal representation that they are not wearing a face covering because they fall within a specified exception.

3. Exceptions to face covering requirements. Although a face covering is strongly encouraged even for individuals not required to wear one, the requirement to wear a face covering does not apply to individuals who:

(a) Are younger than five years old (and, per guidance from the Centers for Disease Control and Prevention ("CDC"), children under the age of two should not wear a mask);

(b) Cannot medically tolerate a face covering;

(c) Are eating or drinking while seated at a food service establishment;

(d) Are exercising outdoors and able to consistently maintain six feet of social distance;

(e) Are swimming;

(f) Are receiving a service for which temporary removal of the face covering is necessary;

(g) Are entering a business or are receiving a service and are asked to temporarily remove a face covering for identification purposes;

(h) Are communicating with someone who is deaf, deafblind, or hard of hearing and where the ability to see the mouth is essential to communication;

(i) Are actively engaged in a public safety role, including but not limited to law enforcement, firefighters, or emergency medical personnel, and where wearing a mask would seriously interfere in the performance of their public safety responsibilities;

(j) Are at a polling place for purposes of voting in an election;

(k) Are officiating or engaging in a religious service;

- (l) Are giving a speech for broadcast or to an audience, provided that the audience is at least six feet away from the speaker;
4. **Food service establishments.** Food service establishments, as defined in section 1107(t) of the Michigan Food Law, 2000 PA 92, as amended, MCL 289.1107(t), must:
- (a) Close indoor common areas in which people can congregate, dance, or otherwise mingle.
 - (b) Prohibit indoor gatherings anywhere alcoholic beverages are sold for consumption onsite, except for where parties are seated and separated from one another by at least six feet, and do not intermingle.
5. **Organized sports.** For purposes of this order, gatherings for the purpose of organized sports are permitted in accordance with this section. "Organized sports" means competitive athletic activity requiring skill or physical prowess and organized by an institution or by an association that sets and enforces rules to ensure the physical health and safety of all participants ("sports organizer" or "sports organizers"). Organizers and venues of organized sports must ensure that:
- (a) Athletes wear a face covering (except when swimming) or consistently maintain six feet of social distance (except for occasional and fleeting moments) when training for, practicing for, or competing in an organized sport. For example, an athlete participating in a football, soccer, or volleyball game would not be able to consistently maintain six feet of distance, and therefore would need to wear a face covering. Sports organizers shall ensure that athletes comply with this section for each organized sporting event. Notwithstanding section 3(b) of this order, athletes training for, practicing for, or competing in an organized sport wear a face covering.
 - (b) Sports organizers should follow the guidance issued by this Department regarding whether and how a sport can be played safely.
 - (c) For organized sports competitions, sports organizers must ensure either that the live audience is limited to the guests of the athletes, with each athlete designating up to two guests, or that the event complies with gathering requirements of section 1(c) in this order.
 - (d) For indoor organized sports, sports organizers must ensure that no concessions are sold at the venue.
 - (e) Notwithstanding any other provision of this order, professional sports leagues and teams, including professional athletes engaged in individual sports, may engage in professional sports operations, provided that:
 - (1) The activities are conducted pursuant to a COVID-19 safety plan that is consistent with any guidance from the CDC and this Department; and
 - (2) Participants maintain six feet of distance from one another to the extent compatible with the sporting activity.

6. **Implementation.**

- (a) Nothing in this order should be taken to modify, limit, or abridge protections provided by state or federal law for a person with a disability.
- (b) Pursuant to MCL 333.2235(1), local health departments are authorized to carry out and enforce the terms of this order.

- (c) Law enforcement officers, as defined in the Michigan Commission on Law Enforcement Standards Act, 1965 Public Act 203, MCL 28.602(f), are deemed to be “department representatives” for purposes of enforcing this order, and are specifically authorized to investigate potential violations of this order. They may coordinate as necessary with the appropriate regulatory entity and enforce this order within their jurisdiction.
- (d) Neither a place of religious worship nor its owner is subject to penalty under this order for allowing religious worship at such place. No individual is subject to penalty under of this order for engaging in religious worship at a place of religious worship.
- (e) Consistent with MCL 333.2261, violation of this order is a misdemeanor punishable by imprisonment for not more than 6 months, or a fine of not more than \$200.00, or both.
- (f) The July 29, 2020 order regarding Executive Orders 2020-153, 2020-160, and 2020-161 is rescinded.
- (g) Any references to the April 1, 2020, order entitled “Emergency Order Pursuant to MCL 333.2253 Regarding Executive Orders 2020-11, 2020-20, and 2020-21” now refer to this order. Consequently, violations of this order are punishable by a *civil* fine of up to \$1,000, consistent with the amended schedule of fines, issued on May 27, 2020.
- (h) If any provision of this order is found invalid by a court of competent jurisdiction, whether in whole or in part, such decision will not affect the validity of the remaining part of this order.

This order is effective immediately, and remains in effect through October 30, 2020. Persons with suggestions and concerns are invited to submit their comments via email to COVID19@michigan.gov.

Date: October 5, 2020



Robert Gordon, Director

Michigan Department of Health and Human Services



STATE OF MICHIGAN

GRETCHEN WHITMER
GOVERNOR

DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

ROBERT GORDON
DIRECTOR

Emergency Order Under MCL 333.2253 –Temporary restrictions on entry into congregate care and juvenile justice facilities

The novel coronavirus (COVID-19) is a respiratory disease that can result in serious illness or death. It is caused by a new strain of coronavirus not previously identified in humans and easily spread from person to person. There is currently no approved vaccine for this disease. On March 10, 2020, the Michigan Department of Health and Human Services (“MDHHS”) identified the first two presumptive-positive cases of COVID-19 in Michigan. Throughout the pandemic, Michigan has used a range of public health tools and guidance to contain the spread of COVID-19 and protect the public health, including via the Governor’s authority under the Emergency Management Act and the Emergency Powers of Governor Act. On Friday, October 2, 2020, the Michigan Supreme Court concluded that the Governor was not authorized by law to issue executive orders addressing COVID-19 after April 30, 2020, invalidating the executive orders on that topic.

Michigan was one of the states most heavily impacted by COVID-19 early in the pandemic, with new cases peaking at nearly 2,000 per day in late March. Strict preventative measures and the cooperation of Michiganders drove those numbers down dramatically, greatly reducing the loss of life. Although fewer than 100 new cases per day were reported in mid-June, cases have increased since that time, and recently nearly 1,000 new cases have been reported per day. To protect vulnerable individuals, ensure the health care system can provide care for all health issues, and keep schools open as we head into the influenza season, we must not permit the spread of COVID-19 to increase. This necessitates continued use of mitigation techniques to restrict gatherings and require procedures in order to reduce the spread of the virus. In the absence of the Governor’s emergency orders, it is necessary to issue orders under the Public Health Code addressing these topics.

Michigan law imposes on MDHHS a duty to continually and diligently endeavor to “prevent disease, prolong life, and promote public health,” and gives the Department “general supervision of the interests of health and life of people of this state.” MCL 333.2221. In recognition of the severe, widespread harm caused by epidemics, MDHHS has special powers, dating back a century, to address threats to the public health like that posed by COVID-19. MCL 333.2253 (“If the director determines that control of an epidemic is necessary to protect the public health, the director by emergency order may prohibit the gathering of people for any purpose and may establish procedures to be followed during the epidemic to insure continuation of essential public health services and enforcement of health laws. Emergency procedures shall not be limited to this code.”). See also *In re Certified Questions* (opinion of Viviano, J., concurring, at 20) (“the 1919 law passed in the wake of the influenza epidemic and Governor Sleeper’s actions is still the law, albeit in slightly modified form”); see also McCormack, C.J., dissenting, at 12.

Considering the above, and upon the advice of scientific and medical experts employed by MDHHS, I have concluded pursuant to MCL 333.2253 that the COVID-19 pandemic continues to constitute an epidemic in Michigan. I further conclude that control of the epidemic is necessary to protect the public health and that it is necessary to establish procedures to be followed during the epidemic to ensure the continuation of essential public health services and enforcement of health laws. As provided in MCL 333.2253, these emergency procedures are not limited to the Public Health Code.

This order, issued pursuant to MCL 333.2253, establishes visitation requirements for congregate care facilities and juvenile justice facilities, to ensure continuation of essential public health services while also providing clarity on the circumstances under which visitation is allowed in these facilities.

I therefore order that:

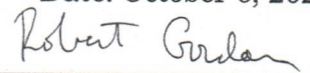
1. A congregate care facility or a juvenile justice facility must limit the entry of any visitors consistent with the provisions of this order.
2. A congregate care facility or a juvenile justice facility may permit entry of any visitors if it does all of the following:
 - (a) Provides information to all potential visitors on the following topics:
 - (1) Recognition of the signs and symptoms of COVID-19;
 - (2) Who to notify if they develop signs or symptoms of COVID-19 at the facility, or within 14 days of visiting the facility;
 - (3) Appropriate hand washing and sanitization techniques;
 - (4) Appropriate methods for donning and doffing masks, and face coverings; and
 - (5) Appropriate methods for containing coughs and sneezes;
 - (6) Social distancing recommendations;
 - (7) Updated information regarding conditions that increase the risk of severe complications from COVID-19 infection. Specifically, the following information must be provided: "While children have been less affected by COVID-19 compared to adults, children with certain conditions may be at increased risk for severe illness. Children who are medically complex, who have serious genetic, neurologic, metabolic disorders, and with congenital (since birth) heart disease may be at increased risk for severe illness from COVID-19. Similar to adults, children with obesity, diabetes, asthma and chronic lung disease, or immunosuppression may be at increased risk for severe illness from COVID-19."
 - (b) Limits all visitor entry only through designated entrances that allow proper screening;
 - (c) Posts signage at any visitor entrance instructing visitors to be assessed for symptoms of COVID-19 before entry.
 - (d) Posts signage instructing persons who have symptoms of a COVID-19 infection, including, but not limited to, fever, cough, difficulty breathing or shortness of breath, sore throat, muscle pain, chills, new loss of taste or smell, nausea or vomiting, and/or diarrhea, to not enter the facility;
 - (e) Performs a health evaluation of visitors each time a visitor seeks to enter the facility, and denies entry to those visitors who do not meet the evaluation criteria. The evaluation criteria must include assessment of signs and symptoms related to a COVID-19 infection: fever $\geq 100.0^{\circ}\text{F}$, cough, difficulty breathing or shortness of breath, sore throat, muscle pain, chills, new loss of taste or smell, nausea or vomiting, and/or diarrhea;

- (f) Provides supplies for respiratory hygiene and cough etiquette, including the safe use of alcohol-based hand rub with 60-95% alcohol, tissues, and no-touch receptacles for disposal available within the facility, including intake areas, visitor entries and exits, visitation rooms, common areas, restrooms, and dining areas;
- (g) Restricts all visitation to a designated visitation room or other designated locations;
- (h) Permits visitation only as scheduled in advance during select hours and limits the number of visitors per resident to no more than 2 visitors at one time per resident;
- (i) Requires visitors to wear a mask or other face covering in all shared spaces, both indoors and outdoors unless the visitor is unable medically to tolerate a mask or other face covering. Except for limited visitation for medical purposes, or visitation with a parent, foster parent, prospective adoptive parent, or guardian of an individual who is 21 years of age or under and who is under the facility's care, all other in-person visitation of residents who have tested positive for COVID-19 should be deferred until the resident is able to meet CDC criteria for discontinuation of isolation. Any visitor who is providing necessary medical care, or is a parent, foster parent, prospective adoptive parent, or guardian to the COVID-19 positive resident who remains under active isolation, must wear all recommended personal protective equipment (PPE) appropriate for the level of contact with the resident and the nature of the tasks being performed. Those who are providing medical care for which a N-95 respirator mask is advised must be fully evaluated and fit-tested as part of a comprehensive respiratory protection program. If facilities choose to impose additional PPE requirements for visitors beyond a mask or face covering, the facility must make the visitor aware of the requirement ahead of time, and must supply the visitor with the additional PPE. Entry may not be denied based on a visitor not having the additional PPE required by the facility;
- (j) Requires all visitors to practice social distancing, staying at least 6 feet away from others, except the resident they are visiting;
- (k) Excludes visitors from resident rooms during aerosol-generating procedures or collection of respiratory specimens unless deemed necessary by facility staff for the care and well-being of the resident;
- (l) Requires residents returning from an off-campus visit to enter through the visitor entrance and be evaluated in the same way as visitors by answering screening questions and submitting to a health evaluation. Off-campus visits will be permitted only in the following circumstances:
 - (1) Off-campus visits to a parent, foster parent, or prospective adoptive parent will be permitted if the person or persons being visited have agreed in advance to abide by safety measure as recommended by the CDC to reduce exposure to COVID-19 for at least two weeks prior to the scheduled visit, and the parent, foster parent, or prospective adoptive parent does not have known exposure to COVID-19 or symptoms of COVID-19 or has received a negative test result since their last known exposure.
 - (2) Other off-campus visits in the community must be in the same region where the congregate care or juvenile justice facility is located.
- (m) Requires residents with known exposure to COVID-19, but presenting no signs or symptoms, to be quarantined in a private room for 14 days; and

- (n) Isolates residents with signs or symptoms of COVID-19 and tests them for COVID-19.
 - (o) Considers additional precautions for minimizing transmission during the visits if a resident or any visitor to that resident have a high-risk condition.
3. For purposes of this order, “congregate care facility” and “juvenile justice facility” means Child Caring Institutions and juvenile detention facilities.
 4. For purposes of this order, “visitors” means any person entering the congregate care facility for the purpose of visiting a resident for any reason.
 5. If any provision of this order is found invalid by a court of competent jurisdiction, whether in whole or in part, such decision will not affect the validity of the remaining part of this order.
 6. Consistent with MCL 333.2261, violation of this order is a misdemeanor punishable by imprisonment for not more than 6 months, or a fine of not more than \$200.00, or both.

This order is effective immediately, and remains in effect through October 30, 2020. Persons with suggestions and concerns are invited to submit their comments via email to COVID19@michigan.gov.

Date: October 6, 2020



Robert Gordon, Director
Michigan Department of Health and Human Services



STATE OF MICHIGAN

GRETCHEN WHITMER
GOVERNOR

DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

ROBERT GORDON
DIRECTOR

Emergency Order Under MCL 333.2253 –Requirements for residential care facilities

The novel coronavirus (COVID-19) is a respiratory disease that can result in serious illness or death. It is caused by a new strain of coronavirus not previously identified in humans and easily spread from person to person. There is currently no approved vaccine for this disease. On March 10, 2020, the Michigan Department of Health and Human Services (“MDHHS”) identified the first two presumptive-positive cases of COVID-19 in Michigan. Throughout the pandemic, Michigan has used a range of public health tools and guidance to contain the spread of COVID-19 and protect the public health, including via the Governor’s authority under the Emergency Management Act and the Emergency Powers of Governor Act. On Friday, October 2, 2020, the Michigan Supreme Court concluded that the Governor was not authorized by law to issue executive orders addressing COVID-19 after April 30, 2020, invalidating the executive orders on that topic.

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Michigan law imposes on MDHHS a duty to continually and diligently endeavor to “prevent disease, prolong life, and promote public health,” and gives the Department “general supervision of the interests of health and life of people of this state.” MCL 333.2221. In recognition of the severe, widespread harm caused by epidemics, MDHHS has special powers, dating back a century, to address threats to the public health like that posed by COVID-19. MCL 333.2253 (“If the director determines that control of an epidemic is necessary to protect the public health, the director by emergency order may prohibit the gathering of people for any purpose and may establish procedures to be followed during the epidemic to insure continuation of essential public health services and enforcement of health laws. Emergency procedures shall not be limited to this code.”). See also *In re Certified Questions* (opinion of Viviano, J., concurring, at 20) (“the 1919 law passed in the wake of the influenza epidemic and Governor Sleeper’s actions is still the law, albeit in slightly modified form”); see also McCormack, C.J., dissenting, at 12.

Considering the above, and upon the advice of scientific and medical experts employed by MDHHS, I have concluded pursuant to MCL 333.2253 that the COVID-19 pandemic continues to constitute an epidemic in Michigan. I further conclude that control of the epidemic is necessary to protect the public health and that it is necessary to establish procedures to be followed during the epidemic to ensure the continuation of essential public health services and enforcement of health laws. As provided in MCL 333.2253, these emergency procedures are not limited to the Public Health Code.

This order, issued pursuant to MCL 333.2253, establishes requirements for residential care facilities and consolidates all previously issued orders establishing exceptions to these restrictions.

I therefore order that:

1. Residential care facilities (hereafter referred to as "facilities" in this order) shall:
 - (a) Limit communal dining and internal and external group activities consistent with Center for Medicare and Medicaid Services guidance and MDHHS guidance;
 - (b) As soon as reasonably possible, but no later than 12 hours after identification, inform employees and residents of the presence of a confirmed COVID-19 positive employee or resident;
 - (c) As soon as reasonably possible, but no later than 24 hours after identification of a confirmed COVID-19 positive employee or resident:
 - (1) Inform legal guardians or health proxies for all residents within the facility of the presence of a confirmed COVID-19 positive employee or resident;
 - (2) Post a notice in a conspicuous place near the main entrance of the care facility indicating the presence of a confirmed COVID-19 positive employee or resident. The notice must continue to be displayed until 14 days after the last positive COVID-19 test result for an employee or resident in the facility;
 - (3) Adopt a protocol to inform prospective residents and staff of the presence of a confirmed COVID-19 positive employee or resident. The protocol must remain in place until 14 days after the last positive COVID-19 test result for an employee or resident in the facility;
 - (4) Contact the local health department in the facility's jurisdiction to report the presence of a confirmed COVID-19 positive employee or resident;
 - (5) Support and comply with contact tracing efforts as requested.
 - (d) Timely notify employees of any changes in CDC recommendations related to COVID-19;
 - (e) Keep accurate and current data regarding the quantity of each type of appropriate PPE available onsite, and report such data to EMResource upon MDHHS's request or in a manner consistent with MDHHS guidance; and
 - (f) Report to this Department all presumed positive COVID-19 cases in the facility together with any additional data when required under MDHHS guidance.
2. Except as otherwise provided in this or any subsequent orders, facilities must prohibit from entering their facilities any visitors that: are not necessary for the provision of medical care, the support of activities of daily living, or the exercise of power of attorney or court-appointed guardianship for an individual under the facility's care; are not a parent, foster parent, or guardian of an individual who is 21 years of age or under and who is under the facility's care; are not visiting an individual under the facility's care that is in serious or critical condition or in hospice care; and are not visiting under exigent circumstances or for the purpose of performing official governmental functions.
3. Facilities may permit outdoor visitation when the facility meets all of the following criteria:

- (a) The facility has had no new COVID cases originate in the facility, including those involving residents or staff (“facility-onset cases”), within the prior 14 days. Admission of a resident who is known to be COVID-19-positive at the time of admission does not constitute a facility-onset case;
 - (b) The Local Health Department has not made a determination that the facility is unsafe for visitation based upon local epidemiological conditions;
 - (c) The facility is able to meet all additional requirements identified in Section 4 of this order.
4. Prior to offering outdoor visitation, the facility must assure all of the following:
- (a) The outdoor visitation area allows for at least six feet between all persons. Tables are recommended as a barrier to ensure proper distancing. Marking the area and signage may be necessary to inform visitors of expectations. Tables and chairs must be disinfected after each use;
 - (b) The outdoor visitation area provides adequate protection from weather elements (e.g., shaded from the sun);
 - (c) An employee or volunteer trained in infection control measures has sufficient proximity to observe and assure compliance with the patient protections in Section 4.
5. Facilities may permit indoor visitation only in the following circumstances:
- (a) The visit supports activities of daily living (“ADLs”) or are necessary to ensure effective communication with individuals with hearing, vision or speech impairments and are limited to arrangements that:
 - (1) Existed prior to March 14, 2020, or become necessary in light of a change in the resident’s condition, such as refusing to eat, that could be improved with assistance from a resident support person; and
 - (2) Involve a family member or friend assisting a resident with activities of daily living, such as feeding the resident to encourage and ensure adequate nutrition; and
 - (3) Require the visitor to wear a mask at all times and use appropriate procedures for the assigned ADL tasks, with the facility ensuring compliance through training or observation; and
 - (4) Are scheduled in advance for specific and individualized ADL tasks; and
 - (5) Occur in the resident’s room, if private, or in a room designated by the facility; or
 - (b) When a resident is in “serious or critical condition or in hospice care”.
6. Facilities with residents that had ADL arrangements prior to March 14, 2020, or residents that have had a change of condition that could be improved with ADL arrangements, must attempt to contact the resident’s next of kin to establish arrangements.
7. Facilities allowing visitation consistent with this order shall:

- (a) Permit visits by appointment only. Facilities may impose reasonable time limits on visits and must require that visitors log arrival and departure times, provide their contact information, and attest, in writing, that they will notify the facility if they develop symptoms consistent with COVID-19 within 14 days after visiting;
- (b) Limit the number of visitors per scheduled visit to two persons or fewer;
- (c) Exclude visitors who are unwilling or unable to wear a face covering for the duration of their visit, and persons unable to follow hand hygiene requirements, and instead encourage those persons to use video or other forms of remote visitation;
- (d) Limit visitor entry to designated entrances that allow proper COVID-19 screening;
- (e) Perform a health evaluation of all visitors each time the visitor seeks to enter the facility, and deny entry to visitors who do not meet the evaluation criteria. Screenings must include tests for fever ($\geq 100.0^{\circ}\text{F}$), other symptoms consistent with COVID-19, and known exposure to someone with COVID-19. Facilities must restrict anyone with fever, symptoms, or known exposure from entering the facility;
- (f) Post signage at all visitor entrances instructing that visitors must be assessed for symptoms of COVID-19 before entry, and instruct persons who have symptoms of a respiratory infection (including but not limited to, fever, cough, or shortness of breath) to not enter the facility;
- (g) Make hand sanitizer and/or hand washing facilities safely available to visitors, and post educational materials on proper hand washing and sanitization;
- (h) Ensure availability of adequate staff to assist with the transition of residents, monitoring of visitation, and for cleaning to appropriately disinfect surfaces in the visitation areas after each visit;
- (i) Educate visitors on additional personal protective equipment (PPE) use requirements for visitors beyond a face covering, if any. The facility must supply the visitor with the additional PPE. Entry may not be denied based on a visitor not having the additional PPE required by the facility;
- (j) Disallow visitation during aerosol-generating procedures or during collection of respiratory specimens unless deemed necessary by staff for the care and well-being of the resident;
- (k) Appropriately restrict visitor movement within the facility to reduce the risk of infection;
- (l) Require that visitors follow social distancing requirements and refrain from any physical contact with residents and employees. Visitors who are providing support for ADLs are not expected to abide by social distance requirements between the visitor and the resident;
- (m) Make available an employee or volunteer trained in infection control measures at all times during the visit;
- (n) Limit the number of overall visitors at the facility in any given time based upon limited space, infection control capacity, and other appropriate factors to reduce the risk of transmission;
- (o) Advise residents and visitors to not share food;
- (p) Communicate with residents and their families to inform them of updated visitation protocols;

(q) Prohibit visits to residents who are in isolation or are otherwise under for observation for symptoms of COVID-19.

8. Subject to section 7 of this order, visitation restrictions do not apply to:

(a) Medical service providers such as hospice, podiatry, dental, durable medical equipment, mental health, speech pathology, occupational therapy, physical therapy, and other specialists in the definition of essential workers. These services must be provided outdoors or in a well-ventilated area whenever possible. If services must be provided indoors, the facility must restrict movement within the facility to the greatest extent possible to reduce the risk of infection. Medical service providers must be subject to the same PPE and testing requirements as other staff working in the facility;

(b) Non-medical service providers such as hairdressers when it is determined that there will be an actual or potential negative impact on the resident when the service is not provided, and the resident will not benefit from remote service delivery. These services may be provided to residents who have never been diagnosed with COVID-19, or who are no longer in the infectious period for COVID-19 per CDC guidance. These services must be provided outdoors or in a well-ventilated area whenever possible. If services must be provided indoors, the facility must restrict movement within the facility to the greatest extent possible to reduce the risk of infection. Non-medical service providers must be subject to the same PPE requirements as other staff working in the facility. Non-medical service providers who are routinely in the building for more than 8 hours per week and have direct resident contact during this time must be subject to the same testing requirements as other staff working in the facility;

(c) Resident physicians or other clinical students. Resident physicians and other clinical students must be subject to the same PPE and testing requirements as other staff working in the facility;

(d) Volunteers who have been trained in infection control measures and are serving as facilitators of outdoor visits.

(e) Window visits when a barrier is maintained between the resident and visitor. Accommodations shall be made for residents without access to ground floor window or window that does not open to an area accessible to the visitor. Accommodations may include utilizing a visitation room or space with a window or door access to visitor.

9. For purposes of this Order, terms are defined as follows:

(a) "Adult foster care facility" has the same meaning as provided by section 3(4) of the Adult Foster Care Facility Licensing Act, 1979 PA 218, as amended, MCL 400.703(4).

(b) "Appropriate PPE" means the PPE that MDHHS recommends in relevant guidance.

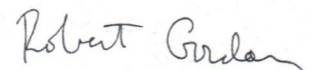
(c) "Assisted living facility" means an unlicensed establishment that offers community-based residential care for at least three unrelated adults who are either over the age of 65 or need assistance with activities of daily living (ADLs), including personal, supportive, and intermittent health-related services available 24-hours a day.

(d) "COVID-19-affected resident" means a resident of a residential care facility who is COVID-19 positive, who is a person under investigation, or who displays one or more of the principal symptoms of COVID-19.

- (e) "Home for the aged" has the same meaning as provided by section 20106(3) of the Public Health Code, MCL 333.20106(3).
 - (f) "Nursing home" has the same meaning as provided by section 20109(1) of the Public Health Code, MCL 333.20109(1).
 - (g) "Person under investigation" means a person who is currently under investigation for having the virus that causes COVID-19.
 - (h) "Principal symptoms of COVID-19" are fever, atypical cough, or atypical shortness of breath.
 - (i) "Residential care facilities" means a nursing home, home for the aged, adult foster care facility, hospice facility, substance use disorder residential facility, independent living facility, or assisted living facility.
10. If any provision of this order is found invalid by a court of competent jurisdiction, whether in whole or in part, such decision will not affect the validity of the remaining part of this order.
11. Consistent with MCL 333.2261, violation of this order is a misdemeanor punishable by imprisonment for not more than 6 months, or a fine of not more than \$200.00, or both.

This order is effective immediately, and remains in effect through October 30, 2020. Persons with suggestions and concerns are invited to submit their comments via email to COVID19@michigan.gov.

Date: October 6, 2020



Robert Gordon, Director
Michigan Department of Health and Human Services

2021 Draft Budget Development Calendar

B.

24-Aug	Presentation of financial trends/projections to commissioners and county officials	Controller
Week of Aug 31	Revenue and expenditure forms distributed to departments	Controller
31-Aug to 10-Sep	Revenue and expenditure projections for 2019, 2020 and 2021 prepared by departments	Departments
11-Sep	Department revenue and expenditure requests and projections compiled by Controller-reviewed by Board	Controller and Board
14-Sep	Board directs Controller and Finance Commissioners to prepare draft 2021 balanced budget	Controller and Finance Commissioners
14-Sept to 25-Sep	Controller and Finance Commissioners prepare first draft 2021 budget	Controller and Finance Commissioners
01-Oct	Board reviews first draft balanced 2021 budget - makes changes	Board
02-Oct	First draft 2021 budget submitted to departments for review/comment	Controller
2-Oct to 9-Oct	Departments prepare written comments regarding draft budget	Departments
15-Oct	Board reviews department comments and considers budget changes	Board
16-Oct	Departments notified if the Board makes budget changes	Controller
26-Oct	2 nd Board review of department requested budget changes	Board
26-Oct	Public hearing newspaper notice prepared/submitted	Controller
27-Oct	Public notice placed in newspaper (Advertiser has to have by Monday @ noon to make Wednesday's paper)	Controller
12-Nov	Public hearing conducted	Board
12-Nov or 25-Nov	Final budget revisions and adoption	Board

Re: [EXTERNAL] MMR

2 messages

Thomas Bardwell <tbarwell@tuscolacounty.org>
To: Angie House <ahouse@tuscolacounty.org>

Wed, Oct 7,

Interesting article and suggest that we place it on the agenda under new business

C

----- Forwarded message -----

From: **Thomas Bardwell** <bardwellthomas1@gmail.com>
Date: Wed, Oct 7, 2020 at 1:11 PM
Subject: [EXTERNAL] MMR
To: Thomas Bardwell <tbarwell@tuscolacounty.org>

Because call volume is down, and expenses are increasing, Mobile Medical Response (MMR) ambulance service in Caro has made adjustments.

Caro's MMR's ambulance is not operating from 6 p.m. to 6 a.m. That is a concern for some, but not to those who operate the service because they say there is a reason.



click on the picture to enlarge

During a county meeting, Commissioner Tom Young, who is a liaison on the county's dispatch authority

board, asked dispatch Director Sandra Nielsen to explain the issue.

"A couple of people at MMR in Caro have repeatedly been out of service for the last few months for 12 hours at a time 6 p.m. to 6 a.m.," said Nielsen. "In August, that equated to being out of service 40 percent of the month and in July 25 percent out of service."

She noted there is a paramedic that is working at that time, but they are a non-transport unit.

"I've been trying to resolve the issue and sent an e-mail but got no contact back. I was pretty much told by them (MMR) that I shouldn't be talking about it as I am not an expert," said Nielsen. "That is where I'm at right now with that issue."

Besides Caro, MMR has ambulance bases in Fairgrove, Cass City, and Vassar that are being utilized. There are also two other ambulance services in the county. There is the ACW based in Unionville, and the Mayville Ambulance Service.

Young said he did not mean to put Nielsen on the spot by asking her to give an update, but he said he felt it was important for people to know what was happening.

"If there is an emergency at night, help may not be there right away," Young said. "I think it is important for the public to know about this."

MMR's Vice President of Operations Jason MacDonald, contends the situation is being monitored and ambulance service is being provided.

"Saying Caro doesn't have service is just not true. They have service- it may not be the unit (ambulance) in Caro, but when you look at response time performance they are getting resources from nearby, and for response time performance there has been relatively no change," said MacDonald. "To say Caro is not getting service, I do not believe that is an accurate statement."

MacDonald noted services have to change and evolve, and 24-hour service in some areas might be one of them.

"It's something the people became accustomed to or the 911 director may have become accustomed to. Things change. There has to be a more dynamic response to resources in the future," he said. "I don't know that I would lay out the expectation that Caro will have performance from 6 p.m. to 6 a.m., that is not how the system is built or measured."

He pointed to MMR's bases in the three other communities.

"There are also times when they are in-between locations as part of system status management to move resources to meet demand," he said, about when an ambulance moves from its base to be in a central location in the county, in case a call comes in when another ambulance is on a run.

"We monitor those response times very carefully. If we see changes in an area, we change deployment. That is what an ambulance service provider does, and we take that seriously."

County commission Chair Thom Bardwell expressed concern and asked what happens if an emergency call in the Caro area comes in during the evening.

"MMR does have a paramedic. He can respond to provide medical assistance; but without them doing a transport, we have to call the next closest ambulance service."

That put the residents of Tuscola County at risk, Bardwell pointed out.

"Correct. It's been a shuffle with the ambulance service for medical calls. That is the struggle right now. I honestly don't know what is going on. There have been several rumors of it being financial or personnel. I have been unable to find what the issue is," said Nielsen.

"I don't know all of the legalities of it. There are certain statutes that have to be followed. I know MMR has contracts with certain townships for service. I'm trying to do research and open a line of communication to figure out what is going on, but that has been difficult."

MacDonald explained there are a certain amount of man hours necessary compared to call volume.

"Some people- maybe central dispatch- might be under the wrong assumption about the responsibility of having units placed in certain posts for a certain number of hours per day. That is not how our system works," MacDonald explained. "We are moving and shifting our resources to meet the needs of the community, and we are doing it appropriately."

He said changes are being made to assure the service's sustainability and to provide service.

"There is no requirement for MMR to have a unit at any particular locality or any number of hours. There just isn't," he stated. "We are responsible to put hours into the system and to manage it responsibly and adjust to call volume, and that is what we are doing. When you look at the last 30 days compared to 2019- there is virtually no change in response time."

Bardwell, who is a former hospital administrator, is worried about the medical care for residents.

"It would seem like it is a matter of time before there is a death resulting from this issue of non availability. This concerns me because there are a lot of elderly in the county," Bardwell said. "It seems like it would be better just pack them up in a car and take them to the nearest ER (emergency room)."

Nielsen agreed it is very concerning.

MacDonald noted there were several factors taken into consideration about Caro's service- like the amount of man hours compared to call volume.

"When COVID hit, our call volume company wide dropped by 40 percent across the board. We are still not seeing call volumes back to where they were," he said, noting there is a hesitancy now to seek medical help so ambulance calls for service dropped. "There is only so much subsidy being generated in Tuscola to tax dollars for service. When there is not enough to provide the service, we rely on patients paying for service. We need to keep the service sustainable for the future. We are working with the Vassar Ambulance Board to find the right numbers to meet the call volume and response time performance."

When the volume of calls for service drops, so does revenue.

The adjustment for less ambulance service in Caro may be the norm in place of 24 hours.



**AMENDMENT No. 2 to the
INMATE TELEPHONE SERVICES AGREEMENT**

This Amendment No. 2 to the Inmate Telephone Services Agreement with its effective Cutover Date of 4/8/2015, as previously amended (the "Agreement") is made by and between **Inmate Calling Solutions, LLC, d/b/a ICSolutions** and **Tuscola County, Michigan** to be effective as of September 1, 2020 ("Amendment Date").

Whereas, the parties previously amended the Agreement in response to the rate cap Order by the FCC in WC Docket 12-375; and

Whereas, the parties now agree as follows:

1. Capitalized terms not expressly defined herein shall have the meaning ascribed thereto under the Agreement.
2. Exhibit B to the Agreement is hereby amended to add the following:

The Visitor™ Video Visitation System, including:

- 2 x Visitor units
- 18 x Inmate Visitation units*
- 1 x Registration Kiosk
- 1 x mobile unit
- 1 x Monitoring Station

(* Note: 14 of the visitation units will be purchased and owned by County for the sum of \$30,000, due within 10 business days of delivery.)

3. Exhibit C to the Agreement is hereby amended to add the following service fee:

Remote Video Visitation (per session up to 30 minutes)..... \$7.50
Onsite Video Visitation (limit one session per inmate per week)..... FREE

4. The current term of the Agreement is hereby extended to be through August 31, 2025 (the "Extended Term"). Following the Extended Term, the optional one-year renewal periods shall apply pursuant to Section 1 of the Agreement.

5. Exhibit D to the Agreement is hereby amended to read as follows:

ICS shall pay to County a Commission of 58.1% of the Adjusted Call Revenue for all calls generated from County's Service Locations. For the purpose of the foregoing, "Adjusted Call Revenue" shall mean the gross call revenue less an offset of \$0.25 per call (the "VVS Offset") withheld by ICS to recover its capital outlay for Video Visitation Equipment provided hereunder. ICS shall also pay to County a Commission of 50% of any service fees collected with respect to Remote Video Visitation services.

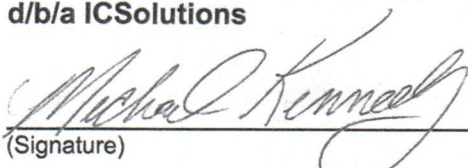
In addition to the forgoing, ICS shall continue to provide the Technology Fund, in the amount originally set forth in the Agreement, to be made available to County at the beginning of each Term year including any renewals.

6. Except as amended herein, the Agreement shall remain in full force and effect.

IN WITNESS WHEREOF, the parties hereto have executed this Amendment by their duly authorized representatives effective as of the Amendment Date first set forth above:

Inmate Calling Solutions, LLC
d/b/a ICSolutions

Tuscola County, Michigan



(Signature)

(Signature)

Mike Kennedy

(Printed Name)

(Printed Name)

Vice President Sales & Marketing

(Title)

(Title)

10/8/2020

(Date)

(Date)

E

Correctional Healthcare Companies, LLC

A Wellpath Company

September 3, 2020

Brian Harris, Lieutenant
Tuscola County Jail
420 Court St.
Caro, Michigan 48723

**ELEVENTH AMENDMENT TO THE AGREEMENT
FOR INMATE HEALTH CARE SERVICES AT
TUSCOLA COUNTY, MICHIGAN
(Effective January 1, 2020)**

Re: Continued Inmate Healthcare Services 2020-2021

Dear Lt. Harris,

As the proud provider of Inmate Health Services at the Tuscola County Jail, Correctional Healthcare Companies (CHC) strives to exceed your expectations regarding the level and quality of services provided.

The current contract term shall automatically renew for a one-year period, effective January 1, 2021, pursuant to Section 9.0 of our Agreement. In accordance to Section 8.0.2, CHC requests an increase consistent with the Consumer Price Index ("CPI") for Urban Consumers - Midwest Region for Medical Care Services, for the month of July, which stands at 6.2%. Application of this increase revises the base compensation from **\$12,086.79** to **\$12,836.17** monthly / **\$154,034.04** annually, effective January 1, 2021 through December 31, 2021.

As such, section 8.0 shall be deleted in its entirety and replaced with the following language:

8.0 ANNUAL AMOUNT/MONTHLY PAYMENTS. The base annual amount to be paid by the County to CHC under this Agreement is One Hundred Fifty-Four Thousand Thirty-Four Dollars and Four Cents (\$154,034.04), for a period of 12 months, payable in monthly installments. Each monthly installment shall equal Twelve Thousand Eight Hundred Thirty-Six Dollars and Seventeen Cents (\$12,836.17), pro-rated for any partial months and subject to any reconciliations as set forth below. Each monthly payment is to be made on or before the first day of the month of service.

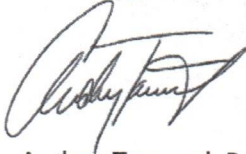
If the County accepts, please sign this letter in the space provided on the following page and email signed copy to Stephanie Vardell, Partner Services Specialist, at sdvardell@wellpath.us. This letter shall serve as the Eleventh Amendment to the Agreement and shall be binding upon signature of the County and CHC, pursuant to Section 11.13 of the Agreement. All other terms of the current Agreement, including any changes detailed above, shall remain in full force and effect.

Correctional Healthcare Companies, LLC

A Wellpath Company

Should you have any questions, please do not hesitate to contact Elaine Kaiser, Operations Manager at 989-280-2030.

Warm regards,



Audrey Townsel, PsyD, MHA
Regional Vice President

AGREED TO AND ACCEPTED AS STATED ABOVE:

Tuscola County, Michigan

By: _____

Name: Glen Skrent

Title: County Sheriff

By: _____

Name: Thomas Bardwell

Title: Chairperson

Correctional Healthcare Companies, LLC

By: Cindy P. Watson

Name: Cindy P. Watson

Title: President, Local Govt. Health Div



Tuscola County Parks & Recreation Commission

125 W. Lincoln Street

989.672.3700

Caro, MI 48723

Fax: 989.672.4011

Nancy Barrios, Chair
Jerry Peterson, Vice Chairman

www.tuscolacounty.org

October 7, 2020

Tuscola County Board of Commissioners
125 Lincoln Street
Caro, MI 48723

Commissioners:

I have been directed by the Tuscola County Parks and Recreation Committee at our October 6th meeting to make the following recommendations to you for review, approval and action:

1. Adopt/Authorize a \$10 (per use) "Non-Camper" Sewage Dump Fee.
2. Adopt an Off-Season Camper/Trailer Storage fee of \$360 for the entire off-season to be paid in advance (**OR** \$2.00 per day) **PLUS** a \$20 per day Electric Fee for each day units are occupied for Ice fishing or hunting.

Camper/Trailer Storage Agreement must be completed. (Sample agreement attached for your review)

3. Adopt an Ordinance that limits use and access to Vanderbilt Park driveways to Vanderbilt Park Camping guests only. Unauthorized commercial trucks or vehicles and farm equipment are prohibited from using Vanderbilt Park Drives as shortcuts to other destinations. This is requested to ensure the safety of Vanderbilt Campground Guests as well as eliminate undue roadway maintenance caused by unauthorized heavy vehicle traffic.
4. Authorize action on the ongoing request to clarify inaccuracies in Vanderbilt Park survey boundaries. This topic has been brought up on several occasions previously. To date, however no direction or action has been provided. I have attached for your reference, an excerpt from the February 26, 2015 Tuscola County Commissioners Meeting Minutes with Surveyor Ken Dunton, as well as a copy of a letter submitted by Parks and Recreation Chairman Robert McKay on October 3, 2019 indicating that a court case dated April 1953 addressing these issues was not considered in the Survey. This is a vital component to the operation of Vanderbilt Park operations, and we hope you will authorize action to clarify this critical matter.

We deeply appreciate your consideration and action on these matters.

Nancy Barrios – Chair Tuscola County Parks and Recreation



Tuscola County Parks & Recreation Commission

125 W. Lincoln Street
Caro, MI 48723

989.672.3700

Fax: 989.672.4011

Robert McKay, Chairman
Jerry Peterson, Vice Chairman

w.tuscolacounty.org

October 2, 2019

Thomas Bardwell, Chairman
Tuscola County Board of Commissioners
H.H. Purdy Building
125 W Lincoln Street
Caro MI 48723

Hello Chairman Bardwell,

As you may recall, on March 14 of this year, I appeared before the Tuscola County Board of Commissioners in my capacity as Chairman of the Tuscola County Parks and Recreation Commission. My appearance was at the request of the Board of Commissioners to present issues pertaining to Vanderbilt County Park and Campground as well as the Tuscola County Parks and Recreation Commission itself. One of those issues was the problem our Commission faces with respect to the lack of knowing the actual boundaries of the park in the absence of a current and accurate legal survey being available to our Commission.

Since that time, I have been in touch with Surveyor Ken Dunton who conducted the last survey which was done in 1991. He is aware of errors in the last survey which did not take into account a Tuscola County Circuit Court decision in 1953 which redefined some of the boundary in the original deed of the property to Tuscola County.

The relevant portion of Surveyor Dunton's July 20, 2019 response to me reads as follows: "To answer your question below, there were survey stakes set by me back in 1991 but even a few years later, some of them had already been destroyed. If my memory serves me correctly, almost all of Gilmore Road from the East to West property lines is on park property.

The unimproved portion of road along the Northwest side of the park, some is on park property) and some is on a parcel west of the park. I do not know if ownership of this one parcel was ever determined.

There is still the question of the ownership of the road from Quanicassee Road to the park. In a 1938 law suite (sic), it was given to the Board of Commissioners but never conveyed to the Road Commission in 1953 when they were Certifying Public County, Roads. The total strip of uncertified road is approximately 1800 feet long and in my opinion, it would be best if this strip was re-surveyed and the actual position of the existing road was accurately plotted on that survey (as) it would give the county something to work with rather than (sic) guessing what should or could be done and where."

At the August 1 meeting of the Tuscola County Parks and Recreation Commission, a motion was passed unanimously which read, "that the Tuscola County Board of Commissioners is requested to engage a professional land surveyor to survey the Tuscola County real property known as Vanderbilt County Park and Campground. "This communication with you may be taken as that request since without knowing the precise boundaries of Vanderbilt County Park and Campground, the Tuscola County Parks and Recreation Commission cannot proceed with recommending general improvements in that area of the park or future grant submissions which require the park boundary to be defined accurately and precisely.

Tuscola County Parks and
Recreation Commission

Robert McKay - Chairman

The attachments to this letter are found in the Tuscola County Commissioners Minutes dated 10-03-19

Attachments: 1) July 14, 1938, conveyance of property from Frank and Arnelia Vanderbilt to Tuscola County; 2) April 23, 1953 Tuscola County Circuit Court decree which redefines erroneous legal description in 1938 deed; 3) map from 1991 Dunton survey based on 1938 deed but failing to incorporate details from 1953 court decree.

Tuscola County Parks & Recreation Commission Mission Statement:

The mission of the Tuscola County Parks & Recreation Commission is to advise the Tuscola County Board of Commissioners on matters of policy and practice pertaining to the encouragement, establishment, and provision of recreational opportunities for residents of, and visitors to, Tuscola County.

TUSCOLA COUNTY COMMISSIONERS MEETING - February 26, 2015

AGENDA ITEM (Excerpt) Ken Dunton Surveyor

Vanderbilt Park Survey Review - Ken Dunton provided a copy of the Vanderbilt Park Survey that was prepared in April of 1991. Beach Road access was discussed at length. Discussion will continue after the Public Hearing for Parks and Recreation. Recessed at 8:35 a.m. for the Public Hearing for the County Parks & Recreation Plan. (See Separate Minutes) Reconvened at 8:38 a.m. - County Parks & Recreation Plan 15-M-026 Motion by Kirkpatrick, seconded by Bierlein that per the recommendation of the County Parks and Recreation Commission that the 2015-2019 Updated County Parks and Recreation be adopted and forwarded to all appropriate state entities. Roll Call Vote: Allen - yes, Bardwell - yes, Trisch - yes, Kirkpatrick - yes, Bierlein - yes. Motion Carried. BOC Minutes 3/2/2015 -Vanderbilt Park discussion continued. One option for the County is to try to obtain ownership rights of the disputed property between Gilmore and Beach Roads. The owner of that property is concerned about the liability. Ken stated that the Road Commission has turned it over to their attorney. County has egress from Gilmore Road. Beach Road access has been used by the public since approximately 1942. The Building and Grounds committee to review this issue with the Road Commission. Matter will be discussed at a future Board meeting



Tuscola County Parks & Recreation Commission

125 W. Lincoln Street

989.672.3700

Caro, MI 48723

Fax: 989.672.4011

VANDERBILT PARK CAMPER/TRAILER STORAGE AGREEMENT 4446 Bath Rd., Fairgrove, MI 48733

Date: _____

LESSEE:

LESSOR:

NAME: _____

VANDERBILT PARK/TUSCOLA
COUNTY
PARKS AND REC COMMITTEE

ADDRESS: _____

CITY, STATE: _____

PHONE #: _____

CAMPER/TRAILER MAKE: _____

Storage Term: _____ to

YEAR: _____

Storage Fee: _____
\$ _____

LICENSE #: _____

Site #: _____

LENGTH: _____

TERMS OF AGREEMENT:

1. In consideration of rights and privileges granted, the lessee herein agrees to hold the Vanderbilt Park and Tuscola County Parks and Recreation Commission harmless and free from suit and civil action arising from occupancy of the Vanderbilt Park, Including suit or civil action involving violations of the laws, statues, or ordinances of the State of Michigan, the County of Tuscola and the township of Wisner.
2. Vanderbilt Park/The Tuscola County Parks and Recreation Commission does not carry any type of insurance on stored campers/trailers.
3. In event of non-payment, the lessor shall be entitled to a lien against the trailer for the value of services rendered and shall be entitled to enforce said lien according to the appropriate laws of the State.
4. Arrangements to store or remove a trailer must be made in advance with the Park Host
Phone: 989-545-7168.
5. If the Camper/Trailer is not removed by the end of the storage term or other arrangements are

not made, an additional storage fee of the regular daily camping rate will be charged until it is removed.

LESSEE: _____
PARK/TUSCOLA

LESSOR: VANDERBILT

COUNTY PARKS AND REC COMMITTEE

SAMPLE



Rough in inspection

1 message

Anne Veitengruber <anneveitengruber@gmail.com>
To: zclay@tuscolacounty.com

Tue, Sep 29, 2020 at 11:04 AM

Tuscola County Board of Commissioners,
Building Codes, and County Prosecutor-

My husband, Mike and I are currently in the process of finishing up a new garage construction . We had the pleasure of dealing with Joseph Israel for our rough in inspection. Mr. Israel handled himself very professionally in presently some issues with the construction. The contractor made some errors and Mr. Israel went over the issues with us . He explained everything very well and guided us in the right direction. We thanked him for pointing the errors out ,and thanked him for doing his job! We would rather have had an honest, thorough Inspector than not. (the emails couldnt go through to building codes or Prosecutor..please share with them also)! Thank you !
Anne Veitengruber
9820 W Saginaw Rd Reese 48757

*9/30 - al tried to send via email
at the address provided
- it hadnt went through as of 9/30.)...*



EPA Seeks Comments on Draft Underground Injection Permit

Bailer & Deshaw

Tuscola County, Michigan

October 2020

How to comment

You may comment on the proposed permit approval in writing. Please refer to Murphy A-1, MI-157-2D-0005

Email your comments to:

Felicia Chase

U.S. EPA, Water Division
Permits Branch, UIC Section
(WP-16J)

77 W. Jackson Blvd.
Chicago, IL 60604-3590

Email: chase.felicia@epa.gov

Phone: (312) 886-0240

Comment period

The Agency will accept written comments until **November 3, 2020** (midnight postmark).

Information

You may see the draft permit at:

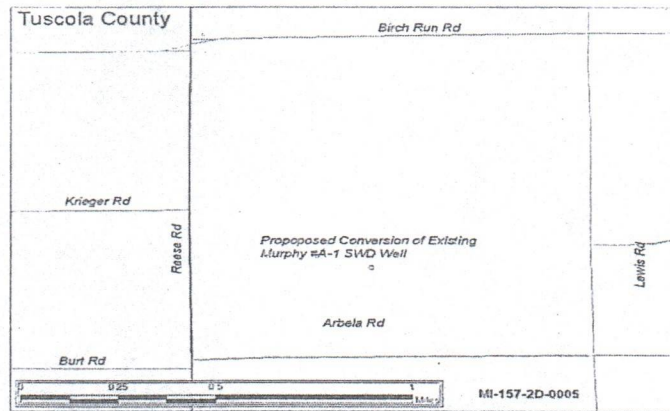
<http://go.usa.gov/3JwFP>

Administrative Record

To request review of Administrative Record files, contact Felicia Chase (see above).

Right to appeal

You have the right to appeal any final permit decision if you make an official comment during the comment period or participate in the public hearing. (A public hearing is not planned at this time.) The first appeal must be made to the Environmental Appeals Board.



The U. S. Environmental Protection Agency plans to allow Bailer & Deshaw, P.O. Box 366, Kawkawlin to inject fluid underground by approving the company's application for what EPA calls a Class II injection well permit.

If EPA makes its approval final, Bailer & Deshaw may inject brine into a rock formation 2456 feet below the surface through a well at SW ¼, Section 30, T10 N, R7 E, Tuscola County. Bailer & Deshaw must also apply for a permit from the Michigan Department of Environmental Great Lakes and Energy (MDEGLE).

EPA is accepting comments from the public on this proposed permit approval (*see box, left*). The public comment period, which ends [Month, Day], includes 30 days for comments as required by law, plus an additional three days for any delay caused by mailing.

During the comment period, you may ask EPA – in writing – to hold a formal public hearing (*see address, left*). Be sure to say specifically what issues you want to raise. EPA will hold a hearing if there is significant interest. If there is a hearing, EPA will publish a notice at least 30 days prior. You will have an opportunity to make oral comments or submit written comments. EPA will consider all comments it receives, and then issue a final decision along with a response to significant comments.

The Safe Drinking Water Act requires EPA to regulate the underground injection of fluids through wells to protect the quality of underground sources of drinking water. Issuing permits is one way EPA does this. You can find the regulations governing underground injection wells at Title 40 of the Code of Federal Regulations, Parts 144 and 146.

EPA does not have the authority to change the surface location of the injection well. If you have questions or concerns about the well's location, contact the MDEGLE P.O. Box 30256, Lansing, Michigan 48909 and phone number (517) 284-6826.

To learn more about EPA's Underground Injection Control program, or to join our mailing list visit <http://go.usa.gov/3JwFP>.