Will County
Health Department &
Community Health Center

AGENDA

WILL COUNTY BOARD OF HEALTH MEETING
WILL COUNTY HEALTH DEPARTMENT
501 ELLA AVENUE
JOLIET, IL 60433
CONFERENCE ROOM 1005A / 1005B
September 17, 2025– 3:00PM

MISSION STATEMENT: *To promote and protect the health of Will County through equitable policies and programs tailored to the needs of the community, ensuring optimal social, mental, and physical well-being for all.*

VISION STATEMENT: Deliver sustainable programs and policies in response to the public health needs of the community.

CORE VALUES: Respect, Integrity, Professionalism, Quality, and Dedication.

I. Call to Order/Roll Call……3:00p.m.

II. Pledge of Allegiance to the Flag

III. President's Comments

IV. Executive Director's Comments
Recognitions

V. Public Comment for Agenda Items Only – **Discussion**

VI. Approval of Minutes (pgs. 1-7)
August 20, 2025 Regular Session – **Motion**

VII. Treasurer's Report & Department Financial Reports
August 31, 2025 – **Motion** (pgs. 8-11)

VIII. Reports from Divisions (pgs. 12-51)
Division Statistical Reports – **Discussion** (pgs. 52-57)

IX. Old Business
A. The Fource Wrap Up - **Presentation**
B. Grant Update **– Discussion**

X. New Business
A. Resolutions #25-55 – #25-61
1. Resolution #25-55 Remove WCHD Onsite Wastewater Treatment Ordinance from Table (EH) – **Motion**
Approval of WCHD Onsite Wastewater Treatment Ordinance (EH) – **Motion** (pgs. 58-88)
2. Resolution #25-56 Approval of UpToDate Subscription (CHC) – **Motion** (pgs. 89-90)
3. Resolution #25-57 Approval of Provider Quality Achievement Bonuses (CHC)- **Motion** (pgs. 91-94)
4. Resolution #25-58 Approval of Consilium Staffing Locum Tenens Coverage Agreement (CHC) **– Motion** (pgs. 95-102)
5. Resolution #25-59 Approval of Transfer of Funds (CHC) – **Motion** (pg. 103)
6. Resolution #25-60 Approval of Appropriation of Funds (CHC) – **Motion** (pg. 104)
7. Resolution #25-61 Approval of Immunization Fees (FHS) – **Motion** (pgs. 105-106)
B. Review of Closed Session Meeting Minutes **– Discussion / Motion**

XI. Executive Session re: Employment/ Legal Matters – **Motion & Roll Call**
XII. Board Approval of Personnel Status Report – **Motion** (pgs. 107-108)
XIII. Board Members' Concerns and Comments
XIV. Public General Comments and Concerns – **Discussion**
XV. Adjournment – **Motion**

Will County
Health Department &
Community Health Center

WILL COUNTY HEALTH DEPARTMENT
BOH MEETING MINUTES
August 20, 2025

The monthly meeting of the Board of Health held at the Will County Health Department, 501 Ella Avenue, Joliet, IL was called to order at 3:01 p.m., Chief Paul Hertzmann, President presiding.

ROLL CALL/ QUORUM PRESENT

MEMBERS' PRESENT
Chief Paul Hertzmann, President
Billie Terrell, PhD., ACSW, Vice President
Edna Brass, MA, BS, Secretary
Chief Carey
Allison Gunnink, MBA, LPMT, MT-BC
Dr. Lipinski
Dr. Morales
Dr. Soderquist
Pamela Robbins, MSN, RN
Mica Freeman (left @ 5:02pm)
José Vera (arrived @ 3:05pm)
Raquel Mitchell

MEMBERS ABSENT
None

STAFF PRESENT
Elizabeth Bilotta, Executive Director, Administration
Denise Bergin, Assistant Executive Director, Administration
Mary Kilbride, Executive Assistant, Administration
Cindy Jackson, Director of Administrative Services
Stacy Baumgartner, Chief Executive Officer, Community Health Center
Dr. Jennifer Byrd, Chief Medical Officer, Community Health Center
Diane Scruggs, Director of Behavioral Health
Dr. Kathleen Burke, Program Coordinator, Behavioral Health
Cheryl Picard, Assistant Director of Family Health Services
Cortney Smith, EP&R Specialist II, Administration
Alpesh Patel, Program Coordinator, Family Health Services
Barb Agor, Safety & Risk Reduction Officer, Administration
Armando Reyes, Director of Compliance, Administration
Ted Strejcek, Information Technology Specialist II, Administration
Caitlin Daly, Program Manager, MAPP/Community Planning, Family Health Services
Kyle Moy, Program Coordinator, Environmental Health
Magda Lara, Staff Nurse II, Family Health Services
Kathleen Harkins, Community Outreach and Marketing Coordinator, Community Health Center
Trisha Kautz, Director Laboratory Operations, Environmental Health
Randel Jurek, Director of ITT, Administration
Jillian Carlisle, Assistant Director of ITT, Administration
Rita Slechter, Program Manager, Family Health Services
Silvia Sablich, Interpreter Clerk, Family Health Services
Sylvia Muniz, Director of Family Health Services
Robert Dutton, Health Equity Manager, Administration
Maureen Miller, Patient Access Manager, Community Health Center
Kevin Juday, Media Services Manager, Administration
Jessica Bugarewicz, Call Center Supervisor, Community Health Center

Norma Musvibe, Director of Nursing, Community Health Center
Veronica Ayon, BH Program Supervisor, Community Health Center
Bose Oshin, AR Billing Manager, Community Health Center
Dr. Sangita Garg, Chief Dental Officer, Community Health Center

OTHERS PRESENT
Dan McGrath, Assistant State's Attorney

A quorum was met.

PLEDGE OF ALLEGIANCE: Chief Carey

PRESIDENT'S COMMENTS: Chief Hertzmann thanked all the Health Department staff for their continued hard work and also to the board members for their time and effort.

EXECUTIVE DIRECTOR'S COMMENTS

- Ms. Bilotta spoke of the submission on August 8th of our IPLAN. It is required for a certified local Health Department. She thanked Caitlyn Daly for her hard work.
- Ms. Bilotta spoke about the Will County Fair starting today.
- Ms. Bilotta thanked the BOH for their support when requesting additional levy money.
- It is Drug Overdose Awareness week from 8/25/25-8/31/25.
- World Breast Feeding Awareness week was also celebrated 8/1/25-8/7/25.
- Ms. Bilotta spoke of National Health Center week 8/3/25-8/9/25. It will be discussed later in the meeting.
- Ms. Bilotta spoke of the event that took place with the Lieutenant Governor hosting a roundtable to discuss policy changes and the impact of women in Illinois on Friday, August 15th. She thanked all of those who helped with the event.

Ms. Bilotta presented Robert Dutton, Health Equity Manager, with a recognition certificate of 5 years of service. He will be leaving the Health Department on August 29th. Mr. Dutton spoke briefly.
Ms. Bilotta recognized Deb Arthur, Accounts Payable Specialist in the IT department, who retired after 30 years of service. Unfortunately, Deb was unable to attend the meeting.

PUBLIC COMMENTS FOR AGENDA ITEMS ONLY: None

APPROVAL OF BOARD OF HEALTH MINUTES
Moved to approve June 18th, 2025, regular meeting minutes as presented.

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	Ms. Freeman
SECONDER:	Dr. Lipinski
AYES:	Chief Hertzmann, Dr. Terrell, Ms. Brass, Ms. Gunnink, Dr. Lipinski, Dr. Morales, Dr. Soderquist, Ms. Robbins, Ms. Freeman, Mr. Vera, Ms. Mitchell
ABSTAIN:	Chief Carey

Ms. Bergin presented a detailed explanation of the Agency's financial statements as provided by the County ending June 30, 2025. The Board of Health moved to approve the Treasurer's Report and Department Financial Reports for the month of June 2025 as presented.

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	Dr. Terrell
SECONDER:	Ms. Brass
AYES:	Chief Hertzmann, Dr. Terrell, Ms. Brass, Chief Carey, Ms. Gunnink, Dr. Lipinski, Dr. Morales, Dr. Soderquist, Ms. Robbins, Ms. Freeman, Mr. Vera, Ms. Mitchell
ABSTAIN:	None

Ms. Bergin presented a detailed explanation of the Agency's financial statements as provided by the County ending July 31, 2025. The Board of Health moved to approve the Treasurer's Report and Department Financial Reports for the month of July 2025 as presented.

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	Ms. Mitchell
SECONDER:	Dr. Terrell
AYES:	Chief Hertzmann, Dr. Terrell, Ms. Brass, Chief Carey, Ms. Gunnink, Dr. Lipinski, Dr. Morales, Dr. Soderquist, Ms. Robbins, Ms. Freeman, Mr. Vera, Ms. Mitchell
ABSTAIN:	None

REPORTS FROM DIVISIONS

Written reports were provided in the packet by the Executive Director, Chief Executive Officer, Division Directors, EPR Coordinator, and Media Services Manager.

Dr. Jennifer Byrd – Chief Medical Officer, Community Health Center (Presented Reports for the month of July/August)

- Dr. Byrd spoke of the epidemiology of skin cancer.
- The North Branch Office moved to its new location and began services on Tuesday, July 22, 2025
- Dr. Byrd discussed current staffing. An APRN for Brooks Middle School has been hired.

Ms. Baumgartner – Chief Executive Officer, Community Health Center (Presented Reports for the month of July/August)

- Ms. Baumgartner spoke of the agreement between CHC and Adventist Bolingbrook. Governing Council previously approved.
- Ms. Baumgartner spoke of National Health Center week and the events that took place 8/3/25 – 8/9/25.
- Ms. Baumgartner spoke of the School Based Health Center. BH will be offered two days per week, and therapy services will continue full-time. Primary care will be reduced to 1.5 days per week due to the primary care provider vacancy.
  - *Mr. Vera requested further information on the MOU with Adventist Hospital? Are these referrals for services that CHC cannot provide? Ms. Baumgartner stated CHC has collaborative linkage agreements with the area hospitals in order to be able to refer back and forth.*
  - *Ms. Brass asked how the hospital refers to CHC? Ms. Baumgartner stated if a patient presents for a mental health issue, the hospital may refer to CHC for follow-up appointments and a discharge plan for the patient.*
  - *Ms. Brass asked what "PROWA" means? Ms. Baumgartner stated because we receive federal funds, we may in the near future be unable to provide services to non-citizens. Ms. Baumgartner stated we do not currently collect any citizenship data. At this time, we have not received any direction from HRSA or the National Association of Community Health Centers and so we are waiting for further guidance.*
  - *Dr. Lipinski questioned what our current relationship with St. Joe's hospital and their not-for-profit status? Ms. Baumgartner stated we currently do not have a linkage agreement with them but are continuously in contact with them.*

Mr. Dutton-Health Equity Manager, Administration (Presented Reports for the month of August)

- Mr. Dutton briefly spoke about the Community Engagement events that took place in June and July.
  - *Ms. Freeman questioned if Mr. Dutton had connected with Access Will? Mr. Dutton stated he has connected with Access Will.*

Mr. Jurek-Director of ITT/Armando Reyes-Director of Compliance, Administration (Presented Reports for the month of August)

- Mr. Reyes spoke of the current Critical Incident Reporting System and the positive response from staff.
- Quarterly statistics were presented by subcategories: medical, threatening situations, building security, mandated reporting.
  - *Ms. Gunnink asked if the goal is to ultimately do year after year, quarter after quarter? Mr. Jurek stated "Yes"*
  - *Ms. Gunnink asked if the goal is for other reports to be a visualization tool so they can be read? Ms. Jurek stated "Yes". Ms. Bilotta stated one of her goals for 2026 is to work on board statistics.*
  - *Ms. Brass questioned why medical is the largest category when we are a medical facility? Ms. Bilotta stated we consider all medical emergencies a critical incident.*

Mr. Moy-Program Coordinator/Ms. Kautz-Laboratory Operations Director, Environmental Health (Presented Reports for the month of August)

- Mr. Moy spoke of the two food recalls that took place.
- Mr. Moy spoke of the Joliet Slammers attempt to break the world record for the most hotdogs dropped from a helicopter on July 22, 2025. The EH department reviewed the action plan for the Joliet Slammers event, and a full inspection was conducted by one of our sanitarians before the event started.
- Ms. Kautz spoke about the laboratory flooding incident on Saturday morning, July 26, 2025. The plumbing failed within the de-ionization filtration system. The system was repaired in time for the laboratory to be opened on Monday. She thanked all the team members who responded and helped with this incident.

- Environmental Health received 200+ FOIA's in June/July.
- Environmental Health received their 1st positive batches of mosquitoes for West Niles Virus on July 11, 2025.
- CBS TV had a news story on our West Nile Virus Program. The news clip of the story was shown to BOH members.
    - *Ms. Mitchell questioned if gloves are not necessary when the Interns are out in the field or when testing? Mr. Moy stated gloves are not necessary.*

Ms. Scruggs – Director of Behavioral Health, Behavioral Health (Presented Reports for the month of August)

- In the month of June, the adult program had 69 new intakes scheduled throughout the three locations and in July 1-July 18, we had 54 new intakes scheduled.
- There has been an increase in Spanish speaking patients at NBO, due to our Spanish speaking therapist.
- In June, the total number of crisis calls received through our Mobile Crisis Response Program was 205. In July there were 170 crisis calls.
- We have received 15-20 referrals from St. Joe's for mental health services.
- A short video was shown on the Back-to-School Fair that took place on August 8, 2025.

Dr. Burke – Substance Use Initiatives Coordinator, Behavioral Health (Presented Reports for the month of August)

- Dr. Burke spoke of the coroner seeing more stimulant overdoses.
- Ten new red boxes have been added in the community for Narcan distribution.
- On August 28, 2025, there is an annual event "Your Light Still Shines". This event will take place at Lincolnway West.
- Pregnancy and Postpartum Harm Reduction Makeup Bags have been a great success, and the majority have been distributed to different locations throughout the county.
- Wound Care kits are now being handed out. They are for those who may still be actively using and may have injuries due to their drug use. This project provides individuals with sterile supplies to treat minor wounds and prevent severe infection.
- Dr. Burke spoke briefly about the First Responders Suicide Prevention Program.
    - *Ms. Gunnink asked if there are statistics on substance use wounds that ultimately lead to a person's death? Dr. Burke stated she currently does not have those statistics.*

Ms. Muniz – Director of Family Health Services (Presented Reports for the month of August)

- Ms. Muniz spoke about the presentation Ms. Picard, and she gave at the National Association of City and County Health Officials (NACCHO) conference in Anaheim, CA.
- Ms. Muniz spoke of the new **BBO-Comprehensive (BBO-C)** program effective July 1, 2025. BBO-C is a program that provides pregnant and parenting clients with direct, comprehensive, 1:1 nursing assessments and assistance to connect and engage with desired services and understand the importance of a medical home. More information on this program to follow.

Ms. Picard – Assistant Director of Family Health Services (Presented Reports for the month of August)

- Ms. Picard spoke of Diana Visvardis accepting the promotion to WIC Program Coordinator after WIC Coordinator, Pat Krause, retired in June.
- Ms. Picard spoke of being a panelist for the Standing Up for Women Roundtable event that took place on August 15, 2025.
    - *Ms. Brass asked about the "Chikungunya vaccine". Ms. Picard stated it is a virus that mainly affects those travelling internationally. It is spread by mosquitoes.*

Ms. Smith – Emergency Preparedness & Response (EP&R) Specialist II (Presented Reports for the month of August)

- Ms. Smith spoke of training with Medical Reserve Corps (MRC) recently.
- Ms. Smith spoke of updating the Medical Supply checklist.

Mr. Juday - Media Services (Presented Reports for the month of August)

- Mr. Juday spoke of all of the events/activities coming up or those that had previously taken place.

OLD BUSINESS:

Funding Update (was handed out to the BOH members)

Ms. Bergin provided a funding update:

- *For the Will County Billing Review RFQ, Ms. Gunnink questioned if we will be looking at documentation to support the billing level? Ms. Bergin stated as an FQHC, we are reimbursed at an encounter rate, so it is the same rate no matter what level of service we provide.*
- *Mr. Vera asked for further information on CBOs? Ms. Bergin responded that the agency is mandated to make sure services are being provided to the community. If we are no longer able to provide services to the "Unqualified Immigrant Population", as defined under the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) there are non-profits in the community who are not required to verify eligibility.*
- *Mr. Vera asked, "Who are the 501C that are qualified? Ms. Bergin stated Will Grundy Medical Clinic as well as Aunt Martha's and VNA.*

NEW BUSINESS:

Resolutions #25-48 - #25-55

Resolution #25-48 APPROVAL OF PAYMENT FOR THE FOURCE MEDIA CAMPAIGN ACTIVITIES

Mr. Juday stated this invoice will cover marketing through July.

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	Ms. Gunnink
SECONDER:	Dr. Lipinski
AYES:	Chief Hertzmann, Dr. Terrell, Ms. Brass, Chief Carey, Ms. Gunnink, Dr. Lipinski, Dr. Morales, Dr. Soderquist, Ms. Robbins, Ms. Freeman, Mr. Vera, Ms. Mitchell
ABSTAIN:	None

Resolution #25-49 APPROVAL OF PAYMENT FOR MEDIA CAMPAIGN ACTIVITIES

Mr. Juday spoke of this being the final payment for the FOURCE through August. The contract has ended.

- *Ms. Gunnink requested a recap of all the services that they are producing. Mr. Juday will speak to the FOURCE regarding giving a summary.*

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	Ms. Gunnink
SECONDER:	Chief Carey
AYES:	Chief Hertzmann, Dr. Terrell, Ms. Brass, Chief Carey, Ms. Gunnink, Dr. Lipinski, Dr. Morales, Dr. Soderquist, Ms. Robbins, Mr. Vera, Ms. Mitchell
ABSTAIN:	None

RESOLUTION #25-50 APPROVAL OF RENEWAL OF BARRACUDA BACKUP STORAGE AND VIRUS UPDATES FROM CDW-G

Mr. Jurek spoke of the need to renew the cybersecurity protection.

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	Dr. Terrell
SECONDER:	Chief Carey
AYES:	Chief Hertzmann, Dr. Terrell, Ms. Brass, Chief Carey, Ms. Gunnink, Dr. Lipinski, Dr. Morales, Dr. Soderquist, Ms. Robbins, Mr. Vera, Ms. Mitchell
ABSTAIN:	None

RESOLUTION #25-51 APPROVAL OF THE MICROSOFT ENTERPRISE AGREEMENT WITH CDW-G

Mr. Jurek spoke of 1st year of 3-year renewal of the Microsoft Enterprise Agreement for the agency

- *Ms. Gunnink asked if we are thinking of using Copilot? Mr. Jurek stated the Health Department is looking into this.*

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	Ms. Gunnink
SECONDER:	Ms. Mitchell
AYES:	Chief Hertzmann, Dr. Terrell, Ms. Brass, Chief Carey, Ms. Gunnink, Dr. Lipinski, Dr. Morales, Dr. Soderquist, Ms. Robbins, Mr. Vera, Ms. Mitchell
ABSTAIN:	None

RESOLUTION #25-52 APPROVAL OF THREE-YEAR AGREEMENT WITH CONVERGEONE, INC. FOR AVAYA SUBSCRIPTION AND MAINTENANCE

Mr. Jurek spoke of Convergeone, Inc for Avaya Subscription and Maintenance Support

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	Ms. Brass
SECONDER:	Dr. Terrell
AYES:	Chief Hertzmann, Dr. Terrell, Ms. Brass, Chief Carey, Ms. Gunnink, Dr. Lipinski, Dr. Morales, Dr. Soderquist, Ms. Robbins, Mr. Vera, Ms. Mitchell
ABSTAIN:	None

RESOLUTION #25-53 APPROVAL TO ENTER INTO A STAFFING AGREEMENT WITH A-LINE STAFFING SOLUTIONS, LLC

Ms. Bergin spoke of the need for temporary staffing.

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	Dr. Terrell
SECONDER:	Dr. Morales
AYES:	Chief Hertzmann, Dr. Terrell, Ms. Brass, Chief Carey, Ms. Gunnink, Dr. Lipinski, Dr. Morales, Dr. Soderquist, Ms. Robbins, Mr. Vera, Ms. Mitchell
ABSTAIN:	None

RESOLUTION #25-54 APPROVAL TO SURPLUS EQUIPMENT

Ms. Picard spoke of the surplus equipment in FHS department.

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	Ms. Gunnink
SECONDER:	Ms. Mitchell
AYES:	Chief Hertzmann, Dr. Terrell, Ms. Brass, Chief Carey, Ms. Gunnink, Dr. Lipinski, Dr. Morales, Dr. Soderquist, Ms. Robbins, Mr. Vera, Ms. Mitchell
ABSTAIN:	None

RESOLUTION #25-55 APPROVAL TO TABLE WCHD ONSITE WASTEWATER TREATMENT ORDINANCE

Ms. Bilotta spoke of needing further clarification from the State's Attorney's office. It will be brought to the September BOH meeting.

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	Ms. Brass
SECONDER:	Dr. Lipinski
AYES:	Chief Hertzmann, Dr. Terrell, Ms. Brass, Chief Carey, Ms. Gunnink, Dr. Lipinski, Dr. Morales, Dr. Soderquist, Ms. Robbins, Mr. Vera, Ms. Mitchell
ABSTAIN:	None

APPROVAL OF PERSONNEL STATUS REPORT FOR AUGUST

Personnel Status Report was discussed by Ms. Bilotta

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	Dr. Terrell
SECONDER:	Ms. Mitchell
AYES:	Chief Hertzmann, Dr. Terrell, Ms. Brass, Chief Carey, Ms. Gunnink, Dr. Lipinski, Dr. Morales, Dr. Soderquist, Ms. Robbins, Mr. Vera, Ms. Mitchell
ABSTAIN:	None

The Board approved all personnel changes for the Will County Health Department for the month of August.

BOARD MEMBERS' COMMENTS/CONCERNS: None

PUBLIC CONCERNS AND COMMENTS: None

ADJOURNMENT
A **motion** was made by Ms. Robbins and **seconded** by Ms. Mitchell to adjourn the meeting at 5:16pm.

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	Ms. Robbins
SECONDER:	Ms. Mitchell
AYES:	Chief Hertzmann, Dr. Terrell, Ms. Brass, Chief Carey, Ms. Gunnink, Dr. Lipinski, Dr. Morales, Dr. Soderquist, Ms. Robbins, Mr. Vera, Ms. Mitchell
ABSTAIN:	None

By: _____
Edna Brass, Secretary
Will County Board of Health

By: _____
Mary Kilbride, Executive Assistant
Will County Health Department

Will County Health Department

FY 2025
Balance Sheet
Nine Months Ending August 2025

	Beg Bal 12/1/2024	End Bal 8/31/2025	Change
Assets			
Cash and cash equivalents	9,215,160.53	7,927,694.30	(1,287,466.23)
Investments	12,875,000.00	12,875,000.00	-
Receivables	15,259,226.86	834,270.21	(14,424,956.65)
Total Assets	**37,349,387.39**	**21,636,964.51**	**(15,712,422.88)**
Liabilities			
Payables	2,930,808.39	74,937.47	(2,855,870.92)
Due to	17,175.69	9,134.00	(8,041.69)
Unearned revenue	271,502.12	467,207.38	195,705.26
Unavailable revenue	663,656.34	-	(663,656.34)
Property taxes levied for future periods	11,020,933.65	-	(11,020,933.65)
Equity			
Fund Balance	22,445,311.20	21,085,685.66	(1,359,625.54)
Total Liabilities & Equity	**37,349,387.39**	**21,636,964.51**	**(15,712,422.88)**
	-	-	-

Will County Health Department

FY 2025
Change in Cash
Nine Months Ending August 2025

	Dec 2024	Jan 2025	Feb 2025	Mar 2025	Apr 2025	May 2025	June 2025	July 2025	Aug 2025	Total
Cash and Cash Equivalents										
Beginning Balance	9,215,160.53	3,972,104.74	2,250,131.17	8,273,346.49	6,955,729.23	6,941,598.02	5,620,155.44	4,948,726.51	9,992,589.13	**9,215,160.53**
Deposits	5,711,509.19	3,205,534.13	1,149,294.96	1,927,684.85	2,379,876.29	1,889,461.55	2,501,397.85	7,791,049.47	2,506,901.25	**29,062,709.54**
Loan from Corporate	9,134.00	-	-	-	-	-	-	1,574.56	(1,574.56)	**9,134.00**
AP Payments	(1,228,675.07)	(3,552,652.50)	(1,331,111.31)	(1,469,258.89)	(1,000,283.12)	(1,445,427.39)	(1,385,363.93)	(1,120,586.70)	(1,848,633.24)	**(14,381,992.15)**
Payroll	(1,725,889.91)	(1,369,158.08)	(1,792,623.76)	(1,776,043.22)	(1,393,724.38)	(1,765,476.74)	(1,787,462.85)	(1,628,174.71)	(2,721,588.28)	**(15,960,141.93)**
Investment Transfers *	(8,000,000.00)	-	8,000,000.00	-	-	-	-	-	-	-
Prior Period Due To	(9,134.00)	(5,697.12)	(2,344.57)	-	-	-	-	-	-	**(17,175.69)**
Ending Balance	3,972,104.74	2,250,131.17	8,273,346.49	6,955,729.23	6,941,598.02	5,620,155.44	4,948,726.51	9,992,589.13	7,927,694.30	**7,927,694.30**
										-
Investments										
Beginning Balance	12,875,000.00	20,875,000.00	20,875,000.00	12,875,000.00	12,875,000.00	12,875,000.00	12,875,000.00	12,875,000.00	12,875,000.00	**12,875,000.00**
Investment Transfers *	8,000,000.00	-	(8,000,000.00)	-	-	-	-	-	-	-
Ending Balance	20,875,000.00	20,875,000.00	12,875,000.00	12,875,000.00	12,875,000.00	12,875,000.00	12,875,000.00	12,875,000.00	12,875,000.00	**12,875,000.00**
	-									-
Total Cash and Investments	**24,847,104.74**	**23,125,131.17**	**21,148,346.49**	**19,830,729.23**	**19,816,598.02**	**18,495,155.44**	**17,823,726.51**	**22,867,589.13**	**20,802,694.30**	**20,802,694.30**
	-									-
										-

* Investments are updated retrospectively.

Will County Health Department

FY 2025
Budget Comparison - Revenue
Nine Months Ending August 2025

	Adopted Budget	Revised Budget	Revenue	Target - 75% Percent Realized
Revenue				
Property Taxes	11,015,000.00	11,015,000.00	6,239,039.87	56.64%
Intergovernmental Grants & Contracts				
Administration	1,217,000.00	1,217,000.00	69,105.90	5.68%
Emergency Preparedness and Response	418,331.00	418,331.00	418,574.16	100.06%
Environmental Health	1,277,513.00	1,277,513.00	689,305.57	53.96%
Behavioral Health	1,788,889.00	1,884,295.00	676,883.02	35.92%
Family Health Services	3,971,477.00	4,471,477.00	2,727,127.12	60.99%
Community Health Center	2,861,057.00	2,861,057.00	1,731,385.88	60.52%
	11,534,267.00	12,129,673.00	6,312,381.65	52.04%
Licenses, Permits & Charges for Services				
Administration	230,000.00	230,000.00	144,528.00	62.84%
Environmental Health	2,181,950.00	2,181,950.00	1,981,379.82	90.81%
Behavioral Health	3,617,554.00	3,617,554.00	2,451,369.36	67.76%
Family Health Services	260,000.00	260,000.00	233,254.03	89.71%
Community Health Center	7,743,900.00	7,743,900.00	4,924,034.12	63.59%
	14,033,404.00	14,033,404.00	9,734,565.33	69.37%
Fines and Forfeitures	500.00	500.00	250.00	50.00%
Miscellaneous Revenues				
Rental Income	11,628.00	11,628.00	8,645.00	74.35%
Donations/Fundraiser	450.00	450.00	-	-
Expense Recovery_Prior Years	-	-	25,350.42	-
Other: MCO Cap, Performance, MD Srv, Return Cks	160,608.00	160,608.00	56,405.35	35.12%
Anticipated New Revenues	4,000,000.00	1,565,710.00	-	-
Funds On Hand	1,716,323.00	3,555,207.00	-	-
	5,889,009.00	5,293,603.00	90,400.77	1.71%
Transfers In	3,750,000.00	3,750,000.00	3,750,000.00	100.00%
Total Revenue	**46,222,180.00**	**46,222,180.00**	**26,126,637.62**	**63.57%** *
	-	-	-	
* Total Revenue used for Revenue Performance %	40,505,857.00	41,101,263.00	-	
Less: Anticipated New Revenues and Funds on Hand				

Will County Health Department

FY 2025
Budget Comparison - Expenditures
Nine Months Ending August 2025

	Adopted Budget	Revised Budget	Expenditures	Encumbrances	Remaining Budget	Target - 66.67% Percent Used
Expenditures						
Personnel - Salaries						
Administration	2,547,221.00	2,547,221.00	1,585,246.38	-	961,974.62	62.23%
Emergency Preparedness and Response	299,910.00	299,910.00	223,149.01	-	76,760.99	74.41%
Environmental Health	1,875,823.00	1,875,823.00	1,250,351.46	-	625,471.54	66.66%
Behavioral Health	5,379,055.00	6,285,958.00	3,337,897.55	-	2,948,060.45	53.10%
Family Health Services	4,788,976.00	5,096,759.00	3,257,733.36	-	1,839,025.64	63.92%
Community Health Center	9,686,140.00	9,461,140.00	6,305,764.17	-	3,155,375.83	66.65%
Total Personnel - Salaries	24,577,125.00	25,566,811.00	15,960,141.93	-	9,606,669.07	62.43%
Personnel - Benefits						
Administration	951,657.00	951,657.00	590,067.03	-	361,589.97	62.00%
Emergency Preparedness and Response	117,797.00	117,797.00	84,538.34	-	33,258.66	71.77%
Environmental Health	883,443.00	883,443.00	576,830.26	-	306,612.74	65.29%
Behavioral Health	2,203,200.00	2,592,116.00	1,282,999.13	-	1,309,116.87	49.50%
Family Health Services	2,069,072.00	2,195,048.00	1,399,540.39	-	795,507.61	63.76%
Community Health Center	3,614,926.00	3,564,926.00	2,336,420.10	-	1,228,505.90	65.54%
Total Personnel - Benefits	9,840,095.00	10,304,987.00	6,270,395.25	-	4,034,591.75	60.85%
Commodities						
Administration	313,220.00	370,495.00	244,292.40	-	126,202.60	65.94%
Emergency Preparedness and Response	10,257.00	21,512.00	17,282.93	-	4,229.07	80.34%
Environmental Health	219,430.00	214,305.00	137,091.18	-	77,213.82	63.97%
Behavioral Health	168,464.00	267,792.00	102,565.99	-	165,226.01	38.30%
Family Health Services	344,025.00	318,963.00	144,734.63	-	174,228.37	45.38%
Community Health Center	2,094,575.00	2,083,361.00	1,913,709.36	-	169,651.64	91.86%
Total Commodities	3,149,971.00	3,276,428.00	2,559,676.49	-	716,751.51	78.12%
Contractual Services						
Administration	1,051,314.00	1,124,039.00	564,986.17	-	559,052.83	50.26%
Emergency Preparedness and Response	71,968.00	60,713.00	31,055.32	-	29,657.68	51.15%
Environmental Health	193,930.00	289,055.00	162,181.58	-	126,873.42	56.11%
Behavioral Health	1,553,617.00	1,992,715.00	1,006,863.87	-	985,851.13	50.53%
Family Health Services	300,895.00	346,743.00	(5,350.25)	-	352,093.25	-1.54%
Community Health Center	1,433,265.00	1,623,979.00	901,569.54	-	722,409.46	55.52%
Total Contractual Services	4,604,989.00	5,437,244.00	2,661,306.23	-	2,775,937.77	48.95%
Capital Outlay						
Administration	50,000.00	36,160.00	-	-	36,160.00	-
Behavioral Health	-	23,620.00	23,541.86	-	78.14	99.67%
Community Health Center	-	11,220.00	11,201.40	-	18.60	99.83%
Total Capital Outlay	50,000.00	71,000.00	34,743.26	-	36,256.74	48.93%
Other Expenditures						
Administration	4,000,000.00	1,565,710.00	-	-	1,565,710.00	-
Total Expenditures	**46,222,180.00**	**46,222,180.00**	**27,486,263.16**	**-**	**18,735,916.84**	**61.55%** *
	-	-	-	-	-	
* Total Exp for Expense Performance %	42,222,180.00	44,656,470.00	-			
Less: Anticipated New Expenses			-			

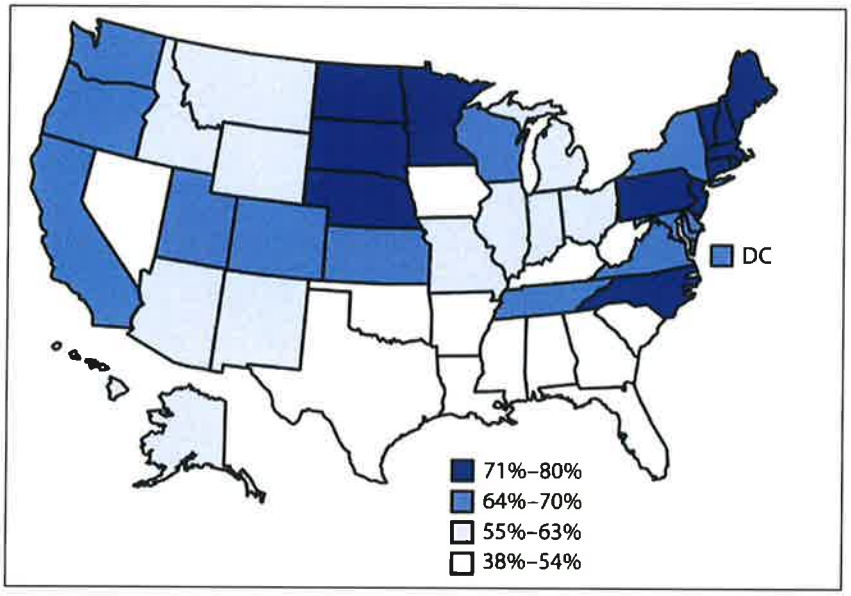
Will County
Health Department &
Community Health Center

Jennifer Byrd, MD, FAAFP
CMO, Community Health Center
September 2025

Patient Education & Health Promotion:

In the month of ***August, Childhood Immunization Awareness*** was featured. To that end, our Affordable Care Act (ACA) staff has outfitted our patient education table with flyers, pamphlets, and information centering around the vaccine preventable diseases and proper follow up.

Epidemiology: Illinois ranks # *29* in the nation, with a *66%* childhood vaccination rate.



Top States	Rank	Value
Massachusetts ›	1	83.1%
Rhode Island ›	2	77.8%
New Hampshire ›	3	77.2%
Your State	**Rank**	**Value**
Texas ›	28	66.8%
Illinois ›, Kansas ›	29	66.4%
Colorado ›	31	66.1%
Bottom States	**Rank**	**Value**
Nebraska ›	47	61.2%
Alaska ›, California ›	48	59.8%
Montana ›	50	57.8%

Opportunity costs of low vaccination rates:

- Increased serious childhood illnesses
- Increased childhood death rates
- Increased family and community infection rates
- Increased healthcare costs
- Decreased life expectancy
    - Example: Brazil, between the years 1940 – 1998, increased their life expectancy by 30 years merely by reducing the deaths associated with vaccine preventable diseases

Goals to increase vaccination rates:

- Increase school-based vaccine programs
- Broaden public education campaigns
- Continue to support and expand the "Vaccine for Children" programs in each state
- Continue to support and fund state-wide Immunization Task Forces who oversee, monitor, inform, and guide vaccine programs

Service expansion/changes:

* Weight Loss Clinic update:

- The marketing teams of the Will County Health Department (WCHD) and Community Health Center have met on several occasions to develop strategy for flyers, social media presence, and website design (in evolution).

- The management team has collaborated with Kodocare pharmacy to ensure 340B discount price for the necessary medication.

- The Weight Loss Clinic provider has met with WCHD dieticians to request collaboration with the weight loss program, such that they will begin to conduct educational sessions with the weight loss clinic patients for increased support on their weight loss journey.

Staffing:

* Certified Medical Assistants (CMA) – one (1) open position (Obstetrics/Gynecology)
* Registered Nurses – two (2) open positions (Primary Care & Infectious Disease)
* Infectious Disease Department Manager (RN) - open
* Psychologist – open
* Advanced Practice Nurse (Brooks Middle School) – ***HIRED***, start date 9/15/25
* Family Medicine Physician – open
* Temporary staff :
    - RN Infectious Disease
    - RN Behavioral Health

Will County
Health Department &
Community Health Center

Stacy Baumgartner
CEO, Community Health Center
September 2025

Community Paramedic Program

The Joliet Fire Dept (JFD) and the Community Health Center (CHC) are implementing the JFD's home visiting program to benefit patients of the health center that need support to remain healthy and stay out of the hospital system. The program follows up with people that are likely to have increasing symptoms of congestive heart failure, chronic obstructive pulmonary disease, diabetes, pneumonia, and post-surgical or mental health needs. The JFD has a community paramedic who can follow up with patients to extend the care from the health center to the person's home. This program is not intended to replace any home visits or health care provided in a person's home, but rather to get additional support for the patient to assist in their continued health progress.

Secure Firearms Program

A team has been identified to implement the program. This includes a pediatrician, registered nurse and clinic manager. A kick-off meeting was held in August to discuss the project. Currently, leadership is working to facilitate the transfer of baseline data that will be used to determine the effectiveness of the program. Training in the program's methodology will be coordinated for all staff that work with pediatric patients.

School Based Health Center

Behavioral health will be offered two days per week, therapy services will continue five days a week, and primary care will be up to 3 days per week in September but will increase to full time once the incoming Advanced Practice Registered Nurse (APRN) has been onboarded. She is scheduled to start on September 15, 2025.

NEW Initiative – The health center leadership and the Electronic Health Record vendor conducted a kickoff meeting for a pilot program to beta test an online registration and parental consent interface. This project will solve one of the fundamental issues facing the health center, getting the correct paperwork for services from the parents in a method that is convenient. The goal is to continue to increase the number of patients served, which will allow the health center to serve the students of Valley View in the future.

Illinois Primary Health Care Association (IPHCA) – Health Center Controlled Network

In August, IPHCA announced they were awarded funding to develop a network of 35 health centers that are committed to improving health care through the adoption of health care technology. The focus areas are Data Management and Analytics, Interoperability, Data Sharing, Value-Based Care, Cybersecurity, and Artificial Intelligence. This will help to prepare leadership for the future in community health care.

Will County
Health Department &
Community Health Center

Elizabeth Bilotta
Executive Director, Administration
September 2025

Stand Up for Women's Health Event

Will County Health Department hosted a Standing Up for Illinois: Protecting Women's Health Roundtable Event on August 15th. The picture is a picture of our event planning committee with Lieutenant Governor of Illinois, Juliana Stratton.

It was an excellent event with about 125 people in attendance.

A special thank you to Will County Emergency Management Agency for supplying two staff to manage the parking lot and parking situation and to the Will County Sheriff's Office for extra security on the day of the event.

Administration BOH Report – provided by Cindy Jackson, Director of Administrative Services

BLOOD DRIVE

On August 14th, we hosted a successful blood drive in the Community Room of the main building. A total of 24 individuals attempted to donate, resulting in 21 completed donations. The majority of donors were dedicated employees from the Will County Health Department, demonstrating a strong commitment to community health and service. Thank you to everyone who participated and helped make a difference.

SECURITY BID

We will be going out to bid for a new Security Contract for FY26-28. The contract will be to provide Security Guard Services for the Will County Health Department Main Complex at 501 Ella Avenue, Joliet, IL; the Will County Community Health Center at 1106 Neal Avenue, Joliet, IL; Will County Health Department North Branch Office at 323 and 391 Quadrangle Drive, Bolingbrook, IL; and the Sunny Hill Tuberculosis Clinic at 501 Ella Avenue, Suite 2, Joliet, Illinois. The contract will be for a 12 month period beginning December 1, 2025 through November 30, 2026, with two (2) one (1) year renewal options. The Pre-Bid meeting is scheduled for September 26th with the Bid Opening on October 3rd. The plan is for the Bid for the Sunny Hill Tuberculosis Clinic to be awarded by its Board President on November 19, 2025; the Bid for the Will County Health Department to be awarded by the Board of Health at the October 15, 2025 meeting. The Bid for the Community Health Center will be awarded by the Governing Council at the November 5, 2025 meeting. Notification will be made to the successful vendor

FACILITY UPDATES

Joliet Campus Electric Charging Stations:

On August 13th, we were notified by the County Facilities Department that the Electric Charging station will be replaced with a new unit. The charging station has a broken plug latch on one nozzle and exposed wires on the second. The unit is no longer under warranty.

501 Ella (Main)

Environmental Health (EH) Lab Painting and new vinyl floor base: On September 29th, the Facilities Department painted and patched the EH lab walls where needed and replaced vinyl floor base that was removed during the flood in the lab in late July.

Window Leak:

On August 12th a leak was identifed coming from the large front window on the second floor of the lobby. On August 22nd the Facilities Team had a vendor onsite to look at the window and evaluate it. The company will be back with a bucket truck to complete the repair.

Community Health Center (CHC)

Primary Care Workstation Replacement:

On August 21st, nine staff workstations were replaced in Primary Care. The new workstations look great and provide staff additional workspace and storage.

Pictured below: New workstations are on the left, old on the right.

Electronic Keycard Access Points:

We had five keycard access points that stopped working, for various reasons. They were all repaired quickly, two by a vendor and three by Admin staff by modifying programming settings.

Parking Lot Lighting Repairs:

It was identified that some of the exterior parking lot lights and some of the wall pack lights on the CHC stopped working. The Facilities Team had a contractor repair the lights on August 18th and 19th.

New CHC Bolingbrook Suite (CHC Northern Branch Office [NBO]):

Surveillance Camera Installation:

A camera was installed in the new CHC Suite Lobby on August 18th. This camera is monitored by the onsite security staff while on duty and by the Director of Administrative Services, as needed.

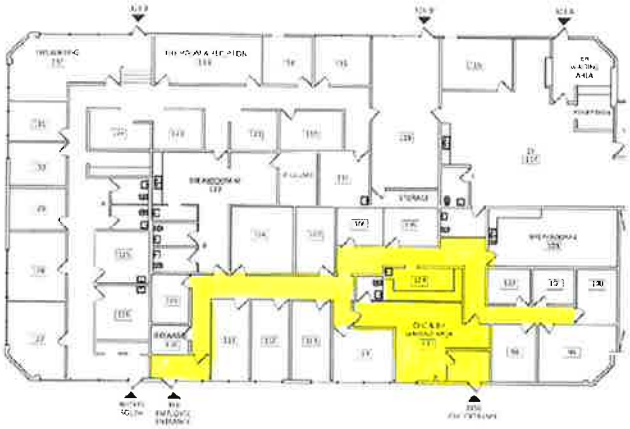
North Branch Office:

Replacement of Damage Blinds:

Blinds that were damaged were replaced in an office in the Family Health Services on September 2nd.

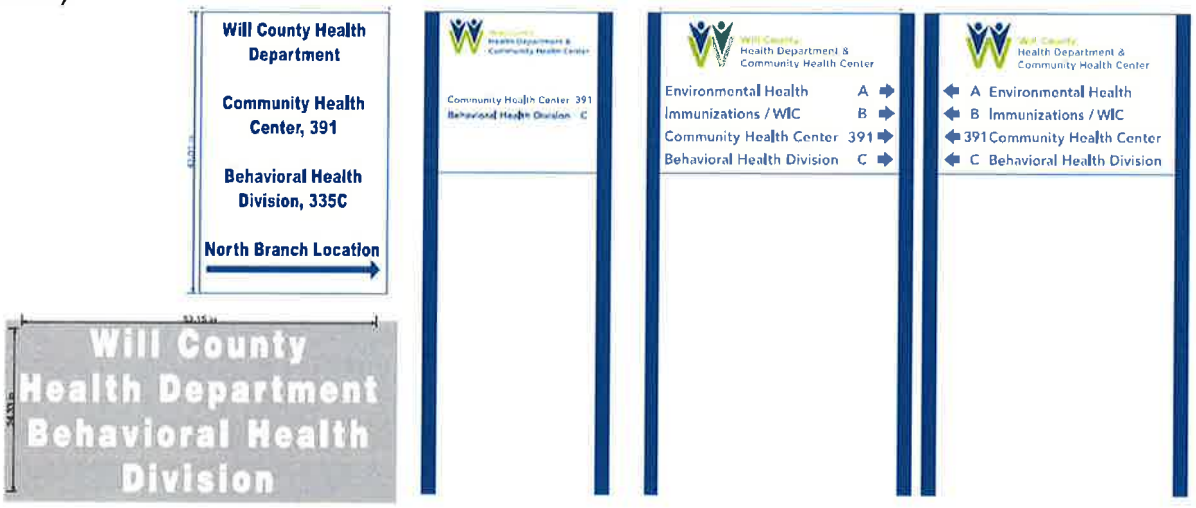
Behavioral Health Suite Painting:

The WCHD has hired a painter to patch, repair, and paint the walls in the waiting room, hallways, and Room 104. These updates are scheduled to begin September 4th and will be completed in time for the NBO Open House for the CHC and BH Suites on September 29th. The areas to be painted have been marked and highlighted in yellow (see drawing).



Room 104 is undergoing a renovation to convert it from the former CHC lab into a two-person office. This space requires patching, painting, and installation of Luxury Vinyl Flooring where the carpet was (which was under the lab cabinets that were removed). Thus far, the flooring has been installed (on August 22nd) and the painter is scheduled to begin work September 4th.

Campus Signage: The signage on campus will be updated in September (before the open house) to better direct patients to the new CHC Campus location (see below what the signs will look like once completed). In addition, the sign on the window outside of the Behavioral Health Suite is also being updated (see gray sign below).



Eastern Branch Office (EBO)

Fire Marshal Inspection:

On May 22nd, EBO did not pass a Fire Marshal inspection which is required for the Behavioral Health Division's accreditation at this office. The landlord was not up to date on the fire and sprinkler system inspection which was to have been completed by June 23rd. The Fire Marshal also cited a violation regarding the existing medical waste closet which did not have a sprinkler head or a smoke detector tied into the building's fire protection system. The landlord has obtained the required fire and sprinkler system inspection and has had a smoke detector installed in the medical waste closet. A reinspection by the Fire Marshal was requested and on August 20th, EBO passed the required inspection.

Floor Waxing:

On August 15th, the Facilities Department contracted cleaning company sent staff out to rewax floors in the main hallways, bathrooms, and a couple other areas since we were not satisfied with the results from the first time the floors were striped and waxed. The rewaxed floors turned out great. This was done at no additional cost to the county.

Compliance Report – provided by Armando Reyes, Director of Compliance

Compliance Highlights

The Will County Health Department (WCHD) and Community Health Center (CHC) Compliance Program is building on policy development efforts while steadily moving toward practical application across the agency. This month's report highlights key accomplishments, enhancements to new employee training, and policy updates that are strengthening accountability and consistency in daily operations.

Confidentiality and Privacy

- Reinforced staff compliance with email encryption protocols to safeguard Protected Health Information (PHI) in external communications.
- Delivered targeted reminders to reduce risks of accidental disclosures, maintained alignment with the Health Insurance Portability and Accountability Act (HIPAA) and the Health Information Technology for Economic and Clinical Health (HITECH) requirements.
- Reminded staff to always use encryption when transmitting sensitive information, whether internally or externally, to ensure consistency in protecting confidentiality.

Service Animals and ADA Compliance

- Provided staff with practical guidance on distinguishing between service animals and emotional support animals through the Compliance Share Point site.
- Clarified permissible staff questions, removal criteria, and American Disabilities Act (ADA) rights to ensure consistency across programs and reduce liability.

Critical Incident Reporting (CIR)

- Continued monitoring of CIR submissions to ensure accountability and timely follow-up across divisions.
- Recent case reviews reinforced the importance of encrypted storage and immediate reporting.
- Collaborated with the Safety Officer to review CIR submissions and identify trends.
- Analyzed incident patterns to uncover potential risk factors.
- Reported key findings and concerns at Safety Committee meetings to guide preventive actions and strengthen agency-wide compliance, safety culture, and continuous quality improvement.

Staff Development and Training
The new Employee Compliance Orientation formally expanded to six topics, ensuring all staff understand the core responsibilities that uphold WCHD and CHC's mission and regulatory requirements:

1. Understanding Compliance: Introduces staff to WCHD and CHC's compliance framework and their role in supporting accountability across all divisions.
2. Confidentiality & Privacy: Reinforces the protection of client information, critical for maintaining trust and meeting HIPAA/HITECH standards.
3. Critical Incident Report Overview: Emphasizes timely reporting and follow-up on incidents to safeguard patients/clients, staff, and agency operations.
4. Ethics and Code of Conduct: Sets expectations for professional behavior, transparency, and ethical decision-making.
5. Cultural Competency: Promotes respectful and effective service delivery to WCHD and CHC's diverse client and community populations.
6. Mandated Reporter: Ensures staff understand their legal duty to report suspected abuse or neglect, protecting vulnerable populations.

Policy and Procedure Updates

- Service Animal Policy: Advanced drafting stage, incorporating American Disabilities Act (ADA) requirements and staff feedback.
- CIR Policy & Procedure: Under review with revisions that emphasize timeliness, consistency, and structured post-incident review.

Partnerships and Contributions
Adler University Social Justice Practicum (SJP) students, who are non-clinical and assigned to WCHD, assisted on projects across multiple divisions, including the Community Health Center (CHC), Mobilizing for Action through Planning and Partnerships (MAPP), compliance-related initiatives, and other program support.

Their contributions enhanced project development, strengthened internal processes, and provided meaningful value to staff and clients throughout the agency.

New project proposals will be submitted to Adler University for fall placement, with students engaged through April 2026.

Overall
The Compliance Program is steadily progressing from policy development toward broader application across the agency. September's accomplishments reflect meaningful steps in refining policies, supporting new employee orientation, and providing staff with clear guidance for daily responsibilities. These efforts continue to build a foundation for transparency, accountability, and continuous improvement in alignment with the mission of the Will County Health Department and Community Health Center.

Finance Report – provided by Katie Schaefers, Finance & Grants Mgmt. Coordinator
In addition to agency deposits, monthly and quarterly grant expenditure reporting:

1. All State Fiscal Year 2026 grant applications have been completed. The State Fiscal Year 2026 grant agreements continue to be executed as issued by the state. State Fiscal year 2026 began July 1, 2025.

2. The 2024 Medicaid cost report has been submitted. Federally Qualified Health Centers are required to complete annual cost reports, which detail cost, staffing and utilization data.
3. We submitted the initial FY25 Illinois Department of Human Services Grant Reconciliation and Recovery Report. This is a report required annually by the Illinois Department of Human Services no later than 45 days after the end of the grant funding cycle to report the grant expenditures.

Health Equity Report – provided by Robert E.F. Dutton Ph.D., Health Equity Manager

The Health Equity Team conducted 16 community engagements events for the month of August. Since January 2025, the health equity has participated in 55 community engagement events throughout Will County (See photos from various event below).

Upcoming Events

Joliet	Mexican Consulate	September 17th, 18th 19th
Joliet	National Hook up of Black Women 5th Annual Community Day	September 20th
Crete	Health & Resource Fair	TBD
Plainfield	Community Health & Resource Fair	TBD
Joliet	Well-Women Day Health Fair	November 13th

Information Technology & Telecommunications (ITT) Report – provided by Randy Jurek, Director ITT

ITT Fall Preview

As the season turns to autumn, we are fully engaged in planning the next wave of ITT projects. While many of the initiatives mentioned in this month's report may sound familiar, they are entering critical stages, and proper preparation is key to their success. Much of our focus for the rest of the year centers around cybersecurity and strengthening our infrastructure defenses. Our partnership with the County IT team continues to be important in helping us advance these efforts.

Upcoming Projects

Projects with County IT Collaboration

- **Central Logging Repository**
  Cisco's top recommendation is to establish a centralized log repository to track events across servers, firewalls, and Microsoft accounts. The County uses LogRhythm, and we will begin storing our logs on that platform.
- **Tanium Platform Rollout**
  Tanium, an advanced device management and security platform provided by the County, has moved up on our priority list. It allows for real-time monitoring, patching, and compliance checks. Two ITT team members have been identified to lead our internal rollout and training efforts.
- **Threat Hunt**
  After logging is fully configured and has run for a few weeks, Cisco will perform a full analysis to detect any unusual or malicious activity in our environment.

Other Projects on the Horizon

- **Windows 11 Upgrade**
  With Windows 10 nearing end-of-life, we're preparing for an agency-wide upgrade to Windows 11. This project will be time-consuming but is critical to maintaining security patch compliance.
- **Mosaic Payroll & DUO Rollout**
  As part of our transition from Kronos to Kronos WFM timekeeping platform, we will be implementing DUO multi-factor authentication agency wide. DUO will be deployed via county-issued cellphones and Universal Serial Bus (USB) keys for users without devices.
- **Cybersecurity Awareness Training**
  Technology only gets us so far; user awareness is our first line of defense. We're continuing to provide cybersecurity training at new hire orientations and will begin offering presentations during division meetings and future Lunch and Learn events.

Staffing Updates

Estela Lazo (Accounts Payable Specialist I) and Tessa (IT Specialist I) continue to settle into their new roles. Both have made a strong start, and we're glad to have them on board as they've added real strength to the ITT team.

In Closing

While this month's report may appear shorter, the work behind the scenes is anything but. These projects require serious time, coordination, and training. The ITT team is ready to meet these challenges head-on

to make our systems stronger, safer, and more efficient. We've already knocked out some major milestones this year, and we're looking forward to finishing strong. Until next time, happy autumn, my personal favorite time of the year!

Safety Report – provided by Barbara Agor, Safety & Risk Reduction Officer

General Projects

- **Monthly Automated External Defibrillator (AED) checks:**
  - All Agency AEDs are checked monthly.
- **Weather Radios:** We are currently inspecting all of the Agency weather radios to determine if they are still in good working condition. We have recommended one older unit to be replaced, as it cannot be set. We are also replacing all the batteries (which are used as a backup when there is a loss of power), and we will continue this practice annually.
- **Safety Handbook Updates:** We are working on updating the Safety Handbook to include all the changes that stemmed from the addition of the new Northern Branch Office Community Health Center site.
  - Northern Branch Office Community Health Center (NBO-CHC) Site: We are updating the Safety Handbook to include new space specifics and will provide a fire drill and severe weather drill very soon.
- **Branch Office Orientation Checklist:** we are working on creating a new Branch Office Orientation Checklist for the new NBO-CHC site.

Training and Drills

- **Safety Orientation Training (for new staff) on August 18th, and September 3rd:** Nine new staff oriented to our Safety Handbook and safety procedures. Safety orientation helps them understand what to do in different emergencies and helps familiarize them with the reference handbook that they receive.
- **Quarterly Emergency Radio Drill on August 12th:** Twenty-one out of twenty-four emergency radio holders successfully participated in the call-out radio drill, giving us a response rate of 88%. Two radio holders were waiting for the drill but did not hear the callout for different reasons. One radio volume was all the way down, causing them not to hear the call. The other radio is housed in a basement office, which was found "out of range".
- **Emergency Radio Training on August 8th:** Fourteen Community Health Center managers were trained on the radio's purpose and use. Many managers rotate daily through the new NBO-CHC space in Bolingbrook, and we wanted to make sure all the managers were familiar with how and when to use the emergency radios. A request was made during this training for the addition of another radio in Dental.
- **Emergency Radio Training on August 26th:** Installed an additional emergency radio at the lower level of the Community Health Center in Dental, bringing our total number of emergency radios issued to twenty-five. Trained

four dental staff on its purpose and use. Will add them to our next quarterly drill in November.
    - Updated our emergency radio holder list, printed, laminated, and distributed them to all WCHD radio holders. We also updated our radio holder spreadsheet and shared it with Will County Emergency Management Agency, who will share it with the Laraway Communication Center for reference in case of emergency.
- **Fire Drills on August 12th and August 13th in Joliet:** Hosted two Fire Evacuation Drills on the Joliet campus at the Will County Health Department at 501 Ella Avenue and the Community Health Center at 1106 Neal Avenue. (NBO, NBO-CHC, and EBO will be scheduled in the next few months). We generally did well evacuating and accounting for staff quickly; however, there are always things we could improve upon, such as: making sure staff exit through the closest exit, not necessarily their usual exit, remembering to close doors behind them on their way out, making sure our staff lists are up to date and ready to go at any time. The drill reports are complete, and we are following up on recommendations.
    - We have requested the Joliet Fire Department to assess one of our on-site evacuation locations at our Joliet location, as we are considering a potential move. We hope to have that scheduled soon.
- **De-Escalation and Conflict Management Trainings on August 26th and September 10th:** Lewis University Chief of Police, Mike Zegadlo, returned to offer this valuable training to our staff. Thirty-eight staff and six Medical Reserve Corps volunteers participated in the training on August 26th, and 36 staff members and one Medical Reserve Corps volunteer are registered for the September 10th session.

- **Panic Button Training/Drill on September 3rd:** Six staff members participated and activated the panic button in a Behavioral Health office. This aided in their understanding of what to expect when a panic button is activated. Staff were informed of the purpose of the panic button, who it notifies, and who it does not notify, along with what alarms are triggered and where. These trainings/drills also gave our security a chance to practice their response protocols and manage the alarm system – silencing the alarm, clearing the alarm, and resetting the panic buttons.
- **Fire Safety Training on September 4th:** Thirty-two Administration staff members participated during the division's All-Staff meeting. Reviewed our fire safety and evacuation procedures, including R.A.C.E. (Rescue, Alert/Alarm, Contain, Extinguish/Evacuate), P.A.S.S. (Pull, Aim, Squeeze, Sweep), on-site and off-site evacuation assembly areas for each of our sites, chain of command during an emergency, and our site maps' safety information.

Policy, Procedures, & Plan Development and Committee Updates

- **Agency Infection and Exposure Control Plan Committee met on August 25th**: The Agency's Infection and Exposure Control Plan Committee continues to work through recommended updates for the plan, and the N-95 fit testing agreement with the Tuberculosis Clinic for initial and annual respirator fit testing for the Community Health Center and select Family Health Services staff. We have identified a workflow for the scheduling process. We are also updating the initial draft

Agencywide Post Exposure Plan. We have drafted a new Hepatitis B declination form for consideration and are in the process of getting that approved for use.

- Next meeting is September 22nd.

Safety Concerns Addressed

- **Bolingbrook Police Safety Walkthrough at North Branch Office Community Health Center site on August 25th:** Bolingbrook Police Department provided a Safety Walkthrough of the new NBO-CHC site in Bolingbrook at our request, to determine if there are any vulnerabilities or things we could do to make the space safer. They were overall pleased with all the safety initiatives we already have in place. They made a few recommendations that we intend to follow, some of which have already been implemented, such as making sure doors and medication refrigerators are locked, making sure patients are escorted to and from the waiting room, and removing labels indicating where medications are stored.
- **Northern Branch Office Community Health Center site:** The exterior building back door to the new site has difficulty latching, causing it to not be secured unless pushed or pulled all the way shut. The landlord has ordered a new exterior building back door and will have it replaced to remedy this issue.
- **Eastern Branch Office Sightlines:** We have added two additional mirrors (one quarter dome/corner mirror and one-half dome) to the main hallway.

Will County
Health Department &
Community Health Center

Sean Conners
Director, Environmental Health
September 2025

FOOD PROGRAM

1. AquaStar (USA) Corporation of Seattle, WA. recalled approximately 26,460 packages of Cocktail Shrimp, imported from Indonesia, because they may have been prepared, packed, or held under insanitary conditions whereby they may have become contaminated with cesium-137 (Cs-137). Cs-137 is a man-made radioisotope of cesium. Traces of Cs-137 are widespread and can be present in the environment at background levels, and at higher levels in water or foods grown, raised, or produced in areas with environmental contamination. The primary health effect of concern following long-term, repeated low dose exposure (e.g., through consumption of contaminated food or water over time) is an elevated risk of cancer, resulting from damage to DNA within living cells of the body. No illnesses have been reported to date.

2. Blue Bell Ice Cream is voluntarily recalling a limited quantity of Moo-llennium Crunch Ice Cream half gallon packaged in a Chocolate Chip Cookie Dough carton produced in its Brenham, Texas, plant because of undeclared almond, walnut, and pecan. The recalled product was mistakenly packaged in Chocolate Chip Cookie Dough ice cream cartons with a Moo-llennium Crunch lid. A Blue Bell employee discovered the incorrect packaging on two half gallons while restocking a retailer. No illnesses or adverse reactions have been reported to date. No other incorrect packaging has been discovered or reported to date.

3. The Environmental Health Division was notified by Darrah Dunlap, Food Program Manager for the Illinois Department of Public Health (IDPH), that their epidemiology team reached out regarding an ongoing *Brucella* case being investigated by the Will County Communicable Disease team. The case indicated that the person consumed unpasteurized cheese and venison chorizo from a grocery store in Crest Hill prior to illness. We were asked to go to the grocery store in question and determine if they sell unpasteurized cheese and venison chorizo. The facility was visited, and it was determined that they do sell unpasteurized cheese that is provided by a company in Houston, Texas, but they did not sell venison chorizo. The brand of cheese is Mama Lycha and there were three different type of cheese that had "raw milk" listed as an ingredient (Queso para-Frijoles, Queso Llanero & Queso Duro Viejo). Grab samples of the three different cheeses and a package of pork chorizo were collected from the grocery store and were personally delivered on 8/18/2025 to the Illinois Department of Public Health laboratory located in Chicago. We are currently waiting to receive the results of the samples.

4. Since the beginning of August 2025, the Illinois Department of Public Health has identified 26 lab confirmed cases of *Salmonella Infantis* that are related by whole genome sequencing (WGS). Multiple cases have reported consuming Mexican-style cheese obtained from street vendors. Most of the cases are in Northeast Illinois (including Champaign, Chicago, Cook, DuPage, Kane, Lake McHenry and Peoria). Illness onset dates range from 7/14/2025-8/17/2025. Six additional ill people that are epidemiologically linked to lab confirmed cases have been reported. Multiple cases have reported consuming different types of Mexican-style cheese obtained from street vendors at different locations. The cheese is not labeled and is often wrapped in plastic wrap. Illinois Department of Public Health (IDPH) is working with local health departments to identify the source of the contaminated cheese. Illinois Department of Public Health has requested Environmental Health Divisions to investigate complaints received regarding unlicensed vendors selling unsafe foods on the premises of a food establishment. Health care providers and laboratories should contact their local health department with questions or to report cases or contact the IDPH CD Section at 217-782-2016 with any questions.

ENVIRONMENTAL HEALTH LAB/ WATER PROGRAM/ SEWAGE PROGRAM

1. The Laboratory is scheduled for their Chemistry Certification on September 15 & 16, 2025.
2. The Water program collected $10,352 in fees for the month of August compared to $13,394 collected in the month of July.
3. The Sewage Program collected $10,710 for the month of August compared to $13,550 for the month of July.
4. The Environmental Health Division is submitting for the approval from the Board of Health on the revision of the Will County Sewage Treatment and Disposal Ordinance. The ordinance was last revised in 2016.

OTHER

- The Will County Health Department Environmental Health Division received and processed approximately one hundred and eighteen Freedom of Information Requests (FOIA) in August 2025.

- The Illinois Department of Public Health (IDPH) announced the first human case of West Nile Virus (WNV) in Will County. The affected individual is a resident in their 80s who began to feel symptoms in August. The Will County Health Department's Environmental Health Division has also reported that mosquito batches in 11 different Will County communities have tested positive for WNV this summer. IDPH has reported that a total of 12 human cases of WNV have now been detected throughout the state, including 10 cases in Northern Illinois. In addition to the case in Will County, six were reported in Cook County while DuPage County, DeKalb County and Lake County have all reported one positive case. In 2024, 69 human cases of WNV were reported throughout the state.

- The Illinois Department of Public Health requested assistance from the Will County Health Department Environmental Health and Communicable Disease Programs on a Legionella outbreak at a warehouse facility in Bolingbrook, IL. Two sanitarians accompanied representatives from Illinois Department of Public Health to perform an assessment and collected samples from suspected contamination sites. We are currently waiting for the results of the samples.

- On August 22, 2025, Ana Payton, Administrator for the Will County Animal Protection Services Department, held a Dog Behavior & Safety Workshop for the Environmental Health Division. The Environmental Health Division has several field staff, and they can encounter aggressive animals, specifically dogs while performing their duties. The topics that were covered were Communication Patterns, Animal's Body Language (ears, tail, body, posture, mouth, etc.), Offensive Threat, Defensive Threat, Fear, Dog to Dog Interaction, Signs of Stress, Approaching & Handling Companion Animals, Effect of Human Language, and Bite Threshold & Risk Factors. The invitation to attend the workshop was extended to management of Family Health Services and Behavioral Health so they could determine if this can be useful training for their field staff. The workshop received positive feedback and the Environmental Health Division plans on using it in the future.

- The Environmental Health Division had a table at the Will County Fair. The fair provides us an opportunity to promote our grant programs (West Nile Virus, Tick Surveillance, Radon, Body Art & Tanning) as well as our Food, Sewage, Water & Swimming Pool & Beach programs to the citizens of Will County. Our table is staffed with clerical staff, sanitarians and managers, and they are there to represent our division and answer any questions about our services. The total attendance for the Will County Fair this year was 66,358.

Will County
Health Department &
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Diane Scruggs
Director, Behavioral Health
September 2025

The start of fall is often a re-energizing time for the Division of Behavioral Health. Students are returning to school, and requests for services are being addressed. Our long-awaited ***"Open House",*** celebrating the expansion of our Bolingbrook office, is scheduled for September 29th at 2 pm.

We had a very productive meeting with Chief Cary and his team from the City of Joliet Fire Department Thrive Program. We explored how our Behavioral Health Division could provide services to clients they encounter. The Will County Health Department is one of the few mental health service providers that accepts Medicaid. I am happy to report that we have received our first referral from the Thrive Program, and the client has been set up with services.

Intake Unit

The Intake Department is in the process of hiring a new Intake Counselor. This Intake Counselor will be working out of the Bolingbrook location. The Intake Unit is continuing to see an increase in the number of clients for all of our programs. We are constantly looking for ways to improve wait times. We are looking at ways to determine acute vs chronic needs to better determine case assignment.

Trainings

The Intake Program Manager attended several trainings that included:

- 8/12/25: A virtual Supervision Training hosted by Illinois Behavioral Health Workforce Center: **Conflict Management: Addressing Divisive Behaviors in the Workplace**
- 8/19/25: A virtual Supervision Training hosted by Illinois Behavioral Health Workforce Center: **Creating Cohesive Teams Through Understanding Team Dynamics**
- 8/26/25- De-escalation training presented by Chief Mike Zegadlo, from the Lewis University Police Department.

Our Intake Counselor located in the Joliet office will attend the September De-escalation training with Chief Mike Zegadlo. Trainings such as this are made available to all behavioral health staff. These particular trainings provide staff with tools to use when interacting with various clients behaviors.

Scheduling

We currently schedule adult therapy services about three weeks in advance. Child and adolescent appointments are scheduled for two weeks out.

Number of Intakes from 8/1/2025 to 8/31/2025

- Joliet Adult: Fifty-four (54)
- Northern Branch Office (NBO) Bolingbrook Adult Program: Seventeen (17)
- Eastern Branch Office (EBO) Monee Adult Program: 0
- Child and Adolescent Program Joliet and Bolingbrook offices: Thirty-one (31)
- Total Intakes for all programs: One-hundred and two (102)

Number of Walk-Ins

- Joliet: Two (2)
- Northern Branch Office (NBO) Bolingbrook: Four (4)

Adult Mental Health Outpatient Program

In August, the adult program had 71 new intakes scheduled across its three locations. In August, we had 880 appointments scheduled across three locations.
We had a:

- Sixty-five percent (65%) Kept Rate
- Sixteen percent (16%) Cancelled by client
- Seven (7%) Staff cancelled
- Fifteen percent (15%) Failed Rate

The Court Mandated Assessment and Support Program received 31 new referrals from 7/17-8/29/25 for assessments. This program continues to grow. We have expanded services to allow for the provision of solution-focused brief treatment to some clients. Twenty (20) of the referrals have completed their assessments:

- Eight (8) clients have been referred and/or are receiving services at the Will County Health Department, i.e., therapy, case management, psychiatric evaluation, and peer support services.
- Seven (7) clients were recommended to complete a domestic violence evaluation or to complete DV classes.
- Three (3) clients have been referred to for substance use treatment
- Nine (9) clients have partially completed their assessments.
- Two (2) clients have been a no-call, no-show for their assessment or rescheduled appointment due to insurance issues.

We have nine clients attending our Daily Living Skills Group, with two more expected to start within the next month.

Several therapists in the adult program attended De-Escalation and Conflict Management Training on 8/26/25, and more have signed up for the next session in September.

Child and Adolescent Services

There were 740 appointments scheduled and 467 kept (equaling sixty-three percent 63% and forty-seven percent 47% cancelled). The case load for the office-based child and adolescent program is 386 cases served by eight staff. This time last year, we were at a total of 271. Total new intakes for child and adolescent services in August were 31 new clients.

Mobile Crisis Response Program (after hours / weekend response program)

A new employee, Tara Xenos, started on August 18th. The total number of cases assigned to the Mobile Crisis Response Staff is 87, served by six staff. We have already exceeded the total number of cases assigned in 2024, which was 98. For the month of August, there were 225 appointments scheduled and 172 kept, equaling seventy-six percent (76%) with twenty-four percent (24%) of the total being cancelled appointments. The number of crisis calls that the mobile crisis team responded to was 230, a slight increase from 2024, with a total of 223.

On August 8th, staff members hosted the Back-to-School Fair:

- Registered families = Two hundred and eighty (280)
- Registered children = Six hundred and forty-two (642)
- Non-registered children = Forty-nine (49)
- Vendors registered = Fifteen (15)
- Vendors on site =Nineteen (19)

Staff also participated in seven outside events such as back-to-school fairs to promote the behavioral health division in Plainfield, New Lenox, Crete, Peotone, and Joliet.

Several department members attended training classes in August that included:

- Trauma Insights, IM-CANS renewal
- Engaging Government Entities in Community Initiatives
- Engaging the Media Sector in Community Initiatives
- Recognizing and Responding to Human Trafficking
- WCHD Annual Training, Crisis Safety Planning
- De-Escalation
- DCFS Mandated Reporter
- Parental Substance Use and Children Impacted by Addiction: A Deep Dive into a Complex Challenge
- IS-100 Introduction to Incident Command
- Engaging Health Care Professionals in Community Work

School Based

School has finally resumed, and we were approached to provide support services at the Joliet Township alternate school. This will not require additional staff since we are already in place at both Joliet High Schools.

We are settling in at one of our newest school-based sites, the Plainfield school district. Our goal is to provide much needed in-person services for the students. We are also in the Lockport High Schools, and our caseload has been steadily growing.

The need for school-based mental health services is evident. We are now in a total of 43 schools.
All our caseloads have continued to steadily grow.

Performance and Quality Improvement (PQI)
Commission on Accreditation of Rehabilitation Facilities (CARF) Plans:

Work continues on the development of the following plans required by the Commission on Accreditation of Rehabilitation Facilities:

1. Cultural Competency and Diversity Plan
2. Strategic Plan
3. Risk Management Plan
4. Succession Plan
5. Technology and Systems Plan (completed by Randy Jurek)
6. Accessibility Plan
7. Performance Measurement and Management Plan

8. Performance Analysis (for both Service and Business Function)
9. Performance Improvement (for both Service and Business Function)

We are on track to complete all these plans before the end of the calendar year and will use them going forward to help guide the direction of the Behavioral Health Division.

The Commission on Accreditation of Rehabilitation Facilities requires Quarterly Clinical Audits:

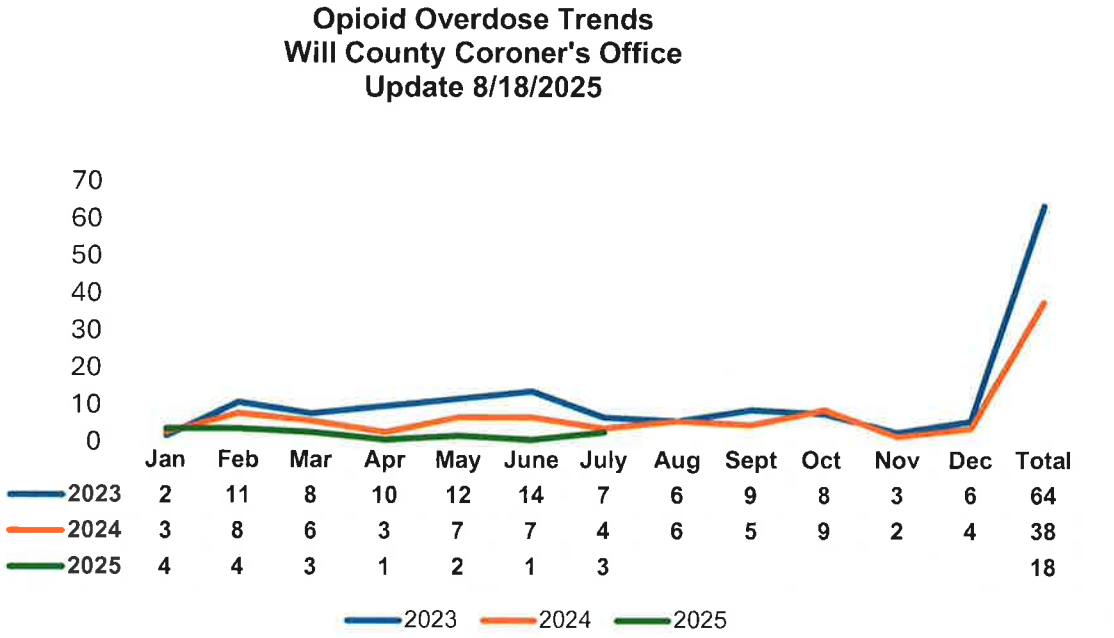
Peer clinical audits were conducted by therapists in April and July of this year. Of the six main areas of focus, performance improved in four areas, stayed the same in one, and decreased in one. A performance improvement plan is being developed and will be shared with management staff before implementation. Performance results and plan will be implemented with clinical staff after review and revision by management. Individual audit results are also available to management to help identify problems for staff members.

Bolingbrook Site Coordinator:

Darcy Jasien, who is our PQI and Bolingbrook Site Coordinator has been hard at work helping prepare for updates to the Bolingbrook office and the upcoming Open House at the end of September. Old artwork and outdated signage are coming down and being donated or disposed of. A quarterly meeting with the NBO staff has been scheduled for later in September, where the open house and other NBO-related items will be discussed.

Program number	Program Name	# Clients January-August 2024	# Clients January-August 2025
112	Adult- Monee	22	23
117	Adult-Bolingbrook	88	247
115	Adult-Joliet	480	788
120	Youth-All offices	555	618
130	SASS	962	881
140	MCR	865	748
Total Number Unduplicated Clients Served	ALL	2972	3305

Kathleen Burke, PhD Coordinator of Substance Use Initiatives and Treatment



- Overdose deaths have decreased by 37% compared to same time last year.

Will County Health Department Rapid Response Naloxone Distribution/Community Education Highlights

Summary Totals Yearly	August	2025	2024	2023	2022
Overdose Reversals	1	18	53	103	51
Fentanyl/Xylazine Test Strips	88	667	2562	1658	1563
Got Naloxone Locations	69	439	624	888	754
Business Locations	10	201	425	564	485
Naloxone Delivered to Public	1177	4707	8800	8792	7285
Naloxone Training/Kits	125	249	2728	1806	445
Micro Pantry Distribution	36	386	656	791	605
Red Distribution Boxes	351	2309	3020	0	0
Total Boxes of Naloxone	**1474**	**7636**	**15204**	**11688**	**8296**
Naloxone Plus Calls	0	5	15	13	3
Suicides (Update 8/25/2025)		41	65	65	75

Thanks to the generosity of *Saved My Life*, ten more Red Naloxone Distribution boxes were placed throughout the community. We now have twenty including the southeastern part of the county and extending out to University Park.

- Expanded access into Will County Libraries by adding a Red Naloxone Distribution Box to the Frankfort library. White Oak branches in Crest Hill, Romeoville, and Lockport also have boxes. Legislation passed with House Bill 1910 which requires public libraries to maintain a supply of Naloxone. This office has been working with libraries for many years to make Naloxone accessible to the public. The legislation has opened the door to continued efforts to ensure all libraries have Naloxone on site and training offered to library staff.

- Focused on Back-to-School events
  77 kits were distributed to students returning to college.

August Pop-Up Locations/Events

Aunt Martha's Resource Fair – Joliet
Kidz Fest – Joliet
Judson Soul Food Pantry – Joliet
Warren Sharpe Community Center – Joliet
Riverwalk Homes – Joliet
St. John Lutheran Church – Joliet
Salvation Army – Joliet
National Night Out – New Lenox, Monee, Beecher, Plainfield, Orland Park
Fairmont Food Pantry – Lockport
Plainfield Cruise Nights – Plainfield
Plainfield Central High School Resource Fair – Plainfield
Lockport Cruise Nights – Lockport
Movie in the Commons – New Lenox
Cars and Gost Coffee – New Lenox
Will County Fair – Peotone (8/20-8/25)
Beecher All-American Car Show – Beecher
ShareFest – Beecher
Wilmington Farmers Market – Wilmington
Wilmington Town Hall Meeting – Wilmington

Alicia- Rapid Response Team Member Will County Fair 2025

August International Overdose Awareness Day August 31, 2025

Annually, the New Lenox Safe Communities Coalition hosts an event to honor International Overdose Awareness Day. This year's theme focused on the impact to children and siblings with a substance use disorder in the home. The speakers described how they navigated living with a

parent or sibling with an opioid use disorder and their grief losing their sibling. The three speakers were amazing. New Lenox Mayor Tim Baldermann was also in attendance.

Sloane Dwyer, 17, the daughter of Rapid Response Team member, Erin Dwyer, and Mikayla Hollingsworth both lost their brothers. Jada Moss spoke about her parents who have struggled but found recovery. Approximately 200 people were in attendance. A memorial table honoring those who were lost, the Hidden in Plain Sight trailers from HERO (Heroine Epidemic Relief Organization), and the Will County Sheriff's office, along with thirty-three resource tables were also part of the event.

Dr. Kathleen Burke of the Will County Health Department presented naloxone training.

First Responders Suicide Prevention Program Report (July – August)

- Mental Health First Aid/Suicide Prevention Awareness/Resiliency Training
  - 60 Participants
- Handouts
  - 60 Resource Pamphlets
  - 50 Gun Locks
- Collected Surveys
  - Reporting Requirements
  - Suicide Prevention/Resiliency
  - Lethal Means
- National Asian Police Officers Association Conference Presentation (NAPOA)
  - Lethal Means
  - Suicide Prevention/Resiliency

Andres Zayas, Program Training Specialist, in action at Your Light Still Shines in New Lenox.

Will County Health Department Peer Recovery Support Specialist

Congratulations to both Xenia Geraghty and Michelle Ramey on obtaining their Certified Recovery Support Specialist certification!

Peer Power!

"I am grateful to be part of such an incredible team. Being part of something greater than myself is what being a peer support specialist means to me. I obtained my Certificate in Alcohol and Drug Counseling (CADC) in 2022 and I recently earned my Certificate as a Recovery Support Specialist (CRSS). I love the feeling of making a difference, having a daily mission with an incredible sense of purpose, pride, joy, and happiness in serving others. Recovery is 'personal and powerful". I am so grateful to be part of change and part of a team that is committed to doing great things for the community and the clients". Xenia Geraghty

"In my new role as Certified Recovery Support Specialist, I feel deeply honored to give back by offering hope, love, and encouragement to those who have been told or shown they can't. I am truly blessed to work under incredible leadership, Connie Dewall, who leads by example, uplifts me, and models the kind of compassion, dedication, and integrity that I aspire to bring in every interaction. I am beyond grateful for the opportunity to serve in this way". Michelle Ramey

Peer Success Stories

- Horacio was running out of options and bus passes. His work is not that far from where he lives, he stated that a bike would be most helpful. Michelle reached out to a local bike shop in New Lenox, which often donates slightly used bikes, and was able to obtain a bike for Horacio. This was such a burden lifted, and Horacio could not have been more pleased, grateful, and excited.

- Michael is a problem-solving court participant and has been struggling with phasing up to phase three in the program. Michelle has been encouraging him to complete his groups and meetings so he can progress in the program. Michelle was able to meet Michael where he was at, assist him in attending the required recovery meetings, and help him find a sponsor. With the extra help he received, Michael achieved his goal and made it to phase three.

Will County
Health Department &
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Sylvia Muniz, MSN, RN
Director, Family Health Services
September 2025

Program Updates

Women Infant & Children (WIC) – Diana Visvardis, RD, LDN, MSND, CLS -Program Coordinator

To celebrate World Breastfeeding Month 2025, WIC organized a series of events and outreach initiatives throughout July and August to promote and support breastfeeding in the community.

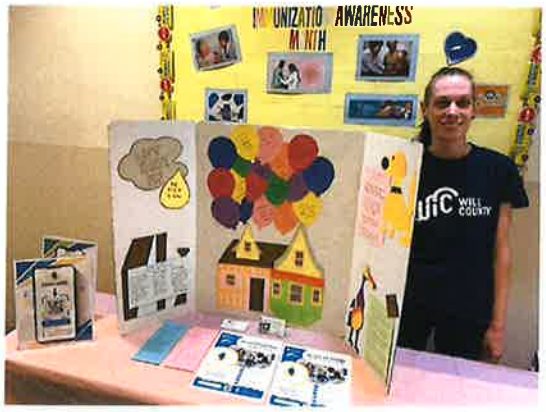
WIC Nutrition Specialist, Alyssa Densberger, an International Board Certified Lactation Consultant (IBCLC), and WIC Coordinator, Diana Visvardis, RD, LDN, MSN, CLS began the month with outreach at Franciscan Health Hospital in Dyer, Indiana, made possible through a Cross Border Grant with Coeffective. They collaborated with NICU (neonatal intensive care unit) and lactation staff to establish a referral process for WIC clients delivering at the hospital. Alyssa will return in September for the hospital's Baby Expo.

Alyssa represented WIC at several community events, including a presentation to the Joliet Kiwanis Club, highlighting the Will County Milk Depot's role in providing donor milk to NICUs and the benefits of donor milk for premature infants. She also presented at the August Governing Council meeting, covering WIC breastfeeding services like The Milk Circle support group, classes, and referral processes.

WIC hosted a community breastfeeding celebration featuring the following local organizations: Mothers' Milk Bank of the Western Great Lakes, Spanish Community Center, Pregnancy Resource Center, All Our Kids (AOK), Better Birth Outcomes (BBO), Obstetrics services, Insurance Assistance, Mommy's Gift to Me, and many more. Families enjoyed food, prizes, and learned about support services, including The Milk Circle.

On August 19th, The Milk Circle held its first breastfeeding support group meeting, offering a space for families to connect, share, and receive support. Ongoing updates are shared via The Milk Circle's Facebook page.

WIC welcomed Rachael Reader as a newly certified Lactation Specialist, enhancing support for breastfeeding families. We also celebrated staff's breastfeeding milestones—Guadalupe (2 years), Shalyn (20 months), Diana (2.5 years combined)—and creative outreach efforts, including an "Up" themed display by Nicole DeCosmo,



Nutrition Specialist, at the CHC and an educational bulletin board by Perla Farias, Admin Clerk, and Mugdha, Nutrition Specialist, in the NBO waiting room.

Mobilizing for Action through Planning & Partnerships (MAPP) - Caitlin Daly, Program Manager

On August 8th, the 2025–2030 Illinois Project for Local Assessment of Need (IPLAN) was submitted to the Illinois Department of Public Health (IDPH) for review. IDPH will issue a compliance/non-compliance determination within 60 days of submission. Copies of the report will be shared once approved.

Throughout August, the Access to Food and Nutrition, Maternal and Child Health (MCH), and Behavioral Health/Substance Use (BH/SU) Action Teams convened to begin implementing strategies outlined in the new IPLAN.

- The Food and Nutrition Team met on August 12 with 15 participants, focusing on the scalable urban forest/agroforestry initiative and updates to the Find Food Access Map. The team will continue to meet on the second Tuesday of each month at 10:00 AM, with the next meeting scheduled for September 9th.
- The Maternal and Child Health Team met on August 20th with 13 participants, highlighting progress on the Breastfeeding Collaborative led by Doctor of Nursing Practice (DNP) intern Nicole Albold. Since its July launch, more than 50 organizations have been introduced to the initiative, 22 have agreed to share breastfeeding resources and 16 have signed the pledge and are displaying "Breastfeeding is Welcome Here" decals. Meetings occur bi-monthly (even months) on the third Wednesday at 10:00 AM; the next meeting is October 22nd.
- The Behavioral Health/Substance Use Team met on August 25th with 33 participants, beginning work on developing questions and topics for Medicare and Language Access landscape

assessments. This group meets monthly on the fourth Monday at 1:00 PM, with the next meeting on September 22nd.

All meetings are held virtually via Microsoft Teams. Please contact Caitlin Daly at cdaly@willcountyhealth.org to be added to future meeting communications.

MAPP also applied with Adler University in Chicago to host three Master's-level Social Justice Practicum (SJP) interns from October 2025 through April 2026. These interns will support the launch of the IPLAN Action phase and help advance community-based initiatives. In September, MAPP will attend Adler's internship fair to meet and interview prospective students.

Communicable Disease and Epidemiology (CD) – Alpesh Patel – Program Coordinator

CD staff have been actively investigating various cases reported by the Illinois Department of Public Health (IDPH) and other agencies, as well as anonymous private complainants. Some outbreaks investigated include those for Hand, Foot, and Mouth Disease (HFMD), Brucella, Tularemia, and COVID outbreaks. One case worth mentioning involved West Nile Virus after a local hospital reported a case involving an inpatient who tested positive for IgG and IgM antibodies, indicating West Nile Virus (WNV). This marks the first probable case of WNV reported in Will County this year. Cerebrospinal fluid (CSF) was collected and also tested positive for WNV IgG and IgM, leading to a diagnosis of WNV meningitis. The patient had not traveled recently and had no notable exposures, suggesting that the infection was most likely acquired in Illinois. We are currently awaiting additional tests to rule out other endemic flaviviruses in the state.

CD and Environmental Health Division collaborated after learning about a case of Legionella. IDPH notified the WCHD about two residents from Cook County who work at a warehouse/distribution center in Will County. Both individuals became ill and tested positive for Legionella. As a result, an investigation was initiated, involving teams from IDPH's Communicable Disease and Environmental Health divisions, WCHD Communicable Disease Investigators, Environmental Health staff, and a communicable disease investigator from Cook County. Initially, WCHD reviewed the cases of other Bolingbrook residents who had also tested positive for Legionella to identify any potential connections to these two cases. Environmental Health investigated the warehouse to look for possible sources of Legionella exposure. Additionally, using syndromic surveillance data, all Bolingbrook residents aged 40 and older who were hospitalized with possible pneumonia in the past month were identified. A chart review was completed in collaboration with infection preventionists at two local hospitals, involving approximately 30 individuals. This investigation is ongoing, and an outbreak has been officially declared.

Other notable investigations conducted by CD last month include a potential rabies exposure that involved collaboration with the Wyoming Department of Health and IDPH regarding two Will County residents who might have been exposed to bats at Jackson Lake Lodge in Grand Teton National Park, Wyoming. From early June to late July, the National Park Service learned of eight separate incidents where 15 visitors encountered bats at Jackson Lake Lodge. All these incidents happened in a connected block of rooms. These rooms opened for reservations on May 15, 2025, but were closed to visitors on July 27, 2025, for bat mitigation actions. The Wyoming Department of Health requested assistance to assess the rabies risk for residents who stayed in those rooms between May 15 and July 27. Thankfully, the results of the CD investigation determined that they had not been exposed.

Tularemia in Feline: A case was reported to the Communicable Diseases (CD) team after a feline—belonging to the cat family, which includes domestic cats, lions, tigers, and other wild species—was submitted for necropsy at the University of Illinois Veterinary Diagnostic Laboratory in Champaign. The

feline tested positive for a bacterium called Francisella tularensis, which causes Tularemia. This bacterium is not commonly found in the area and poses certain risks. The owner was identified as a resident of Cook County, and information was shared with the Cook County Department of Public Health (CCDPH) by the Illinois Department of Public Health (IDPH) for appropriate follow-up. The CD team collaborated with the local veterinary clinic to evaluate the exposure risk for all staff who had contact with the feline. Four staff members, one veterinarian and three veterinary technicians—were identified as having low exposure risk. All exposed staff agreed to monitor themselves for symptoms and were advised to contact their primary care providers regarding this exposure. The Centers for Disease Control and Prevention (CDC) was consulted and provided additional recommendations, which the CD team shared with the exposed staff.

Brucella Case Investigation: A case of Brucella melitensis was identified in a hospitalized resident of Will County. Will County officials collaborated with the hospital, Cook County Department of Public Health (DPH), and the Illinois Department of Public Health (IDPH) to investigate potential exposure risks to laboratory personnel. The patient, who was interviewed multiple times with the assistance of a Spanish interpreter, reported consuming venison chorizo and unpasteurized cheese from a market in Crest Hill before experiencing symptoms that began in March. The patient denied any recent travel or other common risk factors. After the patient's discharge from the hospital, the Communicable Disease (CD) team coordinated follow-up care with Infectious Disease specialists, who provided care through the Will County Community Health Center (CHC). Meanwhile, the IDPH, in collaboration with Will County Environmental Health (EH) and CD, conducted a food safety investigation at the Crest Hill market. Food samples were collected and sent to the CDC for testing. The results are pending.

Community Health Initiatives (AOK, Tobacco Prevention) – Betsy Cozzie, Program Coordinator

AOK

The Will County All Our Kids (AOK) Early Childhood Network is a community-based collaboration which works to create and support long-lasting partnerships which empower families with knowledge and community resources promoting healthy development and lifelong success. Our monthly hybrid meeting was held on Wednesday, August 5th. The 21 network members in attendance reviewed FY26 strategic plans and had a guest speaker(s) from the Free Little Libraries. The next meeting will be hybrid on Wednesday, September 3, 2025, at 9:30 AM.

AOK spearheads IRIS (Integrated Referral and Intake System), holding quarterly meetings to share data with the group, welcome new partners and to discuss success and challenges experienced with referrals. At our virtual meeting on July 28th, we went over new initiatives that we would like to try based on the strategic plan: upload intake forms and office hours. Next quarterly meeting will be Monday, October 27, 2025, at 10 AM on zoom.

August 2025 Referrals: 373
Total Referrals (Feb. 2020-August 2025): 12,195
New IRIS Partner(s) added in August 2025: None
Current number of referral programs in IRIS: 236 active profiles, 133 agencies

Developmental Screening Opportunities for Young Children

Ages and Stages Questionnaire (ASQ)

Developmental screenings are being done both virtually, and in-person, throughout the county. Screenings can be scheduled online, and performed online or over the phone, if necessary. See the training calendar at https://www.svcincofil.org/?page_id=701 for more information.

Will County AOK is continuing with ASQ online. Current partners include Governors State University/Family Development Center, Catholic Charities/Healthy Families, Joliet School District/Marycrest Early Childhood Center, Joliet Junior College /Early Childhood Center, and Dr. James Mitchem Early Childhood Center at Valley View School District. Will County launched the pilot in April 2021.

Online screenings completed to date: 1,971

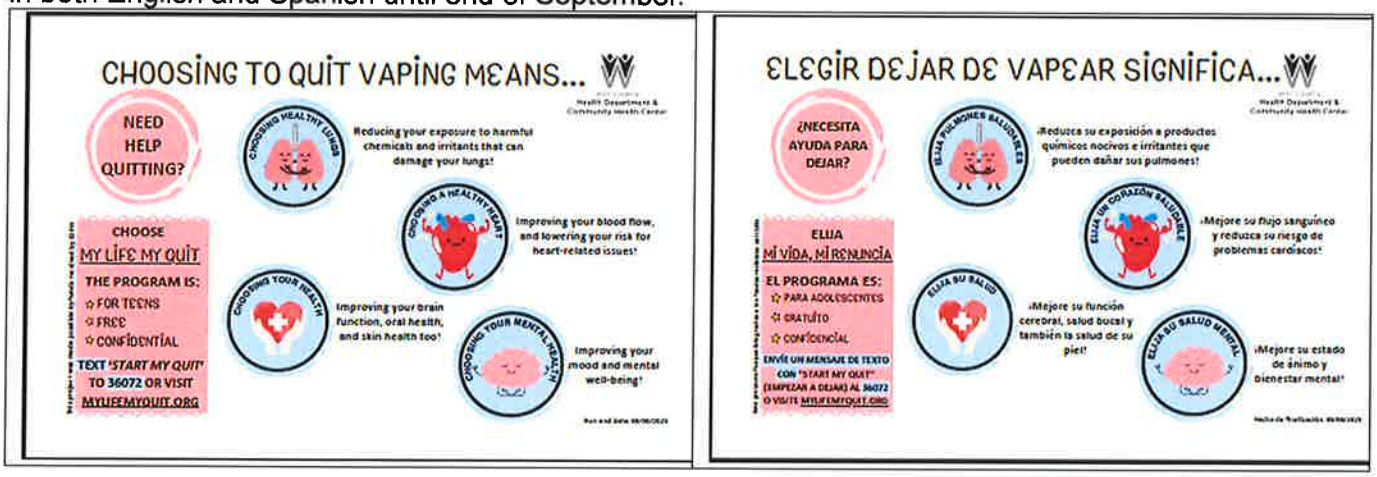
AOK participates in outreach via various forms of media. In August, there were six social media messages about developmental screenings posted for AOK on WCHD's X (formerly Twitter), Facebook, and Instagram accounts. These posts had a reach of 7,298.

Staff also created an ad for the summer Monee Newsletter. The newsletter is distributed to 5,000 residents.

Tobacco Control and Prevention

Tobacco staff continue to collaborate with school districts, park districts, and community-based organizations to strengthen their tobacco-free policies in Bolingbrook, Wilmington, Joliet, and Lockport to name a few. Additionally, tobacco staff participate in several coalitions in Will County discussing substance use initiatives and tobacco advocacy efforts. Outreach efforts conducted by staff last month include back to school fairs and the Will County Fair.

Tobacco staff provide some community education via a media campaign. Staff completed an ad for PACE Bus on youth vaping and tobacco prevention. This ad is being displayed inside buses on the Heritage Line in both English and Spanish until end of September.



Staff attended the National Conference on Tobacco or Health (NTCOH) August 26th-28th in Chicago. Earlier this year, staff submitted an abstract for a poster presentation at the conference focusing on our work with Wilmington Middle School, including vaping education (CATCH My Breath through Tobacco-Free Teens) and school policy work, and we were selected for this year's NTCOH. This month, staff completed the poster and accompanying handout and presented the poster at the conference on August 27th. We were able to interact with conference attendees and other presenters during the poster session and share our project.

Immunizations Program -Lisa Carlson, RN, Program Coordinator

Offsite clinics were conducted for Plainfield School District and Joliet Township High School Central in August. Vaccinations for Kindergarten, 6th and 12th graders were offered with 11 children receiving a total of 20 vaccines at the Plainfield event. At Joliet Central, we held the clinic on registration day where 49 high school seniors received 74 vaccinations including meningitis, Human Papillomavirus (HPV), and Tdap.

Through our homebound program we provided 6th grade immunizations to an 11-year-old autistic child that was very anxious about getting vaccinations. The family was very happy when we offered to make a home visit to administer the vaccines in the child's safe, familiar environment. The family was very appreciative and scheduled the appointment for the child's next dose of HPV.

Sexual Health Programs (HIV Prevention, STI Surveillance)- Kendra Coleman, Program Coordinator

The human immunodeficiency virus (HIV) program continues to expand our network of testing and condom distribution sites to decrease the spread of HIV. We have reached an agreement with Joliet Job Corps Center to offer condoms and monthly testing onsite. Other outreach highlights include participation in the Crete Monee School District's annual support day, the back-to-school fair sponsored by the WCHD Behavioral Health Division, the River Valley Detention Center, and the Joliet Slammers Pride Night.

Pre-Exposure Prophylaxis (PrEP) highlights include a lunch and learn on a new injectable PrEP, Yextugo, that is given twice annually versus the current injectable Apretude that is administered six times per year or oral PrEP that is taken monthly. We hope to implement the administration of Yextugo in the near future. Our HIV/STI Program Coordinator, Kendra Coleman, spoke at the Ninth Annual Illinois Congressional Delegation Forum on LGBTQ+ and HIV/AIDS issues. Kendra spoke on behalf of our Will County HIV/PrEP services and the potential impact of federal HIV funding cuts on Will County communities. Funding cuts to HIV programs will threaten the resources we rely on to serve our most vulnerable communities: "The impact on our services will be immediate and severe. Our community and Will County as a whole will face a heightened risk of HIV transmission. We must continue to invest in prevention and care, not scale back."

The Getting to Zero State initiative tour chose WCHD as a stop for their month-long tour. Senator Rachel Ventura joined 16 other participants to voice their support of the necessity of HIV prevention and care programs, including the need for funding. The event culminated with participants choosing Getting to Zero priorities.

The Illinois Department of Public Health Sexually Transmitted Infection (STI) Section Chief, Danny Brikshavana, met with our team to address concerns with cross jurisdictional boundaries. Our nurses want to ensure we are meeting the needs of Will County residents that acquire STIs without crossing jurisdictional lines. Through our discussions we were able to resolve the issues and create a plan for future cases.

HIV program at a glance August 2025:

HIV Tests Completed at Care Clinic: 35	Lubricants Distributed: 605
HIV Tests Completed via Outreach: 28	Online Referrals (via QR code): 15
Total HIV Tests Completed: 63	Outreach Referrals: 31
Condom Packs Distributed: 91	
Insertive Condoms Distributed: 5040	Individuals Reached: 281

Will County
Health Department &
Community Health Center

Katie Weber
Program Coordinator, Emergency Preparedness & Response
September 2025

Emergency Preparedness and Response (EP&R) Program

- Training for the new Emergency Response Teams took place on August 27th with members of our Command Team and the members of the response teams. Specialized Emergency Response Teams have been established to bring the most appropriate personnel to the table during the immediate response to an issue. The new specialized Emergency Response Teams are: BioWatch, Building Safety, Communicable Disease, ITT, Environmental Health, Foodborne Illness, Disaster Behavioral Health, and Threat Assessment.
- Katie Weber, Kevin Juday, and Elizabeth Bilotta met with Gabriel Garcia from Joliet Township on September 3rd, 2025. Gabriel is the new Violence Prevention Community Convener for Joliet Township. The meeting was an introduction to Gabriel and his position and to brief him on all of the services provided by WCHD.
- On September 6th, Cortney Smith attended the City of Chicago and O'Hare Airport's full-scale exercise. This event examined how O'Hare Airport's stakeholders support the Chicago Department of Aviation's response to an aircraft incident by outlining their roles and responsibilities.

- The City of Joliet's Office of Emergency and Disaster Management is hosting a City of Joliet Emergency Response Team (CERT) training program from September 9th, 2025, to October 28th, 2025. Cortney Smith is participating in this nine-week program which focuses on building disaster response skills.
- Katie Weber will attend Kane County's Foodborne Outbreak Tabletop Exercise as an Evaluator on September 26th.
- Katie Weber is in the process of reviewing the Hazard Vulnerability Assessment for any changes from the past year.
- Katie Weber and Cortney Smith met with the Reunification Planner from the county to discuss the special considerations needed for the Access and Functional Needs population in Will County schools during events requiring reunification.

BioWatch Program

- Illinois Environmental Protection Agency (IEPA) has been covering the cost of the contractors collecting daily filters for BioWatch. We have been notified that IEPA will be unable to cover those costs much longer without a new contract in place. We receive an update each month but without a new contract signed soon, Illinois will suspend the collections like they did in Milwaukee until a contract is enacted.

Medical Reserve Corps (MRC)

- The Medical Reserve Corps was approached by the Region VII Hospital Coalition to assist in packing "Ben's Blue Bags", sensory bags for first responders to assist when corresponding with the autistic community.
- On September 3rd, the Medical Reserve Corps volunteers began participating in the Channahon Citizens' Police Academy program. This program aims to engage community members by fostering understanding, trust, and improved community-law enforcement relationships.
- The Medical Reserve Corps of Illinois hosted Question, Persuade, Refer (QPR) – Suicide Prevention Training on September 16th for volunteers. The training will be offered again on October 2nd.
- On September 27th, Cortney Smith will present the second session of the Medical Reserve Corps training and activity series. To celebrate Preparedness Month, training will focus on the roles, responsibilities, and readiness of MRC members. This session will feature a member panel where veteran members can share their experiences within the MRC, as well as an MRC Bingo activity.

MEDIA SERVICES

SEPTEMBER 2025

MONTHLY REPORT

KEVIN JUDAY, MANAGER

- Media Services wrote and distributed a press release on the addition of 10 new red Naloxone distribution boxes located throughout Will County. A new flyer and social media posts were also designed to accompany the press release.

- Media Services drafted flyers and have begun work on a webpage for a new weight loss clinic being offered by at the Community Health Center (CHC). Media Services worked with Dr. Byrd and Kathleen Harkins of the CHC on the design and wording of the flyer. A press release will be written once all details of the clinic are finalized.

- Media Services created an invitation for an Open House event of the new Behavioral Health Offices and CHC suite at the Northern Branch Office in Bolingbrook. The Open House will take place on September 29th and a Media Advisory for the event will be released later in the month.

- Media Services worked with the Behavioral Health Division staff to touch up the design of a client handbook that is easy to print and will also be available on the website. The client handbook has also been translated to Spanish.

- In addition to continuing to promote our own services on social media, Media Services also used social media to promote awareness and knowledge of World Breastfeeding Week, National Breastfeeding Week, National Immunization Awareness Month, National Health Center Week and International Overdose Awareness Day.

- Media Services worked with Alyssa Densberger from Family Health Services on creating a new Facebook group specifically for the Milk Circle, the new breastfeeding support group at the Will County Health Department.

SOCIAL MEDIA

August 1-31

35 posts	3,595 engagements
505 reactions	46,644 impressions

16 posts	5 engagements
5 reactions	609 impressions

32 posts	72 engagements
60 reactions	3,012 impressions

Will County
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501 Ella Avenue | Joliet | IL | 60433

FOR IMMEDIATE RELEASE

September 2, 2025

WILL COUNTY HEALTH DEPARTMENT ADDS 10 RED NALOXONE DISTRIBUTION BOXES

JOLIET, Ill. – The Will County Health Department continues its efforts to reduce opioid overdose deaths, making access to the life-saving, overdose-reversing drug Naloxone (Narcan) easier by placing red Naloxone distribution boxes throughout the County. Ten additional red distribution boxes were recently added, bringing the total red distribution boxes in Will County to 20. The new red boxes expanded the number of communities with easy access to Naloxone.

"Our strategy is working, and we are seeing results," said Dr. Kathleen Burke, Will County Health Department's Program Coordinator for Substance Use Initiatives. "In 2024 Will County reduced the number of opioid deaths by 30%. We are at the same pace to reduce deaths in 2025. Twenty percent of the Naloxone distributed is through the red box program. We are very excited to see an uptick in parents preparing to send their kids to college by including Naloxone."

Naloxone is a medication designed to rapidly reverse an opioid overdose and is available through the Illinois Department of Human Services/Substance Use Prevention & Recovery Access Narcan program free of charge to all individuals in Will County. Naloxone binds to opioid receptors in the brain and can reverse and block the effects of opioids. It can begin working within minutes to restore breathing, consciousness, and save a life.

All 20 of the Will County Health Department's distribution boxes were donated by Saved My Life, an Illinois non-profit organized as a conduit to provide access to free Naloxone in public spaces and businesses throughout Illinois.

Red distribution boxes can be found at the following new locations:

- Lewis University Campus – Three distribution boxes (1 University Parkway – Romeoville)
- Recovery Community Center of Joliet (180 S. Chicago St. – Joliet)
- University Park Village Hall (44 Towncenter Dr. – University Park)
- DuPage Township Food Pantry (719 Parkwood Dr. – Romeoville)
- Wilmington Coalition (1095 S. Water St. – Wilmington)
- Beecher Police Department (250 W. Church Rd. – Beecher)
- Provision Market Food Pantry (5430 W. Main St. – Monee)
- Northern Illinois Food Pantry (171 S. Larkin Ave. – Joliet)
- Frankfort Public Library District (21119 S. Pfeiffer Rd. – Frankfort)

(More)

NEWS release

Media Inquiries:
Kevin Juday
815.727.5088
kjuday@willcountyhealth.org

Will County Public Health dates back to 1942 when $50,000 was allocated for local Environmental Health, Maternal-Child Health, and Infectious Disease Control initiatives. In 1940, roughly 115,000 people called Will County home; in 2020, nearly 700,000 do. Today Will County Health Department strives to bring its vision—to deliver sustainable programs and policies in response to the public health needs of the community—to all of the people of Will County.

815.727.8670
willcountyhealth.org
WillCoHealth
WillCoHealth
WillCoHealth

Red distribution boxes can also be found at the following original locations in Will County.

- Will County Health Department Main Office (501 Ella Ave. – Joliet)
- Will County Community Health Center (1106 Neal Ave. – Joliet)
- Will County Health Department Northern Branch Office (323 Quadrangle Dr. – Bolingbrook)
- Will County Court House (100 W. Jefferson St – Joliet)
- Will County Office Building (302 N. Chicago St. – Joliet)
- Veterans Assistance Commission of Will County (2400 Glenwood Ave. – Suite 110 – Joliet)
- White Oak Library District - Crest Hill Branch (20670 City Center Blvd. – Crest Hill)
- White Oak Library District - Lockport Branch (121 E. 8th St. – Lockport)
- White Oak Library District - Romeoville Branch (201 W. Normantown Rd. – Romeoville)

The goal of the distribution boxes is to make Naloxone more readily available to the public for emergency use. Opioid overdose deaths in Will County have been trending down in recent years. There were 112 opioid overdose deaths in 2022, 95 in 2023, and 64 in 2024. Through the end of July, there have been just 18 opioid overdose deaths in Will County in 2025.

The amount of Naloxone distributed by the Will County Health Department has been growing every year. Over 8,000 boxes of Naloxone were distributed in 2022, more than 11,000 boxes in 2023 and over 15,000 boxes in 2024. Nearly 5,000 boxes of Naloxone have been dispersed from the original 10 red distribution boxes since the red boxes were introduced in Will County in early 2024.

"We want the community to understand that many of the utilizers of these distribution boxes are people who are not using opioids, but they want to be able to assist in an emergency situation or perhaps they have a family member or friend who is struggling with a substance use disorder, and they want to be prepared," said Burke. "I encourage everyone to keep naloxone with you, in your home, and in first aid kits as it's a life-saving medication to use in a rescue situation and minutes count in an overdose situation."

Residents interested in obtaining Naloxone can visit one of the red distribution box locations or can email sui@willcountyhealth.org. Naloxone training is also offered through the Will County Health Department by emailing sui@willcountyhealth.org

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WILL COUNTY COMMUNITY HEALTH CENTER - Patients and Visits CY2025 as of 07/31/2025

Line	Personnel by Major Service Category	2025 Clinic Visits	2024 Clinic Visits	2025 Virtual Visits	2024 Virtual Visits	2025 SBHC Visits	2024 SBHC Visits	2025 Hospital Visits	2024 Hospital Visits	2025 All Visits	2024 All Visits	2025 Patients	2024 Patients	2025 SBHC Patients	2024 SBHC Patients
1	Family Physicians	321	264	3	12	0	0			324	276	178	157	0	0
2	General Practitioners	0	0	0	0	0	0			0	0	0	0	0	0
3	Internists	838	161	0	0	0	0			838	161	360	98	0	0
4	Obstetrician/Gynecologists	4797	4568	0	1	0	0			4,797	4,569	1905	1897	0	0
5	Pediatricians	1904	1453	59	55	0	0			1,963	1,508	1131	925	0	0
7	Other Specialty Physicians	0	0	0	0	0	0			0	0	0	0	0	0
8	Total Physicians (Lines 1–7)	7860	6446	62	68	0	0			7,922	6,514	3505	3040	0	0
9a	Nurse Practitioners	3924	5698	155	657	247	168			4,079	6,355	2656	3892	206	118
9b	Physician Assistants	0	0	0	0	0	0			0	0	0	0	0	0
10	Certified Nurse Midwives	259	231	0	0	0	0			259	231	203	177	0	0
10a	Total NPs, PAs, and CNMs (Lines 9a–10)	4183	5929	155	657	247	168			4,338	6,586	2813	4019	206	118
11	Nurses	6	4	0	2	0	0			6	6	6	6	0	0
15	Total Medical (Lines 8 + 10a through 14)	12049	12379	217	727	247	168			12,266	13,106	5684	6270	206	118
16	Dentists	3852	4029	0	0	0	0			3,852	4,029	2495	2466	0	0
17	Dental Hygienists	391	495	0	0	0	0			391	495	361	436	0	0
17a	Dental Therapists	0	0	0	0	0	0			0	0	0	0	0	0
19	Total Dental Services (Lines 16–18)	4243	4524	0	0	0	0			4,243	4,524	2710	2725	0	0
20a	Psychiatrists	1315	1025	646	825	0	0			1,961	1,850	614	653	0	0
20a1	Licensed Clinical Psychologists	18	0	18	668	0	0			36	668	34	207	0	0
20a2	Licensed Clinical Social Workers	235	0	0	0	236	1			235	0	40	0	41	1
20b	Other Licensed Mental Health Providers	2522	1791	179	5	143	12			2,701	1,796	895	648	61	6
20c	Other Mental Health Staff	0	0	0	0	0	0			0	0	0	0	0	0
20	Total Mental Health (Lines 20a–c)	4090	2816	843	1498	379	13			4,933	4,314	1534	1375	91	7
21	Substance Abuse Services	0	0	0	0	0	0			0	0	0	0	0	0
22	Other Professional Services (specify___)	0	0	0	0	0	0			0	0	0	0	0	0
22a	Ophthalmologists	0	0	0	0	0	0			0	0	0	0	0	0
22b	Optometrists	214	275	0	0	0	0			214	275	209	268	0	0
22d	Total Vision Services (Lines 22a–c)	214	275	0	0	0	0			214	275	209	268	0	0
24	Case Managers	0	0	0	0	0	0			0	0	0	0	0	0
25	Patient/Community Education Specialists	0	0	0	0	0	0			0	0	0	0	0	0
29	Total Enabling Services (Lines 24–28)	0	0	0	0	0	0			0	0	0	0	0	0
34	**Grand Total (Lines 15+19+20+21+22+22d+23+29+29a+33)**	20596	19994	1060	2225	626	181			21,656	22,219	10137	10638	297	125
20a01	Mental Health - Physicians other than Psychiatrists	222	203	1	3	0	0			223	206	189	172	0	0
20a02	Mental Health - Nurse Practitioner	321	739	0	14	2	7			321	753	299	651	2	7
20a03	Mental Health - Physician Assistants	0	0	0	0	0	0			0	0	0	0	0	0
20a04	Mental Health - Certified Nurse Midwives	0	0	0	0	0	0			0	0	0	0	0	0
21a	SUD - Physicians other than Psychiatrists	153	135	3	9	0	0			156	144	68	56	0	0
21b	SUD - Nurse Practitioner - Medical	122	156	0	3	0	0			122	159	112	142	0	0
21c	SUD - Physician Assistants	0	0	0	0	0	0			0	0	0	0	0	0
21d	SUD - Certified Nurse Midwives	0	1	0	0	0	0			0	1	0	1	0	0
21e	SUD - Psychiatrists	235	196	126	189	0	0			361	385	107	127	0	0
21f	SUD - Licensed Clinical Psycologists	2	0	4	132	0	0			6	132	6	40	0	0
21g	SUD - Licensed Clinical Social Workers	0	0	0	0	0	0			0	0	0	0	0	0
21h	SUD - Other Licensed Mental Health Providers	427	321	32	0	4	0			459	321	182	119	4	0
	Obstetrical Deliveries							261	219						
	Circumcisions							53	38						
	Gyne Admissions including surgeries							47	55						
	Hospital Visits (ER & Admissions)							345	242						
	Dr. Flores' Newborn visits							74	49						
	Grand Total (Lines = 34 from above)	20,596	19,994	1,060	2,225	626	181			21,656	22,219	10,137	10,638	297	125

* Patient/Community Education Specialists (Line 25): Include the number of ACA assists

August 2025 BOH -DIVISIONAL STATISTICS REPORT Revised			
ENVIRONMENTAL HEALTH	Jul-25	FY25 YTD	FY24 YTD
Food Program Activities	835	6219	6586
Water Program Activities	75	839	1012
Sewage Program Activities	112	685	592
Other Program Activities (beaches, tanning facilities, etc.)	1858	10791	8267
Aerobic Treatment Plant Samples	749	4776	3696
Number of Service Requests	38	255	284
Number of Complaints	73	521	441
Number of Well Permits	20	101	95
Number of Septic Permits	24	135	135
Number of Lab Samples Analyzed by EH Lab	3613	21600	18235
TOTAL	7,397	45,922	39,343
OFFICE OF VITAL RECORDS	Jul-25	FY25 YTD	FY24 YTD
Births Recorded	423	3,012	3,111
Deaths Recorded	401	3,284	3,129

September 2025 BOH -DIVISIONAL STATISTICS REPORT

ENVIRONMENTAL HEALTH	Aug-25	FY25 YTD	FY24 YTD
Food Program Activities	804	7023	7288
Water Program Activities	78	917	1128
Sewage Program Activities	140	825	698
Other Program Activities (beaches, tanning facilities, etc.)	1396	12187	9749
Aerobic Treatment Plant Samples	714	5490	4385
Number of Service Requests	45	300	327
Number of Complaints	73	594	519
Number of Well Permits	10	111	106
Number of Septic Permits	11	146	164
Number of Lab Samples Analyzed by EH Lab	3471	25071	21547
TOTAL	6,742	52,664	45,911

OFFICE OF VITAL RECORDS	Aug-25	FY25 YTD	FY24 YTD
Births Recorded	355	3,367	3,543
Deaths Recorded	391	3,675	3,487

Family Health Services Monthly Board of Health Report													
	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Total
APORS High Risk Birth caseload	137	134	134	124	108	118	105	*	*				860
Better Birth Outcomes Comprehensive	43	41	42	61	45	53	46	87	94				512
High Risk Infant Follow-Up caseload	260	259	263	255	266	266	261	244	226				2300
HealthWorks Lead Agency Medical Case Mgmt. caseload	651	656	665	656	666	650	648	645	618				5855
WIC caseload	8733	8835	8699	8777	8850	8912	8857	7965	8038				77666
# non-compliant businesses-SFIA	1	15	11	1	16	16	1	19	2				82
# partners provided technical assistance with developing tobacco policy	0	0	0	2	2	3	0	0	1				8
# clients immunized	269	305	255	292	264	202	261	343	499				2690
# travel client immunizations	22	42	26	43	52	52	26	18	25				306
# influenza vaccinations	117	114	93	81	49	14	6	0	0				474
# chlamydia cases	152	174	155	179	214	245	90	163	123				1495
# gonorrhea cases	49	55	49	48	59	63	29	38	40				430
# syphilis investigations	60	54	46	95	76	60	77	121	91				680
# HIV tests performed	21	31	33	26	60	53	48	33	63				368
# Mpox cases	0	0	0	0	0	0	0	0	3				3
# CD investigations	315	328	303	324	717	756	659	771	891				5064

U/A=results unavailable at this time

* APORS program now merged with BBO, renamed Better Birth Outcomes Comprehensive

August 2025 CD Investigations

Disease	Case Count
Campylobacteriosis	22
Candida auris, clinical	5
Carbapenemase Producing Organism, clinical	2
Carbapenem Resistant Organism	4
Cryptosporidiosis	4
Cyclosporiasis	11
Dengue	1
Haemophilus Influenzae Invasive Disease	1
Hemolytic Uremic Syndrome (HUS) Post Diarrheal	1
Hepatitis A	3
Hepatitis B Chronic	309
Hepatitis C Virus Chronic Infection	302
Histoplasmosis	7
Influenza with ICU Hospitalization	1
Legionellosis - Legionnaires Disease	5
Lyme Disease	18
Measles	1
Pertussis	4
Rabies, Potential Human Exposure	37
Respiratory Syncytial Virus (RSV) with ICU Hospitalization	1
Salmonellosis	20
SARS-CoV-2 infection (COVID-19) with ICU Hospitalization	5
Shiga toxin-producing E. coli (STEC)- Shiga toxin pos, not cultured or serotyped	8
Shigellosis	3
Streptococcal Disease Invasive Group A	2
Streptococcal Disease Invasive Group A with Necrotizing Fasciitis	1
Streptococcal Toxic Shock Syndrome with Necrotizing Fasciitis	1
Varicella (Chickenpox)	4
Vibriosis	3
West Nile Virus Neuroinvasive Disease	2
West Nile Virus Non-Neuroinvasive Disease	1
Animal Exposures / Bites	102
Sum:	891

WILL COUNTY HEALTH DEPARTMENT
BOARD OF HEALTH REPORT
AUGUST 2025 STATS

SEPTEMBER 2025 BOH

Behavioral Health Statistics for 08/01/25 - 08/31/25	Month of August	CFY 2025	CFY 2024
Child and Adolescent (C&A) Mental Health Programs	**C&A Psychiatric Services**		
	87	902	998
	0	0	0
	School Services		
	82	2,240	1,800
Joliet Office	676	3,736	2,433
Northern Branch Office	288	1,314	889
Virtual Visits	695	3,054	1,915
Eastern Branch Office	13	28	25
Off Site	167	3,264	2,693
Screening Assessment and Support Services/Mobile Crisis Response	**Mobile Crisis Response Screenings**		
*Effective October 1st the SASS Program has been renamed to Mobile Crisis Response and now includes individuals of all ages	421	2,488	2,284
	Mobile Crisis Response Counseling Services		
	304	2,486	2,436
ICC (Intensive Care Coordination)/FSP(Family Support Program)	**FSP Services**		
*Effective October 1st the ICC Program name changed to Family Support Services (FSP)	0	0	3
	Adult Psychiatric Services		
	55	343	0
	Adult Orientation Services		
	0	0	0
	Adult Services		
Joliet Office	960	4,996	3,212
Northern Branch Office	353	1,579	593
Virtual Visits	529	2,816	1,227
Eastern Branch Office	30	131	117
Off Site	729	3,659	3,329

Will County
Health Department &
Community Health Center

WILL COUNTY BOARD OF HEALTH
RESOLUTION #25-55

RESOLUTION OF THE WILL COUNTY BOARD OF HEALTH WILL COUNTY, ILLINOIS

APPROVAL OF THE WILL COUNTY ONSITE WASTEWATER TREATMENT ORDINANCE REVISION

WHEREAS, the Will County Board of Health reviews existing Health Department related ordinances and recommends changes to the Will County Board; and

WHEREAS, the Environmental Health division of the Will County Health Department has revised the Chapter 51 Will County Onsite Wastewater Treatment Ordinance; and

WHEREAS, the current revisions herein reflect the needed changes for the administration and enforcement of this ordinance; and

WHEREAS, the Will County Board of Health has reviewed the revisions to the Chapter 51 Will County Onsite Wastewater Treatment Ordinance as proposed and recommends the revision of the Ordinance as attached.

NOW, THEREFORE, BE IT RESOLVED, the Will County Board of Health hereby approves and recommends the Will County Board consider the revision of the Will County Onsite Wastewater Treatment Ordinance as attached.

DATED THIS 17th day of September, 2025.

_____

Chief Paul Hertzmann, President
Will County Board of Health

Will County ~~Sewage Treatment and Disposal~~ Onsite Wastewater Treatment Ordinance

Will County
Health Department &
Community Health Center

~~September 1, 2016~~ October ## 2025

Will County Health Department
501 Ella Avenue
Joliet, IL 60433
(815) 727-8490
FAX (815) 740-8147

Will County Health Department
323 Quadrangle Drive
Bolingbrook, IL 60441
(630) 679-7030
Fax (630) 679-7031

Will County Health Department
5601 W. Monee-Manhattan Road
Suite 109
Monee, IL 60449
(708)534-5721 Fax (708)534-3455

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WILL COUNTY ~~SEWAGE TREATMENT AND DISPOSAL~~ ONSITE WASTEWATER TREATMENT

ORDINANCE

SECTION 51.01 PURPOSE

(A)The purpose of this ordinance is to amend the minimum requirements, design, location, installation, construction, maintenance, and operation of all ~~sewage treatment or disposal~~ onsite wastewater treatment systems and appurtenances, requiring the approval of the Health Authority before final subdivision approval is issued, and repealing those parts of the Will County ~~Sewage Treatment and Disposal~~ Onsite Wastewater Treatment Ordinance approved August 5, 1963, amended June 14, 1976, and amended April 25, 1979, July 16, 1987, September 25, 1992, October 17, 1996, amended April 18, 2002, August 1, 2005, and amended November 6, 2007 and February 28, 2011, October 22, 2014, August 19, 2016 which are in conflict herewith and fixing penalties.

(B)The purpose of this ordinance is also to establish a fee schedule for ~~sewage treatment or disposal~~ onsite wastewater treatment related fees and to provide for the incorporation by reference of the standards of the Illinois Department of Public Health as set forth in it rules and regulations entitled Private Sewage Disposal Licensing Act and Code 225 ILCS 225 and any subsequent revisions and Illinois code 55 ILCS 5/5-15010 and 55 ILCS 5/5-1052 and any subsequent revisions. All fees are non-refundable.

(C)The property owner is solely responsible to ensure compliance with the provisions of this Chapter and State environmental regulations not-withstanding any information or advice provided by governmental agents.

Be it ordained by the Will County Board as follows:

SECTION 51.02 DEFINITIONS

*Terms not herein defined shall have the meaning customarily assigned to them.

"Bedroom" shall mean any room within the building that has a privacy door and closet that can be used for sleeping purposes. ~~or could be converted into a room used for sleeping purposes, such as a den or sewing room.~~ Studies, libraries, sitting rooms, playrooms, dens, or any other room that has a closest and privacy door shall be considered bedrooms for the purpose of private sewage disposal system design. This excludes living, kitchen, dining, utility and sunrooms.

"Combined Sewer" shall mean a sewer receiving both surface water run-off and sewage.

“Failing onsite wastewater treatment system” shall mean an onsite wastewater treatment that is not properly and/or adequately treating and dispersing wastewater, causing unsanitary conditions and as a result, creating an imminent health hazard or a public nuisance.

“Flood plain” shall mean those lands within the jurisdiction of the county that are subject to inundation by the base flood or 100-year frequency flood. The floodplains of the county are generally identified on the countywide flood insurance rate map of the county prepared by FEMA.

"Health Authority" shall mean ~~the Health Officer and/or the Executive Officer~~ a Sanitarian, Geologist, Environmental Health Assistant, Environmental Sampler, Program Manager, Program Coordinator, Director of Environmental Health, Assistant Executive Director or Executive Director of the Will County Health Department ~~or their duly authorized representatives.~~

"Industrial Waste" means any liquid, gaseous, solid or other waste substance or a combination thereof resulting from any process of industry, manufacturing trade or business or from the development, processing or recovery of any natural resources.

"Other Wastes" means garbage, refuse, wood residues, sand, lime, cinders, ashes, offal, night soil, silt, oil, tar, dye stuffs, acids, chemicals, and all other substances not sewage or industrial waste which may cause or tend to cause pollution.

"Permit" shall mean a written permit issued by the Health Authority or its authorized representative permitting the construction, repair, or alteration of an ~~sewage treatment or disposal~~ onsite wastewater treatment system under this Ordinance.

"Person" shall mean any individual, firm, partnership, broker, corporation, association, or organization.

"Portable Toilet" means a self-contained portable unit equipped with a waste receiving holding container that may be moved or transported from site to site.

"Repair" shall mean any change to an onsite wastewater treatment system beyond maintenance, such as replacing the septic tank(s), a major component of the system such as an aeration unit, increasing or removing and replacing more than 25% of the ground absorption trench.

"Sanitary Sewer" shall mean a sewer which carries sewage and to which storm, surface and ground waters shall not be admitted.

"Septage" means the solid and liquid waste removed from an ~~sewage treatment or disposal~~ onsite wastewater treatment system, (excluding wastes from oil and grease interceptors and associated holding tanks, grease traps and sewage treatment plant sludge).

"Sewage" means the water-carried human or animal wastes from residences, buildings, industrial establishments, or other places, together with such ground water infiltration and surface water as may be present. The admixture with sewage as above defined of industrial wastes or other wastes as hereafter defined, shall also be considered "sewage".

"~~Sewage Treatment Or Disposal~~ Onsite Wastewater Treatment System" means any sewage handling or treatment facility receiving domestic sewage and having a ground surface discharge or any sewage handling or treatment facility receiving domestic sewage and having no ground surface discharge.

"~~Sewage Treatment Or Disposal~~ Onsite Wastewater Treatment System Installation Contractor" means any person constructing, installing, repairing, modifying, or maintaining ~~sewage treatment or disposal~~ onsite wastewater treatment systems.

"~~Sewage Treatment Or Disposal~~ Onsite Wastewater Treatment System Installation Contractor's License" shall mean an annual license issued by the Health Authority to all ~~Sewage Treatment Or Disposal~~ Onsite Wastewater Treatment Installation Contractors engaged in the construction, installation, repair, ~~and~~ modification, and maintenance of ~~sewage treatment or disposal~~ onsite wastewater treatment systems within the County of Will. This license shall expire on December 31 of the year it is issued.

"~~Sewage Treatment Or Disposal~~ Onsite Wastewater Treatment System Pumping Contractor" means any person who cleans or pumps waste from an ~~sewage treatment or disposal~~ onsite wastewater treatment system or portable toilet unit or hauls or disposes of waste removed there from.

~~"Sewage Treatment Or Disposal~~ Onsite Wastewater Treatment System Pumping Contractor's License" shall mean an annual license issued by the Health Authority to all ~~Sewage Treatment Or Disposal~~ Onsite Wastewater Treatment Pumping Contractors engaged in the cleaning or pumping, hauling or disposing of waste from ~~sewage treatment or disposal~~ onsite wastewater treatment or portable toilet unit. This license shall expire on December 31 of the year it is issued.

"Sign off" means a document required by Will County Land Use Department to be signed by the Health Authority to authorize the constructing or modifying of a structure, with an existing onsite wastewater treatment system. A sign-off may be completed in office when an existing onsite wastewater treatment system permit is on file or on site during a verification.

"Soil Classifier" means one of the following:

(1) A Certified Professional Soil Classifier (CPSC) who is certified by the Illinois Soil Classifiers Association (ISCA) or a certified soil classifier with the American Registry of Certified Professionals in Agronomy, Crops and Soils (ARCPACS).

(2) A person who is a full member or associate member of the Illinois Soil Classifiers Association (ISCA), provided that direct supervision is provided to this person by an ISCA Certified Professional Soil Classifier or ARCPACS certified soil classifier who accompanies the person on at least 25% of the soil investigations and reviews and signs all of that person's soil investigation reports.

"Storm Water" shall mean any water resulting from precipitation mixed with the accumulation of dirt, soil, and other precipitation falls or flows.

"Verification" means the process of verifying the location of an existing onsite wastewater treatment system of a sign off when the Health Authority has no record of its installation. During the verification, the requestor must have the onsite wastewater treatment tank and field marked out to be verified by a representative of the Will County Health Department. When an onsite wastewater treatment system, tank and field lines, cannot be verified, a sign off will not be issued.

"Wetland" means land that is inundated or saturated by surface or shallow ground water at a sufficient frequency and duration to support, under ordinary conditions, a prevalence of vegetation adapted to such conditions (hydrophytic vegetation)

SECTION 51.03 RESIDENTIAL AND/OR INDUSTRIAL SUBDIVISIONS

(A) Subdivisions where ~~sewage treatment or disposal~~ onsite wastewater treatment systems are to be used, must be approved by the Health Authority. Subdivisions utilizing public sewage treatment and disposal facilities located in unincorporated areas of Will County must be approved by the Health Authority. There shall be a plat review fee for all proposed subdivisions. A Plat Review fee for all subdivisions must be submitted prior to review by the Environmental Health Staff. The fee shall be designated in Appendix A. All fees are non-refundable.

(B) Any subdivision being developed which is in part within 1,320 feet of an existing available approved sewer shall not be developed by utilizing septic tanks and ground absorption trench systems or individual mechanical ~~sewage treatment~~ onsite wastewater treatment systems unless the lots in that subdivision are two and one-half (2 ½) acres, or more in area of which at least 3/4ths of each lot consist of solid land surface outside of a floodplain or wetland. An approved sewer, for the purpose of this section, shall mean a sewer connected to and served by a sewage treatment plant operated by the county, township, a municipality, sanitary district or privately owned utility company.

(C) In subdivisions not falling within the requirements of Division (B), all individual ~~sewage treatment~~ onsite wastewater treatment systems shall be designed based upon the soil class as identified by an on-site soil evaluation / classification. This evaluation / classification shall be conducted by the Health Authority or Soil Classifier or Illinois licensed professional engineer on each of the lots in the proposed subdivision. The latest official Will County Soil Maps shall be used to determine the names and numbers of each soil class. Soil classes shall be as described in the Soil Survey of Will County, Illinois.

(D) Soil Evaluation: There shall be a fee for each soil evaluation conducted by the Health Authority. The fee shall be paid in advance and shall be made payable to the Will County Health Department. This fee is non-refundable. The fee shall be designated in Appendix A.

(1) Appendix C Table 1 shall be used to group Will County soils into categories based on their similar soil permeability and textural class.

(2) Appendix C Table 2 shall be used in establishing the minimum lot size and minimum lot width where a private well or public water supply is used. Appendix C Table 2 shall be used in establishing the minimum size of the Ground Absorption Trench System based upon the soil categories listed in Appendix C Table 1. The minimum lot size shall exclude any easements or other conditions that would limit the area available to be used for Ground Absorption Trench Systems. The minimum lot widths as set forth in Appendix C Table 2, will be waived on all lots fronting on a cul-de-sac and lots fronting on a curved portion of a street. However, the minimum lot width as set forth in Appendix C Table 2, must be available in that area designated for the installation of the Ground Absorption Trench System.

(E) If the proposed final topography of any lot within the subdivision will change the elevation by more than one (1) foot in the area to be used for the installation of the ground absorption trench system, a second on site soil evaluation, to be performed by a Soil Classifier or Illinois licensed professional engineer will be required after the final grading is accomplished and prior to final approval of the subdivision. Based upon the results of this second on site soil evaluation, the lot sizes shall be required as outlined in Appendix C Table 2.

(F) The latest official soil maps for Will County as prepared by the Soil Conservation Service of the United States Department of Agriculture shall be utilized in evaluating all proposed subdivisions.

(1). The following soils have been determined as having specific limitations regarding the satisfactory operation of ground absorption trench systems. These soils are frequently or continuously waterlogged and are subject to periodic inundation by storm water runoff. They have a reasonably high water table which tends to impair the continuous satisfactory operation of ground absorption trench systems.

(2). The installation of ground absorption trench systems in the following soils shall not be permitted unless an engineering plan providing specific solutions which will permanently overcome the ground water conditions is received and approved by the Health Authority.

67 Harpster Silty Clay Loam
69 Milford Silty Clay Loam
103 Houghton Muck
125 Selma Loam
152 Drummer Silty Clay Loam
153 Pella Silty Clay Loam
197 Troxel Silt Loam
201 Gilford Fine Silt Loam
206 Thorp Silt Loam
232 Ashkum Silty Clay Loam
235 Bryce Silty Clay
238 Rantoul Silty Clay
317 Millsdale Silty Clay Loam
329 Will Silty Clay Loam
330 Peotone Silty Clay Loam
356 El Paso Silty Clay Loam
513 Granby Fine Sandy Loam

(G) Proposed Subdivision Plan Review: The following pertinent data must be submitted to the Health Authority by a professional engineer, architect, or surveyor. This data must be acceptable to the Health Authority before final approval is given on the subdivision.

(1). Legal description of the site.

(2). Plat showing subdivision of site into individual lots, dimensions of lots, portions of lots subject to setback, and easement requirements.

(3). Topographical map showing original and final contours at two foot intervals shall be superimposed on the plat of subdivision.

(4). Data on present and past use of the site, existing vegetation, crops, trees, existing well and septic system locations, etc.

(5). All available and known information on existing drainage systems in the proposed subdivisions, both surface and underground. Where tile exist, their size, location, and outlets shall be indicated on the topographical map.

(6). A soil overlay based on the latest official soil maps for Will County as prepared by the Soil Conservation Service of the United States Department of Agriculture.

(7). Soil boring tests to a maximum depth of thirty-two (32) feet to determine soil cover over limestone rock may be required on each subdivision unless the information is available through the Illinois Geological Survey Division.

(8). A detailed description and specific location of the water supply and sewage disposal system on each lot in the proposed subdivision.

(H) All undeveloped lots located in subdivisions which were legally recorded prior to the passage of the July 16, 1987, amendments to the ordinance, will not be affected by the minimum lot sizes as set forth in the July 16, 1987, amendments. In the event said existing lot is reduced in size, all restrictions herein set forth in the July 16, 1987, amendments to this ordinance shall be applicable.

(I) All parcels of land located other than in legally recorded subdivisions which were in existence prior to the passage of the July 16, 1987, amendments to the ordinance will not be affected by the minimum lot sizes as set forth in the July 16, 1987, amendments. In the event said existing parcel of land is reduced in size, all restrictions herein set forth in the July 16, 1987, amendments to the ordinance shall be applicable.

(J) All existing subdivision lots and parcels of land as outlined in Divisions (H) and (I) will be accepted by the Health Authority for the installation of ~~sewage treatment or disposal~~ onsite wastewater treatment systems consisting of septic tanks and ground absorption trenches only if all other requirements of this ordinance can be fully complied with.

SECTION 51.04 ~~SEWAGE~~ ONSITE WASTEWATER TREATMENT PERMITS

(A) Before an application for a new ~~sewage~~ onsite wastewater treatment permit can be received by the Health Authority, an onsite soil evaluation / classification must be obtained by methods as prescribed in Appendix B of this Ordinance or as required by Section 905.55 of the Illinois Department of Public Health Private Sewage Disposal Licensing Act and Code. A legal description and plat of survey must be submitted to the Health Authority prior to the onsite soil evaluation.

(B) An approved and completed application must be submitted to the Health Authority in triplicate for an ~~sewage~~ onsite wastewater treatment permit. This Department requires a minimum three (3) day permit review period and may require additional reasonable review time as needed to ensure the system complies with all current state and local regulations. The application shall be on forms provided by the Health Authority and shall contain the following information:

(1). The location and legal description of the property involved.

(2). The owner's name, mailing address, ~~and~~ telephone number, and email address.

(3). The size and area of the lot or building site.

(4). In all residential buildings, the number of bedrooms, water closets, lavatories, bathtubs, showers, clothes washing machines, garbage grinders or disposals, and all other plumbing fixtures requiring water.

(5). In all buildings other than residential, the number of water closets, urinals, lavatories, sinks, showers, and any other fixtures or process which requires water.

(6). A description including sizes of each component of the proposed ~~sewage treatment or disposal~~ onsite wastewater treatment systems.

(7). The private ~~sewage disposal~~ onsite wastewater treatment system contractor's name, IDPH License #, address, and telephone number.

(8). The date and signature of applicant/owner.

(9). The results of the onsite soil evaluation / classification, date of tests~~,~~, and name of Health Authority representative who supervised the tests~~,~~ or Soil Classifier or Illinois licensed professional engineer.

(10). A scale plat plan showing the actual location of all pertinent data such as well or wells on the property and in the general area, all buildings and permanent structures on property, property lines, the proposed location of ~~sewage disposal~~ onsite wastewater treatment system and a complete layout of the ~~sewage~~ onsite wastewater treatment system, all driveways, or other paved areas, and other situations which could affect the operation or maintenance of the ~~sewage treatment or disposal~~ onsite wastewater treatment system.

(C) An ~~sewage~~ onsite wastewater treatment permit must be issued by the Health Authority before the commencement of construction or repair of an ~~sewage treatment or disposal~~ onsite wastewater treatment system takes place. The permit is not transferable to another owner nor is it useable by the same owner at some other location. All ~~sewage~~ onsite wastewater treatment permits will be void one year after date of issue. A fee shall be charged for the re-issuance of any permit which has been voided for reason of being older than one (1) year. All fees are designated in Appendix A.

(D) Should the elevation of the original ground in the area to be used for the installation of the ground absorption trench system be changed by filling or excavating to the degree that would render the on-site soil evaluation / classification useless, it shall be required that a Soil Classifier or Illinois licensed professional engineer perform an additional soil evaluation. The type and size of the ~~sewage disposal~~ onsite wastewater treatment system, if allowed, will be based on the results of this evaluation.

(E) Each application for permit for the installation of a new ~~sewage~~ onsite wastewater treatment system shall be accompanied by a fee designated in Appendix A. This fee is non-refundable in the event that an individual decides not to construct the proposed ~~sewage~~ onsite wastewater treatment system. An application for the installation of an Individual Mechanical Sewage Treatment System shall be accompanied by a permit fee designated in Appendix A. This fee is non-refundable in the event that an individual decides not to construct the proposed ~~sewage treatment or disposal~~ onsite wastewater treatment system. A fee shall be charged for permits to repair, extend, or alter an existing ~~sewage treatment or disposal~~ onsite wastewater treatment system. All fees are designated in Appendix A.

SECTION 51.05 ~~SEWAGE TREATMENT OR DISPOSAL~~ ONSITE WASTEWATER TREATMENT SYSTEMS

(A) All ~~sewage treatment or disposal~~ onsite wastewater treatment systems to be installed in Will County must comply with the requirements of this Ordinance and must comply with Illinois Department of Public Health, Private Sewage Disposal Licensing Act and Code and all other applicable laws or ordinances.

(B) An ~~sewage~~ onsite wastewater treatment permit must be issued by the Health Authority before the commencement of construction or repair of an ~~sewage treatment or disposal~~ onsite wastewater treatment system.

(C) In addition, for ~~sewage disposal~~ onsite wastewater treatment systems that would require a permit from the Environmental Protection Agency (EPA), an approval from the Environmental Protection Agency must be obtained before a permit can be issued by the Health Authority regarding the installation or repair of an ~~sewage treatment or disposal~~ onsite wastewater treatment system designed to discharge a liquid effluent to the Waters of the United States.

(D) All ~~sewage treatment or disposal~~ onsite wastewater treatment units which have liquid surfaces open to the free atmosphere must be located at least 200 feet from the property line. Utility easements, railroad easements, statutorily dedicated roadways, rivers and other bodies of water may be used to comply with the 200 foot requirement.

(E) All ~~sewage treatment or disposal~~ onsite wastewater treatment systems shall be operated and maintained in a neat and orderly manner so that no objectionable health hazardous conditions, odor conditions, or unsanitary conditions exist and shall be operated and maintained with all other applicable laws or ordinances.

(F) A building permit shall not be issued in Will County for construction which will require a ~~sewage treatment or disposal~~ onsite wastewater treatment system, until the Health Authority has issued a written ~~sewage~~ onsite wastewater treatment permit authorizing the installation of said system. A building being served by an ~~sewage treatment or disposal~~ onsite wastewater treatment system shall not be occupied until the Health Authority has provided its final approval on the installation of the ~~sewage treatment or disposal~~ onsite wastewater treatment system.

(G) A satisfactory on-site soil evaluation / classification must be obtained on each lot before a new ~~sewage~~ onsite wastewater permit can be issued for the installation of individual ~~sewage disposal~~ onsite wastewater systems consisting of ground absorption trenches. The minimum requirements for each lot shall be determined by the criteria listed in Appendix C Table 2. The evaluation shall be conducted under the direct supervision of the Health Authority and following the method described in Appendix B or by a Soil Classifier or Illinois licensed professional engineer.

(H) The following minimum requirements shall apply to the installation or repair of all individual ~~sewage disposal~~ onsite wastewater treatment systems constructed to serve a single family dwelling:

(1)(a). All septic tanks must have the approval of the Illinois Department of Public Health. Any tank constructed in place must meet the requirements of Section 905.40 of the Illinois Department of Public Health Private Sewage Disposal Licensing Act and Code. Septic tanks installed to serve a three (3) bedroom home or less must have a liquid capacity of 1,000 gallons. For each bedroom in excess of three (3) bedrooms, an additional 250 gallons must be added to the liquid capacity of the tank. If a garbage disposal or grinder is provided, the total liquid capacity of the tank must be increased by 50%.

(b) Whenever more than one (1) tank is to be installed, they must be installed in series with the first tank having between one-half (1/2) and two-thirds (2/3) the total capacity provided.

(2). Distribution boxes must be installed in accordance with Section 905.50 of the Illinois Department of Public Health, Private Sewage Disposal Act and Code.

(I) For each bedroom in excess of three (3) bedrooms, an additional 100 lineal feet of 36" wide trench or equivalent shall be added to the system. If a garbage disposal or grinder is provided, an additional 100 lineal feet of a 36" wide trench or equivalent shall be added to the system.

(J) If the contour of the ground requires a hillside or step down type of absorption system, then a serial type installation shall be made.

(K) The following rules shall apply to all ground absorption trench installations:

(1). Seepage area - 900 square feet, minimum.

(2). A minimum 4" inside diameter tile must be installed for every lineal foot of a conventional perforated pipe trench system.

(3). Conventional tile shall be perforated or open joint tile. Where open joint tile is used, the tile sections shall be spaced not less than 1/4 inch nor more than 1/2 inch apart. Perforated piping (with the exception of 8 inch or 10 inch gravel-less ground absorption trench installations) shall have 1/2 - 3/4 inch diameter openings on three to five inch centers with a minimum two rows. Gravel-less ground absorption trench installations must meet the requirements of Section 905.60, of the Illinois Department of Public Health Private Sewage Disposal Licensing Act and Code.

(4). A maximum length for any one trench will be 100 feet or sized according to the installation guidelines approved by IDPH.

(5). Conventional trenches shall not be constructed closer than 10 feet on center unless prior approval has been granted for lesser distances by the Health Authority.

(6). The bottom of the subsurface seepage field, each trench and its distribution line shall be level. Level for this Part shall mean plus or minus 1/2 inch in any direction over the entire area of the subsurface seepage system.

(7). The trench shall be of an approved width according to Health Authority regulations and industry standards.

(8). There shall be installed in each conventional gravel trench at least 8" of gravel or similar material below the tile and 2" above the tile. This gravel or similar material shall have sufficient voids and have a minimum diameter of 1 1/2".

(9). Subsurface trench systems must be thoroughly covered before the back-filling with a six (6) inch layer of un-compacted straw or untreated building paper or other pervious and/or biodegradable material to support the backfill unless not required by manufacturer's installation guidelines.

(10). There shall be a minimum cover of backfill over the trenches of 6" and a maximum cover of 18". The bottom of the trenches shall not be more than 33" below finished grade.

(11). All absorption trench systems shall be backfilled, weather permitting, within forty-eight (48) hours after approval has been issued by the Health Authority.

(12). Other types of subsurface seepage systems approved by Illinois Department Public Health Section 905.60 are incorporated by reference. Any alternative methods for the construction of ground absorption trench systems must be approved by the Illinois Department of Public Health and the Health Authority.

(L) Location of the components of a sewage disposal system shall conform with minimum distances given in Appendix C Table 3.

(M) The following sewer types and construction shall be used:

(1). All sewers from the house to the septic tank shall be four (4) inch diameter construction of cast iron with mechanical joints or Schedule 40 PVC with water tight joints or equivalent whenever any portion of this sewer is within 10 feet of a water well. This sewer can be ductile iron pipe, vitrified clay sewer pipe,

provided there is no water well located within 50 feet of any portion of this sewer. The joints shall be root-proof and watertight.

(2). Sewer pipes from the tank to the distribution boxes and from the distribution boxes to each individual soil absorption trench shall be four (4) inch diameter vitrified clay pipe, or Schedule 40 PVC plastic pipe or its equivalent. The joints shall be root-proof and water tight.

(3). All solid pipes carrying domestic sewage by gravity flow shall have a nominal diameter of at least 4 inches and minimum slope of 12 inches per 100 feet. Solid header lines used for equal distribution shall be level.

(4) Other materials may be approved by the Health Authority as they are developed, provided that sufficient operational and technical data is submitted so that the Health Authority is assured that the materials are suitable to provide an acceptable installation.

(N) The installation of ground absorption trenches in ground that has been recently filled in excess of one (1) foot is prohibited.

(O) The excavation and refilling of lots in the area designated for the installation of a ground absorption trench system is not acceptable.

(P) Sewers used under driveways or other areas subject to heavy loads shall be Schedule 40 equivalent or greater. This portion of the pipe may be packed in gravel for reinforcement.

(Q) The construction of driveways, parking areas, garages, sheds, patios, paved areas, above-ground swimming pools, or other building or structures of a permanent nature over any portion, or within 10(ten) feet, of the ground absorption trench system or septic tank is prohibited. In-ground swimming pools shall not be located closer than 25 (twenty five) feet to any portion of the septic system.

(R) Individual ~~sewage treatment or disposal~~ onsite wastewater treatment systems are designed for the sole purpose of treatment and disposing of sewage waste only. Under no circumstances shall liquids from the following facilities be discharged into any portion of the sewage system: down spouts, footing or foundation drains or other surface runoff.

(S) Footing or foundation drainage must be discharged to the surface of the ground by gravity provided the contour of the ground is satisfactory for gravity flow. If the contour of the ground will not permit this type of drainage to flow by gravity to the surface of the ground, then it will be necessary to install a sump hole and electric sump to serve this drainage. This sump hole and sump pump cannot be the same sump hole and sump pump used for conveying of laundry waste, floor waste, shower waste, or any other sewage waste into the sewage system. This prohibits the use of so called butterfly valves for this purpose, and where two sump holes and pumps are necessary, they must be located a minimum of ten (10) feet apart unless one of the sump holes contains a properly constructed ejector pit.

(T) Where ~~sewage disposal~~ onsite wastewater treatment systems consisting of ground absorption trenches are proposed for buildings consisting of more than one family dwelling, the following minimum requirements will apply:

(1). An onsite soil evaluation / classification must be conducted by methods as prescribed in Appendix B or by Soil Classifier or Illinois licensed professional engineer.

(2). The lot or lots involved must be of sufficient area to support a series of individual sewage systems or a combined sewage disposal system consisting of a minimum system for each dwelling unit.

(3). In all cases, the decision regarding construction in this category shall be made by the Health Authority.

(U) The construction of privies, chemical toilets, and outside toilets of any type to be used for the disposal of sewage is prohibited. The Health Authority may authorize the construction of a sanitary pit privy, vault privy, septic privy, chemical toilet, recirculating toilet, incinerator toilet and compost toilet in conformance with Section 905.130 of the Illinois Department of Public Health Private Sewage Disposal Licensing Act and Code to serve forest preserves, park districts, summer camps, seasonal use facilities, or cottages, and construction projects if they deem it advisable. In such cases, the summer camps or cottages must not be used as year-round dwellings and the construction projects will be for temporary periods only.

(V) All existing unsanitary privies are prohibited and must be replaced with some approved means of ~~sewage disposal~~ onsite wastewater treatment as approved by the Will County Health Department.

(W) Holding tanks at least 1000 gallons or greater capacity are approved for private ~~sewage disposal~~ onsite wastewater treatment only under the following circumstances:

(1) As a temporary measure while awaiting the extension of a sanitary sewer. This temporary condition shall not exceed 1 year in length.

(2). As a sanitary dumping station to receive the discharge from holding facilities on recreational vehicles.

(3). The holding tank shall be designed and constructed as a septic tank except that the outlet shall be permanently sealed.

(4). Holding tanks installed shall be converted to a conventional ~~sewage disposal~~ onsite wastewater treatment system if a sanitary sewer has not been extended to serve the property within one year of the original installation.

(5). Holding tanks used to receive waste products such as automotive grease, oils, or solvents and chemicals, which are otherwise not allowed to be discharged into a private sewage disposal system. These waste products shall be handled according to rules for disposal of oil, gas, and grease promulgated under EPA or according to 35IL Administrative Code Subtitle G or shall be taken to an oil and gas reclamation center. Holding tanks to be used as described in this Section shall be Underwriters Laboratories, Inc. certified and constructed of materials approved for gas and oil interceptors as specified in 77 Ill. Adm. Code 890.520, and shall be properly anchored to prevent flotation.

(X) Septic tanks, aerobic treatment plants, lift stations, cesspools, pit privies, disinfection chambers, sample ports, and holding tanks that are no longer in use shall be completely pumped. The floor and walls shall be cracked or crumbled so the tank or tanks will not hold water, and the tank(s) shall be filled with sand or soil. If the tank(s) is removed from the ground, the excavation shall be filled with soil. Tank abandonment activities must be inspected by the Health Authority, and the applicable fee (see Appendix A) shall be submitted for each tank abandonment inspection.

(Y) When considering proposals for experimental systems, the Health Authority shall not be restricted by the Ordinance provided that

(1) The experimental system proposed is approved by the Illinois Department of Public Health and

(2) The experimental system proposed is attempting to correct an existing environmental and/or health problem or

(3) The experimental system proposed is for new construction where it has been determined that a disposal system meeting the requirements of this ordinance could be installed in the event of failure of the experiment.

(Z)(1) Where ~~sewage disposal~~ onsite wastewater treatment systems consisting of ground absorption trenches are proposed for non-residential establishments, the Health Authority will base the size of the system on the estimated quantity of sewage flow. The minimum ~~sewage disposal~~ onsite wastewater treatment system of a non-residential

establishment shall consist of a 1,000 gallon septic tank and 900 square feet of horizontal trench area consisting of 300 lineal feet of 36 inch wide ground absorption trench system, or equivalent.

(2) Appendix C Table 4 shall be used to determine the minimum ground absorption trench system for non-residential establishments regardless of the creation date of the lot or parcel.

SECTION 51.06 INSPECTIONS

(A) Before any portion of an ~~sewage treatment or disposal~~ onsite wastewater treatment system installed or repaired by a licensed septic installer or homeowner is covered and/or placed in operation, an inspection and approval must first be obtained from the Health Authority. Incremental inspections of a new septic system installed by a homeowner are required by the Health Authority with the initial inspection consisting of the tank and first line installation only. In addition, the Health Authority may require incremental or partial inspections of septic systems installed or repaired by a homeowner or a licensed septic installer.

(B) The Health Authority shall be allowed to inspect or investigate the installation of an ~~sewage treatment or disposal~~ onsite wastewater treatment system whenever it is deemed necessary. If in the opinion of the Health Authority, the construction should cease, due to violation of this ordinance, the Health Authority is authorized to order the construction to cease. The resuming of construction shall not take place until written approval is received from the Health Authority.

(C) It is the responsibility of the owner and/or installer to notify the Health Authority, when the system is ready for a final inspection. The owner or installer shall provide advanced notification for inspections, preferably 24 hours.

SECTION 51.07 TRANSPORTING AND DISPOSING OF WASTE FROM ~~SEWAGE TREATMENT OR DISPOSAL~~ ONSITE WASTEWATER TREATMENT SYSTEMS

(A) The collection, storage, transportation and disposal of all domestic septage including portable toilet waste shall be handled in accordance with this Section and in accordance with Illinois Department of Public Health Private Sewage Disposal Act and Code and 40CFR503 - Standards for the Use or Disposal of Sewage Sludge.

(B) The name under which the business is conducted and the town of company origin and telephone number of the business shall be painted on each side of every pumper truck operated by the contractor. The company name shall be easily legible and the letters shall be at least eight inches high in contrasting colors.

(C) Equipment shall be subject to inspection and approval by the Health Authority at any reasonable time, and upon request, shall be available for inspection at a designated location.

(D) Each vehicle used for collection and transportation of waste shall be equipped with a leak proof and tightly sealed tank for septage hauling. The interior and exterior sections of all portable containers, pumps, hoses, tools, or other implements which have been contaminated shall be rinsed clean after each use and the rinsing shall be disposed of such that no health hazard or nuisance results. Trucks and tanks shall comply with the following:

(1). The vehicle shall be equipped with either a vacuum pump or other type of pump which is self-priming and will not allow any seepage from the diaphragm or other packing glands.

(2). The discharge nozzle shall be located so that there is no flow or drip onto any portion of the truck.

(3). The drainage nozzle shall be capped and leak proof when not in use.

(E) Septage Disposal: Each licensed contractor engaged in septage disposal shall file with the Health Authority each year a statement of the sites and methods of disposal of septage. These methods must comply with 40CFR503 - Standards for the Use or Disposal of Sewage Sludge.

SECTION 51.08 INDIVIDUAL MECHANICAL SEWAGE TREATMENT SYSTEMS

(A) New and repaired individual mechanical sewage treatment systems shall be approved/permitted by the Health Authority provided they meet the following specifications:

(1). Approval for coverage under NPDES Permit, if required.

(2). A site inspection of the property is conducted by this Department prior to permitting.

(3). A trash tank or compartment is installed prior to the aeration tank.

(4). An aeration chamber which has sufficient capacity to treat a minimum of 500 gallons per day of domestic sewage for a four bedroom home and an additional 150 gallons per day for each additional bedroom.

(5). A final settling compartment with sludge returns facilities of sufficient size to settle the effluent from the aeration chamber.

(6). A subsurface sand filter having an area of at least 100 square feet per bedroom with a minimum of 300 square feet and having an effective sand depth of 24 inches. The filter sand shall have an effective size of .5 to 2.0 millimeters and a uniformity coefficient of not greater than 3.5. It shall be clean and free of clay and silt. Approved alternative technology may be considered for use in the place of an approved sand filter at the discretion of the Health Authority.

(7). A chlorine contact chamber which will provide a holding time of at least 30 minutes based on two and one half times the average flow and chlorinator which will provide a chlorine residual in the final effluent in accordance with appropriate regulation or discharge permits. The chlorine contact chamber shall be easily accessible and shall extend at least two inches above the ground surface. Alternative disinfection systems approved by IDPH may also be permitted.

(B) A clearly labeled warning light and buzzer must be provided that warns the owner of the failure of any electrical or mechanical component of the system and must be in accordance with ~~IDPH requirements~~ *77 Illinois Administrative Code* Illinois Department of Public Health Private Sewage Disposal Act and Code Section 905.20 (k) 2) Alarms installed after January 1, 2014 shall be located outside of the building served. The power supply for the alarm shall be on a dedicated circuit. The design of the alarm shall meet the requirements specified in Section 5.8 of NSF International/ANSI Standard 40. The alarm shall be housed in a weatherproof box.

(C) The owner is required to obtain and maintain a service contract to be in effect at all times with copies being supplied to the Health Authority to assure that proper service and maintenance of the mechanical system shall be on a continuing basis. Renewal of the service contract is mandatory or the replacement with another service contract. All renewal notices or certificates and termination notices must be supplied to the Health Authority. The service contract for maintenance must be in accordance with IDPH and other applicable regulations and must include at least the following items:

(1) Routine inspection of the unit at least every six (6) months or as required by other applicable regulations.

(2) Provisions for emergency services within 24 hours of notification that the mechanical unit is not properly functioning.

(D) No person shall discharge effluent from an existing Individual Mechanical Sewage Treatment System or discharging aerobic system not required to be covered under NPDES Permit without a valid Will County Health Department (WCHD) Permit to Discharge. The owner is required to obtain an annual WCHD Permit to Discharge for any Individual Mechanical Sewage Treatment System with a final effluent. The WCHD permit application must be accompanied by an annual fee as delineated in Appendix A, payable to the Will County Health Department and must be received prior to January 15 of each year. Unpaid fees ~~will~~ can be turned over to collections or turned over to the State's Attorney for violation of ordinance.

Those surface discharging private sewage disposal systems that require coverage under a general or individual NPDES permit must also be in compliance with Section 905.115 - NPDES Permit Compliance of the Illinois Department of Public Health Private Sewage Disposal Code.

(E) Buried sand filters and aerobic treatment plants listed by NSF for Class I effluent shall be discharged to one of the following:

(1) A receiving stream, lake or pond which provided greater than a five (5) to one (1) dilution of the effluent. A discharge within ten (10) feet of the above shall be considered to be a discharge to the receiving body of water. Discharges to a lake or pond shall be limited to two (2) discharges per surface acre of water. More than two (2) discharges may occur per individual surface acre of water, however, the total number of discharges to total surface acres of water shall not exceed a ratio of two (2) to one (1). An example of this is as follows: In a 20 acre lake, several discharges may enter the lake in a 1/2 acre cove; however, the total discharges entering the lake would be limited to 40. Where discharges are not equally distributed around a lake or pond, the Health Authority shall be consulted to assure that nuisance conditions are not created.

(2) To the ground surface where the discharge points of sewage disposal systems with surface discharges are maintained at 235 feet apart and the effluent does not pond or create a public nuisance.

(F) If the final discharge location of the effluent from a buried sand filter or aerobic treatment plant listed as a Class I by NSF, or any system that discharges will discharge according to Division (E) (2) above and leave the property, then an effluent receiving trench or bed shall be installed prior to discharge. Effluent receiving trenches or beds shall be designed in accordance with Section 51.05 (K) (1) through (12) except for the following criteria:

(1) The effluent receiving trench shall be designed at three (3) gallons per square foot of trench bottom area based on the daily design flow of the system. An example of this is as follows: A three-bedroom home equals 600 gallons per day, 600 gallons per day divided by three (3) gallons per square foot per day equals 200 square feet of effluent receiving trench. (600 gpd. divided by three gallons/sq. ft./day = 200 square feet).

(2) Effluent receiving trenches or beds shall not be greater than 36 inches below the ground surface and shall have a maximum earth cover of six (6) inches.

(3) They shall be designed so the entire trench or bed is completely filled with effluent prior to the discharge and the invert of the overflow line is at least one inch below the invert of the outlet of the aerobic treatment plant or sand filter unless the effluent is pumped.

(G) The owner(s) of a new, repaired, renovated, or replaced WCHD permitted surface discharging private sewage disposal system that is required to obtain an NPDES Permit shall comply with all requirements and effluent limitations of the NPDES Permit issued for the surface discharging private sewage disposal system.

(1) WCHD permitted surface discharging private sewage disposal systems that are not required to obtain an NPDES permit shall not exceed the following effluent standards:

(a). The system shall comply with NSF International/ANSI Standard 40, Section 8.5.2.1.1 for carbonaceous five-day biochemical oxygen demand (CBODs) and Section 8.5.2.1.2 for total suspended solids (TSS).

(b). No effluent shall contain settleable solids.

(c). Color, odor, and turbidity shall be reduced to below discernable levels.

(d). No effluent shall contain floating debris, visible oil, grease, scum, or sludge solids.

(e). Fecal coliform bacteria concentration shall not exceed 400 organisms per 100 ml (milliliter).

(2) Samples shall be analyzed in accordance with the Standard Methods for the Examination of Water and Wastewater.

(H) Aerobic treatment plants and accessory tanks, lift stations, sample ports, and disinfection units that are no longer in use shall be completely pumped. The floor and walls shall be cracked or crumbled so the tank or tanks will not hold water, and the tank(s) shall be filled with sand or soil. If the tank(s) is removed from the ground, the excavation shall be filled with soil. Tank abandonment activities must be inspected by the Health Authority, and the applicable fee (see Appendix A) shall be submitted for each tank abandonment inspection.

SECTION 51.09 LIMESTONE AND GROUND WATER REQUIREMENTS

(A) Absorption trench systems shall not be installed where there is less than 30 feet of cover above the limestone formations unless the following conditions are met:

(1) There must be a minimum of 5 feet of soil between the bottom of the absorption trench system and the limestone formation and that soil will provide a minimum of 20 years travel time prior to the effluent reaching the limestone formation. This must be demonstrated by sufficient engineering data and it is the responsibility of the owner or subdivider to furnish this information. All calculations of travel time shall be made assuming the maximum possible hydraulic gradient.

(2) The above requirement also applies to subdividing lots which have less than 30 feet of earth cover above limestone in which case it is the responsibility of the subdivider to provide sufficient information to either show the existence of 30 feet of cover above limestone or that the ground conditions will provide the protection of the water-bearing formations as specified above.

(B) No absorption trench systems shall be installed in areas where the permanent ground water table is less than 4 feet below the bottom of the trench system. This depth of water table may be required to be confirmed by soil boring tests where indicated.

SECTION 51.10 CONTRACTOR'S LICENSE AND EXAMINATION

(A) No person shall engage or offer to engage in or carry on the business of installing and/or maintaining ~~sewage disposal~~ onsite wastewater treatment systems or any components of private sewage disposal systems, including but not limited to; septic tanks, ground absorption trench systems, and/or individual mechanical sewage treatment systems within the County of Will unless they have obtained a valid Will County ~~Sewage Treatment Or Disposal~~ Onsite Wastewater Treatment System Installation Contractor's License.

(B) An annual installation contractor's license fee designated in Appendix A shall be required for all ~~Sewage Treatment Or Disposal~~ Onsite Wastewater Treatment System Installation Contractors wishing to operate within the County of Will. This fee is non-refundable.

(C) The Health Authority shall issue a license to persons applying who comply with the following items:

(1) Obtained a valid Installation Contractor's License issued by the State of Illinois.

(2) Successfully passed the Will County Health Department Installation Contractor's Examination.

(3) Paid the required annual license fee to the Will County Health Department.

(D) Any person who owns and occupies a single family dwelling and who is installing the private sewage disposal system which services the single family residence on their own property, for their own use, must successfully pass an examination. An examination fee designated in Appendix A must be submitted prior to the issuance of the examination. This fee is non-refundable.

(E) No person shall engage or offer to engage in or carry on the business of cleaning or pumping, hauling or disposing of waste from an ~~sewage treatment or disposal~~ onsite wastewater treatment system or portable toilet units within the County of Will unless they have obtained a valid Will County ~~Sewage Treatment Or Disposal~~ Onsite Wastewater Treatment System Pumping Contractor's License.

(F) An annual pumping contractor's license fee designated in Appendix A shall be required for all ~~sewage treatment or disposal~~ onsite wastewater treatment system or portable toilet unit pumping contractors wishing to operate within the County of Will. This fee is non-refundable.

(G) The Health Authority shall issue a license to persons applying who comply with the following items:

(1) Obtained a valid Pumping Contractor's License or applicable portable toilet certification issued by the State of Illinois.

(2) Successfully passed the Will County Health Department Pumping Contractor's Examination.

(3) Paid the required annual license fee to the Will County Health Department.

(H) All licenses shall expire on December 31 of the year they are issued.

(I) Individuals and businesses in the portable sanitation business must be in compliance with regulations set forth in Illinois Department of Public Health rules and regulations entitled Private Sewage Disposal Licensing Act and Code 225 ILCS 225 and any subsequent revisions.

(J) Each person who desires to apply for admittance to the examination for an ~~Sewage Treatment Or Disposal~~ Onsite Wastewater Treatment System Installation Contractor's License or a Private ~~Sewage Treatment Or Disposal~~ Onsite Wastewater Treatment System Pumping Contractor's License, shall file an application for examination on forms provided by the Health Authority.

(K) Examination dates and locations shall be established by the Health Authority. A completed application, a photograph of the applicant, and a fee designated in Appendix A must be filed with the Health Authority at least thirty (30) days prior to the examination date. This fee is non-refundable.

(L) The examination requirements and results are as follows:

(1) Installation License Examination. The examination for a Sewage Treatment and Disposal System Installation Contractor license shall test the applicant's knowledge of the design, installation, operation, maintenance, repairing and servicing of sewage treatment and disposal systems.

(2) Pumping Licensing Examination. The examination for a Sewage Treatment and Disposal System Pumping Contractor license shall test the applicant's knowledge of the pumping, hauling, and disposal of wastes removed from ~~sewage treatment or disposal~~ onsite wastewater treatment systems or portable toilet units.

(3) Individuals desiring both the installation contractor license and pumping contractor license must pass the examination for each license.

(4) Passing Grade. The examination shall consist of questions with a combined grade value of 100 points. In order to successfully pass the examination, a grade of not less than 75 must be obtained.

(5) Failure to Pass. Any person who fails to pass the examination shall be admitted to a subsequent scheduled examination after filing a new application and fee with the Health Authority in accordance with the section.

(6) A private sewage disposal system pumping contractor or private sewage system installation contractor whose license has expired for a period of less than 3 years may apply to the WCHD for re-instatement of the license and by paying the annual license fee to the Will County Health Department. A license which has expired for more than 3 years may be restored by reapplying to take the examination and by successfully passing the written examination and by paying the annual license fee to the Will County Health Department.

SECTION 51.11 ENFORCEMENT

(A) It shall be unlawful for any person to place, deposit or permit to be deposited human excrement or raw and/or improperly treated sewage upon the surface of public or private property located within Will County, Illinois, or to farm tiles, streams, rivers, ponds, lakes, or other collectors of water. Improperly treated sewage is sewage that does not meet the effluent requirements of the applicable NPDES permit or the requirement of Section 51.08 (G) or sewage which comes directly from a septic tank or building sewer. Domestic sewage or effluent from any ~~sewage treatment or disposal~~ onsite wastewater treatment system or component shall not be discharged into any well or into any underground mine, cave, or tunnel.

(B) Should any defect exist or occur in any ~~sewage treatment or disposal~~ onsite wastewater treatment system which would cause said sewage system to fail to meet the requirements of this ordinance and cause a nuisance or public health hazardous condition, the defect shall be corrected immediately by the owner or agent of the owner, occupant or agent of the occupant.

(C) If in the opinion of the Health Authority, the conditions involved are serious enough, they may order the buildings to be vacated and to remain vacated until the defect has been eliminated and the public health nuisance and hazardous condition abated to ~~his~~ their satisfaction.

(D) Whenever an approved combined or sanitary sewer which can be legally connected to becomes available within 300 feet for a single family residence and not greater than 1,000 feet for a commercial establishment served by an ~~sewage treatment or disposal~~ onsite wastewater treatment system, which in the opinion of the Will County Health Department is causing a public health nuisance and/or a possible public health hazardous condition, a direct connection shall be made to the approved sewer by the owner of the property involved. This connection to the approved sewer must by-pass all portions of the existing ~~sewage treatment or disposal~~ onsite wastewater treatment system and all portions of this system shall be completely pumped and properly abandoned in accordance with Section 51.05(X) and Section 51.08(H).

SECTION 51.12 EMERGENCIES

(A) Whenever the Health Authority finds that an emergency exists which requires immediate action to protect the public health, it may, without any administrative procedure and without notice, ~~hearing~~ administrative conference, or bond, bring action for a temporary restraining order or temporary injunction to request and require that such action be taken as the court may deem necessary to meet the emergency.

(B) Notwithstanding any other provision in this ordinance such order shall be effective immediately. Such action shall be brought by the State's Attorney of Will County. When the emergency conditions are abated, in the opinion of the Health Authority, the Health Authority may request that the temporary injunction be canceled.

SECTION 51.13 ~~HEARINGS~~ ADMINISTRATIVE CONFERENCES AND VARIANCES

(A) ~~Hearings~~ Administrative conferences before the Health Authority: Any person affected by any order or notice issued by the Health Department in connection with any Section of this Ordinance, may file in the office of the Health Department a written request for ~~a hearing~~ an administrative conference before the Health Authority. The Health Authority shall hold ~~a hearing~~ an administrative conference at a time and place designated within thirty (30) days from the date on which the written request was filed. The petitioner for the ~~hearing~~ administrative conference shall be notified of the time and place of the ~~hearing~~ administrative conference not less than five (5) days prior to the date on which the ~~hearing~~ administrative conference is to be held. If as a result of the ~~hearing~~ administrative conference, the Health Authority finds that strict compliance with the order, or notice, would cause undue hardship on the petitioner, and that the public health would be adequately protected and substantial justice done by varying or withdrawing the order or notice, the Health Authority may modify or withdraw the order or notice and as a condition for such action, may, where deemed necessary, make requirements which are additional to those prescribed in this Ordinance for the purpose of properly protecting the public health. The Health Authority shall render a decision within ten (10) days after the date of the ~~hearing~~ administrative conference which shall be reduced to writing and placed in the file in the office of the Health Department as a matter of public record. Any person aggrieved by the decision of the Health Authority may seek relief there from through ~~hearing~~ an administrative conference before the Environmental Health Director.

(B) There shall be a fee for each variance request. The fee is designated in Appendix A and must be submitted with the written variance request and shall be made payable to the Will County Health Department. This fee is non-refundable.

(C) ~~Hearings~~ Administrative conferences before the Environmental Health Director: Any person aggrieved by the decision of the Health Authority rendered as the result of ~~a hearing~~ an administrative conference held in accordance with this Section may file in the office of the Health Department a written request for ~~a hearing~~ an administrative conference at a time and place designated by the Environmental Health Director within thirty (30) days of the date on which the written request was filed. The petitioner for the ~~hearing~~ administrative conference shall be notified of the time and place of the ~~hearing~~ administrative conference not less than five (5) days prior to the date on which the ~~hearing~~ administrative conference is to be held. If, as a result of facts elicited as a result of the ~~hearing~~ administrative conference, the Environmental Health Director finds that strict compliance with the decision of the Health Authority would cause undue hardship on the petitioner, and that the public health would be adequately protected and substantial justice done by granting a variance, the Environmental Health Director may grant a variance and as a condition for such variance, may, where it deems necessary, make requirements or special conditions which are additional to those prescribed by this Ordinance, all for the purpose of properly protecting the public health.

The Environmental Health Director shall render a decision within ten (10) days after the date of the ~~hearing~~ administrative conference which shall be reduced to writing and placed on file in the office of the Health Department and a copy thereof shall be served on the petitioner personally or by delivery to the petitioner by certified mail.
If a variance, special condition, or use of experimental/alternative system is granted, the owner may be required to record the variance or special condition with the Will County Recorder's Office.

SECTION 51.99 PENALTY

(A) Every person, firm, corporation, association, or organization that violates any provision of this Ordinance shall be subject to fines or penalties in an amount not exceeding $1,000 for each violation plus $100 for each day that the violation continues. A violation continues to exist each day following due notice having been served.

(B) The imposition of penalties prescribed above shall not preclude the State's Attorney of Will County from instituting appropriate action for injunction to restrain or enjoin such violation or to enjoin the operation of any such establishment as required to prevent or abate a violation.

DATE OF EFFECT

All Sections of this ordinance shall be in full force and effect immediately following its adoption and publication as provided by law and in accordance with the law, and at that time all ordinances and parts of the ordinances in conflict with this ordinance are hereby repealed.

SEVERABILITY CLAUSE

In any case where a provision of this ordinance is found to be in conflict with a provision of any building, fire, safety, health ordinance or other code, existing on effective date of this ordinance, the provision which establishes the higher standard for the promotion and protection of the health and safety of the people shall prevail.

Should any chapter, section, paragraph, sentence, clause or phrase of this Ordinance be declared unconstitutional or invalid for any reason, the remainder of said Ordinance shall remain in full force and effect.

Adopted and approved on August 5, 1963, and amended on June 14, 1976, on April 25, 1979, on July 16, 1987, on September 25, 1992, and on October 17, 1996, on April 18, 2002 and on August 1, 2005 and November 6, 2007 and February 28, 2011, October 22, 2014, and August 19, 2016 and October ##, 2025.

Dated this ~~19th day of August 2016~~

_____
Executive County

ATTEST:

_____
County Clerk

APPENDIX A
FEE SCHEDULE

(A) SOIL EVALUATION FEE: The fee shall be ~~$175.00~~ $200.00 for each soil evaluation.

(B) SITE INSPECTION FEE: The fee shall be $125.00 for each site inspection.

(C) NEW SEWAGE INSTALLATION PERMIT FEE: Each application for permit for the installation of a new septic system shall be accompanied by a permit fee of ~~$425.00~~ $490.00 payable to the Will County Health Department.

(D) INDIVIDUAL MECHANICAL SYSTEM INSTALLATION PERMIT FEE: An application for the installation of an Individual Mechanical Sewage Treatment System shall be accompanied by a permit fee of ~~$700.00~~ $800.00 payable to the Will County Health Department.

(E) REPAIR PERMIT FEE: A fee of ~~$225.00~~ $255.00 shall be charged for permits to repair, extend, or alter an existing ~~sewage treatment or disposal~~ onsite wastewater treatment system.

(F) SEWAGE INSTALLATION PERMIT RE-ISSUANCE FEE: A fee of ~~$100.00~~ $115.00 shall be charged for the re-issuance of any permit that has been voided for reason of being older than one (1) year.

(G) ANNUAL PERMIT TO DISCHARGE FEE: The permit application must be accompanied by an annual fee of ~~$170.00~~ $200.00 payable to the Will County Health Department and must be received ~~prior to January 15.~~ within 60 days of invoices being mailed.

(H) ANNUAL LICENSED INSTALLATION CONTRACTOR FEE: An annual installation contractor's license fee of ~~$175.00~~ $195.00 shall be required for all ~~Sewage Treatment Or Disposal~~ Onsite Wastewater Treatment Systems Installation Contractors wishing to operate within the County of Will.

(I) LICENSED CONTRACTOR TEST FEE: A completed application, a photograph of the applicant, and a fee of ~~$50.00~~ $55.00 must be filed with the Health Authority at least thirty (30) days prior to the examination date.

(J) ANNUAL LICENSED PUMPING CONTRACTOR FEE: An annual pumping contractor's license fee of ~~$175.00~~ $195.00 shall be required for all ~~sewage treatment or disposal~~ onsite wastewater treatment systems or portable toilet pumping contractors wishing to operate within the County of Will.

(K) HOMEOWNERS TEST: Any person installing or repairing a septic tank, Ground Absorption Trench System, and/or Individual Mechanical Sewage Treatment System on his own property, for his own use, must successfully pass an examination. An examination fee of ~~$60.00~~ $65.00 shall be required for all homeowner tests.

(L) PLAT REVIEW FEE: A plat review fee of ~~$50.00~~ $55.00 per lot for all proposed subdivisions must be submitted prior to review by Environmental Health staff.

(M) VARIANCE ~~HEARING~~ ADMINISTRATIVE CONFERENCE FEE: Request for variance must be submitted in writing with a fee of $75.00.

(N) VERIFICATION OF EXISTING SYSTEM FEE: Request for the verification of an existing ~~sewage disposal~~ onsite wastewater treatment system on private property must be accompanied by a fee of ~~$65.00~~ $75.00.

APPENDIX A
FEE SCHEDULE (continued)

(O) SIGN OFF FEE: Request for Environmental Health staff to review an existing septic system location in reference to proposed property change, building modification, addition of a new structure, or remodel must be accompanied by a fee of ~~$20.00~~ $25.00 If a "verification of the existing system" is conducted by the WCHD, the sign off fee is waived.

(P) WELL & SEPTIC SURVEY: Request for Environmental Health staff to attempt to locate well and septic system, assess the condition of the well and septic, sample the well from the point of consumption for total coliform and nitrates, and determine if there are any violations or conditions that could adversely affect the well and septic must be accompanied by a fee of ~~$175.00~~ $200.00. This fee covers one (1) additional water sample if a presence of E.Coli is in the initial water sample.

(Q) TANK ABANDONMENT INSPECTION FEE: An application for the abandonment of any septic tank, aerobic treatment plant, lift station, cesspool, pit privy, disinfection chamber, sample port, or holding tank shall be accompanied by a fee of ~~$55.00~~ $65.00 payable to the Will County Health Department.

(R) SEWAGE EFFLUENT TEST FEE: A fee of ~~$80.00~~ $100.00 will be charged for a sewage effluent sample which includes fecal coliform, suspended solids, residual chlorine, pH, and Biological Oxygen Demand (BOD) testing.

(S) SEWAGE EFFLUENT WITHOUT FECAL COLIFORM TEST FEE: A fee of ~~$60.00~~ $75.00 will be charged for a sewage effluent sample which includes suspended solids, residual chlorine, pH, and Biological Oxygen Demand (BOD) testing.

(T) SEWAGE EFFLUENT FECAL COLIFORM TEST FEE: A fee of ~~$20.00~~ $25.00 will be charged for a sewage effluent sample which includes fecal coliform testing only.

(U) ALL FEES ARE NON-REFUNDABLE

(V) UNPAID FEES ~~WILL~~ CAN BE TURNED OVER TO COLLECTIONS OR TURNED OVER TO STATE'S ATTORNEY FOR VIOLATION OF ORDINANCE.

APPENDIX B

SOIL EVALUATION PROCEDURE

(A) A soil evaluation must be conducted before issuance of a permit to install an ~~private sewage disposal~~ onsite wastewater treatment system. The evaluation must be conducted by a representative of the Will County Health Department or by others identified in Section 905.55 of the Illinois Department of Public Health, Private Sewage Disposal Licensing Act and Code. The following must be adhered to when setting up a soil evaluation:

(1) Legal description, a plat of survey or facsimile, tax number, name, address, ~~and~~ phone number and email must be submitted. The soil evaluation process will not start until this information is made available.

(2) Specific directions from the Health Department to the site must be provided.

(3) Three (3) holes, 3 feet wide by 3 feet long by 5 feet deep, must be in the proposed location of the individual sewage treatment system. These holes shall be no less than 50 feet apart and tapered at one end for easy entrance and exit by the Health Department. *At least one hole must be dug to at least 8 feet deep when bedrock may be in the area based on the latest official soil maps for Will County as prepared by the Soil Conservation Service of the United States Department of Agriculture.*

(4) The property must be visibly staked at the corners with 4 feet or more of the stake above the ground and topped with a bright flag.

(5) The area of the intended septic field must be staked at each corner with ribbons encircling the proposed field.

(6) A sign by the road with letters "SE" must be clearly displayed.

(7) If vegetative growth over 12 inches high is present on the lot, a path must be cut to and around the holes.

(8) After the soil evaluation is completed, you will be notified in writing of the results if such notification is requested.

(B) Once the soil evaluation or soil classification is done, a sewage permit can be issued as long as the final elevations of the proposed location of the subsurface ground absorption septic system are not changed. The installation of a subsurface ground absorption septic system in ground that has recently been filled in excess of one (1) foot is prohibited and the soil evaluation or soil classification will be voided. The excavation and / or refilling of soil in the area designated for the installation of a subsurface ground absorption system is also prohibited.

APPENDIX C

TABLES

TABLE 1
SOIL CATEGORIES

CATEGORY A

49 Watseka Loamy Fine Sand
88 Sparta Loamy Fine Sand
93 Rodman Gravelly Loam
98 Ade Loamy Loamy Fine Sand
318 Lorenzo Loam
494 Kankakee Fine Sandy Loam
513* Granby Fine Sandy Loam
741 Oakville Fine Sand

CATEGORY B

103* Houghton Muck
201* Gilford Fine Sandy Loam
380 Fieldon Loam
387 Ockley Loam
570 Martinsville Loam
688 Braidwood Loam

CATEGORY C

67* Harpster Silty Clay Loam
102 La Houge Loam
125* Selma Loam
134 Camden Silt Loam
149 Brenton Silt Loam
150 Onarga Fine Sandy Loam
151 Ridgeville Fine Sandy Loam
152* Drummer Silty Clay Loam
153* Pella Silty Clay Loam
184 Roby Fine Sandy Loam
197* Troxel Silt Loam
290 Warsaw Silt Loam
325 Dresden Silt Loam
327 Fox Silt Loam
329* Will Silty Clay Loam
343 Kane Silt Loam
356* Elpaso Silty Clay Loam
369 Waupecan Silt Loam
440 Jasper Loam
523 Dunham Silty Clay Loam
526 Grundelein Silt Loam
541 Graymont Silt Loam
614 Chenoa Silty Clay Loam
740 Derroch Silt Loam
792 Bowes Silt Loam
802 Orthents, Loamy Type

CATEGORY D

69* Milford Silty Clay Loam
132 Starks Silt Loam
146 Elliott Silt Loam
189 Martinton Silt Loam
219 Millbrook Silt Loam
223 Varna Silt Loam
232* Ashkum Silty Clay Loam
293 Andres Silt Loam
294 Symerton Silt Loam
295 Mokena Silt Loam
330* Peotone Silty Clay Loam
594 Reddick Clay Loam
719 Symerton Fine Sandy Loam

CATEGORY E

23 Blount Silt Loam
91 Swygert Silty Clay Loam
206* Thorp Silt Loam
228 Nappanee Silt or Silty Loam
235* Bryce Silty Clay
238* Rantoul Silty Clay
241 Chatsworth Silty Clay or Silty Clay Loam
298 Beecher Silt Loam
320 Frankfort Silt Loam or Silty Clay Loam
530 Ozaukee Silt Loam or Silty Clay Loam
531 Markham Silt Loam
560 St. Clair Silty Clay Loam

CATEGORY F

240 Plattville Silt Loam
311 Richy Silt Loam
314 Joliet Silt Loam
315 Channahon Silt Loam
316 Romeo Silt Loam
317* Millsdale Silty Clay Loam
403 Elizabeth Silt Loam

900 through 9000: Please seek advice from Soil Classifier or Certified Soil Scientist

* Denotes Unsuitable Soil-Refer to Chapter 51.03

TABLE 2
MINIMUM REQUIREMENTS

Soil Category	Minimum Lot Size W/ Private Wells (SF)	Minimum Lot Size W/ PWS (SF)	Minimum Lot Width W/ Private Well (Ft.)	Minimum Lot Width W/ PWS (Ft.)	Minimum Ground Absoption Trench System (Lin. Ft.)
A	20,000	16,000	100	90	300
B	20,000	16,000	100	90	400
C	30,000	24,000	120	90	600
D	40,000	32,000	150	150	800
E	60,000	60,000	150	150	1000
F	Unsuitable - Bedrock less than 32 inches from the surface				

SF = square feet
PWS = public water supply

TABLE 3
LOCATION OF COMPONENTS OF SEWAGE DISPOSAL SYSTEMS
MINIMUM DISTANCE ALLOWABLE (*1, *2)

COMPONENT PART OF SYSTEM	WELL OR SUCTION LINE FROM PUMP TO WELL	WATER SUPPLY LINE PRESSURE(*3)	LAKE, STREAM, INGROUND POOL, OR BODY OF WATER	DWELLING / PERMANENT STRUCTURE	PROPERTY LINE	ARTIFICIAL DRAIN
	FEET	FEET	FEET	FEET	FEET	FEET
BUILDING SEWER (*4)	50	10	25	-	-	10
SEPTIC TANK , VAULT PRIVY OR AERATION PLANT	50	10(*5)	25	10	5	10
DISTRIBUTION BOX	75	10	25	10	5	10
SUBSURFACE SEEPAGE FIELD	75	25	25	10	5	10
SAND FILTER	75	25	15	10	5	10
PRIVY DISTRIBUTION SYSTEM	75	25	25	20	5	10
WASTE STABILIZATION POND	75	25	25	20	5	10
SURFACE DISCHARGE EFFLUENT LINE	50	10	-	-	5	-
TREATED EFFLUENT DISCHARGE POINT (*6)	50	10	-	20	25	25
EFFLUENT RECEIVING TRENCH	75	25	15	10	5	10
CLASS V INJECTION WELLS	200	25	25	10	5	10

(*1) - These distances have been determined for use in clay, silt and loam soils only. The minimum distances required for use in sand or other types of soil shall be determined for the proposed private sewage disposal system and approved by the Health Authority. Approval will be given if the Health Authority determines that the soil will provide treatment of the sewage.

(*2) - For separation distances to closed loop wells, see 77 Ill. Adm. Code 920.180.

(*3) - Includes lawn irrigation piping. See Section 905.20 (d) for additional details on water lines and sewer separation.

(*4) - The building sewer or surface discharge effluent line may be located within 10 feet of a well or suction line from the pump to the well when cast iron pipe with mechanical joints or Schedule 40 PVC pipe with water-tight joints is used for the building sewer or surface discharge effluent line.

(*5) - There shall be 25 feet separation from municipal water supply lines.

(*6) - Any surface discharge sytem installed, repaired or renovated after 1/1/2014.

TABLE 4

NON-RESIDENTIAL ESTABLISHMENTS *1

Soil Category	Sewage Flow (gpd) *2	Minimum Ground Absorption Trench System (Lineal Feet)
A	1 - 600	300
B	1 - 200 201 - 600	300 400
C	1 - 200 201 - 400 401 - 600	300 400 600
D	1 - 200 201 - 400 401 - 600	400 600 800
E	1 - 200 201 - 400 401 - 600	600 800 1000
F	Unsuitable - Bedrock is less than 32 inches from the surface	

*1 - Non-residential establishments using more than 600 gpd shall install an additional 100 lineal feet of 36 inch wide trench or equivalent for each 100 gallons of sewage flow.

*2 - Sewage flow shall be calculated using Table 5

TABLE 5
QUANTITY OF SEWAGE FLOWS

TYPE OF ESTABLISHMENT			GALLON PER PERSON PER DAY (UNLESS OTHERWISE NOTED)
Permanent Dwellings:			
	Boarding Houses		50
	Boarding Schools		150
	Institutions other than hospitals	(per bed)	125
	Mobile Homes, Individual	(per bedroom)	200
	Mobile Home Parks	(per space)	400
	Multi-Family Dwellings	(per bedroom)	150 /200
	Rooming Houses		40
	Single Family Dwellings	(per bedroom)	200
Travel and Recreational Facilities:			
	Airport, Railway Stations, Bus Stations		5
	Campgrounds:		
	Comfort Stations w/Toilets & Showers	(per space)	35
	Comfort Stations w/Toilets & No Showers	(per space)	25
	Day Camps, no meals		25
	Travel Trailer Parks w/Water & Sewer	(per space)	150
	Cottages and/or Small Dwellings with Seasonal Occupancy	(per Bedroom)	150
	Country Clubs	(per member)	25
	Highway Rest Areas		5
	Hotels and Motels	(per bed)	50
	Picnic Parks		5
	Places for Public Assembly		5
	Swimming Pools and Bathing Beaches		10
	Theatres:		
	Movie	(per seat)	5
	Drive-in	(per car space)	10
Commercial, Industrial, and Miscellaneous:			
	Churches	(per seat)	3
	Churches w/Kitchens add	(per meal)	3
Construction Camps or Sites, Factories:			
	With Toilets and Showers		35
	With Toilets and No Showers		20
Laundries		(per customer)	50

TABLE 5
QUANTITY OF SEWAGE FLOWS continued

TYPE OF ESTABLISHMENT		GALLONS PER PERSON PER DAY (UNLESS OTHERWISE NOTED)
Office and other day workers	(per worker)	15
Restaurants:		
	24 - Hour Operation:	
	(per seat)	60
	(per employee)	25
	(Lounge per seat)	50
	12 - Hour Operation:	
	(per seat)	40
	(per employee)	15
	(Lounge per seat)	35
	Coffee Shop 6 - Hour Operation: (per seat)	6
	Bar - No Food: (per seat)	10
	Banquet Rooms: (per seat)	5
	Meeting Room: (per seat)	3
Schools:		
	Without Cafeterias or Showers	15
	With Cafeterias and Showers	25
	With Cafeterias or Showers	20
Service Station	(per Vehicle Served)	10
Shopping Centers	(per 1000 sq. ft. floor area)	250
Stores	(per Toilet Room)	400

Will County
Health Department &
Community Health Center

WILL COUNTY BOARD OF HEALTH
RESOLUTION #25-56

RESOLUTION OF THE WILL COUNTY BOARD OF HEALTH WILL COUNTY, ILLINOIS

APPROVAL OF THE RENEWAL OF UPTODATE, INC CLINICAL RESOURCE SUBSCRIPTION- $12,991.94

WHEREAS, the Will County Community Health Center maintains a clinical resource subscription with UpToDate, which provides prescribing and medical references for providers; and

WHEREAS, funding for this subscription is included in the FY25 budget.

NOW, THEREFORE, BE IT RESOLVED the Will County Board of Health hereby approves the clinical resource subscription with UpToDate, Inc. in the amount of $12,991.94.

DATED THIS 17th day of September, 2025.

Chief Paul Hertzmann, President
Will County Board of Health

UpToDate, Inc.
230 Third Ave., Waltham MA 02451
UNITED STATES OF AMERICA
Tax Identification No.: 04-3310941

Wolters Kluwer UpToDate®

Invoice

Invoice Number:	IN-UTD-008962
Order Date:	08/04/2025
Invoice Date:	08/04/2025
Customer ID:	1409201456
Payment Terms:	Net 30 Days
Payment Due Date:	10/01/2025
Contract Start Date:	09/01/2025
Contract End Date:	08/31/2026
Tax Reference/VAT#:	
Purchase Order Number:	

Bill To
Jennifer D Byrd
Will County Community Health Center
1106 Neal Ave
Joliet IL 60433-2548
UNITED STATES

Ship To
Jennifer D Byrd
Will County Community Health Center
1106 Neal Ave
Joliet IL 60433-2548
UNITED STATES

Email Billing Questions to:
CAS@wolterskluwer.com

Email Remittances to:
cash.applications@wolterskluwer.com

Billing Phone:
+1 800-998-6374

ITEM	DESCRIPTION	QTY	AMOUNT (USD)
SSR	UpToDate®	1.00000	12,991.94

Sub Total (USD): $	**12,991.94**
Tax Amount (USD): $	**0.00**
Order Total (USD): $	**12,991.94**
Payments & Credits (USD): $	**0.00**
Total Amount Due (USD): $	**12,991.94**

Will County
Health Department &
Community Health Center

WILL COUNTY BOARD OF HEALTH
RESOLUTION #25-57

RESOLUTION OF THE WILL COUNTY BOARD OF HEALTH WILL COUNTY, ILLINOIS

APPROVAL OF QUALITY ACHIEVEMENT BONUSES FOR COMMUNITY HEALTH CENTER PROVIDERS - NOT TO EXCEED $30,500

WHEREAS, the Will County Board of Health formed a Compensation Committee in September 2020 to examine the compensation of Community Health Center providers; and

WHEREAS, the Committee and the Board of Health approved the quality achievement bonus program to bring provider salaries and compensation in line with area FQHCs; and

WHEREAS, the procedure includes the following considerations:

- A focus on priority elements that have a significant impact on patient wellness and management of chronic illness.
- Objective and measurable baseline data that have capacity for interval reporting
- Meaningful Use criteria
- Patient Satisfaction scores must be satisfactory
- Minimum sample size of 50 patients will be utilized for inclusion in bonus award; and

WHEREAS, the quality achievement bonus program incentivizes providers to meet or exceed their quality measures and therefore creates an improved quality of care; and

WHEREAS, 21 of the 27 eligible Community Health Center providers exceeded at least one quality measure goal for 2024.

NOW, THEREFORE, BE IT RESOLVED, the Will County Board of Health hereby approves the awarding of $30,500 for incentive bonuses for Community Health Center providers as follows:

2102-542590-120-34060-40	Dr. Abejide, DMD	$1,000
2102-542590-120-34060-40	Dolly Agba, APRN	$1,000
2102-542590-120-34060-40	Dr. Arauz, MD	$2,000
2102-542590-120-34060-40	Dr. Baumwell, MD	$1,500

2102-542590-120-34060-40	Ngozi Eboru, APRN	$1,000
2102-542590-120-34060-40	Dr. Faber, DMD	$1,000
2102-542590-120-34060-40	Dr. Flores, MD	$1,000
2102-542590-120-34060-40	Dr. Garg, DMD	$1,000
2102-542590-120-34060-40	Melissa Golden-Barnett, APRN	$1,000
2102-542590-120-34060-40	Dr. Hangora, MD	$1,000
2102-542590-120-34060-40	Trishna Harris, APRN	$3,000
2102-542590-120-34060-40	Miriam Kanan, APRN	$1,500
2102-542590-120-34060-40	Mutengwana Kasapu-Mwaba, APRN	$2,000
2102-542590-120-34060-40	Dr. Khapekar, DO	$1,000
2102-542590-120-34060-40	Whitney Lipscomb, APRN	$1,500
2102-542590-120-34060-40	Apis Nikrodhanond	$1,000
2102-542590-120-34060-40	Dr. Vadgaonkar, MD	$2,000
2102-542590-120-34060-40	Dr. Sharma, DDS	$1,000
2102-542590-120-34060-40	Dr. C. Vera, MD	$2,000
2102-542590-120-34060-40	Dr. T. Vera, MD	$2,500
2102-542590-120-34060-40	Dr. Williams, DO	$1,500
		$30,500

DATED THIS 17th day of September 2025.

Chief Paul Hertzmann, President
Will County Board of Health

2024 Provider Bonuses

			Dental					Behavioral Health								Pediatricians		
Quality Measures	**CMS**	**2024 Bonus Goals**	**Abejide**	**Faber**	**Garg**	**Nikrodhanond**	**Sharma**	**Beatty**	**Eboru**	**Flowers**	**Hangora**	**Ofori-Kuragu**	**Lipscomb**	**Udrow**	**Sampang**	**Flores**	**Khapekar**	**Golden-Barnett**
Employed 12/31/2024?			**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**yes**	**No**	**Yes**	**Yes**	**Yes**
Adult Weight Screening and Follow-up	CMS 69v12	> 80%							76.54%	40.28%	33.41%	76.25%	95.54%	0.00%				
Colorectal Cancer Screening	CMS 130v12	> 31%							1.75%	0.00%	3.38%	16.67%	0.00%	0.00%				
Diabetes Management; HgA1C ≤ 9.0 (Inverse)	CMS 122v12	< 34%							44.44%	100%	61.29%	40.00%	50.00%	0.00%				
Blood Pressure Control	CMS 165v12	> 67%							70.59%	0.00%	67.69%	50.00%	100.00%	0.00%				
OB/GYN Measures																		
Cervical Cancer Screening	CMS 124v12	> 65%							32.50%	40.00%	23.08%	33.33%	20.00%	0.00%				
Mammograms for women age 50-74	CMS 125v12	> 25%							0.00%	0.00%	1.37%	0.00%	0.00%	0.00%				
Pediatrics																		
Child/Adolescent Weight Screening and Follow-up	CMS 155v12	> 65%														99.11%	99.27%	87.29%
Childhood Immunization	CMS 117v12	> 40%														22.22%	25.20%	
Behavioral Health																		
Depression Screening and Follow-up	CMS 2v13	> 97%							92.64%	80.16%	40.84%	77.46%	92.76%	44.34%		92.14%	94.77%	75.26%
Dental																		
Dental Sealants Caries Prevention	CMS 74v13	> 97%	100%	100%	100%	100%	100%											
BONUS ACHIEVED FOR 2024			**$1,000**	**$1,000**	**$1,000**	**$1,000**	**$1,000**	**$0**	**$1,000**	**$0**	**$1,000**	**$0**	**$1,500**	**$0**		**$1,000**	**$1,000**	**$1,000**

Bonus structure:

$1000 for achievement of goal in 1 measure; **$500** for achievement of goal in each additional measure

* Providers must meet the minimum number of patients(50) to meet the measure to qualify for bonus

2024 Provider Bonuses

			Infectious Disease	OB							Family Practice				TOTAL
Quality Measures	**CMS**	**2024 Bonus Goals**	**Garganera**	**Arauz**	**Baumwell**	**Harris**	**Vadgaonkar**	**C. Vera**	**T. Vera**	**Williams**	**Agba**	**Byrd**	**Kanan**	**Kasapu-Mwaba**	
Employed 12/31/2024?			**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	
Adult Weight Screening and Follow-up	CMS 69v12	> 80%		48.37%	45.23%	71.09%	69.95%	64.50%	92.76%	45.75%	94.76%	49.73%	95.29%	95.23%	
Colorectal Cancer Screening	CMS 130v12	> 31%		14.52%	12.90%	41.03%	17.74%	18.84%	16.48%	6.45%	16.69%	11.58%	9.70%	15.34%	
Diabetes Management; HgA1C ≤ 9.0 (Inverse)	CMS 122v12	< 34%		37.04%	51.79%	15.38%	21.43%	47.06%	35.48%	38.89%	36.75%	36.11%	26.24%	32.18%	
Blood Pressure Control	CMS 165v12	> 67%		72.73%	67.19%	75.00%	60.00%	78.26%	73.53%	41.67%	59.56%	53.85%	60.61%	63.70%	
OB/GYN Measures															
Cervical Cancer Screening	CMS 124v12	> 65%		84.04%	84.24%	87.44%	81.75%	85.31%	85.71%	82.09%	57.83%	35.80%	54.27%	54.24%	
Mammograms for women age 50-74	CMS 125v12	> 25%		0.00%	1.30%	0.00%	10.53%	10.00%	9.52%	6.67%	2.07%	0.00%	0.00%	56.00%	
Pediatrics															
Child/Adolescent Weight Screening and Follow-up	CMS 155v12	> 65%	0.00%												
Childhood Immunization	CMS 117v12	> 40%													
Behavioral Health															
Depression Screening and Follow-up	CMS 2v13	> 97%	96.67%	97.52%	96.74%	97.83%	97.77%	97.77%	98.70%	98.02%	92.87%	82.46%	92.30%	92.36%	
Dental															
Dental Sealants Caries Prevention	CMS 74v13	> 97%													
BONUS ACHIEVED FOR 2024			**$0**	**$2,000**	**$1,500**	**$3,000**	**$2,000**	**$2,000**	**$2,500**	**$1,500**	**$1,000**	**$0**	**$1,500**	**$2,000**	**$30,500**

Bonus structure:

$1000 for achievement of goal in 1 measure; **$500** for achievement of goal in each additional measure

* Providers must meet the minimum number of patients(50) to meet the measure to qualify for bonus

Will County
Health Department &
Community Health Center

WILL COUNTY BOARD OF HEALTH
RESOLUTION #25-58

RESOLUTION OF THE WILL COUNTY BOARD OF HEALTH WILL COUNTY, ILLINOIS

APPROVAL TO ENTER INTO A LOCUM TENENS COVERAGE AGREEMENT WITH CONSILIUM STAFFING LLC

WHEREAS, the Community Health Center of the Will County Health Department provides medical, dental, and behavioral health services; and

WHEREAS, locum tenens providers may be needed to support program operations; and

WHEREAS, Consilium Staffing, LLC will provide locum tenens providers as contracted on an as-needed basis for a period of one year; and

WHEREAS, the Agency agrees to pay in accordance with Exhibit A, Fee Schedule of the attached agreement; and

WHEREAS, this agreement was approved by the Will County Governing Council on August 6, 2025.

NOW, THEREFORE, BE IT RESOLVED, the Will County Board of Health hereby approves the Locum Tenes Coverage Agreement with Consilium Staffing, LLC from August 7, 2025 through August 6, 2026.

DATED THIS 17th day of September, 2025.

Chief Paul Hertzmann, President
Will County Board of Health

CONSILIUM
YOUR PARTNER IN LOCUM TENENS

Agreement for Locum Tenens Coverage

This Agreement for Locum Tenens Coverage ("**Agreement**") is made effective as of the date fully executed below (the "**Effective Date**"), by and between Consilium Staffing, LLC., a Texas limited liability company (the "**Company**"), and the undersigned client ("**Client**"). Client and Company are sometimes referred to herein collectively as the "**Parties**" and each individually as a "**Party**." NOW, THEREFORE, in consideration of the premises and covenants contained herein, the sufficiency of which is hereby acknowledged by the Parties, the Parties hereto agree as follows:

1. Purpose. Client is an organization in need of qualified healthcare provider(s) (each a "**Provider**") to fill clinical positions with Client (each a "**Position**") by request (each a "**Locum Tenens Request**") and desires to engage Company to identify and present Provider candidates to fill such Positions (each an "**Assignment**") in exchange for the fees set forth in **Exhibit A** (the "**Fee Schedule**") all of which shall be subject to, and in accordance with, the terms of this Agreement. The Fee Schedule is attached hereto and incorporated herein as if fully set forth. The Fee Schedule may be amended from time to time by written agreement of the Parties (including in any Confirmation Letter) and any such amendments shall be deemed to automatically update the Fee Schedule and incorporate same into this Agreement without further formal amendment by the Parties.

2. Locum Tenens Services Provided by the Company. In exchange for the Fees, Company agrees to use Commercially Reasonable Efforts (defined below) to identify and present Providers for Client's consideration to fill Locum Tenens Requests submitted in accordance with this Agreement (the "**Locum Tenens Services**"). For the purposes of this Agreement, the term "**Commercially Reasonable Efforts**" means with respect to a given commercial objective, the efforts that a reasonable person in the position of the promising party, in the industry of the promising party, would use so as to achieve that commercial objective as expeditiously as is reasonably possible.

3. Presentation and Acceptance of Providers. From time to time, Client shall make a Locum Tenens Request to Company which shall include a description of the Assignment, the role and responsibilities required of the Provider, and any other details or requirements of the Position. Once Company receives the Request, it shall use its Commercially Reasonable Efforts to identify and present candidates to Client (the "**Presentation**"). Client agrees to notify Company within two (2) business days following presentation of a candidate if such candidate is previously known to Client. "Previously known" is agreed to mean that Client can provide documentation that the candidate was introduced to Client within the year prior to the Presentation, or Client can document independent recruitment of that candidate within the year prior to the Presentation. Client agrees that if Client accepts a candidate it shall be presumed that Company introduced the candidate to Client, and that the candidate was not "previously known" to Client. After receiving the Presentation, Client shall either accept or reject the candidate (or, in the event Client fails to respond to the Presentation within two (2) business days, the candidate shall be deemed rejected). If Client accepts the candidate, it shall communicate such acceptance to Company. Upon Company's receipt of Client's acceptance, the Assignment shall become binding on both Parties subject to the termination provisions of Section 12 (Term and Termination of the Agreement; Survival) herein.

4. Confirmation Letter. Following acceptance, Company shall deliver to Client a confirmation letter memorializing the terms of the Assignment in accordance with this Agreement (each a "**Confirmation Letter**"); provided, however, that failure by Company to deliver to Client a Confirmation Letter shall have no effect on the binding nature of the Assignment.

5. Professional Liability Insurance. Company will provide professional liability insurance ("**PLI**") coverage for Provider, under Company's group policy, solely while on Assignment with Client. Company's PLI coverage will be in the amount of no less than one million dollars ($1,000,000) per incident and three million dollars ($3,000,000) aggregate per year in all states other than Virginia and New York where limits of liability are higher as mandated by the state (the "**Company Insurance Policy**"). Client agrees to look solely to the Company Insurance Policy for any Claim or other liability suffered by Client arising out of, or relating to, a Provider's practice of medicine during an Assignment and/or the means or the quality of medical services furnished by any Provider, and Client hereby fully and completely releases, acquits, waives, and forever discharges the Company and its owners, employees, officers, and managers, in each case, from and against any and all such Claims which are not covered losses under the Company Insurance Policy.

6. Limitation on Company's Role. Company is not licensed to practice medicine and shall have no control as to the means or the quality of medical services furnished by any Provider, nor shall Company have any right or responsibility for making any determinations regarding any Assignment.

7. Client's Obligations. Client agrees to do the following for each Assignment:

(a) *Qualifications of Providers*. Client shall exercise its own independent judgment as to the professional qualifications of each Provider and whether each Provider meets the requirements of each Locum Tenens Request. Client shall assign each Provider to the area(s) of practice within such Provider's clinical competence. Client agrees not to rely on any representations or warranties by Company that are not specifically set forth herein in determining the fitness or other qualities of any particular Provider.

(b) *Adequate Support of Providers*. Client shall supply each Provider, according to such Provider's required specialty, with: (i) a reasonable coverage schedule; (ii) a reasonably maintained, usual and customary equipment and supplies; (iii) a suitable practice environment complying with acceptable ethical and procedural standards, and as necessary; and (iv) appropriately trained support staff, all so as to enable Provider to perform medical services in such Provider's specialty on comparable terms to other practitioners in the same specialty at Client's facility. Client shall be responsible for determining Provider's schedule, number of hours worked, number of patients seen, and all other requirements related to Provider's performance for the Assignment. Client shall be responsible for helping Provider obtain any hospital/facility privileges which may be required by Client for an Assignment. Client is responsible for all application fees or other fees associated with obtaining said privileges.

(c) *Fees for Services Performed by Provider*. Client is responsible for billing and collecting and may retain fees from services performed by Provider while on Assignment. Client is further responsible for making an independent determination as to how or what Client is able to bill for these services. In no way is Company involved in or responsible for Client's ability to bill or collect based on services performed by Provider.

(d) *Costs/Expenses*. If/when applicable, Client will pay the cost of Provider's round-trip transportation to and from Client's community and for costs of reasonable lodging local to Client and reasonable local transportation (i.e., rental car, etc.) for the duration of the Assignment. Should Client prefer, Company can make the required transportation and lodging accommodations on behalf of Client. In the event Company makes these arrangements at the request of Client, Client shall directly reimburse Company for all expenses incurred in providing necessary lodging and transportation, including any applicable service or administrative fees. Client may, in the alternative and by written agreement with Company, provide for and directly pay for those travel and lodging accommodations outlined in Section 8(a) herein. Upon request, an estimate of travel and lodging expenses can be included with the presentation of Provider(s) and documented in the Confirmation Letter, as defined in Section 3 herein.

(e) *Cooperation*. Client shall cooperate with Company's risk management and quality assurance departments and their efforts as it relates to a Provider working an Assignment with Client. This would include, but is not limited to, providing Company with prompt notice of a claim or any incident which may give rise to a claim under Company's professional liability coverage. Client will provide notice of the claim or incident, as well as all information related to that claim or incident.

(f) *Discrimination*. Client represents and warrants that it will not seek to terminate a Provider's locum tenens assignment, nor will it refuse a Provider's services, for a discriminatory reason, including the Provider's race, sex, national origin, religion, age, disability, marital status, veteran status, or any other protected classification.

8. Payment of Fees; Invoices.

(a) Client agrees to pay all Fees as set forth in the Confirmation Letter. Client shall timely deliver Company payment of the Fees as set forth in each invoice submitted by Company to Client (each an "**Invoice**"). Company will pay each

Provider on behalf of Client. Company will further arrange for travel and lodging accommodations for Provider(s), as may be necessary, to fulfill each Assignment.

(b) All Invoices submitted by Company to Client shall be due upon receipt of Invoice via ACH payment. In the event Client fails to pay an Invoice within thirty (30) days of the date of Invoice, Client agrees that interest shall accrue on the outstanding balance in such Invoice at a rate of four percent (4%) per month until such Invoice is paid in full. Under no circumstances is it the intent of Company to charge interest that exceeds the maximum amount allowed by the law. In order to satisfy any of the payment obligations, Client is hereby authorized by Company to initiate electronic debit or credit entries through the ACH system to Company's designated deposit account. Client is responsible for any fees associated with any patient compensation fund as applicable by state.

(c) Client agrees to pay Company all collection costs incurred by Company in efforts to enforce this agreement, including but not limited to attorney's fees and collection agency fees. Company reserves the right to investigate Client's credit background. Upon acceptance of Provider, Company reserves the right to require prepayment or a deposit if, in its sole discretion, Client's credit history warrants doing so.

(d) Client shall pay a premium if Provider is required to remain in the Client's community for New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving, Christmas, or any other Holiday observed by Client's facility ("**Holiday Premium**"). Holiday Premium is equal to one half of the Daily Rate (as defined in the Fee Schedule). If Provider works in the facility, Client shall pay the standard daily rate in addition to the Holiday Premium. Any hours worked beyond the normal daily schedule will be billed at the Premium Rate (as defined in the Fee Schedule). If Provider is on call, Client shall pay the On-Call Rate (as defined in the Fee Schedule) in addition to the Holiday Premium. All hours of patient contact while on call will be billed at the Premium Rate.

9. Compliance. Client shall comply with federal, state and local standards related to patient care, the practice of medicine, and all related activities. In the event an investigation of a Party is initiated by any state or federal governmental agency, or it is discovered that the representations contained herein are false, the other Party reserves the right to terminate this Agreement immediately. Client agrees not to use any information provided by Company regarding Providers for any unlawful reason, purpose or manner.

10. Providers as Independent Contractors; Taxes. Company and Client agree and acknowledge that Providers are independent contractors and are not working as employees of Company nor Client. Each Provider shall be responsible for the payment of all income, worker's compensation insurance premiums, Social Security, Medicare, and/or all other applicable state, federal and local taxes. All payments made to Providers by Company are done so on behalf of Client and at Client's direction.

11. Permanent Placement Fee. In the event Client, either directly or through Client's owners, directors, affiliates, subsidiaries, or related entities, retains, employs, or otherwise enters into any agreement (written or oral), on a temporary or permanent basis (each a "**Retention**"), any Provider (each a "**Retained Provider**") during the Restricted Period (defined below), other than pursuant to the terms of this Agreement, the Client agrees to pay Company the permanent placement fee described in the Fee Schedule (the "**Permanent Placement Fee**"). The Restricted Period means the two (2) year period following the later of: (a) the last day of the Retained Provider's Assignment; or (b) the date of the Presentation. If applicable, Client agrees to pay the Permanent Placement Fee within three (3) business days following the execution of the Retention of the Retained Provider. All Invoices submitted by Company to Client must be paid in full before Client may execute the Retention of a Provider during the Restricted Period. Company agrees to reduce Permanent Placement Fee by ten thousand dollars ($10,000) once provider has worked four hundred eighty (480) hours during such Retained Provider's Assignment. Client agrees to provide Company (30) days written notice to transition any Provider on a current Assignment to permanent status.

12. Term and Termination of the Agreement; Survival. This Agreement shall commence on the Effective Date and continue in full force and effect for a period of twelve (12) months ~~(the "**Initial Term**") and upon the expiration of the Initial Term shall automatically renew for subsequent twelve (12) month periods thereafter (each, a "**Renewal Term**" and all Renewal Terms, if any, together with the Initial Term referred to as the "**Term**")~~ unless earlier terminated in accordance herein. Subject to Section 13 herein, either Party may terminate this Agreement upon thirty (30) days' written notice to the other Party. Section 11 (Permanent Placement

Fee), Section 17 (Confidentiality), Section 19 (Indemnification), Section 20 (Miscellaneous), any payment obligations, and any other provision that, by its nature, should survive termination, shall survive the termination of this Agreement.

13. Termination of a Specific Assignment. Client may cancel and terminate a scheduled Assignment of a Provider (in each case, a "**Terminated Assignment**") for any or no reason in its discretion by providing at least thirty (30) days' prior written notice to Company. Client may cancel and terminate a scheduled Assignment immediately in the event that the Provider commits an act of negligence, gross negligence, or intentional misconduct (each a "**Termination with Cause**"). In such case, Client agrees to provide Company written documentation or other evidence demonstrating the basis for the Termination for Cause. Unless termination is Termination with Cause, Client agrees Company will be given a reasonable opportunity to communicate with Provider and will give Provider a reasonable amount of time to correct any deficiencies prior to immediate termination of the Assignment. In the event of any terminated Assignment, Client agrees to pay the Company: (a) all Fees through the effective date of termination; and (b) any remaining travel and lodging expenses in connection with terminated Assignment.

14. Other Termination Rights. Notwithstanding the foregoing, either Party may terminate this Agreement (and/or any Assignment) immediately upon written notice of the other Party's breach of Section 17 (Confidentiality) or any failure by such Party to timely deliver any payment obligation.

15. Remedies for Termination. Notwithstanding anything to the contrary in this Agreement, Client's sole remedy from Company for a Terminated Assignment is to submit a Locum Tenens Request to replace the departing Provider. The Company's sole obligation to Client in any Terminated Assignment is to use its Commercially Reasonable Efforts to replace the departing Provider.

16. Independent Contractors. The Parties' relationship shall be that of independent contractors, and neither Party shall have any authority to create an obligation, express or implied, on behalf of the other, except as expressly set forth herein. This Agreement shall not create any franchise, fiduciary, agency, partnership, joint venture, employment or special relationship between the Parties. Neither Party, nor the Party's employees, agents or representatives will be, or be deemed to be, employees, agents or representatives of the other Party for any purpose, including, without limitation, federal or state tax purposes.

17. Confidentiality. Each Party acknowledges that, from time to time, such Party (as a "**Receiving Party**") may receive information from or regarding the other Party (as a "**Disclosing Party**") in the nature of trade secrets or that otherwise is confidential (collectively, the "**Confidential Information**"), the release of which may be damaging to the Disclosing Party or persons with which it does business. Each Party shall hold in strict confidence the Confidential Information from the Disclosing Party that is identified as being confidential (and if that information is provided in writing, that is so marked), or that by its nature is confidential or a trade secret, and may not disclose it to any person, except for disclosures: (a) compelled by law (but the Receiving Party must notify the Disclosing Party promptly of any request for that information, before disclosing it, if practicable); (b) to advisors or representatives of the Receiving Party, but only if such recipients have agreed to be bound by the provisions of this Section 17; or (c) of information that Receiving Party also has received from a source independent of the Disclosing Party that the Receiving Party reasonably believes obtained that information without breach of any obligation of confidentiality.

18. Governing Law and Jurisdiction. This Agreement is enforceable according to the laws of the State of ~~Texas~~ Illinois. Any dispute arising under this Agreement, and by extension under any Confirmation Letter, shall be decided by a court of competent jurisdiction in ~~Dallas County, Texas~~ Will County, IL as the exclusive and proper jurisdiction and venue for any such dispute, with the exception of matters related to unpaid invoices which shall be decided by a court of competent jurisdiction in Dallas County, Texas.

19. Indemnification. (a) Client assumes all risk and liabilities for, and agrees to protect, defend, indemnify and hold Company, and its officers, directors, employees, agents, affiliates, divisions, successors, predecessors, representatives and assigns harmless from and against any and all claims, causes of action, damages, losses, liabilities, and costs and expenses, including but not limited to reasonable attorney's fees and costs (each a "**Claim**") arising or resulting directly or indirectly from Client's actions, omissions or negligence, the performance of this Agreement by Client and/or any of Client's duties or obligations hereunder, any breach of this Agreement by Client and the operation of Client's business. Client shall notify Company, in writing, of any such matter as soon as

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YOUR PARTNER IN LOCUM TENENS

Client becomes aware thereof; (b) Company assumes all risk and liabilities for, and agrees to protect, defend, indemnify and hold Client, and its officers, directors, employees, agents, affiliates, divisions, successors, predecessors, representatives and assigns harmless from and against any and all Claims arising or resulting directly or indirectly from Company's actions, omissions or negligence, the performance of this Agreement by Company and/or any of Company's duties or obligations hereunder, any breach of this Agreement by Company and the operation of Company's business, which are not conducted or otherwise performed in the exercise of reasonable care. Company shall notify Client, in writing, of any such matter as soon as Company becomes aware thereof.

20. Miscellaneous. Any information or notices required to be given under this Agreement shall be in writing and shall be delivered either by facsimile, electronic mail, certified mail, return receipt requested, a reputable messenger service or a nationally recognized overnight courier, or personal delivery with receipt acknowledged in writing. Notice shall be deemed delivered upon receipt by the receiving Party. All notices shall be addressed as set forth in the signature page of this Agreement. A Party's address may be changed from time to time by notice to the other Party in the manner set forth above. This Agreement represents the entire agreement between Client and Company relating to Provider coverage. This Agreement supersedes all previous agreements between Client and Company relating to Provider coverage. Confirmation Letters may amend this Agreement on a per Assignment basis only. All other amendments to this Agreement must be in writing and signed by both Client and Company. The invalidity of any part of this Agreement will not and shall not be deemed to affect the validity of any other part. In the event that any provision of this Agreement is held to be invalid, the Parties agree that the remaining provisions shall be deemed to be in full force and effect as if they had been executed by both Parties subsequent to the removal of the invalid provision. Except in the case of a change of control in which more than 50% of the ownership of either Party is transferred, the assignment to a wholly owned subsidiary, or the assignment to an affiliate or third-party entity with the same principal owners, the rights conferred on each Party by this Agreement are personal and may not be transferred or assigned without the other Party's express written consent. No person or entity other than Client and the Company (and their successors and permitted assigns) shall have any enforceable rights under this Agreement. This Agreement is not a third-party beneficiary contract. The failure of Client or the Company to insist, in any one or more instances, on strict performance of any of the provisions or terms of this Agreement shall not be construed as a waiver or relinquishment of any such provision or term, but the same shall continue and remain in full force and effect. This Agreement may be executed in two or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument, and all signatures need not appear on any one counterpart. Any counterpart or other signature delivered by facsimile or other electronic delivery method shall be deemed for all purposes as constituting good and valid execution and delivery of this Agreement by such Party.

The Parties acknowledge by their signatures below that they have read, understood, and agree to the terms within this *Agreement for Locum Tenens Coverage* and the attached Fee Schedule, and that the undersigned has authority to bind his/her respective Party to this Agreement

Will County Health
1106 Neal Ave
Joliet, IL 60433

Signed by: Stacy Baumgartner
3AD0612F5D9447...
Signature
Stacy Baumgartner
Printed Name
Chief Executive Officer
Title
8/7/2025 | 2:35 PM CDT
Date
8/7/2025 36-39781168
Federal Employer Identification Number & NPI Number

Consilium Staffing, LLC
6363 N. State Hwy 161 Suite 800
Irving, TX 75038

DocuSigned by: Mac Grimes
BA70E0E752F84AF...
Signature
Mac Grimes
Printed Name
Director of Client Sales
Title
8/7/2025 | 2:35 PM CDT
Date
27-4444881
Federal Employer Identification Number

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CONSILIUM
YOUR PARTNER IN LOCUM TENENS

EXHIBIT A
FEE SCHEDULE

Consilium presents these rates to establish an expectation for what you can anticipate when utilizing a locum tenens provider. As will be noted in the Confirmation Letter, Client agrees to an Operations Service Charge of fifty dollars ($50) per day worked by a Provider.

Specialty	Average Hourly Rate	Weeknight Call Rate	Weekend Call Rate*	Permanent Placement Fee	Permanent Placement Fee after 480 hours of Locums
Anesthesia – General	$390 -$450	$1500	$2880 - $3440	$50,000	$40,000
Anesthesia – Cardiac	$450-$550	$2000	$3120 - $4000	$50,000	$40,000
Anesthesia – Pediatric	$450-$550	$2000	$3120 - $4000	$50,000	$40,000
Critical Care Medicine	$285-$335	$325-$375	$1800-$2150	$50,000	$40,000
Dentistry	$1400-$1630 per day	n/a	n/a	$50,000	$40,000
Dermatology	$250-$305	$260-$310	$1850-$2150	$50,000	$40,000
Emergency Med., Level 1	$380-$430	n/a	n/a	$50,000	$40,000
Emergency Med., Level 2	$330–$365	n/a	n/a	$50,000	$40,000
Emergency Med., Level 3-4	$285–$315	n/a	n/a	$50,000	$40,000
Emergency Med. NP/PA	$165-$200	n/a	n/a	$40,000	$30,000
Endocrinology	$250-$275	$375-$425	$1700-$2000	$50,000	$40,000
Family Practice/Internal Medicine	$175–$215	$185	$700	$40,000	$25,000
Family Practice/Internal Medicine NP/PA	$140-$160	$130	$450	$35,000	$20,000
Hospitalist	$285–$315	n/a	n/a	$50,000	$40,000
Hospitalist NP/PA	$165-$200	n/a	n/a	$40,000	$30,000
Infectious Disease	$235-$290	$275-$325	$1750-$2050	$50,000	$40,000
Nephrology	$230-$280	$300-$350	$1800-$2100	$50,000	$40,000
Neurology	$295-$315	$475	$1000	$45,000	$35,000
Neurohospitalist	$350-$380	$550	$1100	$50,000	$40,000
Neurology NP/PA	$180-$210	$425	$850	$35,000	$25,000
Occupational Medicine	$165–$205	$215	$600	$40,000	$30,000
Pediatrics	$155–$195	$175	$500	$40,000	$30,00
Psychiatry-Outpatient	$265-$290	$450	$975	$45,000	$35,000
Psychiatry-Inpatient	$295-$315	$550	$1100	$45,000	$35,000
Psychiatric NP/PA	$165-$190	$425	$850	$35,000	$25,000
Psychology	$165-$190	n/a	n/a	$35,000	$25,000
Pulmonology	$255-$315	$350-$400	$2000-$2300	$50,000	$40,000
Rheumatology	$205-$255	$275-$325	$1700-$2000	$50,000	$40,000
Urgent Care	$210–$225	n/a	n/a	$42,000	$32,000
Urgent Care NP/PA	$145-$165	n/a	n/a	$35,000	$25,000
Urology	$240-$270	$300-$350	$1750-$2050	$50,000	$40,000

Specialty	Hourly/Clinic/Call back Rates	24 Hour Pager Call	Weeknight Pager Call (16 hours unless otherwise stated)	Permanent Placement Fees	Permanent Placement Fee after 480 hours of Locums
Cardiac Surgery	$450-$550	$5000-$5800	$2550-$2850	$55,000	$45,000
Cardiology Non Invasive	$350-$450	$4000-$4600	$2670-$3070	$55,000	$45,000
Cardiology Invasive	$400-$475	$4600-$5400	$3070-$3600	$55,000	$45,000
Cardiology Interventional	$400-$475	$4600-$5500	$3000-$3800	$55,000	$45,000
Gastroenterology General	$550-$600	$6500-$7500	$2200-$3000	$65,000	$55,000
Gastroenterology Interventional	$600-$700	$6800-$8000	$3000-$3800	$65,000	$55,000
General Surgery(Up to Level II)	$280-$355	$3800-$4300	$2535-$4300	$55,000	$45,000
OBGYN	$275-$335	$3800-$4300	$2535-$3000	$55,000	$45,000
OB Hospitalist	$275-$360	n/a	n/a	$55,000	$45,000
Orthopedic Surgery	$325-$405	$3800-$4500	$2500-$3000	$55,000	$45,000
Trauma Surgery(Level 1)	$375-$450	N/A	$1400-$2000(12 hrs.)	$55,000	$45,000

**The Weekend Call Rate will be charged for each twenty-four (24) hour period of a weekend in which a Provider is on call. Any hours a provider works in Client's facility while on call will be billed at the Premium Rate. A Premium Rate is calculated as 1.5 times the Hourly Rate, according to rate agreed to on Confirmation Letter. The Premium Rate shall be applied in instances where a provider works more than forty (40) hours in one calendar week when working a fulltime assignment, or more than eight (8) hours in a single day when working a part time assignment. ***Other specialty rates available if requested.*

SB initial

Will County
Health Department &
Community Health Center

WILL COUNTY BOARD OF HEALTH
RESOLUTION #25-59

RESOLUTION OF THE WILL COUNTY BOARD OF HEALTH WILL COUNTY, ILLINOIS

APPROVAL OF THE TRANSFER OF FUNDS – COMMUNITY HEALTH CENTER- $400,000

WHEREAS, the Community Health Center of the Will County Health Department periodically utilizes temporary staff and locum tenens providers to maintain staffing levels necessary for program operations until adequate staffing levels are achieved; and

WHEREAS, additional funding is needed in the temporary contracted and medical services budget codes to support on-going expenses; and

WHEREAS, sufficient funds exist in the full-time salaries, FICA, IMRF and health insurance budget lines due to unfilled positions.

NOW, THEREFORE, BE IT RESOLVED, the Will County Board of Health hereby approves the following transfer of funds in the FY2025 Will County Health Department budget:

Expenses:

Decrease:	2102-511010-120-34060-40	Salaries – Full Time	$255,000
Decrease:	2102-521010-120-34060-40	FICA	$ 15,000
Decrease:	2102-522010-120-34060-40	IMRF	$ 35,000
Decrease:	2102-523010-120-34060-40	Health Insurance	$ 95,000
Increase:	2102-542550-120-34060-40	Temporary Contracted	$250,000
Increase:	2102-542590-120-34060-40	Medical Services	$150,000

DATED THIS 17th day of September, 2025.

Chief Paul Hertzmann, President
Will County Board of Health

Will County
Health Department &
Community Health Center

WILL COUNTY BOARD OF HEALTH
RESOLUTION #25-60

RESOLUTION OF THE WILL COUNTY BOARD OF HEALTH WILL COUNTY, ILLINOIS

APPROVAL OF THE APPROPRIATION OF FUNDS FOR THE 340b PHARMACEUTICAL PROGRAM - $300,000

WHEREAS, the Community Health Center of the Will County Health Department participates in the 340b federal drug pricing pharmaceutical program administered by the Health Resources and Services Administration (HRSA) to purchase outpatient drugs at significantly reduced pricing and generate revenue to support program operations; and

WHEREAS, through additional clinical programs and expanded pharmacy enrollment, 340b program revenue and expenses exceed budgeted projections.

NOW, THEREFORE, BE IT RESOLVED, the Will County Board of Health hereby approves the additional appropriation of funds to the FY2025 Will County Health Department budget:

Revenue:			
Decrease:	2102-498010-120-34010-40	Anticipated New Revenue	$ 300,000
Increase:	2102-444770-120-34060-40	340b Pharmacy Program	$ 300,000
Expenses:			
Decrease:	2102-599010-120-34010-40	Anticipated New Expenses	$ 300,000
Increase:	2102-539020-120-34060-40	Drugs and Medicine	$ 300,000

DATED THIS 17th day of September, 2025.

Chief Paul Hertzmann, President
Will County Board of Health

Will County
Health Department &
Community Health Center

WILL COUNTY BOARD OF HEALTH
RESOLUTION #25-61

RESOLUTION OF THE WILL COUNTY BOARD OF HEALTH WILL COUNTY, ILLINOIS

APPROVAL TO ADOPT THE FY2025-2026 PURCHASED VACCINATION FEE SCHEDULE

WHEREAS, the Family Health Services division of the Will County Health Department provides recommended childhood and adult vaccines and international travel vaccines; and

WHEREAS, the Family Health Services division participates in government sponsored programs to receive free childhood and select adult vaccines which are provided to eligible uninsured and under-insured individuals at the program allowed administration fee; and

WHEREAS, the Family Health Services division also purchases vaccine for individuals ineligible for government sponsored programs and/or vaccines unavailable through government sponsored programs; and

WHEREAS, the Family Health Services division periodically reviews and updates purchased vaccination fees as necessary to cover vaccine costs and to maximize revenue.

NOW, THEREFORE, BE IT RESOLVED, the Will County Board of Health hereby approves the adoption of the purchased vaccination fee schedule, effective October 1, 2025.

DATED THIS 17th day of September, 2025.

Chief Paul Hertzmann, President
Will County Board of Health

Family Health Services, Immunization Program Purchased Vaccine Fee Schedule Vaccine Worksheet - FY25/26		a Greater of Cost, 50th x GAF, or Est Reimb	b Excise Tax	c Vaccine Admin Fee	a+b+c 50th x GAF + Excise Tax + Vaccine Admin Fee = Total Proposed Fee	Proposed Fee FY2026	Current FY25 Fee	
90380HD/99211HD	*RSV-Infant Beyfortus 50 mg	$ 749.65	$ 0.75	$ 40.00	$ 790.40	$ 791.00	$ 549.00	*
90381HD/99211HD	*RSV-Infant Beyfortus 100 mg	$ 748.61	$ 0.75	$ 40.00	$ 789.36	$ 790.00	$ 549.00	*
90382HD/99211HD	RSV- Infant - Enflonsia (Merck)	$ -		$ 40.00		$ -	NEW	
90593HD/99211HD	Chikungunya (Vimkunya)	$ 334.00	$ 0.75	$ 40.00	$ 374.75	$ 375.00	NEW	
90611HD/99211HD	Jynneos- Monkey Pox Vaccine	$ 328.00	$ -	$ 40.00	$ 368.00	$ 368.00	$ 281.00	*
90619HD/99211HD	MenQuadfi (MCV4)	$ 246.05	$ 0.75	$ 40.00	$ 286.80	$ 287.00	$ 275.00	
90620HD/99211HD	Men B Bexsero 2 dose	$ 302.58	$ 0.75	$ 40.00	$ 343.33	$ 344.00	$ 313.00	
90621HD/99211HD	Men B- Trumenba	$ 274.31	$ -	$ 40.00	$ 314.31	$ 315.00	$ 304.00	*
90623HD/99211HD	Penbraya-Meningitis A, B, C, W, Y	$ 317.24	$ 0.75	$ 40.00	$ 357.99	$ 358.00	$ 283.00	*
90625HD/99211HD	Cholera Vaccine (Vaxchora)	$ 334.00	$ -	$ 40.00	$ 374.00	$ 374.00	$ 365.00	
90626HD/99211HD	TICO VAC Tick-borne Encephalitis (1-15 y/o)	$ 369.00	$ -	$ 40.00	$ 409.00	$ 409.00	$ 366.00	*
90627HD/99211HD	TICO VAC Tick-borne Encephalitis (16y/o+)	$ 369.00	$ -	$ 40.00	$ 409.00	$ 409.00	$ 366.00	*
90632HD/99211HD	Hepatitis A-Adult Havrix	$ 130.88	$ 0.75	$ 40.00	$ 171.63	$ 172.00	$ 169.00	
90633HD/99211HD	Hepatitis A-Ped/Adol 2 dose	$ 73.29	$ 0.75	$ 40.00	$ 114.04	$ 115.00	$ 113.00	
90636HD/99211HD	Twinrix (Hep A & B)	$ 186.37	$ 1.50	$ 40.00	$ 227.87	$ 228.00	$ 223.00	
90647HD/99211HD	Hib-3 dose	$ 58.63	$ 0.75	$ 40.00	$ 99.38	$ 100.00	$ 97.00	
90651HD/99211HD	HPV-Gardasil 9	$ 384.25	$ 0.75	$ 40.00	$ 425.00	$ 425.00	$ 407.00	
90653HD/G0008HD	Fluad for 65 years & older	$ 87.95	$ -	$ 35.40	$ 123.35	$ 124.00	$ 123.00	
90656HD/G0008HD	Fluarix	$ 37.69	$ 0.75	$ 35.40	$ 73.84	$ 74.00	$ 78.00	
90656HD/G0008HD	Flulaval	$ 37.69	$ 0.75	$ 35.40	$ 73.84	$ 74.00	$ 78.00	
90661HD/G0008HD	Flucelvax (egg free)	$ 52.35	$ 0.75	$ 35.40	$ 88.50	$ 89.00	$ 83.00	
90662HD/G0008HD	Fluzone High-Dose-65+	$ 87.95	$ 0.75	$ 35.40	$ 124.10	$ 125.00	$ 116.00	
90670HD/99211HD	Prevnar 13	$ 337.13	$ 0.75	$ 40.00	$ 377.88	$ 378.00	$ 369.00	
90675HD/99211HD	Rabies Vaccine Rabavert	$ 515.12	$ -	$ 40.00	$ 555.12	$ 556.00	$ 522.00	
90677HD/99211HD	Prevnar 20	$ 431.36	$ -	$ 40.00	$ 471.36	$ 472.00	$ 479.00	
90678HD/99211HD	RSV- Adult Abrysvo (Pfizer)	$ 426.13	$ -	$ 40.00	$ 466.13	$ 467.00	$ 389.00	
90679HD/99211HD	RSV- Adult Arexvy (GSK)	$ 374.83	$ -	$ 40.00	$ 414.83	$ 415.00	$ 394.00	
90681HD/99211HD	Rotarix-2 dose	$ 206.26	$ 0.75	$ 40.00	$ 247.01	$ 248.00	$ 240.00	
90683HD/99211HD	RSV-mResvia (Moderna)	$ 352.00	$ 0.75	$ 40.00	$ 392.75	$ 393.00	NEW	
90690HD/99211HD	Oral Typhoid	$ 124.59	$ -	$ 40.00	$ 164.59	$ 165.00	$ 157.00	
90691HD/99211HD	Typhim VI-inject	$ 180.08	$ -	$ 40.00	$ 220.08	$ 221.00	$ 215.00	
90696HD/99211HD	Kinrix (DTaP/IPV)	$ 108.89	$ 3.00	$ 40.00	$ 151.89	$ 152.00	$ 150.00	
90697HD/99211HD	Vaxelis (DTaP/IPV/Hib/HepB)	$ 224.06	$ 4.50	$ 40.00	$ 268.56	$ 269.00	$ 258.00	
90698HD/99211HD	Pentacel (DTaP/IPA/Hib)	$ 173.80	$ 3.75	$ 40.00	$ 217.55	$ 218.00	$ 212.00	
90700HD/99211HD	DTaP-under 7 Infanrix	$ 58.63	$ 2.25	$ 40.00	$ 100.88	$ 101.00	$ 100.00	
90707HD/99211HD	MMR	$ 135.06	$ 2.25	$ 40.00	$ 177.31	$ 178.00	$ 173.00	
90710HD/99211HD	MMRV/ProQuad	$ 372.73	$ 3.00	$ 40.00	$ 415.73	$ 416.00	$ 391.00	
90713HD/99211HD	IPV (Polio)	$ 64.91	$ 0.75	$ 40.00	$ 105.66	$ 106.00	$ 105.00	
90714HD/99211HD	Td Akorn	$ 58.63	$ 1.50	$ 40.00	$ 100.13	$ 101.00	$ 96.00	
90715HD/99211HD	Tdap-7+ Boostrix	$ 82.71	$ 2.25	$ 40.00	$ 124.96	$ 125.00	$ 123.00	
90715HD/99211HD	Tdap-7+ Adacel	$ 82.71	$ 2.25	$ 40.00	$ 124.96	$ 125.00	$ 123.00	
90716HD/99211HD	Varicella	$ 225.11	$ 0.75	$ 40.00	$ 265.86	$ 266.00	$ 234.00	
90717HD/99211HD	Yellow Fever Vaccine	$ 226.52	$ -	$ 40.00	$ 266.52	$ 267.00	$ 262.00	
90723HD/99211HD	Pediarix (DTaP/IPV/Hep B)	$ 160.19	$ 3.75	$ 40.00	$ 203.94	$ 204.00	$ 202.00	
90732HD/99211HD	Pnuemovax 23	$ 189.51	$ -	$ 40.00	$ 229.51	$ 230.00	$ 228.00	
90734HD/99211HD	Menveo (MCV4)	$ 219.87	$ 0.75	$ 40.00	$ 260.62	$ 261.00	$ 257.00	
90738HD/99211HD	Japanese Encephalitis (Ixiaro)	$ 396.81	$ -	$ 40.00	$ 436.81	$ 437.00	$ 429.00	
90744HD/99211HD	Hepatitis B-Ped/Adol 3dose	$ 64.91	$ 0.75	$ 40.00	$ 105.66	$ 106.00	$ 103.00	
90746HD/99211HD	Hepatitis B-Adult	$ 135.06	$ 0.75	$ 40.00	$ 175.81	$ 176.00	$ 171.00	
90750HD/99211HD	Shingrix	$ 276.41	$ -	$ 40.00	$ 316.41	$ 317.00	$ 309.00	
91304HD/90480HD	COVID- Novavax	$ 170.66	$ 0.75	$ 40.00	$ 211.41	$ 212.00	$ 144.00	*
91318HD/90480HD	COVID- Pfizer 6 mo-4 years	$ 123.55	$ 0.75	$ 40.00	$ 164.30	$ 165.00	$ 137.00	
91319HD/90480HD	COVID-Pfizer 5-11 years	$ 151.82	$ 0.75	$ 40.00	$ 192.57	$ 193.00	$ 152.00	
91320HD/90480HD	COVID-Pfizer Comirnaty 12+	$ 161.00	$ 0.75	$ 40.00	$ 201.75	$ 202.00	$ 167.00	
91321HD/90480HD	COVID-Moderna 6 mos-11 years	$ 210.45	$ 0.75	$ 40.00	$ 251.20	$ 252.00	$ 169.00	*
91322HD/90480HD	COVID-Moderna Spikevax 12+	$ 167.00	$ 0.75	$ 40.00	$ 207.75	$ 208.00	$ 195.00	

Avg Fee Not Available

New Vaccine - Price will be set based on cost

* FY25 Fee based on Cost

Will County
Health Department &
Community Health Center

PERSONNEL STATUS REPORT
SEPTEMBER 2025

EMPLOYEES	DATE
NEW	
Stephannie Pratt Administration Staff Accountant	9/2/25
Oluwabukola Oladoyin CHC Staff Nurse III	9/2/25
Ashley Moris BH Intake Counselor	9/29/25
Evelyn Vasquez FHS-WIC-NBO Administration Clerk I	9/29/25
PROMOTION	
Aishwarya Balakrishna Administration Health Equity Manager	9/29/25 (ARPA funded to 7/31/26/trans from FHS Community Health Educator II)
CONTRACTUAL EMPLOYEES	
Melissa Sporar CHC APRN	9/15/25 (1st yr. of 3 yr. contract 9/15/25-9/14/28)
Mutengwana Kasapu-Mwaba CHC APRN-Family Medicine	8/22/25 (1 yr. contract 8/22/25-8/21/26)
CONTRACTUAL	
Manju Suresh, DMD CHC Dentist	9/7/25 (PT) (1st yr. of 3 yr. contract 9/7/25-9/6/28)
OTHER	
Kathleen Burke BH BH Community Coordinator	8/25/25 (change in job title/function only)
Autumn Allen EH EH Intern	8/13/25 (Internship completed)
Haley Gibson BH BH Intern	7/29/25 (Temp internship completed)
Alexis Jimenez BH BH Intern	7/29/25 (Temp internship completed)
Kelsey Lopez BH Program Coordinator-Adult	9/2/25 (inc. for assuming addt'l supv. responsibilities)

TEMPORARY

Tegen Roman	9/15/25
Administration	(Temp PT, ARPA funded to 7.31.26)
Health Navigator	
Kylie Schmidt	9/15/25
BH	
Doctoral Intern-Seasonal Temporary	
Elizabeth Yung	9/15/25
BH	
Doctoral Intern-Seasonal Temporary	

RESIGNATION

Elizabeth Taylor	9/8/25
BH	
Mental Health Counselor III	

Approved: _____ _____
Chief Paul Hertzmann, President, Board of Health — Date

Recommended: _____ _____
Elizabeth Bilotta, Executive Director, WCHD — Date