

## Gaines, Rachelle

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**From:** Meghan Swain <mswain@malph.org>  
**Sent:** Tuesday, June 02, 2020 7:46 AM  
**To:** mho; PHYSICIANS Forum  
**Cc:** de la Rambelje, Laura (DHHS)  
**Subject:** MDHHS: Testing Priority Strategy Grid  
**Attachments:** Testing Priority Strategy Grid 052720.xlsx

### Meghan Swain, Executive Director

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**From:** de la Rambelje, Laura (DHHS) <[DelaRambeljeL@michigan.gov](mailto:DelaRambeljeL@michigan.gov)>  
**Sent:** Monday, June 01, 2020 8:55 PM  
**To:** Meghan Swain <[mswain@malph.org](mailto:mswain@malph.org)>  
**Cc:** Orlando Todd <[toddo@michigan.gov](mailto:toddo@michigan.gov)>; LyonCallo, Sarah (DHHS) <[lyoncallos@michigan.gov](mailto:lyoncallos@michigan.gov)>; Cotant, Molly (DHHS-Contractor) <[CotantM@michigan.gov](mailto:CotantM@michigan.gov)>  
**Subject:** Testing Priority Strategy Grid

Hello Meghan,

Would you please share this with Health Officers and Medical Directors? Thank you! Laura

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Hello Health Officers,

As discussed on last Thursday's call, attached please find the Testing Priority Strategy Grid for your review and use in locally-driven testing strategies.

Laura

Laura L.J. de la Rambelje  
Acting Director  
Division of Local Health Services

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**Interim Public Health Testing Utilization Plan (Revision Date: 5/27/20) SUBJECT TO CHANGE**

This document is meant to aid in selection and frequency testing of individuals and populations for COVID-19. CDC guidance for COVID-19 may be adapted by state and local health departments to respond to rapidly changing local circumstances. Clinicians should use their judgment to determine if a patient has signs and symptoms compatible with COVID-19 and whether the patient should be tested. Asymptomatic infection with SARS-CoV-2, the virus that causes COVID-19, has been reported. Most patients with confirmed COVID-19 have developed fever and/or symptoms of acute respiratory illness (e.g., cough, difficulty breathing) but some people may present with other symptoms as well. Other considerations that may guide testing are epidemiologic factors such as the occurrence of local community transmission of COVID-19 in a jurisdiction. Clinicians are encouraged to test for other causes of respiratory illness.

Other considerations that may guide testing are epidemiologic factors such as known exposure to an individual who has tested positive for SARS-CoV-2, and the occurrence of local community transmission or transmission within a specific setting/facility (e.g., nursing homes) of COVID-19. Clinicians are strongly encouraged to test for other causes of respiratory illness, for example influenza, in addition to testing for SARS-CoV-2. Another population in which to prioritize testing of minimally symptomatic and even asymptomatic persons are long-term care facility residents, especially in facilities where one or more other residents have been diagnosed with symptomatic or asymptomatic COVID-19.

SARS-CoV-2 can cause asymptomatic, pre-symptomatic, and minimally symptomatic infections, leading to viral shedding that may result in transmission to others who are particularly vulnerable to severe disease and death. Even mild signs and symptoms (e.g., sore throat) of COVID-19 should be evaluated among potentially exposed healthcare personnel, due to their extensive and close contact with vulnerable patients in healthcare settings. Additional information is available in CDC's Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease 2019 (COVID-19).

Testing Objective <sup>3</sup> "Use Cases"	Population <sup>2,10</sup>	Public Health Priority Populations	Clinical Assessment <sup>3, 10</sup>	Epidemiological Assessment <sup>4, 10</sup>	Clinical/Public Health Rationale	Frequency of Testing <sup>5, 10</sup>	Public Health Prioritization if Limited Resources <sup>10</sup>
Protection of vulnerable populations	Residents in congregate living settings serving individuals at most risk of severe consequences (e.g. long-term care facilities, assisted living)	HIGHEST	<p>Post-symptomatic</p> <p>Individual with known exposure to COVID-19 case</p> <p>Facility with at least 1 facility associated COVID-19 case</p>	<p>Based on past testing results</p> <p>Individual with known exposure to COVID-19 case</p>	<p>Consider a test-based strategy to discontinue isolation, if non-test based strategy is not utilized</p> <p>Rapid diagnosis, isolation, and treatment of suspected cases</p> <p>Rapid identification and containment through isolation and cohorting or (nursing home) transfer to regional hub</p>	<p>Twice, separated by 24 hrs</p> <p>Once, on identification of close contact exposure. Only repeat if symptoms develop</p> <p>At intake and repeated at least weekly until staff and residents/patients are all negative, 14 days after last positive. Consider increasing frequency if significant community transmission.</p>	<p>Low Priority (may be important clinically)</p> <p>High priority</p> <p>Highest priority: Prioritize facilities with highest prevalence of individuals at risk of severe consequences of infection (i.e., long-term care facility, homes for aged over general prison population)</p>
		Asymptomatic	<p>A region of medium risk or higher, or receiving patients from an area of medium risk or higher<sup>7</sup></p>	<p>Facility with at least one case</p>	<p>Rapid identification and containment through isolation and cohorting</p>	<p>At intake and repeated at least weekly until staff and residents/patients are all negative for 14 days after last positive test</p>	<p>Prioritize facilities with staff or transfers from facilities with known outbreaks; prioritize facilities with individuals most at risk of severe consequences of infection. If resources lacking, could test most likely exposed population within facility</p>
Protection of vulnerable populations	Residents in correctional facilities	HIGHEST	<p>Post-symptomatic</p> <p>Individual with known exposure to COVID-19 case</p>	<p>Based on past testing results</p> <p>Individual with known exposure to COVID-19 case</p>	<p>Consider a test-based strategy to discontinue isolation, if non-test based strategy is not utilized</p> <p>Rapid diagnosis, isolation, and treatment of suspected cases</p> <p>Rapid identification and containment through isolation and cohorting</p>	<p>Twice, separated by 24 hrs</p> <p>Once, on identification of close contact exposure. Only repeat if symptoms develop</p> <p>At intake and repeated at least weekly until staff and prisoners in area of outbreak are all negative for 14 days after last positive test</p>	<p>Low Priority (may be important clinically)</p> <p>High priority</p> <p>Highest priority: Prioritize facilities with highest prevalence of individuals at risk of severe consequences of infection (i.e., long-term care facility, homes for aged over general prison population)</p>
		Asymptomatic	<p>A region of medium risk or higher, or receiving patients from an area of medium risk or higher<sup>7</sup></p>	<p>Facility with at least one case</p>	<p>Rapid identification and containment through isolation and cohorting within the facility</p>	<p>At intake and repeated at least weekly until staff and prisoners in area of outbreak are all negative for 14 days after last positive test</p>	<p>Prioritize facilities with staff or transfers from facilities with known outbreaks; prioritize facilities with individuals most at risk of severe consequences of infection. If resources lacking, could sample population within facility or could prioritize testing based on transiency of population (i.e., prison on lock down has less transience than a homeless shelter or county jail.)</p>

Testing Objective <sup>1,10</sup> "Use Cases"	Population <sup>2,10</sup>	Public Health Priority Populations	Clinical Assessment <sup>3,10</sup>	Epidemiological Assessment <sup>4,10</sup>	Clinical/Public Health Rationale	Frequency of Testing <sup>5,10</sup>	Public Health Prioritization if Limited Resources <sup>10</sup>
Low income workers in risky professions (migrant agricultural, meat packing, animal husbandry)	HIGHEST	Asymptomatic	Individual with known exposure to COVID-19 case	Rapid diagnosis, isolation, and treatment of suspected cases	Once, on identification of close contact exposure. Only repeat if symptoms develop	Highest priority	
		Post-symptomatic	Based on patient's testing result	Consider a test-based strategy to discontinue isolation, if non-test based strategy is not utilized	Twice, separated by ≥24 hrs	Low Priority (may be important clinically)	
Homeless shelters	HIGHEST	Asymptomatic	People who have been going to work in industries seeing recent outbreaks	Proactive response to low access to testing; potential for exposure through housing, travel, and worksite; inability to self-quarantine/essential workforce, and occurrence of multiple outbreaks in meat packing, poultry and agricultural sites	Every two weeks until outbreaks these at risk industries no longer occurring	Prioritize testing to facilities with known outbreaks or that share staff/customers with facilities with known outbreaks	
		Asymptomatic	Individual with known exposure to COVID-19 case A region of medium risk or higher, or receiving patients from an area of medium risk or higher <sup>7</sup>	Rapid diagnosis, isolation, and treatment of suspected cases	Rapid test on intake; following contact with known case	Highest priority	
Jails	HIGHEST	Asymptomatic	Individual with known exposure to COVID-19 case A region of medium risk or higher, or receiving patients from an area of medium risk or higher <sup>7</sup>	Individuals have little control over environment or ability to control personal exposure. Ongoing risk due to transient nature of housing.	Using rapid testing at intake and every two weeks following contact with known case	Prioritize testing at intake for all facilities. Prioritize testing all individuals in facilities with known outbreak	
		Post-symptomatic	Based on patient's testing result	Transient population	Rapid test on intake; following contact with known case	Highest priority	
				Consider a test-based strategy to discontinue isolation, if non-test based strategy is inappropriate	Rapid test on intake and transfer; every 14 days for those who remain in the facility	Prioritize testing at intake for all facilities. Prioritize testing all individuals in facilities with known outbreak	
					Twice, separated by ≥24 hrs	Low Priority (may be important clinically)	

Testing Objective <sup>3</sup> Use Case <sup>4</sup>	Public Health Priority Populations <sup>5, 10</sup>	Clinical Assessment <sup>1, 10</sup>	Epidemiological Assessment <sup>4, 10</sup>	Clinical/Public Health Rationale	Frequency of Testing <sup>5, 10</sup>	Public Health Prioritization if Limited Resources <sup>10</sup>
Protection of essential service workforce	Healthcare workers	Asymptomatic	Individual with known exposure to COVID-19 case A region of medium risk or higher <sup>7</sup>	Rapid diagnosis, isolation, and treatment of suspected cases Reduce exposure at workplace and prevent exposure to the public	Once, on identification as contact. Only repeat if symptoms develop Every two weeks until no longer medium risk region	Highest priority High priority
		Post-symptomatic	Based on patient's testing result	Consider a test-based strategy to discontinue isolation, if non-test based strategy is not utilized	Twice, separated by 224 hrs	High priority if non-test based strategy is not utilized
	Health care facility workers in congregate living settings, first responders	Asymptomatic	Individual with known exposure to COVID-19 case Working in facility with COVID-19 outbreak	Rapid diagnosis, isolation, and treatment of suspected cases Reduce exposure at workplace and prevent exposure to the public	Once, on identification as contact. Only repeat if symptoms develop	Highest priority Highest priority
		HIGHEST	Individual with known exposure to COVID-19 case	Rapid diagnosis, isolation, and treatment of suspected cases	Once, at least three to four days after close contact exposure. Only repeat if symptoms develop	High priority
	Non-healthcare essential service workers	Asymptomatic	People who have been going to work in a region of medium-high risk or higher <sup>7</sup>	Consider initial test to set baseline and biweekly testing follow up to reduce exposure at workplace and prevent exposure to the public	Every two weeks until no longer medium-high risk region	Lower priority
			People in service professions with daily close contact with the public, in a region of medium high risk or higher <sup>7</sup>	Consider initial test to set baseline and biweekly testing follow up to reduce exposure at workplace and prevent exposure to the public	Every two weeks until no longer medium-high risk region	Highest priority
		Workers who have been at home for 14 days for nonquarantine reasons who are returning to work in a region of medium high risk or higher <sup>7</sup>	These individuals have low likelihood of being exposed and testing utility is limited (risk of false positive could exclude someone from work)	Every two weeks until no longer medium-high risk region	Lower priority	

Testing Objective "Use Cases"	Population <sup>3,10</sup>	Public Health Priority Populations	Clinical Assessment <sup>3,10</sup>	Epidemiological Assessment <sup>4,10</sup>	Clinical/Public Health Rationale	Frequency of Testing <sup>5,10</sup>	Public Health Prioritization if Limited Resources <sup>10</sup>
Population with lack of access to testing	Racial/ethnic minority populations	HIGHEST	higher rates of severe outcomes	Populations who have had less access to COVID-19 testing; consider social vulnerability index	Increase testing rates per million per day in communities facing inequity in access (i.e., rate of testing in areas with higher proportion of racial/ethnic minorities is equal to or above that for majority areas)	Population strategy: daily mobile or pop up testing strategy in high need areas; be aware of lack of transportation; consider proactive strategy going directly to individuals in hard to reach populations	High Priority
Other workforce protection	Workers employed in occupations and settings other than noted above		Asymptomatic	Individual with known exposure to COVID-19 case. People in service professions with daily close contact with the public, in regions of medium risk <sup>7</sup> Sporadic cases, linked to travel/contacts outside community	Assurance of safe work environment and protection of general public receiving services Assurance of safe work environment and protection of general public receiving services	Once, on identification of close contact exposure. Only repeat if symptoms develop Bi-weekly (frequency recommendation may be adjusted based on level of ongoing exposure risk) Testing would depend on judgement of level of contact	High priority High priority Low priority
Healthcare facility infection control	Hospitalized patients		Asymptomatic	With or without close contact to a case	Rapid testing may be indicated for urgent surgical procedures, to allow anesthesia to make perioperative management adjustments as needed Reduce exposure at workplace and prevent exposure to the public	Once, on identification of close contact exposure. Only repeat if symptoms develop Once, on admission. Only repeat if symptoms develop	High priority High priority
Contact tracing	Persons identified through public health contact tracing or cluster investigations (i.e. case contacts)	HIGHEST	Post-symptomatic	From a region of medium risk or higher <sup>7</sup> Based on patient's testing result, if a test based strategy is utilized	Consider a test-based strategy to discontinue isolation, if non-test based strategy is not utilized	Twice, separated by ≥24 hrs	Lower priority (clinical prioritization may differ)
Community surveillance	Persons prioritized by health departments or clinicians; for any reason, including but not limited to: public health monitoring, sentinel surveillance, or screening of other asymptomatic individuals according to state and local plans	HIGHEST	Asymptomatic	High risk exposure to confirmed case (i.e., within 6 feet for more than 10 minutes, household member, or close droplet exposure) Sporadic cases, linked to travel/contacts outside community	Rapid diagnosis, isolation, and treatment of suspected cases and information for contacts Assess trends for early warning of public health system	Once, on identification of close contact exposure. Only repeat if symptoms develop 250 samples per week	Highest priority High Priority
				Transmission at any level	Determine community prevalence of history of infection and possible immunity (not yet determined) via serologic testing	PROTOCOL UNDER DEVELOPMENT	Low priority

Testing Objective <sup>2</sup> Use Cases <sup>8</sup>	Population <sup>2,10</sup>	Public Health Priority Populations	Clinical Assessment <sup>3,10</sup>	Epidemiological Assessment <sup>4,10</sup>	Clinical/Public Health Rationale	Frequency of Testing <sup>5,10</sup>	Public Health Prioritization if Limited Resources <sup>10</sup>
Clinical evolution and management	Hospitalized patients	Symptomatic	With or without close contact <sup>8</sup> to case <sup>9</sup>	Rapid diagnosis, isolation, and treatment of suspected cases	If negative, repeat in 1-3 days to confirm if true negative vs. false negative	Highest priority	
		Post-symptomatic	Based on patient's testing result	Consider a test-based strategy to discontinue isolation, if non-test based strategy is inappropriate	Twice, separated by 24 hrs	Low public health priority, clinical prioritization may differ	
	Non-hospitalized patients	Asymptomatic	Patient has close contact with known case or from a region of medium risk or higher <sup>7</sup>	Rapid diagnosis, isolation, and treatment of suspected cases	Once, on identification as contact. Only repeat if symptoms develop	High priority	
		Symptomatic	With or without close contact to case	Rapid diagnosis, isolation, and treatment of suspected cases	If negative and other work-up also negative, may repeat testing in 1-3 days if symptoms are persisting or worsening	Highest priority	
		Post-symptomatic	Based on patient's testing result	Consider a test-based strategy to discontinue isolation, if non-test based strategy is inappropriate	Twice, separated by 24 hrs	Low public health priority, clinical prioritization may differ	
		Asymptomatic	Known close contact to COVID-19 Case	Rapid diagnosis, isolation, and treatment of suspected cases and information for contacts; self-quarantine is acceptable strategy	Once, on identification as contact. Only repeat if symptoms develop	High priority	
<b>Notes:</b> 1. All testing indicated above is with Nucleic acid testing, except for use of serologic testing for Community Surveillance 2. Test results are highly dependent on the prevalence of COVID-19 in each population. In populations with low prevalence of COVID-19 infection and in asymptomatic individuals the likelihood of false-positive test results is increased. A negative test means that the SARS-CoV-2 RNA was not present in the specimen above the limit of detection. A negative result does not rule out COVID-19 and should not be used as the sole basis for treatment or patient management decisions. A negative result does not exclude the possibility of COVID-19. 3. Symptomatic refers to signs or symptoms of potential COVID-19 infections: fever, cough, shortness of breath, chills, muscle pain, new loss of taste or smell, vomiting or diarrhea and/or sore throat 4. Case contacts may occur in a healthcare setting or community setting 5. There is currently no guidance as to recommended frequency for repeating testing. Frequency should be based on a determination of a person's level of ongoing risk of exposure since a single negative test cannot rule out the possibility of active early infection or becoming infected in the subsequent days to weeks. 6. Updated guidance available at: <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html</a> 7. A region of medium risk or higher based on 7-20 lab confirmed cases per million population per day; 2 weeks decreasing cases per million population per day; 2 weeks decreasing positivity. Medium-High risk region has 20-40 cases per million population per day or <2 weeks decreasing cases or >10-20% positivity. A local health department may also assess community transmission assessed as presence of cases not involved in a known outbreak (unidentifiable source). 8. Close contact is defined as a) being within approximately 6 feet (2 meters) of a COVID-19 case for 15 minutes; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case; or b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on). 9. Case: person who has had a positive lab diagnostic test or clinical diagnosis of COVID-19 10. Prioritization in a county/city should take place in consultation with the Local Health Department							



**Gaines, Rachelle**

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**From:** Meghan Swain <mswain@malph.org>  
**Sent:** Tuesday, June 02, 2020 3:06 PM  
**To:** mho  
**Subject:** RELEASE: Governor Whitmer Signs Executive Order To Protect Migrant Agricultural Workers Living in Congregate Housing

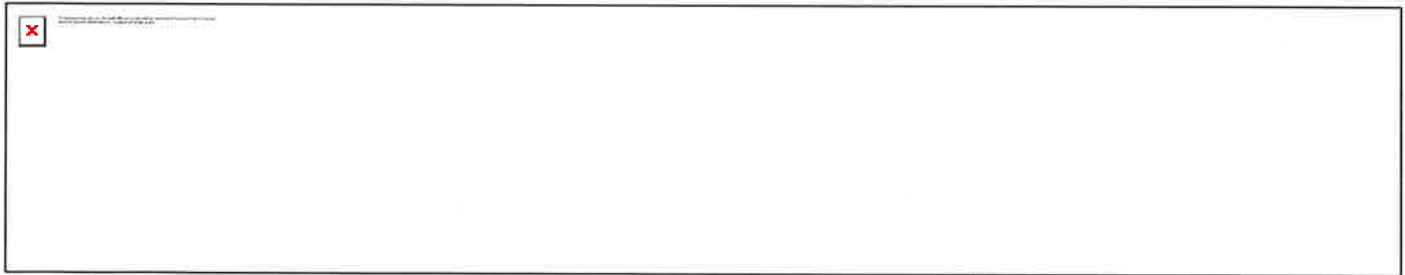
**Meghan Swain, Executive Director**

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**From:** Michigan Executive Office of the Governor <mieog@govsubscriptions.michigan.gov>  
**Sent:** Monday, June 01, 2020 9:05 PM  
**To:** Meghan Swain <mswain@malph.org>  
**Subject:** RELEASE: Governor Whitmer Signs Executive Order To Protect Migrant Agricultural Workers Living in Congregate Housing



**FOR IMMEDIATE RELEASE**  
June 1, 2020  
Contact: [press@michigan.gov](mailto:press@michigan.gov)

**Governor Whitmer Signs Executive Order To Protect Migrant Agricultural**

## Workers Living in Congregate Housing

**LANSING, Mich.** — Governor Gretchen Whitmer today signed Executive Order 2020-111, which provides additional requirements and procedures to keep agricultural workers and the food supply safe from the effects of COVID-19.

“It’s critical for Michiganders to have access to healthy and nutritious food grown right here in our state, and one of the best ways to ensure that is to make sure migrant agricultural workers are protected against the spread of COVID-19,” **Governor Whitmer** said. “This Executive Order will save lives and help keep the state’s agricultural sector running smoothly and consistently.”

Executive Order 2020-111, which takes effect immediately and expires on June 29, requires owners and operators of employer-provided migrant housing licensed by the Michigan Department of Agriculture and Rural Development (MDARD) provide residents with the same safeguards businesses are required to provide workers under Executive Order 2020-97. This includes creating a COVID-19 response plan, providing Personal Protective Equipment and following social distancing measures.

Housing owners and operators must also:

- Separate beds by at least 6 feet or more in all directions wherever possible and encourage residents to sleep head-to-toe.
- Provide isolation housing for COVID-19-infection who have not received a positive result from a COVID-19 test, unless the resident resides in a single-family housing unit or family living unit that is part of a multifamily unit and can effectively isolate themselves.
- Provide housing, dining and bathroom facilities for COVID-19-confirmed residents separate from residents who are not COVID-19-confirmed.
- Ensure regular ventilation of rooms where COVID-19-affected residents are housed.
- Ensure anyone who delivers food and water to isolated residents is equipped with appropriate PPE.
- Arrange for COVID-19-affected residents to be evaluated by a medical provider through the local health department or federally qualified health center.
- Adopt any additional infection control measures consistent with guidance issued by the Department of Health and Human Services (DHHS).

“COVID-19 can spread easily in settings where many people live in close proximity, such as the migrant housing where thousands of migrant agricultural workers live in Michigan each year,” **Governor Whitmer** said. “Migrant agricultural workers are an essential workforce in Michigan and securing their health and well-being will help ensure Michigan’s food supply chain is not disrupted.”

Information around this outbreak is changing rapidly. The latest information is available at [Michigan.gov/Coronavirus](https://Michigan.gov/Coronavirus) and [CDC.gov/Coronavirus](https://CDC.gov/Coronavirus).

To view Executive Order 2020-111, click the links below:

- [EO 2020-111 Emerg order - migrant worker protections.pdf](#)

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## Gaines, Rachelle

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**From:** Bowen, Ken  
**Sent:** Tuesday, June 02, 2020 3:15 PM  
**To:** Shaw, Chad; Hoskins, William S.  
**Subject:** FW: RELEASE: Governor Whitmer Signs Executive Order To Protect Migrant Agricultural Workers Living in Congregate Housing

**From:** Meghan Swain <[mswain@malph.org](mailto:mswain@malph.org)>  
**Sent:** Tuesday, June 2, 2020 3:06 PM  
**To:** mho <[mho@malph.org](mailto:mho@malph.org)>  
**Subject:** RELEASE: Governor Whitmer Signs Executive Order To Protect Migrant Agricultural Workers Living in Congregate Housing

### Meghan Swain, Executive Director

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**From:** Michigan Executive Office of the Governor <[mieog@govsubscriptions.michigan.gov](mailto:mieog@govsubscriptions.michigan.gov)>  
**Sent:** Monday, June 01, 2020 9:05 PM  
**To:** Meghan Swain <[mswain@malph.org](mailto:mswain@malph.org)>  
**Subject:** RELEASE: Governor Whitmer Signs Executive Order To Protect Migrant Agricultural Workers Living in Congregate Housing



**FOR IMMEDIATE RELEASE**

June 1, 2020

Contact: [press@michigan.gov](mailto:press@michigan.gov)

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year," **Governor Whitmer** said. "Migrant agricultural workers are an essential workforce in Michigan and securing their health and well-being will help ensure Michigan's food supply chain is not disrupted."

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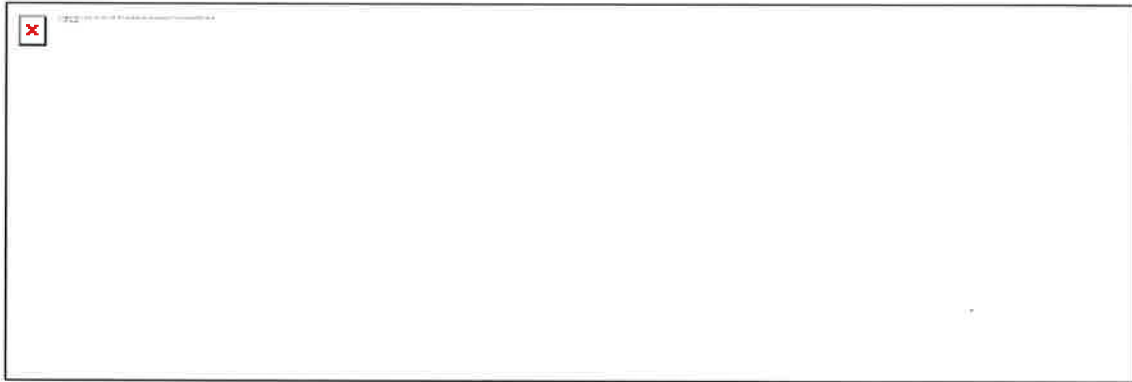


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**GOVDelivery** 

**From:** Michigan Department of Health and Human Services  
<MDHHS@govsubscriptions.michigan.gov>  
**Sent:** Tuesday, June 02, 2020 4:43 PM  
**To:** Bowen, Ken  
**Subject:** June 2, 2020 COVID-19 Daily Update



## **Michigan Department of Health and Human Services (MDHHS) Updates**

Important information for Migrant Housing and Coronavirus:

[English](#) | [Spanish](#)

[Mindfulness & Stress Resilience Activities](#)

### **Executive Orders**

[EO 2020-111](#) - Protecting the Food Supply and Migrant and Seasonal Agricultural Workers from the effects of COVID-19

### **Centers For Disease Control and Prevention (CDC) Updates**

- [Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease \(COVID-19\)](#)
- [For Parents: Multisystem Inflammatory Syndrome in Children \(MIS-C\) associated with COVID-19](#)

- [People Who Need to Take Extra Precautions](#)
- [COVID-19 Monitoring and Response Among U.S. Air Force Basic Military Trainees —Texas, March–April 2020](#)
- [Universal and Serial Laboratory Testing for SARS-CoV-2 at a Long-Term Care Skilled Nursing Facility for Veterans — Los Angeles, California, 2020](#)

## Other Updates

American Journal of Infection Control - [The effect of state-level stay-at-home orders on COVID-19 infection rates](#)

### [Michigan.gov/Coronavirus](https://www.michigan.gov/Coronavirus)

**Michigan COVID-19 Hotline**

1-888-535-6136

Monday to Friday 8 am - 5 pm

COVID19@Michigan.gov

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This email was sent to kbowen@ioniacounty.org using GovDelivery Communications Cloud on behalf of: Michigan Dept of Health & Human Services · 235 S. Grand Ave W. · Lansing, MI 48909 · 1-855-275-6424



## Gaines, Rachelle

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**From:** Bowen, Ken  
**Sent:** Thursday, June 04, 2020 9:19 AM  
**To:** Shaw, Chad  
**Subject:** FW: INPUT REQUEST BY 6/5/2020 Noon: Migrant Worker Testing Model  
**Attachments:** DRAFT COVID 19 Toolkit MCR.docx; Residential Camp Guidelines - 06.03.20.docx  
**Importance:** High

**From:** Meghan Swain <[mswain@malph.org](mailto:mswain@malph.org)>  
**Sent:** Thursday, June 4, 2020 9:13 AM  
**To:** mho <[mho@malph.org](mailto:mho@malph.org)>  
**Cc:** de la Rambelje, Laura (DHHS) <[DelaRambeljeL@michigan.gov](mailto:DelaRambeljeL@michigan.gov)>  
**Subject:** INPUT REQUEST BY 6/5/2020 Noon: Migrant Worker Testing Model  
**Importance:** High

### Meghan Swain, Executive Director

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**Subject:** INPUT REQUEST BY 6/5/2020 Noon: Migrant Worker Testing Model  
**Importance:** High

Hello Meghan,

Could you please send this to Health Officers? Thank you! Laura

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Hello Health Officers,

Poppy Hernandez from the Governor's Office joined the Agile Workgroup this morning, and will be joining us at 2pm today to speak with you about a draft migrant worker testing model. The draft is attached for your review and comments. **Please send any suggested edits and other commentary to Hailey McWilliams by tomorrow, Friday June 5<sup>th</sup> no later than Noon at [McWilliamsH@michigan.gov](mailto:McWilliamsH@michigan.gov).**

Thank you! Laura

Laura L.J. de la Rambelje  
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# COVID-19 Migrant Community Response Model Toolkit

Michigan.gov/Coronavirus

*Toolkit for Implementing a community-based response efforts in migrant communities during  
COVID-19 Pandemic*

**Purpose:** The toolkit is provided as a resource for local migrant communities to convene and coordinate response efforts for access to healthcare, essential needs and workplace safety supports.

**Process (led by Local Health Department):** Implement needs assessment and identify local resources and stakeholders to develop an approach to respond to needs. Convene workgroup with local partners – including owner/operator of food system facility/organizations. Workgroup takes planned action to respond to needs identified in survey and organizational profile. These actions should respond to the priority areas.



**Resources & Stakeholders:** The organizations included are essential resources for the workgroups during the COVID-19 pandemic for locally coordinated response efforts.

## Needs assessment

Needs assessment process is two-fold in that it includes the owner/operator to complete the survey and the Local Health Department to compile the survey data. The assessment is complete via a one-on-one interview combined with the results of the survey to document community/owner/operator profile. The community profile integrates the survey results with other important unique community information including: population size, health insurance accessibility, housing accessibility, and organizational capacity.

- Personal protective equipment
  - Information on COVID-19 treatment
- Staffing or personnel
  - Childcare
- Cash flow
  - Access to medical care
- COVID-19 Testing
  - Food assistance
- COVID-19 culturally competent awareness information
  - Help with basic needs for employees
- Identification of local resources
  - Transportation
  - Information and resources to support Isolation and quarantine

## Needs Assessment Survey Link

## Community Profile Summary

Migrant Community Response Profile	
Owner/Operator Demographics and Point of Contact	
Organizational/Community Needs	Healthcare Needs: Essential Needs: Workplace Safety supports:
Local Stakeholders / Partners	
Name/org/email/phone	

### Identify Local Resources & Stakeholders

Below is a guide of state and local resources to be used to identify specific community resources to partner in the community response model. These resources will play a critical role in action planning and implementation of the unique model.

#### County Health Department

##### Description of service

County Health Department serve as the primary local resource providing a large array of resources specific to COVID-19 to county residents. Professional staff assist with keeping residents informed of appropriate preventative measures, identify testing locations and provide information and resources to those who test positive. The health department completes contact tracing to help identify individuals who may have come into contact with individuals infected with COVID-19. Information about health departments in a specific community can be located at <https://www.michigan.gov/mdhhs/0,5885,7-339--96747--00.html>.

##### Key Contact

#### MDHHS Public Assistance Field Office

##### Description of service

MDHHS field offices assist with enrolling individuals in public assistance programs such as health care, food assistance, child day care, cash assistance and state emergency relief. Field offices can also assist with providing vehicle repairs if needed to support employment, in addition to connecting individuals and families to various community resources. Applications for public assistance benefits can be made on-line at [www.Michigan.gov/MiBridges](http://www.Michigan.gov/MiBridges) or by completing a paper application located at MDHHS offices. Many MDHHS field offices provide additional assistance to migrant and seasonal farm workers. These resources include multi-lingual staff that complete various outreach activities and assist with connecting families to childcare and other resources designed to assist migrant families.

##### Key Contact

## Local Community Action Agency

### Description of service

Local Community Action Agencies provide numerous human service resources to county residents including food pantries, meal delivery, housing assistance, utility assistance personal hygiene products and weatherization services. Specific to COVID-19, CAA's have developed resources to support isolation and quarantine through development of Q-boxes which contain various cleaning products and resources to allow individuals to stay safely at home. Additional information regarding CAA's is located at <https://mccac.memberclicks.net/>.

### Key Contact

## Federal Qualified Health Center (FQHC)

### Description of service

Federally Qualified Health Centers are community-based organizations providing primary and preventative health care benefits to individuals of all ages regardless of ability to pay for services. FQHC's can arrange COVID-19 testing for individuals directly or refer individuals to specific testing sites based on their circumstance. A listing of FQHC's can be found by visiting [https://npidb.org/organizations/ambulatory\\_health\\_care/federally-qualified-health-center-fqhc\\_261qf0400x/mi/](https://npidb.org/organizations/ambulatory_health_care/federally-qualified-health-center-fqhc_261qf0400x/mi/).

### Key Contact

## Michigan 2-1-1

### Description of service

Michigan 2-1-1 is a comprehensive and continually updated resource containing information on how to get help for a variety of human service needs. 2-1-1 connects individuals with resources that can help with housing, shelter, education, paying bills, food and more. Accessing 2-1-1 services can occur by visiting [www.mi211.org/](http://www.mi211.org/) or by call 2-1-1-.

### Key Contact

## SEOC/ Michigan State Police / Michigan National Guard

### Description of service

As a component of the Michigan State COVID19 Response efforts, Michigan State Police/National Guard and the SEOC can provide standalone population testing events in local communities through coordination with other stakeholders.

### Key Contact

Collaborative Planning with Community Stakeholders

### Collaborative Planning with Community Stakeholders:

It is important to bring together the various community entities to assist with solving concerns and problems unique to migrant communities that could impact our food systems. The local resources identified from contacts listed above should develop an asset map unique to each community. These entities will be actively engaged in action plan development and implementation to meet all needs identified in the assessment and asset mapping process. This process will also identify gaps in needed resources which could be supported by the state.

Action Plan Development

### Developing an action plan:

The template below provides a general framework for identifying approaches to resolve issues that have been identified for the grower, processor or producer. As items requiring action are identified, it is important that a person/local resource become responsible for taking specific steps to help resolve the issue by a specified target date. It is important to use the needs assessment/community profile to guide the sustained work efforts and progress reporting.

Category	Issue/Area of Concern	Identified Actions	Person Responsible	Target Date
1				
2				
3				
4				
5				

## Plan Check-in and Monitoring

### Plan Check-in and Monitoring:

After the action plan has been developed it is important to routinely review progress and adjust if necessary. Review of the plan with the group who assisted with creating it can ensure activities remain coordinated. Should additional needs be identified the plan can be updated to include these items in addition to steps needed to resolve them. Typical plans require frequent meetings and check ins initially but progressively can be spaced out according to workflow needs.





# Guidelines for Safe Residential/Overnight~~Day~~ Camp Operations During COVID-19

For Use in Licensed Children Day-Residential Camps  
Issued June ~~2XX~~, 2020

## Table of Contents

Introduction.....	3
Required Action: COVID-19 Preparedness and Response Plan .....	4
Recommended Mitigation Strategies Based on MI Safe Start Phase .....	5
Communication and Training.....	6
Monitor (Health Screening) for COVID-19 .....	7
Respond to Possible or Confirmed Cases of COVID-19 .....	10
Guidelines for Attending Camp.....	<u>1211</u>
Procedures for Preventing Disease Transmission .....	<u>1312</u>
Prepare Your Campsite and Activity Space.....	14
Practice Social (Physical) Distancing.....	<u>1615</u>
Use Appropriate Safety Equipment.....	2018
Additional Resources .....	<u>2119</u>

**Note:** This guidance was developed with consideration of printed materials from the Centers for Disease Control and Prevention (CDC), American Camp Association, Association of Camp Nurses, and Michigan Executive Orders. This guidance does not constitute legal advice and is subject to change. Licensees are encouraged to seek legal counsel to ensure their operations comply with all applicable laws, rules, and executive orders. LARA will continue to monitor best practices and will issue updated guidance as our collective knowledge of COVID-19 continues to improve. Visit [www.michigan.gov/coronavirus](http://www.michigan.gov/coronavirus) for updates. New versions of this document will be posted online and shared electronically with all licensed camps.

## Introduction

Day camp providers across the state have always prioritized the health and safety of the children in their care. With the spread of COVID-19, new health and safety protocols are necessary to ensure children, families, and staff members are as safe as possible.

This document is intended to help residential/overnight day camps operate safely during COVID-19. This document offers considerations and actions to take before opening for the season. It also includes specific health and safety protocols for residential day camps to follow during operations.

Some day camp providers are equipped and ready to begin operations and some may not be. If you have questions about how and when to reopen, your licensing consultant is available to help you consider your options. The Centers for Disease Control and Prevention (CDC) offers a [tool](#) to assist you in deciding whether you are ready to begin camp this summer. Multiple other relevant guidance documents from CDC and other organizations are referenced throughout these guidelines.

**Reminder:** All camps are required to follow Executive Orders issued related to COVID-19. Please visit [Michigan.gov/coronavirus](https://www.michigan.gov/coronavirus) for up-to-date information about whether a camp may operate. Links to pages specific to day camps are included throughout this document.

~~**Note:** Additional guidance about residential camps will follow. Residential camps may operate a day camp program within their residential license. Camps must notify licensing if this change of programming occurs. Licensed day camps may not have overnight programs at this time.~~

### **Required Action: COVID-19 Preparedness and Response Plan**

All businesses, including camps, that are open must develop and implement a **COVID-19 preparedness and response plan** consistent with the guidelines here. The response plan must be available at your camp or camp headquarters. Response plans must be made available to families and staff. Your response plan must be part of your health service policy and meet applicable camp licensing rules.

Your plan should include:

- How you will monitor symptoms of COVID-19.
- How your programs practice social distancing, as developmentally appropriate.
- How you will ensure hygiene (including regular cleaning and disinfecting).
- How you will obtain and use of safety equipment.
- Communication and Training to staff, parents, and campers related to new expectations.
- Isolation of procedure in case of symptoms or confirmed cases onsite.
- How to maintain required staff to camper ratios in the event of staff illness.

Your licensing consultant may request to review the response plan; however, response plans do not need to be submitted to licensing for approval.

It is strongly recommended that you discuss your plan with staff from the local health department so that all roles and responsibilities are clarified, and updated contact information is included. It is also recommended that the local health department be provided with a final version of your response plan. In most jurisdictions throughout Michigan, the local health department will be leading any case investigation and contact tracing in the event that a camper or staff develops symptoms of COVID-19 or is confirmed to have COVID-19. All determinations regarding isolation of ill campers/staff or quarantine of their close contacts will be at the direction of the local health department. Local health department staff are also prepared to assist with decisions regarding the need for clinical evaluation of campers or staff with COVID-19 symptoms and can connect you with timely testing resources in the area.

In every element of your plan, consider how to mitigate risk as you scale up operations. The scope and nature of mitigation required will vary depending on the level of COVID-19 in your community. For up-to-date assessments of COVID-19 epidemic spread and public health response capacity by region and county visit [Mistartmap.info](https://michigan.gov/mistartmap).

### Recommended Mitigation Strategies Based on MI Safe Start Phase

A continued high level of vigilance is advised until all communities in Michigan are able to reach the Post-Pandemic Phase (Phase 6), given the significant potential for re-emergence of COVID-19 at any time. In an effort to align guidance from CDC for camp programs that are based on thresholds set out in the federal Guidelines for Opening Up America Again (see [Whitehouse.gov/openingamerica/](https://www.whitehouse.gov/openingamerica/)), with the MI Safe Start Plan which is providing the roadmap for reopening the State of Michigan (also found at [Mistartmap.info](https://www.mistartmap.info)), the following table summarizes specific mitigation measures recommended by CDC to best protect campers, staff, and communities and slow the spread of COVID-19.

Guidelines for Opening up America Phase	Phases of Reopening		
	1	2	3
MI Safe Start Phase (as indicated by Executive Order)	3	4	5 and 6
<b>Recommended Day-Camp Mitigation Strategies for Each Reopening Phase</b>			
Camp participation restrictions by geographic areas	Limited to children of essential workers and other workers eligible to work per executive order	Open to all children from the local geographic area (within the same county or less than 100 miles)	Open to all children from Michigan counties or regions who are also in MI Safe Start Phases 5 or 6. Campers from border counties outside of Michigan can attend too.
Activity settings	Prioritize outdoor activities	Continue to prioritize outdoor activities; Limit indoor activities to only those where adequate social distancing can occur	Continue to prioritize outdoor activities; Limit indoor activities to only those where adequate social distancing can occur
Social distancing (to the maximum extent possible)	Social distancing observed between all campers, including those within the same group; Restrict sharing of objects	Social distancing observed between all campers, including those within the same group, particularly if cloth face coverings are not being worn; Restrict sharing of objects	Social distancing observed between all campers, including those within the same group, particularly if cloth face coverings are not being worn; Minimize sharing of objects
Interactions with other campers and staff	Maintain camper and staff groups that remain together all day, every day; Interactions with other campers and staff restricted	Maintain camper and staff groups that remain together all day, every day; Interactions with other campers and staff restricted	Maintain camper and staff groups that remain together all day, every day, with minimal mixing between groups and with other staff permitted

## **Communication and Training**

### **Proactively Contact Staff Members<sup>1</sup>**

Camps should reach out to all staff members to:

- Determine when staff members will return to work.
- Discuss concerns or questions staff members have about returning to work and discuss how you can address them together.
- Discuss any health concerns/conditions which may make a staff member at higher risk for complications if exposed to COVID-19. Take care to respect employee's privacy. Staff with underlying health conditions or at higher risk should consult with their primary care provider before committing to work.
- Share the steps you are taking, including the response plan, to make the camp as safe as possible.

### **Share Employees' Rights**

Under [Executive Order 2020-36](#), employees may not be discharged, disciplined, or otherwise retaliated against for staying home when he or she is at particular risk for infecting others with COVID-19 for the duration of the states of emergency and disaster. See the Executive Order for complete details on whether employees must be paid and when they must return to work.

### **Create a Staffing Plan**

- Assess staffing needs based on projected enrollment, the need to maintain groups of fewer than 10 campers, and the need to practice physical distancing.
- Consider how you will handle the potential need to isolate staff or allow for longer absences from work than normal.

### **Train Staff**

Camps are to train all staff about COVID-19 and their response plan. This includes:

- Workplace infection-control practices and preventative measures to limit the spread of COVID-19.
- The proper use of personal protective equipment.
- How to report unsafe working conditions.
- Signs and symptoms of COVID-19.
- Signs and symptoms to monitor for when an individual is sick with COVID-19.
- Staff obligation to notify camp administration of exposure or signs/symptoms of COVID-19.
- Camp response plan for suspected or confirmed case of COVID-19.
- Temperature screening and other expectations.

### **Provide Resources to Support Campers' Social Emotional Needs**

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<sup>1</sup> For purposes of the guidance document, the term staff members includes paid employees and volunteers.

Camps should partner with staff members to develop a plan to support the emotional reactions of campers returning to a social, structured environment like camp. Some campers will be excited, while some will have initial challenges with separation from their parent(s), and some may act out toward other campers. Whatever the reactions, staff may need some new tools in their toolkit to assist the camper with emotional regulation. The American Academy of Pediatrics offers helpful tools at [Healthychildren.org](https://www.healthychildren.org).

#### **Provide Resources to Support Staff Members' Social Emotional Needs**

To ensure the well-being of the campers, it is also imperative to ensure the well-being of their staff, and to provide them with the emotional and administrative supports necessary during this time of re-integration. The [Michigan Department of Health and Human Services](https://www.michigan.gov/health) offers helpful tools.

#### **Proactively Contact Families**

For ~~day~~ camps to operate as safely as possible, families will need to play a key role in risk mitigation. Camps should contact applicant parents and guardians that wish their child to attend camp to:

- Discuss concerns or questions families have about attending camp and how you can address them together.
- Educate parents on the response plan and new expectations related to COVID-19.
  - Explain that health screenings will be conducted daily.
  - Set the expectation that parents should screen their children at home before arriving at camp as well. Children with a fever or other COVID-19 symptoms should stay home.
- Explain the camp's communication plan including how the camp will communicate with parents about regular operations and health emergencies. Parents should provide multiple forms of contact information to allow operators to quickly contact parents if a camper gets sick and needs to be picked up.
- Discuss any health concerns/conditions which may make the child at higher risk for complications if exposed to COVID-19. Remind families that immunocompromised children and children with chronic health conditions should consult with their primary care provider regarding decisions about camp attendance.
- Camps that serve campers with disabilities should consult additional guidance from the [CDC](https://www.cdc.gov) on best practices for keeping campers safe.

While immunizations are not always required to attend camp, it is recommended that children should be up to date with current vaccination schedules to protect from vaccine-preventable infectious disease outbreaks, including influenza. If vaccines have been delayed as a result of the stay-at-home order, families should have a plan with their child's medical provider for catch-up vaccinations in a timely manner.

#### **Monitor (Health Screening) for COVID-19**

Camps are required to check for COVID-19 symptoms when campers and staff arrive daily. It is recommended that the checks are conducted before campers and staff enter campsites and/or

your facility. Family members dropping off campers should stay until campers have been cleared to stay for the day. Consider designating an area that allows for privacy and physical distancing. A re-check during the day is required if an individual appears sick or displays symptoms for COVID-19.

Use the following guidance to create and implement your own policies to monitor symptoms.

### Pre-Arrival Screening

Offering pre-screening before campers and staff head to camp will give insight into each individual's health status prior to arrival.

- Recommended the camp implements pre-screening of campers (with the assistance of parents/guardians) and staff members prior to arrival, they should self-monitor for 14 days and conduct pre-screening activities such as:
  - Taking and recording their own temperature for 14 days before camp.
  - Self-screening for the presence of symptoms (fever of 100.4 °F or greater, cough, shortness of breath, diarrhea, fatigue, headache, muscle aches, nausea, loss of taste or smell, sore throat, vomiting, etc.) within the past two weeks.
  - Determining if, within the past two weeks, the individual has traveled nationally or internationally. Exclusion from camp for 14 days upon return may be necessary if the camper or staff member recently visited a COVID hotspot.
  - Determining if the individual has been in close contact with a person who has been diagnosed with, tested for, or quarantined as a result of COVID-19.
- A 14-day pre-screening process is not necessary if the camp requires campers and staff to have a negative COVID-19 test within 72 hours to attending camp.

Note: The pre-arrival screening process does not replace the requirements for health screening upon arrival and continued monitoring of campers and staff outlined below.

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### Campers on Arrival

- Fever is the **key** indicator for youth. If a camper's temperature is above 100.4 degrees, the child should be excluded from camp. Cough and/or diarrhea in addition to fever is suggestive of coronavirus.
- When campers arrive:
  - Perform temperature checks. Have multiple thermometers available for screening. Thermometers should be cleaned and disinfected between uses, following the manufacturer's instructions. Temperatures can be taken orally or by a body scan/non-touch thermometer.
  - Ask parents:
    - Have you or your child been in contact with a person who has COVID-19?
    - Has your child felt unwell in the last 3 days? (fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, and/or diarrhea)



- Ask campers:
  - Have you felt unwell in the last 3 days? (fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, and/or diarrhea)
  - Are you feeling well today?
  - Additional screening questions can be added.
- Visually check the camper for signs of illness, including flushed cheeks, rapid or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness.
- If a camper has any symptoms or has been in contact with a person who has COVID-19, they should go home and not enter camp. See “Guidelines for Attending Camp” for more details about when sick campers can return.
- After campers arrive, continue to monitor symptoms throughout the day and monitor temperatures when campers appear ill or “not themselves.” If a camper shows symptoms, they should report to the designated area to meet with the Point of Contact (POC) (see more info later in this section about Point of Contact).

It is also important to remind campers and staff that many infected individuals will never experience any symptoms and others may only experience mild cold-like symptoms. While COVID-19 can cause severe disease in children and adolescents, as a whole they are more likely than adults to experience only mild symptoms or no symptoms at all. Because of the potential for asymptomatic transmission to occur, other precautions such as cloth face coverings and social distancing are key since nobody knows whether or not they could be infectious and potentially infecting those around them at any given time.

#### **Staff on Arrival**

- When staff members arrive:
  - Perform temperature checks when staff arrive. Have multiple thermometers available for screening. Thermometers should be cleaned and disinfected between uses, following the manufacturer’s instructions.
  - Ask staff:
    - Have you felt unwell in the last 3 days? (fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, and/or diarrhea)
    - Are you feeling well today?
    - Additional screening questions can be added.
  - Staff arriving with fever at or above 100.4 degrees or other symptoms must be sent home.
- Staff should report contact with anyone outside of work who has had a documented case of COVID-19. Staff should be instructed to self-quarantine for 14 days if they have been exposed to COVID-19 and contact their doctor if they develop symptoms.

- If staff leave the campsite for any reason, they must follow the above health screening protocol upon return to the camp. It is recommended that the same standard be applied for staff member families living on site at the camp.

Camp staff members may be tested for COVID-19. Find a test site near you at [Michigan.gov/CoronavirusTest](https://Michigan.gov/CoronavirusTest).

### Parents/Guardians

You are a trusted voice for the families you serve. Talk to parents/guardians about the importance of these guidelines. Parents/guardians should be informed in advance of daily temperature checks and the protocol for sending children and staff home.

Camp should also create a plan for how parents/guardians should tell you about possible or confirmed cases of COVID-19. Parents/guardians should report possible illness if anyone in their household shows symptoms or has tested positive for COVID-19, including the child or family members if they or their children experience possible symptoms or have a positive test.

### Tips for Daily Implementation

The CDC offers guidance for [how to practically conduct these checks](#). Some additional recommendations:

- Make sure you have the necessary supplies for daily temperature checks including wipes, thermometers, alcohol-based hand sanitizer, tissues, cloth face coverings, etc.
- Make sure staff members are trained on the temperature check process and there is someone assigned to conduct monitoring. Camps should also have procedures in place regarding the personnel who are administering health screenings. Staff with underlying health conditions should not be in contact with children before they are screened.
- Be clear with families and staff about what happens if a child or staff member shows symptoms.
- Identify a staff person who will be responsible for handling questions and reporting about COVID-19 concerns. Employees should know who this person is and how to contact them.

### Respond to Possible or Confirmed Cases of COVID-19

Camps are a critical part of helping communities limit the spread of the virus.

- **A day-camp must identify a point of contact (POC) adult onsite during the camp operation to manage with health-related concerns.** This person should have a thorough understanding of the signs/symptoms of COVID-19, the COVID preparedness and response plan, and the camp health policy. All camp staff and families should know who this person is and how to contact them.
- **Monitor the health of staff and campers throughout the duration at camp the camp day.**
- **If someone becomes symptomatic at camp, send them home immediately.**

- Sick individuals should be immediately separated from all other campers and staff and either sent home or to a healthcare facility for evaluation depending on how severe their symptoms are. They should also follow CDC guidance: [What to do if you are sick](#).
- Procedures for safe transportation of sick campers or staff should be determined in advance. If an ambulance is being called to transport them to a hospital, they should be notified in advance that the person may have COVID-19. The [CDC](#) offers guidance for how to watch for warning signs that symptoms are escalating and how to keep yourself safe when caring for someone who is sick.
- If an individual cannot be picked up immediately, isolate the individual in a safe location until they can be picked up.
- Sick individuals should wear a cloth face covering (if tolerated by the camper and developmentally appropriate).
- Do not leave campers alone. Staff with underlying health conditions should not be involved in the care or monitoring of children who may become ill during the [duration at camp day](#).
- For staff: If a staff member begins to feel ill during ~~the day at camp~~, they should go home. If an individual is the only available caregiver, they should put on a cloth face covering (if not already on) and limit close interactions with campers until they can be relieved by another staff member.
- **If someone becomes symptomatic at camp, call your local health department to report exposure and determine whether close contacts need to leave camp.**
  - Contact your [local health department](#) to notify them about the camper or staff with COVID-19 symptoms and determine if their close contacts should be sent home as well. They will provide guidance regarding how to determine who should be considered a close contact. They will likely require that you isolate close contacts and send them home as soon as possible.
  - Your local health department will also advise you on when these close contacts can return. They will likely require the sick individual to have a negative COVID-19 test before close contacts (staff and campers) can return to camp or, if a test is positive (or not available), that staff and campers self-quarantine for 14 days.
  - Camps should also report this exposure to their licensing consultant.
- **Report exposure that occurs outside of camp.** If a camper, staff member, family member, or visitor to your camp becomes ill, you must contact your [local health department](#) and licensing consultant for next steps. Staff and families are also required to report to the camp if they become symptomatic or receive positive COVID-19 test results. When notifying parents that COVID-19 is present in the camp, remember to respect the privacy of individuals in your care by not sharing health information of a specific person.
- **Determine whether to close the camp based on guidance from your local health department.** If an individual in a shared area is identified with a positive test for COVID-19, the shared area should be closed until cleaned and disinfected, and everyone that came into close contact with the individual that tested positive needs to self-quarantine for at least 14 days.

- With the area closed, wait 24 hours or as long as possible before cleaning.
- Contact your local health department for guidance and best practices and to determine if your entire camp must close.
- Your local health department may also ask you to participate in contact tracing to limit the spread of the virus.

#### **Additional Guidance**

Additional guidance about how to monitor for symptoms and respond to possible cases of COVID-19 is available from the [Michigan Department of Health and Human Services](#), the [Centers for Disease Control and Prevention](#), and your local health department.

#### **Guidelines for Attending Camp**

Staff members and campers should stay home and self-isolate if they show symptoms of COVID-19.

If a camper has a fever or a cough, operators should follow their illness policy. At this time, it is recommended that campers be fever free for 72 hours without the use of medicine that reduces fever before returning to camp (even if other symptoms are not present). Campers should be referred to their primary care provider.

If a staff member or camper exhibits symptoms of COVID-19 or an individual tests positive for COVID-19, the individual must stay home until:

- They are fever-free for at least 72 hours without the use of medicine that reduces fevers **AND**
- Other symptoms have improved **AND**
- At least 10 days have passed since their symptoms first appeared or since they tested positive for COVID-19.

Most campers and staff members can return to camp based on improved symptoms and the passage of time. Local health departments may recommend that some individuals (for example, immunocompromised individuals) receive two negative tests in a row, 24 hours apart. You can view the full recommendations from the CDC [here](#).

If campers or staff were sent home because of possible exposure to a symptomatic individual at camp, local health departments will help guide decisions about when these individuals can return to camp.

Generally, individuals who are advised to self-quarantine at home while awaiting results of testing of the sick person they have had contact with will be permitted to return once that person tests negative for COVID-19. However, this may vary depending on how severely ill the person tested is and whether the clinicians evaluating them believe additional testing is warranted before COVID-19 is able to be adequately ruled out. If the sick individual tests positive for COVID-19 or a test is not performed, campers or staff who have been advised to self-quarantine will likely be required to remain home for the full 14-day quarantine period. Parents/ guardians should be encouraged to have back-up child care plans if the camper or a family member becomes ill or is required to self-quarantine due to possible COVID-19 exposure.

## Procedures for Preventing Disease Transmission

Camps should ensure the implementation of the following:

### Hand Washing

Reinforce regular health and safety practices with campers and staff. Wash hands often with soap and water for at least 20 seconds. This is especially important after blowing your nose, coughing, sneezing; going to the bathroom; and before eating or preparing food.

- Continue to implement CDC [handwashing guidelines](#). Wearing gloves does not replace appropriate hand hygiene.
- Soap and water are the best option, especially if hands are visibly dirty. If you use hand sanitizer, use an alcohol-based hand sanitizer with at least 60% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry. The hand sanitizer should remain out of the reach of young campers and be used under adult supervision.
- Consider adding additional handwash stations and time into your programming for handwashing.
- Cover cough or sneeze with a tissue or sleeve. The CDC has [flyers](#) you can print and post in your facility.

### Surface Cleaning and Disinfecting

Use robust cleaning protocols on at least a daily basis for items touched frequently. This may require designated cleaning staff. Research indicates that children touch items at significantly higher rates than adults.

#### Typical Cleaning for Non-Porous Surfaces

- Cleaning staff should wear disposable gloves (some operators may choose to also use goggles or a face shield) when recommended by cleaning products manufacturing guidelines.
- Using a detergent cleaning solution, spray 6 to 8 inches from the non-porous surface and wipe with clean paper towels (or according to manufacturer's instructions) to remove visible contamination, if present.
- Make sure the surface is dry before applying disinfectant.
- Review the instructions provided by the disinfectant manufacturer to note the concentration, application method, and necessary contact time. This will vary by product and type of cleaning activity.
- Allow the disinfectant to remain on the surface for the instructed time and wipe with paper towels.
- After a cleaning task is complete, remove the gloves and dispose. Carefully wash hands for at least 20 seconds with soap and water. Hand sanitizer may be used if water is not available and no visible dirt is observed on hands.
- Reusable aprons or work clothing may be used, if laundered or washed after use.

#### Typical Cleaning for Porous Surfaces

- CDC recommends removing or limiting use of soft and porous materials, such as area rugs and couches, as they are more difficult to clean and disinfect. Soft materials (such as blankets, coats, soft comfort items, or clothing) should be washed daily, either at the camp or the camper's home. The CDC offers tips on how to effectively [clean soft objects](#).

#### Common Areas

- Common areas require at least a daily deep clean. Use these guidelines from the CDC for [cleaning and disinfecting](#).
- Examples of frequently touched surfaces include tables, drinking fountains, door handles, hand railings, light switches, countertops, cabinet handles, desks, phones, keyboards, toilets, faucets, and sinks. Any other surfaces frequently touched by campers or staff should be cleaned and disinfected at least daily or, preferably, several times per day.
- Cleaning of outdoor structures made of plastic or metal can be carried out according to typical camp cleaning practices. More frequent cleaning of high touch outdoor surfaces, such as grab bars or railings, is recommended. Outdoor wooden surfaces, such as play structures or benches, can be cleaned according to standard camp practices and more frequently if needed to remove obvious soiling.
- Changing areas, locker rooms, toilets, showers, restrooms, and playground equipment should be cleaned and disinfected at least daily. If possible, it is encouraged that cleaning occur between use by small groups.

#### Shared Equipment/Items from Home

- Strive to provide adequate supplies to minimize sharing of high touch materials to the extent possible (art supplies, equipment, etc.). If that's not possible, limit use of supplies and equipment to one group of campers at a time and clean and disinfect between use.
- Items from home should ideally be stored in an individual storage space for each camper. When not practical, items from home shall be separated per their assigned small group and separate from other small groups.

#### Prepare Your Campsite and Activity Space

Camps should prepare their physical space to prevent the spread of COVID-19 and encourage social distancing, to the maximum extent possible.

- **Identify a location to safely isolate** individuals who develop symptoms during camp. Campers or staff members may become sick during camp hours. Identify a place where they can wait to be picked up.
- **Clean and disinfect frequently touched surfaces** within the camp and vehicles at least daily (for example, playground equipment, door handles, sink handles, drinking fountains). Ensure safe and correct storage and application of disinfectants and keep products away from campers.

- **Create a plan for how to use shared equipment** (such as harnesses, paddles, PFDs). The best practice is to limit use of these materials to one camper for the duration of camp.

Where it is not possible to eliminate shared use:

- Provide cleaning products (for example, alcohol spray or solution) where equipment is located.
  - Keep cleaning products with equipment as it moves around activity sites.
  - Ensure all staff and participants thoroughly wash or sanitize their hands before and after every use.
  - Ensure all parts of the equipment (including buckles, clips) are wiped down before and after use.
- **Rearrange seating to seat campers six feet apart** (when possible) and limit the number of campers sitting together.
    - ~~This is especially true for mealtimes.~~
    - ~~If you do family style meal service, modify your practice and have campers eat together, but not serve themselves.~~
  - **Use touchless trash cans** to provide a hands-free way to dispose of tissues and contaminants, if they are available.
  - **Ensure all building type ventilation systems operate properly** and increase circulation of outdoor air as much as possible by opening windows and screen doors, using fans, or other methods. Do not open windows and doors if they pose a safety or health risk (e.g., allowing pollens in or exacerbating asthma symptoms) risk to campers using the camp.
  - **Prepare your space to prevent spread and encourage physical distancing**, to the maximum extent possible. For example:
    - Remove or prohibit the use of activity equipment which cannot be easily cleaned or sanitized between use.
    - Divide large group spaces into manageable small areas to create separation.
  - **Consider aquatic venues** and ensure you have modified layouts of seating areas and provided physical barriers and guides to promote social distancing. Remove shared items that are difficult to clean regularly. Note: Cloth face coverings are not recommended for wear in water as they can become difficult to breathe through when wet. As a result, in the absence of any face coverings to protect those around the wearer, it is of even greater importance to promote physical distancing of at least 6 feet both in and out of the water.
  - **Plan your pick up and drop off location** to minimize the potential spread of COVID-19. See more details about drop off and pick up in the Practice Social Distancing section.
  - **Food/Meal Service** ~~This is especially true for mealtimes.~~
    - Expand the dining space or increase the number of dining spaces to allow diners to maintain physical distance. Encourage physical distance and increased spacing.

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- If possible, offer multiple meal times in an expanded window in order to decrease the number of diners in the dining area at a time. Clean and disinfect the dining area between meal times.
- Make stations available for diners to wash their hands with soap and water prior to eating. If handwashing stations are not available, station dispensers of alcohol-based hand sanitizer containing at least 60% alcohol at the entrance of the dining facility.
- Prioritize, encourage, and make available outdoor seating areas.
- It is recommended to decrease the table capacity by as much as 50 percent to support physical distancing between individuals.
- Avoid buffet style, salad bars, self-service, table, counter food service, and other configurations that require diners to use shared utensils. Prioritize use of "grab-n-go" services (i.e. box meals), in which meals are packaged or assembled on a tray for diners to retrieve.
- During family service, encourage counselor and/or staff (with clean/sanitized hands) to serve everyone from the tables serving dishes.
- Use touchless trash cans to provide a hands-free way to dispose of meal waste.
- Discontinue use of condiment dispensers. Offer condiment single use packets or small containers along side of the prepared meal.

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• **Bathrooms**

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- Avoid sharing common bathroom supplies (towels, soap, toothpaste, etc.). Instruct campers to bring their own bathroom supplies and a container for toiletries to be stored in for the duration of camp (for example, a bathroom tote or a 1-quart clear plastic bag labeled with their name).
- Campers should keep personal items in their bag or tote and store their bag or tote in a designated area.
- Keep soap, toilet paper, and paper towels well stocked in the bathroom stocked.
- Create a staggered bathing schedule and limit the number of people using the facilities at one time.
- Post the Handwashing sign from the CDC in the bathroom to remind campers and staff when and how to properly wash hands.

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If you do family style meal service, modify your practice and have campers eat together, but not serve themselves.

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**Practice Social (Physical) Distancing**

When creating a plan to safely provide care during COVID-19, remember "less is best." Limit group sizes, the number of staff members caring for campers, and the number of areas a camper is in during the day as much as possible. We acknowledge that physical distancing is very challenging at camp. These best practices identify steps camps can take to help.

**Maintain Consistent Groups**



Whenever possible, it is **strongly recommended** that group sizes be kept **to 10 or fewer campers** and camps spread out activities/groups across multiple areas. This is especially important in enclosed areas. A camp can have as many groups of 10 campers as necessary (within their licensed capacity) assuming they can maintain physical distancing and other requirements of this guidance document.

Review the specific mitigation strategies recommended based on your community's MI Safe Start phase earlier in this document. Social distancing within small groups is strongly ~~recommended, but~~ recommended but may not always be possible.

- Contact with external staff and between groups of campers should be limited. For example, playground time should be rotated between groups and specialist teachers (e.g. music, art) should be limited.
- ~~If nap or rest time is offered, place cots and mats at least six feet apart, when possible. Place bedding in head-to-toe positioning.~~
- No mixing of small groups.
- When small groups cross paths with each other or are sharing an area, adhering to strict hand hygiene, physical distancing, and when physical distancing cannot be maintained cloth face coverings be worn (for those staff and children that can tolerate) is highly recommended. Symptom screening and protocols on how to handle illness for staff and children need to be followed and enforced.

#### Sleeping Accommodations

- If possible, create at least six feet of space between beds unless utilizing head-to-toe orientation. Head-to-Toe orientation will allow four feet of space between beds.
- The use of a sleeping space by multiple small groups requires both individual and small group physical distancing.
- Position sleepers head-to-toe or toe-to-toe to maximize distance between heads/faces:
  - For bunk beds, position the head of the camper in the top bunk opposite the position of the camper in the bottom bunk.
  - For side-by-side beds, position the head of the camper in one bed opposite the position of the camper in the adjacent bunk.
  - For end-to-end beds, position the toes of each camper close to the other camper toes.
- Implementation of handwashing measures should be contemplated for the sleeping accommodation area.
- Sleeping Accommodations should be cleaned and sanitized consistent with common space cleaning practice.
- Campers should keep personal belongings organized and separate from other campers' belongings.
- Tent, yurt, and hybrid structures capacity is contingent upon physical distancing recommendations.

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### **Limit, or Eliminate, Use of Common Spaces**

To the extent possible, close common spaces. If common spaces remain in use, clean the space in between groups.

- Create smaller camper use areas when using large spaces to keep campers from gathering outside of their group.
- Stagger times for activities that require shared space or equipment, such as swimming, high adventure activities, or gym times

### **Camp Activities**

When scheduling activities, consider activities that are a lower risk. Risk of COVID-19 spread increases the more people a camper or staff member interacts with, the closer and longer duration each physical interaction is, and the more sharing of objects or equipment used during those interactions. Most close contact sports (e.g. basketball, baseball, soccer, football) should be discouraged unless significant modifications can be made that allow campers and staff to maintain at least 6 feet of distance from other participants and minimize sharing of commonly used objects such as basketballs, baseballs, baseball bats, etc.

When selecting activities consider:

- Amount of necessary touching of shared equipment and gear (for example, protective gear, balls, bats, racquets, mats, or water bottles)
- Ability of participants to engage in social distancing
- Age of camper. Older youth might be better able to follow directions for social distancing and take other protective actions like not sharing water bottles.
- Size of the group

In all activities, camps should make modifications or implement procedures that mitigate the risk of COVID-19 spread. Use the following resources to assess and mitigate the risk of your typical programming:

- [Considerations for Youth Sports](#), from the CDC
- [Considerations for Aquatic Venues](#), from the CDC
- [Guidance for Administrators in Parks and Recreational Facilities](#), from the CDC
- [Field Guide for Camps for Implementing of CDC Guidance](#), Section 7.0 for more details.

### **Plan for Inclement Weather**

Camps operate most of their programming outside. Plan for rainy, hot, or inclement weather days and ensure you have strategies to socially distance in your indoor spaces. A camp's capacity should be limited by the available indoor space that can be occupied while maintaining adequate social distancing.

### **Eliminate Field Trips/Traveling Groups**

Camps may only operate camp on their approved site. Field trips/Traveling groups to ~~other public spaces~~off-site spaces are not permitted at this time.

### **Assess Drop Off and Pick Up Times**

To minimize the potential spread of COVID-19, limit the number of individuals in your facility—at drop off, pick up, and throughout the day. Consider restructuring drop off and pick up times to allow for maximum physical distancing.

- Set up hand hygiene stations at the entrance of your facility so campers and parents can clean their hands. Use soap and water or hand sanitizer with at least 60% alcohol if soap and water are not available. The hand sanitizer should remain out of the reach of young campers and be used under adult supervision.
- Stagger arrival and drop off times and plan to limit direct contact with parents to the extent possible. If possible, have staff meet campers at curbside, near the facility, and escort them to the camp staging area. These practices need to be balanced with the impact on a camper's transition time, the parent's work schedule, and the impact on instructional time.
- Limit the number of people dropping off or picking up a child to one adult.
- Ask parents to avoid congregating in a single space or a large group.
- The CDC offers additional guidance for how to minimize potential spread of the virus during pick up and drop off.

### **Limit Non-essential Visitors**

- Restrict the individuals in your facility or home as much as possible. Limit non-essential visitors, volunteers, and activities including groups of children or adults.
- Licensing consultants are considered essential visitors.

### **Transportation**

Camps should continue to avoid non-essential travel. If travel is necessary, vehicles should be modified to allow for social distancing. Staff should limit non-essential work-related travel and participate in training and technical assistance virtually whenever possible.

Additionally, the American Camp Association recommends:

- Prepare to travel:
  - Stock disposable gloves, cloth face coverings, and cleaning supplies accessible for use on the vehicle.
  - Modify vehicles to allow for physical distancing. For example, on a bus rope off seats that should not be used.
  - If possible, use larger or more vehicles to allow for physical distancing.
- Before boarding:
  - Wash or sanitize hands.
  - Take the temperature of all children and staff members.
- While traveling:

- Practice good hygiene: cough or sneeze into your elbow or tissue and avoid touching your mouth, nose, and eyes.
- If possible, maintain physical distance by maximizing distance between yourself and other passengers. When vehicle capacity doesn't allow individual physical distancing then seat small groups together and physically distance between assigned small groups.
- Cloth face coverings should be worn by everyone in the vehicle, if possible.
- If re-boarding the vehicle, sit in the same seat, or your assigned seat, each time.
- After travel:
  - Clean and disinfect daily using appropriate cleaner and disinfectant for surfaces and clean surfaces between groups or route runs.
  - Follow the [CDC's cleaning protocols](#) for the vehicle.

### **Use Appropriate Safety Equipment**

Additional equipment is necessary in many settings to keep individuals safe. Camp staff do not need to wear N95 or surgical masks, smocks, or face shields, however other protective equipment is appropriate. Use these guidelines, as well as technical assistance from the [United States Department of Labor, Occupational Safety and Health Administration](#).

#### **Cloth Face Coverings: Staff Members**

Camps should establish (and consistently enforce) expectations for wearing cloth face coverings with staff members and families. Camps should also provide frequent reminders that wearing a cloth face covering is not for the protection of the wearer but rather for those around them. Given the possibility of asymptomatic transmission occurring, nobody knows if and when they may be actively infected and able to infect those around them. Wearing a cloth face covering is one of the most important ways to reduce transmission occurring in this manner.

- **Establish a policy for when cloth face coverings must be worn.** Per executive order, employers must develop a preparedness and response plan that includes when, where, how, and if employees are required to wear cloth face coverings. We currently recommend a cloth face covering as a best practice.
- **Provide cloth facing coverings to staff.** By [Executive Order](#), Governor Whitmer required all employers whose workers perform in person work to provide non-medical grade face coverings to their workers. This includes camps. Cloth face coverings, such as a homemade mask, scarf, bandana, or handkerchiefs, are best. N95 masks and surgical masks are not recommended at this time for staff (other than camp health officers). The [CDC](#) provides more guidance for how to properly wear and sanitize a cloth face covering.

- **Attend to children’s social emotional health.** Camps will need to use strategies to prepare campers for seeing staff in cloth face coverings and attend to camper’s emotional responses to this new normal. One option is for staff to share a picture of themselves with and without the covering in advance of attendance at camp. Another option is to use pediatric appropriate designs (for example, with child friendly designs or characters) made by community members who will donate them or produce them at an affordable price for camps.
- **For information on how to put on (don) and take off (doff) PPE see**  
[Cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html)

#### **Cloth Face Coverings: Children**

Camps should create their own policy for whether campers should wear a cloth face covering. Medical professionals recognize that many children will not reliably wear a cloth face covering and that required use may result in increased touching of the face which would negate the purpose. Campers may take the cloth face coverings off multiple times a day and in the process, it will possibly touch the floor and other objects making them a potential source of infection.

- **Establish your own policy** for whether children should wear cloth face coverings while at camp. This decision will depend on the age of the camper, number of campers in care, and the level of community spread, and any orders put in place by your local health department. If you maintain consistent groups, children do not need to wear one when within their consistent group.
- **If campers do wear cloth face coverings, ensure they can remove the face covering without assistance.** Cloth face coverings should never be placed on campers under age 2, anyone who has trouble breathing, or anyone unable to remove the face covering without assistance. The [American Academy of Pediatrics](https://www.aapublications.org/) provides tips for how to help children be more comfortable wearing cloth face coverings and provides more information to assist with your decision about whether to mandate use.

It is recommended that gloves be worn when handling contaminants, cleaning or when serving food. Staff members should wash hands before putting gloves on and immediately after gloves are removed. Gloves are not recommended for broader use.

#### **Additional Resources**

- [CDC Guidance for Camps COVID-19](https://www.cdc.gov/media/releases/2020/s1119-camps-covid-19.html)
- [CDC Considerations for Youth and Summer Camps](https://www.cdc.gov/media/releases/2020/s1119-camps-covid-19.html)
- American Academy of Pediatrics, [COVID-19 Resources](https://www.aapublications.org/)
- [American Academy of Pediatrics, Improving Health and Safety at Camp](https://www.aapublications.org/)
- American Camp Association [COVID-19—Resource Center for Camps](https://www.american-camp-association.org/)
- Association of Camp Nurses [Coronavirus COVID-19 Consideration for Camps](https://www.acnurses.org/)

## Gaines, Rachelle

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**From:** Meghan Swain <[mswain@malph.org](mailto:mswain@malph.org)>  
**Sent:** Thursday, June 04, 2020 9:28 AM  
**To:** mho  
**Cc:** de la Rambelje, Laura (DHHS)  
**Subject:** RESENDING: INPUT REQUEST BY 6/5/2020 Noon: Migrant Worker Testing Model  
**Attachments:** LHD20200603 Migrant Workers - Facility Survey.xlsx; DRAFT COVID 19 Toolkit MCR.docx

**Importance:** High

### Meghan Swain, Executive Director

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**From:** de la Rambelje, Laura (DHHS) <[DelaRambeljeL@michigan.gov](mailto:DelaRambeljeL@michigan.gov)>  
**Sent:** Thursday, June 04, 2020 9:20 AM  
**To:** Meghan Swain <[mswain@malph.org](mailto:mswain@malph.org)>  
**Cc:** Hernandez, Poppy <[HernandezP3@michigan.gov](mailto:HernandezP3@michigan.gov)>; Orlando Todd <[toddo@michigan.gov](mailto:toddo@michigan.gov)>; McWilliams, Hailey (DHHS-Contractor) <[McWilliamsH@michigan.gov](mailto:McWilliamsH@michigan.gov)>; Cotant, Molly (DHHS-Contractor) <[CotantM@michigan.gov](mailto:CotantM@michigan.gov)>  
**Subject:** RE: INPUT REQUEST BY 6/5/2020 Noon: Migrant Worker Testing Model  
**Importance:** High

\*\*\* Apologies, please disregard previous email, it had one wrong attachment. **Correct attachments included here.**\*\*\*

Hello Meghan,

Could you please send this to Health Officers? Thank you! Laura

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Hello Health Officers,

Poppy Hernandez from the Governor's Office joined the Agile Workgroup this morning, and will be joining us at 2pm today to speak with you about a draft migrant worker testing model. The draft is attached for your review and comments. **Please send any suggested edits and other commentary to Hailey McWilliams by tomorrow, Friday June 5<sup>th</sup> no later than Noon at [McWilliamsH@michigan.gov](mailto:McWilliamsH@michigan.gov).**

Thank you! Laura

Laura L.J. de la Rambelje  
Acting Director  
Division of Local Health Services  
Michigan Department of Health and Human Services  
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[delarambeljeL@michigan.gov](mailto:delarambeljeL@michigan.gov)

## Facility data collection approach

### Facility info

Facility name:

Facility type:

Street

City

ZIP

County

Lead contact name:

Lead contact role:

Lead contact phone:

Lead contact email:

If facility is a subsidiary of a parent company, parent name

### Facility size and staffing

What is peak number of staff in a typical year?

What is current number of staff?

What is the facility's primary activity/sub-industry

### Healthcare access

Does your organization provide health insurance coverage?

Do insured workers consistently access available healthcare services?

What care services and resources do uninsured workers use?

Where can workers receive COVID-19 testing (please list all sites, e.g., on-site, in local FQHC, at community drive-through)

How many workers have been tested?

How many workers have tested positive?

Please describe any barriers to increasing employee testing



Is culturally competent and language-accessible COVID-19 isolation/  
quarantine information available

Is culturally competent and language-accessible COVID-19 health  
education available?

Is culturally competent and language-accessible COVID-19 treatment  
information available?

#### Workplace safety and prevention

Do workers have adequate access to PPE, and is use of PPE enforced?  
What is the symptom screening process? (select all that apply)

What other steps is the facility taking to prevent infection?

Does the facility have an identified COVID response team or staff member?

If workers must quarantine, do they receive normal pay?

If workers must quarantine, do they receive paid sick leave as allowed  
under FFCRA?

What compensation plan is in place for workers not eligible for Pandemic  
Unemployment Assistance?

#### Essential services

Do workers have access to childcare?

What food assistance is available for workers?

Is there quarantine/isolation space available in housing facilities?

Do workers have access to cleaning supplies?

What local organizations are coordinating with the facility to support  
workers?

**(data type)**

Free response

*Drop-down/multiple choice (select one); options are*

*Dairy farm*

*Dairy processor*

*Meat processing plant*

...

...

...

*Other - Please Explain (with text box)*

Free response

Free response

Free response

Free response (or drop-down, if possible?)

Free response

Free response

Free response

Free response

Free response

**(data type)**

Number

Number

*Drop-down/multiple choice (select multiple); options are*

*Meat processing*

*Fruit & vegetable farming*

*Dairy farming & processing*

*Match to LEO*

*Other... Please Explain (with text box)*

**(data type)**

Yes/No

Yes/No

Free response

Free response

Number

Number

Free response

Free response

Yes/No

Yes/No

(data type)

Yes/No

*Drop-down*

*Daily temperature checks*

*Daily symptom survey/questionnaire*

*Other*

*(if other, free response)*

Free response

Yes/No

*(if yes, please share name and contact information for point of contact)*

Yes/No

Yes/No

Free response

(data type)

Yes/No

Free response

Yes/No

Yes/No

Free response

## Gaines, Rachelle

---

**From:** Bowen, Ken  
**Sent:** Thursday, June 04, 2020 9:35 AM  
**To:** Shaw, Chad; Hoskins, William S.  
**Subject:** FW: RESENDING: INPUT REQUEST BY 6/5/2020 Noon: Migrant Worker Testing Model  
**Attachments:** LHD20200603 Migrant Workers - Facility Survey.xlsx; DRAFT COVID 19 Toolkit MCR.docx

**Importance:** High

It looks like migrant camps may be next after LTCs. I am also hearing that it could be AFCs next. Stan – do you think we can use MRC again to do surveys if needed? They haven't directly asked us to survey the camps, but based on this email I am guessing that it is coming.

**From:** Meghan Swain <[mswain@malph.org](mailto:mswain@malph.org)>  
**Sent:** Thursday, June 4, 2020 9:28 AM  
**To:** mho <[mho@malph.org](mailto:mho@malph.org)>  
**Cc:** de la Rambelje, Laura (DHHS) <[DelaRambeljeL@michigan.gov](mailto:DelaRambeljeL@michigan.gov)>  
**Subject:** RESENDING: INPUT REQUEST BY 6/5/2020 Noon: Migrant Worker Testing Model  
**Importance:** High

### Meghan Swain, Executive Director

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**From:** de la Rambelje, Laura (DHHS) <[DelaRambeljeL@michigan.gov](mailto:DelaRambeljeL@michigan.gov)>  
**Sent:** Thursday, June 04, 2020 9:20 AM  
**To:** Meghan Swain <[mswain@malph.org](mailto:mswain@malph.org)>  
**Cc:** Hernandez, Poppy <[HernandezP3@michigan.gov](mailto:HernandezP3@michigan.gov)>; Orlando Todd <[toddo@michigan.gov](mailto:toddo@michigan.gov)>; McWilliams, Hailey (DHHS-Contractor) <[McWilliamsH@michigan.gov](mailto:McWilliamsH@michigan.gov)>; Cotant, Molly (DHHS-Contractor) <[CotantM@michigan.gov](mailto:CotantM@michigan.gov)>  
**Subject:** RE: INPUT REQUEST BY 6/5/2020 Noon: Migrant Worker Testing Model  
**Importance:** High

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Hello Meghan,

Could you please send this to Health Officers? Thank you! Laura

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Thank you! Laura

Laura L.J. de la Rambelje  
Acting Director  
Division of Local Health Services  
Michigan Department of Health and Human Services  
517-388-7302  
[delarambeljeL@michigan.gov](mailto:delarambeljeL@michigan.gov)

## Gaines, Rachelle

---

**From:** Bowen, Ken  
**Sent:** Thursday, June 04, 2020 9:39 AM  
**To:** Hoskins, William S.; Shaw, Chad  
**Subject:** RE: RESENDING: INPUT REQUEST BY 6/5/2020 Noon: Migrant Worker Testing Model

I'm reading through this and they are dumping the entire response on the locals from the looks of it.

**From:** Hoskins, William S. <[whoskins@ioniacounty.org](mailto:whoskins@ioniacounty.org)>  
**Sent:** Thursday, June 4, 2020 9:38 AM  
**To:** Bowen, Ken <[kbowen@ioniacounty.org](mailto:kbowen@ioniacounty.org)>; Shaw, Chad <[cshaw@ioniacounty.org](mailto:cshaw@ioniacounty.org)>  
**Subject:** RE: RESENDING: INPUT REQUEST BY 6/5/2020 Noon: Migrant Worker Testing Model

Just let me know and we will get them to do it.

Sgt. William S. Hoskins  
Ionia County Sheriff's Office  
Emergency Management Division  
100 W. Main Street  
Ionia, MI 48846  
(616)527-8283 office  
(616)902-4652 cell  
[whoskins@ioniacounty.org](mailto:whoskins@ioniacounty.org)



**From:** Bowen, Ken  
**Sent:** Thursday, June 4, 2020 9:35 AM  
**To:** Shaw, Chad <[cshaw@ioniacounty.org](mailto:cshaw@ioniacounty.org)>; Hoskins, William S. <[whoskins@ioniacounty.org](mailto:whoskins@ioniacounty.org)>  
**Subject:** FW: RESENDING: INPUT REQUEST BY 6/5/2020 Noon: Migrant Worker Testing Model  
**Importance:** High

It looks like migrant camps may be next after LTCs. I am also hearing that it could be AFCs next. Stan – do you think we can use MRC again to do surveys if needed? They haven't directly asked us to survey the camps, but based on this email I am guessing that it is coming.

**From:** Meghan Swain <[mswain@malph.org](mailto:mswain@malph.org)>  
**Sent:** Thursday, June 4, 2020 9:28 AM  
**To:** mho <[mho@malph.org](mailto:mho@malph.org)>  
**Cc:** de la Rambelje, Laura (DHHS) <[DelaRambeljeL@michigan.gov](mailto:DelaRambeljeL@michigan.gov)>  
**Subject:** RESENDING: INPUT REQUEST BY 6/5/2020 Noon: Migrant Worker Testing Model  
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## Meghan Swain, Executive Director

Michigan Association for Local Public Health | PO BOX 13276 | Lansing, MI 48901

[p:] 517.485.0660 | [f:] 517.485.6412

[e:] [mswain@malph.org](mailto:mswain@malph.org) | [w:] [www.malph.org](http://www.malph.org)



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517-388-7302

[deLaRambeljeL@michigan.gov](mailto:deLaRambeljeL@michigan.gov)

## Gaines, Rachelle

---

**From:** Bowen, Ken  
**Sent:** Thursday, June 04, 2020 9:55 AM  
**To:** Eric Pessell; Meghan Swain; mho  
**Cc:** William Nettleton  
**Subject:** RE: INPUT REQUEST By 10am Monday June 8: Residential Camp Guidance

Also I don't know if anyone has read the migrant document yet, but they are dumping that whole response on us from the looks of it.

**From:** Eric Pessell <[EPessell@calhouncountymi.gov](mailto:EPessell@calhouncountymi.gov)>  
**Sent:** Thursday, June 4, 2020 9:54 AM  
**To:** Meghan Swain <[mswain@malph.org](mailto:mswain@malph.org)>; mho <[mho@malph.org](mailto:mho@malph.org)>  
**Cc:** William Nettleton <[WNettleton@calhouncountymi.gov](mailto:WNettleton@calhouncountymi.gov)>  
**Subject:** RE: INPUT REQUEST By 10am Monday June 8: Residential Camp Guidance

Is this a serious request? We cant even go to a barber yet and we are going to allow children to spend the night, indoors, in a camp??? I am at a loss...

Eric Pessell, REHS, BA  
Health Officer  
Calhoun County Public Health Department  
190 E. Michigan Avenue  
Battle Creek MI 49014  
269-969-6370-office  
269-953-2344-cell  
[www.calhouncountymi.gov/publichealth](http://www.calhouncountymi.gov/publichealth)

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**From:** Meghan Swain <[mswain@malph.org](mailto:mswain@malph.org)>  
**Sent:** Thursday, June 4, 2020 9:27 AM  
**To:** mho <[mho@malph.org](mailto:mho@malph.org)>; Matt Bolang <[mbolang@livgov.com](mailto:mbolang@livgov.com)>; NAF <[naf@malph.org](mailto:naf@malph.org)>  
**Subject:** INPUT REQUEST By 10am Monday June 8: Residential Camp Guidance  
**Importance:** High

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**Meghan Swain, Executive Director**

Michigan Association for Local Public Health | PO BOX 13276 | Lansing, MI 48901

[p:] 517.485.0660 | [f:] 517.485.6412





**From:** de la Rambelje, Laura (DHHS) <[DelaRambeljeL@michigan.gov](mailto:DelaRambeljeL@michigan.gov)>

**Sent:** Thursday, June 04, 2020 9:25 AM

**To:** Meghan Swain <[mswain@malph.org](mailto:mswain@malph.org)>

**Cc:** Calewarts, Jay W. (LARA) <[calewartsj@michigan.gov](mailto:calewartsj@michigan.gov)>; Richard, Michelle (LEO) <[RichardM8@michigan.gov](mailto:RichardM8@michigan.gov)>; Orlando Todd <[toddo@michigan.gov](mailto:toddo@michigan.gov)>; Cotant, Molly (DHHS-Contractor) <[CotantM@michigan.gov](mailto:CotantM@michigan.gov)>; William Nettleton <[WNettleton@calhouncountymichigan.gov](mailto:WNettleton@calhouncountymichigan.gov)>; Dana Debruyn <[DebruynD@michigan.gov](mailto:DebruynD@michigan.gov)>; Sean Dunleavy <[dunleavys@michigan.gov](mailto:dunleavys@michigan.gov)>; Matt Bolang <[mbolang@livgov.com](mailto:mbolang@livgov.com)>

**Subject:** INPUT REQUEST By 10am Monday June 8: Residential Camp Guidance

**Importance:** High

Hello Meghan,

Could you please share this with MALPH, MALEHA, and NAF? Dr. Nettleton is sharing separately with MAPPP following discussion in the Agile WG this morning. Thank you! Laura

---

Hello Health Officers, Environmental Health Directors, and Nurse Administrators,

Jay Calewarts, AFC/HFA and Camps Licensing Division Director from LARA and Michelle Richard from the Governor's Office met with the Agile WG this morning to discuss draft residential camp guidelines. The draft guidelines are attached for your review and input. MAPPP is reviewing and providing input as well. **Please send any comments directly to Jay Calewarts at [CalewartsJ@michigan.gov](mailto:CalewartsJ@michigan.gov) by 10am on Monday June 8.**

Thank you! Laura

Laura L.J. de la Rambelje  
Acting Director  
Division of Local Health Services  
Michigan Department of Health and Human Services  
517-388-7302  
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## Gaines, Rachelle

---

**From:** Bowen, Ken  
**Sent:** Friday, June 05, 2020 11:10 AM  
**To:** Angelique Joynes  
**Subject:** RE: Allegan County's feedback RE: RESENDING: INPUT REQUEST BY 6/5/2020 Noon: Migrant Worker Testing Model

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I told Laura flat out we aren't doing this. I may be able to handle the survey – they rest they may as well ask us to fly to the moon. She said it wasn't required.

**From:** Angelique Joynes <AJoynes@ALLEGANCOUNTY.ORG>  
**Sent:** Friday, June 5, 2020 11:07 AM  
**To:** Cathryn Beer <kbeer@wuphd.org>; Meghan Swain <mswain@malph.org>  
**Cc:** de la Rambelje, Laura (DHHS) <DelaRambeljeL@michigan.gov>; mho <mho@malph.org>; Todd, Orlando (DHHS) <toddo@michigan.gov>  
**Subject:** Allegan County's feedback RE: RESENDING: INPUT REQUEST BY 6/5/2020 Noon: Migrant Worker Testing Model

Laura-

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I am going to try and coordinate with MSU Extension and my Emergency Management.

Maybe there can be some influence at the state level for MSU Extension to be more active or lead the data collection part of this endeavor. This impacts their agricultural and wellness strategic strategies.

Public Health is also the lead agency/sector to respond to this pandemic.

Please forward that thought along. The idea and planning is great. This is a vulnerable population and we have already had to manage outbreaks but we only have so many hours in a day.

Thanks,



Angelique Joynes, MPH, RN  
Health Officer  
Allegan County Health Department  
3255 122nd Avenue Suite 200  
Allegan, MI 49010  
Phone: (269) 673-5411  
Fax: (269) 673-4172

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**Sent:** Friday, June 5, 2020 11:00 AM  
**To:** Meghan Swain <[mswain@malph.org](mailto:mswain@malph.org)>  
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Sharing information from Wisconsin.

<https://www.famhealth.com/wi-msaw-covid-19.html>

Kate  
Cathryn A. Beer, MPA, CFPH, CPA, CGMA  
Health Officer/Administrator  
Western U. P. Health Department  
540 Depot Street  
Hancock, MI 49930  
(906) 482-7382 ext.143  
[kbeer@wuphd.org](mailto:kbeer@wuphd.org)  
[www.wuphd.org](http://www.wuphd.org)

On Thu, Jun 4, 2020 at 9:27 AM Meghan Swain <[mswain@malph.org](mailto:mswain@malph.org)> wrote:

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## Gaines, Rachelle

---

**From:** Bowen, Ken  
**Sent:** Friday, June 05, 2020 11:14 AM  
**To:** Angelique Joynes  
**Subject:** RE: Allegan County's feedback RE: RESENDING: INPUT REQUEST BY 6/5/2020 Noon: Migrant Worker Testing Model

I talked to our MSU and they knew nothing about anything. They won't be any help.

**From:** Angelique Joynes <AJoynes@ALLEGANCOUNTY.ORG>  
**Sent:** Friday, June 5, 2020 11:12 AM  
**To:** Bowen, Ken <kbowen@ioniacounty.org>  
**Subject:** RE: Allegan County's feedback RE: RESENDING: INPUT REQUEST BY 6/5/2020 Noon: Migrant Worker Testing Model

I know it isn't required but that isn't going to fix the outbreak issues that we have to respond to. MDARD and MSU should be driving this. I will add MDARD to my email.

The thought is a great one if it could be executed but our LPH cannot do it!



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Sharing information from Wisconsin.

<https://www.famhealth.com/wi-msaw-covid-19.html>

Kate  
Cathryn A. Beer, MPA, CFPH, CPA, CGMA  
Health Officer/Administrator  
Western U. P. Health Department  
540 Depot Street  
Hancock, MI 49930  
(906) 482-7382 ext.143  
[kbeer@wuphd.org](mailto:kbeer@wuphd.org)  
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## Gaines, Rachelle

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same

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**Cc:** de la Rambelje, Laura (DHHS) <[DelaRambeljeL@michigan.gov](mailto:DelaRambeljeL@michigan.gov)>; mho <[mho@malph.org](mailto:mho@malph.org)>; Todd, Orlando (DHHS) <[toddo@michigan.gov](mailto:toddo@michigan.gov)>

**Subject:** Allegan County's feedback RE: RESENDING: INPUT REQUEST BY 6/5/2020 Noon: Migrant Worker Testing Model

Laura-

I want you to know this is an important but HEAVY lift to even try to coordinate.

I am going to try and coordinate with MSU Extension and my Emergency Management.

Maybe there can be some influence at the state level for MSU Extension to be more active or lead the data collection part of this endeavor. This impacts their agricultural and wellness strategic strategies.

Public Health is also the lead agency/sector to respond to this pandemic.

Please forward that thought along. The idea and planning is great. This is a vulnerable population and we have already had to manage outbreaks but we only have so many hours in a day.

Thanks,



Angelique Joynes, MPH, RN  
Health Officer  
Allegan County Health Department  
3255 122nd Avenue Suite 200  
Allegan, MI 49010  
Phone: (269) 673-5411  
Fax: (269) 673-4172

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[www.allegancounty.org/health](http://www.allegancounty.org/health)

**From:** Cathryn Beer [<mailto:kbeer@wuphd.org>]

**Sent:** Friday, June 5, 2020 11:00 AM

**To:** Meghan Swain <[mswain@malph.org](mailto:mswain@malph.org)>

Cc: mho <[mho@malph.org](mailto:mho@malph.org)>; de la Rambelje, Laura (DHHS) <[DelaRambeljeL@michigan.gov](mailto:DelaRambeljeL@michigan.gov)>  
Subject: Re: RESENDING: INPUT REQUEST BY 6/5/2020 Noon: Migrant Worker Testing Model

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Sharing information from Wisconsin.

<https://www.famhealth.com/wi-msaw-covid-19.html>

Kate  
Cathryn A. Beer, MPA, CFPH, CPA, CGMA  
Health Officer/Administrator  
Western U. P. Health Department  
540 Depot Street  
Hancock, MI 49930  
(906) 482-7382 ext.143  
[kbeer@wuphd.org](mailto:kbeer@wuphd.org)  
[www.wuphd.org](http://www.wuphd.org)

On Thu, Jun 4, 2020 at 9:27 AM Meghan Swain <[mswain@malph.org](mailto:mswain@malph.org)> wrote:

**Meghan Swain, Executive Director**

Michigan Association for Local Public Health | PO BOX 13276 | Lansing, MI 48901

[p:] 517.485.0660 | [f:] 517.485.6412

[e:] [mswain@malph.org](mailto:mswain@malph.org) | [w:] [www.malph.org](http://www.malph.org)



**From:** de la Rambelje, Laura (DHHS) <[DelaRambeljeL@michigan.gov](mailto:DelaRambeljeL@michigan.gov)>

**Sent:** Thursday, June 04, 2020 9:20 AM

**To:** Meghan Swain <[mswain@malph.org](mailto:mswain@malph.org)>

**Cc:** Hernandez, Poppy <[HernandezP3@michigan.gov](mailto:HernandezP3@michigan.gov)>; Orlando Todd <[toddo@michigan.gov](mailto:toddo@michigan.gov)>; McWilliams, Hailey (DHHS-Contractor) <[McWilliamsH@michigan.gov](mailto:McWilliamsH@michigan.gov)>; Cotant, Molly (DHHS-Contractor) <[CotantM@michigan.gov](mailto:CotantM@michigan.gov)>

**Subject:** RE: INPUT REQUEST BY 6/5/2020 Noon: Migrant Worker Testing Model

**Importance:** High

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Hello Meghan,

Could you please send this to Health Officers? Thank you! Laura

---

Hello Health Officers,

Poppy Hernandez from the Governor's Office joined the Agile Workgroup this morning, and will be joining us at 2pm today to speak with you about a draft migrant worker testing model. The draft is attached for your review and comments. **Please send any suggested edits and other commentary to Hailey McWilliams by tomorrow, Friday June 5<sup>th</sup> no later than Noon at [McWilliamsH@michigan.gov](mailto:McWilliamsH@michigan.gov).**

Thank you! Laura

Laura L.J. de la Rambelje

Acting Director

Division of Local Health Services

Michigan Department of Health and Human Services

517-388-7302

[deLaRambeljeL@michigan.gov](mailto:deLaRambeljeL@michigan.gov)

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## Gaines, Rachelle

---

**From:** Bowen, Ken  
**Sent:** Friday, June 05, 2020 11:23 AM  
**To:** Angelique Joynes  
**Subject:** Re: Allegan County's feedback RE: RESENDING: INPUT REQUEST BY 6/5/2020 Noon: Migrant Worker Testing Model

Agreed

On Jun 5, 2020, at 11:17 AM, Angelique Joynes <ajoynes@allegancounty.org> wrote:

Our MSU extension quickly backed off when I brought up this model. Personally they want us to refer and state how we underutilize them but don't want to help when we bring them to the table.

When I presented this to them they said that they would not be able to lead it but could participate. I am in the same office as their staff and they have been working remotely the whole time.

Personally if they are so concerned about production for farmers then they should be leading this.

<image001.png> Angelique Joynes, MPH, RN  
Health Officer  
Allegan County Health Department  
3255 122nd Avenue Suite 200  
Allegan, MI 49010  
Phone: (269) 673-5411  
Fax: (269) 673-4172

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<image002.png>

<image003.png>

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**From:** Bowen, Ken [mailto:kbowen@ioniacounty.org]  
**Sent:** Friday, June 5, 2020 11:14 AM  
**To:** Angelique Joynes <AJoynes@ALLEGANCOUNTY.ORG>  
**Subject:** RE: Allegan County's feedback RE: RESENDING: INPUT REQUEST BY 6/5/2020 Noon: Migrant Worker Testing Model



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I talked to our MSU and they knew nothing about anything. They won't be any help.

**From:** Angelique Joynes <[AJoynes@ALLEGANCOUNTY.ORG](mailto:AJoynes@ALLEGANCOUNTY.ORG)>

**Sent:** Friday, June 5, 2020 11:12 AM

**To:** Bowen, Ken <[kbowen@ioniacounty.org](mailto:kbowen@ioniacounty.org)>

**Subject:** RE: Allegan County's feedback RE: RESENDING: INPUT REQUEST BY 6/5/2020 Noon: Migrant Worker Testing Model

I know it isn't required but that isn't going to fix the outbreak issues that we have to respond to. MDARD and MSU should be driving this. I will add MDARD to my email.

The thought is a great one if it could be executed but our LPH cannot do it!

<image001.png>            Angelique Joynes, MPH, RN  
Health Officer  
Allegan County Health Department  
3255 122nd Avenue Suite 200  
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**From:** Bowen, Ken [<mailto:kbowen@ioniacounty.org>]

**Sent:** Friday, June 5, 2020 11:10 AM

**To:** Angelique Joynes <[AJoynes@ALLEGANCOUNTY.ORG](mailto:AJoynes@ALLEGANCOUNTY.ORG)>

**Subject:** RE: Allegan County's feedback RE: RESENDING: INPUT REQUEST BY 6/5/2020 Noon: Migrant Worker Testing Model

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Where is MDARD in all this?

I told Laura flat out we aren't doing this. I may be able to handle the survey – they rest they may as well ask us to fly to the moon. She said it wasn't required.

**From:** Angelique Joynes <[AJoynes@ALLEGANCOUNTY.ORG](mailto:AJoynes@ALLEGANCOUNTY.ORG)>  
**Sent:** Friday, June 5, 2020 11:07 AM  
**To:** Cathryn Beer <[kbeer@wuphd.org](mailto:kbeer@wuphd.org)>; Meghan Swain <[mswain@malph.org](mailto:mswain@malph.org)>  
**Cc:** de la Rambelje, Laura (DHHS) <[DelaRambeljeL@michigan.gov](mailto:DelaRambeljeL@michigan.gov)>; mho <[mho@malph.org](mailto:mho@malph.org)>; Todd, Orlando (DHHS) <[toddo@michigan.gov](mailto:toddo@michigan.gov)>  
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[e:] [mswain@malph.org](mailto:mswain@malph.org) | [w:] [www.malph.org](http://www.malph.org)

<image004.png>

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Acting Director

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## Gaines, Rachelle

---

**From:** Michigan Health Alert Network <ac18a6a4-0005-3000-80c0-fceb55463ffe@notify.michiganhan.org>  
**Sent:** Wednesday, June 10, 2020 2:04 PM  
**To:** Bowen, Ken  
**Subject:** MDHHS Testing Cadence Guidelines and Available Capacity  
**Attachments:** MDHHS Testing Cadence Guidelines \_ C.pdf; MDHHS Testing Priority Strategy Gri.xlsx  
**Importance:** High

Ken Bowen,

The Michigan Department of Health and Human Services (MDHHS) is issuing recommendations regarding the cadence of repeated testing for high-risk populations and/or settings, in an ideal scenario where sufficient testing capacity available.

To help meet the level of testing envisioned in these recommendations, MDHHS is also publishing information regarding:

- COVID-19 test sites that provide services at no cost to the patient and have capacity to serve more people; and
- Laboratories with COVID-19 testing capabilities, supplies, and capacity to partner with new entities for specimen collection

MDHHS provides this information to help ensure maximal use of COVID-19 testing resources and to facilitate connections between available laboratory capacity, test site capacity, and groups of individuals that may need testing.

Attached is the Memorandum and Testing Priority Strategy Grid (which provides additional detail on testing priorities and cadence by population).

This alert is being sent to: the Administration, Healthcare, Physician, Epi, CD / Infection Prevention and Lab roles, EMS, MCA, Regional Epi, HCC's, MDHHS CD, LHD EPC, HO, MD and CHECC Leadership

### **You may respond by doing one of the following:**

- Click the appropriate response in the following list of response options,
- Or, reply via email with your response option. Please note that you must include the number of your response option, such as **1**, in the body of your email in order for your response to be recorded.

*Option# Response:*

1. Message Received.

Thank you,  
Michigan Health Alert Network



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
LANSING

ROBERT GORDON  
DIRECTOR

**MEMORANDUM**

**Date:** June 10, 2020

**To:** Health Care Providers, Healthcare Facilities, Infection Prevention and Control Specialists, Laboratory Administrators, and Local Health Departments

**From:** Joneigh Khaldun, MD, MPH, FACEP  
Chief Medical Executive and Chief Deputy for Health  
Michigan Department of Health and Human Services (MDHHS)

**Executive Summary**

- The Michigan Department of Health and Human Services (MDHHS) is issuing recommendations regarding the cadence of repeated testing for high-risk populations and/or settings, in an ideal scenario where sufficient testing capacity available.
- To help meet the level of testing envisioned in these recommendations, MDHHS is also publishing information regarding:
  - COVID-19 test sites that provide services at no cost to the patient and have capacity to serve more people; and
  - Laboratories with COVID-19 testing capabilities, supplies, and capacity to partner with new entities for specimen collection
- MDHHS provides this information to help ensure maximal use of COVID-19 testing resources and to facilitate connections between available laboratory capacity, test site capacity, and groups of individuals that may need testing.
- MDHHS is also using simplified messaging to promote testing among the public:
  - If you feel sick, get tested
  - If someone close to you feels sick, get tested
  - If you work outside the home, get tested

**Guidelines on Repeated Testing for High-risk Populations**  
(Nucleic acid or antigen tests)

To inform the planning of local health departments, employers, congregate care facilities, and the general public, MDHHS is issuing recommendations for the ideal frequency of testing in key populations based on risk of exposure to COVID-19 and risk of severe outcomes.

These guidelines reflect an ideal scenario where needed supplies are fully available and are intended to provide broad coverage of testing to rapidly identify cases, including asymptomatic cases. This guidance, and related guidance from the Centers for Disease Control and Prevention



(CDC), may be adapted by local health departments to respond to local circumstances and testing availability. Clinicians should continue to use their judgment to determine whether a patient should be tested.

These guidelines do not change or supersede MDHHS's current testing prioritization criteria (reproduced at the end of this memorandum). Rather, they provide additional information on how frequently testing may be prudent for individuals in various criteria categories.

## **Testing Recommended Statewide**

### One-time testing, as needed

- Anyone with COVID-19 symptoms, including mild symptoms
- Case contacts without symptoms
- At intake to any group living or congregate care setting, even without symptoms
- At intake to a hospital in preparation for surgical procedures, even without symptoms, as deemed necessary by treating clinician
- Testing for public health monitoring purposes (e.g., sentinel surveillance testing)
- Testing to increase rates per million per day in communities facing inequity in access (i.e., areas with higher proportion of racial/ethnic minorities, rural communities)

### Recurring testing

- In any group living or congregate care setting with one or more associated COVID-19 cases (weekly testing recommended until 14 days after last new positive case identified)

### Post-symptomatic testing

- Anyone with symptoms: two tests, separated by 24 hours, if a testing-based strategy is used to leave isolation

## **Repeated Testing Recommended Only in Areas of Medium or High Risk**

(as indicated by MI Safe Start Map. All groups below reference asymptomatic individuals)

### Weekly testing

- Congregate care staff (e.g., skilled nursing facilities, nursing homes, adult foster care)
- First responders

### Biweekly testing

- Homeless shelters
- Jails
- Health workers
- Workers with high risk of exposure, including:
  - Repeated close and prolonged contact with the public<sup>1</sup>
  - Working in a high-risk profession where clusters of infections have been identified (i.e., migrant workers, food processing facilities, animal husbandry, etc.)
  - Working in person during a period of strict social distancing (i.e., Stay Home, Stay Safe)

## **Test Sites Providing Services at No Cost to Patients**

<sup>1</sup> Please see CDC guidelines on defining exposure: <https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-recommendations.html>

To help individuals and organizations access testing as needed, MDHHS has compiled a list of test sites offering services at no cost to the patient, including individuals without insurance. Many of these sites have capacity to serve more patients each day.

Please visit [michigan.gov/coronavirustest](https://michigan.gov/coronavirustest) for a [list of test sites offering no cost testing](#) that will be updated as conditions evolve over time.

### **Laboratories with Capacity to Conduct More Tests**

MDHHS is regularly in touch with laboratories with capability to conduct COVID-19 testing. Several laboratories in Michigan can conduct COVID-19 testing and have the supplies and laboratory capacity to process more tests per day than they currently do.

These laboratories may be willing to partner with new medical providers or congregate care facilities to accept COVID-19 patient specimens. Please note that laboratories typically provide specimen collection materials as part of such an arrangement and medical providers typically face no cost for sending specimens to these laboratories (rather, laboratories bill patient insurance for remuneration).

Please visit [michigan.gov/coronavirustest](https://michigan.gov/coronavirustest) for an up-to-date [list of laboratories with COVID-19 testing capabilities and capacity to partner with new entities](#) for specimen collection.

### **COVID-19 Test Prioritization Criteria**

Please find below the COVID-19 test prioritization criteria currently in effect.

#### **High Priority:**

- Hospitalized patients with symptoms
- Any healthcare worker, first responder, or congregate care facility worker with symptoms
- Residents in any congregate care facility, including prisons and shelters, with symptoms

#### **Priority:**

- Asymptomatic patients in preparation for surgical procedures, as deemed necessary by the treating clinician
- Asymptomatic people with known exposure to a person with confirmed COVID-19 or symptoms of COVID-19
- Asymptomatic people living or working in a congregate care facility or other high-risk setting (i.e. nursing home, jail, prison, homeless shelter, assisted living facility, etc.) that:
  - Had a confirmed case among residents or workers
  - Is located in a region of medium risk or higher, or
  - Is receiving patients from an area of medium risk or higher

- Asymptomatic people who work in a profession that puts them at high risk of exposure, including:
  - Repeated close contact of prolonged duration with the public<sup>2</sup>
  - Working in a high-risk profession where clusters of infections have been identified (i.e., migrant workers, food processing facilities, etc.)
  - Working in person during a period of strict social distancing (i.e., Stay Home, Stay Safe) or, in areas with some sectors re-opening, having worked in person during the period of strict social distancing

**Permissible:**

- Persons without symptoms who are prioritized by local health departments or clinicians, for any reason
- Asymptomatic people living or working in a congregate care facility or other high-risk setting (i.e. nursing home, jail, prison, homeless shelter, assisted living facility, etc.) in any region
- Asymptomatic people leaving their home for work

For the latest information on Michigan's response to COVID-19, please visit [www.michigan.gov/coronavirus](http://www.michigan.gov/coronavirus). You may also email our Community Health Emergency Coordination Center at: [checcdeptcoor@michigan.gov](mailto:checcdeptcoor@michigan.gov).

**Attachment**

Testing Priority Strategy Grid (provides additional detail on testing priorities and cadence by population summarized above)

---

<sup>2</sup> Please see CDC guidelines on defining exposure: <https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-recommendations.html>

### Interim Public Health Testing Utilization Plan (Revision Date: 6/04/20) SUBJECT TO CHANGE

This document is meant to aid in selection and frequency testing of individuals and populations for COVID-19. CDC guidance for COVID-19 may be adapted by state and local health departments to respond to rapidly changing local circumstances. Clinicians should use their judgment to determine if a patient has signs and symptoms compatible with COVID-19 and whether the patient should be tested. Asymptomatic infection with SARS-CoV-2, the virus that causes COVID-19, has been reported. Most patients with confirmed COVID-19 have developed fever and/or symptoms of acute respiratory illness (e.g., cough, difficulty breathing) but some people may present with other symptoms as well. Other considerations that may guide testing are epidemiologic factors such as the occurrence of local community transmission of COVID-19 in a jurisdiction. Clinicians are encouraged to test for other causes of respiratory illness.

Other considerations that may guide testing are epidemiologic factors such as known exposure to an individual who has tested positive for SARS-CoV-2, and the occurrence of local community transmission or transmission within a specific setting/facility (e.g., nursing homes) of COVID-19. Clinicians are strongly encouraged to test for other causes of respiratory illness, for example influenza, in addition to testing for SARS-CoV-2. Another population in which to prioritize testing of minimally symptomatic and even asymptomatic persons are long-term care facility residents, especially in facilities where one or more other residents have been diagnosed with symptomatic or asymptomatic COVID-19.

SARS-CoV-2 can cause asymptomatic, pre-symptomatic, and minimally symptomatic infections, leading to viral shedding that may result in transmission to others who are particularly vulnerable to severe disease and death. Even mild signs and symptoms (e.g., sore throat) of COVID-19 should be evaluated among potentially exposed healthcare personnel, due to their extensive and close contact with vulnerable patients in healthcare settings. Additional information is available in CDC's Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease 2019 (COVID-19).

Testing Objective <sup>1</sup> Use Cases <sup>2</sup>	Population <sup>2, 10</sup>	Public Health Priority Populations <sup>3, 10</sup>	Clinical Assessment <sup>3, 10</sup>	Epidemiological Assessment <sup>4, 10</sup>	Clinical/Public Health Rationale	Frequency of Testing <sup>5, 10</sup>	Public Health Prioritization if Limited Resources <sup>10</sup>
Protection of vulnerable populations	Residents in congregate living settings serving individuals at most risk of severe consequences (e.g. long-term care facilities, assisted living)	HIGHEST	Post-symptomatic	Based on past testing results	Consider a test-based strategy to discontinue isolation, if non-test based strategy is not utilized	Twice, separated by ≥24 hrs	Low Priority (may be important clinically)
			Asymptomatic	Individual with known exposure to COVID-19 case  Facility with at least 1 facility associated COVID-19 case	Rapid diagnosis, isolation, and treatment of suspected cases  Rapid identification and containment through isolation and cohorting or (nursing home) transfer to regional hub	Once, on identification of close contact exposure. Only repeat, if symptoms develop  At intake and repeated at least weekly until staff and residents/patients are all negative, 14 days after last positive. Consider increasing frequency if significant community transmission.	High priority  Highest priority. Prioritize facilities with highest prevalence of individuals at risk of severe consequences of infection (i.e., long term care facility, homes for aged over general prison population)
			Asymptomatic	A region of medium risk or higher, or receiving patients from an area of medium risk or higher?	Rapid identification and containment through isolation and cohorting or (nursing home) transfer to regional hub	At intake and repeated at least weekly until staff and residents/patients are all negative for 14 days after last positive test	Prioritize facilities with staff or transfers from facilities with known outbreaks; prioritize facilities with individuals most at risk of severe consequences of infection. If resources lacking, could test most likely exposed population within facility

Testing Objective <sup>1</sup> "Use Cases"	Public Health Priority Populations <sup>2, 10</sup>	Clinical Assessment <sup>3, 10</sup>	Epidemiological Assessment <sup>4, 10</sup>	Clinical/Public Health Rationale	Frequency of Testing <sup>5, 10</sup>	Public Health Prioritization if Limited Resources <sup>10</sup>
Low income workers in risky professions (migrant agricultural, meat packing, animal husbandry)	HIGHEST	Asymptomatic	Individual with known exposure to COVID-19 case	Rapid diagnosis, isolation, and treatment of suspected cases	Once, on identification of close contact exposure. Only repeat if symptoms develop	Highest priority
		Post-symptomatic	Based on patient's testing result	Consider a test-based strategy to discontinue isolation, if non-test based strategy is not utilized	Twice, separated by 24 hrs	Low Priority (may be important clinically)
Homeless shelters	HIGHEST	Asymptomatic	People who have been going to work in industries seeing recent outbreaks	Proactive response to low access to testing; potential for exposure through housing, travel, and worksite; inability to self-quarantine/essential workforce, and occurrence of multiple outbreaks in meat packing, poultry and agricultural sites	Every two weeks until outbreaks in these at risk industries no longer occurring	Prioritize testing to facilities with known outbreaks or that share staff/customers with facilities with known outbreaks
		Asymptomatic	Individual with known exposure to COVID-19 case A region of medium risk or higher, or receiving patients from an area of medium risk or higher. <sup>7</sup>	Rapid diagnosis, isolation, and treatment of suspected cases Individuals have little control over environment or ability to control personal exposure. Ongoing risk due to transient nature of housing.	Rapid test on intake; following contact with known case Using rapid testing at intake and every two weeks following	Highest priority Prioritize testing at intake for all facilities. Prioritize testing all individuals in facilities with known outbreak
Jails	HIGHEST	Asymptomatic	Individual with known exposure to COVID-19 case A region of medium risk or higher, or receiving patients from an area of medium risk or higher. <sup>7</sup>	Transient population Transient population	Rapid test on intake; following contact with known case Rapid test on intake and transfer; every 14 days for those who remain in the facility	Highest priority Prioritize testing at intake for all facilities. Prioritize testing all individuals in facilities with known outbreak
		Post-symptomatic	Based on patient's testing result	Consider a test-based strategy to discontinue isolation, if non-test based strategy is inappropriate	Twice, separated by 24 hrs	Low Priority (may be important clinically)

Testing Objective <sup>1,10</sup> Use Cases <sup>11</sup>	Population <sup>2,10</sup>	Public Health Priority Populations <sup>3,10</sup>	Clinical Assessment <sup>3,10</sup>	Epidemiological Assessment <sup>4,10</sup>	Clinical/Public Health Rationale	Frequency of Testing <sup>5,10</sup>	Public Health Prioritization if Limited Resources <sup>10</sup>
Protection of essential service workforce	Healthcare workers		Asymptomatic	Individual with known exposure to COVID-19 case A region of medium risk or higher <sup>7</sup>	Rapid diagnosis, isolation, and treatment of suspected cases Reduce exposure at workplace and prevent exposure to the public	Once, on identification as contact. Only repeat if symptoms develop Every two weeks until no longer medium risk region	Highest priority High priority
			Post-symptomatic	Based on patient's testing result Individual with known exposure to COVID-19 case	Consider a test-based strategy to discontinue isolation, if non-test based strategy is not utilized Rapid diagnosis, isolation, and treatment of suspected cases	Twice, separated by 24 hrs Once, on identification as contact. Only repeat if symptoms develop	High priority if non-test based strategy is not utilized Highest priority
	Health care facility workers in congregate living settings, first responders	HIGHEST	Asymptomatic	Working in facility with COVID-19 outbreak A region of medium risk or higher <sup>7</sup>	Reduce exposure at workplace and prevent exposure to the public Reduce exposure at workplace and prevent exposure to the public	Repeat at least weekly until staff and residents/patients are all negative Repeat at least weekly until no longer medium or higher risk region	Highest priority High priority
				Individual with known exposure to COVID-19 case	Rapid diagnosis, isolation, and treatment of suspected cases	Once, at least three to four days after close contact exposure. Only repeat if symptoms develop	High priority
	Non-healthcare essential service workers		Asymptomatic	People who have been going to work in a region of medium-high risk or higher <sup>7</sup>	Consider initial test to set baseline and biweekly testing follow up to reduce exposure at workplace and prevent exposure to the public	Every two weeks until no longer medium-high risk region	Lower priority
				People in service professions with daily close contact with the public, in a region of medium high risk or higher <sup>7</sup>	Consider initial test to set baseline and biweekly testing follow up to reduce exposure at workplace and prevent exposure to the public	Every two weeks until no longer medium-high risk region	Highest priority
				Workers who have been at home for 14 days for nonquarantine reasons who are returning to work in a region of medium high risk or higher <sup>7</sup>	These individuals have low likelihood of being exposed and testing utility is limited (risk of false positive could exclude someone from work)	Every two weeks until no longer medium-high risk region	Lower priority

Testing Objective <sup>1</sup> "Use Cases"	Population <sup>2, 10</sup>	Public Health Priority Populations	Clinical Assessment <sup>3, 10</sup>	Epidemiological Assessment <sup>4, 10</sup>	Clinical/Public Health Rationale	Frequency of Testing <sup>5, 10</sup>	Public Health Prioritization if Limited Resources <sup>10</sup>
Population with lack of access to testing	Racial/ethnic minority populations	HIGHEST	higher rates of severe outcomes	Populations who have had less access to COVID-19 testing; consider social vulnerability index	Increase testing rates per million per day in communities facing inequity in access (i.e., rate of testing in areas with higher proportion of racial/ethnic minorities is equal to or above that for majority areas)	Population strategy: daily mobile or pop up testing strategy in high need areas; be aware of lack of transportation; consider proactive strategy going directly to individuals in hard to reach populations	High Priority
Other workforce protection	Workers employed in occupations and settings other than noted above		Asymptomatic	Individual with known exposure to COVID-19 case People in service professions with daily close contact with the public, in regions of medium risk <sup>7</sup> Sporadic cases, linked to travel/contacts outside community	Assurance of safe work environment and protection of general public receiving services Assurance of safe work environment and protection of general public receiving services	Once, on identification of close contact exposure. Only repeat if symptoms develop Bi-weekly (frequency recommendation may be adjusted based on level of ongoing exposure risk) Testing would depend on judgement of level of contact	High priority High priority Low priority
Healthcare facility infection control	Hospitalized patients		Asymptomatic	With or without close contact to a case From a region of medium risk or higher <sup>7</sup>	Rapid testing may be indicated for urgent surgical procedures, to allow anesthesia to make perioperative management adjustments as needed Reduce exposure at workplace and prevent exposure to the public	Once, on identification of close contact exposure. Only repeat if symptoms develop Once, on admission. Only repeat if symptoms develop	High priority High priority
Contact tracing	Persons identified through public health contact tracing or cluster investigations (i.e. case contacts)	HIGHEST	Post-symptomatic	Based on patient's testing result, if a test based strategy is utilized High risk exposure to confirmed case (i.e., within 6 feet for more than 10 minutes, household member, or close droplet exposure)	Consider a test-based strategy to discontinue isolation, if non-test based strategy is not utilized Rapid diagnosis, isolation, and treatment of suspected cases and information for contacts	Twice, separated by ≥24 hrs Once, on identification of close contact exposure. Only repeat if symptoms develop	Lower priority (clinical prioritization may differ) Highest priority
Community surveillance	Persons prioritized by health departments or clinicians, for any reason, including but not limited to: public health monitoring, sentinel surveillance, or screening of other asymptomatic individuals according to state and local plans	HIGHEST		Sporadic cases, linked to travel/contacts outside community Transmission at any level	Assess trends for early warning of public health system Determine community prevalence of history of infection and possible immunity (not yet determined) via serologic testing	250 samples per week PROTOCOL UNDER DEVELOPMENT	High Priority Low priority



Testing Objective <sup>1</sup> "Use Cases"	Population <sup>2, 10</sup>	Public Health Priority Populations	Clinical Assessment <sup>3, 10</sup>	Epidemiological Assessment <sup>4, 10</sup>	Clinical/Public Health Rationale	Frequency of Testing <sup>5, 10</sup>	Public Health Prioritization if Limited Resources <sup>10</sup>
Clinical evaluation and management	Hospitalized patients		Asymptomatic	With or without close contact <sup>8</sup> to case <sup>9</sup>	Rapid diagnosis, isolation, and treatment of suspected cases	If negative, repeat in 1-3 days to confirm if true negative vs. false negative	Highest priority
			Post-symptomatic	Based on patient's testing result	Consider a test-based strategy to discontinue isolation, if non-test based strategy is inappropriate	Twice, separated by ≥24 hrs	Low public health priority, clinical prioritization may differ
			Asymptomatic	Patient has close contact with known case or from a region of medium risk or higher <sup>7</sup>	Rapid diagnosis, isolation, and treatment of suspected cases	Once, on identification as contact. Only repeat if symptoms develop	High priority
			Symptomatic	With or without close contact to case	Rapid diagnosis, isolation, and treatment of suspected cases	If negative and other work-up also negative, may repeat testing in 1-3 days if symptoms are persisting or worsening.	Highest priority
			Post-symptomatic	Based on patient's testing result	Consider a test-based strategy to discontinue isolation, if non-test based strategy is inappropriate	Twice, separated by ≥24 hrs	Low public health priority, clinical prioritization may differ
	Non-hospitalized patients		Asymptomatic	Known close contact to COVID-19 Case	Rapid diagnosis, isolation, and treatment of suspected cases and information for contacts; self-quarantine is acceptable strategy	Once, on identification as contact. Only repeat if symptoms develop	High priority

**Notes:**

- All testing indicated above is with Nucleic acid testing, except for use of serologic testing for Community Surveillance
- Test results are highly dependent on the prevalence of COVID-19 in each population. In populations with low prevalence of COVID-19 infection and in asymptomatic individuals the likelihood of false-positive test results is increased. A negative test means that the SARS-CoV-2 RNA was not present in the specimen above the limit of detection. A negative result does not rule out COVID-19 and should not be used as the sole basis for treatment or patient management decisions. A negative result does not exclude the possibility of COVID-19.
- Symptomatic refers to signs or symptoms of potential COVID-19 infections: fever, cough, shortness of breath, chills, muscle pain, new loss of taste or smell, vomiting or diarrhea and/or sore throat
- Case contacts may occur in a healthcare setting or community setting
- There is currently no guidance as to recommended frequency for repeating testing. Frequency should be based on a determination of a person's level of ongoing risk of exposure since a single negative test cannot rule out the possibility of active early infection or becoming infected in the subsequent days to weeks.
- Updated guidance available at: <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html>
- A region of medium risk or higher based on 7-20 lab confirmed cases per million population per day, 2 weeks decreasing lab confirmed cases; 3-10% positivity of diagnostic testing; and/or 2 weeks decreasing positivity. Medium-high risk region has 20-40 cases per million population per day or <2 weeks decreasing cases or >10-20% positivity. A local health department may also assess community transmission assessed as presence of cases not involved in a known outbreak (unidentifiable source).
- Close contact is defined as a) being within approximately 6 feet (2 meters) of a COVID-19 case for 15 minutes; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case; or b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on).
- Case: person who has had a positive lab diagnostic test or clinical diagnosis of COVID-19
- Prioritization in a county/city should take place in consultation with the Local Health Department

## Gaines, Rachelle

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**From:** Hoskins, William S.  
**Sent:** Wednesday, June 10, 2020 3:04 PM  
**To:** Bowen, Ken  
**Subject:** Hispanic Outreach  
**Attachments:** dairy Labels 1-16.doc; Dairy Labels 17-30.doc; Dairy Labels 45-50.doc; Dairy Farm Mailing.docx; Orchard Labels.doc

Ken,

Attached is the address's that I sent mailing out to. Also Kim Tanis is a contact through the schools for the Hispanic community. Her email is [tanisk@bas-k12.org](mailto:tanisk@bas-k12.org)

If there is still work you would like me to help with on this, I am available to help in any way I can, just let me know.

Is this something that we could set up a testing day for them and we would have interrupters on hand? I would be willing to take the lead on organizing it, if we can get the kits and you want to do it.

Sgt. William S. Hoskins  
Ionia County Sheriff's Office  
Emergency Management Division  
100 W. Main Street  
Ionia, MI 48846  
(616)527-8283 office  
(616)902-4652 cell  
[whoskins@ioniacounty.org](mailto:whoskins@ioniacounty.org)



[REDACTED]  
9229 Jones Rd  
Portland MI 48875

[REDACTED]  
8015 Judevine Rd  
Palo, MI 48870

[REDACTED]  
5452 Lincoln Ave  
Saranac, MI 48881

[REDACTED]  
9292 Goddard Rd  
Portland MI 48875

[REDACTED]  
675 E. Long Lake Road  
Orleans MI 48865

[REDACTED]  
13875 Darby Road  
Lake Odessa MI 48849

[REDACTED]  
131 Divine Hwy  
Pewamo, MI 48873

[REDACTED]  
11811 Dexter Trail  
Pewamo MI 48873

[REDACTED]  
5301 Flannigan Road  
Orleans, MI 48865

[REDACTED]  
3605 E. Bluewater Hwy  
Ionia MI 48846

[REDACTED]  
5078 Jackson Road  
Saranac MI 48881

[REDACTED]  
PO Box 208  
Westphalia, MI 48894

[REDACTED]  
6899 Sunfield Hwy  
Portland, MI 48875

[REDACTED]  
3089 Peck Lake Rd  
Ionia, MI 48846



## Ionia County Emergency Management

Sgt. William S. Hoskins EMC

100 W. Main Street, Ionia MI 48846

(616)527-8283 [whoskins@ioniacounty.org](mailto:whoskins@ioniacounty.org)

Dear Ionia County Dairy Farmers,

The Ionia County Health Department and Ionia County Emergency Management have been working diligently on our response to the Covid-19 pandemic that has gripped our nation, state and county.

In our efforts to educate the citizens of Ionia County on protective measures to the COVID-19 virus, we have identified that a significant portion of our population may be non-English speaking migrant/refuges that work in agricultural and industrial professions around Ionia County.

We are reaching out to you and requesting your assistance with distributing the enclosed educational materials to any Hispanic employees you may employ.

Please find enclosed copies of educational material to be distributed.

If you have any employees who require testing for COVID-19 you may contact Ionia Sparrow Hospitals Occupational Health Office by calling (616)523-1644 for further instructions and testing arrangements.

Respectfully,

Sgt. William S. Hoskins

Emergency Management Coordinator

Ken Bowen

Ionia County Public Health Officer

[REDACTED]  
2500 N. Marble Road  
Belding MI 48809

[REDACTED]  
1589 Looking Glass Ave.  
Portland MI 48875

[REDACTED]  
4214 E. Bluewater Hwy  
Ionia MI 48846

[REDACTED]  
3901 N. Jefferson Road  
Ionia MI 48846

[REDACTED]  
113 S. Lee Road  
Saranac MI 48881

[REDACTED]  
4863 Grand River Trail  
Portland MI 48875

[REDACTED]  
5931 Beahen Road  
Muir MI 48860

[REDACTED]  
8600 Decker Road,  
Orleans MI 48865

[REDACTED]  
6610 Knox Road  
Portland MI 48875

[REDACTED]  
7600 Scott Road  
Belding MI 48809

[REDACTED]  
8352 O'Brien Road  
Hubbardston MI 48845

[REDACTED]  
7877 Musgrove Hwy  
Sunfield MI 48890

[REDACTED]  
6801 Borden Rd  
Muir MI 48860

[REDACTED]  
7421 Montcalm Ave  
Belding MI 48809

[REDACTED]  
6001 Stage Road  
Grand Rapids MI 49544

[REDACTED]  
8778 Montcalm Ave. NE  
Belding, MI 49331

[REDACTED]  
4102 W. Lincoln Ave.  
Ionia, MI 48846

[REDACTED]  
2263 W. Lincoln Ave  
Ionia MI 48846

[REDACTED]  
11637 W. Ellis Ave  
Belding MI 48809

[REDACTED]  
11005 4 Mile Rd  
Belding MI 48809

[REDACTED]  
3339 Ashley Ave.  
Lowell MI 49331

[REDACTED]  
RT 3  
11767 Peck Lake Road  
Lowell MI 49331

[REDACTED]  
10618 W. Dexter Trail  
Pewamo MI 48873

[REDACTED]  
2635 Staley Road  
Lyons MI 48851

[REDACTED]  
1689 Bugbee Road  
Ionia MI 48846

[REDACTED]  
9123 Peddler Lake Road  
Clarksville MI 48815

[REDACTED]  
3844 N. Hubbardston Road  
Pewamo, MI 48873

## Gaines, Rachelle

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**From:** de la Rambelje, Laura (DHHS) <DelaRambeljeL@michigan.gov>  
**Sent:** Wednesday, June 10, 2020 8:11 PM  
**To:** Adam London; Angelique Joynes, RN, BSN, MPH (ajoynes@alleganounty.org); Ann Hepfer (ahepfer@tchd.us); Annette Mercatante; Bill Ridella; Bryant Wilke; Cathryn Beer (kbeer@wuphd.org); Colette Scrimger (cscrimger@bedhd.org); Daren Deyaert; Denise Bryan - DHD 4; Denise Bryant; Denise Fair ; Dianne McCormick (dmccormick@livgov.com); Eric Pessell; Fred Yanoski (FYanoski@co.midland.mi.us); Gerald (Jerry) Messana (gmessana@mqtco.org); James Rutherford (jaruth@kalcounty.com); Jeffery Elliott; Jimena Loveluck; Joel Strasz (straszj@baycounty.net); John McKellar; Karen Senkus (ksenkus@chippewahd.com); Katherine Haskins (khaskins@lapeercounty.org); Kathy Herman-Moore (mooreka@co.muskegon.mi.us); Bowen, Ken; Kevin Hughes; Kim Comerzan (Kim\_comerzan@monroemi.org); Larry Johnson (ljohnson@shiwassechd.net); Lisa Peacock (lpeacock@bldhd.org); Lisa Stefanovsky (lstefanovsky@miottawa.org); Marcus Cheatham, PhD, MA; Martha Hall; MPA Linda Vail (lvail@ingham.org); MPH Christina Harrington (charrington@saginawcounty.com); MPH CPHA Wendy Hirschenberger (wtrute@gtchd.org); MSA Leigh-Anne Stafford (staffordl@oakgov.com); Nick Derusha (NDerusha@lmasdhd.org); Nicole Britten; Rashmi Travis; burns; RS Carol Austerberry (causterb@waynecounty.com); RS Daren Deyaert (ddeyaert@hline.org); RS Michael Snyder (msnyder@phdm.org); Steven C. Hall, RS, MS (shall@cmdhd.org)  
**Cc:** LyonCallo, Sarah (DHHS); mswain@malph.org; Khaldun, Joneigh (DHHS); Todd, Orlando (DHHS); Taverna, Andrea (DHHS-Contractor); Cotant, Molly (DHHS-Contractor); checcdeptcoor; Fiedler, Jay (DHHS)  
**Subject:** Two Week Sample Testing Plan Request to LHDs  
**Attachments:** LHD Testing Plan Grid 060720.xlsx; Testing Priority Strategy Grid 2020.06.09.xlsx  
**Importance:** High

Hello Health Officers,

MDHHS is working to ensure that local health departments have the ability to request sample collection supplies to address public health testing priorities in local jurisdictions. A pilot activity is needed to develop the strongest system possible with limited resources. We are asking that the local health department provide a plan for a two week period commit to supplies and staff and analysis for ALL local health jurisdictions so that we can assess needs and determine how much supplies would be available to address this need.

The LHD would submit a prioritized list of supplies needed (for example, kits needed for intake at local jails, weekly testing at a high risk business) consider is needed in the jurisdiction so that MDHHS can understand the unmet need. As the LHD-state public health system demonstrates we can supply and turn tests around without back log, we anticipate the number of test kits we can provision would grow. Please refer to the attached Testing prioritization plan to understand vulnerable populations and other priorities.

As a first step, please submit this work sheet by Wednesday June 17<sup>th</sup> for the period June 22 to July 5<sup>th</sup> (inclusive) to the CHECC at [checcdeptcoor@michigan.gov](mailto:checcdeptcoor@michigan.gov).

There is a tab in the spreadsheet for COMMENTS – we are looking forward to hearing ideas for improvements to the data collection and the process, barriers or concerns that you can see with this approach, ideas and resources, and questions.



Sarah Lyon-Callo, MS, PhD  
State Epidemiologist and Director  
Bureau of Epidemiology and Population Health  
Michigan Department of Health and Human Services  
South Grand Building  
333 S. Grand Ave.  
Lansing, MI 48909  
O: (517) 284-4910  
C: (517) 614-6876  
[www.michigan.gov/mdhhs](http://www.michigan.gov/mdhhs)

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*Please note: Michigan has a public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications and any attachments to them may be subject to public disclosure.*

UNDER DEVELOPMENT

The purpose of this work sheet is to enable local health

Local Health Department Name:

Date of Testing Plan:

Duration of Testing Plan:

Contact Name:

Contact Number:

Total Sample Request

**LOCAL HEALTH DEPARTMENT PLAN**

LHDs' Priority Rank

Type of site

Name of site

Physical Address

Site Contact Name

Phone Number

Are External Staff Needed for Sampling

Specific External Staff Request

Is PPE Needed to be provided for event (yes/no)

Describe PPE needs

Number of Samples expected for period

Dates Preferred

Special Considerations

**State of Michigan Planning**

---

Rank2

---

MDHHS Epi Review2

---

MDHHS CHECC Contact Assigned to

---

EVENT DATE PLANNED

---

NUMBER OF KITS

---

KIT TYPE

---

LAB FOR ANALYSIS

---

NUMBER OF STAFF APPROVED

---

SOURCE OF STAFF

---

PPE REQUEST APPROVED

---

PPE SECURED

---

CONFIRMED WITH LHD?

---

**LOCAL HEALTH DEPARTMENT REPORTING SECTION**

---

Rank3

---

EVENT HELD (Y/N)

---

SAMPLES COLLECTED

---

NUMBER TURNED AWAY

---

# KITS UNUSED

---

BARRIERS TO ADDRESS FOR FUTURE

---

WHAT WORKED WELL

---

to convey to state government supplies for diagnostic testing events.

Date that the plan was revised  
date of the period of testing events to be held  
local health department contact for the testing period  
phone number for the LHD contact  
calculated number

Rank order of the events based on local public health judgement  
Type of site should reference back to the prioritization plan. Drop down in development for homeless shelter, skilled nursing facility, assisted living facility, jail, other congregate care, community site, high risk industry, or  
Full name of the facility, location of sample collection  
street address, including street number, name, city, zip code to enable mapping and finding site in future  
Name of person at the site (not the LHD) who would be handling coordination during the event  
Phone number of facility being tested (not the lhd phone number)  
Yes/no as to whether state needs to identify or provide staff external to the jurisdiction to assist in sample  
Description of staff needed - number, level of experience  
Yes/no as to whether the state will need to provide PPE for the sample collection event  
Description of the specific ppe needed and the numbers of those supplies  
The number of samples needed to be collected during the event  
dates of the event that would be preferred  
Issues with type of test needed or other issues that are important to be aware of.

To be completed after end of week two

**Interim Public Health Testing Utilization Plan (Revision Date: 6/04/20) SUBJECT TO CHANGE**

This document is meant to aid in selection and frequency testing of individuals and populations for COVID-19. CDC guidance for COVID-19 may be adapted by state and local health departments to respond to rapidly changing local circumstances. Clinicians should use their judgment to determine if a patient has signs and symptoms compatible with COVID-19 and whether the patient should be tested. Asymptomatic infection with SARS-CoV-2, the virus that causes COVID-19, has been reported. Most patients with confirmed COVID-19 have developed fever and/or symptoms of acute respiratory illness (e.g., cough, difficulty breathing) but some people may present with other symptoms as well. Other considerations that may guide testing are epidemiologic factors such as the occurrence of local community transmission of COVID-19 in a jurisdiction. Clinicians are encouraged to test for other causes of respiratory illness.

Other considerations that may guide testing are epidemiologic factors such as known exposure to an individual who has tested positive for SARS-CoV-2, and the occurrence of local community transmission or transmission within a specific setting/facility (e.g., nursing homes) of COVID-19. Clinicians are strongly encouraged to test for other causes of respiratory illness, for example influenza, in addition to testing for SARS-CoV-2. Another population in which to prioritize testing of minimally symptomatic and even asymptomatic persons are long-term care facility residents, especially in facilities where one or more other residents have been diagnosed with symptomatic or asymptomatic COVID-19.

SARS-CoV-2 can cause asymptomatic, pre-symptomatic, and minimally symptomatic infections, leading to viral shedding that may result in transmission to others who are particularly vulnerable to severe disease and death. Even mild signs and symptoms (e.g., sore throat) of COVID-19 should be evaluated among potentially exposed healthcare personnel, due to their extensive and close contact with vulnerable patients in healthcare settings. Additional information is available in CDC's Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease 2019 [COVID-19].

Testing Objective: "Use Cases"	Population <sup>2,10</sup>	Public Health Priority Populations	Clinical Assessment <sup>3,10</sup>	Epidemiological Assessment <sup>4,10</sup>	Clinical/Public Health Rationale	Frequency of Testing <sup>5,10</sup>	Public Health Prioritization if Limited Resources <sup>10</sup>
Protection of vulnerable populations	Residents in congregate living settings serving individuals at most risk of severe consequences (e.g. long-term care facilities, assisted living)	HIGHEST	Post-symptomatic	Based on past testing results	Consider a test-based strategy to discontinue isolation, if non-test based strategy is not utilized	Twice, separated by 224 hrs	Low Priority (may be important clinically)
			Asymptomatic	Individual with known exposure to COVID-19 case	Rapid diagnosis, isolation, and treatment of suspected cases	Once, on identification of close contact exposure. Only repeat if symptoms develop	High priority
				Facility with at least 1 facility associated COVID-19 case	Rapid identification and containment through isolation and cohorting or (nursing home) transfer to regional hub	At intake and repeated at least weekly until staff and residents/patients are all negative, 14 days after last positive. Consider increasing frequency if significant community transmission.	Highest priority: Prioritize facilities with highest prevalence of individuals at risk of severe consequences of infection (i.e., long term care facility, homes for aged over general prison population)
			A region of medium risk or higher, or receiving patients from an area of medium risk or higher	Rapid identification and containment through isolation and cohorting or (nursing home) transfer to regional hub	At intake and repeated at least weekly until staff and residents/patients are all negative for 14 days after last positive test	Prioritize facilities with staff or transfers from facilities with known outbreak; prioritize facilities with individuals most at risk of severe consequences of infection. If resources lacking, could test most likely exposed population within facility	

Testing Objective <sup>10</sup> Use Cases <sup>4</sup>	Public Health Priority Populations <sup>10</sup>	Clinical Assessment <sup>5,10</sup>	Epidemiological Assessment <sup>4,10</sup>	Clinical/Public Health Rationale	Frequency of Testing <sup>5,10</sup>	Public Health Prioritization if Limited Resources <sup>10</sup>
Low income workers in risky professions (migrant agricultural, meat packing, animal husbandry)	HIGHEST	Asymptomatic	Individual with known exposure to COVID-19 case	Rapid diagnosis, isolation, and treatment of suspected cases	Once, on identification of close contact exposure. Only repeat if symptoms develop	Highest priority
		Post-symptomatic	Based on patient's testing result	Consider a test-based strategy to discontinue isolation, if non-test based strategy is not utilized	Twice, separated by ≥24 hrs	Low Priority (may be important clinically)
Homeless shelters	HIGHEST	Asymptomatic	People who have been going to work in industries seeing recent outbreaks	Proactive response to low access to testing; potential for exposure through housing, travel, and workplace, inability to self-quarantine/essential workforce, and occurrence of multiple outbreaks in meat packing, poultry and agricultural sites	Every two weeks until outbreaks in these at risk industries no longer occurring	Prioritize testing to facilities with known outbreaks or that share staff/customers with facilities with known outbreaks
		Asymptomatic	Individual with known exposure to COVID-19 case A region of medium risk or higher, or receiving patients from an area of medium risk or higher <sup>7</sup>	Rapid diagnosis, isolation, and treatment of suspected cases Individuals have little control over environment or ability to control personal exposure. Ongoing risk due to transient nature of housing.	Rapid test on intake; following contact with known case Using rapid testing at intake and every two weeks following	Highest priority Prioritize testing at intake for all facilities. Prioritize testing all individuals in facilities with known outbreak
Jails	HIGHEST	Asymptomatic	Individual with known exposure to COVID-19 case A region of medium risk or higher, or receiving patients from an area of medium risk or higher <sup>7</sup>	Transient population	Rapid test on intake; following contact with known case	Highest priority
		Post-symptomatic	Based on patient's testing result	Transient population Consider a test-based strategy to discontinue isolation, if non-test based strategy is inappropriate	Rapid test on intake and transfer; every 14 days for those who remain in the facility Twice, separated by ≥24 hrs	Prioritize testing at intake for all facilities. Prioritize testing all individuals in facilities with known outbreak Low Priority (may be important clinically)

Testing Objective - Use Cases <sup>10</sup>	Population <sup>10</sup>	Public Health Priority Populations <sup>10</sup>	Clinical Assessment <sup>3, 10</sup>	Epidemiological Assessment <sup>4, 10</sup>	Clinical/Public Health Rationale	Frequency of Testing <sup>5, 10</sup>	Public Health Prioritization if Limited Resources <sup>10</sup>
	Healthcare workers		Asymptomatic	Individual with known exposure to COVID-19 case	Rapid diagnosis, isolation, and treatment of suspected cases Reduce exposure at workplace and prevent exposure to the public	Once, on identification as contact. Only repeat if symptoms develop Every two weeks until no longer medium risk region	Highest priority
			Post-symptomatic	Based on patient's testing result	Consider a test-based strategy to discontinue isolation, if non-test based strategy is not utilized	Twice, separated by ≥24 hrs if symptoms develop	High priority
Protection of essential service workforce	Health care facility workers in congregate living settings, first responders	HIGHEST	Asymptomatic	Individual with known exposure to COVID-19 case Working in facility with COVID-19 outbreak	Rapid diagnosis, isolation, and treatment of suspected cases Reduce exposure at workplace and prevent exposure to the public	Once, on identification as contact. Only repeat if symptoms develop Repeat at least weekly until staff and residents/patients are all negative	Highest priority
				A region of medium risk or higher <sup>7</sup>	Reduce exposure at workplace and prevent exposure to the public	Repeat at least weekly until no longer medium risk or higher risk region	High priority
	Non-healthcare essential service workers		Asymptomatic	Individual with known exposure to COVID-19 case	Rapid diagnosis, isolation, and treatment of suspected cases	Once, at least three to four days after close contact exposure. Only repeat if symptoms develop	High priority
				People who have been going to work in a region of medium-high risk or higher <sup>7</sup>	Consider initial test to set baseline and biweekly testing follow up to reduce exposure at workplace and prevent exposure to the public	Every two weeks until no longer medium-high risk region	Lower priority
			Asymptomatic	People in service professions with daily close contact with the public, in a region of medium high risk or higher <sup>7</sup> Workers who have been at home for 14 days for nonquarantine reasons who are returning to work in a region of medium high risk or higher <sup>7</sup>	Consider initial test to set baseline and biweekly testing follow up to reduce exposure at workplace and prevent exposure to the public These individuals have low likelihood of being exposed and testing utility is limited (risk of false positive could exclude someone from work)	Every two weeks until no longer medium-high risk region Every two weeks until no longer medium-high risk region	Highest priority Lower priority



Testing Objective**Use Cases*	Population <sup>2,10</sup>	Public Health Priority Populations	Clinical Assessment <sup>3,10</sup>	Epidemiological Assessment <sup>4,10</sup>	Clinical/Public Health Rationale	Frequency of Testing <sup>5,10</sup>	Public Health Prioritization if Limited Resources <sup>10</sup>
Population with lack of access to testing	Racial/ethnic minority populations	HIGHEST	higher rates of severe outcomes	Populations who have had less access to COVID-19 testing; consider social vulnerability index	Increase testing rates per million per day in communities facing inequity in access (i.e., rate of testing in areas with higher proportion of racial/ethnic minorities is equal to or above that for majority areas)	Population strategy, daily mobile or pop up testing strategy in high need areas; be aware of lack of transportation; consider proactive strategy going directly to individuals in hard to reach populations	High Priority
Other workforce protection	Workers employed in occupations and settings other than noted above		Asymptomatic	Individual with known exposure to COVID-19 cases People in service professions with daily close contact with the public, in regions of medium risk <sup>7</sup> Sporadic cases, linked to travel/contacts outside community	Assurance of safe work environment and protection of general public receiving services Assurance of safe work environment and protection of general public receiving services	Once, on identification of close contact exposure. Only repeat if symptoms develop Bi-weekly (frequency recommendation may be adjusted based on level of ongoing exposure risk) Testing would depend on judgement of level of contact	High priority High priority Low priority
Healthcare facility infection control	Hospitalized patients		Asymptomatic	With or without close contact to a case From a region of medium risk or higher <sup>7</sup>	Rapid testing may be indicated for urgent surgical procedures, to allow anesthesia to make perioperative management adjustments as needed Reduce exposure at workplace and prevent exposure to the public	Once, on identification of close contact exposure. Only repeat if symptoms develop Once, on admission. Only repeat if symptoms develop	High priority High priority
Contact tracing	Persons identified through public health contact tracing or cluster investigations (i.e. case contacts)	HIGHEST	Post-symptomatic	Based on patient's testing result, if a test based strategy is utilized High risk exposure to confirmed case (i.e., within 6 feet for more than 10 minutes, household member, or close droplet exposure)	Consider a test-based strategy to discontinue isolation, if non-test based strategy is not utilized	Twice, separated by 24 hrs	Lower priority (clinical prioritization may differ)
Community surveillance	Persons prioritized by health departments or clinicians, for any reason, including but not limited to: public health monitoring, sentinel surveillance, or screening of other asymptomatic individuals according to state and local plans	HIGHEST	Asymptomatic	Sporadic cases, linked to travel/contacts outside community Transmission at any level	Rapid diagnosis, isolation, and treatment of suspected cases and information for contacts Assess trends for early warning of public health system	Once, on identification of close contact exposure. Only repeat if symptoms develop 250 samples per week	Highest priority High Priority
					Determine community prevalence of history of infection and possible immunity (not yet determined) via serologic testing	PROTOCOL UNDER DEVELOPMENT	Low priority

Testing Objective <sup>1,4</sup> Use Cases <sup>5</sup>	Public Health Priority Populations <sup>2,10</sup>	Clinical Assessment <sup>3,10</sup>	Epidemiological Assessment <sup>4,10</sup>	Clinical/Public Health Rationale	Frequency of Testing <sup>5,10</sup>	Public Health Prioritization if Limited Resources <sup>10</sup>
Clinical evaluation and management:	Hospitalized patients	Symptomatic	With or without close contact <sup>8</sup> to case <sup>9</sup>	Rapid diagnosis, isolation, and treatment of suspected cases	If negative, repeat in 1-3 days to confirm if true negative vs. false negative	Highest priority
		Post-symptomatic	Based on patient's testing result	Consider a test-based strategy to discontinue isolation, if non-test based strategy is inappropriate	Twice, separated by 24 hrs	Low public health priority, clinical prioritization may differ
		Asymptomatic	Patient has close contact with known case or from a region of medium risk or higher <sup>7</sup>	Rapid diagnosis, isolation, and treatment of suspected cases	Once, on identification as contact. Only repeat if symptoms develop	High priority
		Symptomatic	With or without close contact to case	Rapid diagnosis, isolation, and treatment of suspected cases	If negative and other work-up also negative, may repeat testing in 1-3 days; if symptoms are persisting or worsening	Highest priority
	Non-hospitalized patients	Post-symptomatic	Based on patient's testing result	Consider a test-based strategy to discontinue isolation, if non-test based strategy is inappropriate	Twice, separated by 24 hrs	Low public health priority, clinical prioritization may differ
		Asymptomatic	Known close contact to COVID-19 Case	Rapid diagnosis, isolation, and treatment of suspected cases and information for contacts; self-quarantine is acceptable strategy	Once, on identification as contact. Only repeat if symptoms develop	High priority

**Notes:**

- All testing indicated above is with Nucleic acid testing, except for use of serologic testing for Community Surveillance
- Test results are highly dependent on the prevalence of COVID-19 in each population. In populations with low prevalence of COVID-19 infection and in asymptomatic individuals the likelihood of false-positive test results is increased. A negative test means that the SARS-CoV-2 RNA was not present in the specimen above the limit of detection. A negative result does not rule out COVID-19 and should not be used as the sole basis for treatment or patient management decisions. A negative result does not exclude the possibility of COVID-19.
- Symptomatic refers to signs or symptoms of potential COVID-19 infections: fever, cough, shortness of breath, chills, muscle pain, new loss of taste or smell, vomiting or diarrhea and/or sore throat
- Case contacts may occur in a healthcare setting or community setting
- There is currently no guidance as to recommended frequency for repeating testing. Frequency should be based on a determination of a person's level of ongoing risk of exposure since a single negative test cannot rule out the possibility of active early infection or becoming infected in the subsequent days to weeks.
- Updated guidance available at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html>
- A region of medium risk or higher based on 7-20 lab-confirmed cases per million population per day; 2 weeks decreasing lab-confirmed cases; 3-10% positivity of diagnostic testing; and/or 2 weeks decreasing positivity. Medium-High risk region has 20-40 cases per million population per day or <2 weeks decreasing cases or >10-20% positivity. A local health department may also assess community transmission assessed as presence of cases not involved in a known outbreak (unidentifiable source).
- Close contact is defined as a) being within approximately 6 feet (2 meters) of a COVID-19 case for 15 minutes; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case; or b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on).
- Case: person who has had a positive lab diagnostic test or clinical diagnosis of COVID-19
- Prioritization in a county/city should take place in consultation with the Local Health Department

## Gaines, Rachele

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**From:** Bowen, Ken  
**Sent:** Thursday, June 11, 2020 5:05 PM  
**To:** Steve Hall  
**Subject:** FW: Two Week Sample Testing Plan Request to LHDs  
**Attachments:** LHD Testing Plan Grid 060720.xlsx; Testing Priority Strategy Grid 2020.06.09.xlsx  
**Importance:** High

I've had to miss the last two HO calls. Has there been any talk about this? Seems like another pile of work for us that won't get used by them.

**From:** de la Rambelje, Laura (DHHS) <DelaRambeljeL@michigan.gov>  
**Sent:** Wednesday, June 10, 2020 8:11 PM  
**To:** Adam London <adam.london@kentcountymi.gov>; Angelique Joynes, RN, BSN, MPH (ajoynes@allegancounty.org) <ajoynes@allegancounty.org>; Ann Hepfer (ahepfer@tchd.us) <ahepfer@tchd.us>; Annette Mercatante <amercatante@hd.stclaircounty.org>; Bill Ridella <bill.ridella@macombgov.org>; Bryant Wilke <wilkeb@sanilachealth.com>; Cathryn Beer (kbeer@wuphd.org) <kbeer@wuphd.org>; Colette Scrimger (cscrimger@bedhd.org) <cscrimger@bedhd.org>; Daren Deyaert <ddeyaert@didhd.org>; Denise Bryan - DHD 4 <dbryan@dhd4.org>; Denise Bryant <dbryan@dhd2.org>; Denise Fair <FairD@detroitmi.gov>; Dianne McCormick (dmccormick@livgov.com) <dmccormick@livgov.com>; Eric Pessell <EPessell@calhouncountymi.gov>; Fred Yanoski (FYanoski@co.midland.mi.us) <FYanoski@co.midland.mi.us>; Gerald (Jerry) Messana (gmessana@mqtc.org) <gmessana@mqtc.org>; James Rutherford (jaruth@kalcounty.com) <jaruth@kalcounty.com>; Jeffery Elliott <jeffe@vbcassdhd.org>; Jimena Loveluck <loveluckj@washtenaw.org>; Joel Strasz (straszj@baycounty.net) <straszj@baycounty.net>; John McKellar <jmckellar@gchd.us>; Karen Senkus (ksenkus@chippewahd.com) <ksenkus@chippewahd.com>; Katherine Haskins (kaskins@lapeercounty.org) <kaskins@lapeercounty.org>; Kathy Herman-Moore (mooreka@co.muskegon.mi.us) <mooreka@co.muskegon.mi.us>; Bowen, Ken <kbowen@ioniacounty.org>; Kevin Hughes <khughes@dhd10.org>; Kim Comerzan (Kim\_comerzan@monroemi.org) <Kim\_comerzan@monroemi.org>; Larry Johnson (ljohnson@shiwasseechd.net) <ljohnson@shiwasseechd.net>; Lisa Peacock (lpeacock@bldhd.org) <lpeacock@bldhd.org>; Lisa Stefanovsky (lstefanovsky@miottawa.org) <lstefanovsky@miottawa.org>; Marcus Cheatham, PhD, MA <mcheatham@mmdhd.org>; Martha Hall <martha.hall@lenawee.mi.us>; MPA Linda Vail (lvail@ingham.org) <lvail@ingham.org>; MPH Christina Harrington (charrington@saginawcounty.com) <charrington@saginawcounty.com>; MPH CPHA Wendy Hirschenberger (wtrute@gtchd.org) <wtrute@gtchd.org>; MSA Leigh-Anne Stafford (staffordl@oakgov.com) <staffordl@oakgov.com>; Nick Derusha (NDerusha@lmasdhd.org) <NDerusha@lmasdhd.org>; Nicole Britten <nbritten@bchdmi.org>; Rashmi Travis <rtravis@mijackson.org>; burnsr <burnsr@bhsj.org>; RS Carol Austerberry (causterb@waynecounty.com) <causterb@waynecounty.com>; RS Daren Deyaert (ddeyaert@hline.org) <ddeyaert@hline.org>; RS Michael Snyder (msnyder@phdm.org) <msnyder@phdm.org>; Steven C. Hall, RS, MS (shall@cmdhd.org) <shall@cmdhd.org>  
**Cc:** LyonCallo, Sarah (DHHS) <lyoncallos@michigan.gov>; mswain@malph.org; Khaldun, Joneigh (DHHS) <KhaldunJ@michigan.gov>; Todd, Orlando (DHHS) <toddo@michigan.gov>; Taverna, Andrea (DHHS-Contractor) <TavernaA1@michigan.gov>; Cotant, Molly (DHHS-Contractor) <CotantM@michigan.gov>; checdeptcoor <checdeptcoor@michigan.gov>; Fiedler, Jay (DHHS) <FiedlerJ@michigan.gov>  
**Subject:** Two Week Sample Testing Plan Request to LHDs  
**Importance:** High

Hello Health Officers,

MDHHS is working to ensure that local health departments have the ability to request sample collection supplies to address public health testing priorities in local jurisdictions. A pilot activity is needed to develop the strongest system

possible with limited resources. We are asking that the local health department provide a plan for a two week period commit to supplies and staff and analysis for ALL local health jurisdictions so that we can assess needs and determine how much supplies would be available to address this need.

The LHD would submit a prioritized list of supplies needed (for example, kits needed for intake at local jails, weekly testing at a high risk business) consider is needed in the jurisdiction so that MDHHS can understand the unmet need. As the LHD-state public health system demonstrates we can supply and turn tests around without back log, we anticipate the number of test kits we can provision would grow. Please refer to the attached Testing prioritization plan to understand vulnerable populations and other priorities.

As a first step, please submit this work sheet by Wednesday June 17<sup>th</sup> for the period June 22 to July 5<sup>th</sup> (inclusive) to the CHECC at [checcdeptcoor@michigan.gov](mailto:checcdeptcoor@michigan.gov).

There is a tab in the spreadsheet for COMMENTS – we are looking forward to hearing ideas for improvements to the data collection and the process, barriers or concerns that you can see with this approach, ideas and resources, and questions.

Sarah Lyon-Callo, MS, PhD  
State Epidemiologist and Director  
Bureau of Epidemiology and Population Health  
Michigan Department of Health and Human Services  
South Grand Building  
333 S. Grand Ave.  
Lansing, MI 48909  
O: (517) 284-4910  
C: (517) 614-6876  
[www.michigan.gov/mdhhs](http://www.michigan.gov/mdhhs)

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*Please note: Michigan has a public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications and any attachments to them may be subject to public disclosure.*

## Gaines, Rachelle

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**From:** Bowen, Ken  
**Sent:** Friday, June 12, 2020 9:34 AM  
**To:** Germain, Amanda  
**Subject:** FW: Hispanic Outreach  
**Attachments:** dairy Labels 1-16.doc; Dairy Labels 17-30.doc; Dairy Labels 45-50.doc; Dairy Farm Mailing.docx; Orchard Labels.doc

**From:** Hoskins, William S. <[whoskins@ioniacounty.org](mailto:whoskins@ioniacounty.org)>  
**Sent:** Wednesday, June 10, 2020 3:04 PM  
**To:** Bowen, Ken <[kbowen@ioniacounty.org](mailto:kbowen@ioniacounty.org)>  
**Subject:** Hispanic Outreach

Ken,

Attached is the address's that I sent mailing out to. Also Kim Tanis is a contact through the schools for the Hispanic community. Her email is [tanisk@bas-k12.org](mailto:tanisk@bas-k12.org)

If there is still work you would like me to help with on this, I am available to help in any way I can, just let me know.

Is this something that we could set up a testing day for them and we would have interrupters on hand? I would be willing to take the lead on organizing it, if we can get the kits and you want to do it.

Sgt. William S. Hoskins  
Ionia County Sheriff's Office  
Emergency Management Division  
100 W. Main Street  
Ionia, MI 48846  
(616)527-8283 office  
(616)902-4652 cell  
[whoskins@ioniacounty.org](mailto:whoskins@ioniacounty.org)



## Gaines, Rachelle

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**From:** Bowen, Ken  
**Sent:** Tuesday, June 16, 2020 10:50 AM  
**To:** Fletcher, Tammy  
**Subject:** RE: migrant camps

I'm already in contact with Kim – but thank you. I may reach out again if we need help with some specific outreach.

Ken

**From:** Fletcher, Tammy <[fletchta@msu.edu](mailto:fletchta@msu.edu)>  
**Sent:** Tuesday, June 16, 2020 10:32 AM  
**To:** Bowen, Ken <[kbowen@ioniacounty.org](mailto:kbowen@ioniacounty.org)>  
**Cc:** Hendrian, William <[hendria2@msu.edu](mailto:hendria2@msu.edu)>  
**Subject:** RE: migrant camps

Good Morning Ken!

Bill Hendrian emailed about your interest in connecting with the migrant camps in Ionia County. Each summer I teach in Belding to the youth from those camps. Would you like me to connect you with Kim Tanis, the director? I am more than happy to help you in any way that I can. Have a great day.

Tammy Fletcher-BS, MA  
Community Nutrition Instructor  
SNAP Education  
Michigan State University Extension  
50 East Sprague Road  
Ionia, MI 48846  
(616)527-5357-work  
(517)775-1702-cell  
[fletchta@msu.edu](mailto:fletchta@msu.edu)

**From:** Long, Brenda <[longbr@msu.edu](mailto:longbr@msu.edu)>  
**Sent:** Thursday, June 4, 2020 12:26 PM  
**To:** Hendrian, William <[hendria2@msu.edu](mailto:hendria2@msu.edu)>; Bowen, Ken <[kbowen@ioniacounty.org](mailto:kbowen@ioniacounty.org)>  
**Cc:** Fletcher, Tammy <[fletchta@msu.edu](mailto:fletchta@msu.edu)>  
**Subject:** RE: migrant camps

Ken and Bill,

I have not reached out to the Ionia migrant camps. I do have some financial and housing printed information in Spanish and English in my office basement. Happy to share some! We also offer online courses in both English and Spanish for Money Management and Homebuying Education.

**Brenda Long, MA**  
Michigan State University Extension  
616-527-5357 or toll free 888-678-3464/2/Ionia  
Fax: 616-522-1449

[longbr@msu.edu](mailto:longbr@msu.edu)

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**From:** Hendrian, William <[hendria2@msu.edu](mailto:hendria2@msu.edu)>  
**Sent:** Thursday, June 4, 2020 11:27 AM  
**To:** Bowen, Ken <[kbowen@ioniacounty.org](mailto:kbowen@ioniacounty.org)>  
**Cc:** Fletcher, Tammy <[fletchta@msu.edu](mailto:fletchta@msu.edu)>; Long, Brenda <[longbr@msu.edu](mailto:longbr@msu.edu)>  
**Subject:** RE: migrant camps

Hi Ken,

Tammy Fletcher has done most of the programming with our migrant community in the past. I am unsure of her efforts recently. I have cc'd her and Brenda Long (who may have reached out) to start to see if either of them can provide any information.

Bill

William V. Hendrian, District Director  
Michigan State University Extension  
District 8 – Clinton, Eaton, Gratiot, Ionia, Ingham, and Montcalm county  
50 E. Sprague Rd.  
Ionia, MI 48846  
(231)843-4395 (cell)  
(616)527-5358  
E-mail: [hendria2@msu.edu](mailto:hendria2@msu.edu)  
Website: [www.msue.msu.edu](http://www.msue.msu.edu)

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**From:** Bowen, Ken <[kbowen@ioniacounty.org](mailto:kbowen@ioniacounty.org)>  
**Sent:** Thursday, June 4, 2020 10:52 AM  
**To:** Hendrian, William <[hendria2@msu.edu](mailto:hendria2@msu.edu)>  
**Subject:** migrant camps

Good Morning Bill,

Have you been doing any outreach to migrant labor camps in Ionia County? We have been trying but have met with little success. MDHHS is now pushing a complicated and time-consuming outreach plan on us. I don't want to duplicate effort.

Thanks,

Ken

Ken Bowen  
Health Officer/Director of Environmental Health  
Ionia County Health Department  
(616) 527-5341  
(616) 527-8202 (fax)

## Gaines, Rachelle

---

**From:** Kristen Schweighoefer <schweighoeferk@washtenaw.org>  
**Sent:** Thursday, June 25, 2020 10:13 AM  
**To:** maleha@malph.org  
**Subject:** FW: MSU-E COVID-19 CHAMP Program -- Upcoming Trainings  
**Attachments:** CHAMP Tool Training Flyer\_Final.pdf

Hi there,

Attached is a webinar training for agriculture/farm related COVID workplace safety. Please share with any networks involved in agriculture work in your communities.

Kristen

Kristen Schweighoefer, MPH, RS  
Environmental Health Director  
*she/her/hers*  
Washtenaw County Health Department  
Environmental Health Division  
P: 734-222-3968 • F: 734-222-3930  
705 N Zeeb Road, Ann Arbor, MI 48103



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**From:** McDowell, Gary (MDARD) [<mailto:McDowellG@michigan.gov>]  
**Sent:** Thursday, June 25, 2020 9:54 AM  
**To:** McDowell, Gary (MDARD) <[McDowellG@michigan.gov](mailto:McDowellG@michigan.gov)>  
**Subject:** MSU-E COVID-19 CHAMP Program -- Upcoming Trainings

As mentioned on our last Stakeholder call, MSU Extension recently released the COVID-19 Hazard Assessment and Mitigation Program (CHAMP). Attached is the upcoming training brochure for your reference and sharing.

Also, see the link below regarding the MSU-E News article that discusses the tool as well.

<https://www.canr.msu.edu/news/michigan-state-university-extension-releases-covid-19-hazard-assessment-and-mitigation-program-champ-e-tool-to-support-the-agriculture-industry>

Thanks!

Gary McDowell, Director  
Michigan Department of Agriculture and Rural Development  
Constitution Hall  
525 W. Allegan St.  
Lansing, MI 48933



Phone: 517-284-5716

Cell: 517-242-5865

Email: [mcdowellg@michigan.gov](mailto:mcdowellg@michigan.gov)

Web: [michigan.gov/mdard](http://michigan.gov/mdard)





## **COVID-19 Hazard Assessment and Mitigation Program (CHAMP)**

**Assisting the agriculture industry with pandemic preparedness & workplace safety**

All trainings and educational opportunities are virtual and held using Zoom technology. Interested participants can connect using a computer (preferred) or mobile device.

### CHAMP Tool Trainings

**July 2nd, 2020**

**10:00 am—12:00 pm**

or

**July 9th, 2020**

**10:00 am—12:00 pm**

Please note trainings are not expected to last the full 2 hours.

### Question and Answer Sessions

**July 14th, 2020**

**1:00 pm—2:00 pm**

or

**July 16th, 2020**

**10:00 am—11:00 am**



### **WHO SHOULD ATTEND:**

Anyone involved in the agriculture industry who is interested-in or responsible-for identifying operational risks for transmission of COVID-19 amongst their workforce, and between the public and their workforce (and vice versa) for public facing operations.

### **DESCRIPTION:**

MSUE CHAMP was developed as a flexible, easy to use e-tool to assist the Michigan agriculture community in assessing risk for spread of COVID-19 in their operations. This tool will help identify, develop and implement appropriate and meaningful exposure control strategies tailored to protect workers and the public (customers) consistent with business operations. It also will assist agriculture operations with complying with State of Michigan requirements for essential and open businesses under the current Executive Orders.

### **CONTACT:**

Melissa Millerick-May—Farm Safety, Hazard Assessment and Control, MSU Extension; milleric@msu.edu

Beth Ferry; MSU Extension Educator; franzeli@msu.edu

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# COVID-19 Hazard Assessment and Mitigation Program

Registration is required for all zoom webinars, please use the information below to complete the registration process:

## CHAMP Tool Trainings

Participants can choose to join either of these virtual sessions with Melissa Millerick-May, whose expertise is in farm safety along with hazard assessment and control. These sessions will include an explanation of the tool, requirements for essential businesses per Executive Orders and will help the user familiarize themselves with the capabilities of the tool.

**July 2nd, 2020 from 10:00 am—12:00 pm**

Registration link: [https://msu.zoom.us/webinar/register/WN\\_Oww\\_iy38QnOk\\_t5oJDo5Bq](https://msu.zoom.us/webinar/register/WN_Oww_iy38QnOk_t5oJDo5Bq)

**July 9th, 2020 from 10:00 am—12:00 pm**

Registration link: [https://msu.zoom.us/webinar/register/WN\\_QaEMJ5D-TDGllcpR3C\\_Gvw](https://msu.zoom.us/webinar/register/WN_QaEMJ5D-TDGllcpR3C_Gvw)

## CHAMP Tool Q&A Sessions

A recorded webinar will also be available for participants to view if they are not able to attend the live sessions. In conjunction with the recorded webinar two question and answer sessions will be held so that interested users can receive instructions or clarification. These sessions will also allow for questions specific to operations to be answered. Registration is required for the Q&A sessions.

**July 14th, 2020 from 1:00 pm—2:00 pm**

Registration Link: [https://msu.zoom.us/webinar/register/WN\\_OSGenxntRo2Q9nTZHqyk9q](https://msu.zoom.us/webinar/register/WN_OSGenxntRo2Q9nTZHqyk9q)

**July 16th, 2020 from 10:00 am—11:00 am**

Registration link: [https://msu.zoom.us/webinar/register/WN\\_7vaNwHINT0-njM6iW6MEw](https://msu.zoom.us/webinar/register/WN_7vaNwHINT0-njM6iW6MEw)



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## Gaines, Rachelle

---

**From:** Bowen, Ken  
**Sent:** Thursday, June 25, 2020 1:01 PM  
**To:** Hoskins, William S.; Novak, Mark; Keefer, Aimee; Bevington, Jamie; Simon, Christine; Brinks, Laura; Petersen, Jason; Shaw, Chad  
**Subject:** FW: MSU-E COVID-19 CHAMP Program -- Upcoming Trainings  
**Attachments:** CHAMP Tool Training Flyer\_Final.pdf

FYI

**From:** Kristen Schweighofer <[schweighoferk@washtenaw.org](mailto:schweighoferk@washtenaw.org)>  
**Sent:** Thursday, June 25, 2020 10:13 AM  
**To:** [maleha@malph.org](mailto:maleha@malph.org)  
**Subject:** FW: MSU-E COVID-19 CHAMP Program -- Upcoming Trainings

Hi there,

Attached is a webinar training for agriculture/farm related COVID workplace safety. Please share with any networks involved in agriculture work in your communities.

Kristen

Kristen Schweighofer, MPH, RS  
Environmental Health Director  
*she/her/hers*  
Washtenaw County Health Department  
Environmental Health Division  
P: 734-222-3968 • F: 734-222-3930  
705 N Zeeb Road, Ann Arbor, MI 48103



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**From:** McDowell, Gary (MDARD) [<mailto:McDowellG@michigan.gov>]  
**Sent:** Thursday, June 25, 2020 9:54 AM  
**To:** McDowell, Gary (MDARD) <[McDowellG@michigan.gov](mailto:McDowellG@michigan.gov)>  
**Subject:** MSU-E COVID-19 CHAMP Program -- Upcoming Trainings

As mentioned on our last Stakeholder call, MSU Extension recently released the COVID-19 Hazard Assessment and Mitigation Program (CHAMP). Attached is the upcoming training brochure for your reference and sharing.

Also, see the link below regarding the MSU-E News article that discusses the tool as well.

<https://www.canr.msu.edu/news/michigan-state-university-extension-releases-covid-19-hazard-assessment-and-mitigation-program-champ-e-tool-to-support-the-agriculture-industry>

Thanks!

Gary McDowell, Director  
Michigan Department of Agriculture and Rural Development  
Constitution Hall  
525 W. Allegan St.  
Lansing, MI 48933  
Phone: 517-284-5716  
Cell: 517-242-5865  
Email: [mcdowellg@michigan.gov](mailto:mcdowellg@michigan.gov)  
Web: [michigan.gov/mdard](http://michigan.gov/mdard)



**Gaines, Rachelle**

---

**From:** Bowen, Ken  
**Sent:** Thursday, June 25, 2020 1:03 PM  
**To:** tlegg.uwm.i@gmail.com  
**Subject:** FW: MSU-E COVID-19 CHAMP Program -- Upcoming Trainings  
**Attachments:** CHAMP Tool Training Flyer\_Final.pdf

Attached is a webinar training for agriculture/farm related COVID workplace safety. Please share with any networks involved in agriculture work in your communities.

Ken Bowen  
Health Officer/Director of Environmental Health  
Ionia County Health Department  
(616) 527-5341  
(616) 527-8202 (fax)

## Gaines, Rachelle

---

**From:** Terri.legg@liveunitedm-i.org  
**Sent:** Thursday, June 25, 2020 1:43 PM  
**To:** Bowen, Ken  
**Subject:** Hispanic contact

Kim Tanis runs the migrant program. She has been very helpful in helping us connect with the migrant population. It is her team that helps.

[tanisk@bas-k12.org](mailto:tanisk@bas-k12.org)

Terri Legg | Executive Director  
United Way Montcalm - Ionia Counties, Michigan  
**NEW ADDRESS: 302 S. Bridge St, Belding, MI 48809**  
P: 616.794.9840 | F: 616.794.9828

[www.liveunitedm-i.org](http://www.liveunitedm-i.org)

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**Remember to refer your clients to 211.**

United Way fights for the health, education and financial stability of every person in every community. LIVE UNITED®

To have .5% of your total Amazon purchase donated to our United Way use this link: <https://smile.amazon.com/ch/23-7136978>

## Gaines, Rachelle

---

**From:** Wendy Hirschenberger <whirsch@gtchd.org>  
**Sent:** Wednesday, July 01, 2020 6:28 PM  
**To:** mho@malph.org  
**Cc:** Linda Vail; London,Adam; Eric Pessell; Mercatante, Annette; Brown, Greg; Demick, Steve; Shinn, Keri; Lois, Diane  
**Subject:** Re: MHO- Language for restaurants not adhering to the customers wearing masks prior to being seated

From our MDARD regional rep:

For complaints related to COVID-19 or the Executive Orders in MDARD licensed food establishments, please direct the complainants to the resources below.

- **Employees** with a complaint about an employer
  - Go to [https://www.michigan.gov/coronavirus/0,9753,7-406-100467\\_100477\\_100487\\_100493\\_100531---,00.html](https://www.michigan.gov/coronavirus/0,9753,7-406-100467_100477_100487_100493_100531---,00.html)
  - Select the “Workplace safety for employees” link.
  - **OR** Call [\(855\) 723-3219](tel:8557233219)
  
- **Consumers** with complaints about a food establishment related to COVID-19 or requirements of the Executive Orders.
  - Go to [https://www.michigan.gov/coronavirus/0,9753,7-406-100467\\_100477\\_100487\\_100493\\_100531---,00.html](https://www.michigan.gov/coronavirus/0,9753,7-406-100467_100477_100487_100493_100531---,00.html)
  - Select the last link on the page labeled “Violations of the Executive Orders”
  - **OR** call the MDHHS Hotline at [\(888\) 535-6136](tel:8885356136)
  - **OR** call local law enforcement’s **non-emergency line**.

**If the local law enforcement agency is unable to assist**, email the complaint to the Attorney General at [AG-COVID19@michigan.gov](mailto:AG-COVID19@michigan.gov) and include:

- Name of person or business violating the Executive Order
- Date of violation
- Location of violation; and
- A brief description of the situation.

Sent from my iPhone

On Jul 1, 2020, at 6:02 PM, Lisa Stefanovsky <[lstefanovsky@miottawa.org](mailto:lstefanovsky@miottawa.org)> wrote:



We have had to respond to a few of their establishments... outbreak at an egg farm, complaints on gas stations and grocery stores and also migrant camps/facilities. We are responding to these complaints like all other complaints and in the egg farm situation we had to use the threat of the health code to force them to give us contact investigation information. The migrant farm situation is a whole world of its own.

**From:** Linda Vail <[LVail@ingham.org](mailto:LVail@ingham.org)>  
**Sent:** Wednesday, July 1, 2020 5:41 PM  
**To:** Wendy Hirschenberger <[whirsch@gtchd.org](mailto:whirsch@gtchd.org)>; London,Adam <[adam.london@kentcountymi.gov](mailto:adam.london@kentcountymi.gov)>  
**Cc:** Eric Pessell <[EPessell@calhouncountymi.gov](mailto:EPessell@calhouncountymi.gov)>; Mercatante, Annette <[amercatante@stclaircounty.org](mailto:amercatante@stclaircounty.org)>; mho <[mho@malph.org](mailto:mho@malph.org)>; Brown, Greg <[gbrown@stclaircounty.org](mailto:gbrown@stclaircounty.org)>; Demick, Steve <[sdemick@stclaircounty.org](mailto:sdemick@stclaircounty.org)>; Shinn, Keri <[kshinn@stclaircounty.org](mailto:kshinn@stclaircounty.org)>; Lois, Diane <[dlois@stclaircounty.org](mailto:dlois@stclaircounty.org)>  
**Subject:** RE: MHO- Language for restaurants not adhering to the customers wearing masks prior to being seated

**Caution!** This email is from an external address and contains a link. Use caution when following links as they could open malicious web sites.

We have done nothing with MDARD establishments. We have our hands full with the nearly 1000 licensed facilities that are our responsibility.

**From:** Wendy Hirschenberger <[whirsch@gtchd.org](mailto:whirsch@gtchd.org)>  
**Sent:** Wednesday, July 1, 2020 5:39 PM  
**To:** London,Adam <[adam.london@kentcountymi.gov](mailto:adam.london@kentcountymi.gov)>  
**Cc:** Eric Pessell <[EPessell@calhouncountymi.gov](mailto:EPessell@calhouncountymi.gov)>; Mercatante, Annette <[amercatante@stclaircounty.org](mailto:amercatante@stclaircounty.org)>; mho <[mho@malph.org](mailto:mho@malph.org)>; Brown, Greg <[gbrown@stclaircounty.org](mailto:gbrown@stclaircounty.org)>; Demick, Steve <[sdemick@stclaircounty.org](mailto:sdemick@stclaircounty.org)>; Shinn, Keri <[kshinn@stclaircounty.org](mailto:kshinn@stclaircounty.org)>; Lois, Diane <[dlois@stclaircounty.org](mailto:dlois@stclaircounty.org)>  
**Subject:** Re: MHO- Language for restaurants not adhering to the customers wearing masks prior to being seated

What are you all doing for MDARD regulated establishments... particularly now that MDARD is no longer investigating complaints referred to them? Are your sanitarians now responding to those complaints like all the others? We have even less ground to stand on with those facilities... We need consistent enforcement across the state.

Wendy S. Hirschenberger, MPH, CPHA  
Health Officer

Grand Traverse County Health Department  
2600 LaFranier, Suite A  
Traverse City MI 49686  
Office: 231-995-6100

On Wed, Jul 1, 2020 at 4:32 PM London,Adam <[adam.london@kentcountymi.gov](mailto:adam.london@kentcountymi.gov)> wrote:

Upon observation or receipt of documentation from law enforcement validating an over-crowded situation at a licensed establishment, we will be ordering closure until the establishment can provide a corrective action plan approved by our staff.

If they violate that CAP, we plan to re-close them and ask the court to keep them closed until our region advances to Phase 5 of the MI Safe Start plan.

Adam London, PhD, RS, DAAS  
Administrative Health Officer  
Kent County Health Department  
(616) 632-7266

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---

**From:** Eric Pessell <[EPessell@calhouncountymi.gov](mailto:EPessell@calhouncountymi.gov)>

**Sent:** Wednesday, July 1, 2020 3:53 PM

**To:** Mercatante, Annette <[amercatante@stclaircounty.org](mailto:amercatante@stclaircounty.org)>; 'mho' <[mho@malph.org](mailto:mho@malph.org)>

**Cc:** Brown, Greg <[gbrown@stclaircounty.org](mailto:gbrown@stclaircounty.org)>; Demick, Steve <[sdemick@stclaircounty.org](mailto:sdemick@stclaircounty.org)>; Shinn, Keri <[kshinn@stclaircounty.org](mailto:kshinn@stclaircounty.org)>; Lois, Diane <[dlois@stclaircounty.org](mailto:dlois@stclaircounty.org)>

**Subject:** Re: MHO- Language for restaurants not adhering to the customers wearing masks prior to being seated

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Mine is very similar

Eric Pessell, REHS, BA  
Health Officer  
Calhoun County Public Health Department  
190 E. Michigan Avenue  
Battle Creek MI 49014  
269-969-6370-office  
269-953-2344-cell

[www.calhouncountymi.gov/publichealth](http://www.calhouncountymi.gov/publichealth)

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---

**From:** Mercatante, Annette <[amercatante@stclaircounty.org](mailto:amercatante@stclaircounty.org)>

**Sent:** Wednesday, July 1, 2020 3:35:10 PM

**To:** 'mho' <[mho@malph.org](mailto:mho@malph.org)>

**Cc:** Brown, Greg <[gbrown@stclaircounty.org](mailto:gbrown@stclaircounty.org)>; Demick, Steve <[sdemick@stclaircounty.org](mailto:sdemick@stclaircounty.org)>; Shinn, Keri <[kshinn@stclaircounty.org](mailto:kshinn@stclaircounty.org)>; Lois, Diane <[dlois@stclaircounty.org](mailto:dlois@stclaircounty.org)>

**Subject:** RE: MHO- Language for restaurants not adhering to the customers wearing masks prior to being seated

**THIS EMAIL WAS SENT FROM OUTSIDE YOUR ORGANIZATION. PLEASE USE CAUTION WHEN CLICKING LINKS OR OPENING ATTACHMENTS .**

Our legal counsel does advise progressive communications with a non-compliant restaurant/business based on the PHC including: warning letter citing potential for legal injunction, site visit with video documentation, and finally an Emergency Order telling them to comply. If that fails we go to court and get an injunction..

Pretty straight forward. We'll be implementing this procedure ASAP.

*Annette Mercatante M.D., M.P.H.*

Medical Health Officer

[amercatante@stclaircounty.org](mailto:amercatante@stclaircounty.org)

810-987-5309

<image001.jpg>

**From:** Eric Pessell <[EPessell@calhouncountymi.gov](mailto:EPessell@calhouncountymi.gov)>

**Sent:** Wednesday, July 01, 2020 12:52 PM

**To:** ahepfer <[ahepfer@tchd.us](mailto:ahepfer@tchd.us)>; 'Rebecca Burns' <[burnsr@bhsj.org](mailto:burnsr@bhsj.org)>; Mercatante, Annette <[amercatante@stclaircounty.org](mailto:amercatante@stclaircounty.org)>

**Cc:** 'Angelique Joynes' <[AJoynes@ALLEGANCOUNTY.ORG](mailto:AJoynes@ALLEGANCOUNTY.ORG)>; 'Marcus Cheatham' <[mcheatham@mmdhd.org](mailto:mcheatham@mmdhd.org)>; 'Kathy Haskins' <[khaskins@lapeercounty.org](mailto:khaskins@lapeercounty.org)>; 'mho' <[mho@malph.org](mailto:mho@malph.org)>; Brown, Greg <[gbrown@stclaircounty.org](mailto:gbrown@stclaircounty.org)>; Demick, Steve <[sdemick@stclaircounty.org](mailto:sdemick@stclaircounty.org)>

**Subject:** Re: MHO- Language for restaurants not adhering to the customers wearing masks prior to being seated

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Folks, ask your legal council to review section 2451, 2453, and in some cases 2455 of the public health code, we have the authority to act regardless of an EO...it's not only that it is a

violation of an EO, it's also a violation of the public health code that has a broad remedy. Closure is a remedy...

Eric Pessell, REHS, BA

Health Officer

Calhoun County Public Health Department

190 E. Michigan Avenue

Battle Creek MI 49014

269-969-6370-office

269-953-2344-cell

[www.calhouncountymi.gov/publichealth](http://www.calhouncountymi.gov/publichealth)

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---

**From:** ahepfer <[ahepfer@tchd.us](mailto:ahepfer@tchd.us)>

**Sent:** Wednesday, July 1, 2020 12:45:25 PM

**To:** 'Rebecca Burns' <[burnsr@bhsj.org](mailto:burnsr@bhsj.org)>; 'Annette Mercatante' <[amercatante@stclaircounty.org](mailto:amercatante@stclaircounty.org)>

**Cc:** 'Angelique Joynes' <[AJoynes@ALLEGANCOUNTY.ORG](mailto:AJoynes@ALLEGANCOUNTY.ORG)>; 'Marcus Cheatham' <[mcheatham@mmdhd.org](mailto:mcheatham@mmdhd.org)>; 'Kathy Haskins' <[khaskins@lapeercounty.org](mailto:khaskins@lapeercounty.org)>; 'mho' <[mho@malph.org](mailto:mho@malph.org)>; 'Brown, Greg' <[gbrown@stclaircounty.org](mailto:gbrown@stclaircounty.org)>; 'Demick, Steve' <[sdemick@stclaircounty.org](mailto:sdemick@stclaircounty.org)>

**Subject:** RE: MHO- Language for restaurants not adhering to the customers wearing masks prior to being seated

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That is the only option I have also, I sent letters last week to all our restaurants with the civil penalties warning, per our prosecuting attorney.

*Ann Hepfer*

**Health Officer for:**

**Tuscola County Health Department**

1309 Cleaver Rd

Suite B,

Caro, MI 48723

Phone: 989-673-8117

Fax: 989-673-7490

**Huron County Health Department**

1142 S. Van Dyke Rd

Bad Axe, MI 48413

Phone: 989-673-8117

Fax 989-269-4181

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**Like HCHD on Facebook:**

**From:** Rebecca Burns <[burnsr@bhsj.org](mailto:burnsr@bhsj.org)>

**Sent:** Wednesday, July 1, 2020 12:31 PM

**To:** Annette Mercatante <[amercatante@stclaircounty.org](mailto:amercatante@stclaircounty.org)>

**Cc:** Angelique Joynes <[AJoynes@ALLEGANCOUNTY.ORG](mailto:AJoynes@ALLEGANCOUNTY.ORG)>; Marcus Cheatham <[mcheatham@mmdhd.org](mailto:mcheatham@mmdhd.org)>; Kathy Haskins <[khaskins@lapeercounty.org](mailto:khaskins@lapeercounty.org)>; mho <[mho@malph.org](mailto:mho@malph.org)>; Brown, Greg <[gbrown@stclaircounty.org](mailto:gbrown@stclaircounty.org)>; Demick, Steve <[sdemick@stclaircounty.org](mailto:sdemick@stclaircounty.org)>

**Subject:** Re: MHO- Language for restaurants not adhering to the customers wearing masks prior to being seated

This enforcement issue is maddening. Our attorney advised that we can send warning notices to be on record but lack enforcement because the MDHHS directives haven't kept up with the Executive Orders. My option is to issue a local Order under the PHC to which I could then issue civil penalties, etc. But as I've mentioned previously haven't had support to do.

**Rebecca A. Burns, M.P.H., R.S.  
Health Officer**

Branch-Hillsdale-St. Joseph Community Health Agency "Your Local Health Department"

570 Marshall Rd, Coldwater, MI 49036

P: 517-933-3040 F: 517-278-2923 C: 269-501-2503

E: [burnsr@bhsj.org](mailto:burnsr@bhsj.org)

<image002.png>

**Visit: [www.bhsj.org](http://www.bhsj.org) for Public Health Resources & Events**

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**From:** "Annette Mercatante" <[amercatante@stclaircounty.org](mailto:amercatante@stclaircounty.org)>  
**To:** "Angelique Joynes" <[AJoynes@ALLEGANCOUNTY.ORG](mailto:AJoynes@ALLEGANCOUNTY.ORG)>, "Marcus Cheatham" <[mcheatham@mmdhd.org](mailto:mcheatham@mmdhd.org)>, "Kathy Haskins" <[khaskins@lapeercounty.org](mailto:khaskins@lapeercounty.org)>, "mho" <[mho@malph.org](mailto:mho@malph.org)>  
**Cc:** "Brown, Greg" <[gbrown@stclaircounty.org](mailto:gbrown@stclaircounty.org)>, "Demick, Steve" <[sdemick@stclaircounty.org](mailto:sdemick@stclaircounty.org)>  
**Sent:** Wednesday, July 1, 2020 12:19:26 PM  
**Subject:** RE: MHO- Language for restaurants not adhering to the customers wearing masks prior to being seated

My sanitarians are finding that the non-compliant restaurants (with the EO) are not responsive to their visits and they feel disempowered without any real ability to fine or regulate...in fact they requested that they NOT go out in person anymore because it makes us look bad when we don't have anything to stand on. A couple of them are very concerned as well about exposure and we are relenting them use PPE beyond a cloth face mask (even though they are not at risk). We have decided to now send official letters warning businesses that corrective actions "could" be taken...they will be sent to every business that we get complaints about. Different public health code references need to be used for restaurants vs other businesses. If anyone has a similar letter/template please share. It is still our intention to do site inspections to validate the complaints.

*Annette Mercatante M.D., M.P.H.*

Medical Health Officer

[amercatante@stclaircounty.org](mailto:amercatante@stclaircounty.org)

810-987-5309

<image003.jpg>

**From:** Angelique Joynes <[AJoynes@ALLEGANCOUNTY.ORG](mailto:AJoynes@ALLEGANCOUNTY.ORG)>

**Sent:** Wednesday, July 01, 2020 12:11 PM

**To:** Marcus Cheatham <[mcheatham@mmdhd.org](mailto:mcheatham@mmdhd.org)>; Kathy Haskins <[khaskins@lapeercounty.org](mailto:khaskins@lapeercounty.org)>; [mho@malph.org](mailto:mho@malph.org)

**Subject:** RE: MHO- Language for restaurants not adhering to the customers wearing masks prior to being seated

**EMAIL ORIGIN EXTERNAL:** Use proper judgment and caution when opening attachments, clicking links, or responding to this email.

Yes we have sent sanitarians out. We have had verbal conversations as well following the process.

I understand we can pull the license which will take numerous steps but are you citing the current EO language in place of the Food Code?

<image004.png>

Angelique Joynes, MPH, RN

Health Officer

Allegan County Health Department

3255 122nd Avenue Suite 200

Allegan, MI 49010

Phone: (269) 673-5411

Fax: (269) 673-4172

Public Health...Prevent...Protect...and Promote

Together; striving for a healthier Allegan County in which to live, learn, work, and play

<image005.png>

<image006.png>

Tell us how we are doing. Click on this link and go to the bottom of the webpage to provide your feedback. [www.allegancounty.org/health](http://www.allegancounty.org/health)

**From:** Marcus Cheatham [<mailto:mcheatham@mmdhd.org>]

**Sent:** Wednesday, July 1, 2020 12:00 PM

**To:** Kathy Haskins <[khaskins@lapeercounty.org](mailto:khaskins@lapeercounty.org)>; Angelique Joynes <[AJoynes@ALLEGANCOUNTY.ORG](mailto:AJoynes@ALLEGANCOUNTY.ORG)>; [mho@malph.org](mailto:mho@malph.org)

**Subject:** RE: MHO- Language for restaurants not adhering to the customers wearing masks prior to being seated

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This is what we are doing, too. Treat it like any other food violation. If they don't comply after warning and office visit we can pull the license.

**From:** Kathy Haskins <[khaskins@lapeercounty.org](mailto:khaskins@lapeercounty.org)>

**Sent:** Wednesday, July 1, 2020 9:44 AM

**To:** Angelique Joynes <[AJoynes@ALLEGANCOUNTY.ORG](mailto:AJoynes@ALLEGANCOUNTY.ORG)>; [mho@malph.org](mailto:mho@malph.org)

**Subject:** RE: MHO- Language for restaurants not adhering to the customers wearing masks prior to being seated



I just had to send my sanitarian out to warn a few places this morning myself. Would be interested in seeing language also, if someone else has already been there . . . . Thank you in advance.

Kathy

*Kathy Haskins, MPH, BSN*

Director/Health Officer

Lapeer County Health Department

[khaskins@lapeercounty.org](mailto:khaskins@lapeercounty.org)

810-245-5581

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**From:** Angelique Joynes [<mailto:AJoynes@ALLEGANCOUNTY.ORG>]

**Sent:** Wednesday, July 1, 2020 9:42 AM

**To:** [mho@malph.org](mailto:mho@malph.org)

**Subject:** MHO- Language for restaurants not adhering to the customers wearing masks prior to being seated

Hello team-

Have any of you developed language for this that could be included in a cease and desist (since we enforce restaurants)?

I need to work on language to send out to them because we have quite a few restaurants who are not enforcing it and creating issues for those who are. Also mask wearing will help us keep the virus presence lower in our community.

Thanks for any language you can share.

<image004.png>      Angelique Joynes, MPH, RN  
Health Officer  
Allegan County Health Department  
3255 122nd Avenue Suite 200  
Allegan, MI 49010  
Phone: (269) 673-5411  
Fax: (269) 673-4172

Public Health....Prevent....Protect...and Promote

Together; striving for a healthier Allegan County in which to live, learn, work, and play

<image005.png>

<image006.png>

Tell us how we are doing. Click on this link and go to the bottom of the webpage to provide your feedback. [www.allegancounty.org/health](http://www.allegancounty.org/health)

## Gaines, Rachelle

---

**From:** Bowen, Ken  
**Sent:** Thursday, July 02, 2020 8:02 AM  
**To:** Bull, Lacey  
**Subject:** FW: MHO- Language for restaurants not adhering to the customers wearing masks prior to being seated

**From:** Wendy Hirschenberger <whirsch@gtchd.org>  
**Sent:** Wednesday, July 1, 2020 6:28 PM  
**To:** mho@malph.org  
**Cc:** Linda Vail <lvail@ingham.org>; London, Adam <adam.london@kentcountymi.gov>; Eric Pessell <epessell@calhouncountymi.gov>; Mercatante, Annette <amercatante@stclaircounty.org>; Brown, Greg <gbrown@stclaircounty.org>; Demick, Steve <sdemick@stclaircounty.org>; Shinn, Keri <kshinn@stclaircounty.org>; Lois, Diane <dlois@stclaircounty.org>  
**Subject:** Re: MHO- Language for restaurants not adhering to the customers wearing masks prior to being seated

From our MDARD regional rep:

For complaints related to COVID-19 or the Executive Orders in MDARD licensed food establishments, please direct the complainants to the resources below.

- **Employees** with a complaint about an employer
  - Go to [https://www.michigan.gov/coronavirus/0,9753,7-406-100467\\_100477\\_100487\\_100493\\_100531---,00.html](https://www.michigan.gov/coronavirus/0,9753,7-406-100467_100477_100487_100493_100531---,00.html)
  - Select the “Workplace safety for employees” link.
  - **OR** Call [\(855\) 723-3219](tel:8557233219)
  
- **Consumers** with complaints about a food establishment related to COVID-19 or requirements of the Executive Orders.
  - Go to [https://www.michigan.gov/coronavirus/0,9753,7-406-100467\\_100477\\_100487\\_100493\\_100531---,00.html](https://www.michigan.gov/coronavirus/0,9753,7-406-100467_100477_100487_100493_100531---,00.html)
  - Select the last link on the page labeled “Violations of the Executive Orders”
  - **OR** call the MDHHS Hotline at [\(888\) 535-6136](tel:8885356136)

- o **OR** call local law enforcement's **non-emergency line**.

**If the local law enforcement agency is unable to assist**, email the complaint to the Attorney General at [AG-COVID19@michigan.gov](mailto:AG-COVID19@michigan.gov) and include:

- Name of person or business violating the Executive Order
- Date of violation
- Location of violation; and
- A brief description of the situation.

Sent from my iPhone

On Jul 1, 2020, at 6:02 PM, Lisa Stefanovsky <[lstefanovsky@miottawa.org](mailto:lstefanovsky@miottawa.org)> wrote:

We have had to respond to a few of their establishments... outbreak at an egg farm, complaints on gas stations and grocery stores and also migrant camps/facilities. We are responding to these complaints like all other complaints and in the egg farm situation we had to use the threat of the health code to force them to give us contact investigation information. The migrant farm situation is a whole world of its own.

**From:** Linda Vail <[LVail@ingham.org](mailto:LVail@ingham.org)>

**Sent:** Wednesday, July 1, 2020 5:41 PM

**To:** Wendy Hirschenberger <[whirsch@gtchd.org](mailto:whirsch@gtchd.org)>; London,Adam <[adam.london@kentcountymi.gov](mailto:adam.london@kentcountymi.gov)>

**Cc:** Eric Pessell <[EPessell@calhouncountymi.gov](mailto:EPessell@calhouncountymi.gov)>; Mercatante, Annette

<[amercatante@stclaircounty.org](mailto:amercatante@stclaircounty.org)>; mho <[mho@malph.org](mailto:mho@malph.org)>; Brown, Greg <[gbrown@stclaircounty.org](mailto:gbrown@stclaircounty.org)>;

Demick, Steve <[sdemick@stclaircounty.org](mailto:sdemick@stclaircounty.org)>; Shinn, Keri <[kshinn@stclaircounty.org](mailto:kshinn@stclaircounty.org)>; Lois, Diane

<[dlois@stclaircounty.org](mailto:dlois@stclaircounty.org)>

**Subject:** RE: MHO- Language for restaurants not adhering to the customers wearing masks prior to being seated

**Caution!** This email is from an external address and contains a link. Use caution when following links as they could open malicious web sites.

We have done nothing with MDARD establishments. We have our hands full with the nearly 1000 licensed facilities that are our responsibility.

**From:** Wendy Hirschenberger <[whirsch@gtchd.org](mailto:whirsch@gtchd.org)>

**Sent:** Wednesday, July 1, 2020 5:39 PM

**To:** London,Adam <[adam.london@kentcountymi.gov](mailto:adam.london@kentcountymi.gov)>

**Cc:** Eric Pessell <[EPessell@calhouncountymi.gov](mailto:EPessell@calhouncountymi.gov)>; Mercatante, Annette

<[amercatante@stclaircounty.org](mailto:amercatante@stclaircounty.org)>; mho <[mho@malph.org](mailto:mho@malph.org)>; Brown, Greg <[gbrown@stclaircounty.org](mailto:gbrown@stclaircounty.org)>;

Demick, Steve <[sdemick@stclaircounty.org](mailto:sdemick@stclaircounty.org)>; Shinn, Keri <[kshinn@stclaircounty.org](mailto:kshinn@stclaircounty.org)>; Lois, Diane

<[dlois@stclaircounty.org](mailto:dlois@stclaircounty.org)>

**Subject:** Re: MHO- Language for restaurants not adhering to the customers wearing masks prior to being seated

What are you all doing for MDARD regulated establishments... particularly now that MDARD is no longer investigating complaints referred to them? Are your sanitarians now responding to

those complaints like all the others? We have even less ground to stand on with those facilities...  
We need consistent enforcement across the state.

Wendy S. Hirschenberger, MPH, CPHA  
Health Officer

Grand Traverse County Health Department  
2600 LaFranier, Suite A  
Traverse City MI 49686  
Office: 231-995-6100

On Wed, Jul 1, 2020 at 4:32 PM London, Adam <[adam.london@kentcountymi.gov](mailto:adam.london@kentcountymi.gov)> wrote:

Upon observation or receipt of documentation from law enforcement validating an over-crowded situation at a licensed establishment, we will be ordering closure until the establishment can provide a corrective action plan approved by our staff.

If they violate that CAP, we plan to re-close them and ask the court to keep them closed until our region advances to Phase 5 of the MI Safe Start plan.

Adam London, PhD, RS, DAAS  
Administrative Health Officer  
Kent County Health Department  
(616) 632-7266

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---

**From:** Eric Pessell <[EPessell@calhouncountymi.gov](mailto:EPessell@calhouncountymi.gov)>  
**Sent:** Wednesday, July 1, 2020 3:53 PM  
**To:** Mercatante, Annette <[amercatante@stclaircounty.org](mailto:amercatante@stclaircounty.org)>; 'mho' <[mho@malph.org](mailto:mho@malph.org)>  
**Cc:** Brown, Greg <[gbrown@stclaircounty.org](mailto:gbrown@stclaircounty.org)>; Demick, Steve <[sdemick@stclaircounty.org](mailto:sdemick@stclaircounty.org)>; Shinn, Keri <[kshinn@stclaircounty.org](mailto:kshinn@stclaircounty.org)>; Lois, Diane <[dlois@stclaircounty.org](mailto:dlois@stclaircounty.org)>  
**Subject:** Re: MHO- Language for restaurants not adhering to the customers wearing masks prior to being seated

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Mine is very similar

Eric Pessell, REHS, BA  
Health Officer  
Calhoun County Public Health Department  
190 E. Michigan Avenue  
Battle Creek MI 49014  
269-969-6370-office  
269-953-2344-cell  
[www.calhouncountymi.gov/publichealth](http://www.calhouncountymi.gov/publichealth)

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---

**From:** Mercatante, Annette <[amercatante@stclaircounty.org](mailto:amercatante@stclaircounty.org)>

**Sent:** Wednesday, July 1, 2020 3:35:10 PM

**To:** 'mho' <[mho@malph.org](mailto:mho@malph.org)>

**Cc:** Brown, Greg <[gbrown@stclaircounty.org](mailto:gbrown@stclaircounty.org)>; Demick, Steve <[sdemick@stclaircounty.org](mailto:sdemick@stclaircounty.org)>; Shinn, Keri <[kshinn@stclaircounty.org](mailto:kshinn@stclaircounty.org)>; Lois, Diane <[dlois@stclaircounty.org](mailto:dlois@stclaircounty.org)>

**Subject:** RE: MHO- Language for restaurants not adhering to the customers wearing masks prior to being seated

**THIS EMAIL WAS SENT FROM OUTSIDE YOUR ORGANIZATION. PLEASE USE CAUTION WHEN CLICKING LINKS OR OPENING ATTACHMENTS .**

Our legal counsel does advise progressive communications with a non-compliant restaurant/business based on the PHC including: warning letter citing potential for legal injunction, site visit with video documentation, and finally an Emergency Order telling them to comply. If that fails we go to court and get an injunction..

Pretty straight forward. We'll be implementing this procedure ASAP.

*Annette Mercatante M.D., MPH*

Medical Health Officer

[amercatante@stclaircounty.org](mailto:amercatante@stclaircounty.org)

810-987-5309

<*image001.jpg*>

**From:** Eric Pessell <[EPessell@calhouncountymi.gov](mailto:EPessell@calhouncountymi.gov)>

**Sent:** Wednesday, July 01, 2020 12:52 PM

**To:** ahepfer <[ahepfer@tchd.us](mailto:ahepfer@tchd.us)>; 'Rebecca Burns' <[burnsr@bhsj.org](mailto:burnsr@bhsj.org)>; Mercatante, Annette <[amercatante@stclaircounty.org](mailto:amercatante@stclaircounty.org)>  
**Cc:** 'Angelique Joynes' <[AJoynes@ALLEGANCOUNTY.ORG](mailto:AJoynes@ALLEGANCOUNTY.ORG)>; 'Marcus Cheatham' <[mcheatham@mmdhd.org](mailto:mcheatham@mmdhd.org)>; 'Kathy Haskins' <[khaskins@lapeercounty.org](mailto:khaskins@lapeercounty.org)>; 'mho' <[mho@malph.org](mailto:mho@malph.org)>; Brown, Greg <[gbrown@stclaircounty.org](mailto:gbrown@stclaircounty.org)>; Demick, Steve <[sdemick@stclaircounty.org](mailto:sdemick@stclaircounty.org)>  
**Subject:** Re: MHO- Language for restaurants not adhering to the customers wearing masks prior to being seated

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Folks, ask your legal council to review section 2451, 2453, and in some cases 2455 of the public health code, we have the authority to act regardless of an EO...it's not only that it is a violation of an EO, it's also a violation of the public health code that has a broad remedy. Closure is a remedy...

Eric Pessell, REHS, BA

Health Officer

Calhoun County Public Health Department

190 E. Michigan Avenue

Battle Creek MI 49014

269-969-6370-office

269-953-2344-cell

[www.calhouncountymi.gov/publichealth](http://www.calhouncountymi.gov/publichealth)

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**From:** ahepfer <[ahepfer@tchd.us](mailto:ahepfer@tchd.us)>  
**Sent:** Wednesday, July 1, 2020 12:45:25 PM  
**To:** 'Rebecca Burns' <[burnsr@bhsj.org](mailto:burnsr@bhsj.org)>; 'Annette Mercatante' <[amercatante@stclaircounty.org](mailto:amercatante@stclaircounty.org)>  
**Cc:** 'Angelique Joynes' <[AJoynes@ALLEGANCOUNTY.ORG](mailto:AJoynes@ALLEGANCOUNTY.ORG)>; 'Marcus Cheatham' <[mcheatham@mmdhd.org](mailto:mcheatham@mmdhd.org)>; 'Kathy Haskins' <[khaskins@lapeercounty.org](mailto:khaskins@lapeercounty.org)>; 'mho' <[mho@malph.org](mailto:mho@malph.org)>; 'Brown, Greg' <[gbrown@stclaircounty.org](mailto:gbrown@stclaircounty.org)>; 'Demick, Steve' <[sdemick@stclaircounty.org](mailto:sdemick@stclaircounty.org)>  
**Subject:** RE: MHO- Language for restaurants not adhering to the customers wearing masks prior to being seated

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That is the only option I have also, I sent letters last week to all our restaurants with the civil penalties warning, per our prosecuting attorney.

*Ann Hepfer*

**Health Officer for:**

**Tuscola County Health Department**

1309 Cleaver Rd

Suite B,

Caro, MI 48723

Phone: 989-673-8117

Fax: 989-673-7490

**Huron County Health Department**

1142 S. Van Dyke Rd

Bad Axe, MI 48413

Phone: 989-673-8117

Fax 989-269-4181

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**From:** Rebecca Burns <[burnsr@bhsj.org](mailto:burnsr@bhsj.org)>  
**Sent:** Wednesday, July 1, 2020 12:31 PM  
**To:** Annette Mercatante <[amercatante@stclaircounty.org](mailto:amercatante@stclaircounty.org)>  
**Cc:** Angelique Joynes <[AJoynes@ALLEGANCOUNTY.ORG](mailto:AJoynes@ALLEGANCOUNTY.ORG)>; Marcus Cheatham <[mcheatham@mmdhd.org](mailto:mcheatham@mmdhd.org)>; Kathy Haskins <[khaskins@lapeercounty.org](mailto:khaskins@lapeercounty.org)>; mho



<mho@malph.org>; Brown, Greg <gbrown@stclaircounty.org>; Demick, Steve  
<sdemick@stclaircounty.org>

**Subject:** Re: MHO- Language for restaurants not adhering to the customers wearing masks prior to being seated

This enforcement issue is maddening. Our attorney advised that we can send warning notices to be on record but lack enforcement because the MDHHS directives haven't kept up with the Executive Orders. My option is to issue a local Order under the PHC to which I could then issue civil penalties, etc. But as I've mentioned previously haven't had support to do.

**Rebecca A. Burns, M.P.H., R.S.  
Health Officer**

Branch-Hillsdale-St. Joseph Community Health Agency "Your Local Health Department"

570 Marshall Rd, Coldwater, MI 49036

P: 517-933-3040 F: 517-278-2923 C: 269-501-2503

E: [burnsr@bhsj.org](mailto:burnsr@bhsj.org)

<image002.png>

**Visit: [www.bhsj.org](http://www.bhsj.org) for Public Health Resources & Events**

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**From:** "Annette Mercatante" <[amercatante@stclaircounty.org](mailto:amercatante@stclaircounty.org)>  
**To:** "Angelique Joynes" <[AJoynes@ALLEGANCOUNTY.ORG](mailto:AJoynes@ALLEGANCOUNTY.ORG)>, "Marcus Cheatham" <[mcheatham@mmdhd.org](mailto:mcheatham@mmdhd.org)>, "Kathy Haskins" <[khaskins@lapeercounty.org](mailto:khaskins@lapeercounty.org)>, "mho" <[mho@malph.org](mailto:mho@malph.org)>  
**Cc:** "Brown, Greg" <[gbrown@stclaircounty.org](mailto:gbrown@stclaircounty.org)>, "Demick, Steve" <[sdemick@stclaircounty.org](mailto:sdemick@stclaircounty.org)>  
**Sent:** Wednesday, July 1, 2020 12:19:26 PM  
**Subject:** RE: MHO- Language for restaurants not adhering to the customers wearing masks prior to being seated

My sanitarians are finding that the non-compliant restaurants (with the EO) are not responsive to their visits and they feel disempowered without any real ability to fine or regulate...in fact they requested that they NOT go out in person anymore because it makes us look bad when we don't have anything to stand on. A couple of them are very concerned as well about exposure and we are relenting them use PPE beyond a cloth face mask (even though they are not at risk). We have decided to now send official letters warning businesses that corrective actions "could" be taken...they will be sent to every business that we get complaints about. Different public health code references need to be used for restaurants vs other businesses. If anyone has a similar letter/template please share. It is still our intention to do site inspections to validate the complaints.

*Annette Mercatante M.D., M.P.H.*

Medical Health Officer

[amercatante@stclaircounty.org](mailto:amercatante@stclaircounty.org)

810-987-5309

<image003.jpg>

**From:** Angelique Joynes <[AJoynes@ALLEGANCOUNTY.ORG](mailto:AJoynes@ALLEGANCOUNTY.ORG)>

**Sent:** Wednesday, July 01, 2020 12:11 PM

**To:** Marcus Cheatham <[mcheatham@mmdhd.org](mailto:mcheatham@mmdhd.org)>; Kathy Haskins <[khaskins@lapeercounty.org](mailto:khaskins@lapeercounty.org)>; [mho@malph.org](mailto:mho@malph.org)

**Subject:** RE: MHO- Language for restaurants not adhering to the customers wearing masks prior to being seated

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Yes we have sent sanitarians out. We have had verbal conversations as well following the process.

I understand we can pull the license which will take numerous steps but are you citing the current EO language in place of the Food Code?

<image004.png> Angelique Joynes, MPH, RN  
Health Officer  
Allegan County Health Department  
3255 122nd Avenue Suite 200  
Allegan, MI 49010  
Phone: (269) 673-5411  
Fax: (269) 673-4172

Public Health....Prevent....Protect...and Promote

Together; striving for a healthier Allegan County in which to live, learn, work, and play

<image005.png>  
<image006.png>

Tell us how we are doing. Click on this link and go to the bottom of the webpage to provide your feedback. [www.allegancounty.org/health](http://www.allegancounty.org/health)

**From:** Marcus Cheatham [<mailto:mcheatham@mmdhd.org>]  
**Sent:** Wednesday, July 1, 2020 12:00 PM  
**To:** Kathy Haskins <[khaskins@lapeercounty.org](mailto:khaskins@lapeercounty.org)>; Angelique Joynes <[AJoynes@ALLEGANCOUNTY.ORG](mailto:AJoynes@ALLEGANCOUNTY.ORG)>; [mho@malph.org](mailto:mho@malph.org)  
**Subject:** RE: MHO- Language for restaurants not adhering to the customers wearing masks prior to being seated

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This is what we are doing, too. Treat it like any other food violation. If they don't comply after warning and office visit we can pull the license.

**From:** Kathy Haskins <[khaskins@lapeercounty.org](mailto:khaskins@lapeercounty.org)>

**Sent:** Wednesday, July 1, 2020 9:44 AM

**To:** Angelique Joynes <[AJoynes@ALLEGANCOUNTY.ORG](mailto:AJoynes@ALLEGANCOUNTY.ORG)>; [mho@malph.org](mailto:mho@malph.org)

**Subject:** RE: MHO- Language for restaurants not adhering to the customers wearing masks prior to being seated

I just had to send my sanitarian out to warn a few places this morning myself. Would be interested in seeing language also, if someone else has already been there . . . . Thank you in advance.

Kathy

*Kathy Haskins, MPH, BSN*

Director/Health Officer

Lapeer County Health Department

[khaskins@lapeercounty.org](mailto:khaskins@lapeercounty.org)

810-245-5581

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**From:** Angelique Joynes [mailto:AJoynes@ALLEGANCOUNTY.ORG]

**Sent:** Wednesday, July 1, 2020 9:42 AM

**To:** [mho@malph.org](mailto:mho@malph.org)

**Subject:** MHO- Language for restaurants not adhering to the customers wearing masks prior to being seated

Hello team-

Have any of you developed language for this that could be included in a cease and desist (since we enforce restaurants)?

I need to work on language to send out to them because we have quite a few restaurants who are not enforcing it and creating issues for those who are. Also mask wearing will help us keep the virus presence lower in our community.

Thanks for any language you can share.

<image004.png>

Angelique Joynes, MPH, RN

Health Officer

Allegan County Health Department

3255 122nd Avenue Suite 200

Allegan, MI 49010

Phone: (269) 673-5411

Fax: (269) 673-4172

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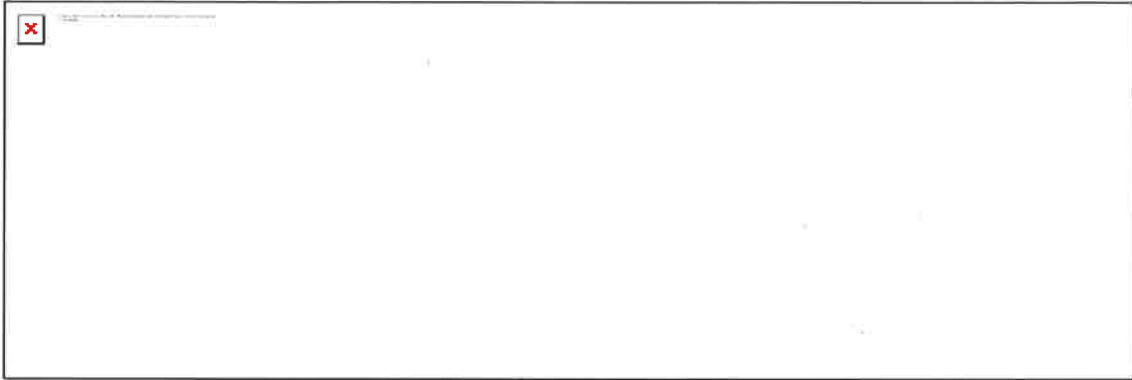
<image006.png>

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**Gaines, Rachelle**

---

**From:** Michigan Department of Health and Human Services  
<MDHHS@govsubscriptions.michigan.gov>  
**Sent:** Thursday, July 02, 2020 4:53 PM  
**To:** Bowen, Ken  
**Subject:** July 2, 2020 COVID-19 Update



## **Michigan Department of Health and Human Services (MDHHS) Updates**

[Face Coverings: COVID-19 and Chance of Transmission graphic](#)

[Acquiring Infant Safe Sleep Supplies During and Emergency](#) - This document is geared towards parents of infants that were in the two counties hardest hit by the the Mid-Michigan flooding earlier this year. The goal is to help parents to use infant safe sleep practices in an emergency as well as where to get needed supplies in these areas.

### **Executive Orders**

[EO 2020-132](#) - Enhanced authorization of remote means for carrying out state administrative procedures - Rescission of Executive Order 2020-113

[EO 2020-133](#) - Restarting professional sports

[EO 2020-134](#) - Eviction diversion program for COVID-19-related debtors - Rescission of Executive Order 2020-118

[EO 2020-135](#) - Creation of Michigan Nursing Homes COVID-19 Preparedness Task Force - Department of Health and Human Services

[EO 2020-136](#) - Temporary restrictions on entry into health care facilities, residential care facilities, congregate care facilities, and juvenile justice facilities - Rescission of Executive Order 2020-108

[EO 2020-137](#) - Protecting the Food Supply and Migrant and Seasonal Agricultural Workers from the effects of COVID-19 - Rescission of Executive Order 2020-111

[EO 2020-138](#) - Encouraging the use of telehealth services during the COVID-19 emergency - Rescission of Executive Order 2020-86

[EO 2020-140](#) - Temporary suspension of youth work permit application requirements - Rescission of Executive Order 2020-116

[EO 2020-141](#) - Providing alternative notice of public hearings under Michigan's tax abatement statutes - Rescission of Executive Order 2020-103

[EO 2020-142](#) - Provision of preK–12 education for the 2020–2021 school year

[EO 2020-143](#) - Closing indoor service at bars

## **Centers For Disease Control and Prevention (CDC) Updates**

Morbidity and Mortality Weekly Report - [Initial and Repeated Point Prevalence Surveys to Inform SARS-CoV-2 Infection Prevention in 26 Skilled Nursing Facilities — Detroit, Michigan, March–May 2020](#)

[Infographic: Tracking MIS-C: Multi-System Inflammatory Syndrome in U.S. Children](#)

## **Assistant Secretary of Preparedness and Response (ASPR)**

[Federal Healthcare Resilience Task Force Alternate Care Site Toolkit Third Edition](#)

[Webinar - Use of Telemedicine in Alternate Care Sites \(7/28/2020\)](#)



## Other Updates

Princeton University - [Five Key Questions State Health Officials Can Ask Right Now to Advance Health Equity During COVID-19 Response Efforts](#)

American Public Health Association - Webinar - [Reopening Colleges and Universities During COVID-19 — Keeping Students and Communities Healthy \(7/8/2020\)](#)

### [Michigan.gov/Coronavirus](https://www.michigan.gov/Coronavirus)

**Michigan COVID-19 Hotline**

1-888-535-6136

Monday to Friday 8 am - 5 pm

COVID19@Michigan.gov

---

This email was sent to kbowen@ioniacounty.org using GovDelivery Communications Cloud on behalf of: Michigan Dept of Health & Human Services · 235 S. Grand Ave W · Lansing, MI 48909 · 1-855-275-6424

## Gaines, Rachelle

---

**From:** Michigan Health Alert Network <acf489ae-0005-3000-80c0-fceb55463ffe@notify.michiganhan.org>  
**Sent:** Monday, July 06, 2020 4:42 PM  
**To:** Bowen, Ken  
**Subject:** Request for the LHD Testing Plan for the Period of July 15 -31, 2020  
**Attachments:** JURISDICTION NAME - July 15-31 LHD .xlsx  
**Importance:** High

Ken Bowen,

Hello Health Officers,

MDHHS is sending out the next request for the LHD testing plan for the period of July 15 -31, 2020. We request that this template be returned to [checcdeptcorr@michigan.gov](mailto:checcdeptcorr@michigan.gov) by COB on Friday July 10, 2020.

We have incorporated your comments into the data collection template and have made improvements to reduce your time in completing the template. A few changes to the template have been made:

- This form will not be used to order PPE. If you are requesting staff to sample, they will bring their own PPE. If you require PPE, please order through the Regional Healthcare Coalition.
- Please provide the email and a direct phone number for the LHD contact on the template.
- The site contact will be contacted to coordinate site staffing and dates. If you would like the site contact to be the facility contact, please provide their information. If the LHD is acting as the facility contact, please provide the LHD contact information in the site contact columns.
- If state support is needed to identify and coordinate a diagnostic lab to process the samples, the physician name, NPI, and fax number must be provided. A secondary fax number can be listed if the LHD would also like a copy of the results.
- If the event will be recurring, please fill out this section of the template.

Once the templates are received, they are compiled and prioritized. The site contact will be notified with the dates scheduled for sample drop off and/or testing.

We are working on creating a master list of all state-funded COVID-19 testing. This will include testing from various programs such as skilled nursing facilities, migrant housing, community pop-ups and LHD requests. We will provide this list to you 1 to 2 times a week. This list will have the schedule for your requested sites.

(Please note, the file name will be truncated via the MIHAN. When returning the template, the complete file name should be updated to read: "JURISDICTION NAME - July 15-31 LHD Testing Plan - Submission 2")

### **You may respond by doing one of the following:**

- Click the appropriate response in the following list of response options,
- Or, reply via email with your response option. Please note that you must include the number of your response option, such as **1**, in the body of your email in order for your response to be recorded.

*Option# Response:*

1. Message Received.

Thank you,  
Michigan Health Alert Network

Page No. Name

101 101

102 102

103 103

104 104

105 105

106 106

107 107

108 108

109 109

110 110

Page No. Name

111 111

112 112

113 113

114 114

115 115

116 116

117 117

118 118

Page No.	Name
101	101
102	102
103	103
104	104
105	105
106	106
107	107
108	108
109	109
110	110
111	111
112	112
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115	115
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## Gaines, Rachelle

---

**From:** Michigan Health Alert Network <acf4a823-0005-3000-80c0-fceb55463ffe@notify.michiganhan.org>  
**Sent:** Monday, July 06, 2020 4:55 PM  
**To:** Bowen, Ken  
**Subject:** -Email Address Correction- Request for the LHD Testing Plan July 15 -31, 2020  
**Attachments:** JURISDICTION NAME - July 15-31 LHD .xlsx  
**Importance:** High

Ken Bowen,

Please note, the correct return email address is: [checcdeptcoor@michigan.gov](mailto:checcdeptcoor@michigan.gov)

-----  
Hello Health Officers,

MDHHS is sending out the next request for the LHD testing plan for the period of July 15 -31, 2020. We request that this template be returned to [checcdeptcoor@michigan.gov](mailto:checcdeptcoor@michigan.gov) by COB on Friday July 10, 2020.

We have incorporated your comments into the data collection template and have made improvements to reduce your time in completing the template. A few changes to the template have been made:

- This form will not be used to order PPE. If you are requesting staff to sample, they will bring their own PPE. If you require PPE, please order through the Regional Healthcare Coalition.
- Please provide the email and a direct phone number for the LHD contact on the template.
- The site contact will be contacted to coordinate site staffing and dates. If you would like the site contact to be the facility contact, please provide their information. If the LHD is acting as the facility contact, please provide the LHD contact information in the site contact columns.
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- Or, reply via email with your response option. Please note that you must include the number of your response option, such as **1**, in the body of your email in order for your response to be recorded.

*Option# Response:*

1. Message Received.

Thank you,  
Michigan Health Alert Network







## Gaines, Rachelle

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**From:** Novak, Mark  
**Sent:** Tuesday, July 07, 2020 6:44 AM  
**To:** Bowen, Ken  
**Cc:** Bull, Lacey  
**Subject:** Vacant land soil eval. Kingston Farm Lane Ionia Township

Fyi: I denied lot #46 due to property line dispute between new potential buyers and neighbor. Soils were satisfactory. Advised to submit certified land survey to this office for review prior to soil boring approval on lot. Few days later, after soil work, the buyers got the survey done and was not satisfied with the lot lines so they backed out of the deal. They did not submit survey to us yet and most likely will not since they backed out of the deal. Therefore I denied application until survey is submitted by another new owner or real estate agent for verification. A past survey was completed in this development, but both parties were in dispute. Shared emails with applicant and me were printed off to be scanned in with application/denial for future reference.

Mark Novak, REHS/RS  
Registered Environmental Health Specialist  
Ionia County Health Department  
[mnovak@ioniacounty.org](mailto:mnovak@ioniacounty.org)  
Ph: 616-527-5341  
Fax: 616-527-8202  
Check us out on Facebook!  
<http://www.facebook.com/IoniaCountyHD>

## Gaines, Rachelle

---

**From:** Bowen, Ken  
**Sent:** Tuesday, July 07, 2020 8:56 AM  
**To:** Shaw, Chad  
**Subject:** FW: -Email Address Correction- Request for the LHD Testing Plan July 15 -31, 2020  
**Attachments:** JURISDICTION NAME - July 15-31 LHD .xlsx  
  
**Importance:** High

**From:** Michigan Health Alert Network <[acf4a823-0005-3000-80c0-fceb55463ffe@notify.michiganhan.org](mailto:acf4a823-0005-3000-80c0-fceb55463ffe@notify.michiganhan.org)>  
**Sent:** Monday, July 6, 2020 4:55 PM  
**To:** Bowen, Ken <[kbowen@ioniacounty.org](mailto:kbowen@ioniacounty.org)>  
**Subject:** -Email Address Correction- Request for the LHD Testing Plan July 15 -31, 2020  
**Importance:** High

Ken Bowen,

Please note, the correct return email address is: [checcdeptcoor@michigan.gov](mailto:checcdeptcoor@michigan.gov)

-----  
Hello Health Officers,

MDHHS is sending out the next request for the LHD testing plan for the period of July 15 -31, 2020. We request that this template be returned to [checcdeptcoor@michigan.gov](mailto:checcdeptcoor@michigan.gov) by COB on Friday July 10, 2020.

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Thank you,  
Michigan Health Alert Network

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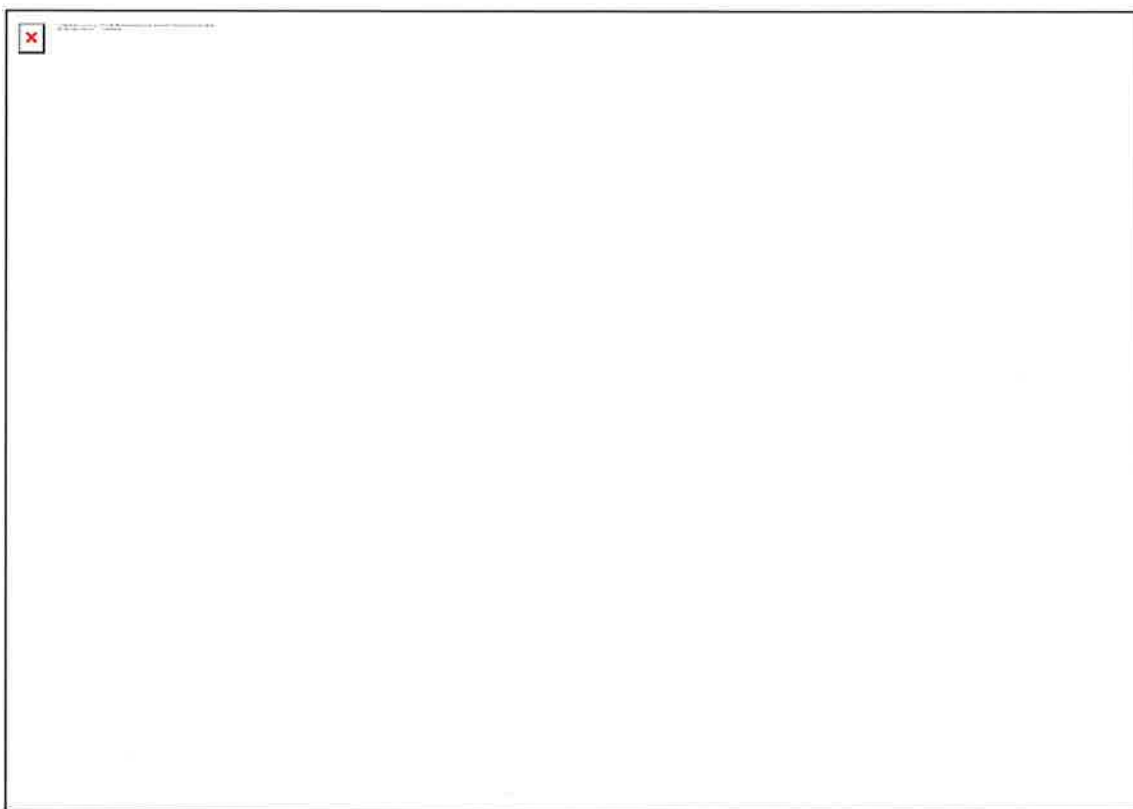
## Gaines, Rachelle

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**From:** Crystal Mountain <crystalmountain@crystalmountainmail.com>  
**Sent:** Tuesday, July 07, 2020 10:02 AM  
**To:** Bowen, Ken  
**Subject:** Crystal Mountain News

If you are unable to see the message below, [click here to view](#).

Let Nature Take Hold...



### Your Summer Adventure Awaits

Summer is in full swing at Crystal Mountain. We're soaking up the sunshine and having fun all over the resort. Plan your next adventure with us and enjoy [36 holes of championship golf](#), a [30-acre wooded preserve](#) full of amazing sculptures, Michigan's only [Alpine Slide](#), and [local attractions](#) that can't be beat!

On top of that, we have a variety of [summer activities](#) available that will get you outside and on your way to discovering a whole new perspective through nature. Start your day

with an [outdoor fitness class](#), take a [hike](#), ride a [bike](#), go for a [swim](#), or — plan a [tubing](#) or [kayak](#) trip on the nearby Platte River.

Don't forget to take time to relax and indulge. Experience bliss with a [spa service](#) at [Crystal Spa](#), ride our [Crystal Clipper chairlift](#) and enjoy panoramic views of three counties, then satisfy your hunger with a delicious meal — we offer a variety of [dine-in and curbside pick up options](#). We hope to see you soon!

[Book Lodging Now](#)

[Explore Activities](#)

[View FAQs](#)

### Spa Refill Program

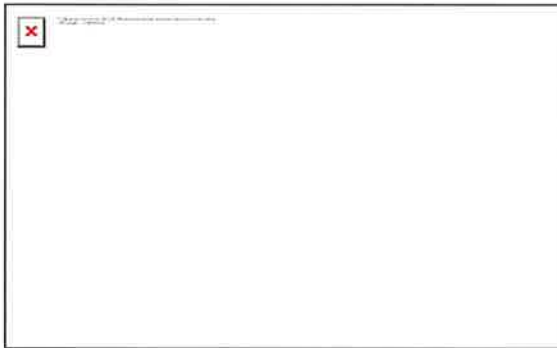
Love enjoying the scents of Crystal Spa at home? Back by popular demand, Signature Crystal Spa product refills are now available for only \$8 per bottle! [More info»](#)

### Save On Tee Times

All season long, [book tee times online](#) before you arrive and save up to 45%! For all the latest golf deals, be sure to check out our [Golf Specials»](#)

### Live Entertainment

Join us every Tuesday and Friday at LEVEL FOUR Rooftop Bar for live music and drinks! Relax and enjoy the view from atop the Inn at the Mountain. [Learn more»](#)



### Golf Schools

Looking to improve your golf game? Taught by

### Garden Tours

Take a tour with our master gardeners and

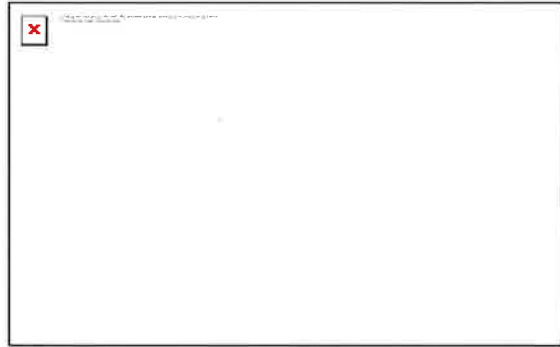
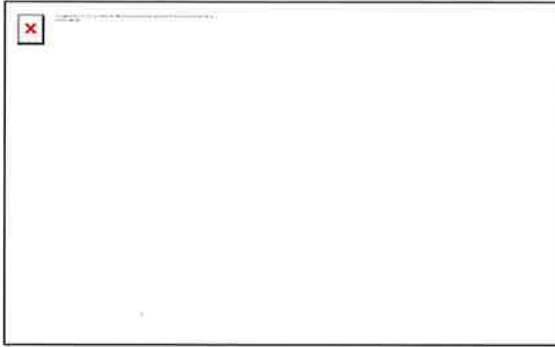
### Farm-To-Table

Happening the third weekend of each month

PGA professionals, Crystal Mountain Golf School has been ranked twice as one of the Top 25 Golf Schools in America by Golf Magazine! We offer a variety of junior and adult schools, as well as private lessons. [More info»](#)

explore gardens designed by award-winning architects. Enjoy water gardens, babbling brooks, hundreds of perennials, and thousands of annuals and shrub varieties located in the resort village. [Learn more»](#)

(May through September), our Farm-to-Table dining series brings fresh northern Michigan flavors to the Thistle Pub & Grille. Experience a custom three-course menu packed full of tasty, local ingredients. [More info»](#)



**877.767.0204**



**Crystal Mountain**  
12500 Crystal Mountain Dr,  
Thompsonville, MI 49683



This message was intended for: [kbowen@ioniacounty.org](mailto:kbowen@ioniacounty.org).

To update your preferences or opt out of this email, click [here](#).



## Gaines, Rachelle

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**From:** Ingersoll, Brenda  
**Sent:** Tuesday, July 07, 2020 10:49 AM  
**To:** Bowen, Ken  
**Cc:** Ingersoll, Brenda  
**Subject:** RE: MDHHS Fiscal Year (FY) 2021 Project Allocations  
**Attachments:** CPBC budget 2021.xlsx


Our 2021 CPBC application is ready to submit. I have attached the excel version of the budget. The budget is pretty similar to last year except that now Onsite Wastewater and drinking water has been combined and MCH is all one program now rather than being split between enabling and infrastructure.

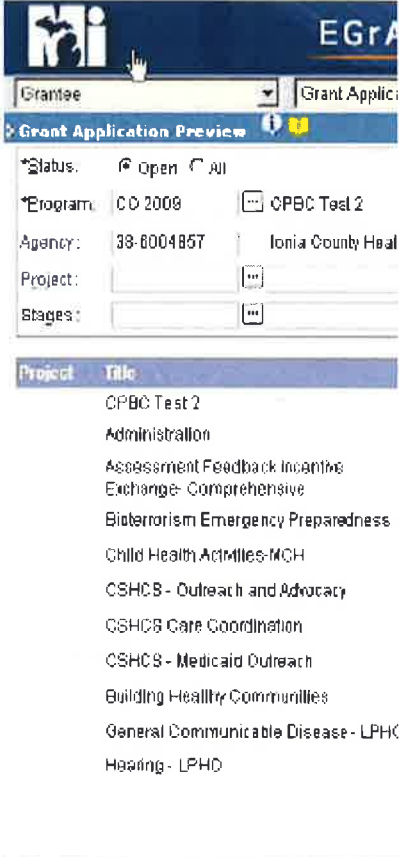
The dropdowns you need are:

Go To: [Grantee](#) > [Grant Application](#) > [Grant Application Preview](#)



## Submit the Program Element Application

- Go to: Grantee -> Grant Application -> Grant Application Preview, drop-down menu. Click the 'Go' button
- The system displays the 'Grant Application Preview' screen
- Only the Authorized Official can submit the applications. To submit application, the Authorized Official completes the following steps:
  - \*Program: Select a Grant Program, using the look-up icon
  - Agency: System pre-populates
  - Additional search criteria, allows you to narrow down your selection
    - **Project:** Select the program element using the look-up icon
    - **Stages:** Select the Stage of the program, using the look-up icon
    - **Status:** Select the status, after selecting the Stage, using the look-up icon
  - Click the 'Go' Button. The system display the available project applications
  - Select the program element(s) to be submitted by check the box under the submit column. Program element can be submitted all at once or separately once they are completed and error free
  - Click the  Submit button
  - The system will prompt the user to confirm submission
  - MDCH will appear in program approval queue for review & completion of program approvals/financial contract coding



Project	Title
<input type="checkbox"/>	CPBC Test 2
<input type="checkbox"/>	Administrallon
<input type="checkbox"/>	Assessment Feedback Incentive Exchange- Comprehensive
<input type="checkbox"/>	Bioterrorism Emergency Preparedness
<input type="checkbox"/>	Child Health ActMiles-MCH
<input type="checkbox"/>	CSHCS - Outreach and Advocacy
<input type="checkbox"/>	CSHCS Care Coordination
<input type="checkbox"/>	CSHCS - Medicaid Outreach
<input type="checkbox"/>	Building Healthy Communities
<input type="checkbox"/>	General Communicable Disease - LPHC
<input type="checkbox"/>	Hearing - LPHD

From: Bowen, Ken <kbowen@ioniacounty.org>

Sent: Friday, June 26, 2020 8:03 AM

To: Ingersoll, Brenda <bingersoll@ioniacounty.org>  
Subject: FW: MDHHS Fiscal Year (FY) 2021 Project Allocations

I'm not seeing any major cuts – and we got the ELPHS boost again?

From: [noreply@egramsmi.net](mailto:noreply@egramsmi.net) <noreply@egramsmi.net>  
Sent: Thursday, June 25, 2020 9:22 PM  
To: Bowen, Ken <[kbowen@ioniacounty.org](mailto:kbowen@ioniacounty.org)>  
Cc: [FSRMDHHS@michigan.gov](mailto:FSRMDHHS@michigan.gov)  
Subject: MDHHS Fiscal Year (FY) 2021 Project Allocations

June, 25 2020

Ken Bowen, Health Officer  
Ionia County Health Department  
100 Main ST  
Ionia, MI 48846 1651

Dear Ken Bowen:

Subject: Fiscal Year (FY) 2021 Projected Allocations

The following chart is a list of the FY 2021 Local Health Department (Comprehensive) Agreement allocations for your Local Health Department (LHD) for funding administered by the Michigan Department of Health and Human Services (MDHHS) through the Agreement. These allocations are based on anticipated FY 2021 Appropriations for MDHHS and are subject to the availability of funds, MDHHS's Appropriation Act for FY 2021, MDHHS approval, and State Administrative Board approval.

Please complete the applications, including the budgets, for these projects and submit your applications through MI E-Grants within **six weeks**. When each individual project application is completed, please have your Authorized Official submit it. This will facilitate timely processing of your agreement. If you are not able to submit your application within this time period, please contact your Grants Section team member, Carissa Reece, at [reeceC@michigan.gov](mailto:reeceC@michigan.gov) or (517) 335-0490. All allocations must be budgeted and expended consistent with the requirements contained in the Agreement. The effective date for the executed agreement is based on the Grantee's signature or October 1, 2020, whichever is later.

The following are the projects available for budgeting the Maternal Child Health (MCH) allocations:

1. MCH- Children
2. MCH - All Other

We have tried to anticipate the projects you will need for FY 2021 based on the FY 2020 budgets. If you need additional projects, or if you do not need a project which was released to your agency, please send your requests to [mdhhs-migrants-agreement-doc@michigan.gov](mailto:mdhhs-migrants-agreement-doc@michigan.gov).

**Allocation Table**

PROJECT TITLE	ALLOCATION AMOUNT
Administration	0.00
Public Health Emergency Preparedness (PHEP) 10/1 - 6/30	88,097.00

Body Art Fixed Fee	0.00
Children's Special Hlth Care Services (CSHCS) Care Coordination	0.00
CSHCS Medicaid Outreach	0.00
COVID-19 Response	30,000.00
Children's Special Hlth Care Services (CSHCS) Outreach & Advocacy	41,320.00
Food ELPHS	97,847.00
Hearing ELPHS	23,429.00
HIV Prevention	20,000.00
Harm Reduction Support Services	55,000.00
Immunization Action Plan (IAP)	34,410.00
Local MCH	49,740.00
Medicaid Outreach	0.00
MCH - All Other	0.00
MDHHS-Essential Local Public Health Services (ELPHS)	135,613.00
Tuberculosis (TB) Control	100.00
Immunization Fixed Fees	0.00
Vision ELPHS	23,428.00
Immunization Vaccine Quality Assurance	9,938.00
WIC Breastfeeding	35,167.00
WIC Resident Services	315,345.00
EGLE Drinking Water and Onsite Wastewater Management	148,458.00
<b>TOTAL</b>	<b>1,107,892.00</b>

### Next Steps

The next steps in the MI E-Grants system for completing your budgets and submitting your Local Health Department Agreement for MDHHS approval are as follows:

1. The Project Manager will assign the agency users to the Local Health Department - 2021 program.
2. For your convenience, you can access the "Grantee: Comprehensive Agreement Instructions" material on the home page by clicking "About EGrAMS" and downloading the PDF. Access the system using the URL <http://egramsmi.com/mdhhs>.
3. Login to the MI E-Grants system at the URL <http://egramsmi.com/mdhhs>.
4. Access the application using the drop-down menus "Grantee>Grant Application>Enter Grant Application" and click on "Go."
5. Select the CO-2021 / Local Health Department - FY 2021 program and click on the "Go" button.
6. Select the hyperlink titled "Local Health Department FY 2021."
7. Complete the face sheet, including the fiscal month, day, and contact information. Click the "Save" button before advancing to the next screen(s). Detailed instructions are available on page 45 of the training materials.
8. Select the hyperlinks to the various program elements and complete the application, including the face sheet, certifications, and budget. Detailed instructions are available on page 45 of the training materials.
9. When completing the "Budget" tab, it is highly recommended that you use the "Copy" button to initially populate the data and modify the information to fit the current-year spending plan. Detailed instructions are

available on page 43 of the training materials. When copying the prior-year budget, please note funds budgeted for MCH may need to be moved to match the new projects available for these funding sources.

10. When the application has been entered, validated, and is error-free, it is ready for submission by the Authorized Official. Detailed instructions are available on page 81 of the training materials.

### **Additional Guidance**

A blank version of the FY 2021 Comprehensive Boilerplate and attachments is available on the MI E-Grants home page (<http://egramsmi.com/MDHHS/>). To access documents, click "Comprehensive Agreements" located under the "Current Grants" header. Select the hyperlink for the CO-2021 agreement and click on the "Documents" tab to access the documents.

### **Technical Assistance**

Technical Assistance to complete the budgets is available through your Grants Section team member, Carissa Reece, at [reeceC@michigan.gov](mailto:reeceC@michigan.gov) or (517) 335-0940. In addition, you may refer to your training materials, the yellow book, and help icons within MI E-Grants for assistance.

Thank you for your cooperation and support. Please contact your Grants Section team member if you have any questions.

Sincerely,

Laura A. Geist

Grants Section Manager  
Michigan Department of Health and Human Services

Dana Debruynd  
debruynd@michigan.gov

Expenditures	Category	Program Expenses		per FTE Worksheet
	SAL	Salary & Wages		119,535.00
	FB	Fringe Benefits	58.312%	68,177.00
	EQP	Equipment	#DIV/0!	
	CON	Contractual		
	SUP	Supplies & Materials		1,100.00
	TRV	Travel		9,100.00
	COM	Communication		1,000.00
	CCCS	County Central Services		55,436.00
	SPACE	Space Costs		
AOTH	All Others		20,260.00	
	<b>Total Direct Expenditures</b>		<b>274,608.00</b>	
CAP	Indirect (120) COST ALLOCATION PLAN	16.02%	30,077.00	
OTC3	EH Admin (200)		37,301.00	
OTC2	Nursing Admin (300)			
OTC4	OTHER COST DISTRIBUTION			
OTC	CH Admin (400)			
OTC5	Cost Distribution for Fees			
OTC6	Distributions for Medicaid			
OTC10	Federally Provided Vaccines			
	<b>Total Indirect Costs</b>		<b>67,378.00</b>	
	<b>Total Expenditures</b>		<b>341,986.00</b>	

Revenues	Category	Source of Funds	
	FC1	Fees and Coll 1st & 2nd Party	80,000.00
	FC2	Fees and Coll 3rd Party (Insurance)	
	FED	Federal or State (Non MDCH)	
	LPHVIS	ELPHS-Vision	
	LPHOTH	ELPHS-OTHER	
	LPHFOOD	ELPHS-FOOD	
	LPHWT	ELPHS-DRINKING WATER	
	W	ELPHS-ONSITE wastewater treatment	148,458.00
	MCH	MCH Funding	
LOC2	Local Funds-other	113,528.00	
LOC3	Inkind Match		
FIX	MDCH Fixed Unit Rate		
	<b>Total Revenues</b>	<b>341,986.00</b>	

FTE's		total fte	QTY
Health Officer	Bowen	1.00	-
Director of Personal Health	Shaull-Norman	1.00	-

FTE'S	Community Health Supervisor	Thalison	1.00	-
	Senior Sanitarian	Bull	1.00	0.06
	Secretary	Germain	1.00	-
	Secretary	Simmons	1.00	-
	Certified Technician	Doezema	0.48	-
	Certified Technician	Stevenson	0.48	-
	Office Manager	Ingersoll	1.00	-
	Secretary	Gross	1.00	0.74
	Outreach	Hengesbach	1.00	-
	Outreach	Eady	0.60	-
	Outreach	Theisen	0.60	-
	Outreach	Tyson	0.40	-
	Program Tech	Wardell	0.80	-
	Dietician	Steffen	1.00	-
	Public Health Nurse	Bevington	1.00	-
	Public Health Nurse	Simon	1.00	-
	Public Health Nurse	Brinks	1.00	-
	Public Health Nurse	Keefer	1.00	-
	Public Health Nurse	Open Was Jack	0.40	-
	Public Health Nurse	Full time Open	1.00	-
	Social Worker	Tahvonon	1.00	-
	Sanitarian	Petersen	1.00	0.70
	Sanitarian	Open Was Bull	1.00	0.50
	Sanitarian	Novak	1.00	0.61
	PHEP Coordinator	Shaw	1.00	-
	0	0	-	-
	SENIOR SANITARIAN III	0	-	-
	0	0	-	-
	0	0	-	-
	TOTAL FTE'S			23.76

Salary		Rate	
Health Officer	Bowen	83,088.00	-
Director of Personal Health	Shaull-Norman	65,903.00	-
Community Health Supervisor	Thalison	56,029.00	-
Senior Sanitarian	Bull	57,541.00	3,452.46
Secretary	Germain	36,691.00	-
Secretary	Simmons	36,691.00	-
Certified Technician	Doezema	34,230.00	-
Certified Technician	Stevenson	37,598.00	-
Office Manager	Ingersoll	43,013.00	-
Secretary	Gross	34,369.00	25,433.06
Outreach	Hengesbach	34,369.00	-
Outreach	Eady	30,211.00	-
Outreach	Theisen	34,369.00	-
Outreach	Tyson	27,967.00	-

Salary	Program Tech	Wardell	31,177.00	-
	Dietician	Steffen	41,615.00	-
	Public Health Nurse	Bevington	47,307.00	-
	Public Health Nurse	Simon	47,307.00	-
	Public Health Nurse	Brinks	53,826.00	-
	Public Health Nurse	Keefer	49,021.00	-
	Public Health Nurse	Open Was Jack	43,801.00	-
	Public Health Nurse	Full time Open	43,801.00	-
	Social Worker	Tahvonen	47,307.00	-
	Sanitarian	Petersen	47,307.00	33,114.90
	Sanitarian	Open Was Bull	43,801.00	21,900.50
	Sanitarian	Novak	53,826.00	32,833.86
	PHEP Coordinator	Shaw	57,414.00	-
	0	0	-	-
	0	0	-	-
	0	0	-	-
	PTO	0	-	1,800.00
	total Salary			1,219,579.00
			(1.03)	1,219,577.97
				70,590.00

FICA	FICA			
	Health Officer	Bowen	6,356.21	-
	Director of Personal Health	Shaull-Norman	5,041.56	-
	Community Health Supervisor	Thalison	4,286.22	-
	Senior Sanitarian	Bull	4,401.90	264.11
	Secretary	Germain	2,806.88	-
	Secretary	Simmons	2,806.88	-
	Certified Technician	Doezema	1,256.94	-
	Certified Technician	Stevenson	1,380.60	-
	Office Manager	Ingersoll	3,290.50	-
	Secretary	Gross	2,629.21	1,945.62
	Outreach	Hengesbach	2,629.21	-
	Outreach	Eady	1,386.70	-
	Outreach	Theisen	1,577.53	-
	Outreach	Tyson	855.79	-
	Program Tech	Wardell	1,908.01	-
	Dietician	Steffen	3,183.54	-
	Public Health Nurse	Bevington	3,618.99	-
	Public Health Nurse	Simon	3,618.99	-
	Public Health Nurse	Brinks	-	-
	Public Health Nurse	Keefer	3,750.11	-
	Public Health Nurse	Open Was Jack	1,340.31	-
	Public Health Nurse	Full time Open	3,350.77	-
	Social Worker	Tahvonen	3,618.99	-
	Sanitarian	Petersen	3,618.99	2,533.29
	Sanitarian	Open Was Bull	3,350.77	1,675.39
	Sanitarian	Novak	4,117.68	2,511.78

PHEP Coordinator	Shaw	4,392.19	-
0		0	-
0		0	-
0		0	-
PTO		0	-
<b>Total Fica</b>		<b>80,575.47</b>	<b>8,930.19</b>

5,371.37      75,204.10      1,970.89

<b>Health Insurance</b>			
Health Officer	Bowen	22,225.50	-
Director of Personal Health	Shaull-Norman	-	-
Community Health Supervisor	Thalison	17,780.40	-
Senior Sanitarian	Bull	22,225.50	1,333.53
Secretary	Germain	22,225.50	-
Secretary	Simmons	7,408.50	-
Certified Technician	Doezema	-	-
Certified Technician	Stevenson	-	-
Office Manager	Ingersoll	7,408.50	-
Secretary	Gross	17,780.40	13,157.50
Outreach	Hengesbach	17,780.40	-
Outreach	Eady	-	-
Outreach	Theisen	-	-
Outreach	Tyson	-	-
Program Tech	Wardell	22,225.50	-
Dietician	Steffen	-	-
Public Health Nurse	Bevington	22,225.50	-
Public Health Nurse	Simon	7,408.50	-
Public Health Nurse	Brinks	17,780.40	-
Public Health Nurse	Keefer	7,408.50	-
Public Health Nurse	Open Was Jack	-	-
Public Health Nurse	Full time Open	22,225.50	-
Social Worker	Tahvonon	22,225.50	-
Sanitarian	Petersen	22,225.50	15,557.85
Sanitarian	Open Was Bull	22,225.50	11,112.75
Sanitarian	Novak	7,408.50	4,519.19
PHEP Coordinator	Shaw	22,225.50	-
0		0	-
0		0	-
0		0	-
PTO		0	-
<b>total Health Insurance</b>		<b>330,419.10</b>	<b>45,680.81</b>

-      330,419.10      25,259.90

<b>Life Insurance</b>			
Health Officer	Bowen	27.60	-
Director of Personal Health	Shaull-Norman	13.80	-
Community Health Supervisor	Thalison	27.60	-
Senior Sanitarian	Bull	27.60	1.66



Life Insurance	Secretary	Germain	27.60	-
	Secretary	Simmons	27.60	-
	Certified Technician	Doezema	-	-
	Certified Technician	Stevenson	13.80	-
	Office Manager	Ingersoll	27.60	-
	Secretary	Gross	27.60	20.42
	Outreach	Hengesbach	27.60	-
	Outreach	Eady	-	-
	Outreach	Theisen	-	-
	Outreach	Tyson	-	-
	Program Tech	Wardell	27.60	-
	Dietician	Steffen	27.60	-
	Public Health Nurse	Bevington	27.60	-
	Public Health Nurse	Simon	27.60	-
	Public Health Nurse	Brinks	27.60	-
	Public Health Nurse	Keefer	27.60	-
	Public Health Nurse	Open Was Jack	-	-
	Public Health Nurse	Full time Open	27.60	-
	Social Worker	Tahvonon	27.60	-
	Sanitarian	Petersen	27.60	19.32
	Sanitarian	Open Was Bull	27.60	13.80
	Sanitarian	Novak	27.60	16.84
	PHEP Coordinator	Shaw	27.60	-
	0	0	-	-
	0	0	-	-
	0	0	-	-
PTO	0	-	-	
<b>total Life Insurance</b>			<b>579.60</b>	<b>72.04</b>

48.00 531.60

an's Comp	Workman's Comp			
	Health Officer	Bowen	1,138.30	-
	Director of Personal Health	Shaull-Norman	2,326.37	-
	Community Health Supervisor	Thalison	1,977.82	-
	Senior Sanitarian	Bull	788.31	47.30
	Secretary	Germain	106.40	-
	Secretary	Simmons	106.40	-
	Certified Technician	Doezema	47.65	-
	Certified Technician	Stevenson	52.34	-
	Office Manager	Ingersoll	124.74	-
	Secretary	Gross	99.67	73.76
	Outreach	Hengesbach	99.67	-
	Outreach	Eady	52.57	-
	Outreach	Theisen	59.80	-
	Outreach	Tyson	32.44	-
	Program Tech	Wardell	72.33	-
	Dietician	Steffen	570.12	-

Workman's	Public Health Nurse	Bevington	1,669.94	-
	Public Health Nurse	Simon	1,669.94	-
	Public Health Nurse	Brinks	1,900.05	-
	Public Health Nurse	Keefer	1,730.44	-
	Public Health Nurse	Open Was Jack	618.47	-
	Public Health Nurse	Full time Open	1,546.17	-
	Social Worker	Tahvonon	1,669.94	-
	Sanitarian	Petersen	648.11	453.67
	Sanitarian	Open Was Bull	600.07	300.04
	Sanitarian	Novak	737.41	449.82
	PHEP Coordinator	Shaw	786.58	-
	0	0	-	-
	0	0	-	-
	0	0	-	-
	PTO	0	-	-
total Workman's Comp			21,232.05	1,324.59

- 21,232.05

Retirement	Retirement			
	Health Officer	Bowen	8,476.61	-
	Director of Personal Health	Shaull-Norman	-	-
	Community Health Supervisor	Thalison	3,922.03	-
	Senior Sanitarian	Bull	5,870.35	352.22
	Secretary	Germain	3,743.24	-
	Secretary	Simmons	3,743.24	-
	Certified Technician	Doezema	-	-
	Certified Technician	Stevenson	-	-
	Office Manager	Ingersoll	4,388.20	-
	Secretary	Gross	3,506.30	2,594.66
	Outreach	Hengesbach	-	-
	Outreach	Eady	-	-
	Outreach	Theisen	-	-
	Outreach	Tyson	-	-
	Program Tech	Wardell	2,544.51	-
	Dietician	Steffen	2,080.75	-
	Public Health Nurse	Bevington	4,826.26	-
	Public Health Nurse	Simon	4,826.26	-
	Public Health Nurse	Brinks	5,491.31	-
	Public Health Nurse	Keefer	2,451.05	-
	Public Health Nurse	Open Was Jack	-	-
	Public Health Nurse	Full time Open	4,468.57	-
	Social Worker	Tahvonon	4,826.26	-
	Sanitarian	Petersen	4,826.26	3,378.38
	Sanitarian	Open Was Bull	4,468.57	2,234.29
	Sanitarian	Novak	5,491.31	3,349.70
	PHEP Coordinator	Shaw	5,857.40	-
	0	0	-	-

	0	0	-	-
	0	0	-	-
	PTO	0	-	-
	total Retirement	85,808.48		11,909.25
		-	85,808.48	
		FICA		8,930.19
		Health Insurance		45,680.81
		Dental/Optical		153.00
		Life Insurance		72.04
		Workman's Com		1,324.59
		Retirement		11,909.25
		Total Fringes		68,069.88
				39,228.00
				28,841.88
		Indirect Rate (120)		16.023%
		EH Indirect Rate (200)		19.871%
		Nursing Indirect Rate (300)		8.825%
		CH Indirect Rate (400)		6.293%
		CCS County Central Services Rate		29.532%



Health Insurance, Life Insurance, FICA,

entered  
on Egrams  
6/29/2020

Budget Original	Budget Amend 1	Budget Amend 2	Budget Amend 3	Budget Amend 4	Budget Amend 5
116,735	-	-	-	-	-
68,071	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
1,100					
9,100					
1,000					
54,577	-	-	-	-	-
-					
20,260					
270,843	-	-	-	-	-
29,611	-	-	-	-	-
36,723	-	-	-	-	-
66,334	-	-	-	-	-
337,177	-	-	-	-	-
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80,000					
148,458					
108,719					
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337,177	-	-	-	-	-
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-	-	-	-	-	-
33,115.00	-	-	-	-	-
21,901.00	-	-	-	-	-
32,834.00	-	-	-	-	-
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116,735.00	-	-	-	-	-

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264.00	-	-	-	-	-
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1,946.00	-	-	-	-	-
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2,533.00	-	-	-	-	-
1,675.00	-	-	-	-	-
2,512.00	-	-	-	-	-

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<b>8,930.00</b>	-	-	-	-	-
<b>6,959.11</b>	-	-	-	-	-
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<b>1,334.00</b>	-	-	-	-	-
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<b>13,157.00</b>	-	-	-	-	-
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<b>15,558.00</b>	-	-	-	-	-
<b>11,113.00</b>	-	-	-	-	-
<b>4,519.00</b>	-	-	-	-	-
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<b>45,681.00</b>	-	-	-	-	-
<b>20,421.10</b>	-	-	-	-	-
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<b>2.00</b>	-	-	-	-	-





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454.00	-	-	-	-	-	-
300.00	-	-	-	-	-	-
450.00	-	-	-	-	-	-
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352.00	-	-	-	-	-	-
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2,595.00	-	-	-	-	-	-
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3,378.00	-	-	-	-	-	-
2,234.00	-	-	-	-	-	-
3,350.00	-	-	-	-	-	-
-	-	-	-	-	-	-
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-	-	-	-	-	-
-	-	-	-	-	-
<b>11,909.00</b>	-	-	-	-	-

<b>8,930.00</b>	-	-	-	-	-
<b>45,681.00</b>	-	-	-	-	-
<b>153.00</b>	-	-	-	-	-
<b>72.00</b>	-	-	-	-	-
<b>1,325.00</b>	-	-	-	-	-
<b>11,909.00</b>	-	-	-	-	-
<b>68,070.00</b>	-	-	-	-	-

**68,070.00**

<b>16.023%</b>	0.000%	0.000%	0.000%	0.000%	0.000%
<b>19.871%</b>	0.000%	0.000%	0.000%	0.000%	0.000%
<b>8.825%</b>	0.000%	0.000%	0.000%	0.000%	0.000%
<b>6.293%</b>	0.000%	0.000%	0.000%	0.000%	0.000%
<b>29.532%</b>	0.000%	0.000%	0.000%	0.000%	0.000%

Unemployment, Retirement,

2014 2015 2016 2017 2018 2019

	2014	2015	2016	2017	2018	2019
	270	270	270	270	270	270
	actual	actual	Actual	actual	ACTUAL	Actual
	budget					budget
(2,800.00) *PTO \$2,800	31,965	39,491	40,822	46,699	63,778	65,352
(106.00)	11,075	13,698	15,705	18,837	26,997	35,131
-	-	-	-	-	-	-
-	1,452	1,803	280	330	548	2,500
-	3,641	4,871	4,529	4,488	4,529	6,700
-	543	521	471	476	512	750
(859.00)	9,253	10,311	10,346	11,523	20,911	27,899
-	-	-	-	-	-	-
-	1,735	1,310	1,719	1,634	1,289	1,650
(3,765.00)	<b>59,664</b>	<b>72,005</b>	<b>73,872</b>	<b>83,987</b>	<b>118,564</b>	<b>139,982</b>
(466.00)	6,983	9,618	8,407	10,336	14,741	13,202
(578.00)	4,845	2,907	11,534	11,153	19,545	17,339
-	-	-	-	-	-	-
-	-	-	-	-	-	-
-	-	-	-	-	-	-
-	-	-	-	-	-	-
(1,044.00)	<b>11,828</b>	<b>12,525</b>	<b>19,941</b>	<b>21,489</b>	<b>34,286</b>	<b>30,541</b>
(4,809.00)	71,492	84,530	93,813	105,476	152,850	170,523
-	-	-	-	-	-	-
-	actual	actual	Actual	actual	ACTUAL	Actual
-	budget					budget
-	18,723	30,645	35,790	37,202	44,043	52,287
-	-	-	-	-	-	-
-	-	-	-	-	-	-
-	52,769	52,769	44,779	54,779	54,779	60,853
-	-	-	-	-	-	-
(4,809.00)	-	1,116	13,244	13,495	54,028	46,926
-	-	-	-	-	-	-
-	-	-	-	-	-	-
(4,809.00)	71,492	84,530	93,813	105,476	152,850	170,523
#VALUE!	26%	36%	38%	35%	29%	33%
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(0.46)

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0.22

(0.19)  
4,988.22

0.47

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0.15  
0.25  
(0.19)

0.19  
(4,838.80)

0.34

(0.42)

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0.20

0.16

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(0.30)

0.24





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(0.25)

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-  
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0.41

(0.25)

0.12

(39,228.00)

39,228.12

-  
0.00

(0.00)

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-

+/- previous  
year

4,386	
9,949	
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1,221	
1,508	
(106)	
(2,900)	
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941	
14,999	-
(1,295)	
(3,247)	
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(4,542)	-
10,457	-
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(7,287)	
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31,183	
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(13,439)	
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10,457	

## Gaines, Rachelle

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**From:** Novak, Mark  
**Sent:** Wednesday, July 08, 2020 7:08 AM  
**To:** deq-watertrack@michigan.gov  
**Cc:** Retherford, Shelby (EGLE); Bowen, Ken  
**Subject:** Emailing: Master Copy of Ionia Quarterly Reporting Form  
**Attachments:** Master Copy of Ionia Quarterly Reporting Form.xlsx

ICHD has completed data entry for quarterly reporting and request payment for the third quarter April through June. Fiscal year 2020. Thank you.

Your message is ready to be sent with the following file or link attachments:

Master Copy of Ionia Quarterly Reporting Form

Note: To protect against computer viruses, e-mail programs may prevent sending or receiving certain types of file attachments. Check your e-mail security settings to determine how attachments are handled.



## Gaines, Rachelle

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**From:** Bowen, Ken  
**Sent:** Wednesday, July 08, 2020 9:03 AM  
**To:** Bull, Lacey  
**Subject:** FW: Emailing: Master Copy of Ionia Quarterly Reporting Form  
**Attachments:** Master Copy of Ionia Quarterly Reporting Form.xlsx

-----Original Message-----

**From:** Novak, Mark <[mnovak@ioniacounty.org](mailto:mnovak@ioniacounty.org)>  
**Sent:** Wednesday, July 8, 2020 7:08 AM  
**To:** [deq-watertrack@michigan.gov](mailto:deq-watertrack@michigan.gov)  
**Cc:** Retherford, Shelby (EGLE) <[RetherfordS@michigan.gov](mailto:RetherfordS@michigan.gov)>; Bowen, Ken <[kbowen@ioniacounty.org](mailto:kbowen@ioniacounty.org)>  
**Subject:** Emailing: Master Copy of Ionia Quarterly Reporting Form

ICHD has completed data entry for quarterly reporting and request payment for the third quarter April through June. Fiscal year 2020. Thank you.

Your message is ready to be sent with the following file or link attachments:

Master Copy of Ionia Quarterly Reporting Form

Note: To protect against computer viruses, e-mail programs may prevent sending or receiving certain types of file attachments. Check your e-mail security settings to determine how attachments are handled.

## Gaines, Rachelle

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**From:** EGLE-WATERTRACK <EGLE-WATERTRACK@michigan.gov>  
**Sent:** Thursday, July 09, 2020 4:13 PM  
**To:** Novak, Mark  
**Cc:** Retherford, Shelby (EGLE); Bowen, Ken  
**Subject:** RE: Emailing: Master Copy of Ionia Quarterly Reporting Form  
**Attachments:** Master Copy of Ionia Quarterly Reporting Form.xlsx

Your request for quarterly reimbursement has been received. Your records in WaterTrack and the RTCR spreadsheet will be reviewed (the contact for your area is cc'd on this e-mail) and payment will be processed accordingly.

Thank you,  
Adam

-----Original Message-----

**From:** Novak, Mark <[mnovak@ioniacounty.org](mailto:mnovak@ioniacounty.org)>  
**Sent:** Wednesday, July 8, 2020 7:08 AM  
**To:** EGLE-WATERTRACK <[EGLE-WATERTRACK@michigan.gov](mailto:EGLE-WATERTRACK@michigan.gov)>  
**Cc:** Retherford, Shelby (EGLE) <[RetherfordS@michigan.gov](mailto:RetherfordS@michigan.gov)>; [kbowen@ioniacounty.org](mailto:kbowen@ioniacounty.org)  
**Subject:** Emailing: Master Copy of Ionia Quarterly Reporting Form

CAUTION: This is an External email. Please send suspicious emails to [abuse@michigan.gov](mailto:abuse@michigan.gov)

ICHD has completed data entry for quarterly reporting and request payment for the third quarter April through June. Fiscal year 2020. Thank you.

Your message is ready to be sent with the following file or link attachments:

Master Copy of Ionia Quarterly Reporting Form

Note: To protect against computer viruses, e-mail programs may prevent sending or receiving certain types of file attachments. Check your e-mail security settings to determine how attachments are handled.



## Gaines, Rachelle

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**From:** Rebecca Burns <burnsr@bhsj.org>  
**Sent:** Wednesday, July 15, 2020 9:49 AM  
**To:** mho  
**Subject:** Fwd: RESENDING: INPUT REQUEST BY 6/5/2020 Noon: Migrant Worker Testing Model  
**Attachments:** LHD20200603 Migrant Workers - Facility Survey.xlsx; DRAFT COVID 19 Toolkit MCR.docx

Colleagues,

I am getting pushed by the local MDHHS office that the LHD is to get these surveys sent out to the migrant farms in our jurisdiction. I know this was the original plan, but I remember push-back from at least some LHD's regarding capacity to do this work. I was also certain I heard Poppy mention on a call that it appeared there would need to be a different plan to gather the survey information.

So, could you please let me know if your LHD is sending out the survey and collecting the information for the local MDHHS office. I've been resisting due to capacity issues and would like to know if I'm the only one.

Thank you,  
Rebecca

**Rebecca A. Burns, M.P.H., R.S.**  
**Health Officer**

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**From:** "Meghan Swain" <[mswain@malph.org](mailto:mswain@malph.org)>  
**To:** "mho" <[mho@malph.org](mailto:mho@malph.org)>  
**Cc:** "Laura de la Rambelje, DHHS" <[DelaRambeljeL@michigan.gov](mailto:DelaRambeljeL@michigan.gov)>  
**Sent:** Thursday, June 4, 2020 9:27:46 AM  
**Subject:** RESENDING: INPUT REQUEST BY 6/5/2020 Noon: Migrant Worker Testing Model

**Meghan Swain, Executive Director**

Michigan Association for Local Public Health | PO BOX 13276 | Lansing, MI 48901



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[e:] [mswain@malph.org](mailto:mswain@malph.org) | [w:] [www.malph.org](http://www.malph.org)



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Thank you! Laura

Laura L.J. de la Rambelje  
Acting Director  
Division of Local Health Services  
Michigan Department of Health and Human Services  
517-388-7302  
[delarambeljel@michigan.gov](mailto:delarambeljel@michigan.gov)

## Facility data collection approach

### Facility info

Facility name:

Facility type:

Street

City

ZIP

County

Lead contact name:

Lead contact role:

Lead contact phone:

Lead contact email:

If facility is a subsidiary of a parent company, parent name

### Facility size and staffing

What is peak number of staff in a typical year?

What is current number of staff?

What is the facility's primary activity/sub-industry

### Healthcare access

Does your organization provide health insurance coverage?

Do insured workers consistently access available healthcare services?

What care services and resources do uninsured workers use?

Where can workers receive COVID-19 testing (please list all sites, e.g., on-site, in local FQHC, at community drive-through)

How many workers have been tested?

How many workers have tested positive?

Please describe any barriers to increasing employee testing

Is culturally competent and language-accessible COVID-19 isolation/ quarantine information available

Is culturally competent and language-accessible COVID-19 health education available?

Is culturally competent and language-accessible COVID-19 treatment information available?

#### Workplace safety and prevention

Do workers have adequate access to PPE, and is use of PPE enforced?  
What is the symptom screening process? (select all that apply)

What other steps is the facility taking to prevent infection?

Does the facility have an identified COVID response team or staff member?

If workers must quarantine, do they receive normal pay?

If workers must quarantine, do they receive paid sick leave as allowed under FFCRA?

What compensation plan is in place for workers not eligible for Pandemic Unemployment Assistance?

#### Essential services

Do workers have access to childcare?

What food assistance is available for workers?

Is there quarantine/isolation space available in housing facilities?

Do workers have access to cleaning supplies?

What local organizations are coordinating with the facility to support workers?

**(data type)**

Free response

*Drop-down/multiple choice (select one); options are*

*Dairy farm*

*Dairy processor*

*Meat processing plant*

...

...

...

*Other - Please Explain (with text box)*

Free response

Free response

Free response

Free response (or drop-down, if possible?)

Free response

Free response

Free response

Free response

Free response

**(data type)**

Number

Number

*Drop-down/multiple choice (select multiple); options are*

*Meat processing*

*Fruit & vegetable farming*

*Dairy farming & processing*

*Match to LEO*

*Other... Please Explain (with text box)*

**(data type)**

Yes/No

Yes/No

Free response

Free response

Number

Number

Free response

Free response

Yes/No

Yes/No

(data type)

Yes/No

*Drop-down*

*Daily temperature checks*

*Daily symptom survey/questionnaire*

*Other*

*(if other, free response)*

Free response

Yes/No

*(if yes, please share name and contact information for point of contact)*

Yes/No

Yes/No

Free response

(data type)

Yes/No

Free response

Yes/No

Yes/No

Free response

# COVID-19 Migrant Community Response Model Toolkit

Michigan.gov/Coronavirus

*Toolkit for Implementing a community-based response efforts in migrant communities during  
COVID-19 Pandemic*

**Purpose:** The toolkit is provided as a resource for local migrant communities to convene and coordinate response efforts for access to healthcare, essential needs and workplace safety supports.

**Process (led by Local Health Department):** Implement needs assessment and identify local resources and stakeholders to develop an approach to respond to needs. Convene workgroup with local partners – including owner/operator of food system facility/organizations. Workgroup takes planned action to respond to needs identified in survey and organizational profile. These actions should respond to the priority areas.



**Resources & Stakeholders:** The organizations included are essential resources for the workgroups during the COVID-19 pandemic for locally coordinated response efforts.

## Needs assessment

Needs assessment process is two-fold in that it includes the owner/operator to complete the survey and the Local Health Department to compile the survey data. The assessment is complete via a one-on-one interview combined with the results of the survey to document community/owner/operator profile. The community profile integrates the survey results with other important unique community information including: population size, health insurance accessibility, housing accessibility, and organizational capacity.

- Personal protective equipment
- Staffing or personnel
- Cash flow
- COVID-19 Testing
- COVID-19 culturally competent awareness information
- Information on COVID-19 treatment
- Childcare
- Access to medical care
- Food assistance
- Help with basic needs for employees
- Identification of local resources
- Transportation and Information and resources to support Isolation and quarantine

## Needs Assessment Survey Link

### Community Profile Summary

Migrant Community Response Profile	
Owner/Operator Demographics and Point of Contact	
Organizational/Community Needs	Healthcare Needs: Essential Needs: Workplace Safety supports:
Local Stakeholders / Partners Name/org/email/phone	

## Identify Local Resources & Stakeholders

Below is a guide of state and local resources to be used to identify specific community resources to partner in the community response model. These resources will play a critical role in action planning and implementation of the unique model.

### County Health Department

#### Description of service

County Health Department serve as the primary local resource providing a large array of resources specific to COVID-19 to county residents. Professional staff assist with keeping residents informed of appropriate preventative measures, identify testing locations and provide information and resources to those who test positive. The health department completes contact tracing to help identify individuals who may have come into contact with individuals infected with COVID-19. Information about health departments in a specific community can be located at <https://www.michigan.gov/mdhhs/0,5885,7-339--96747--,00.html>.

#### Key Contact

### MDHHS Public Assistance Field Office

#### Description of service

MDHHS field offices assist with enrolling individuals in public assistance programs such as health care, food assistance, child day care, cash assistance and state emergency relief. Field offices can also assist with providing vehicle repairs if needed to support employment, in addition to connecting individuals and families to various community resources. Applications for public assistance benefits can be made on-line at [www.Michigan.gov/MiBridges](http://www.Michigan.gov/MiBridges) or by completing a paper application located at MDHHS offices. Many MDHHS field offices provide additional assistance to migrant and seasonal farm workers. These resources include multi-lingual staff that complete various outreach activities and assist with connecting families to childcare and other resources designed to assist migrant families.

#### Key Contact



## Local Community Action Agency

### Description of service

Local Community Action Agencies provide numerous human service resources to county residents including food pantries, meal delivery, housing assistance, utility assistance personal hygiene products and weatherization services. Specific to COVID-19, CAA's have developed resources to support isolation and quarantine through development of Q-boxes which contain various cleaning products and resources to allow individuals to stay safely at home. Additional information regarding CAA's is located at <https://mcaac.memberclicks.net/>.

### Key Contact

## Federal Qualified Health Center (FQHC)

### Description of service

Federally Qualified Health Centers are community-based organizations providing primary and preventative health care benefits to individuals of all ages regardless of ability to pay for services. FQHC's can arrange COVID-19 testing for individuals directly or refer individuals to specific testing sites based on their circumstance. A listing of FQHC's can be found by visiting [https://npidb.org/organizations/ambulatory\\_health\\_care/federally-qualified-health-center-fqhc\\_261qf0400x/mi/](https://npidb.org/organizations/ambulatory_health_care/federally-qualified-health-center-fqhc_261qf0400x/mi/).

### Key Contact

## Michigan 2-1-1

### Description of service

Michigan 2-1-1 is a comprehensive and continually updated resource containing information on how to get help for a variety of human service needs. 2-1-1 connects individuals with resources that can help with housing, shelter, education, paying bills, food and more. Accessing 2-1-1 services can occur by visiting [www.mi211.org/](http://www.mi211.org/) or by call 2-1-1-.

### Key Contact

## SEOC/ Michigan State Police / Michigan National Guard

### Description of service

As a component of the Michigan State COVID19 Response efforts, Michigan State Police/National Guard and the SEOC can provide standalone population testing events in local communities through coordination with other stakeholders.

### Key Contact

Collaborative Planning with Community Stakeholders

### Collaborative Planning with Community Stakeholders:

It is important to bring together the various community entities to assist with solving concerns and problems unique to migrant communities that could impact our food systems. The local resources identified from contacts listed above should develop an asset map unique to each community. These entities will be actively engaged in action plan development and implementation to meet all needs identified in the assessment and asset mapping process. This process will also identify gaps in needed resources which could be supported by the state.

Action Plan Development

### Developing an action plan:

The template below provides a general framework for identifying approaches to resolve issues that have been identified for the grower, processor or producer. As items requiring action are identified, it is important that a person/local resource become responsible for taking specific steps to help resolve the issue by a specified target date. It is important to use the needs assessment/community profile to guide the sustained work efforts and progress reporting.

Category	Issue/Area of Concern	Identified Actions	Person Responsible	Target Date
1				
2				
3				
4				
5				



## Plan Check-in and Monitoring

### Plan Check-in and Monitoring:

After the action plan has been developed it is important to routinely review progress and adjust if necessary. Review of the plan with the group who assisted with creating it can ensure activities remain coordinated. Should additional needs be identified the plan can be updated to include these items in addition to steps needed to resolve them. Typical plans require frequent meetings and check ins initially but progressively can be spaced out according to workflow needs.

## Gaines, Rachelle

---

**From:** Bowen, Ken  
**Sent:** Wednesday, July 15, 2020 10:06 AM  
**To:** Rebecca Burns  
**Subject:** Re: RESENDING: INPUT REQUEST BY 6/5/2020 Noon: Migrant Worker Testing Model

We told them early in that they could forget it. I'm tired of collecting data that doesn't get used, and that they could collect themselves. Why not have MDARD do it?

On Jul 15, 2020, at 9:53 AM, Rebecca Burns <[burnsr@bhsj.org](mailto:burnsr@bhsj.org)> wrote:

Colleagues,

I am getting pushed by the local MDHHS office that the LHD is to get these surveys sent out to the migrant farms in our jurisdiction. I know this was the original plan, but I remember push-back from at least some LHD's regarding capacity to do this work. I was also certain I heard Poppy mention on a call that it appeared there would need to be a different plan to gather the survey information.

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[e:] [mswain@malph.org](mailto:mswain@malph.org) | [w:] [www.malph.org](http://www.malph.org)

<image001.png>

**From:** de la Rambelje, Laura (DHHS) <[DelaRambeljeL@michigan.gov](mailto:DelaRambeljeL@michigan.gov)>  
**Sent:** Thursday, June 04, 2020 9:20 AM  
**To:** Meghan Swain <[mswain@malph.org](mailto:mswain@malph.org)>  
**Cc:** Hernandez, Poppy <[HernandezP3@michigan.gov](mailto:HernandezP3@michigan.gov)>; Orlando Todd <[toddo@michigan.gov](mailto:toddo@michigan.gov)>; McWilliams, Hailey (DHHS-Contractor) <[McWilliamsH@michigan.gov](mailto:McWilliamsH@michigan.gov)>; Cotant, Molly (DHHS-Contractor) <[CotantM@michigan.gov](mailto:CotantM@michigan.gov)>  
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<DRAFT COVID 19 Toolkit MCR.docx>

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Thanks Ken, I remembered you being frustrated by yet another mandate for our departments.

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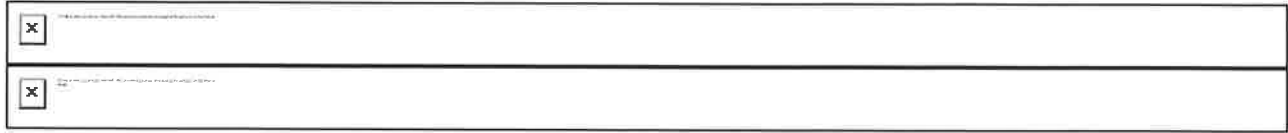
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**From:** The Network for Public Health Law <info@networkforphl.org>  
**Sent:** Wednesday, July 15, 2020 12:06 PM  
**To:** Bowen, Ken  
**Subject:** Judicial Trends in Public Health: July 15, 2020



The Network for Public Health Law monitors key court cases and relevant judicial trends in public health. The Network's monthly reporter, Judicial Trends in Public Health (JTPH), highlights select published cases from the prior 3 months in public health law and policy. These cases are organized below by name, issuing court, date of issuance, along with a brief synopsis, link to the case abstract, and hyperlink to the full decisions (when publicly available). For more information, including a topic digest of these and other cases, see below. Questions, comments, thoughts? Contact the [Network](#) for more information.

**JTPH CASE HIGHLIGHTS – July 15, 2020**

***Colpitts v. W.B. Mason Co., Inc.***, (Rhode Island Supreme Court, May 29, 2020): The Rhode Island Supreme Court upheld the termination of a driver who refused drug testing because he uses medical cannabis. [Read the abstract here.](#)

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***In re: National Prescription Opiate Litigation*** (U.S. Court of Appeals – Sixth Circuit, April 15, 2020): The Sixth Circuit held an opioid multidistrict litigation (MDL) trial court abused its discretion by allowing counties to amend their complaints 19 months after a judicial deadline. [Read the abstract here.](#)

---

***Slis v. State of Michigan*** (Court of Appeals of Michigan, May 21, 2020): A Michigan state appellate court upheld an injunction against an emergency ban on the sale of flavored vape products. [Read the abstract here.](#)

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***Ingham v. Johnson & Johnson*** (Missouri Court of Appeals – Eastern District, June 23, 2020): A Missouri appellate court upheld a judgment for persons claiming injuries caused by talc powder products manufactured by Johnson & Johnson Consumer Companies Inc. [Read the abstract here.](#)

---

***Dillard v. Hoyt*** (U.S. Court of Appeals – Eighth Circuit, June 15, 2020): The Eight Circuit held that informational privacy is not a clearly established constitutional right and defendants, civil employees, were entitled to qualified immunity. [Read the abstract here.](#)

---

***City of San Francisco v. Exxon Mobile Corporation*** (Court of Appeals, Second Appellate District of Texas – Fort Worth, June 18, 2020): A Texas appellate court ruled that Exxon Mobile could not engage in pre-trial discovery in a potential Texas-based lawsuit alleging California climate-change suits were brought in bad faith. [Read the abstract here.](#)

---

***National Family Farm Coalition v. U.S. Environmental Protection Agency*** (U.S. Court of Appeals – Ninth Circuit, June 3, 2020): The Ninth Circuit vacated EPA’s conditional registration of the weed-killer, dicamba, for use in soybean and cotton crops. [Read the abstract here.](#)

---

***Agua Caliente Band of Cahuilla Indians v. Mnuchin*** (U.S. District Court – District of Columbia, June 15, 2020): A D.C. federal court ordered the Treasury Department to distribute the remainder of COVID-19 relief funds to Indian tribes according to the federal Coronavirus Aid, Relief and Economic Security (CARES) Act. [Read the abstract here.](#)

---

***Bayley’s Campground Inc. v. Mills*** (U.S. District Court – Maine, May 29, 2020): A federal court in Maine denied a request for injunctive relief brought by a group of businesses and out-of-state individuals seeking to provide and/or access Maine lodging and campground facilities. [Read the abstract here.](#)

---

***Elkhorn Baptist Church v. Brown*** (Oregon Supreme Court, June 12, 2020): The Oregon Supreme Court held the trial court committed fundamental legal error in preliminarily blocking Governor Brown’s COVID-19 executive orders (EOs) promoting public health and safety. [Read the abstract here.](#)

---

**TOPICS:** These and other cases are organized on the Network website under the topics below (adapted from chapter titles in Public Health Law in a Nutshell (3rd Edition) by James G. Hodge, Jr., Director, Network for Public Health Law—Western Region). Select a topic below to view all cases under that topic.

1. [Source & Scope of Public Health Legal Powers](#)
  2. [Constitutional Rights & the Public's Health](#)
  3. [Preventing & Treating Communicable Conditions](#)
  4. [Social Distancing Measures](#)
  5. [Addressing Chronic Conditions](#)
  6. [Mitigating the Incidence & Severity of Injuries & Other Harms](#)
  7. [Public Health Information Management, Privacy & Security](#)
  8. [Regulating Communications](#)
  9. [Monitoring Property & the Built Environment](#)
  10. [Public Health Emergency: Legal Preparedness & Response](#)
- 

JTPH is a collaboration of the Network’s Western and Eastern Region Offices edited by **April Shaw, JD, PhD**, Staff Attorney, at the Western Region Office. Additional contributors include: James G. Hodge, Jr., JD, LLM, Kathi Hoke, JD, Leila Barraza, JD, MPH, Kerri McGowan Lowrey, JD, MPH, Mathew R. Swinburne, JD, Megan Griest, MPP,

Michelle Notrica, Pharm.D., J.D., MPH, and Emily Carey.

Legal information or guidance provided in this transmission or website does not constitute legal advice or representation. For legal advice, please consult specific legal counsel in your state.



**Our Contact Information**

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Edina, MN 55435  
952-452-9706

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## Gaines, Rachelle

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**From:** litdev@legislature.mi.gov  
**Sent:** Friday, July 17, 2020 5:55 AM  
**To:** Bowen, Ken  
**Subject:** Michigan Legislature Email Update

[Michigan Legislature Website](#)  
Daily Update For: Ionia County

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### **Agriculture**

*Updated Bills or Resolutions:*

- [SB 0777 of 2020](#)  
Traffic control; traffic regulation; vehicles to move over and slow down when passing farm equipment being repaired on the roadside; require. Amends 1949 PA 300 (MCL 257.1 - 257.923) by adding sec. 653c.  
Last Action: 7/16/2020 Analysis File Added

### **Animals**

*Updated Bills or Resolutions:*

- [SB 0419 of 2019](#)  
Animals; other; registration and regulation of animal rescues; provide for. Amends title & secs. 1, 2, 5a, 6, 7, 8, 8a, 8b, 8c, 9a & 9b of 1969 PA 287 (MCL 287.331 et seq.) & adds sec. 8d.  
Last Action: 7/16/2020 Analysis File Added

**Gaines, Rachele**

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**From:** [REDACTED]  
**Sent:** Friday, July 17, 2020 12:57 PM  
**To:** [REDACTED]  
**Cc:** [REDACTED]  
**Subject:** RE: [REDACTED]

[REDACTED]

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**From:** [REDACTED]  
**Sent:** Friday, July 17, 2020 12:03 PM  
**To:** [REDACTED]  
**Cc:** [REDACTED]  
**Subject:** RE: [REDACTED]

[REDACTED]

**From:** [REDACTED]  
**Sent:** Tuesday, July 14, 2020 4:06 PM  
**To:** [REDACTED]  
**Cc:** [REDACTED]  
**Subject:** RE: [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

**From:** [REDACTED]  
**Sent:** Monday, July 6, 2020 10:50 AM  
**To:** [REDACTED]  
**Cc:** [REDACTED]  
**Subject:** RE: [REDACTED]

[REDACTED]

**From:** [REDACTED]  
**Sent:** Monday, July 6, 2020 10:49 AM

To: [REDACTED]  
Cc: [REDACTED]  
Subject: RE: [REDACTED]

From: [REDACTED]  
Sent: Thursday, July 2, 2020 5:40 PM  
To: [REDACTED]  
Cc: [REDACTED]  
Subject: FW: [REDACTED]

Hello,

[REDACTED]

Thanks.

[REDACTED]

---

From: Bowen, Ken  
Sent: Thursday, July 02, 2020 5:30 PM  
To: [REDACTED]  
Subject: Re: [REDACTED]

[REDACTED]

On Jul 2, 2020, at 5:15 PM, [REDACTED]

[Redacted]

**From:** [Redacted]

**Sent:** Wednesday, July 01, 2020 9:29 PM

**To:** [Redacted]

**Cc:** [Redacted]

**Subject:** [Redacted]

[Redacted]

[Redacted]

## Gaines, Rachelle

---

**From:** litdev@legislature.mi.gov  
**Sent:** Wednesday, July 22, 2020 6:42 AM  
**To:** Bowen, Ken  
**Subject:** Michigan Legislature Email Update

[Michigan Legislature Website](#)  
Daily Update For: Ionia County

Please note: Updates are sent for any change to a given item, including spelling error corrections. Therefore it is possible to be notified that an item has been updated when no legislative activity has occurred on the bill.

The notification process includes updates to a vast pool of document types and sessions, including prior sessions. Occasionally we will be adding or correcting documents from a prior sessions in order to have a more complete and accurate collection. You may see dates from a session other than the current one. We apologize for any confusion this may cause but it is an accurate reflection of activity on a subject matter you may be watching.

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### Agriculture

*Updated Bills or Resolutions:*

- [HB 5686 of 2020](#)  
Vehicles; registration; penalties for uses of certain farm-related vehicles that violate certain registration requirements; provide for. Amends secs. 802 & 907 of 1949 PA 300 (MCL 257.802 & 257.907). TIE BAR WITH: HB 5802'19  
Last Action: 7/21/2020 transmitted
- [SB 0777 of 2020](#)  
Traffic control; traffic regulation; vehicles to move over and slow down when passing farm equipment being repaired on the roadside; require. Amends 1949 PA 300 (MCL 257.1 - 257.923) by adding sec. 653c.  
Last Action: 7/22/2020 REFERRED TO COMMITTEE OF THE WHOLE

### Construction

*Updated Bills or Resolutions:*

- [HB 5049 of 2019](#)  
Construction; asbestos; public contracts for asbestos abatement projects; require disclosure of environmental violations. Creates new act.  
Last Action: 7/21/2020 placed on third reading
- [HB 5051 of 2019](#)  
Labor; health and safety; provisions related to civil penalties; modify with respect to repeated violations



and asbestos-related violations. Amends secs. 4, 35 & 36 of 1974 PA 154 (MCL 408.1004 et seq.).  
Last Action: 7/21/2020 placed on third reading

## **Controlled substances**

### *Updated Bills or Resolutions:*

- [HB 4217 of 2019 \(PA 134 of 2020\)](#)  
Health; pharmaceuticals; physician or other licensee who writes prescriptions; require to electronically transmit to pharmacy under certain circumstances. Amends secs. 7333, 16221, 16226 & 17754 of 1978 PA 368 (MCL 333.7333 et seq.). TIE BAR WITH: SB 0248'19, SB 0254'19  
Last Action: 7/21/2020 assigned PA 134'20 with immediate effect

## **Environmental protection**

### *Updated Bills or Resolutions:*

- [HB 4389 of 2019 \(PA 132 of 2020\)](#)  
Environmental protection; hazardous products; firefighting foam containing PFAS; require reports on use of and require department of environmental quality to accept for disposal. Amends heading of subpt. 1 of pt. 147 of 1994 PA 451 (MCL 324.101 - 324.90106) & adds secs. 14701, 14703 & 14705.  
Last Action: 7/21/2020 assigned PA 132'20 with immediate effect
- [HB 4390 of 2019 \(PA 133 of 2020\)](#)  
Law enforcement; fire personnel; use of firefighting foam containing certain substances; prohibit in firefighter training, and require certain training on use. Amends secs. 2 & 9 of 1966 PA 291 (MCL 29.362 & 29.369) & adds sec. 9c.  
Last Action: 7/21/2020 assigned PA 133'20 with immediate effect
- [HB 5049 of 2019](#)  
Construction; asbestos; public contracts for asbestos abatement projects; require disclosure of environmental violations. Creates new act.  
Last Action: 7/21/2020 placed on third reading

## **Health**

### *New Bills or Resolutions:*

- [HB 5937 of 2020](#)  
Health; pharmaceuticals; annual report on certain costs associated with prescription drugs; require manufacturers of prescription drugs to file. TIE BAR WITH: HB 5944'19  
Last Action: 7/22/2020 bill electronically reproduced 07/22/2020
- [HB 5938 of 2020](#)  
Insurance; third party administrators; requirement for pharmacy benefit managers to be licensed in Michigan; provide for. TIE BAR WITH: HB 5937'19  
Last Action: 7/22/2020 bill electronically reproduced 07/22/2020
- [HB 5939 of 2020](#)  
Insurance; health benefits; formulary changes during a plan year; regulate.  
Last Action: 7/22/2020 bill electronically reproduced 07/22/2020
- [HB 5940 of 2020](#)  
Health; pharmaceuticals; distribution of gifts or other inducements by drug manufacturers or wholesale distributors to a health care provider; prohibit and require drug manufacturers and wholesale distributors to provide certain information to the board of pharmacy.  
Last Action: 7/22/2020 bill electronically reproduced 07/22/2020
- [HB 5941 of 2020](#)  
Insurance; third party administrators; definition and regulation of a pharmacy benefit manager; provide

for, and regulate certain actions by a carrier relating to prescriptions drugs.

Last Action: 7/22/2020 bill electronically reproduced 07/22/2020

- [HB 5942 of 2020](#)  
Health occupations; pharmacists; disclosure of prescription drug prices to consumers; allow, and prohibit pharmacies and pharmacists from entering into certain contracts. TIE BAR WITH: HB 5941'19  
Last Action: 7/22/2020 bill electronically reproduced 07/22/2020
- [HB 5943 of 2020](#)  
Health; pharmaceuticals; health care false claim act; modify exemption from criminal liability to exclude manufacturers of prescription drugs from providing discounts under certain circumstances.  
Last Action: 7/22/2020 bill electronically reproduced 07/22/2020
- [HB 5944 of 2020](#)  
Insurance; health benefits; application of amount paid by the insured or other certain parties when calculating the insured's co-pay for a prescription drug; require under certain conditions.  
Last Action: 7/22/2020 bill electronically reproduced 07/22/2020

*Updated Bills or Resolutions:*

- [HB 4217 of 2019 \(PA 134 of 2020\)](#)  
Health; pharmaceuticals; physician or other licensee who writes prescriptions; require to electronically transmit to pharmacy under certain circumstances. Amends secs. 7333, 16221, 16226 & 17754 of 1978 PA 368 (MCL 333.7333 et seq.). TIE BAR WITH: SB 0248'19, SB 0254'19  
Last Action: 7/21/2020 assigned PA 134'20 with immediate effect
- [HB 5249 of 2019](#)  
Children; services; powers and duties of the children's ombudsman; modify. Amends secs. 2 & 6 of 1994 PA 204 (MCL 722.922 & 722.926).  
Last Action: 7/21/2020 Analysis File Added
- [HB 5417 of 2020](#)  
Health; emergency response; do-not-resuscitate order; allow a parent or guardian to execute on behalf of a minor child. Amends secs. 2, 3a, 4, 8, 9, 10 & 11 of 1996 PA 193 (MCL 333.1052 et seq.) & adds sec. 3b. TIE BAR WITH: HB 5418'19  
Last Action: 7/21/2020 Analysis File Added
- [HB 5418 of 2020](#)  
Education; school districts; filing, storage, and notice rules regarding do-not-resuscitate orders and comfort or care plans and limitation of liability for providing these measures; create. Amends 1976 PA 451 (MCL 380.1 - 380.1852) by adding secs. 1180 & 1181. TIE BAR WITH: HB 5417'19  
Last Action: 7/21/2020 Analysis File Added
- [HB 5419 of 2020](#)  
Probate; guardians and conservators; do-not-resuscitate orders; authorize a guardian of a minor to execute. Amends sec. 5215 of 1998 PA 386 (MCL 700.5215). TIE BAR WITH: HB 5417'19  
Last Action: 7/21/2020 Analysis File Added
- [HB 5767 of 2020](#)  
Law enforcement; state police; emergency materials and supplies reserve; provide for. Amends 1976 PA 390 (MCL 30.401 - 30.421) by adding sec. 7b.  
Last Action: 7/21/2020 Analysis File Added
- [HB 5920 of 2020](#)  
Vehicles; fund-raising registration plates; fund-raising registration plate for sickle cell anemia research and treatment; create. Amends 1949 PA 300 (MCL 257.1 - 257.923) by adding sec. 811aa.  
Last Action: 7/21/2020 bill electronically reproduced 07/21/2020
- [HB 5926 of 2020](#)  
Health; pharmaceuticals; prescription drug packaging; require alcoholics anonymous hotline, substance abuse hotline, suicide prevention hotline, and poison control phone numbers to be listed. Amends sec.

17757 of 1978 PA 368 (MCL 333.17757).

Last Action: 7/21/2020 bill electronically reproduced 07/21/2020

- [HB 5937 of 2020](#)  
Health; pharmaceuticals; annual report on certain costs associated with prescription drugs; require manufacturers of prescription drugs to file. TIE BAR WITH: HB 5944'19  
Last Action: 7/22/2020 Analysis File Added
- [HB 5938 of 2020](#)  
Insurance; third party administrators; requirement for pharmacy benefit managers to be licensed in Michigan; provide for. TIE BAR WITH: HB 5937'19  
Last Action: 7/22/2020 Analysis File Added
- [HB 5939 of 2020](#)  
Insurance; health benefits; formulary changes during a plan year; regulate.  
Last Action: 7/22/2020 Analysis File Added
- [HB 5940 of 2020](#)  
Health; pharmaceuticals; distribution of gifts or other inducements by drug manufacturers or wholesale distributors to a health care provider; prohibit and require drug manufacturers and wholesale distributors to provide certain information to the board of pharmacy.  
Last Action: 7/22/2020 Analysis File Added
- [HB 5941 of 2020](#)  
Insurance; third party administrators; definition and regulation of a pharmacy benefit manager; provide for, and regulate certain actions by a carrier relating to prescriptions drugs.  
Last Action: 7/22/2020 Analysis File Added
- [HB 5942 of 2020](#)  
Health occupations; pharmacists; disclosure of prescription drug prices to consumers; allow, and prohibit pharmacies and pharmacists from entering into certain contracts. TIE BAR WITH: HB 5941'19  
Last Action: 7/22/2020 Analysis File Added
- [HB 5943 of 2020](#)  
Health; pharmaceuticals; health care false claim act; modify exemption from criminal liability to exclude manufacturers of prescription drugs from providing discounts under certain circumstances.  
Last Action: 7/22/2020 Analysis File Added
- [HB 5944 of 2020](#)  
Insurance; health benefits; application of amount paid by the insured or other certain parties when calculating the insured's co-pay for a prescription drug; require under certain conditions.  
Last Action: 7/22/2020 Analysis File Added
- [SB 0956 of 2020](#)  
Health facilities; nursing homes; admittance of COVID-19 positive patients to nursing homes from another facility; prohibit, and develop centralized intake facilities. Amends sec. 21717 of 1978 PA 368 (MCL 333.21717) & adds. sec. 5145.  
Last Action: 7/21/2020 referred to Committee on Ways and Means, with substitute (H-1)

## **Health facilities**

### *New Bills or Resolutions:*

- [HB 5945 of 2020](#)  
Health facilities; hospitals; charge description master; require hospitals to post online.  
Last Action: 7/22/2020 bill electronically reproduced 07/22/2020

### *Updated Bills or Resolutions:*

- [HB 5930 of 2020](#)  
Health facilities; other; equitable access to care policies; require certain health facilities to develop.

Amends 1978 PA 368 (MCL 333.1101 - 333.25211) by adding sec. 20205.

Last Action: 7/21/2020 bill electronically reproduced 07/21/2020

- [HB 5945 of 2020](#)

Health facilities; hospitals; charge description master; require hospitals to post online.

Last Action: 7/21/2020 Analysis File Added

- [SB 0956 of 2020](#)

Health facilities; nursing homes; admittance of COVID-19 positive patients to nursing homes from another facility; prohibit, and develop centralized intake facilities. Amends sec. 21717 of 1978 PA 368 (MCL 333.21717) & adds. sec. 5145.

Last Action: 7/21/2020 referred to Committee on Ways and Means, with substitute (H-1)

## **Human services**

### *Updated Bills or Resolutions:*

- [HB 5298 of 2019](#)

Mental health; facilities; licensure of psychiatric residential treatment facilities for Medicaid recipients under age 21; provide for. Amends secs. 100b & 100c of 1974 PA 258 (MCL 330.1100b & 330.1100c) & adds sec. 137a.

Last Action: 7/21/2020 referred to Committee on Ways and Means, with substitute (H-2)

- [HB 5443 of 2020](#)

Children: services; kinship caregiver advisory council; create. Creates new act. TIE BAR WITH: HB 5444'20

Last Action: 7/21/2020 Analysis File Added

## **Natural resources**

### *Updated Bills or Resolutions:*

- [HB 5694 of 2020](#)

Natural resources; fishing; penalties for certain hunting and fishing licensing violations; modify. Amends sec. 43560 of 1994 PA 451 (MCL 324.43560).

Last Action: 7/21/2020 transmitted

- [HB 5695 of 2020](#)

Natural resources; fishing; penalties for certain fishing violations; modify. Amends sec. 48738 of 1994 PA 451 (MCL 324.48738).

Last Action: 7/21/2020 transmitted

- [HB 5697 of 2020](#)

Natural resources; hunting; penalties for violations of certain hunting provisions; modify. Amends secs. 40118 & 43558 of 1994 PA 451 (MCL 324.40118 & 324.43558).

Last Action: 7/21/2020 transmitted

## Gaines, Rachelle

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**From:** litdev@legislature.mi.gov  
**Sent:** Thursday, July 23, 2020 6:42 AM  
**To:** Bowen, Ken  
**Subject:** Michigan Legislature Email Update

[Michigan Legislature Website](#)  
Daily Update For: Ionia County

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### **Agriculture**

*Updated Bills or Resolutions:*

- [SB 0777 of 2020](#)  
Traffic control; traffic regulation; vehicles to move over and slow down when passing farm equipment being repaired on the roadside; require. Amends 1949 PA 300 (MCL 257.1 - 257.923) by adding sec. 653c.  
Last Action: 7/22/2020 REFERRED TO COMMITTEE OF THE WHOLE
- [SB 0850 of 2020 \(PA 137 of 2020\)](#)  
Agriculture; industrial hemp; regulations for growing industrial hemp; create. Creates new act.  
Last Action: 7/22/2020 ASSIGNED PA 0137'20 WITH IMMEDIATE EFFECT

### **Animals**

*Updated Bills or Resolutions:*

- [SB 0419 of 2019](#)  
Animals; other; registration and regulation of animal rescues; provide for. Amends title & secs. 1, 2, 5a, 6, 7, 8, 8a, 8b, 8c, 9a & 9b of 1969 PA 287 (MCL 287.331 et seq.) & adds sec. 8d.  
Last Action: 7/22/2020 REFERRED TO COMMITTEE OF THE WHOLE WITH SUBSTITUTE (S-2)

### **Construction**

*Updated Bills or Resolutions:*

- [HB 5046 of 2019](#)  
Construction; asbestos; provision allowing the withholding of payment to asbestos abatement contractors or demolition contractors for environmental violations; require certain local government contracts to contain, and require certain disclosures by asbestos abatement contractors and demolition contractors. Creates new act.  
Last Action: 7/22/2020 transmitted
- [HB 5047 of 2019](#)  
Environmental protection; air pollution; asbestos emissions program; impose fee on notification of demolition or renovation. Amends 1994 PA 451 (MCL 324.101 - 324.90106) by adding secs. 5519 & 5519a).  
Last Action: 7/22/2020 transmitted
- [HB 5048 of 2019](#)  
Environmental protection; air pollution; asbestos emissions program for demolition or renovation activity; require annual report on sufficiency of number of inspectors. Amends 1994 PA 451 (MCL 324.101 - 324.90106) by adding sec. 5519b.  
Last Action: 7/22/2020 transmitted
- [HB 5049 of 2019](#)  
Construction; asbestos; public contracts for asbestos abatement projects; require disclosure of environmental violations. Creates new act.  
Last Action: 7/22/2020 transmitted
- [HB 5050 of 2019](#)  
Construction; asbestos; public contracts for asbestos abatement projects; require under certain circumstances background investigation, public posting of certain information, and public hearings. Creates new act.  
Last Action: 7/22/2020 transmitted
- [HB 5051 of 2019](#)  
Labor; health and safety; provisions related to civil penalties; modify with respect to repeated violations and asbestos-related violations. Amends secs. 4, 35 & 36 of 1974 PA 154 (MCL 408.1004 et seq.).  
Last Action: 7/22/2020 transmitted

## **Controlled substances**

### *Updated Bills or Resolutions:*

- [SB 0248 of 2019 \(PA 136 of 2020\)](#)  
Health; pharmaceuticals; physician or other licensee who writes prescriptions; require to electronically transmit to pharmacy under certain circumstances. Amends secs. 7333, 16226, 16322, 16501, 16511, 16513, 16521, 16525, 16529, 17744, & 17751 of 1978 PA 368 (MCL 333.7333 et seq.). TIE BAR WITH: HB 4217'19, SB 0254'19  
Last Action: 7/22/2020 ASSIGNED PA 0136'20 WITH IMMEDIATE EFFECT
- [SB 0254 of 2019 \(PA 135 of 2020\)](#)  
Health; controlled substances; requirement for opioid and benzodiazepine prescriptions to be electronically transmitted to pharmacies; provide for under certain circumstances. Amends secs. 16221 & 16221b of 1978 PA 368 (MCL 333.16221 et seq.). TIE BAR WITH: SB 0248'19, HB 4217'19  
Last Action: 7/22/2020 ASSIGNED PA 0135'20 WITH IMMEDIATE EFFECT

## **Drains**

### *Updated Bills or Resolutions:*

- [HB 5126 of 2019](#)  
Drains; other; petition to add or remove lands and notice of receipt of bids and review of apportionments; revise requirements. Amends secs. 135 & 154 of 1956 PA 40 (MCL 280.135 &

280.154).

Last Action: 7/22/2020 transmitted

- [HB 5504 of 2020](#)

Drains; financing; assessment periods for projects and maintenance on drains; extend. Amends secs. 196 & 434 of 1956 PA 40 (MCL 280.196 & 280.434).

Last Action: 7/22/2020 transmitted

## **Energy**

### *Updated Bills or Resolutions:*

- [HB 4792 of 2019](#)

Energy; gas and oil; requirement for security measures preventing public access to unattended self-service fueling stations; prohibit LARA from imposing. Amends sec. 21106 of 1994 PA 451 (MCL 324.21106).

Last Action: 7/22/2020 Analysis File Added

## **Environmental protection**

### *Updated Bills or Resolutions:*

- [HB 5046 of 2019](#)

Construction; asbestos; provision allowing the withholding of payment to asbestos abatement contractors or demolition contractors for environmental violations; require certain local government contracts to contain, and require certain disclosures by asbestos abatement contractors and demolition contractors. Creates new act.

Last Action: 7/22/2020 transmitted

- [HB 5047 of 2019](#)

Environmental protection; air pollution; asbestos emissions program; impose fee on notification of demolition or renovation. Amends 1994 PA 451 (MCL 324.101 - 324.90106) by adding secs. 5519 & 5519a).

Last Action: 7/22/2020 transmitted

- [HB 5048 of 2019](#)

Environmental protection; air pollution; asbestos emissions program for demolition or renovation activity; require annual report on sufficiency of number of inspectors. Amends 1994 PA 451 (MCL 324.101 - 324.90106) by adding sec. 5519b.

Last Action: 7/22/2020 transmitted

- [HB 5049 of 2019](#)

Construction; asbestos; public contracts for asbestos abatement projects; require disclosure of environmental violations. Creates new act.

Last Action: 7/22/2020 transmitted

- [HB 5050 of 2019](#)

Construction; asbestos; public contracts for asbestos abatement projects; require under certain circumstances background investigation, public posting of certain information, and public hearings. Creates new act.

Last Action: 7/22/2020 transmitted

## **Health**

### *Updated Bills or Resolutions:*

- [HB 5249 of 2019](#)

Children; services; powers and duties of the children's ombudsman; modify. Amends secs. 2 & 6 of

1994 PA 204 (MCL 722.922 & 722.926).

Last Action: 7/23/2020 REFERRED TO COMMITTEE OF THE WHOLE

- [SB 0248 of 2019 \(PA 136 of 2020\)](#)

Health; pharmaceuticals; physician or other licensee who writes prescriptions; require to electronically transmit to pharmacy under certain circumstances. Amends secs. 7333, 16226, 16322, 16501, 16511, 16513, 16521, 16525, 16529, 17744, & 17751 of 1978 PA 368 (MCL 333.7333 et seq.). TIE BAR WITH: HB 4217'19, SB 0254'19

Last Action: 7/22/2020 ASSIGNED PA 0136'20 WITH IMMEDIATE EFFECT

- [SB 0254 of 2019 \(PA 135 of 2020\)](#)

Health; controlled substances; requirement for opioid and benzodiazepine prescriptions to be electronically transmitted to pharmacies; provide for under certain circumstances. Amends secs. 16221 & 16221b of 1978 PA 368 (MCL 333.16221 et seq.). TIE BAR WITH: SB 0248'19, HB 4217'19

Last Action: 7/22/2020 ASSIGNED PA 0135'20 WITH IMMEDIATE EFFECT

- [SB 0630 of 2019 \(PA 142 of 2020\)](#)

Health; pharmaceuticals; wholesale distributor-broker license; create. Amends secs. 16111, 16333, 17705, 17707, 17709, 17722, 17742, 17748, 17767 & 17768 of 1978 PA 368 (MCL 333.16111 et. seq.) & adds secs. 17748e & 17748f.

Last Action: 7/22/2020 ASSIGNED PA 0142'20 WITH IMMEDIATE EFFECT

- [HB 5417 of 2020](#)

Health; emergency response; do-not-resuscitate order; allow a parent or guardian to execute on behalf of a minor child. Amends secs. 2, 3a, 4, 8, 9, 10 & 11 of 1996 PA 193 (MCL 333.1052 et seq.) & adds sec. 3b. TIE BAR WITH: HB 5418'19

Last Action: 7/23/2020 REFERRED TO COMMITTEE OF THE WHOLE

- [HB 5418 of 2020](#)

Education; school districts; filing, storage, and notice rules regarding do-not-resuscitate orders and comfort or care plans and limitation of liability for providing these measures; create. Amends 1976 PA 451 (MCL 380.1 - 380.1852) by adding secs. 1180 & 1181. TIE BAR WITH: HB 5417'19

Last Action: 7/23/2020 REFERRED TO COMMITTEE OF THE WHOLE

- [HB 5419 of 2020](#)

Probate; guardians and conservators; do-not-resuscitate orders; authorize a guardian of a minor to execute. Amends sec. 5215 of 1998 PA 386 (MCL 700.5215). TIE BAR WITH: HB 5417'19

Last Action: 7/23/2020 REFERRED TO COMMITTEE OF THE WHOLE

- [HB 5937 of 2020](#)

Health; pharmaceuticals; annual report on certain costs associated with prescription drugs; require manufacturers of prescription drugs to file. Creates new act. TIE BAR WITH: HB 5944'19

Last Action: 7/22/2020 bill electronically reproduced 07/22/2020

- [HB 5938 of 2020](#)

Insurance; third party administrators; requirement for pharmacy benefit managers to be licensed in Michigan; provide for. Creates new act. TIE BAR WITH: HB 5937'19

Last Action: 7/22/2020 bill electronically reproduced 07/22/2020

- [HB 5939 of 2020](#)

Insurance; health benefits; formulary changes during a plan year; regulate. Amends 1956 PA 218 (MCL 500.100 - 500.8302) by adding sec. 3406v.

Last Action: 7/22/2020 bill electronically reproduced 07/22/2020

- [HB 5940 of 2020](#)

Health; pharmaceuticals; distribution of gifts or other inducements by drug manufacturers or wholesale distributors to a health care provider; prohibit and require drug manufacturers and wholesale distributors to provide certain information to the board of pharmacy. Amends 1978 PA 368 (MCL 333.1101 - 333.25211) by adding secs. 17748e & 17748f.

Last Action: 7/22/2020 bill electronically reproduced 07/22/2020



- [HB 5941 of 2020](#)  
Insurance; third party administrators; definition and regulation of a pharmacy benefit manager; provide for, and regulate certain actions by a carrier relating to prescriptions drugs. Amends title & sec. 2 of 1984 PA 218 (MCL 550.902) & adds secs. 26 & 27.  
Last Action: 7/22/2020 bill electronically reproduced 07/22/2020
- [HB 5942 of 2020](#)  
Health occupations; pharmacists; disclosure of prescription drug prices to consumers; allow, and prohibit pharmacies and pharmacists from entering into certain contracts. Amends sec. 17757 of 1978 PA 368 (MCL 333.17757) & adds sec. 17757b. TIE BAR WITH: HB 5941'19  
Last Action: 7/22/2020 bill electronically reproduced 07/22/2020
- [HB 5943 of 2020](#)  
Health; pharmaceuticals; health care false claim act; modify exemption from criminal liability to exclude manufacturers of prescription drugs from providing discounts under certain circumstances. Amends secs. 2 & 4e of 1984 PA 323 (MCL 752.1002 & 752.1004a).  
Last Action: 7/22/2020 bill electronically reproduced 07/22/2020
- [HB 5944 of 2020](#)  
Insurance; health benefits; application of amount paid by the insured or other certain parties when calculating the insured's co-pay for a prescription drug; require under certain conditions. Amends 1956 PA 218 (MCL 500.100 - 500.8302) by adding sec. 3406v.  
Last Action: 7/22/2020 bill electronically reproduced 07/22/2020
- [SB 0956 of 2020](#)  
Health facilities; nursing homes; admittance of COVID-19 positive patients to nursing homes from another facility; prohibit, and develop centralized intake facilities. Amends sec. 21717 of 1978 PA 368 (MCL 333.21717) & adds. sec. 5145.  
Last Action: 7/22/2020 Analysis File Added

## **Health facilities**

### *Updated Bills or Resolutions:*

- [HB 5945 of 2020](#)  
Health facilities; hospitals; charge description master; require hospitals to post online. Amends 1978 PA 368 (MCL 333.1101 - 333.25211) by adding sec. 21517.  
Last Action: 7/22/2020 bill electronically reproduced 07/22/2020
- [SB 0956 of 2020](#)  
Health facilities; nursing homes; admittance of COVID-19 positive patients to nursing homes from another facility; prohibit, and develop centralized intake facilities. Amends sec. 21717 of 1978 PA 368 (MCL 333.21717) & adds. sec. 5145.  
Last Action: 7/22/2020 Analysis File Added

## **Human services**

### *Updated Bills or Resolutions:*

- [HB 5443 of 2020](#)  
Children; services; kinship caregiver advisory council; create. Creates new act. TIE BAR WITH: HB 5444'19  
Last Action: 7/22/2020 Analysis File Added

## Gaines, Rachelle

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**From:** Travis Alden <AldenT@rightplace.org>  
**Sent:** Thursday, July 23, 2020 7:48 AM  
**To:** Travis Alden  
**Subject:** Updates & resources: cash flow service, small farm grants and more - ICEA/The Right Place  
**Attachments:** MEDC Small Farm Safety Grant Program FAQ.pdf; Cash-Flow-Anaylsis-Post-Pandemic.pdf

Good morning Ionia County – I hope your week is going well. There’s been quite a bit of activity in terms of new “hot off the presses” resources the past few days, so details are below. Feel free to share as you see appropriate. As always, don’t hesitate to reach out with any questions or if I can be of any assistance.

1. **Michigan Small Business RESTART Grants Program:** As you likely already know, the application period for these grants (up to \$20,000) opened up last week. Applications will be accepted through August 5<sup>th</sup>. Our ICEA review committee will not begin reviewing applications until the deadline has passed. This link has all the info, including application portal, eligibility criteria, FAQ document, etc. <https://www.michiganbusiness.org/restart/>
2. **Post-Pandemic Cash Flow Analysis Service:** Our partners at the [Michigan Manufacturing Technology Center](#) (MMTC-West) have unveiled a new service focused on assisting small to mid-size manufacturers with their cash flow management needs. Attached is a quick info sheet about what this service covers. For more information or to get connected, drop me a line or reach out directly to Ben Wood at [woodb@rightplace.org](mailto:woodb@rightplace.org).
3. **Small Farm Safety Grant Program – New Fact Sheet:** The MEDC unexpectedly announced the Small Farm Safety Grant program on Tuesday, in response to the feedback from our statewide economic development and agriculture partners that the Ag Safety grants launched last week excluded small farms (fewer than 10 employees). The MEDC has allocated \$1.25 million to support these smaller operations. Please see the attached public document for more information. The grant program launched yesterday on the Greenstone Farm Credit website (as the Ag Safety grants are): <https://www.greenstonefcs.com/>.
4. **CDBG CARES Act Funding/Information Session** – As you know, earlier this year Congress appropriated \$5 billion in the Coronavirus Aid, Relief, and Economic Security Act (CARES Act), for Community Development Block Grants (CDBG). Michigan has received an allocation of \$20.5 million in CARES Act CDBG funding from the U.S. Department of Housing and Urban Development (HUD), that is available to Michigan counties that have been negatively impacted by the COVID-19 virus through the Michigan State CDBG Program to assist in their economic recovery efforts. The CDBG Team has begun outreach to the 77 non-entitlement counties that are eligible to receive a portion of the CARES Act Round 1 funding through the Michigan CDBG Program. One of the notable eligible activities is matching funds for EDA grant applications. The Michigan CDBG Program will be holding a virtual informational session to walk counties and communities through the program guidelines including eligible expenses, process for submitting expenses, the formula allocations and to answer any questions counties may have. Registration is not required. Call info:  
Tuesday, July 28 – 1:30-2:30 p.m. ET  
Call-in: +1 248-340-3787  
Conference ID: 832 841 549#
5. **MIOSHA Workplace Signs and More** – The [MIOSHA website](#) has been a great informational resource for me during the crisis and the re-opening of Michigan businesses. I’ve noticed some updated content in the last week that I wanted to make sure you were aware of, as well. In addition to specific helpful information for different types of businesses, they developed a guidance document on “Suitable Work and Refusal of Work” for both employers and workers, which might be especially timely as the federal unemployment stimulus expires this

month. They've also put together some graphically engaging posters for businesses to use about mask requirements in businesses. I'd encourage you to check them out.

6. **'Entrepreneur Elevator Pitch' Invites Companies to Apply for Special Michigan-Focused Show:** [Entrepreneur](#) and MEDC are looking for Michigan-based companies to be on a special episode of [Entrepreneur Elevator Pitch](#), the 60-second pitch competition for founders who have scalable products or services that are ready for investment, and who have a specific plan for how that investment can help them grow. The Top 5 companies will have a chance to pitch to the show's investors during the virtual filming of Season 6 in August 2020. Applications are due by August 1, 2020. Applications can be found at <https://www.entrepreneur.com/page/352082>.

Thanks everybody, feel free to reach out with any questions. Take care and have a great Thursday.

-Travis

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**Travis Alden**

*Director of Business Development*

The Right Place, Inc.

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[www.rightplace.org](http://www.rightplace.org)



# FAQs for MEDC Small Farm Safety Grant Program

## MEDC COVID-19 RESPONSE

### **MEDC Small Farm Safety Grant Program**

In response to the economic impact of the COVID-19 outbreak, the Michigan Economic Development Corporation has allocated \$1.25 million to implement the MEDC Small Farm Safety Grant Program to support the needs of Michigan's small farms. The program supports the implementation of COVID-19 monitoring and mitigation strategies to protect agricultural employees and the state's overall food production industry.

### **When will applications be available?**

Eligible applicants will be able to apply for funding beginning on July 21, 2020 with application information available at [www.michiganbusiness.org/agsafety](http://www.michiganbusiness.org/agsafety). Funding will be awarded on a first come, first serve basis to eligible applicants.

### **How much funding is available through these grants?**

\$1.25 million in grants will be provided to farms statewide, with a minimum grant of \$1,000 and a maximum grant of \$9,000. Funds will provide grants of up to \$1,000 per employee to fund COVID-19 mitigation costs.

### **What sort of costs are eligible for the MEDC Small Farm Safety Grant?**

Grants must be used to support farms in Michigan in implementing COVID-19 safety measures to protect their employees and the state's food production overall. These COVID-19 mitigation costs include, but are not limited to testing costs, personal protection equipment, facility needs, increased sanitation costs, employee training, and upgraded safety procedures for farm-provided housing.

### **Will only full-time employees be eligible for these grants?**

No, any verified employee – including full-time, part-time, seasonal, migrant, H-2A temporary worker or contract employee would be eligible to count toward this minimum.

### **Can agricultural processors with less than 10 employees apply for these grants?**

No, only farms are eligible for this grant.

### **What time period do the grants cover?**

The program will cover costs incurred from June 1, 2020, through September 15, 2020. Eligible applicants may begin applying on July 21 with application information available at [www.michiganbusiness.org/agsafety](http://www.michiganbusiness.org/agsafety).

### **Are costs related to building temporary/alternative/isolation housing for farm workers eligible under these grants?**

Yes. Expenses for housing needs specific to COVID-19 incurred between June 1, 2020 and forward through September 15, 2020 would be eligible. This would allow recipients to use the grant funding for housing issues related to COVID-19, either to house sick workers or provide additional space to keep workers socially distanced.



## How will the funds be administered?

Applications will be submitted to, and processed by, Michigan-based GreenStone Farm Credit Services, one of America's largest rural lenders. GreenStone will host the application portal, complete an initial screening of all applications and supporting documentation and recommend applications to the MEDC for final approval and disbursement of the grants awarded. GreenStone will also provide a report to the MEDC of all applications that were deemed ineligible in the review process.

Grants will be awarded on a first come, first serve basis until all funding has been awarded.

## What are the eligibility requirements for the funds?

Applicants must be a farm located in Michigan and meet the following requirements:

- Employs at least 1 employee and not more than 9 employees in Michigan
- Provide internal payroll documentation supporting the number of employees for which grant funds are being requested. This documentation should include the employee count as of the closest pay period end to the application date. *Example: Application date is 8/25/2020, payroll support should be 8/15/2020 if semi-monthly or 8/21/2020 if weekly;*

- Certify funds will only be used for eligible expenses;
- Provide proof of good standing with the state of Michigan, as applicable (Certificate of Good Standing);
- Verify that the business is current on all state, local and real estate taxes, or is otherwise contesting them in good faith;
- Agree to register for payment by EFT at the State of Michigan State Integrated Governmental Management Applications (SIGMA) Vendor Self-Service (VSS) website and agree to provide its registration number.

## Can farms with more than 10 employees apply for the Michigan Agricultural Safety Grants or Michigan Small Business Restart Grant Program instead?

Yes, provided they meet all other eligibility requirements.

## Is there reporting required for grant awards?

A report on grant awards will be issued by the MEDC to the MEDC Executive Committee, and that report will also be available on [michiganbusiness.org/agsafety](https://michiganbusiness.org/agsafety).



## Post Pandemic

# Cash Flow Analysis



### Small to Mid-Sized Manufacturers are essential to the Economy, and Cash is essential to their sustainability.

Today, more than perhaps ever, Small to Mid-Size Manufacturers (SMMs) are faced with cash flow management challenges.

The disruption of the recent pandemic caused many hidden and risk oriented impacts to the foundation of manufacturers. The ability to quickly assess and identify the most significant drivers for the cost of doing business must be closely examined. In the loan and financial sector, Senior Lenders are now demanding and expecting a level of detail for Cash Flow, Vendor Negotiation, Account Collections and Week to Week Payroll needs from their clients. Senior Lenders want to know their clients will stay in compliance and have a process to keep the communication open, even if there are issues that need to be addressed.

### OBJECTIVE

As SMMs begin restoring their businesses, this is a very important opportunity, system and critical market need. Business leaders will be provided a transparent tool for establishing effective plans to sustain and drive cash flow and compliance reporting. The Cash Flow Analysis provides a model that helps you look at payroll, accounts receivable and accounts payable with concise data and not emotion. This allows all the stakeholders to have a shared investment and to easily see how the forecast will affect them.

Business leaders must be able to effectively demonstrate their understanding of the Cash Flow of the business.

- This service allows business leaders to communicate to all stakeholders. It helps companies navigate the cash flow needs on a weekly basis so that informed decisions can be made.
- As a forecast, it allows you to see how to ramp up your business after it has been shut down or partially shut down.
- It looks at the Paycheck Protection Program (PPP) money, if you received any, all debt service requirements, and allows you to easily look at your vendor base to help communicate a plan.
- It calculates your collateral position weekly for borrowing based compliance.

### BENEFITS

This Cash Flow Forecast gives a company a road map to see what the collateral position of the company will be based on the assumptions made. To realize Cost Savings related to New or Retained Sales, Workforce Development, Cost Avoidance and Workforce Retention. The tool can be established as a standard practice for managing the sustainability of the company.

**What is the process?**

Once the Cash Flow Analysis is initiated, cost savings are incorporated into the model for forecasting. We establish a cash trigger list that lists activities that can be implemented and justified through the model. We also look at cost avoidance as we analyze all aspects of the business. This is something that is being required by Senior Lenders and is needed to help navigate the current situation and moving parts in the marketplace.

**What is needed?**

Any system can be integrated into this model with simple downloads into Excel. If you have a good working knowledge of Excel or a basic understanding, this model can be easily learned.

**TARGET AUDIENCE**

Key Stakeholders will use the output of the data to make informed decisions while the compilation of data will be with the CFO, Controller, or Bookkeeper.

**Tool Manufacturers:** We have also developed a model specific to the tooling industry. This model incorporates the timing of cash related to progress billings on the tool. It also has a process for potential new tool sales that times the down payment of the tool to the material purchases so that cash is aligned with the vendor payments.

**INVESTMENT**

Price quoted based on initial assessment and project scope.



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## Gaines, Rachelle

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**From:** litdev@legislature.mi.gov  
**Sent:** Friday, July 24, 2020 6:47 AM  
**To:** Bowen, Ken  
**Subject:** Michigan Legislature Email Update

[Michigan Legislature Website](#)  
Daily Update For: Ionia County

Please note: Updates are sent for any change to a given item, including spelling error corrections. Therefore it is possible to be notified that an item has been updated when no legislative activity has occurred on the bill.

The notification process includes updates to a vast pool of document types and sessions, including prior sessions. Occasionally we will be adding or correcting documents from a prior sessions in order to have a more complete and accurate collection. You may see dates from a session other than the current one. We apologize for any confusion this may cause but it is an accurate reflection of activity on a subject matter you may be watching.

Do links in this email appear broken? Please read  
<http://www.legislature.mi.gov/mileg.aspx?page=FAQ#NotifyLinks>

Log in at the [Michigan Legislature Website](#) to [change your notification settings](#) or [unsubscribe](#)

### **Agriculture**

#### *Updated Bills or Resolutions:*

- [HB 5686 of 2020](#)  
Vehicles; registration; penalties for uses of certain farm-related vehicles that violate certain registration requirements; provide for. Amends secs. 802 & 907 of 1949 PA 300 (MCL 257.802 & 257.907). TIE BAR WITH: HB 5802'19  
Last Action: 7/23/2020 REFERRED TO COMMITTEE ON JUDICIARY AND PUBLIC SAFETY

### **Animals**

#### *New Bills or Resolutions:*

- [HB 6009 of 2020](#)  
Animals; dogs; certain unnecessary medical procedures for dogs; prohibit.  
Last Action: 8/6/2020 bill electronically reproduced 08/06/2020

### **Cemeteries and funerals**

#### *New Bills or Resolutions:*

- [HB 5999 of 2020](#)  
Human services; services or financial assistance; burial assistance for certain individuals affected by COVID-19; provide for.  
Last Action: 8/6/2020 bill electronically reproduced 08/06/2020



## **Construction**

### *New Bills or Resolutions:*

- [HB 5992 of 2020](#)  
Construction; code; installation of emergency responder radio coverage systems in K-12 educational facilities; require.  
Last Action: 8/6/2020 bill electronically reproduced 08/06/2020

### *Updated Bills or Resolutions:*

- [HB 5046 of 2019](#)  
Construction; asbestos; provision allowing the withholding of payment to asbestos abatement contractors or demolition contractors for environmental violations; require certain local government contracts to contain, and require certain disclosures by asbestos abatement contractors and demolition contractors. Creates new act.  
Last Action: 7/23/2020 REFERRED TO COMMITTEE ON ENVIRONMENTAL QUALITY
- [HB 5047 of 2019](#)  
Environmental protection; air pollution; asbestos emissions program; impose fee on notification of demolition or renovation. Amends 1994 PA 451 (MCL 324.101 - 324.90106) by adding secs. 5519 & 5519a).  
Last Action: 7/23/2020 REFERRED TO COMMITTEE ON ENVIRONMENTAL QUALITY
- [HB 5048 of 2019](#)  
Environmental protection; air pollution; asbestos emissions program for demolition or renovation activity; require annual report on sufficiency of number of inspectors. Amends 1994 PA 451 (MCL 324.101 - 324.90106) by adding sec. 5519b.  
Last Action: 7/23/2020 REFERRED TO COMMITTEE ON ENVIRONMENTAL QUALITY
- [HB 5049 of 2019](#)  
Construction; asbestos; public contracts for asbestos abatement projects; require disclosure of environmental violations. Creates new act.  
Last Action: 7/23/2020 REFERRED TO COMMITTEE ON ENVIRONMENTAL QUALITY
- [HB 5050 of 2019](#)  
Construction; asbestos; public contracts for asbestos abatement projects; require under certain circumstances background investigation, public posting of certain information, and public hearings. Creates new act.  
Last Action: 7/23/2020 REFERRED TO COMMITTEE ON ENVIRONMENTAL QUALITY
- [HB 5051 of 2019](#)  
Labor; health and safety; provisions related to civil penalties; modify with respect to repeated violations and asbestos-related violations. Amends secs. 4, 35 & 36 of 1974 PA 154 (MCL 408.1004 et seq.).  
Last Action: 7/23/2020 REFERRED TO COMMITTEE ON ENVIRONMENTAL QUALITY

## **Drains**

### *Updated Bills or Resolutions:*

- [HB 5126 of 2019](#)  
Drains; other; petition to add or remove lands and notice of receipt of bids and review of apportionments; revise requirements. Amends secs. 135 & 154 of 1956 PA 40 (MCL 280.135 & 280.154).  
Last Action: 7/23/2020 REFERRED TO COMMITTEE ON LOCAL GOVERNMENT
- [HB 5504 of 2020](#)  
Drains; financing; assessment periods for projects and maintenance on drains; extend. Amends secs. 196

& 434 of 1956 PA 40 (MCL 280.196 & 280.434).

Last Action: 7/23/2020 REFERRED TO COMMITTEE ON LOCAL GOVERNMENT

## **Energy**

### *New Bills or Resolutions:*

- [SB 1030 of 2020](#)  
Energy; alternative sources; property assessed clean energy program; include environmental hazard, new construction, and multifamily projects.  
Last Action: 7/23/2020 REFERRED TO COMMITTEE ON ENERGY AND TECHNOLOGY
- [SB 1031 of 2020](#)  
Energy; alternative sources; property assessment program; authorize to finance residential energy and environmental hazard projects.  
Last Action: 7/23/2020 REFERRED TO COMMITTEE ON ENERGY AND TECHNOLOGY
- [SB 1032 of 2020](#)  
Energy; alternative sources; property assessed clean energy program; extend participation to residential energy and environmental hazard projects.  
Last Action: 7/23/2020 REFERRED TO COMMITTEE ON ENERGY AND TECHNOLOGY

### *Updated Bills or Resolutions:*

- [SB 1030 of 2020](#)  
Energy; alternative sources; property assessed clean energy program; include environmental hazard, new construction, and multifamily projects.  
Last Action: 7/23/2020 REFERRED TO COMMITTEE ON ENERGY AND TECHNOLOGY
- [SB 1031 of 2020](#)  
Energy; alternative sources; property assessment program; authorize to finance residential energy and environmental hazard projects.  
Last Action: 7/23/2020 REFERRED TO COMMITTEE ON ENERGY AND TECHNOLOGY
- [SB 1032 of 2020](#)  
Energy; alternative sources; property assessed clean energy program; extend participation to residential energy and environmental hazard projects.  
Last Action: 7/23/2020 REFERRED TO COMMITTEE ON ENERGY AND TECHNOLOGY

## **Environmental protection**

### *New Bills or Resolutions:*

- [HB 5980 of 2020](#)  
Natural resources; mining; department of environment, Great Lakes, and energy permit for aggregate mining water withdrawal; require. TIE BAR WITH: HB 5979'19  
Last Action: 8/6/2020 bill electronically reproduced 08/06/2020
- [HB 5983 of 2020](#)  
Environmental protection; permits; reduction of air quality permits; allow during a declared emergency.  
Last Action: 8/6/2020 bill electronically reproduced 08/06/2020
- [SB 1020 of 2020](#)  
Natural resources; shorelands; permit requirement for certain activities along the Great Lakes shoreline above the statutory ordinary high-water mark; exempt.  
Last Action: 7/23/2020 REFERRED TO COMMITTEE ON ENVIRONMENTAL QUALITY

### *Updated Bills or Resolutions:*

- [HB 5046 of 2019](#)  
Construction; asbestos; provision allowing the withholding of payment to asbestos abatement contractors or demolition contractors for environmental violations; require certain local government contracts to contain, and require certain disclosures by asbestos abatement contractors and demolition contractors. Creates new act.  
Last Action: 7/23/2020 REFERRED TO COMMITTEE ON ENVIRONMENTAL QUALITY
- [HB 5047 of 2019](#)  
Environmental protection; air pollution; asbestos emissions program; impose fee on notification of demolition or renovation. Amends 1994 PA 451 (MCL 324.101 - 324.90106) by adding secs. 5519 & 5519a).  
Last Action: 7/23/2020 REFERRED TO COMMITTEE ON ENVIRONMENTAL QUALITY
- [HB 5048 of 2019](#)  
Environmental protection; air pollution; asbestos emissions program for demolition or renovation activity; require annual report on sufficiency of number of inspectors. Amends 1994 PA 451 (MCL 324.101 - 324.90106) by adding sec. 5519b.  
Last Action: 7/23/2020 REFERRED TO COMMITTEE ON ENVIRONMENTAL QUALITY
- [HB 5049 of 2019](#)  
Construction; asbestos; public contracts for asbestos abatement projects; require disclosure of environmental violations. Creates new act.  
Last Action: 7/23/2020 REFERRED TO COMMITTEE ON ENVIRONMENTAL QUALITY
- [HB 5050 of 2019](#)  
Construction; asbestos; public contracts for asbestos abatement projects; require under certain circumstances background investigation, public posting of certain information, and public hearings. Creates new act.  
Last Action: 7/23/2020 REFERRED TO COMMITTEE ON ENVIRONMENTAL QUALITY
- [SB 1020 of 2020](#)  
Natural resources; shorelands; permit requirement for certain activities along the Great Lakes shoreline above the statutory ordinary high-water mark; exempt.  
Last Action: 7/23/2020 REFERRED TO COMMITTEE ON ENVIRONMENTAL QUALITY

## **Health**

### *New Bills or Resolutions:*

- [HB 5981 of 2020](#)  
Legislature; legislative agencies; ombudsman for public employees; create.  
Last Action: 8/6/2020 bill electronically reproduced 08/06/2020
- [HB 6030 of 2020](#)  
Torts; defenses; COVID-19 emergency; provide protection from liability to certain persons. TIE BAR WITH: HB 6031'20, HB 6032'20  
Last Action: 8/6/2020 bill electronically reproduced 08/06/2020
- [HB 6031 of 2020](#)  
Labor; health and safety; COVID-19 emergency; provide protection from liability to certain persons on reopening of business or school. TIE BAR WITH: HB 6032'20, HB 6030'20  
Last Action: 8/6/2020 bill electronically reproduced 08/06/2020
- [SB 1023 of 2020](#)  
Labor; health and safety; COVID-19 emergency; provide protection from liability to certain persons on reopening of business or school. TIE BAR WITH: SB 1022'20, SB 1024'20  
Last Action: 7/23/2020 REFERRED TO COMMITTEE ON ECONOMIC AND SMALL BUSINESS DEVELOPMENT
- [SB 1024 of 2020](#)  
Torts; defenses; COVID-19 emergency; provide protection from liability to certain persons. TIE BAR

WITH: SB 1023'20, SB 1022'20

Last Action: 7/23/2020 REFERRED TO COMMITTEE ON ECONOMIC AND SMALL BUSINESS DEVELOPMENT

- [SB 1036 of 2020](#)

Human services; medical services; exemption of certain prescription drugs from the department of health and human services Medicaid prior authorization process; provide for.

Last Action: 7/23/2020 REFERRED TO COMMITTEE ON HEALTH POLICY AND HUMAN SERVICES

*Updated Bills or Resolutions:*

- [HB 4459 of 2019](#)

Health; other; charges by nonparticipating providers; regulate. Amends 1978 PA 368 (MCL 333.1101 - 333.25211) by adding art. 18. TIE BAR WITH: HB 4460'19, HB 4991'19, HB 4990'19

Last Action: 7/23/2020 REASSIGNED TO COMMITTEE ON INSURANCE AND BANKING

- [HB 4460 of 2019](#)

Health; other; charges by nonparticipating providers; regulate. Amends 1978 PA 368 (MCL 333.1101 - 333.25211) by adding sec. 24505 to art. 18. TIE BAR WITH: HB 4459'19, HB 4991'19, HB 4990'19

Last Action: 7/23/2020 REASSIGNED TO COMMITTEE ON INSURANCE AND BANKING

- [HB 5249 of 2019](#)

Children; services; powers and duties of the children's ombudsman; modify. Amends secs. 2 & 6 of 1994 PA 204 (MCL 722.922 & 722.926).

Last Action: 7/23/2020 REFERRED TO COMMITTEE OF THE WHOLE

- [HB 5417 of 2020](#)

Health; emergency response; do-not-resuscitate order; allow a parent or guardian to execute on behalf of a minor child. Amends secs. 2, 3a, 4, 8, 9, 10 & 11 of 1996 PA 193 (MCL 333.1052 et seq.) & adds sec. 3b. TIE BAR WITH: HB 5418'19

Last Action: 7/23/2020 REFERRED TO COMMITTEE OF THE WHOLE

- [HB 5418 of 2020](#)

Education; school districts; filing, storage, and notice rules regarding do-not-resuscitate orders and comfort or care plans and limitation of liability for providing these measures; create. Amends 1976 PA 451 (MCL 380.1 - 380.1852) by adding secs. 1180 & 1181. TIE BAR WITH: HB 5417'19

Last Action: 7/23/2020 REFERRED TO COMMITTEE OF THE WHOLE

- [HB 5419 of 2020](#)

Probate; guardians and conservators; do-not-resuscitate orders; authorize a guardian of a minor to execute. Amends sec. 5215 of 1998 PA 386 (MCL 700.5215). TIE BAR WITH: HB 5417'19

Last Action: 7/23/2020 REFERRED TO COMMITTEE OF THE WHOLE

- [HB 5482 of 2020](#)

Health; suicide; suicide prevention hotline telephone number on student identification cards; require. Creates new act.

Last Action: 7/23/2020 Analysis File Added

- [SB 0809 of 2020](#)

Health; pharmaceuticals; health care false claim act; modify exemption to exempt a rebate or discount related to the injection or infusion of a drug. Amends sec. 4a of 1984 PA 323 (MCL 752.1004a).

Last Action: 7/29/2020 REFERRED TO COMMITTEE OF THE WHOLE

- [SB 0956 of 2020](#)

Health facilities; nursing homes; admittance of COVID-19 positive patients to nursing homes from another facility; prohibit, and develop centralized intake facilities. Amends sec. 21717 of 1978 PA 368 (MCL 333.21717) & adds. sec. 5145.

Last Action: 7/23/2020 ORDERED ENROLLED

- [SB 1023 of 2020](#)  
Labor; health and safety; COVID-19 emergency; provide protection from liability to certain persons on reopening of business or school. TIE BAR WITH: SB 1022'20, SB 1024'20  
Last Action: 7/23/2020 REFERRED TO COMMITTEE ON ECONOMIC AND SMALL BUSINESS DEVELOPMENT
- [SB 1024 of 2020](#)  
Torts; defenses; COVID-19 emergency; provide protection from liability to certain persons. TIE BAR WITH: SB 1023'20, SB 1022'20  
Last Action: 7/23/2020 REFERRED TO COMMITTEE ON ECONOMIC AND SMALL BUSINESS DEVELOPMENT
- [SB 1036 of 2020](#)  
Human services; medical services; exemption of certain prescription drugs from the department of health and human services Medicaid prior authorization process; provide for.  
Last Action: 7/23/2020 REFERRED TO COMMITTEE ON HEALTH POLICY AND HUMAN SERVICES

## Health facilities

### *Updated Bills or Resolutions:*

- [SB 0956 of 2020](#)  
Health facilities; nursing homes; admittance of COVID-19 positive patients to nursing homes from another facility; prohibit, and develop centralized intake facilities. Amends sec. 21717 of 1978 PA 368 (MCL 333.21717) & adds. sec. 5145.  
Last Action: 7/23/2020 ORDERED ENROLLED

## Housing

### *New Bills or Resolutions:*

- [HB 5984 of 2020](#)  
Housing; other; funding for the forgiveness of mortgages and rent; provide for.  
Last Action: 8/6/2020 bill electronically reproduced 08/06/2020
- [HB 6003 of 2020](#)  
Mobile homes; other; residents' right of first refusal in sale or lease of a mobile home park; provide for. TIE BAR WITH: HB 6006'19, HB 6005'20, HB 6004'20, HB 6007'19, HB 6008'19  
Last Action: 8/6/2020 bill electronically reproduced 08/06/2020
- [HB 6004 of 2020](#)  
Mobile homes; other; promulgation and enforcement of rules for mobile home parks; establish under licensing and regulatory affairs. TIE BAR WITH: HB 6006'19, HB 6003'19, HB 6005'20, HB 6007'19, HB 6008'19  
Last Action: 8/6/2020 bill electronically reproduced 08/06/2020
- [HB 6005 of 2020](#)  
Mobile homes; other; residents' right of first refusal in sale or lease of a mobile home park; provide for. TIE BAR WITH: HB 6006'19, HB 6003'19, HB 6004'20, HB 6007'19, HB 6008'19  
Last Action: 8/6/2020 bill electronically reproduced 08/06/2020
- [HB 6006 of 2020](#)  
Housing; manufactured, modular, or mobile homes; public database of mobile home park owners and operators; provide for. TIE BAR WITH: HB 6003'19, HB 6005'20, HB 6004'20, HB 6007'19, HB 6008'19  
Last Action: 8/6/2020 bill electronically reproduced 08/06/2020
- [HB 6008 of 2020](#)  
Mobile homes; owner's rights; requirement of written leases for mobile home park tenants; modify. TIE

BAR WITH: HB 6006'19, HB 6003'19, HB 6005'20, HB 6004'20, HB 6007'19  
Last Action: 8/6/2020 bill electronically reproduced 08/06/2020

*Updated Bills or Resolutions:*

- [HB 6003 of 2020](#)  
Mobile homes; other; residents' right of first refusal in sale or lease of a mobile home park; provide for.  
TIE BAR WITH: HB 6006'19, HB 6005'20, HB 6004'20, HB 6007'19, HB 6008'19  
Last Action: 8/6/2020 bill electronically reproduced 08/06/2020
- [HB 6004 of 2020](#)  
Mobile homes; other; promulgation and enforcement of rules for mobile home parks; establish under  
licensing and regulatory affairs. TIE BAR WITH: HB 6006'19, HB 6003'19, HB 6005'20, HB 6007'19,  
HB 6008'19  
Last Action: 8/6/2020 bill electronically reproduced 08/06/2020

**Human services**

*New Bills or Resolutions:*

- [HB 5999 of 2020](#)  
Human services; services or financial assistance; burial assistance for certain individuals affected by  
COVID-19; provide for.  
Last Action: 8/6/2020 bill electronically reproduced 08/06/2020
- [HB 6002 of 2020](#)  
Human services; food assistance; requirements for food assistance; modify during a declared  
emergency.  
Last Action: 8/6/2020 bill electronically reproduced 08/06/2020
- [HB 6026 of 2020](#)  
Children; protection; children's assurance of quality foster care policy; modify.  
Last Action: 8/6/2020 bill electronically reproduced 08/06/2020
- [SB 1033 of 2020](#)  
Human services; medical services; Medicaid coverage for postpartum women; provide for.  
Last Action: 7/23/2020 REFERRED TO COMMITTEE ON APPROPRIATIONS
- [SB 1036 of 2020](#)  
Human services; medical services; exemption of certain prescription drugs from the department of  
health and human services Medicaid prior authorization process; provide for.  
Last Action: 7/23/2020 REFERRED TO COMMITTEE ON HEALTH POLICY AND HUMAN  
SERVICES

*Updated Bills or Resolutions:*

- [HB 5443 of 2020](#)  
Children; services; kinship caregiver advisory council; create. Creates new act. TIE BAR WITH: HB  
5444'19  
Last Action: 7/23/2020 REFERRED TO COMMITTEE OF THE WHOLE WITH SUBSTITUTE (S-1)
- [SB 0855 of 2020](#)  
Human services; medical services; access to quality complex rehabilitation technology; provide for.  
Creates new act.  
Last Action: 7/29/2020 REFERRED TO COMMITTEE OF THE WHOLE WITH SUBSTITUTE (S-1)
- [SB 1033 of 2020](#)  
Human services; medical services; Medicaid coverage for postpartum women; provide for.  
Last Action: 7/23/2020 REFERRED TO COMMITTEE ON APPROPRIATIONS

- [SB 1036 of 2020](#)  
Human services; medical services; exemption of certain prescription drugs from the department of health and human services Medicaid prior authorization process; provide for.  
Last Action: 7/23/2020 REFERRED TO COMMITTEE ON HEALTH POLICY AND HUMAN SERVICES

## **Land use**

### *New Bills or Resolutions:*

- [HB 5979 of 2020](#)  
Land use; zoning and growth management; aggregates mining; modify conditions under which zoning ordinance may prohibit.  
Last Action: 8/6/2020 bill electronically reproduced 08/06/2020

## **Mobile homes**

### *New Bills or Resolutions:*

- [HB 6003 of 2020](#)  
Mobile homes; other; residents' right of first refusal in sale or lease of a mobile home park; provide for. TIE BAR WITH: HB 6006'19, HB 6005'20, HB 6004'20, HB 6007'19, HB 6008'19  
Last Action: 8/6/2020 bill electronically reproduced 08/06/2020
- [HB 6004 of 2020](#)  
Mobile homes; other; promulgation and enforcement of rules for mobile home parks; establish under licensing and regulatory affairs. TIE BAR WITH: HB 6006'19, HB 6003'19, HB 6005'20, HB 6007'19, HB 6008'19  
Last Action: 8/6/2020 bill electronically reproduced 08/06/2020
- [HB 6005 of 2020](#)  
Mobile homes; other; residents' right of first refusal in sale or lease of a mobile home park; provide for. TIE BAR WITH: HB 6006'19, HB 6003'19, HB 6004'20, HB 6007'19, HB 6008'19  
Last Action: 8/6/2020 bill electronically reproduced 08/06/2020
- [HB 6007 of 2020](#)  
Mobile homes; sales; payment of fair market value to owner of an abandoned mobile home in certain circumstances; require. TIE BAR WITH: HB 6006'19, HB 6003'19, HB 6005'20, HB 6004'20, HB 6008'19  
Last Action: 8/6/2020 bill electronically reproduced 08/06/2020
- [HB 6008 of 2020](#)  
Mobile homes; owner's rights; requirement of written leases for mobile home park tenants; modify. TIE BAR WITH: HB 6006'19, HB 6003'19, HB 6005'20, HB 6004'20, HB 6007'19  
Last Action: 8/6/2020 bill electronically reproduced 08/06/2020

### *Updated Bills or Resolutions:*

- [HB 6003 of 2020](#)  
Mobile homes; other; residents' right of first refusal in sale or lease of a mobile home park; provide for. TIE BAR WITH: HB 6006'19, HB 6005'20, HB 6004'20, HB 6007'19, HB 6008'19  
Last Action: 8/6/2020 bill electronically reproduced 08/06/2020
- [HB 6004 of 2020](#)  
Mobile homes; other; promulgation and enforcement of rules for mobile home parks; establish under licensing and regulatory affairs. TIE BAR WITH: HB 6006'19, HB 6003'19, HB 6005'20, HB 6007'19, HB 6008'19  
Last Action: 8/6/2020 bill electronically reproduced 08/06/2020

## Natural resources

### *New Bills or Resolutions:*

- [HB 5979 of 2020](#)  
Land use; zoning and growth management; aggregates mining; modify conditions under which zoning ordinance may prohibit.  
Last Action: 8/6/2020 bill electronically reproduced 08/06/2020
- [HB 5980 of 2020](#)  
Natural resources; mining; department of environment, Great Lakes, and energy permit for aggregate mining water withdrawal; require. TIE BAR WITH: HB 5979'19  
Last Action: 8/6/2020 bill electronically reproduced 08/06/2020
- [HB 6027 of 2020](#)  
Natural resources; hunting; free all-species fishing license for individuals with a developmental disability; provide for.  
Last Action: 8/6/2020 bill electronically reproduced 08/06/2020
- [SB 1020 of 2020](#)  
Natural resources; shorelands; permit requirement for certain activities along the Great Lakes shoreline above the statutory ordinary high-water mark; exempt.  
Last Action: 7/23/2020 REFERRED TO COMMITTEE ON ENVIRONMENTAL QUALITY

### *Updated Bills or Resolutions:*

- [HB 5694 of 2020](#)  
Natural resources; fishing; penalties for certain hunting and fishing licensing violations; modify. Amends sec. 43560 of 1994 PA 451 (MCL 324.43560).  
Last Action: 7/23/2020 REFERRED TO COMMITTEE ON JUDICIARY AND PUBLIC SAFETY
- [HB 5695 of 2020](#)  
Natural resources; fishing; penalties for certain fishing violations; modify. Amends sec. 48738 of 1994 PA 451 (MCL 324.48738).  
Last Action: 7/23/2020 REFERRED TO COMMITTEE ON JUDICIARY AND PUBLIC SAFETY
- [HB 5697 of 2020](#)  
Natural resources; hunting; penalties for violations of certain hunting provisions; modify. Amends secs. 40118 & 43558 of 1994 PA 451 (MCL 324.40118 & 324.43558).  
Last Action: 7/23/2020 REFERRED TO COMMITTEE ON JUDICIARY AND PUBLIC SAFETY
- [SB 1020 of 2020](#)  
Natural resources; shorelands; permit requirement for certain activities along the Great Lakes shoreline above the statutory ordinary high-water mark; exempt.  
Last Action: 7/23/2020 REFERRED TO COMMITTEE ON ENVIRONMENTAL QUALITY



## Gaines, Rachelle

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**From:** Jodie Shaver <jshaver@malph.org>  
**Sent:** Friday, July 24, 2020 3:53 PM  
**To:** mho  
**Subject:** FW: MDHHS State Supported testing events  
**Attachments:** State-Supported Testing Events - 20200724.xlsx

**Importance:** High

*Please see the message from Orlando below.*

Jodie Shaver, GMS  
Member Services Director/Event Coordinator  
Michigan Association For Local Public Health  
P.O. Box 13276  
Lansing, MI 48901  
Phone: 517-485-0660  
Fax: 517-485-6412  
[www.malph.org](http://www.malph.org)



**From:** Todd, Orlando (DHHS) <[toddo@michigan.gov](mailto:toddo@michigan.gov)>  
**Sent:** Friday, July 24, 2020 3:51 PM  
**To:** Jodie Shaver <[jshaver@malph.org](mailto:jshaver@malph.org)>; Meghan Swain <[mswain@malph.org](mailto:mswain@malph.org)>  
**Cc:** de la Rambelje, Laura (DHHS) <[DelaRambeljeL@michigan.gov](mailto:DelaRambeljeL@michigan.gov)>; Quiggle, Lisa (DHHS) <[QuiggleL@michigan.gov](mailto:QuiggleL@michigan.gov)>  
**Subject:** FW: State Supported testing events to send to MALPH  
**Importance:** High

Health Officers,

As discussed on the Thursday's call, attached is the schedule for next weeks testing.

A couple of notes:

- Sites that were scheduled as repeating now have their own ID for each event. This is necessary with the transitions between the National Guard and Honu (Contractor for testing) to make sure that every date is scheduled.
- Sensitive information such as physician information has been removed
- The display been simplified as requested by Lisa, Orlando and Laura.

Orlando, Lisa Quiggle, Laura

## Daily Testing Calendar

COVID Testing			Scheduled
Event ID #	Status	Source of Request	Date
1328	Scheduled	MING Drive-Thru Sites Calendar	8/8
1581	Scheduled	SNF Mandatory Submission	8/5
1576	Scheduled	SNF Mandatory Submission	7/29
1578	Scheduled	SNF Mandatory Submission	7/29
1569	Scheduled	SNF Mandatory Submission	7/29
1582	Scheduled	SNF Mandatory Submission	7/29
1570	Scheduled	SNF Mandatory Submission	7/28
1474	Scheduled	SNF Mandatory Submission	7/28
1465	Scheduled	SNF Mandatory Submission	7/28
1466	Scheduled	SNF Mandatory Submission	7/28
1536	Scheduled	LHD Biweekly Plan - Second Submission	7/27
1528	Scheduled	LHD Biweekly Plan - Second Submission	7/27
1470	Scheduled	SNF Mandatory Submission	7/27
1566	Scheduled	LHD Biweekly Plan - Second Submission	7/27
1458	Scheduled	SNF Mandatory Submission	7/27
1571	Scheduled	SNF Mandatory Submission	7/27
1579	Scheduled	LHD Biweekly Plan - Second Submission	7/26
1501	Scheduled	LHD Biweekly Plan - Second Submission	7/26
1334	Scheduled	MING Drive-Thru Sites Calendar	7/25
1412	Scheduled	MDHHS Neighborhood Submission	7/25
1348	Scheduled	MING Drive-Thru Sites Calendar	7/25
1332	Scheduled	MING Drive-Thru Sites Calendar	7/25
1568	Scheduled	SNF Mandatory Submission	7/24
1333	Scheduled	MING Drive-Thru Sites Calendar	7/24
1411	Scheduled	MDHHS Neighborhood Submission	7/24
1471	Scheduled	SNF Mandatory Submission	7/24
1349	Scheduled	MING Drive-Thru Sites Calendar	7/24
1472	Scheduled	SNF Mandatory Submission	7/24
1567	Scheduled	SNF Mandatory Submission	7/24
1331	Scheduled	MING Drive-Thru Sites Calendar	7/24
1508	Cancelled	LHD Biweekly Plan - Second Submission	7/23
1455	Scheduled	SNF Mandatory Submission	7/23
1337	Testing/drop-off complete	MING Drive-Thru Sites Calendar	7/23
1487	Scheduled	LHD Biweekly Plan - Second Submission	7/23
1580	Testing/drop-off complete	SNF Mandatory Submission	7/23
1034	Testing/drop-off complete	LHD Biweekly Plan - First Submission	7/23
1521	Testing/drop-off complete	LHD Biweekly Plan - Second Submission	7/23
1522	Testing/drop-off complete	LHD Biweekly Plan - Second Submission	7/23
1095	Testing/drop-off complete	LHD Biweekly Plan - First Submission	7/23
1463	Testing/drop-off complete	SNF Mandatory Submission	7/23
1572	Testing/drop-off complete	SNF Mandatory Submission	7/22
1461	Testing/drop-off complete	SNF Mandatory Submission	7/22
1336	Testing/drop-off complete	MING Drive-Thru Sites Calendar	7/22
1460	Testing/drop-off complete	SNF Mandatory Submission	7/22

1573	Testing/drop-off complete	SNF Mandatory Submission	7/22
1535	Testing/drop-off complete	LHD Biweekly Plan - Second Submission	7/21
1534	Testing/drop-off complete	LHD Biweekly Plan - Second Submission	7/21
1548	Testing/drop-off complete	LHD Biweekly Plan - Second Submission	7/21
1459	Testing/drop-off complete	SNF Mandatory Submission	7/21
1473	Testing/drop-off complete	SNF Mandatory Submission	7/21
1469	Testing/drop-off complete	SNF Mandatory Submission	7/20
1456	Testing/drop-off complete	SNF Mandatory Submission	7/20
1550	Testing/drop-off complete	LHD Biweekly Plan - Second Submission	7/20
1330	Cancelled	MING Drive-Thru Sites Calendar	7/19
1329	Cancelled	MING Drive-Thru Sites Calendar	7/18
1476	Testing/drop-off complete	LHD Biweekly Plan - Second Submission	7/18
1488	Scheduled	LHD Biweekly Plan - Second Submission	7/18
1410	Testing/drop-off complete	MDHHS Neighborhood Submission	7/18
1347	Testing/drop-off complete	MING Drive-Thru Sites Calendar	7/18
1468	Testing/drop-off complete	AFC Community Submission	7/17
1467	Testing/drop-off complete	MDHHS Neighborhood Submission	7/17
1409	Testing/drop-off complete	MDHHS Neighborhood Submission	7/17
1484	Cancelled	LHD Biweekly Plan - Second Submission	7/17
1270	Testing/drop-off complete	SNF Mandatory Submission	7/17
1343	Testing/drop-off complete	MING Drive-Thru Sites Calendar	7/16
1119	Testing/drop-off complete	LHD Biweekly Plan - First Submission	7/16
1027	Testing/drop-off complete	LHD Biweekly Plan - First Submission	7/16
1537	Cancelled	LHD Biweekly Plan - Second Submission	7/16
1564	Cancelled	LHD Biweekly Plan - Second Submission	7/16
1565	Cancelled	LHD Biweekly Plan - Second Submission	7/16
1100	Testing/drop-off complete	LHD Biweekly Plan - First Submission	7/16
1310	Cancelled	SNF Mandatory Submission	7/16
1462	Testing/drop-off complete	SNF Mandatory Submission	7/15
1342	Testing/drop-off complete	MING Drive-Thru Sites Calendar	7/15
1247	Cancelled	SNF Mandatory Submission	7/15
1031	Testing/drop-off complete	LHD Biweekly Plan - First Submission	7/15
1464	Testing/drop-off complete	SNF Mandatory Submission	7/15
1240	Testing/drop-off complete	SNF Mandatory Submission	7/13
1387	Testing/drop-off complete	SNF Mandatory Submission	7/13
1295	Testing/drop-off complete	SNF Mandatory Submission	7/13
1402	Testing/drop-off complete	SNF Mandatory Submission	7/13
1406	Testing/drop-off complete	SNF Mandatory Submission	7/13
1094	Cancelled	LHD Biweekly Plan - First Submission	7/13
1271	Testing/drop-off complete	SNF Mandatory Submission	7/13
1327	Testing/drop-off complete	MING Drive-Thru Sites Calendar	7/11
1408	Testing/drop-off complete	MDHHS Neighborhood Submission	7/10
1453	Testing/drop-off complete	SNF Mandatory Submission	7/10
1239	Testing/drop-off complete	SNF Mandatory Submission	7/9
1335	Testing/drop-off complete	MING Drive-Thru Sites Calendar	7/9
1407	Testing/drop-off complete	MDHHS Neighborhood Submission	7/9
1388	Scheduled	SNF Mandatory Submission	7/9

1344	Testing/drop-off complete	MING Drive-Thru Sites Calendar	7/8
1452	Testing/drop-off complete	SNF Mandatory Submission	7/8
1091	Testing/drop-off complete	LHD Biweekly Plan - First Submission	7/8
1041	Cancelled	LHD Biweekly Plan - First Submission	7/7
1203	Cancelled	LHD Biweekly Plan - First Submission	7/7
1204	Cancelled	LHD Biweekly Plan - First Submission	7/7
1009	Cancelled	LHD Biweekly Plan - First Submission	7/7
1028	Cancelled	LHD Biweekly Plan - First Submission	7/7
1030	Cancelled	LHD Biweekly Plan - First Submission	7/7
1037	Testing/drop-off complete	LHD Biweekly Plan - First Submission	7/7
1043	Cancelled	LHD Biweekly Plan - First Submission	7/7
1045	Cancelled	LHD Biweekly Plan - First Submission	7/7
1022	Cancelled	LHD Biweekly Plan - First Submission	7/7
1023	Cancelled	LHD Biweekly Plan - First Submission	7/7
1400	Testing/drop-off complete	SNF Mandatory Submission	7/7
1003	Cancelled	LHD Biweekly Plan - First Submission	7/7
1067	Cancelled	LHD Biweekly Plan - First Submission	7/7
1298	Cancelled	SNF Mandatory Submission	7/7
1392	Testing/drop-off complete	SNF Mandatory Submission	7/7
1403	Testing/drop-off complete	SNF Mandatory Submission	7/6
1038	Scheduled	LHD Biweekly Plan - First Submission	7/6
1286	Testing/drop-off complete	SNF Mandatory Submission	7/6
1129	Cancelled	LHD Biweekly Plan - First Submission	7/6
1258	Testing/drop-off complete	SNF Mandatory Submission	7/6
1405	Testing/drop-off complete	SNF Mandatory Submission	7/6
1042	Cancelled	LHD Biweekly Plan - First Submission	7/6
1044	Cancelled	LHD Biweekly Plan - First Submission	7/6
1396	Cancelled	SNF Mandatory Submission	7/6
1092	Cancelled	LHD Biweekly Plan - First Submission	7/6
1099	Cancelled	LHD Biweekly Plan - First Submission	7/6
1064	Testing/drop-off complete	LHD Biweekly Plan - First Submission	7/6
1394	Cancelled	SNF Mandatory Submission	7/6
1036	Cancelled	LHD Biweekly Plan - First Submission	7/3
1389	Testing/drop-off complete	SNF Mandatory Submission	7/3
1399	Testing/drop-off complete	SNF Mandatory Submission	7/3
1195	Cancelled	LHD Biweekly Plan - First Submission	7/2
1196	Testing/drop-off complete	LHD Biweekly Plan - First Submission	7/2
1118	Cancelled	LHD Biweekly Plan - First Submission	7/2
1276	Cancelled	SNF Mandatory Submission	7/2
1007	Cancelled	LHD Biweekly Plan - First Submission	7/2
1102	Testing/drop-off complete	LHD Biweekly Plan - First Submission	7/2
1404	Cancelled	SNF Mandatory Submission	7/2
1391	Cancelled	SNF Mandatory Submission	7/2
1390	Testing/drop-off complete	SNF Mandatory Submission	7/2
1013	Cancelled	LHD Biweekly Plan - First Submission	7/2
1269	Cancelled	SNF Mandatory Submission	7/2
1386	Testing/drop-off complete	SNF Mandatory Submission	7/2

1346	Testing/drop-off complete	MING Drive-Thru Sites Calendar	7/1
1062	Testing/drop-off complete	Both SNF and LHD Submitted	7/1
1063	Testing/drop-off complete	Both SNF and LHD Submitted	7/1
1307	Testing/drop-off complete	SNF Mandatory Submission	7/1
1322	Testing/drop-off complete	SNF Mandatory Submission	7/1
1197	Testing/drop-off complete	LHD Biweekly Plan - First Submission	6/30
1345	Testing/drop-off complete	MING Drive-Thru Sites Calendar	6/30
1252	Testing/drop-off complete	SNF Mandatory Submission	6/30
1255	Testing/drop-off complete	SNF Mandatory Submission	6/30
1233	Testing/drop-off complete	SNF Mandatory Submission	6/29
1234	Testing/drop-off complete	SNF Mandatory Submission	6/29
1078	Testing/drop-off complete	LHD Biweekly Plan - First Submission	6/29
1079	Testing/drop-off complete	LHD Biweekly Plan - First Submission	6/29
1080	Testing/drop-off complete	LHD Biweekly Plan - First Submission	6/29
1081	Testing/drop-off complete	LHD Biweekly Plan - First Submission	6/29
1236	Testing/drop-off complete	SNF Mandatory Submission	6/29
1242	Testing/drop-off complete	SNF Mandatory Submission	6/29
1245	Testing/drop-off complete	SNF Mandatory Submission	6/29
1246	Testing/drop-off complete	SNF Mandatory Submission	6/29
1263	Testing/drop-off complete	SNF Mandatory Submission	6/29
1302	Testing/drop-off complete	SNF Mandatory Submission	6/29
1303	Testing/drop-off complete	SNF Mandatory Submission	6/29
1304	Testing/drop-off complete	SNF Mandatory Submission	6/29
1313	Testing/drop-off complete	SNF Mandatory Submission	6/29
1320	Testing/drop-off complete	SNF Mandatory Submission	6/29
1277	Testing/drop-off complete	SNF Mandatory Submission	6/29
1254	Testing/drop-off complete	SNF Mandatory Submission	6/29
1323	Testing/drop-off complete	SNF Mandatory Submission	6/29
1257	Testing/drop-off complete	SNF Mandatory Submission	6/29
1324	Testing/drop-off complete	SNF Mandatory Submission	6/29
1179	Testing/drop-off complete	LHD Biweekly Plan - First Submission	6/29
1181	Testing/drop-off complete	LHD Biweekly Plan - First Submission	6/29
1182	Testing/drop-off complete	Both SNF and LHD Submitted	6/29
1183	Testing/drop-off complete	LHD Biweekly Plan - First Submission	6/29
1184	Testing/drop-off complete	LHD Biweekly Plan - First Submission	6/29
1185	Testing/drop-off complete	Both SNF and LHD Submitted	6/29
1187	Testing/drop-off complete	LHD Biweekly Plan - First Submission	6/29
1188	Testing/drop-off complete	LHD Biweekly Plan - First Submission	6/29
1241	Testing/drop-off complete	SNF Mandatory Submission	6/29
1259	Testing/drop-off complete	SNF Mandatory Submission	6/29
1311	Testing/drop-off complete	SNF Mandatory Submission	6/29
1249	Testing/drop-off complete	SNF Mandatory Submission	6/29
1250	Testing/drop-off complete	SNF Mandatory Submission	6/29
1287	Testing/drop-off complete	SNF Mandatory Submission	6/29
1305	Testing/drop-off complete	SNF Mandatory Submission	6/29
1312	Testing/drop-off complete	SNF Mandatory Submission	6/29
1314	Testing/drop-off complete	SNF Mandatory Submission	6/29

1279	Testing/drop-off complete	SNF Mandatory Submission	6/29
1318	Testing/drop-off complete	SNF Mandatory Submission	6/29
1280	Testing/drop-off complete	SNF Mandatory Submission	6/29
1288	Testing/drop-off complete	SNF Mandatory Submission	6/29
1319	Testing/drop-off complete	SNF Mandatory Submission	6/29
1218	Testing/drop-off complete	LHD Biweekly Plan - First Submission	6/29
1289	Testing/drop-off complete	SNF Mandatory Submission	6/29
1315	Testing/drop-off complete	SNF Mandatory Submission	6/29
1114	Testing/drop-off complete	Both SNF and LHD Submitted	6/29
1115	Testing/drop-off complete	LHD Biweekly Plan - First Submission	6/29
1281	Testing/drop-off complete	SNF Mandatory Submission	6/29
1309	Testing/drop-off complete	SNF Mandatory Submission	6/29
1256	Testing/drop-off complete	SNF Mandatory Submission	6/29
1293	Testing/drop-off complete	SNF Mandatory Submission	6/29
1294	Testing/drop-off complete	SNF Mandatory Submission	6/29
1262	Testing/drop-off complete	SNF Mandatory Submission	6/29
1308	Testing/drop-off complete	SNF Mandatory Submission	6/29
1316	Testing/drop-off complete	SNF Mandatory Submission	6/29
1317	Testing/drop-off complete	SNF Mandatory Submission	6/29
1282	Testing/drop-off complete	SNF Mandatory Submission	6/29
1290	Testing/drop-off complete	SNF Mandatory Submission	6/29
1291	Testing/drop-off complete	SNF Mandatory Submission	6/29
1292	Testing/drop-off complete	SNF Mandatory Submission	6/29
1005	Testing/drop-off complete	LHD Biweekly Plan - First Submission	6/29
1264	Testing/drop-off complete	SNF Mandatory Submission	6/29
1296	Testing/drop-off complete	SNF Mandatory Submission	6/29
1265	Testing/drop-off complete	SNF Mandatory Submission	6/29
1058	Testing/drop-off complete	LHD Biweekly Plan - First Submission	6/29
1059	Testing/drop-off complete	LHD Biweekly Plan - First Submission	6/29
1060	Testing/drop-off complete	Both SNF and LHD Submitted	6/29
1061	Testing/drop-off complete	LHD Biweekly Plan - First Submission	6/29
1268	Testing/drop-off complete	SNF Mandatory Submission	6/29
1284	Testing/drop-off complete	SNF Mandatory Submission	6/29
1297	Testing/drop-off complete	SNF Mandatory Submission	6/29
1272	Testing/drop-off complete	SNF Mandatory Submission	6/29
1273	Testing/drop-off complete	SNF Mandatory Submission	6/29
1285	Testing/drop-off complete	SNF Mandatory Submission	6/29
1299	Testing/drop-off complete	SNF Mandatory Submission	6/29
1243	Testing/drop-off complete	SNF Mandatory Submission	6/29
1339	Testing/drop-off complete	MING Drive-Thru Sites Calendar	6/26
1341	Testing/drop-off complete	MING Drive-Thru Sites Calendar	6/26
1338	Testing/drop-off complete	MING Drive-Thru Sites Calendar	6/25
1340	Testing/drop-off complete	MING Drive-Thru Sites Calendar	6/25
1485	To be scheduled	LHD Biweekly Plan - Second Submission	
1492	To be scheduled	LHD Biweekly Plan - Second Submission	
1493	To be scheduled	LHD Biweekly Plan - Second Submission	
1494	To be scheduled	LHD Biweekly Plan - Second Submission	

1495	To be scheduled	LHD Biweekly Plan - Second Submission
1300	To be scheduled	LHD Biweekly Plan - First Submission
1507	To be scheduled	LHD Biweekly Plan - Second Submission
1625	To be scheduled	LHD Biweekly Plan - Second Submission
1626	To be scheduled	LHD Biweekly Plan - Second Submission
1627	To be scheduled	LHD Biweekly Plan - Second Submission
1628	To be scheduled	LHD Biweekly Plan - Second Submission
1629	To be scheduled	LHD Biweekly Plan - Second Submission
1641	To be scheduled	SNF Mandatory Submission
1642	To be scheduled	SNF Mandatory Submission
1643	To be scheduled	SNF Mandatory Submission
1644	To be scheduled	SNF Mandatory Submission
1645	To be scheduled	SNF Mandatory Submission
1646	To be scheduled	SNF Mandatory Submission
1451	To be scheduled	SNF Mandatory Submission
1509	Cancelled	LHD Biweekly Plan - Second Submission
1696	To be scheduled	SNF Mandatory Submission
1697	To be scheduled	SNF Mandatory Submission
1698	To be scheduled	SNF Mandatory Submission
1699	To be scheduled	SNF Mandatory Submission
1700	To be scheduled	SNF Mandatory Submission
1701	To be scheduled	SNF Mandatory Submission
1326	To be scheduled	AFC Community Submission
1595	To be scheduled	SNF Mandatory Submission
1596	To be scheduled	SNF Mandatory Submission
1597	To be scheduled	SNF Mandatory Submission
1598	To be scheduled	SNF Mandatory Submission
1599	To be scheduled	SNF Mandatory Submission
1600	To be scheduled	SNF Mandatory Submission
1613	To be scheduled	SNF Mandatory Submission
1614	To be scheduled	SNF Mandatory Submission
1615	To be scheduled	SNF Mandatory Submission
1616	To be scheduled	SNF Mandatory Submission
1617	To be scheduled	SNF Mandatory Submission
1618	To be scheduled	SNF Mandatory Submission
1350	To be scheduled	AFC Community Submission
1351	Cancelled	AFC Community Submission
1630	To be scheduled	SNF Mandatory Submission
1631	To be scheduled	SNF Mandatory Submission
1632	To be scheduled	SNF Mandatory Submission
1633	To be scheduled	SNF Mandatory Submission
1634	To be scheduled	SNF Mandatory Submission
1454	To be scheduled	SNF Mandatory Submission
1730	To be scheduled	SNF Mandatory Submission
1731	To be scheduled	SNF Mandatory Submission
1732	To be scheduled	SNF Mandatory Submission
1733	To be scheduled	SNF Mandatory Submission

1734	To be scheduled	SNF Mandatory Submission
1735	To be scheduled	SNF Mandatory Submission
1747	To be scheduled	SNF Mandatory Submission
1748	To be scheduled	SNF Mandatory Submission
1749	To be scheduled	SNF Mandatory Submission
1750	To be scheduled	SNF Mandatory Submission
1751	To be scheduled	SNF Mandatory Submission
1752	To be scheduled	SNF Mandatory Submission
1652	To be scheduled	LHD Biweekly Plan - Second Submission
1653	To be scheduled	LHD Biweekly Plan - Second Submission
1654	To be scheduled	LHD Biweekly Plan - Second Submission
1655	To be scheduled	LHD Biweekly Plan - Second Submission
1656	To be scheduled	LHD Biweekly Plan - Second Submission
1657	To be scheduled	LHD Biweekly Plan - Second Submission
1479	To be scheduled	LHD Biweekly Plan - Second Submission
1481	To be Scheduled	LHD Biweekly Plan - Second Submission
1482	To be Scheduled	LHD Biweekly Plan - Second Submission
1486	To be Scheduled	LHD Biweekly Plan - Second Submission
1741	To be scheduled	SNF Mandatory Submission
1742	To be scheduled	SNF Mandatory Submission
1743	To be scheduled	SNF Mandatory Submission
1744	To be scheduled	SNF Mandatory Submission
1745	To be scheduled	SNF Mandatory Submission
1746	To be scheduled	SNF Mandatory Submission
1225	To be scheduled	LHD Biweekly Plan - First Submission
1583	To be scheduled	SNF Mandatory Submission
1736	To be scheduled	SNF Mandatory Submission
1737	To be scheduled	SNF Mandatory Submission
1738	To be scheduled	SNF Mandatory Submission
1739	To be scheduled	SNF Mandatory Submission
1740	To be scheduled	SNF Mandatory Submission
1702	To be scheduled	SNF Mandatory Submission
1703	To be scheduled	SNF Mandatory Submission
1704	To be scheduled	SNF Mandatory Submission
1705	To be scheduled	SNF Mandatory Submission
1706	To be scheduled	SNF Mandatory Submission
1707	To be scheduled	SNF Mandatory Submission
1663	To be scheduled	SNF Mandatory Submission
1664	To be scheduled	SNF Mandatory Submission
1665	To be scheduled	SNF Mandatory Submission
1666	To be scheduled	SNF Mandatory Submission
1667	To be scheduled	SNF Mandatory Submission
1530	Cancelled	LHD Biweekly Plan - Second Submission
1531	Cancelled	LHD Biweekly Plan - Second Submission
1532	Cancelled	LHD Biweekly Plan - Second Submission
1533	Cancelled	LHD Biweekly Plan - Second Submission
1714	To be scheduled	SNF Mandatory Submission



1715	To be scheduled	SNF Mandatory Submission
1716	To be scheduled	SNF Mandatory Submission
1717	To be scheduled	SNF Mandatory Submission
1718	To be scheduled	SNF Mandatory Submission
1719	To be scheduled	SNF Mandatory Submission
1029	To be scheduled	LHD Biweekly Plan - First Submission
1046	To be scheduled	LHD Biweekly Plan - First Submission
1325	Cancelled	AFC Community Submission
1355	To be scheduled	AFC Community Submission
1496	To be scheduled	LHD Biweekly Plan - Second Submission
1538	To be scheduled	LHD Biweekly Plan - Second Submission
1539	To be scheduled	LHD Biweekly Plan - Second Submission
1540	To be scheduled	LHD Biweekly Plan - Second Submission
1541	To be scheduled	LHD Biweekly Plan - Second Submission
1542	To be scheduled	LHD Biweekly Plan - Second Submission
1543	To be scheduled	LHD Biweekly Plan - Second Submission
1544	To be scheduled	LHD Biweekly Plan - Second Submission
1545	To be scheduled	LHD Biweekly Plan - Second Submission
1546	To be scheduled	LHD Biweekly Plan - Second Submission
1549	To be scheduled	LHD Biweekly Plan - Second Submission
1552	To be scheduled	LHD Biweekly Plan - Second Submission
1553	To be scheduled	LHD Biweekly Plan - Second Submission
1554	To be scheduled	LHD Biweekly Plan - Second Submission
1555	To be scheduled	LHD Biweekly Plan - Second Submission
1556	To be scheduled	LHD Biweekly Plan - Second Submission
1557	To be scheduled	LHD Biweekly Plan - Second Submission
1558	To be scheduled	LHD Biweekly Plan - Second Submission
1559	To be scheduled	LHD Biweekly Plan - Second Submission
1560	To be scheduled	LHD Biweekly Plan - Second Submission
1561	To be scheduled	LHD Biweekly Plan - Second Submission
1563	To be scheduled	LHD Biweekly Plan - Second Submission
1753	To be scheduled	SNF Mandatory Submission
1754	To be scheduled	SNF Mandatory Submission
1755	To be scheduled	SNF Mandatory Submission
1756	To be scheduled	SNF Mandatory Submission
1757	To be scheduled	SNF Mandatory Submission
1219	To be scheduled	LHD Biweekly Plan - First Submission
1220	To be scheduled	LHD Biweekly Plan - First Submission
1353	To be scheduled	AFC Community Submission
1357	To be scheduled	AFC Community Submission
1690	To be scheduled	SNF Mandatory Submission
1691	To be scheduled	SNF Mandatory Submission
1692	To be scheduled	SNF Mandatory Submission
1693	To be scheduled	SNF Mandatory Submission
1694	To be scheduled	SNF Mandatory Submission
1695	To be scheduled	SNF Mandatory Submission
1014	To be scheduled	LHD Biweekly Plan - First Submission

1015	To be scheduled	LHD Biweekly Plan - First Submission
1017	To be scheduled	LHD Biweekly Plan - First Submission
1018	To be scheduled	LHD Biweekly Plan - First Submission
1019	To be scheduled	LHD Biweekly Plan - First Submission
1020	To be scheduled	LHD Biweekly Plan - First Submission
1021	To be scheduled	LHD Biweekly Plan - First Submission
1024	Cancelled	LHD Biweekly Plan - First Submission
1577	To be scheduled	SNF Mandatory Submission
1668	To be scheduled	SNF Mandatory Submission
1669	To be scheduled	SNF Mandatory Submission
1670	To be scheduled	SNF Mandatory Submission
1671	To be scheduled	SNF Mandatory Submission
1672	To be scheduled	SNF Mandatory Submission
1673	To be scheduled	SNF Mandatory Submission
1674	To be scheduled	SNF Mandatory Submission
1675	To be scheduled	SNF Mandatory Submission
1676	To be scheduled	SNF Mandatory Submission
1677	To be scheduled	SNF Mandatory Submission
1658	To be scheduled	SNF Mandatory Submission
1659	To be scheduled	SNF Mandatory Submission
1660	To be scheduled	SNF Mandatory Submission
1661	To be scheduled	SNF Mandatory Submission
1662	To be scheduled	SNF Mandatory Submission
1758	To be scheduled	SNF Mandatory Submission
1759	To be scheduled	SNF Mandatory Submission
1760	To be scheduled	SNF Mandatory Submission
1761	To be scheduled	SNF Mandatory Submission
1762	To be scheduled	SNF Mandatory Submission
1001	To be scheduled	LHD Biweekly Plan - First Submission
1002	To be scheduled	LHD Biweekly Plan - First Submission
1004	To be scheduled	LHD Biweekly Plan - First Submission
1352	Cancelled	AFC Community Submission
1354	To be scheduled	AFC Community Submission
1096	To be scheduled	LHD Biweekly Plan - First Submission
1097	To be scheduled	LHD Biweekly Plan - First Submission
1098	To be scheduled	LHD Biweekly Plan - First Submission
1647	To be scheduled	SNF Mandatory Submission
1648	To be scheduled	SNF Mandatory Submission
1649	To be scheduled	SNF Mandatory Submission
1650	To be scheduled	SNF Mandatory Submission
1651	To be scheduled	SNF Mandatory Submission
1720	To be scheduled	SNF Mandatory Submission
1721	To be scheduled	SNF Mandatory Submission
1722	To be scheduled	SNF Mandatory Submission
1723	To be scheduled	SNF Mandatory Submission
1065	To be scheduled	LHD Biweekly Plan - First Submission
1066	To be scheduled	LHD Biweekly Plan - First Submission

1529	To be scheduled	LHD Biweekly Plan - Second Submission
1619	To be scheduled	LHD Biweekly Plan - First Submission
1620	To be scheduled	LHD Biweekly Plan - First Submission
1621	To be scheduled	LHD Biweekly Plan - First Submission
1622	To be scheduled	LHD Biweekly Plan - First Submission
1623	To be scheduled	LHD Biweekly Plan - First Submission
1624	To be scheduled	LHD Biweekly Plan - First Submission
1635	To be scheduled	LHD Biweekly Plan - First Submission
1636	To be scheduled	LHD Biweekly Plan - First Submission
1637	To be scheduled	LHD Biweekly Plan - First Submission
1638	To be scheduled	LHD Biweekly Plan - First Submission
1639	To be scheduled	LHD Biweekly Plan - First Submission
1640	To be scheduled	LHD Biweekly Plan - First Submission
1678	To be scheduled	LHD Biweekly Plan - First Submission
1679	To be scheduled	LHD Biweekly Plan - First Submission
1680	To be scheduled	LHD Biweekly Plan - First Submission
1681	To be scheduled	LHD Biweekly Plan - First Submission
1682	To be scheduled	LHD Biweekly Plan - First Submission
1683	To be scheduled	LHD Biweekly Plan - First Submission
1708	To be scheduled	Both SNF and LHD Submitted
1709	To be scheduled	Both SNF and LHD Submitted
1710	To be scheduled	Both SNF and LHD Submitted
1711	To be scheduled	Both SNF and LHD Submitted
1712	To be scheduled	Both SNF and LHD Submitted
1713	To be scheduled	Both SNF and LHD Submitted
1724	To be scheduled	Both SNF and LHD Submitted
1725	To be scheduled	Both SNF and LHD Submitted
1726	To be scheduled	Both SNF and LHD Submitted
1727	To be scheduled	Both SNF and LHD Submitted
1728	To be scheduled	Both SNF and LHD Submitted
1729	To be scheduled	Both SNF and LHD Submitted
1763	To be scheduled	Both SNF and LHD Submitted
1764	To be scheduled	Both SNF and LHD Submitted
1765	To be scheduled	Both SNF and LHD Submitted
1766	To be scheduled	Both SNF and LHD Submitted
1767	To be scheduled	Both SNF and LHD Submitted
1768	To be scheduled	Both SNF and LHD Submitted
1111	To be scheduled	LHD Biweekly Plan - First Submission
1112	To be scheduled	LHD Biweekly Plan - First Submission
1113	To be scheduled	LHD Biweekly Plan - First Submission
1502	To be scheduled	LHD Biweekly Plan - Second Submission
1574	To be scheduled	SNF Mandatory Submission
1575	To be scheduled	SNF Mandatory Submission
1584	To be scheduled	SNF Mandatory Submission
1585	To be scheduled	SNF Mandatory Submission
1586	To be scheduled	SNF Mandatory Submission
1587	To be scheduled	SNF Mandatory Submission

1588	To be scheduled	SNF Mandatory Submission
1589	To be scheduled	SNF Mandatory Submission
1590	To be scheduled	SNF Mandatory Submission
1591	To be scheduled	SNF Mandatory Submission
1592	To be scheduled	SNF Mandatory Submission
1593	To be scheduled	SNF Mandatory Submission
1594	To be scheduled	SNF Mandatory Submission
1356	To be scheduled	AFC Community Submission
1601	To be scheduled	SNF Mandatory Submission
1602	To be scheduled	SNF Mandatory Submission
1603	To be scheduled	SNF Mandatory Submission
1604	To be scheduled	SNF Mandatory Submission
1605	To be scheduled	SNF Mandatory Submission
1606	To be scheduled	SNF Mandatory Submission
1607	To be scheduled	SNF Mandatory Submission
1608	To be scheduled	SNF Mandatory Submission
1609	To be scheduled	SNF Mandatory Submission
1610	To be scheduled	SNF Mandatory Submission
1611	To be scheduled	SNF Mandatory Submission
1612	To be scheduled	SNF Mandatory Submission
1684	To be scheduled	SNF Mandatory Submission
1685	To be scheduled	SNF Mandatory Submission
1686	To be scheduled	SNF Mandatory Submission
1687	To be scheduled	SNF Mandatory Submission
1688	To be scheduled	SNF Mandatory Submission
1689	To be scheduled	SNF Mandatory Submission
1210	No support needed	LHD Biweekly Plan - First Submission
1211	No support needed	LHD Biweekly Plan - First Submission
1212	No support needed	LHD Biweekly Plan - First Submission
1213	No support needed	LHD Biweekly Plan - First Submission
1214	No support needed	LHD Biweekly Plan - First Submission
1215	No support needed	LHD Biweekly Plan - First Submission
1216	No support needed	LHD Biweekly Plan - First Submission
1217	No support needed	LHD Biweekly Plan - First Submission
1082	Cancelled	LHD Biweekly Plan - First Submission
1083	Cancelled	LHD Biweekly Plan - First Submission
1223	No support needed	LHD Biweekly Plan - First Submission
1198	Cancelled	LHD Biweekly Plan - First Submission
1199	Cancelled	Both SNF and LHD Submitted
1200	Cancelled	LHD Biweekly Plan - First Submission
1201	Cancelled	LHD Biweekly Plan - First Submission
1202	Cancelled	LHD Biweekly Plan - First Submission
1413	Cancelled	LHD Biweekly Plan - Second Submission
1414	Cancelled	LHD Biweekly Plan - Second Submission
1415	Cancelled	LHD Biweekly Plan - Second Submission
1416	Cancelled	LHD Biweekly Plan - Second Submission
1417	Cancelled	LHD Biweekly Plan - Second Submission

1418 Cancelled	LHD Biweekly Plan - Second Submission
1419 Cancelled	LHD Biweekly Plan - Second Submission
1420 Cancelled	LHD Biweekly Plan - Second Submission
1421 Cancelled	LHD Biweekly Plan - Second Submission
1422 Cancelled	LHD Biweekly Plan - Second Submission
1423 Cancelled	LHD Biweekly Plan - Second Submission
1424 Cancelled	LHD Biweekly Plan - Second Submission
1425 Cancelled	LHD Biweekly Plan - Second Submission
1426 Cancelled	LHD Biweekly Plan - Second Submission
1427 Cancelled	LHD Biweekly Plan - Second Submission
1428 Cancelled	LHD Biweekly Plan - Second Submission
1429 Cancelled	LHD Biweekly Plan - Second Submission
1430 Cancelled	LHD Biweekly Plan - Second Submission
1431 Cancelled	LHD Biweekly Plan - Second Submission
1432 Cancelled	LHD Biweekly Plan - Second Submission
1433 Cancelled	LHD Biweekly Plan - Second Submission
1434 Cancelled	LHD Biweekly Plan - Second Submission
1435 Cancelled	LHD Biweekly Plan - Second Submission
1436 Cancelled	LHD Biweekly Plan - Second Submission
1437 Cancelled	LHD Biweekly Plan - Second Submission
1438 Cancelled	LHD Biweekly Plan - Second Submission
1439 Cancelled	LHD Biweekly Plan - Second Submission
1440 Cancelled	LHD Biweekly Plan - Second Submission
1441 Cancelled	LHD Biweekly Plan - Second Submission
1442 Cancelled	LHD Biweekly Plan - Second Submission
1443 Cancelled	LHD Biweekly Plan - Second Submission
1444 Cancelled	LHD Biweekly Plan - Second Submission
1518 Cancelled	LHD Biweekly Plan - Second Submission
1056 No support needed	LHD Biweekly Plan - First Submission
1057 No support needed	LHD Biweekly Plan - First Submission
1266 Cancelled	SNF Mandatory Submission
1039 No support needed	LHD Biweekly Plan - First Submission
1221 No support needed	LHD Biweekly Plan - First Submission
1222 No support needed	LHD Biweekly Plan - First Submission
1358 Cancelled	AFC Community Submission
1360 To be scheduled	AFC Community Submission
1362 To be scheduled	AFC Community Submission
1363 To be scheduled	AFC Community Submission
1370 To be scheduled	AFC Community Submission
1373 To be scheduled	AFC Community Submission
1374 Cancelled	AFC Community Submission
1378 Cancelled	AFC Community Submission
1379 Cancelled	AFC Community Submission
1380 Cancelled	AFC Community Submission
1381 Cancelled	AFC Community Submission
1382 Cancelled	AFC Community Submission
1384 Cancelled	AFC Community Submission

1385 Cancelled	AFC Community Submission
1445 No support needed	MDHHS Neighborhood Submission
1446 No support needed	MDHHS Neighborhood Submission
1449 No support needed	MDHHS Neighborhood Submission
1450 No support needed	MDHHS Neighborhood Submission
1244 Cancelled	SNF Mandatory Submission
1122 Cancelled	LHD Biweekly Plan - First Submission
1123 Cancelled	LHD Biweekly Plan - First Submission
1124 Cancelled	LHD Biweekly Plan - First Submission
1125 Cancelled	LHD Biweekly Plan - First Submission
1126 Cancelled	LHD Biweekly Plan - First Submission
1127 Cancelled	LHD Biweekly Plan - First Submission
1128 Cancelled	LHD Biweekly Plan - First Submission
1130 Cancelled	LHD Biweekly Plan - First Submission
1131 Cancelled	LHD Biweekly Plan - First Submission
1132 Cancelled	LHD Biweekly Plan - First Submission
1133 Cancelled	LHD Biweekly Plan - First Submission
1134 Cancelled	LHD Biweekly Plan - First Submission
1135 Cancelled	LHD Biweekly Plan - First Submission
1136 Cancelled	LHD Biweekly Plan - First Submission
1137 Cancelled	LHD Biweekly Plan - First Submission
1138 No support needed	LHD Biweekly Plan - First Submission
1139 Cancelled	LHD Biweekly Plan - First Submission
1140 Cancelled	LHD Biweekly Plan - First Submission
1141 Cancelled	LHD Biweekly Plan - First Submission
1142 Cancelled	LHD Biweekly Plan - First Submission
1143 Cancelled	LHD Biweekly Plan - First Submission
1144 Cancelled	LHD Biweekly Plan - First Submission
1145 Cancelled	LHD Biweekly Plan - First Submission
1146 Cancelled	LHD Biweekly Plan - First Submission
1147 Cancelled	LHD Biweekly Plan - First Submission
1148 Cancelled	LHD Biweekly Plan - First Submission
1149 Cancelled	LHD Biweekly Plan - First Submission
1150 Cancelled	LHD Biweekly Plan - First Submission
1151 Cancelled	LHD Biweekly Plan - First Submission
1152 Cancelled	LHD Biweekly Plan - First Submission
1153 Cancelled	LHD Biweekly Plan - First Submission
1154 Cancelled	LHD Biweekly Plan - First Submission
1155 Cancelled	LHD Biweekly Plan - First Submission
1156 Cancelled	LHD Biweekly Plan - First Submission
1157 Cancelled	LHD Biweekly Plan - First Submission
1158 Cancelled	LHD Biweekly Plan - First Submission
1159 Cancelled	LHD Biweekly Plan - First Submission
1160 Cancelled	LHD Biweekly Plan - First Submission
1161 Cancelled	LHD Biweekly Plan - First Submission
1162 Cancelled	LHD Biweekly Plan - First Submission
1163 Cancelled	LHD Biweekly Plan - First Submission

1164 Cancelled	LHD Biweekly Plan - First Submission
1165 Cancelled	LHD Biweekly Plan - First Submission
1166 Cancelled	LHD Biweekly Plan - First Submission
1167 Cancelled	LHD Biweekly Plan - First Submission
1168 Cancelled	LHD Biweekly Plan - First Submission
1169 Cancelled	LHD Biweekly Plan - First Submission
1170 Cancelled	LHD Biweekly Plan - First Submission
1171 Cancelled	LHD Biweekly Plan - First Submission
1172 Cancelled	LHD Biweekly Plan - First Submission
1173 Cancelled	LHD Biweekly Plan - First Submission
1174 Cancelled	LHD Biweekly Plan - First Submission
1175 Cancelled	LHD Biweekly Plan - First Submission
1176 Cancelled	LHD Biweekly Plan - First Submission
1177 Cancelled	LHD Biweekly Plan - First Submission
1178 Cancelled	LHD Biweekly Plan - First Submission
1457 No support needed	SNF Mandatory Submission
1054 No support needed	LHD Biweekly Plan - First Submission
1055 No support needed	LHD Biweekly Plan - First Submission
1393 Cancelled	SNF Mandatory Submission
1040 No support needed	LHD Biweekly Plan - First Submission
1180 No support needed	LHD Biweekly Plan - First Submission
1186 No support needed	LHD Biweekly Plan - First Submission
1189 Cancelled	LHD Biweekly Plan - First Submission
1190 No support needed	LHD Biweekly Plan - First Submission
1477 No support needed	LHD Biweekly Plan - Second Submission
1478 No support needed	LHD Biweekly Plan - Second Submission
1084 Cancelled	LHD Biweekly Plan - First Submission
1085 No support needed	LHD Biweekly Plan - First Submission
1086 No support needed	LHD Biweekly Plan - First Submission
1087 No support needed	LHD Biweekly Plan - First Submission
1088 No support needed	LHD Biweekly Plan - First Submission
1089 No support needed	LHD Biweekly Plan - First Submission
1117 Cancelled	LHD Biweekly Plan - First Submission
1120 Cancelled	LHD Biweekly Plan - First Submission
1121 Cancelled	LHD Biweekly Plan - First Submission
1248 Cancelled	SNF Mandatory Submission
1228 No support needed	LHD Biweekly Plan - First Submission
1229 No support needed	LHD Biweekly Plan - First Submission
1230 No support needed	LHD Biweekly Plan - First Submission
1231 No support needed	LHD Biweekly Plan - First Submission
1232 No support needed	LHD Biweekly Plan - First Submission
1251 Cancelled	SNF Mandatory Submission
1278 Cancelled	SNF Mandatory Submission
1025 Cancelled	LHD Biweekly Plan - First Submission
1026 No support needed	LHD Biweekly Plan - First Submission
1032 Cancelled	LHD Biweekly Plan - First Submission
1033 Cancelled	LHD Biweekly Plan - First Submission

1035 Cancelled	LHD Biweekly Plan - First Submission
1006 No support needed	LHD Biweekly Plan - First Submission
1047 No support needed	LHD Biweekly Plan - First Submission
1048 No support needed	LHD Biweekly Plan - First Submission
1049 No support needed	LHD Biweekly Plan - First Submission
1050 No support needed	LHD Biweekly Plan - First Submission
1051 No support needed	LHD Biweekly Plan - First Submission
1052 No support needed	LHD Biweekly Plan - First Submission
1053 No support needed	LHD Biweekly Plan - First Submission
1547 Cancelled	LHD Biweekly Plan - Second Submission
1551 Cancelled	LHD Biweekly Plan - Second Submission
1562 Cancelled	LHD Biweekly Plan - Second Submission
1101 Cancelled	LHD Biweekly Plan - First Submission
1103 No support needed	LHD Biweekly Plan - First Submission
1104 No support needed	LHD Biweekly Plan - First Submission
1105 No support needed	LHD Biweekly Plan - First Submission
1106 No support needed	LHD Biweekly Plan - First Submission
1107 No support needed	LHD Biweekly Plan - First Submission
1108 No support needed	LHD Biweekly Plan - First Submission
1109 No support needed	LHD Biweekly Plan - First Submission
1253 Cancelled	SNF Mandatory Submission
1398 Cancelled	SNF Mandatory Submission
1475 No support needed	LHD Biweekly Plan - Second Submission
1483 No support needed	LHD Biweekly Plan - Second Submission
1491 No support needed	LHD Biweekly Plan - Second Submission
1497 No support needed	LHD Biweekly Plan - Second Submission
1498 No support needed	LHD Biweekly Plan - Second Submission
1499 No support needed	LHD Biweekly Plan - Second Submission
1500 No support needed	LHD Biweekly Plan - Second Submission
1504 No support needed	LHD Biweekly Plan - Second Submission
1505 No support needed	LHD Biweekly Plan - Second Submission
1506 No support needed	LHD Biweekly Plan - Second Submission
1510 No support needed	LHD Biweekly Plan - Second Submission
1511 No support needed	LHD Biweekly Plan - Second Submission
1512 No support needed	LHD Biweekly Plan - Second Submission
1513 No support needed	LHD Biweekly Plan - Second Submission
1515 No support needed	LHD Biweekly Plan - Second Submission
1516 No support needed	LHD Biweekly Plan - Second Submission
1517 No support needed	LHD Biweekly Plan - Second Submission
1520 No support needed	LHD Biweekly Plan - Second Submission
1523 No support needed	LHD Biweekly Plan - Second Submission
1524 No support needed	LHD Biweekly Plan - Second Submission
1526 No support needed	LHD Biweekly Plan - Second Submission
1527 No support needed	LHD Biweekly Plan - Second Submission
1489 No support needed	LHD Biweekly Plan - Second Submission
1116 Cancelled	Both SNF and LHD Submitted
1283 Cancelled	SNF Mandatory Submission



1321 Cancelled	SNF Mandatory Submission
1068 Cancelled	LHD Biweekly Plan - First Submission
1069 Cancelled	LHD Biweekly Plan - First Submission
1070 Cancelled	LHD Biweekly Plan - First Submission
1071 Cancelled	LHD Biweekly Plan - First Submission
1072 Cancelled	LHD Biweekly Plan - First Submission
1073 Cancelled	LHD Biweekly Plan - First Submission
1074 Cancelled	LHD Biweekly Plan - First Submission
1075 Cancelled	LHD Biweekly Plan - First Submission
1076 Cancelled	LHD Biweekly Plan - First Submission
1077 Cancelled	LHD Biweekly Plan - First Submission
1260 Cancelled	SNF Mandatory Submission
1261 Cancelled	SNF Mandatory Submission
1226 No support needed	LHD Biweekly Plan - First Submission
1227 No support needed	LHD Biweekly Plan - First Submission
1090 Cancelled	LHD Biweekly Plan - First Submission
1093 Cancelled	LHD Biweekly Plan - First Submission
1480 No support needed	LHD Biweekly Plan - Second Submission
1205 No support needed	LHD Biweekly Plan - First Submission
1206 No support needed	LHD Biweekly Plan - First Submission
1207 No support needed	LHD Biweekly Plan - First Submission
1208 No support needed	LHD Biweekly Plan - First Submission
1209 No support needed	LHD Biweekly Plan - First Submission
1010 Cancelled	LHD Biweekly Plan - First Submission
1011 Cancelled	LHD Biweekly Plan - First Submission
1012 Cancelled	LHD Biweekly Plan - First Submission
1110 Cancelled	LHD Biweekly Plan - First Submission
1514 Cancelled	LHD Biweekly Plan - Second Submission
1519 Cancelled	LHD Biweekly Plan - Second Submission
1525 Cancelled	LHD Biweekly Plan - Second Submission
1224 No support needed	LHD Biweekly Plan - First Submission
1301 Cancelled	SNF Mandatory Submission
1306 Cancelled	SNF Mandatory Submission
1359 Cancelled	AFC Community Submission
1361 To be scheduled	AFC Community Submission
1364 To be scheduled	AFC Community Submission
1365 To be scheduled	AFC Community Submission
1366 To be scheduled	AFC Community Submission
1367 To be scheduled	AFC Community Submission
1368 To be scheduled	AFC Community Submission
1369 To be scheduled	AFC Community Submission
1371 To be scheduled	AFC Community Submission
1372 To be scheduled	AFC Community Submission
1375 Cancelled	AFC Community Submission
1376 Cancelled	AFC Community Submission
1377 Cancelled	AFC Community Submission
1383 Cancelled	AFC Community Submission

1395 Cancelled	SNF Mandatory Submission
1397 Cancelled	SNF Mandatory Submission
1401 Cancelled	SNF Mandatory Submission
1447 No support needed	MDHHS Neighborhood Submission
1448 No support needed	MDHHS Neighborhood Submission
1490 No support needed	LHD Biweekly Plan - Second Submission
1503 No support needed	LHD Biweekly Plan - Second Submission
1191 No support needed	LHD Biweekly Plan - First Submission
1192 No support needed	LHD Biweekly Plan - First Submission
1193 No support needed	LHD Biweekly Plan - First Submission
1194 No support needed	LHD Biweekly Plan - First Submission

Mission Type	# of Samples	Type of Site	County
1. Staff needed	-	Drive-Thru	Allegan
2. Drop-off only	150	SNF	Saginaw
1. Staff Needed	1,200	SNF	Ingham
2. Drop-off only	60	SNF	Oakland
2. Drop-off only	150	SNF	Saginaw
1. Staff Needed	600	SNF	Saginaw
2. Drop-off only	100	SNF	Crawford
2. Drop-off only	350	SNF	Oakland
2. Drop-off only	169	SNF	Ottawa
2. Drop-off only	42	Other LTC	Ottawa
1. Staff Needed	175	Other	Calhoun
1. Staff Needed	1,400	Other	Crawford
2. Drop-off only	360	SNF	Ogemaw
1. Staff Needed	400	Other	Alpena
2. Drop-off only	125	SNF	Otsego
2. Drop-off only	200	SNF	Macomb
1. Staff Needed	-	Other	Chippewa
1. Staff Needed	200	Drive-Thru	Washtenaw
1. Staff needed	-	Drive-Thru	Iron
1. Staff needed	-	Neighborhood	Genesee
1. Staff needed	-	Drive-Thru	Luce
1. Staff needed	-	Drive-Thru	Menominee
1. Staff Needed	250	SNF	Detroit
1. Staff needed	-	Drive-Thru	Dickinson
1. Staff needed	-	Neighborhood	Genesee
2. Drop-off only	200	SNF	Grand Traverse
1. Staff needed	-	Drive-Thru	Mackinac
1. Staff Needed	75	SNF	Oakland
2. Drop-off only	60	SNF	Oakland
1. Staff needed	-	Drive-Thru	Delta
Cancelled	100	Drive-Thru	St. Joseph
2. Drop-off only	120	SNF	Detroit
1. Staff needed	-	Drive-Thru	Crawford
2. Drop-off only	490	SNF	Genesee
1. Staff Needed	100	SNF	Huron
1. Staff needed	60	Other LTC	Lenawee
1. Staff Needed	37	Shelter	Marquette
1. Staff Needed	35	Shelter	Marquette
1. Staff needed	63	Shelter	Saginaw
1. Staff Needed	85	SNF	Ontonagon
1. Staff Needed	100	SNF	Berrien
2. Drop-off only	116	SNF	Roscommon
1. Staff needed	-	Drive-Thru	Kalkaska
2. Drop-off only	190	SNF	Marquette

1. Staff Needed	600	SNF	Saginaw
1. Staff Needed	125	Other	Calhoun
1. Staff Needed	41	Other LTC	Isabella
1. Staff Needed	35	Other LTC	Mackinac
2. Drop-off only	170	SNF	Houghton
2. Drop-off only	160	SNF	Baraga
2. Drop-off only	180	SNF	Ogemaw
2. Drop-off only	120	SNF	Kent
1. Staff Needed	15	Other LTC	Mackinac
1. Staff needed	-	Drive-Thru	St. Joseph
1. Staff needed	-	Drive-Thru	St. Joseph
1. Staff Needed	2,874	Other	Crawford
1. Staff Needed	400	Other	Alpena
1. Staff needed	-	Neighborhood	Genesee
1. Staff needed	-	Drive-Thru	Alger
2. Drop-off only	465	AFC	Dickinson
1. Staff Needed	-	Neighborhood	Oceana
1. Staff needed	-	Neighborhood	Genesee
1. Staff Needed	525	Other LTC	Washtenaw
1. Staff needed	172	SNF	Wayne
1. Staff needed	-	Drive-Thru	Mason
1. Staff needed	196	SNF	Huron
1. Staff needed	100	Other LTC	Lenawee
1. Staff Needed	32	Other LTC	Luce
1. Staff Needed	90	SNF	Luce
1. Staff Needed	125	SNF	Alger
1. Staff needed	190	SNF	Macomb
1. Staff needed	187	SNF	Oakland
1. Staff Needed	100	SNF	Berrien
1. Staff needed	-	Drive-Thru	Mason
1. Staff needed	100	SNF	Jackson
1. Staff needed	149	Other LTC	Lenawee
1. Staff Needed	600	SNF	Saginaw
1. Staff needed	90	SNF	Dickinson
2. Drop-off only	600	SNF	Genesee
1. Staff needed	200	SNF	Oakland
2. Drop-off only	230	SNF	Oakland
2. Drop-off only	80	SNF	Oakland
1. Staff needed	-	SNF	Saginaw
1. Staff needed	150	SNF	Wayne
1. Staff needed	-	Drive-Thru	Allegan
1. Staff needed	-	Neighborhood	Genesee
1. Staff needed	150	SNF	Oakland
1. Staff needed	120	SNF	Crawford
1. Staff needed	-	Drive-Thru	Mecosta
1. Staff needed	-	Neighborhood	Genesee
2. Drop-off only	174	SNF	Muskegon

1. Staff needed	-	Drive-Thru	Mecosta
2. Drop-off only	160	SNF	Oakland
1. Staff needed	700	SNF	Saginaw
1. Staff needed	300	Other Community	Allegan
1. Staff needed	100	Other LTC	Berrien
1. Staff needed	100	Other LTC	Berrien
2. Drop-off only	50	Jail	Ionia
1. Staff needed	141	Other LTC	Lenawee
1. Staff needed	65	Other LTC	Lenawee
1. Staff needed	60	Other LTC	Lenawee
1. Staff needed	90	SNF	Mackinac
1. Staff needed	120	SNF	Schoolcraft
1. Staff needed	Pending	First Responders	Clinton
1. Staff needed	103	First Responders	Montcalm
2. Drop-off only	60	SNF	Oakland
1. Staff needed	100	Jail	Delta
2. Drop-off only	25	Jail	Van Buren
1. Staff needed	150	SNF	Wayne
2. Drop-off only	242	SNF	Wayne
1. Staff needed	100	SNF	Berrien
2. Drop-off only	10	Other Community	Isabella
1. Staff needed	330	SNF	Detroit
1. Staff needed	39	SNF	Crawford
2. Drop-off only	160	SNF	Ogemaw
2. Drop-off only	312	SNF	Antrim
1. Staff needed	90	SNF	Luce
1. Staff needed	125	SNF	Alger
1. Staff needed	60	SNF	Gratiot
1. Staff needed	-	SNF	Saginaw
1. Staff needed	120	Other LTC	Saginaw
2. Drop-off only	125	Other Community	Cass
1. Staff needed	100	SNF	Wayne
1. Staff needed	60	Other LTC	Lenawee
2. Drop-off only	585	SNF	Lenawee
2. Drop-off only	300	SNF	Wayne
1. Staff needed	100	SNF	Berrien
1. Staff needed	100	SNF	Berrien
1. Staff needed	510	SNF	Huron
1. Staff needed	686	SNF	Ingham
1. Staff needed	N/A	SNF	Ionia
1. Staff needed	123	SNF	Macomb
2. Drop-off only	90	SNF	Clinton
1. Staff needed	205	SNF	Oakland
2. Drop-off only	130	SNF	Sanilac
1. Staff needed	262	SNF	Tuscola
1. Staff needed	199	SNF	Wayne
1. Staff needed	200	SNF	Wayne

1. Staff needed	-	Drive-Thru	Wexford
1. Staff needed	250	SNF	Cass
1. Staff needed	250	SNF	Cass
1. Staff needed	240	SNF	Washtenaw
1. Staff needed	158	SNF	Wayne
1. Staff needed	100	SNF	Berrien
1. Staff needed	-	Drive-Thru	Wexford
1. Staff needed	220	SNF	Macomb
1. Staff needed	100	SNF	Muskegon
2. Drop-off only	190	SNF	Allegan
2. Drop-off only	164	SNF	Allegan
2. Drop-off only	120	SNF	Bay
2. Drop-off only	350	SNF	Bay
2. Drop-off only	275	SNF	Bay
2. Drop-off only	140	SNF	Bay
2. Drop-off only	100	SNF	Calhoun
2. Drop-off only	120	SNF	Gladwin
2. Drop-off only	210	SNF	Isabella
2. Drop-off only	215	SNF	Isabella
2. Drop-off only	100	SNF	Roscommon
2. Drop-off only	100	SNF	Detroit
2. Drop-off only	200	SNF	Detroit
2. Drop-off only	250	SNF	Detroit
2. Drop-off only	150	SNF	Detroit
2. Drop-off only	250	SNF	Detroit
2. Drop-off only	118	SNF	Iron
2. Drop-off only	400	SNF	Mecosta
2. Drop-off only	75	SNF	Newaygo
2. Drop-off only	170	SNF	Ogemaw
2. Drop-off only	300	SNF	Iosco
2. Drop-off only	300	SNF	Genesee
2. Drop-off only	154	SNF	Genesee
2. Drop-off only	216	SNF	Genesee
2. Drop-off only	159	SNF	Genesee
2. Drop-off only	250	SNF	Genesee
2. Drop-off only	280	SNF	Genesee
2. Drop-off only	136	SNF	Genesee
2. Drop-off only	156	SNF	Genesee
2. Drop-off only	50	SNF	Genesee
2. Drop-off only	90	SNF	Otsego
2. Drop-off only	50	SNF	Ionia
2. Drop-off only	83	SNF	Kent
2. Drop-off only	120	SNF	Kent
2. Drop-off only	185	SNF	Kent
2. Drop-off only	120	SNF	Kent
2. Drop-off only	110	SNF	Kent
2. Drop-off only	90	SNF	Kent

2. Drop-off only	100	SNF	Lenawee
2. Drop-off only	150	SNF	Livingston
2. Drop-off only	250	SNF	Macomb
2. Drop-off only	140	SNF	Macomb
2. Drop-off only	100	SNF	Macomb
2. Drop-off only	50	SNF	Midland
2. Drop-off only	95	SNF	Midland
2. Drop-off only	150	SNF	Montcalm
2. Drop-off only	320	SNF	Monroe
2. Drop-off only	180	SNF	Monroe
2. Drop-off only	640	SNF	Monroe
2. Drop-off only	261	SNF	Monroe
2. Drop-off only	175	SNF	Oakland
2. Drop-off only	222	SNF	Oakland
2. Drop-off only	142	SNF	Oakland
2. Drop-off only	72	SNF	Ottawa
2. Drop-off only	42	SNF	Ottawa
2. Drop-off only	50	SNF	Ottawa
2. Drop-off only	239	SNF	Ottawa
2. Drop-off only	160	SNF	Muskegon
2. Drop-off only	195	SNF	Muskegon
2. Drop-off only	134	SNF	Muskegon
2. Drop-off only	135	SNF	Muskegon
2. Drop-off only	335	SNF	Menominee
2. Drop-off only	140	SNF	Saginaw
2. Drop-off only	150	SNF	Saginaw
2. Drop-off only	200	SNF	Sanilac
2. Drop-off only	85	SNF	Van Buren
2. Drop-off only	200	SNF	Van Buren
2. Drop-off only	135	SNF	Van Buren
2. Drop-off only	280	SNF	Van Buren
2. Drop-off only	180	SNF	Washtenaw
2. Drop-off only	216	SNF	Washtenaw
2. Drop-off only	454	SNF	Washtenaw
2. Drop-off only	275	SNF	Wayne
2. Drop-off only	750	SNF	Wayne
2. Drop-off only	250	SNF	Wayne
2. Drop-off only	237	SNF	Wayne
2. Drop-off only	150	SNF	Gogebic
1. Staff needed	-	Drive-Thru	Lake
1. Staff needed	-	Drive-Thru	Manistee
1. Staff needed	-	Drive-Thru	Lake
1. Staff needed	-	Drive-Thru	Manistee
1. Staff Needed	500	Other Workers	Allegan
1. Staff Needed	300	Other Workers	Allegan
1. Staff Needed	300	Other Workers	Allegan
1. Staff Needed	300	Other Workers	Allegan

1. Staff Needed	300	Other Workers	Allegan
2. Drop-off only	200	Other Community	Bay
1. Staff Needed	100	SNF	Berrien
1. Staff Needed	100	SNF	Berrien
1. Staff Needed	100	SNF	Berrien
1. Staff Needed	100	SNF	Berrien
1. Staff Needed	100	SNF	Berrien
1. Staff Needed	100	SNF	Berrien
1. Staff Needed	100	SNF	Berrien
1. Staff Needed	100	SNF	Berrien
1. Staff Needed	100	SNF	Berrien
1. Staff Needed	100	SNF	Berrien
1. Staff Needed	100	SNF	Berrien
2. Drop-off only	110	SNF	St. Joseph
Cancelled	100	Drive-Thru	Hillsdale
2. Drop-off only	116	SNF	Roscommon
2. Drop-off only	116	SNF	Roscommon
2. Drop-off only	116	SNF	Roscommon
2. Drop-off only	116	SNF	Roscommon
2. Drop-off only	116	SNF	Roscommon
2. Drop-off only	116	SNF	Roscommon
1. Staff needed	250	AFC	Chippewa
1. Staff Needed	250	SNF	Detroit
1. Staff Needed	250	SNF	Detroit
1. Staff Needed	250	SNF	Detroit
1. Staff Needed	250	SNF	Detroit
1. Staff Needed	250	SNF	Detroit
1. Staff Needed	250	SNF	Detroit
2. Drop-off only	120	SNF	Detroit
2. Drop-off only	120	SNF	Detroit
2. Drop-off only	120	SNF	Detroit
2. Drop-off only	120	SNF	Detroit
2. Drop-off only	120	SNF	Detroit
2. Drop-off only	120	SNF	Detroit
1. Staff needed	400	AFC	Dickinson
CANCELLED	Cancelled	AFC	Iron
2. Drop-off only	100	SNF	Crawford
2. Drop-off only	100	SNF	Crawford
2. Drop-off only	100	SNF	Crawford
2. Drop-off only	100	SNF	Crawford
2. Drop-off only	100	SNF	Crawford
2. Drop-off only	360	SNF	Ogemaw
2. Drop-off only	360	SNF	Ogemaw
2. Drop-off only	360	SNF	Ogemaw
2. Drop-off only	360	SNF	Ogemaw
2. Drop-off only	360	SNF	Ogemaw



2. Drop-off only	360	SNF	Ogemaw
2. Drop-off only	360	SNF	Ogemaw
2. Drop-off only	180	SNF	Ogemaw
2. Drop-off only	180	SNF	Ogemaw
2. Drop-off only	180	SNF	Ogemaw
2. Drop-off only	180	SNF	Ogemaw
2. Drop-off only	180	SNF	Ogemaw
2. Drop-off only	180	SNF	Ogemaw
2. Drop-off only	490	SNF	Genesee
2. Drop-off only	490	SNF	Genesee
2. Drop-off only	490	SNF	Genesee
2. Drop-off only	490	SNF	Genesee
2. Drop-off only	490	SNF	Genesee
2. Drop-off only	490	SNF	Genesee
2. Drop-off only	1,000	Other Workers	Grand Traverse
1. Staff Needed	700	Drive-Thru	Grand Traverse
1. Staff Needed	700	Drive-Thru	Grand Traverse
1. Staff Needed	500	Other Community	Grand Traverse
2. Drop-off only	200	SNF	Grand Traverse
2. Drop-off only	200	SNF	Grand Traverse
2. Drop-off only	200	SNF	Grand Traverse
2. Drop-off only	200	SNF	Grand Traverse
2. Drop-off only	200	SNF	Grand Traverse
2. Drop-off only	200	SNF	Grand Traverse
2. Drop-off only	200	SNF	Grand Traverse
2. Drop-off only	100	Other Community	Unknown
2. Drop-off only	200	SNF	Emmet
2. Drop-off only	200	SNF	Emmet
2. Drop-off only	200	SNF	Emmet
2. Drop-off only	200	SNF	Emmet
2. Drop-off only	200	SNF	Emmet
2. Drop-off only	200	SNF	Emmet
1. Staff Needed	100	SNF	Huron
1. Staff Needed	100	SNF	Huron
1. Staff Needed	100	SNF	Huron
1. Staff Needed	100	SNF	Huron
1. Staff Needed	100	SNF	Huron
1. Staff Needed	100	SNF	Huron
1. Staff Needed	1,200	SNF	Ingham
1. Staff Needed	1,200	SNF	Ingham
1. Staff Needed	1,200	SNF	Ingham
1. Staff Needed	1,200	SNF	Ingham
1. Staff Needed	1,200	SNF	Ingham
Cancelled	-	Drive-Thru	Kent
Cancelled	-	Drive-Thru	Kent
Cancelled	-	Other Community	Kent
Cancelled	-	Other Community	Kent
2. Drop-off only	120	SNF	Kent

2. Drop-off only	120	SNF	Kent
2. Drop-off only	120	SNF	Kent
2. Drop-off only	120	SNF	Kent
2. Drop-off only	120	SNF	Kent
2. Drop-off only	120	SNF	Kent
1. Staff needed	53	Shelter	Lenawee
1. Staff needed	350	Other LTC	Various
Cancelled	Cancelled	AFC	Schoolcraft
1. Staff needed	70	AFC	Luce
1. Staff Needed	220	Migrant Workers	Mackinac
1. Staff Needed	3	AFC	Luce
1. Staff Needed	19	AFC	Luce
1. Staff Needed	3	AFC	Luce
1. Staff Needed	18	AFC	Luce
1. Staff Needed	8	AFC	Luce
1. Staff Needed	17	AFC	Luce
1. Staff Needed	49	AFC	Mackinac
1. Staff Needed	30	AFC	Mackinac
1. Staff Needed	30	Other	Mackinac
1. Staff Needed	15	AFC	Mackinac
1. Staff Needed	5	AFC	Alger
1. Staff Needed	133	AFC	Alger
1. Staff Needed	8	AFC	Schoolcraft
1. Staff Needed	15	AFC	Schoolcraft
1. Staff Needed	6	AFC	Schoolcraft
1. Staff Needed	11	AFC	Schoolcraft
1. Staff Needed	15	AFC	Schoolcraft
1. Staff Needed	15	AFC	Schoolcraft
1. Staff Needed	14	AFC	Schoolcraft
1. Staff Needed	14	AFC	Schoolcraft
1. Staff Needed	8	AFC	Schoolcraft
2. Drop-off only	200	SNF	Macomb
2. Drop-off only	200	SNF	Macomb
2. Drop-off only	200	SNF	Macomb
2. Drop-off only	200	SNF	Macomb
2. Drop-off only	200	SNF	Macomb
1. Staff needed	21	Other Community	Marquette
1. Staff needed	40	Other Community	Marquette
1. Staff needed	420	AFC	Marquette
2. Drop-off only	150	AFC	Marquette
2. Drop-off only	190	SNF	Marquette
2. Drop-off only	190	SNF	Marquette
2. Drop-off only	190	SNF	Marquette
2. Drop-off only	190	SNF	Marquette
2. Drop-off only	190	SNF	Marquette
2. Drop-off only	190	SNF	Marquette
1. Staff needed	20	AFC	Clinton

1. Staff needed		50	AFC	Clinton
1. Staff needed		40	AFC	Gratiot
1. Staff needed		20	AFC	Montcalm
1. Staff needed		40	AFC	Montcalm
1. Staff needed		40	AFC	Montcalm
1. Staff needed		40	AFC	Montcalm
1. Staff needed	Pending		First Responders	Gratiot
1. Staff Needed		75	SNF	Oakland
2. Drop-off only		350	SNF	Oakland
2. Drop-off only		350	SNF	Oakland
2. Drop-off only		350	SNF	Oakland
2. Drop-off only		350	SNF	Oakland
2. Drop-off only		350	SNF	Oakland
1. Staff Needed		75	SNF	Oakland
1. Staff Needed		75	SNF	Oakland
1. Staff Needed		75	SNF	Oakland
1. Staff Needed		75	SNF	Oakland
1. Staff Needed		75	SNF	Oakland
2. Drop-off only		42	Other LTC	Ottawa
2. Drop-off only		42	Other LTC	Ottawa
2. Drop-off only		42	Other LTC	Ottawa
2. Drop-off only		42	Other LTC	Ottawa
2. Drop-off only		42	Other LTC	Ottawa
2. Drop-off only		169	SNF	Ottawa
2. Drop-off only		169	SNF	Ottawa
2. Drop-off only		169	SNF	Ottawa
2. Drop-off only		169	SNF	Ottawa
2. Drop-off only		169	SNF	Ottawa
1. Staff needed		79	Shelter	Menominee
1. Staff needed		15	Shelter	Delta
1. Staff needed		71	AFC	Delta
CANCELLED	Cancelled		AFC	Menominee
1. Staff needed		310	AFC	Delta
1. Staff needed		75	Shelter	Saginaw
1. Staff needed		-	Shelter	Saginaw
1. Staff needed		240	AFC	Saginaw
1. Staff Needed		600	SNF	Saginaw
1. Staff Needed		600	SNF	Saginaw
1. Staff Needed		600	SNF	Saginaw
1. Staff Needed		600	SNF	Saginaw
1. Staff Needed		600	SNF	Saginaw
2. Drop-off only		150	SNF	Saginaw
2. Drop-off only		150	SNF	Saginaw
2. Drop-off only		150	SNF	Saginaw
2. Drop-off only		150	SNF	Saginaw
2. Drop-off only		250	Other Community	Van Buren
2. Drop-off only		25	Jail	Cass

2. Drop-off only	125	Other Community	Cass
2. Drop-off only	280	SNF	Van Buren
2. Drop-off only	280	SNF	Van Buren
2. Drop-off only	280	SNF	Van Buren
2. Drop-off only	280	SNF	Van Buren
2. Drop-off only	280	SNF	Van Buren
2. Drop-off only	280	SNF	Van Buren
2. Drop-off only	200	SNF	Van Buren
2. Drop-off only	200	SNF	Van Buren
2. Drop-off only	200	SNF	Van Buren
2. Drop-off only	200	SNF	Van Buren
2. Drop-off only	200	SNF	Van Buren
2. Drop-off only	200	SNF	Van Buren
2. Drop-off only	85	SNF	Van Buren
2. Drop-off only	85	SNF	Van Buren
2. Drop-off only	85	SNF	Van Buren
2. Drop-off only	85	SNF	Van Buren
2. Drop-off only	85	SNF	Van Buren
2. Drop-off only	85	SNF	Van Buren
2. Drop-off only	135	SNF	Van Buren
2. Drop-off only	135	SNF	Van Buren
2. Drop-off only	135	SNF	Van Buren
2. Drop-off only	135	SNF	Van Buren
2. Drop-off only	135	SNF	Van Buren
2. Drop-off only	135	SNF	Van Buren
1. Staff Needed	250	SNF	Cass
1. Staff Needed	250	SNF	Cass
1. Staff Needed	250	SNF	Cass
1. Staff Needed	250	SNF	Cass
1. Staff Needed	250	SNF	Cass
1. Staff Needed	250	SNF	Cass
1. Staff Needed	250	SNF	Cass
1. Staff Needed	250	SNF	Cass
1. Staff Needed	250	SNF	Cass
1. Staff Needed	250	SNF	Cass
1. Staff Needed	250	SNF	Cass
1. Staff Needed	250	SNF	Cass
1. Staff needed	125	Shelter	Washtenaw
1. Staff needed	125	Other Workers	Washtenaw
2. Drop-off only	200	Other LTC	Washtenaw
1. Staff Needed	125	Shelter	Washtenaw
1. Staff Needed	100	SNF	Wayne
1. Staff Needed	100	SNF	Wayne
2. Drop-off only	100	SNF	Wayne
1. Staff Needed	100	SNF	Wayne
1. Staff Needed	100	SNF	Wayne
1. Staff Needed	100	SNF	Wayne

1. Staff Needed	100	SNF	Wayne
1. Staff Needed	100	SNF	Wayne
1. Staff Needed	100	SNF	Wayne
1. Staff Needed	100	SNF	Wayne
1. Staff Needed	100	SNF	Wayne
1. Staff Needed	100	SNF	Wayne
1. Staff Needed	100	SNF	Wayne
1. Staff needed	220	AFC	Houghton
1. Staff Needed	85	SNF	Ontonagon
1. Staff Needed	85	SNF	Ontonagon
1. Staff Needed	85	SNF	Ontonagon
1. Staff Needed	85	SNF	Ontonagon
1. Staff Needed	85	SNF	Ontonagon
1. Staff Needed	85	SNF	Ontonagon
2. Drop-off only	160	SNF	Baraga
2. Drop-off only	160	SNF	Baraga
2. Drop-off only	160	SNF	Baraga
2. Drop-off only	160	SNF	Baraga
2. Drop-off only	160	SNF	Baraga
2. Drop-off only	160	SNF	Baraga
2. Drop-off only	170	SNF	Houghton
2. Drop-off only	170	SNF	Houghton
2. Drop-off only	170	SNF	Houghton
2. Drop-off only	170	SNF	Houghton
2. Drop-off only	170	SNF	Houghton
2. Drop-off only	170	SNF	Houghton
Not on calendar	252	SNF	Barry
Not on calendar	425	SNF	Eaton
Not on calendar	400	SNF	Eaton
Not on calendar	150	SNF	Eaton
Not on calendar	450	SNF	Barry
Not on calendar	145	SNF	Barry
Not on calendar	-	Jail	Eaton
Not on calendar	-	Other Community	Barry
Cancelled	140	SNF	Bay
Cancelled	235	SNF	Bay
Not on calendar	-	Other Community	Unknown
CANCELLED	100	SNF	Berrien
CANCELLED	140	SNF	Berrien
CANCELLED	100	SNF	Berrien
CANCELLED	100	SNF	Berrien
1. Staff needed	100	SNF	Berrien
Not on calendar	100	Other LTC	Berrien
Not on calendar	100	Other LTC	Berrien
Not on calendar	100	Other LTC	Berrien
Not on calendar	100	Other LTC	Berrien
Not on calendar	100	Other LTC	Berrien



Cancelled	-	AFC	Detroit
Not on calendar	-	Neighborhood	Detroit
Not on calendar	-	Neighborhood	Detroit
Not on calendar	-	Neighborhood	Detroit
Not on calendar	-	Neighborhood	Detroit
1. Staff needed	215	SNF	Iron
Not on calendar	-	AFC	Mason
Not on calendar	-	AFC	Mason
Not on calendar	-	AFC	Mason
Not on calendar	-	AFC	Mason
Not on calendar	-	AFC	Mason
Not on calendar	-	Other LTC	Crawford
Not on calendar	-	AFC	Crawford
Not on calendar	-	Other LTC	Kalkaska
Not on calendar	-	AFC	Grand Traverse
Not on calendar	-	AFC	Kalkaska
Not on calendar	-	AFC	Kalkaska
Not on calendar	-	AFC	Kalkaska
Not on calendar	-	AFC	Grand Traverse
Not on calendar	-	AFC	Grand Traverse
Not on calendar	-	AFC	Grand Traverse
Not on calendar	-	SNF	Lake
Not on calendar	-	Other LTC	Manistee
Not on calendar	-	AFC	Manistee
Not on calendar	-	AFC	Manistee
Not on calendar	-	Other LTC	Mecosta
Not on calendar	-	AFC	Mecosta
Not on calendar	-	AFC	Mecosta
Not on calendar	-	AFC	Osceola
Not on calendar	-	Other LTC	Missaukee
Not on calendar	-	Other LTC	Missaukee
Not on calendar	-	AFC	Wexford
Not on calendar	-	AFC	Wexford
Not on calendar	-	AFC	Missaukee
Not on calendar	-	AFC	Missaukee
Not on calendar	-	Other LTC	Newaygo
Not on calendar	-	Other LTC	Newaygo
Not on calendar	-	Other LTC	Newaygo
Not on calendar	-	Other LTC	Newaygo
Not on calendar	-	AFC	Newaygo
Not on calendar	-	AFC	Montcalm
Not on calendar	-	AFC	Newaygo
Not on calendar	-	AFC	Oceana
Not on calendar	-	AFC	Oceana
Not on calendar	-	AFC	Oceana
Not on calendar	-	AFC	Oceana
Not on calendar	-	AFC	Oceana

Not on calendar	-	AFC	Oceana
Not on calendar	-	AFC	Oceana
Not on calendar	-	Other LTC	Wexford
Not on calendar	-	AFC	Wexford
Not on calendar	-	Other LTC	Wexford
Not on calendar	-	AFC	Wexford
Not on calendar	-	AFC	Wexford
Not on calendar	-	AFC	Wexford
Not on calendar	-	Other LTC	Wexford
Not on calendar	-	AFC	Wexford
Not on calendar	-	AFC	Wexford
Not on calendar	-	AFC	Wexford
Not on calendar	-	AFC	Wexford
Not on calendar	-	AFC	Wexford
Not on calendar	-	AFC	Wexford
Not on calendar	220	SNF	Kalkaska
Not on calendar	150	Other Community	Iosco
Not on calendar	150	Other Community	Ogemaw
2. Drop-off only	90	SNF	Ogemaw
Not on calendar	-	Other Community	Alpena
Not on calendar	33	Other LTC	Genesee
Not on calendar	121	Other LTC	Genesee
1. Staff needed	172	SNF	Genesee
Not on calendar	320	Other LTC	Genesee
Not on calendar	1,000	Drive-Thru	Genesee
Not on calendar	1,000	Drive-Thru	Genesee
Not on calendar	-	Other Community	Grand Traverse
Not on calendar	15	First Responders	Grand Traverse
Not on calendar	15	First Responders	Grand Traverse
Not on calendar	15	First Responders	Grand Traverse
Not on calendar	15	First Responders	Grand Traverse
Not on calendar	15	Other Community	Grand Traverse
Not on calendar	-	Jail	Huron
Not on calendar	-	SNF	Huron
CANCELLED	662	SNF	Huron
CANCELLED	80	SNF	Kalamazoo
Not on calendar	200	Other Community	Kent
Not on calendar	200	Other Community	Kent
Not on calendar	400	Other Community	Kent
Not on calendar	400	Other Community	Kent
Not on calendar	250	Other Community	Kent
1. Staff needed	150	SNF	Kent
CANCELLED	311	SNF	Kent
Cancelled	160	SNF	Lenawee
Not on calendar	351	Other LTC	Lenawee
1. Staff needed	78	Other LTC	Lenawee
1. Staff needed	60	Other LTC	Lenawee



1. Staff needed	60	Other LTC	Lenawee
Not on calendar	100	First Responders	Livingston
Not on calendar	-	Other Workers	Various
Not on calendar	-	Other Workers	Various
Not on calendar	-	Other Workers	Various
Not on calendar	-	Other Workers	Various
Not on calendar	-	First Responders	Various
Not on calendar	-	Other Workers	Various
Not on calendar	-	Other Workers	Various
1. Staff Needed	37	Other LTC	Mackinac
1. Staff Needed	24	Other LTC	Alger
1. Staff Needed	25	Other LTC	Schoolcraft
CANCELLED	218	SNF	Macomb
Not on calendar	-	Other LTC	Macomb
Not on calendar	-	Other LTC	Macomb
Not on calendar	-	Other LTC	Macomb
Not on calendar	-	Other LTC	Macomb
Not on calendar	-	Other LTC	Macomb
Not on calendar	-	Other LTC	Macomb
Not on calendar	300	Drive-Thru	Macomb
CANCELLED	150	SNF	Macomb
CANCELLED	37	SNF	Macomb
Not on calendar	see above	SNF	Macomb
Not on calendar	700	Drive-Thru	Macomb
Not on calendar	313	Other	Macomb
Not on calendar	205	Other	Macomb
Not on calendar	200	SNF	Macomb
Not on calendar	200	Other	Macomb
Not on calendar	200	Other	Macomb
Not on calendar	118	Other	Macomb
Not on calendar	108	Other LTC	Macomb
Not on calendar	106	Other	Macomb
Not on calendar	100	Other	Macomb
Not on calendar	100	Other	Macomb
Not on calendar	100	Other	Macomb
Not on calendar	100	Other	Macomb
Not on calendar	89	Other	Macomb
Not on calendar	52	Other	Macomb
Not on calendar	43	Other	Macomb
Not on calendar	38	Other	Macomb
Not on calendar	24	Other	Macomb
Not on calendar	21	Other	Macomb
Not on calendar	16	Other	Macomb
Not on calendar	13	Other	Macomb
Not on calendar	400	Other Community	Montcalm
CANCELLED	200	SNF	Monroe
1. Staff needed	71	SNF	Oakland

1. Staff needed	150	SNF	Oakland
Not on calendar	100	Other LTC	Ottawa
Not on calendar	100	Other LTC	Ottawa
Not on calendar	200	Other LTC	Ottawa
Not on calendar	65	Shelter	Ottawa
Not on calendar	90	Shelter	Ottawa
Not on calendar	210	Migrant Workers	Ottawa
Not on calendar	250	Migrant Workers	Ottawa
Not on calendar	30	Other Community	Ottawa
Not on calendar	30	Other Community	Ottawa
Not on calendar	100	Other Community	Ottawa
CANCELLED	150	SNF	Ottawa
CANCELLED	85	SNF	Ottawa
Not on calendar	5	Jail	Muskegon
Not on calendar	1,000	AFC	Muskegon
1. Staff needed	-	SNF	Saginaw
1. Staff needed	195	Shelter	Saginaw
Not on calendar	1,000	Other Community	Saginaw
Not on calendar	100	SNF	St. Clair
Not on calendar	50	Other LTC	St. Clair
Not on calendar	50	Other LTC	St. Clair
Not on calendar	100	Other Community	St. Clair
Not on calendar	100	Other Community	St. Clair
1. Staff needed	900	SNF	Tuscola
CANCELLED	292	SNF	Tuscola
Not on calendar	-	Jail	Tuscola
1. Staff needed	90	Shelter	Washtenaw
Cancelled	90	Shelter	Washtenaw
Cancelled	40	Shelter	Washtenaw
Cancelled	20	Shelter	Washtenaw
Not on calendar	-	Jail	Wayne
CANCELLED	170	SNF	Wayne
CANCELLED	130	SNF	Wayne
Cancelled	-	AFC	Wayne
Not on calendar	366	AFC	Wayne
Not on calendar	999	AFC	Wayne
Not on calendar	94	AFC	Wayne
Not on calendar	441	AFC	Wayne
Not on calendar	73	AFC	Wayne
Not on calendar	119	AFC	Wayne
Not on calendar	251	AFC	Wayne
Not on calendar	93	AFC	Wayne
Not on calendar	40	AFC	Wayne
Cancelled	-	AFC	Wayne
Cancelled	-	AFC	Wayne
Cancelled	-	AFC	Wayne
Cancelled	-	AFC	Wayne

CANCELLED	225	SNF	Wayne
CANCELLED	100	SNF	Wayne
1. Staff needed	158	SNF	Wayne
Not on calendar	-	Neighborhood	Wayne
Not on calendar	-	Neighborhood	Wayne
Not on calendar	350	Jail	Wayne
Not on calendar	120	Other Workers	Wayne
Not on calendar	25	Other Community	Gogebic
Not on calendar	25	Other Community	Iron
Not on calendar	25	Other Community	Ontonagon
Not on calendar	25	Other Community	Keweenaw

**Filter for jurisdiction here**

Local Health Department	Facility Name
Allegan County Health Department	TBD
Saginaw County Department of Pub	St. Francis Home of Saginaw
Ingham County Health Department	Ingham County Medical Care Facility
Oakland County Health Division.	Oakland Manor Nursing and Rehab Center
Saginaw County Department of Pub	St. Francis Home of Saginaw
Saginaw County Department of Pub	HealthSource Saginaw
District Health Department #10	Crawford Continuing Care Center
Oakland County Health Division.	Lake Orion Nursing Center
Ottawa County Department of Publi	North Ottawa Care Center at Heartwood Lodge
Ottawa County Department of Publi	Hospice of North Ottawa Community Residence
Calhoun County Health Department	Northern Strike - Battle Creek ANGB
District Health Department #10	Northern Strike - Camp Grayling
District Health Department #2	Villa at Rose City
District Health Department #4	Alpena Combat Readiness Training Center
Health Department of Northwest M	Munson Healthcare Otsego Memorial Hospital LTCU (McReynolds Hall
Macomb County Health Departmen	Windemere Park Nursing
Chippewa County Health Dept.	Lake Superior State University (LSSU)
Washtenaw County Health Departm	Riverside Intermediate School
Dickinson-Iron District Health Dept.	TBD
Genesee County Health Departmen	Beecher - Day 2
LMA District Health Department	TBD
Public Health Delta & Menominee C	TBD
City of Detroit Health Department	Ambassador, A Villa Center
Dickinson-Iron District Health Dept.	TBD
Genesee County Health Departmen	Beecher - Day 1
Grand Traverse Coounty Health Dep	Villa at Traverse Point
LMA District Health Department	TBD
Oakland County Health Division.	Marvin and Betty Danto Family Health Care Center
Oakland County Health Division.	Oakridge Manor Nursing and Rehab Center
Public Health Delta & Menominee C	TBD
Branch-Hillsdale-St. Joseph Commur	TBD
City of Detroit Health Department	Boulevard Manor
District Health Department #10	TBD
Genesee County Health Departmen	Heritage Manor
Huron County Health Department	Scheurer Hospital Long Term Care
Lenawee County Health Departmen	CQC Morenci Home
Marquette County Health Departme	Janzen House
Marquette County Health Departme	Warming Center
Saginaw County Department of Pub	Restoration Community Outreach
Western Upper Peninsula Health	Aspirus Ontonagon Long Term Care
Berrien County Health Department	Hallmark of Benton Harbor
Central Michigan District Health Dep	Mission Point of Roscommon
District Health Department #10	TBD
Marquette County Health Departme	Mission Point of Ishpeming

Saginaw County Department of Pub	HealthSource Saginaw
Calhoun County Health Department	Northern Strike - Battle Creek ANGB
Central Michigan District Health Dep	Village of Rosebush Manor
LMAS District Health Department	Cedar Cove Assistant Living
Western Upper Peninsula Health	Mission Point of Hancock
Western Upper Peninsula Health	Bayside Village
District Health Department #2	Villa WB
Kent County Health Department	St. Ann's Home
LMAS District Health Department	Pleasant View Portage
Branch-Hillsdale-St. Joseph Commur	TBD
Branch-Hillsdale-St. Joseph Commur	TBD
District Health Department #10	Northern Strike - Camp Grayling
District Health Department #4	Alpena Combat Readiness Training Center
Genesee County Health Department	Word of Life - Day 2
LMAS District Health Department	TBD
Dickinson-Iron District Health Dept.	Northpointe CMH
District Health Department #10	Other Oceana site
Genesee County Health Department	Word of Life - Day 1
Washtenaw County Health Departm	Eisenhower Center
Wayne County Department of Healt	Aerius Health Center
District Health Department #10	TBD
Huron County Health Department	Scheurer Hospital Long Term Care
Lenawee County Health Departmen	Charlotte Stephenson
LMAS District Health Department	Newberry Assisted Living Community
LMAS District Health Department	Golden Leaves - Helen Newberry Joy Hospital
LMAS District Health Department	Medilodge-Munising
Macomb County Health Departmen	Windemere Park Nursing
Oakland County Health Division.	Manor of Farmington Hills
Berrien County Health Department	Hallmark of Benton Harbor
District Health Department #10	TBD
Jackson County Health Department	Vista Grande Villa
Lenawee County Health Departmen	Brookdale
Saginaw County Department of Pub	HealthSource Saginaw
Dickinson-Iron District Health Dept.	Freeman Nursing and Rehab Center
Genesee County Health Department	Argentine Care center
Oakland County Health Division.	Beaumont Rehabilitation & Continuing Care, Farmington Hills
Oakland County Health Division.	West Bloomfield Health and Rehabilitation Center
Oakland County Health Division.	Surgeons Choice Medical Center - Oakland Nursing Center
Saginaw County Department of Pub	Avista Nursing And Rehab
Wayne County Department of Healt	Aberdeen Rehabilitation & Skilled Nursing Center
Allegan County Health Department	TBD
Genesee County Health Department	Shiloh - Day 2
Oakland County Health Division.	Marvin and Betty Danto Family Health Care Center
District Health Department #10	Grayling Nursing and Rehabilitation
District Health Department #10	TBD
Genesee County Health Department	Shiloh - Day 1
Public Health – Muskegon County	Hillcrest Nursing and Rehab

District Health Department #10	TBD
Oakland County Health Division.	Mission Point of Holly
Saginaw County Department of Pub	Healthsource, Saginaw Inc.
Allegan County Health Department	Fennville High School
Berrien County Health Department	Willows
Berrien County Health Department	Witcomb Towers
Ionia County Health Department	Ionia County Jail
Lenawee County Health Departmen	Cambrian Senior Living
Lenawee County Health Departmen	Gaslight Village Assisted Living
Lenawee County Health Departmen	Montgomery Manor
LMAS District Health Department	Mackinac Straits - Evergreen Living Center
LMAS District Health Department	Schoolcraft Medical Care Facility
Mid-Michigan District Health Depart	Clinton Co. First Responders
Mid-Michigan District Health Depart	Montcalm Co. First Responders
Oakland County Health Division.	Oakridge Manor Nursing and Rehab Center
Public Health Delta & Menominee C	Bay Pines
Van Buren-Cass District Health Depa	Van Buren County Jail
Wayne County Department of Healt	Beaumont Rehab and Continuing Care-Dearborn
Wayne County Department of Healt	Henry Ford Village
Berrien County Health Department	Hallmark of Benton Harbor
Central Michigan District Health Dep	CMDHD jurisdiction
City of Detroit Health Department	Ambassador, A Villa Center
District Health Department #10	Munson Healthcare Crawford Continuing Care
District Health Department #2	The Villa AT West Branch
Health Department of Northwest M	Meadow Brook Medical Care Facility
LMAS District Health Department	Golden Leaves - Helen Newberry Joy Hospital
LMAS District Health Department	Medilodge - Munising
Mid-Michigan District Health Depart	Riverside HCC
Saginaw County Department of Pub	Medilodge of Frankenmuth
Saginaw County Department of Pub	Edgewood Assisted Living Center
Van Buren-Cass District Health Depa	Ascension Borgess-Lee
Wayne County Department of Healt	Pinecreek Manor
Lenawee County Health Departmen	Country House Care Home
Lenawee County Health Departmen	Provincial House of Adrian
Wayne County Department of Healt	Cambridge East Nursing Home
Berrien County Health Department	CHALET OF NILES, LLC
Berrien County Health Department	COVENTRY HOUSE INN
Huron County Health Department	Courtney Manor
Ingham County Health Department	Ingham County Medical Facility
Ionia County Health Department	SKLD
Macomb County Health Departmen	Warren Woods Health & Rehab
Mid-Michigan District Health Depart	Ovid HealthCare
Oakland County Health Division.	Heartland Oakland
Sanilac County Health Department	Marlette Regional
Tuscola County Health Department	Fischer Convelansant Home
Wayne County Department of Healt	Cherry Hill for Nursing
Wayne County Department of Healt	Heartland Allen Park

District Health Department #10	TBD
Van Buren-Cass District Health Depa	The Timbers of Cass County
Van Buren-Cass District Health Depa	Cass County Medical Care Facility
Washtenaw County Health Departm	Heartland Health Care Center - Ann Arbor
Wayne County Department of Healt	The Marvin and Betty Danto Family Health Care Center (Wayne)
Berrien County Health Department	HALLMARK LIVING BENTON HARBOR
District Health Department #10	TBD
Macomb County Health Departmen	Father Murray
Public Health – Muskegon County	Roosevelt Park Nursing & Rehabilitation Community
Allegan County Health Department	Ely Manor Allegan
Allegan County Health Department	Grace of Douglas Skilled Nursing and Assisted Living
Bay County Health Department	Heartland Hampton
Bay County Health Department	Bay County Medical Care Facility
Bay County Health Department	Bay Shores
Bay County Health Department	Caretel Inn
Calhoun County Health Department	Marshall Nursing & Rehabilitation Community
Central Michigan District Health Dep	Gladwin Nursing and Rehabilitation
Central Michigan District Health Dep	The Laurels of Mt. Pleasant
Central Michigan District Health Dep	Isabella County Medical Care Facility
Central Michigan District Health Dep	King Nursing and Rehabilitation Community
City of Detroit Health Department	Bay of Cranbrook
City of Detroit Health Department	Bay of Elmwood
City of Detroit Health Department	Bay of Woodward
City of Detroit Health Department	Mission Point of Detroit
City of Detroit Health Department	St. James Nursing Center
Dickinson-Iron District Health Dept.	Iron River Care Center
District Health Department #10	Mission Point of Big Rapids
District Health Department #10	Transitional Health Services of Fremont
District Health Department #2	Villa at Rose City
District Health Department #2	Wellspring Lutheran Services (Fairview)
Genesee County Health Department	Caretel
Genesee County Health Department	Briarwood (Heartland)
Genesee County Health Department	Heritage Manor
Genesee County Health Department	Kith Haven
Genesee County Health Department	Medilodge
Genesee County Health Department	Regency at Grand Blanc
Genesee County Health Department	Wellbridge of Fenton
Genesee County Health Department	Wellbridge of Grand Blanc
Genesee County Health Department	Ascension Genesys Short Term Rehab Center
Health Department of Northwest M	Munson Healthcare McReynolds Hall
Ionia County Health Department	Mission Point of Belding
Kent County Health Department	Clark Retirement Community
Kent County Health Department	St. Ann's
Kent County Health Department	Mary Free Bed
Kent County Health Department	HealthBridge
Kent County Health Department	Mission Point of Cedar Springs
Kent County Health Department	Mission Point of Forest Hills

Lenawee County Health Department	The Oasis at Adrian
Livingston County Department of Public Health	Regency at Whitmore Lake
Macomb County Health Department	Fraser Villa
Macomb County Health Department	Clinton-Aire HCC
Macomb County Health Department	Regency Manor
Midland County Health Department	Brittany Manor
Midland County Health Department	Pinecrest Farms
Mid-Michigan District Health Department	Mission Point of Greenville
Monroe County Health Department	Fountain View of Monroe
Monroe County Health Department	Hickory Ridge of Temperance
Monroe County Health Department	Wellspring Lutheran Services - (request for Monroe site)
Monroe County Health Department	Immaculate Heart of Mary
Oakland County Health Division.	Lake Orion Nursing and Rehabilitation Center
Oakland County Health Division.	Bellbrook
Oakland County Health Division.	The Neighborhoods of White Lake
Ottawa County Department of Public Health	Riverside Nursing & Rehab Community
Ottawa County Department of Public Health	Hospice of North Ottawa Community Residence
Ottawa County Department of Public Health	Mission Point of Lamont
Ottawa County Department of Public Health	North Ottawa Care Center at Heartwood Lodge
Public Health – Muskegon County	Christian Care Nursing Center
Public Health – Muskegon County	Sanctuary at McAuley
Public Health – Muskegon County	Sanctuary at the Park
Public Health – Muskegon County	The Leila and Cyrus Poppen Hospice Residence
Public Health Delta & Menominee County	Pinecrest Medical
Saginaw County Department of Public Health	St. Francis home of Saginaw
Saginaw County Department of Public Health	Wellspring Lutheran Services(request for Frankenmuth site)
Sanilac County Health Department	Sanilac County Medical Care Facility
Van Buren-Cass District Health Department	Meadow Woods
Van Buren-Cass District Health Department	Graceway Countryside
Van Buren-Cass District Health Department	South Haven Nursing & Rehab
Van Buren-Cass District Health Department	Bronson Commons
Washtenaw County Health Department	Superior Woods Healthcare Center
Washtenaw County Health Department	Regency at Bluffs Park
Washtenaw County Health Department	Glacier Hills
Wayne County Department of Health	Imperial, A Villa Center
Wayne County Department of Health	Livonia Woods Nursing and Rehabilitation
Wayne County Department of Health	Westland, A Villa Center
Wayne County Department of Health	Marycrest
Western Upper Peninsula Health District	Westgate Nursing and Rehabilitation
District Health Department #10	TBD
District Health Department #10	TBD
District Health Department #10	TBD
District Health Department #10	TBD
Allegan County Health Department	Allegan County Health Department
Allegan County Health Department	Wayland Union School
Allegan County Health Department	Plainwell Middle School
Allegan County Health Department	Otsego Middle School,



Allegan County Health Department	Allegan High School
Bay County Health Department	MSHN-Recovery Pathways (contractor)
Berrien County Health Department	Chalet of Niles
Berrien County Health Department	Chalet of Niles
Berrien County Health Department	Chalet of Niles
Berrien County Health Department	Chalet of Niles
Berrien County Health Department	Chalet of Niles
Berrien County Health Department	Chalet of Niles
Berrien County Health Department	Hallmark of Benton Harbor
Berrien County Health Department	Hallmark of Benton Harbor
Berrien County Health Department	Hallmark of Benton Harbor
Berrien County Health Department	Hallmark of Benton Harbor
Berrien County Health Department	Hallmark of Benton Harbor
Berrien County Health Department	Hallmark of Benton Harbor
Branch-Hillsdale-St. Joseph Commur	Fairview Nursing and Rehabilitation
Branch-Hillsdale-St. Joseph Commur	TBD
Central Michigan District Health Deç	Mission Point of Roscommon
Central Michigan District Health Deç	Mission Point of Roscommon
Central Michigan District Health Deç	Mission Point of Roscommon
Central Michigan District Health Deç	Mission Point of Roscommon
Central Michigan District Health Deç	Mission Point of Roscommon
Central Michigan District Health Deç	Mission Point of Roscommon
Chippewa County Health Dept.	Hiawatha Behavioral Health (Sault Ste. Marie)
City of Detroit Health Department	Ambassador, A Villa Center
City of Detroit Health Department	Ambassador, A Villa Center
City of Detroit Health Department	Ambassador, A Villa Center
City of Detroit Health Department	Ambassador, A Villa Center
City of Detroit Health Department	Ambassador, A Villa Center
City of Detroit Health Department	Ambassador, A Villa Center
City of Detroit Health Department	Boulevard Manor
City of Detroit Health Department	Boulevard Manor
City of Detroit Health Department	Boulevard Manor
City of Detroit Health Department	Boulevard Manor
City of Detroit Health Department	Boulevard Manor
City of Detroit Health Department	Boulevard Manor
Dickinson-Iron District Health Dept.	Northpointe CMH – 715 Pyle Drive Kingsford MI
Dickinson-Iron District Health Dept.	Northpointe CMH –703 Second Avenue Iron River MI
District Health Department #10	Crawford Continuing Care Center
District Health Department #10	Crawford Continuing Care Center
District Health Department #10	Crawford Continuing Care Center
District Health Department #10	Crawford Continuing Care Center
District Health Department #10	Crawford Continuing Care Center
District Health Department #2	Villa at Rose City
District Health Department #2	Villa at Rose City
District Health Department #2	Villa at Rose City
District Health Department #2	Villa at Rose City
District Health Department #2	Villa at Rose City

District Health Department #2	Villa at Rose City
District Health Department #2	Villa at Rose City
District Health Department #2	Villa WB
District Health Department #2	Villa WB
District Health Department #2	Villa WB
District Health Department #2	Villa WB
District Health Department #2	Villa WB
District Health Department #2	Villa WB
Genesee County Health Department	Heritage Manor
Genesee County Health Department	Heritage Manor
Genesee County Health Department	Heritage Manor
Genesee County Health Department	Heritage Manor
Genesee County Health Department	Heritage Manor
Genesee County Health Department	Heritage Manor
Grand Traverse Coounty Health Dep	Downtown Traverse City Walk-Thru Testing Site
Grand Traverse Coounty Health Dep	Grand Traverse County & LynxDx Partnership Site #1 (July 24 & 25)
Grand Traverse Coounty Health Dep	Grand Traverse County & LynxDx Partnership Site #2 (August 14 & 15)
Grand Traverse Coounty Health Dep	Consistent Community Access to Rapid Testing
Grand Traverse Coounty Health Dep	Villa at Traverse Point
Grand Traverse Coounty Health Dep	Villa at Traverse Point
Grand Traverse Coounty Health Dep	Villa at Traverse Point
Grand Traverse Coounty Health Dep	Villa at Traverse Point
Grand Traverse Coounty Health Dep	Villa at Traverse Point
Grand Traverse Coounty Health Dep	Villa at Traverse Point
Health Department of Northwest M	Not provided
Health Department of Northwest M	Villa at The Bay
Health Department of Northwest M	Villa at The Bay
Health Department of Northwest M	Villa at The Bay
Health Department of Northwest M	Villa at The Bay
Health Department of Northwest M	Villa at The Bay
Health Department of Northwest M	Villa at The Bay
Huron County Health Department	Scheurer Hospital Long Term Care
Huron County Health Department	Scheurer Hospital Long Term Care
Huron County Health Department	Scheurer Hospital Long Term Care
Huron County Health Department	Scheurer Hospital Long Term Care
Huron County Health Department	Scheurer Hospital Long Term Care
Huron County Health Department	Scheurer Hospital Long Term Care
Ingham County Health Department	Ingham County Medical Care Facility
Ingham County Health Department	Ingham County Medical Care Facility
Ingham County Health Department	Ingham County Medical Care Facility
Ingham County Health Department	Ingham County Medical Care Facility
Ingham County Health Department	Ingham County Medical Care Facility
Kent County Health Department	Main Health Department
Kent County Health Department	Kentwood
Kent County Health Department	Baxter
Kent County Health Department	Potter'shouse
Kent County Health Department	St. Ann's Home

Kent County Health Department	St. Ann's Home
Kent County Health Department	St. Ann's Home
Kent County Health Department	St. Ann's Home
Kent County Health Department	St. Ann's Home
Kent County Health Department	St. Ann's Home
Lenawee County Health Department	Share the Warmth
LMAS District Health Department	multiple - all counties
LMAS District Health Department	Hiawatha Behavioral Health (Manistique)
LMAS District Health Department	Pathways CMH - Newberry site
LMAS District Health Department	Mackinac Island
LMAS District Health Department	Gordon Family Home
LMAS District Health Department	Hamilton
LMAS District Health Department	Jo's Foster Care Home
LMAS District Health Department	Maple Ridge AFC Home
LMAS District Health Department	North Haven AFC
LMAS District Health Department	Robin's Nest Group Home LLC
LMAS District Health Department	Cedar Cove Manor
LMAS District Health Department	Gros Cap AFC
LMAS District Health Department	Bay Haven Integrated Care
LMAS District Health Department	Pleasant View Elliott
LMAS District Health Department	Whispering Pines
LMAS District Health Department	Alger Co. Comm on Aging
LMAS District Health Department	Barker Country Living
LMAS District Health Department	Berry Home
LMAS District Health Department	Clark's Landing
LMAS District Health Department	Hidden Estates
LMAS District Health Department	Miller AFC Home
LMAS District Health Department	New Delta Home
LMAS District Health Department	Seney Adult Foster Care Home
LMAS District Health Department	Stepping Stone II
LMAS District Health Department	Northern Comfort Spec. Care
Macomb County Health Department	Windemere Park Nursing
Macomb County Health Department	Windemere Park Nursing
Macomb County Health Department	Windemere Park Nursing
Macomb County Health Department	Windemere Park Nursing
Macomb County Health Department	Windemere Park Nursing
Marquette County Health Department	Marquette Cnty HD
Marquette County Health Department	Marquette Cnty HD
Marquette County Health Department	Pathways CMH - Marquette site
Marquette County Health Department	GREAT LAKES RECOVERY CENTER
Marquette County Health Department	Mission Point of Ishpeming
Marquette County Health Department	Mission Point of Ishpeming
Marquette County Health Department	Mission Point of Ishpeming
Marquette County Health Department	Mission Point of Ishpeming
Marquette County Health Department	Mission Point of Ishpeming
Marquette County Health Department	Mission Point of Ishpeming
Mid-Michigan District Health Department	Addie's Acres

Mid-Michigan District Health Depart	Addington Place
Mid-Michigan District Health Depart	Arbor Grove Asst. Living
Mid-Michigan District Health Depart	Beacon Home at the Cottage
Mid-Michigan District Health Depart	Green Acres Asst. Living
Mid-Michigan District Health Depart	Greenville Acres Adult Care
Mid-Michigan District Health Depart	Hathaway Hills Asst. Living
Mid-Michigan District Health Depart	Gratiot Co. First Responders
Oakland County Health Division.	Marvin and Betty Danto Family Health Care Center
Oakland County Health Division.	Lake Orion Nursing Center
Oakland County Health Division.	Lake Orion Nursing Center
Oakland County Health Division.	Lake Orion Nursing Center
Oakland County Health Division.	Lake Orion Nursing Center
Oakland County Health Division.	Lake Orion Nursing Center
Oakland County Health Division.	Marvin and Betty Danto Family Health Care Center
Oakland County Health Division.	Marvin and Betty Danto Family Health Care Center
Oakland County Health Division.	Marvin and Betty Danto Family Health Care Center
Oakland County Health Division.	Marvin and Betty Danto Family Health Care Center
Oakland County Health Division.	Marvin and Betty Danto Family Health Care Center
Ottawa County Department of Publi	Hospice of North Ottawa Community Residence
Ottawa County Department of Publi	Hospice of North Ottawa Community Residence
Ottawa County Department of Publi	Hospice of North Ottawa Community Residence
Ottawa County Department of Publi	Hospice of North Ottawa Community Residence
Ottawa County Department of Publi	Hospice of North Ottawa Community Residence
Ottawa County Department of Publi	North Ottawa Care Center at Heartwood Lodge
Ottawa County Department of Publi	North Ottawa Care Center at Heartwood Lodge
Ottawa County Department of Publi	North Ottawa Care Center at Heartwood Lodge
Ottawa County Department of Publi	North Ottawa Care Center at Heartwood Lodge
Ottawa County Department of Publi	North Ottawa Care Center at Heartwood Lodge
Public Health Delta & Menominee C	Abundant Life Mission
Public Health Delta & Menominee C	Tri County Safe Harbor
Public Health Delta & Menominee C	Adult Learning Systems UP
Public Health Delta & Menominee C	Northpointe CMH – 401 10th Ave. Menominee MI
Public Health Delta & Menominee C	Pathways CMH - Escanaba site
Saginaw County Department of Pub	Underground Railroad
Saginaw County Department of Pub	Emmaus House
Saginaw County Department of Pub	Shields Comfort Care
Saginaw County Department of Pub	HealthSource Saginaw
Saginaw County Department of Pub	HealthSource Saginaw
Saginaw County Department of Pub	HealthSource Saginaw
Saginaw County Department of Pub	HealthSource Saginaw
Saginaw County Department of Pub	HealthSource Saginaw
Saginaw County Department of Pub	St. Francis Home of Saginaw
Saginaw County Department of Pub	St. Francis Home of Saginaw
Saginaw County Department of Pub	St. Francis Home of Saginaw
Saginaw County Department of Pub	St. Francis Home of Saginaw
Van Buren-Cass District Health Depa	InterCare Commuinity Health Network
Van Buren-Cass District Health Depa	Cass County Jail

Van Buren-Cass District Health Depa Ascension Borgess-Lee
Van Buren-Cass District Health Depa Bronson Commons
Van Buren-Cass District Health Depa Bronson Commons
Van Buren-Cass District Health Depa Bronson Commons
Van Buren-Cass District Health Depa Bronson Commons
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Van Buren-Cass District Health Depa Graceway Countryside
Van Buren-Cass District Health Depa Graceway Countryside
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Van Buren-Cass District Health Depa Graceway Countryside
Van Buren-Cass District Health Depa Meadow Woods
Van Buren-Cass District Health Depa Meadow Woods
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Van Buren-Cass District Health Depa Meadow Woods
Van Buren-Cass District Health Depa Meadow Woods
Van Buren-Cass District Health Depa Meadow Woods
Van Buren-Cass District Health Depa South Haven Nursing & Rehab
Van Buren-Cass District Health Depa South Haven Nursing & Rehab
Van Buren-Cass District Health Depa South Haven Nursing & Rehab
Van Buren-Cass District Health Depa South Haven Nursing & Rehab
Van Buren-Cass District Health Depa South Haven Nursing & Rehab
Van Buren-Cass District Health Depa South Haven Nursing & Rehab
Van Buren-Cass District Health Depa The Timbers of Cass County
Van Buren-Cass District Health Depa The Timbers of Cass County
Van Buren-Cass District Health Depa The Timbers of Cass County
Van Buren-Cass District Health Depa The Timbers of Cass County
Van Buren-Cass District Health Depa The Timbers of Cass County
Van Buren-Cass District Health Depa The Timbers of Cass County
Van Buren-Cass District Health Depa Cass County Medical Care Facility
Van Buren-Cass District Health Depa Cass County Medical Care Facility
Van Buren-Cass District Health Depa Cass County Medical Care Facility
Van Buren-Cass District Health Depa Cass County Medical Care Facility
Van Buren-Cass District Health Depa Cass County Medical Care Facility
Van Buren-Cass District Health Depa Cass County Medical Care Facility
Washtenaw County Health Departm Shelter Association at the Red Roof Inn Shelter
Washtenaw County Health Departm Non Profit Pop Up (Bus Drivers + Non Profits)
Washtenaw County Health Departm St Joseph Village
Washtenaw County Health Departm Shelter Association at the Red Roof Inn Shelter
Wayne County Department of Healt Aeries
Wayne County Department of Healt Aberdeen
Wayne County Department of Healt Heritage Manor Nursing and Rehab Center
Wayne County Department of Healt Aberdeen
Wayne County Department of Healt Aberdeen
Wayne County Department of Healt Aberdeen

Wayne County Department of Healt Aberdeen	
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Wayne County Department of Healt Aerius	
Wayne County Department of Healt Aerius	
Western Upper Peninsula Health	COPPER COUNTRY CMH
Western Upper Peninsula Health	Aspirus Ontonagon Long Term Care
Western Upper Peninsula Health	Aspirus Ontonagon Long Term Care
Western Upper Peninsula Health	Aspirus Ontonagon Long Term Care
Western Upper Peninsula Health	Aspirus Ontonagon Long Term Care
Western Upper Peninsula Health	Aspirus Ontonagon Long Term Care
Western Upper Peninsula Health	Aspirus Ontonagon Long Term Care
Western Upper Peninsula Health	Bayside Village
Western Upper Peninsula Health	Bayside Village
Western Upper Peninsula Health	Bayside Village
Western Upper Peninsula Health	Bayside Village
Western Upper Peninsula Health	Bayside Village
Western Upper Peninsula Health	Bayside Village
Western Upper Peninsula Health	Mission Point of Hancock
Western Upper Peninsula Health	Mission Point of Hancock
Western Upper Peninsula Health	Mission Point of Hancock
Western Upper Peninsula Health	Mission Point of Hancock
Western Upper Peninsula Health	Mission Point of Hancock
Western Upper Peninsula Health	Mission Point of Hancock
Barry-Eaton District Health Dept.	Regency at Lansing West
Barry-Eaton District Health Dept.	Eaton County Health and Rehab
Barry-Eaton District Health Dept.	Dimondale Nursing Care Center
Barry-Eaton District Health Dept.	Medilodge of Lansing
Barry-Eaton District Health Dept.	Thornapple Manor
Barry-Eaton District Health Dept.	Hastings Rehabilitation and Nursing Care Center
Barry-Eaton District Health Dept.	Eaton County Jail
Barry-Eaton District Health Dept.	Spectrum Pennock
Bay County Health Department	Huron Woods
Bay County Health Department	Carriage House
Benzie-Leelanau District H. D.	-
Berrien County Health Department	PINE RIDGE - A REHABILITATION AND NURSING CENTER
Berrien County Health Department	RIVERIDGE REHABILITATION & HEALTHCARE CENTER
Berrien County Health Department	ROYALTON MANOR, L L C
Berrien County Health Department	WEST WOODS OF BRIDGMAN
Berrien County Health Department	WEST WOODS OF NILES
Berrien County Health Department	Brentwood Assisted Living
Berrien County Health Department	Willows
Berrien County Health Department	Witcomb Towers
Berrien County Health Department	Buchanan Meadows Living Center
Berrien County Health Department	Crown Pointe Senior Living

Berrien County Health Department	Woodland Terrace At Longmeadow
Berrien County Health Department	Woodland Terrace SR. Living
Berrien County Health Department	Woodland Terrace Paw Paw Lake
Berrien County Health Department	Adkins Villiage Senior Apts
Berrien County Health Department	Blossom Acres
Berrien County Health Department	E Rayford Senior Housing
Berrien County Health Department	Harbor Towers
Berrien County Health Department	Benton Harbor Housing Comm
Berrien County Health Department	Countryview Apts
Berrien County Health Department	Hayward Wells
Berrien County Health Department	Plaza Manor
Berrien County Health Department	River Terrace
Berrien County Health Department	Main Street Apartments
Berrien County Health Department	Timber Ridge
Berrien County Health Department	Four Flags
Berrien County Health Department	Niles Housing Commission
Berrien County Health Department	Parkview Apartments
Berrien County Health Department	Lake Pines
Berrien County Health Department	Lakeview Terrace High Rise
Berrien County Health Department	Tri-City Village
Berrien County Health Department	Waterford Park Senior Apts
Berrien County Health Department	Vineyard Apartments
Berrien County Health Department	Fountainview Village Apartments
Berrien County Health Department	Berkshire - Niles
Berrien County Health Department	Mill Pond
Berrien County Health Department	Matea Court
Berrien County Health Department	Harbor Point
Berrien County Health Department	Emergency Shelter Services
Branch-Hillsdale-St. Joseph Commur	BHSJCHA Coldwater Office
Branch-Hillsdale-St. Joseph Commur	BHSJCHA Coldwater Office
Branch-Hillsdale-St. Joseph Commur	Grace Healthcare of Three Rivers
Chippewa County Health Dept.	Medilodge
City of Detroit Health Department	DHD Rapid Testing Clinic
City of Detroit Health Department	State Fair Drive Thru Testing Site
City of Detroit Health Department	All Well-Being Services
City of Detroit Health Department	Neighborhood Service Organization
City of Detroit Health Department	Southwest Counseling Solutions
City of Detroit Health Department	Central City Integrated Health (CCIH)
City of Detroit Health Department	Development Centers, Inc.
City of Detroit Health Department	Northeast Integrated Health
City of Detroit Health Department	Growth Works
City of Detroit Health Department	Jabez Recovery Management
City of Detroit Health Department	Lakeridge Village
City of Detroit Health Department	SHAR
City of Detroit Health Department	New Light Recovery
City of Detroit Health Department	Redford Counseling
City of Detroit Health Department	Pure Recovery

City of Detroit Health Department	Pure Recovery
City of Detroit Health Department	South Eastern High School
City of Detroit Health Department	Renaissance High School
City of Detroit Health Department	Communication Media and Arts MS
City of Detroit Health Department	St. Stephen AME Church
Dickinson-Iron District Health Dept.	Iron County Medical Care Facility
District Health Department #10	Ludington Woods Specialized Care
District Health Department #10	Ludington Woods Supportive Care
District Health Department #10	Whippoorwill Knoll
District Health Department #10	Krystal Manor
District Health Department #10	GranCare
District Health Department #10	Northern Pines Assisted Living
District Health Department #10	AuSable AFC Home
District Health Department #10	Kalkaska Memorial Assisted Living
District Health Department #10	Meadowview AFC
District Health Department #10	Cherry Hill Haven of Kalkaska
District Health Department #10	Walnut St AFC
District Health Department #10	Safe Haven AFC
District Health Department #10	Beacon Home at Fife Lake
District Health Department #10	Beacon Home at Coster North
District Health Department #10	Beacon Home at Coster South
District Health Department #10	Grand Oaks Nursing Center
District Health Department #10	Green Acres Retirement Living
District Health Department #10	Green Acres Manistee Memory Care
District Health Department #10	Cedar Ridge
District Health Department #10	Evergreen Terrace Assisted Living
District Health Department #10	Creekside Manor
District Health Department #10	Harmony Pines
District Health Department #10	Ranshaw AFC
District Health Department #10	Country View Assisted Living
District Health Department #10	Maple Ridge
District Health Department #10	Magnolia West
District Health Department #10	Magnolia East
District Health Department #10	Quiet Creek
District Health Department #10	Morning Glory AFC
District Health Department #10	Fountain View Retirement Village of Grant
District Health Department #10	Fountain View Retirement Village of Fremont
District Health Department #10	Green Acres of Fremont
District Health Department #10	Green Acres of Fremont II
District Health Department #10	Dallas Darling Home
District Health Department #10	Peaceful Acres AFC
District Health Department #10	Deerfield AFC
District Health Department #10	Cherry Blossom Manor
District Health Department #10	The River
District Health Department #10	Country Acres, LLC
District Health Department #10	Fessenden AFC
District Health Department #10	White Oak AFC



District Health Department #10	Rose Care, LLC
District Health Department #10	Family Tree
District Health Department #10	Curry House
District Health Department #10	Curry House
District Health Department #10	Green Acres Retirement Living
District Health Department #10	Green Acres II
District Health Department #10	Pleasant Lake Lodge North
District Health Department #10	Pleasant Lake Lodge South
District Health Department #10	Maple Ridge
District Health Department #10	Serenity AFC
District Health Department #10	Sunnyside Senior Living
District Health Department #10	Ohana AFC
District Health Department #10	Ohana AFC II
District Health Department #10	Pointe East
District Health Department #10	Wright's AFC
District Health Department #10	Kalkaska
District Health Department #2	Tawas High National Guard Testing
District Health Department #2	West Branch National Guard Testing
District Health Department #2	Villa at West Branch
District Health Department #4	Community
Genesee County Health Department	Bella Vita
Genesee County Health Department	The Oaks
Genesee County Health Department	Willowbrook Manor
Genesee County Health Department	Woodhaven
Genesee County Health Department	Word of Life Church
Genesee County Health Department	Beecher High School
Grand Traverse Coounty Health Dep	Grand Traverse County Health Department & Maritime Academy Part
Grand Traverse Coounty Health Dep	Grand Traverse County Jail
Grand Traverse Coounty Health Dep	Traverse City Fire Department
Grand Traverse Coounty Health Dep	Grand Traverse Metro Fire Department
Grand Traverse Coounty Health Dep	East Bay Emergency Services Department
Grand Traverse Coounty Health Dep	Medical Examiner
Huron County Health Department	Huron County Jail
Huron County Health Department	Harbor Beach
Huron County Health Department	Huron County Medical Care Facility
Kalamazoo County Health and Comr	Plainwell Pines Nursing and Rehabilitation Community
Kent County Health Department	Potter House Christian School
Kent County Health Department	Baxter Community Health Clinic
Kent County Health Department	KCHD Fuller Clinic
Kent County Health Department	KCHD South Clinic
Kent County Health Department	LINC UP Grand Rapids
Kent County Health Department	SKLD Leonard
Kent County Health Department	SKLD Beltline
Lenawee County Health Departmen	Lynwood Manor
Lenawee County Health Departmen	Hospice of Lenawee
Lenawee County Health Departmen	Tecumseh Place 1, 2, & The Fieldstone
Lenawee County Health Departmen	Blissfield Place

Lenawee County Health Department	Coleman Foundation Unit B
Livingston County Department of Public Health	St. Joe's Livingston Hospital (Tentative)
LMAS District Health Department	All counties
LMAS District Health Department	All counties
LMAS District Health Department	All counties - especially Alger and Mackinac
LMAS District Health Department	Alger, Mackinac, Schoolcraft (4 sites - Tribal)
LMAS District Health Department	All counties
LMAS District Health Department	All counties
LMAS District Health Department	All counties
LMAS District Health Department	Castle Rock Retirement Center
LMAS District Health Department	Harbour View Assisted Living
LMAS District Health Department	Woodland Meadows Assisted Living
Macomb County Health Department	Orchard Grove Health Campus
Macomb County Health Department	Rose Senior Living
Macomb County Health Department	The Arbor Inn
Macomb County Health Department	Town Village Sterling Heights
Macomb County Health Department	Sunrise Assisted Living Shelby Twp
Macomb County Health Department	Angelicas Place
Macomb County Health Department	The Shorehaven
Macomb County Health Department	MCHD Drive-Through Testing Site
Macomb County Health Department	Villa at City Center
Macomb County Health Department	Lakeside Manor
Macomb County Health Department	Windemere Park Nursing
Macomb County Health Department	MCHD Drive-Through Testing Site
Macomb County Health Department	Centerline Park Towers
Macomb County Health Department	St. George Tower
Macomb County Health Department	Windemere Park Nursing
Macomb County Health Department	Joseph Coach Manor
Macomb County Health Department	Stilwell Manor
Macomb County Health Department	Leisure Manor I
Macomb County Health Department	Clinton-Aire
Macomb County Health Department	Elizabeth Lee Doles
Macomb County Health Department	Clinton Township Housing
Macomb County Health Department	Clemens Tower
Macomb County Health Department	Clemens Manor
Macomb County Health Department	Clemens Homes
Macomb County Health Department	Leisure Manor II
Macomb County Health Department	Village of Warren Glen
Macomb County Health Department	Eastland Senior Apartments
Macomb County Health Department	Clinton Place Senior Apartments
Macomb County Health Department	Village of Peace Manor
Macomb County Health Department	Roseville Senior Housing Lawn Senior Building II
Macomb County Health Department	Hanover Grove
Macomb County Health Department	Roseville Senior Housing Lawn Senior Building I
Mid-Michigan District Health Department	Baldwin Heights Elementary
Monroe County Health Department	ProMedica Skilled Nursing and Rehabilitation
Oakland County Health Division	Catherine's Place

Oakland County Health Division.	The Marvin and Betty Danto Family Health Care Center (Oakland)
Ottawa County Department of Public Health	Assisted Living Facility
Ottawa County Department of Public Health	Assisted Living Facility
Ottawa County Department of Public Health	Holland Community Health Center
Ottawa County Department of Public Health	Holland Rescue Mission - Family Hope
Ottawa County Department of Public Health	Holland Rescue Mission - Mens Ministry Center
Ottawa County Department of Public Health	Spring Meadows
Ottawa County Department of Public Health	Pine Acres
Ottawa County Department of Public Health	City on Hill
Ottawa County Department of Public Health	Holland Free Health Clinic
Ottawa County Department of Public Health	OCDPH
Ottawa County Department of Public Health	Allendale Nursing and Rehabilitation
Ottawa County Department of Public Health	Heritage Nursing and Rehabilitation Community
Public Health – Muskegon County	Juvenile Transition Center
Public Health – Muskegon County	HealthWest
Saginaw County Department of Public Health	Great Lakes Rehab Center
Saginaw County Department of Public Health	Saginaw Rescue Mission
Saginaw County Department of Public Health	Victory Clinic
St. Clair County Health Department	Medilodge St Clair
St. Clair County Health Department	Sage Creek
St. Clair County Health Department	Wadhams Creek
St. Clair County Health Department	St Clair County HD
St. Clair County Health Department	St Clair County HD
Tuscola County Health Department	Tuscola County Medical Care Facility
Tuscola County Health Department	Medilodge
Tuscola County Health Department	Tuscola County Jail
Washtenaw County Health Department	Shelter Association at the Delonis Shelter
Washtenaw County Health Department	Delonis Shelter
Washtenaw County Health Department	Interfaith Hospitality Network/Alpha House
Washtenaw County Health Department	Ozone House
Wayne County Department of Health	Wayne County Jail
Wayne County Department of Health	Advantage Living Center Redford
Wayne County Department of Health	Heartland Grosse Pointe
Wayne County Department of Health	Psygenics
Wayne County Department of Health	Lincoln Behavioral Services
Wayne County Department of Health	Community Living Services
Wayne County Department of Health	Community Care Services
Wayne County Department of Health	Team Wellness Center
Wayne County Department of Health	Services To Enhance Potential – Dearborn North Resource Center
Wayne County Department of Health	The Guidance Center
Wayne County Department of Health	Hegira Programs, Inc.
Wayne County Department of Health	Macomb-Oakland Regional Center, Inc.
Wayne County Department of Health	Psygenics, Inc.
Wayne County Department of Health	Hegira Programs
Wayne County Department of Health	Hegira Programs
Wayne County Department of Health	Jabez Recovery Management
Wayne County Department of Health	Positive Images

Wayne County Department of Health	Cherry hill Nrsg & Rehab
Wayne County Department of Health	Livonia Woods Nursing and Rehabilitation
Wayne County Department of Health	HHCC Dearborn Heights
Wayne County Department of Health	Christ Church Grosse Pointe
Wayne County Department of Health	Warren City Hall
Wayne County Department of Health	Correctional facility
Wayne County Department of Health	Garden city Hosp
Western Upper Peninsula Health	GCCMH
Western Upper Peninsula Health	Iron River, MI
Western Upper Peninsula Health	Ontonagon HS
Western Upper Peninsula Health	Gates Tennis Center

## Gaines, Rachelle

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**From:** Shaw, Chad  
**Sent:** Monday, July 27, 2020 9:56 AM  
**To:** Bowen, Ken  
**Subject:** FW: MDHHS Points of Contact for COVID-19 Testing

**From:** Peters, Dori [<mailto:PetersDo@co.muskegon.mi.us>]  
**Sent:** Monday, July 27, 2020 9:22 AM  
**To:** Karla Black <[karla.black@kentcountymi.gov](mailto:karla.black@kentcountymi.gov)>; Jennifer Sorek <[sorek@miottawa.org](mailto:sorek@miottawa.org)>; Shaw, Chad <[cshaw@ioniacounty.org](mailto:cshaw@ioniacounty.org)>; Bret Haner <[bhaner@dhd10.org](mailto:bhaner@dhd10.org)>; Hailey Brewer <[hbrewer@mmdhd.org](mailto:hbrewer@mmdhd.org)>; Melissa DeRoche <[mderoche@cmdhd.org](mailto:mderoche@cmdhd.org)>; Luke Aurner <[laurner@wmrmc.org](mailto:laurner@wmrmc.org)>; Fatema Mamou <[MamouF@michigan.gov](mailto:MamouF@michigan.gov)>  
**Cc:** [TheakerO@michigan.gov](mailto:TheakerO@michigan.gov)  
**Subject:** FW: MDHHS Points of Contact for COVID-19 Testing

For your situational awareness...

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**From:** Theaker, Orville (MSP) [<mailto:TheakerO@michigan.gov>]  
**Sent:** Thursday, July 23, 2020 5:49 PM  
**To:** Peters, Dori  
**Subject:** Re: BioReference Courier Drop Off Sites?

**WARNING:** This email originated outside of the Muskegon County email system!  
**DO NOT CLICK** links if the sender is unknown.  
**NEVER** provide your User ID or Password.

Dori,

Below is the contact info for the different areas of MDHHS dealing with testing.

LTC/Skilled Nursing – Ms. Elizabeth Nagel – [nagelB@michigan.gov](mailto:nagelB@michigan.gov)

Homeless Shelters – Lynn Hendges – [hendges12@michigan.gov](mailto:hendges12@michigan.gov)

Migrant Worker Camps – Ms. Poppy Hernandez – [hernandezp3@michigan.gov](mailto:hernandezp3@michigan.gov)

Community Popup Testing – Mr. Orlando Todd – [toddO@michigan.gov](mailto:toddO@michigan.gov) / Ms. Laura de la Rambelje – [delarambeljeL@michigan.gov](mailto:delarambeljeL@michigan.gov)

Local Health Dept. - Mr. Orlando Todd – [toddO@michigan.gov](mailto:toddO@michigan.gov) / Ms. Laura de la Rambelje – [delarambeljeL@michigan.gov](mailto:delarambeljeL@michigan.gov)

County Jails / MDOC – Mr. Brent Travelbee – [travelbeeB@michigan.gov](mailto:travelbeeB@michigan.gov)

Adult Foster Care - Lynn Hendges – [hendges12@michigan.gov](mailto:hendges12@michigan.gov)

Let me know if you have any questions.

Orville

Sent from iPhone

On Jul 23, 2020, at 4:18 PM, Peters, Dori <[PetersDo@co.muskegon.mi.us](mailto:PetersDo@co.muskegon.mi.us)> wrote:

**CAUTION: This is an External email. Please send suspicious emails to [abuse@michigan.gov](mailto:abuse@michigan.gov)**

Update...we are emailing the [MDHHS-LTCRequests@michigan.gov](mailto:MDHHS-LTCRequests@michigan.gov) address to see if they can have the LTC courier pick up.

I will direct questions/concerns to MDHHS exclusively from now on as the MSP transitions out of the response. Thank you for all of the assistance and support you have provided.

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**From:** Peters, Dori  
**Sent:** Thursday, July 23, 2020 3:44 PM  
**To:** [McQueenN@michigan.gov](mailto:McQueenN@michigan.gov)  
**Cc:** [TheakerO@michigan.gov](mailto:TheakerO@michigan.gov)  
**Subject:** BioReference Courier Drop Off Sites?

Hi Lt. McQueen.

We have 100 BioReference kits to get to a courier drop site. We were told today by Ingham County Health Dept that they stopped being a drop site three weeks ago. Where are the current drop sites?

Dori

**Dori Peters**  
Public Health Emergency Preparedness Coordinator  
Public Health - Muskegon County  
209 E Apple Ave, Muskegon, MI 49442  
(231) 724-1292 Office  
(231) 246-3365 Mobile  
(231) 724-6674 Fax  
[petersdo@co.muskegon.mi.us](mailto:petersdo@co.muskegon.mi.us)  
[www.muskegonhealth.net](http://www.muskegonhealth.net)

**CONTAIN COVID**  
**TEST. TRACE. PROTECT.**  
[MICHIGAN.GOV/CONTAINCOVID](http://MICHIGAN.GOV/CONTAINCOVID)

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## Gaines, Rachelle

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**From:** Michigan Health Alert Network <ada86f47-0005-3000-80c0-fceb55463ffe@notify.michiganhan.org>  
**Sent:** Monday, July 27, 2020 4:45 PM  
**To:** Bowen, Ken  
**Subject:** Request for the LHD Testing Plan for the Period of 8/3/2020 - 8/16/2020  
**Attachments:** August 3-16 LHD Testing Plan - Thir.xlsx

Ken Bowen,

This is the third request for the LHD testing plan submission covering the period of 8/3/2020 - 8/16/2020

Updates:

- The Michigan National Guard (MING) deployment ended on 7/26/2020. We are waiting on Federal/Presidential approval to extend MING to continue support for testing. We have contracted a firm, Honu, to help support the testing process. Honu is hiring staff for their field support teams. During this transition our support may be slower than usual.
- **If we do not have approval for MING to extend by COB on 7/29 we will have to delay testing scheduling for the week of 8/3. If this happens we will notify you the morning of 7/30.**
- We have quite a few Skilled Nursing Facilities (SNFs) that have requested repeated testing support and are working with them to fulfill their requests.
- For all sites we need an ordering physician, their NID, and their fax. Without this information the request cannot progress to scheduling.

Changes to the template:

- Since we may need to prioritize sites, we are asking for more information on the specifics of the site.
  - For type of site provide details such as testing in parking lot, at farm, in camp area
  - Details on who is being tested – staff, staff and residents, students
  - Details on the purpose of the testing

Timeline - We have been asked to provide a schedule for testing to the LHDs with sufficient time to advertise. We also need to have sufficient time to schedule the testing, in order to do this we are requesting:

**For testing scheduled 8/3 – 8/9**

- - **Please turn in your templates by noon on 7/29 so we may schedule the testing**
  - **We will send you a schedule on 7/31 listing the test sites and schedule dates**
  - **We may have to prioritize our support over the next two weeks. In order to have equal consideration please have all of the testing requests in by noon on 7/31.**

Please forward your completed templates to [checcdeptcoor@michigan.gov](mailto:checcdeptcoor@michigan.gov). If you could include the name of your HD in the file name it would be appreciated.



**You may respond by doing one of the following:**

- Click the appropriate response in the following list of response options,
- Or, reply via email with your response option. Please note that you must include the number of your response option, such as **1**, in the body of your email in order for your response to be recorded.

*Option# Response:*

1. Message Received.

Thank you,  
Michigan Health Alert Network

10/10/2010  
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10/10/2010

Year	Month	Day	Time	Location	Activity	Remarks
2010	10	10	08:00	...	...	...
2010	10	10	09:00	...	...	...
2010	10	10	10:00	...	...	...
2010	10	10	11:00	...	...	...
2010	10	10	12:00	...	...	...
2010	10	10	13:00	...	...	...
2010	10	10	14:00	...	...	...
2010	10	10	15:00	...	...	...
2010	10	10	16:00	...	...	...
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2010	10	10	20:00	...	...	...
2010	10	10	21:00	...	...	...
2010	10	10	22:00	...	...	...
2010	10	10	23:00	...	...	...
2010	10	10	24:00	...	...	...
2010	10	10	25:00	...	...	...
2010	10	10	26:00	...	...	...
2010	10	10	27:00	...	...	...
2010	10	10	28:00	...	...	...
2010	10	10	29:00	...	...	...
2010	10	10	30:00	...	...	...

## Gaines, Rachelle

---

**From:** Taverna, Andrea (DHHS-Contractor) <TavernaA1@michigan.gov>  
**Sent:** Tuesday, July 28, 2020 3:02 PM  
**To:** de la Rambelje, Laura (DHHS); Angelique Joynes; burnsr; Nicki Britten; Martha Hall; Kim Comerzan; Wendy Hirschenberger; Linda Vail; London,Adam; Joel Strasz; lisa peacock; Lisa Stefanovsky; Dianne McCormick; Kevin Hughes; Jeff Elliott; LyonCallo, Sarah (DHHS); Todd, Orlando (DHHS); Hernandez, Poppy; Egan, Sean (LEO); Neyhart, Josh (MDARD); Zmitko, Jamie (MDARD); Freeman, Dale (DHHS); Harrington, Christina  
**Cc:** Slawinski, Tim (MDARD); Johnson, James (MDARD); Holton, Jennifer (MDARD); Natasha Radke; Silva, Jeffrey (LEO); Bowen, Ken; Courtney Davis; James Cook; Kali Nichols; Simmons, Kirsten (DHHS); Lisa Letts; Randy Rapp; tsimon@saginawcounty.com  
**Subject:** RE: Possible Migrant Worker Testing Mandate Call  
**Attachments:** 2020.07.24 - Draft Order Summary.docx

Please find attached a summary of the draft order.

-----Original Appointment-----

**From:** de la Rambelje, Laura (DHHS) <[DelaRambeljeL@michigan.gov](mailto:DelaRambeljeL@michigan.gov)>  
**Sent:** Tuesday, July 28, 2020 8:28 AM  
**To:** de la Rambelje, Laura (DHHS); Angelique Joynes; burnsr; Nicki Britten; Martha Hall; Kim Comerzan; Wendy Hirschenberger; Linda Vail; London,Adam; Joel Strasz; lisa peacock; Lisa Stefanovsky; Dianne McCormick; Kevin Hughes; Jeff Elliott; LyonCallo, Sarah (DHHS); Todd, Orlando (DHHS); Hernandez, Poppy; Egan, Sean (LEO); Neyhart, Josh (MDARD); Zmitko, Jamie (MDARD); Freeman, Dale (DHHS); Taverna, Andrea (DHHS-Contractor); Harrington, Christina  
**Cc:** Slawinski, Tim (MDARD); Johnson, James (MDARD); Holton, Jennifer (MDARD); Natasha Radke; Silva, Jeffrey (LEO); [kbowen@ioniacounty.org](mailto:kbowen@ioniacounty.org); Courtney Davis; James Cook; Kali Nichols; Simmons, Kirsten (DHHS); Lisa Letts; Randy Rapp; [tsimon@saginawcounty.com](mailto:tsimon@saginawcounty.com)  
**Subject:** Possible Migrant Worker Testing Mandate Call  
**When:** Tuesday, July 28, 2020 3:00 PM-3:30 PM (UTC-05:00) Eastern Time (US & Canada).  
**Where:** Microsoft Teams Meeting  
**Importance:** High

Hello All,

We are convening a call with Health Officers, MDARD, MIOSHA, MDHHS Migrant Services, and the Governor's Office to discuss a possible migrant worker testing mandate.

We look forward to speaking with you at 3pm.

Laura

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**Summary: Draft Public Health Order on COVID-19 Testing in Agriculture Settings**

Throughout the coronavirus pandemic, the State of Michigan has worked tirelessly to address and prevent spread of the disease in high-risk settings and among vulnerable populations, guided by data on where outbreaks have been most prevalent. In these settings, regular testing is foundational to quickly identifying cases, preventing severe outbreaks, and safely continuing economic activity by containing coronavirus.

**COVID-19 Testing in Agricultural Settings**

To achieve these ends, the Michigan Department of Health and Human Services, alongside the Department of Agriculture and Rural Development, is considering issuing a public health order to require COVID-19 diagnostic testing in agriculture settings at high risk of COVID-19 spread. The testing would create a) a complete baseline to identify and address current infections and b) a careful screening regimen to prevent introduction of new infections.

**Migrant Housing Camps**

- 1) One-time initial testing of all residents
- 2) Testing of all new residents with 48 hours of arrival, with separate housing for newly arriving residents for 14 days afterward and a second test at the end of that period
- 3) Testing of any resident with symptoms or exposure

**Agricultural Employers with Over 20 Employees On-site at One Time (i.e., on a Shift)**

- 1) Employer types covered are:
  - a. Any employer of migrant or seasonal workers
  - b. Meat, poultry, and egg processing facilities
  - c. Greenhouses and indoor nurseries
- 2) Testing requirements:
  - a. One-time initial testing of all workers
  - b. Testing of all new workers prior to in-person work
  - c. Testing of any worker with symptoms or exposure

**Implementation and Result Follow Up**

Employers and housing operators would have several options for completing the testing:

- 1) Contracting with any capable medical provider, occupational health provider, or laboratory to arrange a testing program
- 2) Requesting state assistance to conduct testing or provide testing supplies

COVID positive and exposed residents would be required to isolate or quarantine until meeting return-to-work criteria from the Centers for Disease Control and Prevention. The State is working to create isolation housing options and connections to economic support for workers and residents.

## Gaines, Rachelle

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**From:** Bowen, Ken  
**Sent:** Tuesday, July 28, 2020 3:53 PM  
**To:** Shaw, Chad  
**Subject:** FW: Possible Migrant Worker Testing Mandate Call  
**Attachments:** 2020.07.24 - Draft Order Summary.docx

**From:** Taverna, Andrea (DHHS-Contractor) <TavernaA1@michigan.gov>  
**Sent:** Tuesday, July 28, 2020 3:02 PM  
**To:** de la Rambelje, Laura (DHHS) <DelaRambeljeL@michigan.gov>; Angelique Joynes <AJoynes@ALLEGANCOUNTY.ORG>; burnsr <burnsr@bhsj.org>; Nicki Britten <nbritten@bchdmi.org>; Martha Hall <Martha.Hall@lenawee.mi.us>; Kim Comerzan <kim\_comerzan@monroemi.org>; Wendy Hirschenberger <whirsch@gtchd.org>; Linda Vail <LVail@ingham.org>; London,Adam <adam.london@kentcountymi.gov>; Joel Strasz <StraszJ@baycounty.net>; lisa peacock <l.peacock@nwhealth.org>; Lisa Stefanovsky <lstefanovsky@miottawa.org>; Dianne McCormick <DMcCormick@livgov.com>; Kevin Hughes <khughes@dhd10.org>; Jeff Elliott <jeffe@vbcassdhd.org>; LyonCallo, Sarah (DHHS) <lyoncallos@michigan.gov>; Todd, Orlando (DHHS) <toddo@michigan.gov>; Hernandez, Poppy <HernandezP3@michigan.gov>; Egan, Sean (LEO) <EganS@michigan.gov>; Neyhart, Josh (MDARD) <NeyhartJ1@michigan.gov>; Zmitko, Jamie (MDARD) <zmitkoj@michigan.gov>; Freeman, Dale (DHHS) <FreemanD@michigan.gov>; Harrington, Christina <charrington@saginawcounty.com>  
**Cc:** Slawinski, Tim (MDARD) <SlawinskiT@michigan.gov>; Johnson, James (MDARD) <johnsonj9@michigan.gov>; Holton, Jennifer (MDARD) <holtonj@michigan.gov>; Natasha Radke <NRadke@livgov.com>; Silva, Jeffrey (LEO) <silvaj2@michigan.gov>; Bowen, Ken <kbowen@ioniacounty.org>; Courtney Davis <cdavis@bchdmi.org>; James Cook <cookj@bhsj.org>; Kali Nichols <nicholsk@bhsj.org>; Simmons, Kirsten (DHHS) <SimmonsK7@michigan.gov>; Lisa Letts <lletts@allegancounty.org>; Randy Rapp <RRapp@ALLEGANCOUNTY.ORG>; tsimon@saginawcounty.com  
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## Gaines, Rachelle

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**From:** U.S. Food and Drug Administration <fda@info.fda.gov>  
**Sent:** Thursday, July 30, 2020 6:06 PM  
**To:** Bowen, Ken  
**Subject:** FDA Announces New Protocol for the Development and Registration of Treatments for Preharvest Agricultural Water

If your email program has trouble displaying this email, [view it as a web page](#).



July 30, 2020

Dear Colleagues,

Today, the U.S. Food and Drug Administration announced a new protocol for the development and registration of antimicrobial treatments for preharvest agricultural water, such as the water used in farm irrigation systems. The protocol was developed through a collaboration with the U.S. Environmental Protection Agency. Companies can now use data developed under this protocol to support the EPA registration of products that can treat agricultural water against foodborne bacteria, which could provide farmers with a useful tool to help protect the safety of produce intended for consumers, like romaine lettuce and other leafy greens.

The announcement was made during a webinar on the FDA's [2020 Leafy Green STEC Action Plan](#).

"This new protocol is a huge milestone for produce safety and for the Leafy Green Action Plan released by the FDA earlier this year. Working together, the FDA and EPA have supported the development of this protocol that may ultimately help farmers address contamination issues in their water sources and protect consumers from foodborne illness," said FDA Deputy Commissioner for Food Policy and Response Frank Yiannas. "We must all work together to help ensure the safety of produce to consumers across the country. We will continue to work with our partners in industry, government and academia on this and other longer-term studies on the ecology of human pathogens in specific growing regions, and new efforts as part of the New Era of Smarter Food Safety Initiative."

"Thanks to the strong partnership between EPA and the FDA, we can now unleash the innovation needed to develop treatment products for the agricultural water used to irrigate our nation's leafy greens," said Alexandra Dapolito Dunn, assistant administrator of EPA's Office of Chemical Safety and Pollution Prevention. "We look forward to working with pesticide product manufacturers, innovators, and farmers on this important development that will help protect public health and our environment."

EPA's approval of this protocol allows for companies to develop data on the effectiveness of their products in inactivating foodborne bacteria, such as E. coli or Salmonella, in preharvest agricultural water. Companies may use the data developed to support registration of new treatment products, or amendments to current

products' labels, for use against microbial contamination in preharvest agricultural water.

Recent outbreaks of foodborne illness associated with the consumption of romaine lettuce and other leafy greens have highlighted the need for a viable option for treating agricultural water against foodborne pathogens. While farmers are not required to treat their agricultural water, these treatments could be a valuable tool to help farmers protect the safety of their produce. There currently are no registered antimicrobial treatment products that are authorized for use on agricultural fields, or for treatment of irrigation water systems or ponds. This protocol is an important step toward addressing this lack of available treatments for preharvest agricultural water.

Teams of FDA experts have been working collaboratively with partners in the public and private sectors to help protect agricultural water from the many ways it can be contaminated in the environment or from unsanitary practices on a farm. This effort has included hundreds of farm visits over the past few years. In addition, the FDA intends to release a proposed rule in late 2020, to revise certain agricultural water requirements in the Produce Safety Rule and to address practical implementation challenges while protecting public health. The development and approval of this treatment protocol is one of several steps the agency has taken or intends to take to help improve produce safety, such as through the Leafy Green Action Plan and through the New Era of Smarter Food Safety initiative.

#### Related Information

- [Efficacy Protocol for Reduction of Foodborne Bacteria in Preharvest Agricultural Water](#)
- [New Era of Smarter Food Safety Initiative](#)
- [Leafy Green STEC Action Plan](#)

This message is being broadcast by the Division of Communications in FDA's Office of Regulatory Affairs (ORA).

Thank you,

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Division of Communications  
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## Gaines, Rachelle

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**From:** Nextdoor Digest <no-reply@rs.email.nextdoor.com>  
**Sent:** Saturday, August 01, 2020 12:00 PM  
**To:** Bowen, Ken  
**Subject:** Top post: Saranac Village Farmers Market TIL 1pm

**Nextdoor E Riverside and S State**



## Today's top posts

### Saranac Village Farmers Market TIL 1pm

Missy Rogers, Easton Township | 138 N Bridge St. at the depot! Parking is across the street at the boat launch. Several vendors... [See more](#)



0 0 2 hr ago

### Michigan tied for the fourth-highest response rate in the nation

Michigan Census 2020, | Michigan's response rate has increased .3% in the past week and is tied for the fourth highest response rate... [See more](#)



32 14 19 hr ago

This message is intended for kbowen@ioniacounty.org. [Unsubscribe here](#). Nextdoor, 875 Stevenson Street, Suite 700, San Francisco, CA 94103



**From:** Michigan DNR <MIDNR@govsubscriptions.michigan.gov>  
**Sent:** Monday, August 03, 2020 12:24 PM  
**To:** Bowen, Ken  
**Subject:** Plenty of summer left for outdoor fun!

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Aug. 3, 2020

Media contact: [DNR-Public-Info@Michigan.gov](mailto:DNR-Public-Info@Michigan.gov)

## **Plenty of summer left for outdoor fun!**

Before thoughts of fall start creeping in, remember there's still an entire month of heat, sunshine and beautiful outdoor spaces left to enjoy. How will you spend it?

Whether you're planning a day at the lake, mapping your next hike or bike ride, searching out a fishing hot spot or looking for a brand-new way to enjoy Michigan's natural resources, there are nearly endless options to choose from.

No matter what you do or where you go, here are some things to keep in mind:

- [Keep yourself and others safe](#)
- [Be mindful of high water, beach warnings](#)
- [Find fantastic fishing not far from home](#)
- [Discover new adventures with park rentals](#)
- [Take in a shorebird show](#)

- [Need a break? Try a trail](#)

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## Keep yourself and others safe

If you're visiting a state park, face coverings are required in indoor public spaces, including restrooms/shower buildings, contact stations and visitor centers. This is true for crowded outdoor spaces, too (including, but not limited to, campgrounds and day-use areas) when proper social distancing of at least 6 feet cannot be maintained. For more information, see the DNR's [COVID-19 response page](#).

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## Be mindful of high water, beach warnings

Time on the water with family and friends is one of the best things about living in the Great Lakes State, but please put safety and common sense first. [Understand the risks of high-water areas and pay attention to the beach flag warning system](#) and know that conditions can quickly change. Fluctuating water levels can put even the strongest swimmers in danger, conceal hazards like fallen tree limbs and rocks, and make it difficult to navigate under low-hanging objects or around logjams. Most important, always wear a life jacket and use a flotation device when boating, canoeing, kayaking or paddle boarding, even if water seems calm.

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## Find fantastic fishing not far from home

Regardless of where you live in Michigan, you're never more than 6 miles from a body of water and some fab fishing opportunities. Find nearby fishing using our online map at [Michigan.gov/YourLocalOutdoors](https://Michigan.gov/YourLocalOutdoors). For tips on what's biting in your area, check out our [weekly fishing report](#). And don't forget your fishing license – you can buy it online at [Michigan.gov/DNRLicenses](https://Michigan.gov/DNRLicenses).

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## Discover new adventures with park rentals

If you want to head out for the day (or even a weekend) but don't have the gear to try something new, [we've got you covered](#). From horseback riding and water parks to kayaks and RVs and more, the DNR works with business partners to provide easy access to equipment rentals and other unique outdoor experiences in state parks and on trails and waterways.

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## Take in a shorebird show

It's still summer, but some birds are starting their fall migration. Shorebirds like sandpipers, plovers and sanderlings have raised their young and are on their way from the far north to their wintering grounds in the southern U.S. and central and south America. Great Lakes beaches and shorelines are prime viewing locations for these long-distance fliers. You might also spot them at large puddles in farm fields in inland locations. If you're new to birding, be sure to grab a field guide, some binoculars and maybe even a spotting scope to help you enjoy these energetic little birds. Michigan's [Wetland Wonders](#) are another great place to view shorebirds on their journey.

## Need a break? Try a trail

Sometimes you just want to get away from it all, right? The DNR manages more than 13,000 miles of trails that offer users of all types – hikers, off-roaders, horseback riders, mountain bikers and more – the space to get out and go. These welcoming places suit both trail newbies and veterans; just remember to treat the trails and other users with care and respect. Learn all about these outstanding resources at [Michigan.gov/DNRTrails](https://Michigan.gov/DNRTrails).

**DNR COVID-19 RESPONSE:** For details on affected DNR facilities and services, visit [this webpage](https://Michigan.gov/Coronavirus). Follow state actions and guidelines at [Michigan.gov/Coronavirus](https://Michigan.gov/Coronavirus).



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## Gaines, Rachelle

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**From:** Hoskins, William S.  
**Sent:** Monday, August 03, 2020 2:34 PM  
**To:** Bowen, Ken; Shaw, Chad  
**Subject:** FW: FYI - news release on migrant testing  
**Attachments:** JIC News Release 310 Emergency Order for Ag and food worker testing.doc

Sgt. William S. Hoskins  
Ionia County Sheriff's Office  
Emergency Management Division  
100 W. Main Street  
Ionia, MI 48846  
(616)527-8283 office  
(616)902-4652 cell  
[whoskins@ioniacounty.org](mailto:whoskins@ioniacounty.org)



**From:** MSP-SEOCOSC [mailto:MSP-SEOCOSC@michigan.gov]  
**Sent:** Monday, August 3, 2020 2:11 PM  
**To:** Albrecht, Cindy (DHHS) <albrehtc@michigan.gov>; Badgero, William (MDOS) <badgerow@michigan.gov>; Bahlau, Brian (MSP) <BahlauB@michigan.gov>; Bechler, Todd (MDOC) <bechlert@michigan.gov>; Bishop, Mark (MDCR) <BishopM3@michigan.gov>; Browne, Elizabeth (EGLE) <BROWNEE@michigan.gov>; Burgess, Louis (MDE) <burgessl@michigan.gov>; Carroll, Tim (OSE) <CARROLLT@michigan.gov>; Connell, Jefferey (TREASURY) <ConnellJ1@michigan.gov>; Cross, Ryan (DTMB) <CrossR1@michigan.gov>; Deacon, Brad (MDARD) <deaconb9@michigan.gov>; Dillinger, Zachary (DIFS) <DillingerZ@michigan.gov>; Dintenfass, Linda <linda.dintenfass2@redcross.org>; Doll, Jeanette (LARA) <dollj@michigan.gov>; Doll, Ryan (DTMB) <DollR@michigan.gov>; Eickholt, Jay (EGLE) <EickholtJ1@michigan.gov>; Lynne Feldpausch (MEDC) <feldpauschl@michigan.org>; Gorzynski, Mark (DMVA) <MARK.A.GORZYNSKI.MIL@MAIL.MIL>; Guerrant, Kyle (MDE) <GuerrantK@michigan.gov>; Hagler, Gary (DNR) <HAGLERG@michigan.gov>; Howd, Raymond (AG) <HowdR@michigan.gov>; Hudson, Chris (MSHDA) <HudsonC5@michigan.gov>; Hunt, April (MDARD) <hunta9@michigan.gov>; dkelley <dkelley@michmab.com>; Klipa, Dennis <klipadk@gmail.com>; Lenneman, Stephanie (MCSC) <LennemanS@michigan.gov>; Levy, Daniel (MDCR) <LevyD@michigan.gov>; Livingston, Christy (DHHS) <LivingstonC1@michigan.gov>; Lixey-Terrill, Jennifer (DHHS) <LixeyTerrillJ@michigan.gov>; MacDonellD@courts.mi.gov; Maczko, James <james.maczko@noaa.gov>; Manning, Peter (AG) <ManningP@michigan.gov>; Martin, Teri (LEO) <MartinT21@michigan.gov>; McNeely, Jacques (DTMB) <mneelyj@michigan.gov>; Miner, Krystle <krystle.s.miner@usace.army.mil>; Morese, Alexander (LARA) <moresea@michigan.gov>; Mraz, Frank <mrzaf@courts.mi.gov>; OrtJ@courts.mi.gov; Phifer, Eileen (MDOT) <PhiferE@michigan.gov>; Philip, Brandon (DTMB) <philipb@michigan.gov>; Pollman, Richard <richard.pollman@noaa.gov>; Proudfoot, Paul (LARA) <proudfootp@michigan.gov>; Rush, Brian (TREASURY) <RushB@michigan.gov>; Schmittdiel, Cheryl (OSE)

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**Subject:** FW: FYI - news release on migrant testing

FYI –

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# **NEWS RELEASE**

## **STATE EMERGENCY OPERATIONS CENTER**

**FOR IMMEDIATE RELEASE**  
**No. 310 – Aug. 3, 2020**

**For more information contact:**  
Lynn Sutfin  
517-241-2112

### **MDHHS Issues Order Requiring Testing of Agricultural and Food Processing Employees to Protect Health and Safety of Workers, Community**

**LANSING, MICH.** Michigan Department of Health and Human Services (MDHHS) Director Robert Gordon has issued an Emergency Order requiring COVID-19 testing for agricultural and food processing employees. The order makes Michigan a national leader in COVID-19 safety protections for agricultural and migrant workers, building on Executive Orders from Gov. Gretchen Whitmer requiring workplace safety measures in meat and poultry processing plants and safe housing for COVID positive migrant workers.

“The men and women who work in our fields and food processing plants are at particular risk for COVID-19, and they need and deserve protection,” said Gordon. “Today’s order will help to reduce the spread of COVID in communities across Michigan and reduce the pandemic’s disparate impact on Latinos.”

In recent weeks, there have been 11 identified outbreaks in farms and food processing plants in Michigan. In addition, Latinos are 5 percent of Michigan’s population but represent 11 percent of COVID cases in which the individual’s ethnicity is identified.

The order requires migrant housing camp operators to provide COVID-19 testing as follows:

- One-time baseline testing of all residents ages 18 and over.
- Testing of all new residents with 48 hours of arrival, with separate housing for newly arriving residents for 14 days and a second test 10 – 14 days after arrival.
- Testing of any resident with symptoms or exposure.

Employers of migrant or seasonal workers, meat, poultry and egg processing facilities and greenhouses with over 20 employees on-site at a time to provide COVID-19 testing as follows:

- One-time baseline testing of all workers.
- Testing of all new workers prior to any in-person work.
- Testing of any worker with symptoms or exposure.

“The department will work with employers and housing operators to ensure timely reporting of testing data and access to PPE so that together we can prevent further viral spread,” Gordon said.

“Ensuring the health and safety of Michigan’s essential food and agriculture workers is paramount to keeping our food supply chain moving,” said Gary McDowell, director of the Michigan Department of Agriculture and Rural Development. “These workers are our frontline staff who are a vital part of bringing our food from farm to plate.”

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"It is critical that we keep our workers and their families across the food and agriculture industry safe and healthy," said John Cakmakci, president of UFCW Local 951. "I applaud Directors Gordon and McDowell for their efforts to protect the people of Michigan and our economy."

[On July 28, the American Farm Bureau Federation and 30 U.S. produce industry organizations urged Congress to provide additional resources to assist growers in protecting their workforce from COVID-19.](#)

In a letter to Senate Majority Leader Mitch McConnell, Senate Minority Leader Chuck Schumer, Speaker of the House Nancy Pelosi and House Minority Leader Kevin McCarthy, the organizations requested additional access and resources for farmers to allow testing for farmworkers, priority access to PPE supplies and access to vaccine and/or medicines once available.

"Vital to these efforts have been the hardworking, skilled men and women who grow, harvest and ship our food – the farmworkers," the letter stated. "Collectively, we represent farmers who grow the majority of our nation's fruits, vegetables and tree nuts. They place the highest priority on the health and safety of their employees, taking extraordinary measures to insulate their employees from the risks of exposure to COVID-19."

Employers and housing operators must complete a plan by Aug. 10 for how they will conduct testing in compliance with this order. Completion of baseline testing and implementation of ongoing testing is required no later than Aug. 24.

Employers and housing operators have several options for completing the required testing, including contracting with a medical provider, occupational health provider or laboratory to arrange a testing program; requesting state assistance to conduct testing; or utilizing testing resources in the broader community. The state will provide testing support for employers or housing operators as its capacity allows and assist facilities in identifying other sources of testing capacity as needed.

MDHHS also released a [guidance document](#) for employers providing step-by-step information on how employers can complete testing and highlighting resources like grant funding and insurance coverage through Medicaid that can provide financial support for testing.

COVID positive and exposed residents would be required to isolate or quarantine until meeting the return-to-work criteria from the Centers for Disease Control and Prevention. MDHHS will be partnering with Community Action Agencies in impacted communities in order to provide food, housing, and economic support for workers who lose income due to testing.

Failure to comply with this order may result in the issuance of a civil monetary penalty under the authority of MCL 333.2262.

Information around this outbreak is changing rapidly. The latest information is available at [Michigan.gov/Coronavirus](http://Michigan.gov/Coronavirus) and [CDC.gov/Coronavirus](http://CDC.gov/Coronavirus).

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## Gaines, Rachelle

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**From:** Bowen, Ken  
**Sent:** Monday, August 03, 2020 2:42 PM  
**To:** Jill MacDougall  
**Subject:** FYI - news release  
**Attachments:** JIC News Release 310 Emergency Order for Ag and food worker testing.doc

Hello Jill – see attached. You know what I know at this point.

Ken

Ken Bowen  
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## Gaines, Rachelle

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Deming, Jon <[jon@ocems.com](mailto:jon@ocems.com)>; DeRosso, Heidi <[hderosso@gogebiccountymi.gov](mailto:hderosso@gogebiccountymi.gov)>; Dunham, Durk <[ddunham@calhouncountymi.gov](mailto:ddunham@calhouncountymi.gov)>; Duram, James <[Emergencymanagement@oceana.mi.us](mailto:Emergencymanagement@oceana.mi.us)>; Every, James <[jevory@ingham.org](mailto:jevory@ingham.org)>; Farole, Allison <[afarole@grand-rapids.mi.us](mailto:afarole@grand-rapids.mi.us)>; French, Bill <[frenchw@star.lcc.edu](mailto:frenchw@star.lcc.edu)>; Gavin, Lee <[lgavin@ci.dearborn-heights.mi.us](mailto:lgavin@ci.dearborn-heights.mi.us)>; Geyer, Paul <[pgeyer@deltacountymi.org](mailto:pgeyer@deltacountymi.org)>; Ginebaugh, Gregg <[gginebaugh@deltami.gov](mailto:gginebaugh@deltami.gov)>; Erin Goff <[goffe@stjosephcountymi.org](mailto:goffe@stjosephcountymi.org)>; Griffis, McCarther <[mgriffis@isabellacounty.org](mailto:mgriffis@isabellacounty.org)>; Haley, Paul <[phaley@trenton-mi.com](mailto:phaley@trenton-mi.com)>; Hall, Mark <[hallm@alpenacounty.org](mailto:hallm@alpenacounty.org)>; Halteman, David <[haltemand@ewashtenaw.org](mailto:haltemand@ewashtenaw.org)>; Hammond, Mark <[Mark\\_hammond@monroemi.org](mailto:Mark_hammond@monroemi.org)>; Hardesty, Thomas <[Hardestyt@oakgov.com](mailto:Hardestyt@oakgov.com)>; Hartshorne-Shafer, Linda <[Planningemd@missaukee.org](mailto:Planningemd@missaukee.org)>; Hayes, Willaim <[whayes@canton-mi.org](mailto:whayes@canton-mi.org)>; Helms, Thomas <[helms.thomas.em@gmail.com](mailto:helms.thomas.em@gmail.com)>; Hillman, Todd <[thillman@sanilacounty.net](mailto:thillman@sanilacounty.net)>; Holt, Patrick <[pholt@cheboygancounty.net](mailto:pholt@cheboygancounty.net)>; Hoskins, William S. <[whoskins@ioniacounty.org](mailto:whoskins@ioniacounty.org)>; Hubbard, Jeff <[baragaem@up.net](mailto:baragaem@up.net)>; Hubers, Rebecca <[rhubers@benzieco.net](mailto:rhubers@benzieco.net)>; Hunt, Lou <[lou.hunt@kentcountymi.gov](mailto:lou.hunt@kentcountymi.gov)>; Jaafar, Samer <[sjaafar@waynecounty.com](mailto:sjaafar@waynecounty.com)>; JNeufeld <[JNeufeld@fhgov.com](mailto:JNeufeld@fhgov.com)>; Jones, Vernon <[vjones@ironmi.org](mailto:vjones@ironmi.org)>; Kahn, Brian <[brian.kahn@livoniapd.com](mailto:brian.kahn@livoniapd.com)>; Kasper, Michael <[EMD49@mackinacounty.net](mailto:EMD49@mackinacounty.net)>; Kirk, Robert <[kirk@vbco.org](mailto:kirk@vbco.org)>; Kocher, Mike <[emontonagon@jamadots.com](mailto:emontonagon@jamadots.com)>; Lehman, John <[jlehman@grcity.us](mailto:jlehman@grcity.us)>; Lewis, Brandon <[brandon.lewis@macombgov.org](mailto:brandon.lewis@macombgov.org)>; Livingston, Christopher <[clivingston@warrenpd.org](mailto:clivingston@warrenpd.org)>; Maddox, Patrick <[pmaddox@co.lake.mi.us](mailto:pmaddox@co.lake.mi.us)>; ManzR <[ManzR@baycounty.net](mailto:ManzR@baycounty.net)>; Mary Piorunek <[johnmary1126@yahoo.com](mailto:johnmary1126@yahoo.com)>; Matynka, Paul <[pjmatynk@oaklandcc.edu](mailto:pjmatynk@oaklandcc.edu)>; McDonnell, Jill <[mcdonnellj@charlevoixcounty.org](mailto:mcdonnellj@charlevoixcounty.org)>; McKenzie, Mike <[mjmckenzie@battlecreekmi.gov](mailto:mjmckenzie@battlecreekmi.gov)>; Melching, Sarah <[picoesc@picounty.org](mailto:picoesc@picounty.org)>; Meyers, Larry <[meyerl009@detroitmi.gov](mailto:meyerl009@detroitmi.gov)>; Meyers, Leslie <[meyersl@antrimcounty.org](mailto:meyersl@antrimcounty.org)>; Miller, Randy <[millerr@co.huron.mi.us](mailto:millerr@co.huron.mi.us)>; Miner, Tim <[tminer@countyofbranch.com](mailto:tminer@countyofbranch.com)>; Morden, Daniel <[gratiotemd@gratiotmi.com](mailto:gratiotemd@gratiotmi.com)>; Morin, Michael <[mmorin@bloomfieldtpw.org](mailto:mmorin@bloomfieldtpw.org)>; Norman, Rick <[rnorman@a2gov.org](mailto:rnorman@a2gov.org)>; North, Robert <[rnorth@gladwincounty-mi.gov](mailto:rnorth@gladwincounty-mi.gov)>; northernd <[northernd@detroitmi.gov](mailto:northernd@detroitmi.gov)>; Oslund, Dave <[oslundda@gmail.com](mailto:oslundda@gmail.com)>; Patrick, Eric <[epatrick@craa.com](mailto:epatrick@craa.com)>; Peters, Sheila <[speters@algercounty.gov](mailto:speters@algercounty.gov)>; Philipps, Tom <[tphilipps@menomineeeco.com](mailto:tphilipps@menomineeeco.com)>; Piorunek, Mary <[mpiorunek@lapeercounty.org](mailto:mpiorunek@lapeercounty.org)>; Pratt, Douglas <[emergencymanagement@crawfordco.org](mailto:emergencymanagement@crawfordco.org)>; Przybylski, Mark <[mprzybylski@saginawcounty.com](mailto:mprzybylski@saginawcounty.com)>; Reimink, Elizabeth <[emergencymanagement@masoncounty.net](mailto:emergencymanagement@masoncounty.net)>; Rice, Scott <[srice@alcona-ems.com](mailto:srice@alcona-ems.com)>; Robbins, Michelle <[mrobbins@chippewacountymi.gov](mailto:mrobbins@chippewacountymi.gov)>; Sanford, H. Douglas <[d.sanford@co.hillsdale.mi.us](mailto:d.sanford@co.hillsdale.mi.us)>; Schlitt, Pete <[peteschlitt@gmail.com](mailto:peteschlitt@gmail.com)>; Schroeder, Scott <[sschroeder@co.mecosta.mi.us](mailto:sschroeder@co.mecosta.mi.us)>; Schwalbach, Teresa <[tschwalbach@mqtc.org](mailto:tschwalbach@mqtc.org)>; Smith, Bradley

<[bsmith@ci.dearborn.mi.us](mailto:bsmith@ci.dearborn.mi.us)>; Smith, David <[davids@cassco.org](mailto:davids@cassco.org)>; Smith, Eric <[esmith@montcalm.us](mailto:esmith@montcalm.us)>; Stanley, Jerry <[jstanley@montcounty.org](mailto:jstanley@montcounty.org)>; Sturdicant, Tadarial <[tsturdiv@waynecounty.com](mailto:tsturdiv@waynecounty.com)>; Tanis, Craig <[craig.tanis@lenawee.mi.us](mailto:craig.tanis@lenawee.mi.us)>; [tcemanderson@tuscolacounty.org](mailto:tcemanderson@tuscolacounty.org); Thompson, Michael <[mthompson@kalso.org](mailto:mthompson@kalso.org)>; Torrey, Jason <[torreyj@manisteesherriff.org](mailto:torreyj@manisteesherriff.org)>; Jon Unruh <[junruh@fhgov.com](mailto:junruh@fhgov.com)>; VanArsdale,Chris <[oem@houghtoncounty.net](mailto:oem@houghtoncounty.net)>; Warner, Richard <[warnerri@co.muskegon.mi.us](mailto:warnerri@co.muskegon.mi.us)>; Watkins, Abby <[abbym@co.newaygo.mi.us](mailto:abbym@co.newaygo.mi.us)>; Watkins, Mark <[osceolaemd@gmail.com](mailto:osceolaemd@gmail.com)>; Weiss, Jeff <[jweiss@shiawassee.net](mailto:jweiss@shiawassee.net)>; Wells, Paul <[pwells@bhamgov.org](mailto:pwells@bhamgov.org)>; Wendt, Hunter <[wendth@macomb.edu](mailto:wendth@macomb.edu)>; Westmiller, Justin <[jwestmiller@stclaircounty.org](mailto:jwestmiller@stclaircounty.org)>; Wilkinson, Ryan <[rwilkinson@eatoncounty.org](mailto:rwilkinson@eatoncounty.org)>; Wilson, Brent <[luce911em@lighthouse.net](mailto:luce911em@lighthouse.net)>; Wilson, Jeff <[JWilson@co.genesee.mi.us](mailto:JWilson@co.genesee.mi.us)>; Wriggelsworth, Scott <[swriggelsworth@ingham.org](mailto:swriggelsworth@ingham.org)>; Yarger, Jim <[jyarger@barrycounty.org](mailto:jyarger@barrycounty.org)>; Barker, Charles (MSP) <[BarkerC@michigan.gov](mailto:BarkerC@michigan.gov)>; Decastro, Michael (MSP) <[DecastroM@michigan.gov](mailto:DecastroM@michigan.gov)>; Derusha, Steve (MSP) <[DerushaS1@michigan.gov](mailto:DerushaS1@michigan.gov)>; High, Kenneth (MSP) <[HighK@michigan.gov](mailto:HighK@michigan.gov)>; Ketvirtis, Timothy (MSP) <[KetvirtisT@michigan.gov](mailto:KetvirtisT@michigan.gov)>; McQueen, Nate (MSP) <[McQueenN@michigan.gov](mailto:McQueenN@michigan.gov)>; Theaker, Orville (MSP) <[TheakerO@michigan.gov](mailto:TheakerO@michigan.gov)>; Vashaw, Cecil (MSP) <[VashawC@michigan.gov](mailto:VashawC@michigan.gov)>; Yonker, Jeffery (MSP) <[YonkerJ@michigan.gov](mailto:YonkerJ@michigan.gov)>

**Cc:** Blake, Alvin <[alvin.blake@fema.dhs.gov](mailto:alvin.blake@fema.dhs.gov)>

**Subject:** FW: FYI - news release on migrant testing

FYI –

Lt. Michele Sosinski  
Operations Section Chief  
State Emergency Operations Center  
Michigan State Police  
Emergency Management & Homeland Security Division  
517-284-3888  
[MSP-SEOCOSC@michigan.gov](mailto:MSP-SEOCOSC@michigan.gov)

## Gaines, Rachelle

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**From:** Bowen, Ken  
**Sent:** Monday, August 03, 2020 3:09 PM  
**To:** Keefer, Aimee  
**Subject:** FW: FYI - news release on migrant testing  
**Attachments:** JIC News Release 310 Emergency Order for Ag and food worker testing.doc

If you still have a contact at Belleharvest can you forward on?

Ken Bowen  
Health Officer/Director of Environmental Health  
Ionia County Health Department  
(616) 527-5341  
(616) 527-8202 (fax)

## Gaines, Rachelle

---

**From:** Bowen, Ken  
**Sent:** Monday, August 03, 2020 3:19 PM  
**To:** 'mho'  
**Subject:** FYI - news release on migrant testing  
**Attachments:** JIC News Release 310 Emergency Order for Ag and food worker testing.doc

FYI

Ken Bowen  
Health Officer/Director of Environmental Health  
Ionia County Health Department  
(616) 527-5341  
(616) 527-8202 (fax)

## Gaines, Rachelle

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**From:** postmaster@kalcounty.com  
**To:** jaruth@kalcounty.com  
**Sent:** Monday, August 03, 2020 3:19 PM  
**Subject:** Undeliverable: FYI - news release on migrant testing

### Delivery has failed to these recipients or groups:

[jaruth@kalcounty.com](mailto:jaruth@kalcounty.com)

Your message wasn't delivered due to a permission or security issue. It may have been rejected by a moderator, the address may only accept e-mail from certain senders, or another restriction may be preventing delivery.

### Diagnostic information for administrators:

Generating server: DM6PR09MB3626.namprd09.prod.outlook.com

jaruth@kalcounty.com

# < #5.7.1 smtp;550 5.7.1 TRANSPORT.RULES.RejectMessage; the message was rejected by organization policy >  
#SMTP#

### Original message headers:

ARC-Seal: i=2; a=rsa-sha256; s=arcselector9901; d=microsoft.com; cv=pass;

b=BpckrksL4bzqJqzw82MMU/UrlzoADnVFYXRb1GnraiIbrf1QiisKE6jX8cJvT5CTEgTILb6DcIO3VmXkcKWckxgs  
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ARC-Message-Signature: i=2; a=rsa-sha256; c=relaxed/relaxed; d=microsoft.com;  
s=arcselector9901;

h=From:Date:Subject:Message-ID:Content-Type:MIME-Version:X-MS-Exchange-SenderADCheck;  
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ARC-Authentication-Results: i=2; mx.microsoft.com 1; spf=pass (sender ip is  
40.107.243.105) smtp.rcpttodomain=kalcounty.com smtp.mailfrom=malph.org;  
dmarc=none action=none header.from=ioniacounty.org; dkim=pass (signature was  
verified) header.d=malph.onmicrosoft.com; arc=pass (0 oda=0 ltdi=1)

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by DM6PR09MB3626.namprd09.prod.outlook.com (2603:10b6:5:16b::33) with  
Microsoft SMTP Server (version=TLS1\_2,  
cipher=TLS\_ECDHE\_RSA\_WITH\_AES\_256\_GCM\_SHA384) id 15.20.3239.17; Mon, 3 Aug  
2020 19:19:08 +0000

Received: from BLOGCC02FT015.eop-gcc02.prod.protection.outlook.com  
(2a01:111:f400:7d05::201) by MWHPR09CA0034.outlook.office365.com



(2603:10b6:300:6d::20) with Microsoft SMTP Server (version=TLS1\_2, cipher=TLS\_ECDHE\_RSA\_WITH\_AES\_256\_GCM\_SHA384) id 15.20.3239.16 via Frontend Transport; Mon, 3 Aug 2020 19:19:08 +0000

Authentication-Results: spf=pass (sender IP is 40.107.243.105) smtp.mailfrom=malph.org; kalcounty.com; dkim=pass (signature was verified) header.d=malph.onmicrosoft.com; kalcounty.com; dmarc=none action=none header.from=ioniacounty.org;

Received-SPF: Pass (protection.outlook.com: domain of malph.org designates 40.107.243.105 as permitted sender) receiver=protection.outlook.com; client-ip=40.107.243.105; helo=NAM12-DM6-obe.outbound.protection.outlook.com;

Received: from NAM12-DM6-obe.outbound.protection.outlook.com (40.107.243.105) by BLOGCC02FT015.mail.protection.outlook.com (10.97.10.146) with Microsoft SMTP Server (version=TLS1\_2, cipher=TLS\_ECDHE\_RSA\_WITH\_AES\_256\_GCM\_SHA384) id 15.20.3239.16 via Frontend Transport; Mon, 3 Aug 2020 19:19:07 +0000

ARC-Seal: i=1; a=rsa-sha256; s=arcselector9901; d=microsoft.com; cv=none;

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ARC-Message-Signature: i=1; a=rsa-sha256; c=relaxed/relaxed; d=microsoft.com; s=arcselector9901;

h=From:Date:Subject:Message-ID:Content-Type:MIME-Version:X-MS-Exchange-SenderADCheck; bh=z5gOfQ0IeruKwBplqek29HGxpLQKOPqnfFtiwhkcUAU=;

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ARC-Authentication-Results: i=1; mx.microsoft.com 1; spf=none; dmarc=none; dkim=none; arc=none

DKIM-Signature: v=1; a=rsa-sha256; c=relaxed/relaxed; d=malph.onmicrosoft.com; s=selector2-malph-onmicrosoft-com;

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Received: from DM6NAM12FT015.eop-nam12.prod.protection.outlook.com (2603:10b6:5:1b4:cafe::98) by DM6PR02CA0137.outlook.office365.com (2603:10b6:5:1b4::39) with Microsoft SMTP Server (version=TLS1\_2, cipher=TLS\_ECDHE\_RSA\_WITH\_AES\_256\_GCM\_SHA384) id 15.20.3239.17 via Frontend Transport; Mon, 3 Aug 2020 19:19:03 +0000

Authentication-Results-Original: spf=pass (sender IP is 66.39.252.39) smtp.mailfrom=ioniacounty.org; malph.org; dkim=none (message not signed) header.d=none; malph.org; dmarc=bestguesspass action=none header.from=ioniacounty.org;

Received-SPF: Pass (protection.outlook.com: domain of ioniacounty.org designates 66.39.252.39 as permitted sender) receiver=protection.outlook.com; client-ip=66.39.252.39; helo=mailgate01.ioniacounty.org;

Received: from mailgate01.ioniacounty.org (66.39.252.39) by DM6NAM12FT015.mail.protection.outlook.com (10.13.179.131) with Microsoft SMTP Server id 15.20.3261.10 via Frontend Transport; Mon, 3 Aug 2020 19:19:03 +0000

X-ASG-Debug-ID: 1596482342-0b42394d9f07750001-66UE0R

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<mho@malph.org>; Mon, 03 Aug 2020 15:19:02 -0400 (EDT)  
X-Barracuda-Envelope-From: kbowen@ioniacounty.org  
X-ASG-Whitelist: Sender  
X-ASG-Whitelist: Client  
Received: from ZEUS.ioniacounty.local ([:1]) by zeus.ioniacounty.local  
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From: "Bowen, Ken" <kbowen@ioniacounty.org>  
To: 'mho' <mho@malph.org>  
Subject: FYI - news release on migrant testing  
Thread-Topic: FYI - news release on migrant testing  
X-ASG-Orig-Subj: FYI - news release on migrant testing  
Thread-Index: AdZpvpfoqfa3xbG4RBaL+6EDmY2MvwAAqAqQAADW8FAAAAY8D4A==  
Date: Mon, 3 Aug 2020 19:19:00 +0000  
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References:  
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X-MS-Office365-Filtering-Correlation-Id-Prvs: 6b8f276f-dd34-43af-652c-08d837e21549

## Gaines, Rachelle

---

**From:** Bowen, Ken  
**Sent:** Monday, August 03, 2020 3:25 PM  
**To:** Keefer, Aimee  
**Subject:** RE: FYI - news release on migrant testing

Thank you

**From:** Keefer, Aimee <[akeefer@ioniacounty.org](mailto:akeefer@ioniacounty.org)>  
**Sent:** Monday, August 3, 2020 3:20 PM  
**To:** Bowen, Ken <[kbowen@ioniacounty.org](mailto:kbowen@ioniacounty.org)>  
**Subject:** RE: FYI - news release on migrant testing

Yes I do...will forward to them.

**From:** Bowen, Ken <[kbowen@ioniacounty.org](mailto:kbowen@ioniacounty.org)>  
**Sent:** Monday, August 3, 2020 3:09 PM  
**To:** Keefer, Aimee <[akeefer@ioniacounty.org](mailto:akeefer@ioniacounty.org)>  
**Subject:** FW: FYI - news release on migrant testing

If you still have a contact at Belleharvest can you forward on?

Ken Bowen  
Health Officer/Director of Environmental Health  
Ionia County Health Department  
(616) 527-5341  
(616) 527-8202 (fax)

## Gaines, Rachelle

---

**From:** Jodie Shaver <jshaver@malph.org>  
**Sent:** Monday, August 03, 2020 3:49 PM  
**To:** mho; MALEHA Forum  
**Subject:** FW: MDHHS Issues Order Requiring Testing of Agricultural and Food Processing Employees to Protect Health and Safety of Workers, Community

Jodie Shaver, GMS  
Member Services Director/Event Coordinator  
Michigan Association For Local Public Health  
P.O. Box 13276  
Lansing, MI 48901  
Phone: 517-485-0660  
Fax:517-485-6412  
[www.malph.org](http://www.malph.org)

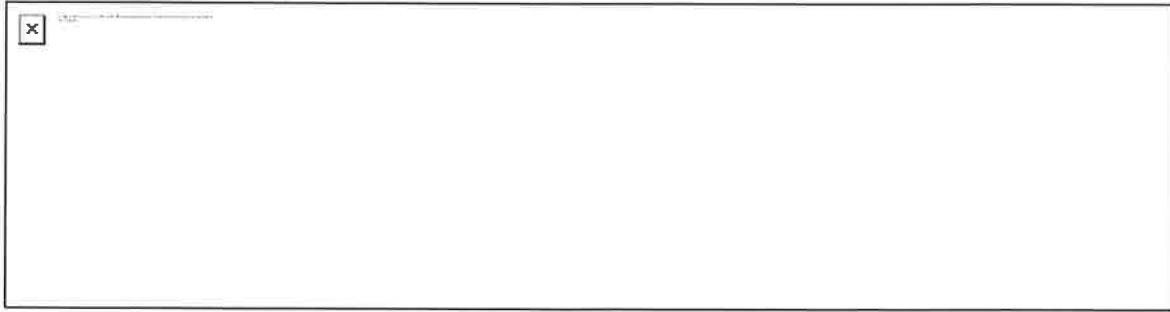


**From:** Dunleavy, Sean (MDARD) <dunleavys@michigan.gov>  
**Sent:** Monday, August 03, 2020 3:47 PM  
**To:** Jodie Shaver <jshaver@malph.org>; Meghan Swain <mswain@malph.org>  
**Cc:** philibeckt1 <philibeckt1@michigan.gov>  
**Subject:** FW: MDHHS Issues Order Requiring Testing of Agricultural and Food Processing Employees to Protect Health and Safety of Workers, Community

FYI

**From:** Michigan Dept of Agriculture & Rural Development <[MDARD@govsubscriptions.michigan.gov](mailto:MDARD@govsubscriptions.michigan.gov)>  
**Sent:** Monday, August 3, 2020 3:37 PM  
**To:** Dunleavy, Sean (MDARD) <[dunleavys@michigan.gov](mailto:dunleavys@michigan.gov)>  
**Subject:** MDHHS Issues Order Requiring Testing of Agricultural and Food Processing Employees to Protect Health and Safety of Workers, Community

*This release is being sent as a public service on behalf of the State Emergency Operations Center (SEOC)/Michigan Joint Information Center (JIC).*



## **MDHHS Issues Order Requiring Testing of Agricultural and Food Processing Employees to Protect Health and Safety of Workers, Community**

**FOR IMMEDIATE RELEASE**  
**No. 310 - August 3, 2020**

**For more information contact:**  
[Lynn Sutfin](mailto:Lynn.Sutfin@mdhhs.gov), 517-241-2112

**LANSING, MICH.** Michigan Department of Health and Human Services (MDHHS) Director Robert Gordon has issued an [Emergency Order](#) requiring COVID-19 testing for agricultural and food processing employees. The order makes Michigan a national leader in COVID-19 safety protections for agricultural and migrant workers, building on Executive Orders from Gov. Gretchen Whitmer requiring workplace safety measures in meat and poultry processing plants and safe housing for COVID positive migrant workers.

"The men and women who work in our fields and food processing plants are at particular risk for COVID-19, and they need and deserve protection," said Gordon. "Today's order will help to reduce the spread of COVID in communities across Michigan and reduce the pandemic's disparate impact on Latinos."

In recent weeks, there have been 11 identified outbreaks in farms and food processing plants in Michigan. In addition, Latinos are 5 percent of Michigan's population but represent 11 percent of COVID cases in which the individual's ethnicity is identified.

The order requires migrant housing camp operators to provide COVID-19 testing as follows:

- One-time baseline testing of all residents ages 18 and over.
- Testing of all new residents with 48 hours of arrival, with separate housing for newly arriving residents for 14 days and a second test 10 – 14 days after arrival.
- Testing of any resident with symptoms or exposure.

Employers of migrant or seasonal workers, meat, poultry and egg processing facilities and greenhouses with over 20 employees on-site at a time to provide COVID-19 testing as follows:

- One-time baseline testing of all workers.
- Testing of all new workers prior to any in-person work.
- Testing of any worker with symptoms or exposure.

"The department will work with employers and housing operators to ensure timely reporting of testing data and access to PPE so that together we can prevent further viral spread," Gordon said.

"Ensuring the health and safety of Michigan's essential food and agriculture workers is paramount to keeping our food supply chain moving," said Gary McDowell, director of the Michigan Department of Agriculture and Rural Development. "These workers are our frontline staff who are a vital part of

bringing our food from farm to plate.” “It is critical that we keep our workers and their families across the food and agriculture industry safe and healthy,” said John Cakmakci, president of UFCW Local 951. “I applaud Directors Gordon and McDowell for their efforts to protect the people of Michigan and our economy.”

[On July 28, the American Farm Bureau Federation and 30 U.S. produce industry organizations urged](#) Congress to provide additional resources to assist growers in protecting their workforce from COVID-19.

In a letter to Senate Majority Leader Mitch McConnell, Senate Minority Leader Chuck Schumer, Speaker of the House Nancy Pelosi and House Minority Leader Kevin McCarthy, the organizations requested additional access and resources for farmers to allow testing for farmworkers, priority access to PPE supplies and access to vaccine and/or medicines once available.

“Vital to these efforts have been the hardworking, skilled men and women who grow, harvest and ship our food – the farmworkers,” the letter stated. “Collectively, we represent farmers who grow the majority of our nation’s fruits, vegetables and tree nuts. They place the highest priority on the health and safety of their employees, taking extraordinary measures to insulate their employees from the risks of exposure to COVID-19.”

Employers and housing operators must complete a plan by Aug. 10 for how they will conduct testing in compliance with this order. Completion of baseline testing and implementation of ongoing testing is required no later than Aug. 24.

Employers and housing operators have several options for completing the required testing, including contracting with a medical provider, occupational health provider or laboratory to arrange a testing program; requesting state assistance to conduct testing; or utilizing testing resources in the broader community. The state will provide testing support for employers or housing operators as its capacity allows and assist facilities in identifying other sources of testing capacity as needed.

MDHHS also released a [guidance document](#) for employers providing step-by-step information on how employers can complete testing and highlighting resources like grant funding and insurance coverage through Medicaid that can provide financial support for testing.

COVID positive and exposed residents would be required to isolate or quarantine until meeting the return-to-work criteria from the Centers for Disease Control and Prevention. MDHHS will be partnering with Community Action Agencies in impacted communities in order to provide food, housing, and economic support for workers who lose income due to testing.

Failure to comply with this order may result in the issuance of a civil monetary penalty under the authority of MCL 333.2262.

Information around this outbreak is changing rapidly. The latest information is available at [Michigan.gov/Coronavirus](http://Michigan.gov/Coronavirus) and [CDC.gov/Coronavirus](http://CDC.gov/Coronavirus).

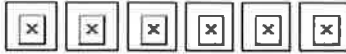
###

[JIC News Release 310 - MDHHS Issues Order Requiring Testing of Agricultural and Food Processing Employees to Protect Health and Safety.pdf](#)



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This email was sent to [dunleavys@michigan.gov](mailto:dunleavys@michigan.gov) using GovDelivery Communications Cloud on behalf of: Michigan Dept of Agriculture & Rural Development  
• P.O. Box 30017 • Lansing, MI 48909 • 1-800-292-3939



## Gaines, Rachelle

---

**From:** Rashmi Travis <rtravis@mijackson.org>  
**Sent:** Monday, August 03, 2020 5:08 PM  
**To:** Bowen, Ken; 'mho'  
**Subject:** RE: FYI - news release on migrant testing

Ken and et al,

Thanks for sharing. So if I am reading correctly—does this apply to only migrant camps or agriculture and food processing facilities in general too?

Thanks,  
Rashmi

**From:** Bowen, Ken <[kbowen@ioniacounty.org](mailto:kbowen@ioniacounty.org)>  
**Sent:** Monday, August 3, 2020 3:19 PM  
**To:** 'mho' <[mho@malph.org](mailto:mho@malph.org)>  
**Subject:** FYI - news release on migrant testing

FYI

Ken Bowen  
Health Officer/Director of Environmental Health  
Ionia County Health Department  
(616) 527-5341  
(616) 527-8202 (fax)

## Gaines, Rachelle

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**From:** Bowen, Ken  
**Sent:** Tuesday, August 04, 2020 8:20 AM  
**To:** Gross, Diane  
**Subject:** FW: FYI - news release on migrant testing  
**Attachments:** JIC News Release 310 Emergency Order for Ag and food worker testing.doc; 2020.08.03\_-\_Agricultural\_Testing\_Implementation\_Guidance\_vF\_698100\_7.pdf\_

Docs to send to the dairy farms –second doc is a PDF, not sure why it isn't showing.

**From:** Hoskins, William S. <whoskins@ioniacounty.org>  
**Sent:** Monday, August 3, 2020 2:34 PM  
**To:** Bowen, Ken <kbowen@ioniacounty.org>; Shaw, Chad <cshaw@ioniacounty.org>  
**Subject:** FW: FYI - news release on migrant testing

Sgt. William S. Hoskins  
Ionia County Sheriff's Office  
Emergency Management Division  
100 W. Main Street  
Ionia, MI 48846  
(616)527-8283 office  
(616)902-4652 cell  
[whoskins@ioniacounty.org](mailto:whoskins@ioniacounty.org)



**From:** MSP-SEOCOSC [<mailto:MSP-SEOCOSC@michigan.gov>]  
**Sent:** Monday, August 3, 2020 2:11 PM  
**To:** Albrecht, Cindy (DHHS) <[albrecht@michigan.gov](mailto:albrecht@michigan.gov)>; Badgero, William (MDOS) <[badgerow@michigan.gov](mailto:badgerow@michigan.gov)>; Bahlau, Brian (MSP) <[BahlauB@michigan.gov](mailto:BahlauB@michigan.gov)>; Bechler, Todd (MDOC) <[bechlert@michigan.gov](mailto:bechlert@michigan.gov)>; Bishop, Mark (MDCR) <[BishopM3@michigan.gov](mailto:BishopM3@michigan.gov)>; Browne, Elizabeth (EGLE) <[BROWNEE@michigan.gov](mailto:BROWNEE@michigan.gov)>; Burgess, Louis (MDE) <[burgessl@michigan.gov](mailto:burgessl@michigan.gov)>; Carroll, Tim (OSE) <[CARROLLT@michigan.gov](mailto:CARROLLT@michigan.gov)>; Connell, Jefferey (TREASURY) <[ConnellJ1@michigan.gov](mailto:ConnellJ1@michigan.gov)>; Cross, Ryan (DTMB) <[CrossR1@michigan.gov](mailto:CrossR1@michigan.gov)>; Deacon, Brad (MDARD) <[deaconb9@michigan.gov](mailto:deaconb9@michigan.gov)>; Dillinger, Zachary (DIFS) <[DillingerZ@michigan.gov](mailto:DillingerZ@michigan.gov)>; Dintenfass, Linda <[linda.dintenfass2@redcross.org](mailto:linda.dintenfass2@redcross.org)>; Doll, Jeanette (LARA) <[dollj@michigan.gov](mailto:dollj@michigan.gov)>; Doll, Ryan (DTMB) <[DollR@michigan.gov](mailto:DollR@michigan.gov)>; Eickholt, Jay (EGLE) <[EickholtJ1@michigan.gov](mailto:EickholtJ1@michigan.gov)>; Lynne Feldpausch (MEDC) <[feldpauschl@michigan.gov](mailto:feldpauschl@michigan.gov)>; Gorzynski, Mark (DMVA) <[MARK.A.GORZYNSKI.MIL@MAIL.MIL](mailto:MARK.A.GORZYNSKI.MIL@MAIL.MIL)>; Guerrant, Kyle (MDE) <[GuerrantK@michigan.gov](mailto:GuerrantK@michigan.gov)>; Hagler, Gary (DNR) <[HAGLERG@michigan.gov](mailto:HAGLERG@michigan.gov)>; Howd, Raymond (AG) <[HowdR@michigan.gov](mailto:HowdR@michigan.gov)>; Hudson, Chris (MSHDA) <[HudsonC5@michigan.gov](mailto:HudsonC5@michigan.gov)>; Hunt, April (MDARD) <[hunta9@michigan.gov](mailto:hunta9@michigan.gov)>; dkelly <[dkelley@michmab.com](mailto:dkelley@michmab.com)>; Klipa, Dennis <[klipadk@gmail.com](mailto:klipadk@gmail.com)>; Lenneman, Stephanie

(MCSC) <[LennemanS@michigan.gov](mailto:LennemanS@michigan.gov)>; Levy, Daniel (MDCR) <[LevyD@michigan.gov](mailto:LevyD@michigan.gov)>; Livingston, Christy (DHHS) <[LivingstonC1@michigan.gov](mailto:LivingstonC1@michigan.gov)>; Lixey-Terrill, Jennifer (DHHS) <[LixeyTerrillJ@michigan.gov](mailto:LixeyTerrillJ@michigan.gov)>; [MacDonellD@courts.mi.gov](mailto:MacDonellD@courts.mi.gov); Maczko, James <[james.maczko@noaa.gov](mailto:james.maczko@noaa.gov)>; Manning, Peter (AG) <[ManningP@michigan.gov](mailto:ManningP@michigan.gov)>; Martin, Teri (LEO) <[MartinT21@michigan.gov](mailto:MartinT21@michigan.gov)>; McNeely, Jacques (DTMB) <[mcneelyj@michigan.gov](mailto:mcneelyj@michigan.gov)>; Miner, Krystle <[krystle.s.miner@usace.army.mil](mailto:krystle.s.miner@usace.army.mil)>; Morese, Alexander (LARA) <[moresea@michigan.gov](mailto:moresea@michigan.gov)>; Mraz, Frank <[mrazf@courts.mi.gov](mailto:mrazf@courts.mi.gov)>; [OrtJ@courts.mi.gov](mailto:OrtJ@courts.mi.gov); Phifer, Eileen (MDOT) <[PhiferE@michigan.gov](mailto:PhiferE@michigan.gov)>; Philip, Brandon (DTMB) <[philipb@michigan.gov](mailto:philipb@michigan.gov)>; Pollman, Richard <[richard.pollman@noaa.gov](mailto:richard.pollman@noaa.gov)>; Proudfoot, Paul (LARA) <[proudfootp@michigan.gov](mailto:proudfootp@michigan.gov)>; Rush, Brian (TREASURY) <[RushB@michigan.gov](mailto:RushB@michigan.gov)>; Schmittziel, Cheryl (OSE) <[schmittzielc@michigan.gov](mailto:schmittzielc@michigan.gov)>; Searles, Ann (LARA) <[SearlesA@michigan.gov](mailto:SearlesA@michigan.gov)>; Sehlmeier, Kevin (LARA) <[SehlmeierK@michigan.gov](mailto:SehlmeierK@michigan.gov)>; Simon, David (MSP) <[SimonD5@michigan.gov](mailto:SimonD5@michigan.gov)>; [sean.m.southworth.mil](mailto:sean.m.southworth.mil) <[sean.m.southworth.mil@mail.mil](mailto:sean.m.southworth.mil@mail.mil)>; Spata, Paul <[paul.spata@redcross.org](mailto:paul.spata@redcross.org)>; Stine, Allison <[allison.t.stein.mil@mail.mil](mailto:allison.t.stein.mil@mail.mil)>; Tanner, Lindsay (MCSC) <[TannerL@michigan.gov](mailto:TannerL@michigan.gov)>; Thelen, Richard (DHHS) <[ThelenR4@michigan.gov](mailto:ThelenR4@michigan.gov)>; Totten, Mark <[TottenM1@michigan.gov](mailto:TottenM1@michigan.gov)>; Travelbee, Brent (MDOC) <[TravelbeeB@michigan.gov](mailto:TravelbeeB@michigan.gov)>; Trierweiler, Dan (MDOS) <[TrierweilerD1@michigan.gov](mailto:TrierweilerD1@michigan.gov)>; Vallier, Connie (MDOT) <[VallierC@michigan.gov](mailto:VallierC@michigan.gov)>; [karolewhite@karmab.com](mailto:karolewhite@karmab.com); Dave Wilcox (MEDC) <[wilcoxd7@michigan.org](mailto:wilcoxd7@michigan.org)>; Wilson, Sally (LARA) <[WilsonS46@michigan.gov](mailto:WilsonS46@michigan.gov)>; Wolf, Jennifer (DNR) <[WOLFJ1@michigan.gov](mailto:WOLFJ1@michigan.gov)>; Yoakam, Jeff <[jeffry.a.yoakam@usace.army.mil](mailto:jeffry.a.yoakam@usace.army.mil)>; Abbot, Erick <[abbotte@iosco911.com](mailto:abbotte@iosco911.com)>; Ansorge, Matt <[mansorge@co.leelanau.mi.us](mailto:mansorge@co.leelanau.mi.us)>; Baker, Travis <[tbaker@wexfordcounty.org](mailto:tbaker@wexfordcounty.org)>; 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**Cc:** Blake, Alvin <[alvin.blake@fema.dhs.gov](mailto:alvin.blake@fema.dhs.gov)>

**Subject:** FW: FYI - news release on migrant testing

FYI –

Lt. Michele Sosinski  
Operations Section Chief  
State Emergency Operations Center  
Michigan State Police  
Emergency Management & Homeland Security Division  
517-284-3888  
[MSP-SEOCOSC@michigan.gov](mailto:MSP-SEOCOSC@michigan.gov)



# **NEWS RELEASE**

## **STATE EMERGENCY OPERATIONS CENTER**

**FOR IMMEDIATE RELEASE**  
**No. 310 – Aug. 3, 2020**

**For more information contact:**

Lynn Sutfin  
517-241-2112

### **MDHHS Issues Order Requiring Testing of Agricultural and Food Processing Employees to Protect Health and Safety of Workers, Community**

**LANSING, MICH.** Michigan Department of Health and Human Services (MDHHS) Director Robert Gordon has issued an Emergency Order requiring COVID-19 testing for agricultural and food processing employees. The order makes Michigan a national leader in COVID-19 safety protections for agricultural and migrant workers, building on Executive Orders from Gov. Gretchen Whitmer requiring workplace safety measures in meat and poultry processing plants and safe housing for COVID positive migrant workers.

"The men and women who work in our fields and food processing plants are at particular risk for COVID-19, and they need and deserve protection," said Gordon. "Today's order will help to reduce the spread of COVID in communities across Michigan and reduce the pandemic's disparate impact on Latinos."

In recent weeks, there have been 11 identified outbreaks in farms and food processing plants in Michigan. In addition, Latinos are 5 percent of Michigan's population but represent 11 percent of COVID cases in which the individual's ethnicity is identified.

The order requires migrant housing camp operators to provide COVID-19 testing as follows:

- One-time baseline testing of all residents ages 18 and over.
- Testing of all new residents with 48 hours of arrival, with separate housing for newly arriving residents for 14 days and a second test 10 – 14 days after arrival.
- Testing of any resident with symptoms or exposure.

Employers of migrant or seasonal workers, meat, poultry and egg processing facilities and greenhouses with over 20 employees on-site at a time to provide COVID-19 testing as follows:

- One-time baseline testing of all workers.
- Testing of all new workers prior to any in-person work.
- Testing of any worker with symptoms or exposure.

"The department will work with employers and housing operators to ensure timely reporting of testing data and access to PPE so that together we can prevent further viral spread," Gordon said.

"Ensuring the health and safety of Michigan's essential food and agriculture workers is paramount to keeping our food supply chain moving," said Gary McDowell, director of the Michigan Department of Agriculture and Rural Development. "These workers are our frontline staff who are a vital part of bringing our food from farm to plate."

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"It is critical that we keep our workers and their families across the food and agriculture industry safe and healthy," said John Cakmakci, president of UFCW Local 951. "I applaud Directors Gordon and McDowell for their efforts to protect the people of Michigan and our economy."

[On July 28, the American Farm Bureau Federation and 30 U.S. produce industry organizations urged Congress to provide additional resources to assist growers in protecting their workforce from COVID-19.](#)

In a letter to Senate Majority Leader Mitch McConnell, Senate Minority Leader Chuck Schumer, Speaker of the House Nancy Pelosi and House Minority Leader Kevin McCarthy, the organizations requested additional access and resources for farmers to allow testing for farmworkers, priority access to PPE supplies and access to vaccine and/or medicines once available.

"Vital to these efforts have been the hardworking, skilled men and women who grow, harvest and ship our food – the farmworkers," the letter stated. "Collectively, we represent farmers who grow the majority of our nation's fruits, vegetables and tree nuts. They place the highest priority on the health and safety of their employees, taking extraordinary measures to insulate their employees from the risks of exposure to COVID-19."

Employers and housing operators must complete a plan by Aug. 10 for how they will conduct testing in compliance with this order. Completion of baseline testing and implementation of ongoing testing is required no later than Aug. 24.

Employers and housing operators have several options for completing the required testing, including contracting with a medical provider, occupational health provider or laboratory to arrange a testing program; requesting state assistance to conduct testing; or utilizing testing resources in the broader community. The state will provide testing support for employers or housing operators as its capacity allows and assist facilities in identifying other sources of testing capacity as needed.

MDHHS also released a [guidance document](#) for employers providing step-by-step information on how employers can complete testing and highlighting resources like grant funding and insurance coverage through Medicaid that can provide financial support for testing.

COVID positive and exposed residents would be required to isolate or quarantine until meeting the return-to-work criteria from the Centers for Disease Control and Prevention. MDHHS will be partnering with Community Action Agencies in impacted communities in order to provide food, housing, and economic support for workers who lose income due to testing.

Failure to comply with this order may result in the issuance of a civil monetary penalty under the authority of MCL 333.2262.

Information around this outbreak is changing rapidly. The latest information is available at [Michigan.gov/Coronavirus](http://Michigan.gov/Coronavirus) and [CDC.gov/Coronavirus](http://CDC.gov/Coronavirus).

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## Gaines, Rachelle

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**From:** Bowen, Ken  
**Sent:** Tuesday, August 04, 2020 8:20 AM  
**To:** Gross, Diane  
**Subject:** FW: Hispanic Outreach  
**Attachments:** dairy Labels 1-16.doc; Dairy Labels 17-30.doc; Dairy Labels 45-50.doc; Dairy Farm Mailing.docx; Orchard Labels.doc

**From:** Hoskins, William S. <[whoskins@ioniacounty.org](mailto:whoskins@ioniacounty.org)>  
**Sent:** Wednesday, June 10, 2020 3:04 PM  
**To:** Bowen, Ken <[kbowen@ioniacounty.org](mailto:kbowen@ioniacounty.org)>  
**Subject:** Hispanic Outreach

Ken,

Attached is the address's that I sent mailing out to. Also Kim Tanis is a contact through the schools for the Hispanic community. Her email is [tanisk@bas-k12.org](mailto:tanisk@bas-k12.org)

If there is still work you would like me to help with on this, I am available to help in any way I can, just let me know.

Is this something that we could set up a testing day for them and we would have interrupters on hand? I would be willing to take the lead on organizing it, if we can get the kits and you want to do it.

Sgt. William S. Hoskins  
Ionia County Sheriff's Office  
Emergency Management Division  
100 W. Main Street  
Ionia, MI 48846  
(616)527-8283 office  
(616)902-4652 cell  
[whoskins@ioniacounty.org](mailto:whoskins@ioniacounty.org)



## Gaines, Rachelle

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**From:** Bowen, Ken  
**Sent:** Tuesday, August 04, 2020 9:18 AM  
**To:** Gross, Diane  
**Subject:** RE: FYI - news release on migrant testing

yes

**From:** Gross, Diane <[dgross@ioniacounty.org](mailto:dgross@ioniacounty.org)>  
**Sent:** Tuesday, August 4, 2020 9:16 AM  
**To:** Bowen, Ken <[kbowen@ioniacounty.org](mailto:kbowen@ioniacounty.org)>  
**Subject:** RE: FYI - news release on migrant testing

Just these documents to be mailed?

**From:** Bowen, Ken  
**Sent:** Tuesday, August 4, 2020 8:20 AM  
**To:** Gross, Diane <[dgross@ioniacounty.org](mailto:dgross@ioniacounty.org)>  
**Subject:** FW: FYI - news release on migrant testing

Docs to send to the dairy farms –second doc is a PDF, not sure why it isn't showing.

**From:** Hoskins, William S. <[whoskins@ioniacounty.org](mailto:whoskins@ioniacounty.org)>  
**Sent:** Monday, August 3, 2020 2:34 PM  
**To:** Bowen, Ken <[kbowen@ioniacounty.org](mailto:kbowen@ioniacounty.org)>; Shaw, Chad <[cshaw@ioniacounty.org](mailto:cshaw@ioniacounty.org)>  
**Subject:** FW: FYI - news release on migrant testing

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**From:** MSP-SEOCOSC [<mailto:MSP-SEOCOSC@michigan.gov>]

**Sent:** Monday, August 3, 2020 2:11 PM

**To:** Albrecht, Cindy (DHHS) <[albrecht@michigan.gov](mailto:albrecht@michigan.gov)>; Badgero, William (MDOS) <[badgerow@michigan.gov](mailto:badgerow@michigan.gov)>; Bahlau, Brian (MSP) <[BahlauB@michigan.gov](mailto:BahlauB@michigan.gov)>; Bechler, Todd (MDOC) <[bechlert@michigan.gov](mailto:bechlert@michigan.gov)>; Bishop, Mark (MDCR) <[BishopM3@michigan.gov](mailto:BishopM3@michigan.gov)>; Browne, Elizabeth (EGLE) <[BROWNEE@michigan.gov](mailto:BROWNEE@michigan.gov)>; Burgess, Louis (MDE) <[burgessl@michigan.gov](mailto:burgessl@michigan.gov)>; Carroll, Tim (OSE) <[CARROLLT@michigan.gov](mailto:CARROLLT@michigan.gov)>; Connell, Jefferey (TREASURY) <[ConnellJ1@michigan.gov](mailto:ConnellJ1@michigan.gov)>; Cross, Ryan (DTMB) <[CrossR1@michigan.gov](mailto:CrossR1@michigan.gov)>; Deacon, Brad (MDARD) <[deaconb9@michigan.gov](mailto:deaconb9@michigan.gov)>; Dillinger, Zachary (DIFS) <[DillingerZ@michigan.gov](mailto:DillingerZ@michigan.gov)>; Dintenfass, Linda <[linda.dintenfass2@redcross.org](mailto:linda.dintenfass2@redcross.org)>; 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**Cc:** Blake, Alvin <[alvin.blake@fema.dhs.gov](mailto:alvin.blake@fema.dhs.gov)>

**Subject:** FW: FYI - news release on migrant testing

FYI –

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Michigan State Police  
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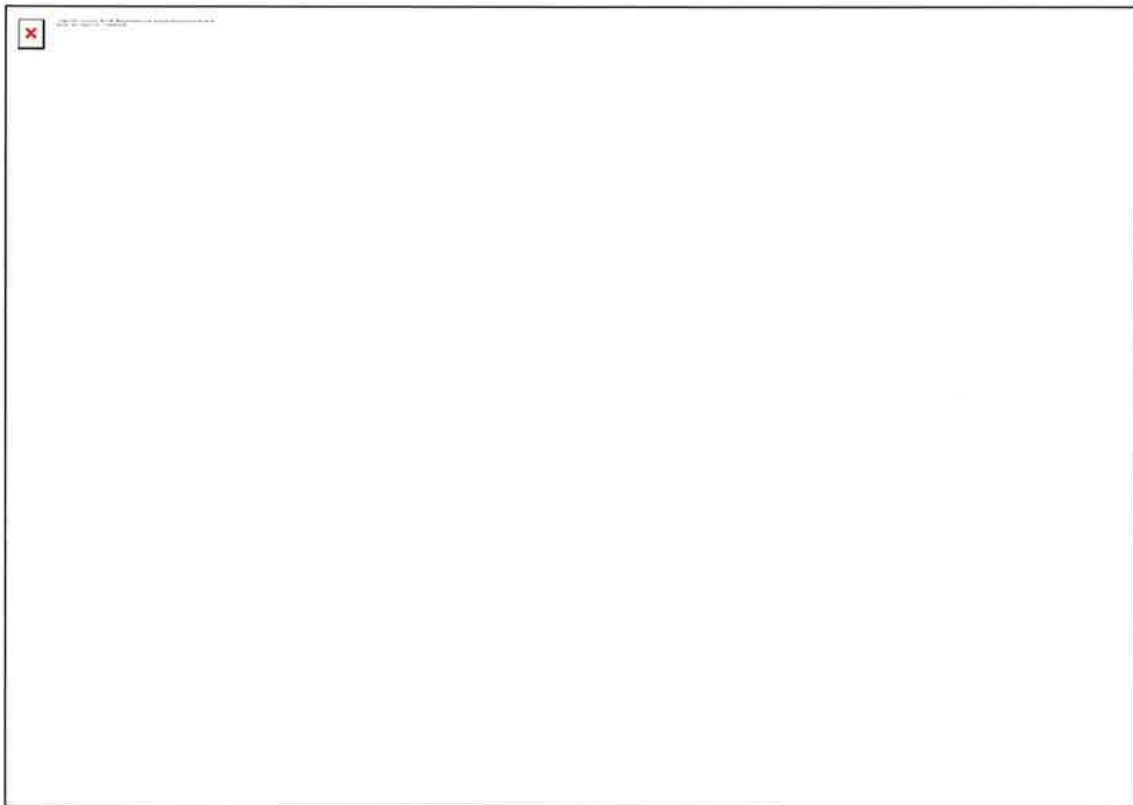
## Gaines, Rachelle

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**From:** Crystal Mountain <crystalmountain@crystalmountainmail.com>  
**Sent:** Thursday, August 06, 2020 10:12 AM  
**To:** Bowen, Ken  
**Subject:** Crystal Mountain News

If you are unable to see the message below, [click here to view](#).

There's Still Time To Enjoy Summer.



### Summer Brings Hot Days... And Hot Rates!

Dreaming about the perfect vacation? Look no further... We have plenty of fun, sun, fresh air, and refreshing relaxation to go around. Bring your family to Crystal Mountain and come see what you're missing before summer passes you by!

To help you plan a memorable northern Michigan adventure, we compiled a fun to-do list to share some of our favorite things to do during summertime:

- [Splash around the pool.](#)
- [Climb a dune.](#)

- [Learn from a PGA professional.](#)
- [Slip away to Crystal Spa.](#)
- [Experience MountainTop Yoga.](#)
- [Ride Michigan's only Alpine Slide.](#)
- [Discover Michigan Legacy Art Park.](#)
- [Take a family bike ride.](#)
- [Explore Benzie County & beyond.](#)
- [Share stories around the campfire.](#)
- [Soak up the view from the chairlift.](#)
- [Craft with the kiddos.](#)
- [Hit the trails for a hike.](#)
- [Feast on fantastic food.](#)

Be sure to check out our [Hot Lodging Dates](#) where you can save up to 25% off select dates this summer. Plus, kids 6 and under sleep and eat breakfast FREE any time!

[Book Lodging Now](#)

[Summer Activities](#)

[Upcoming Events](#)

**Golf At The Mountain**

Get outside and enjoy stunning tree-lined fairways and panoramic vistas as you make your way through either of our championship golf courses. Save up to 45% when you [book tee times online](#). For all the latest deals, be sure to [explore our golf packages and specials](#)»

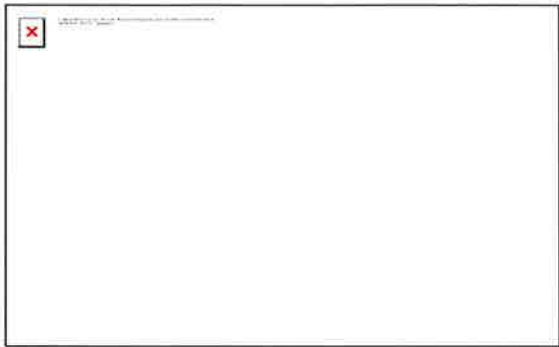
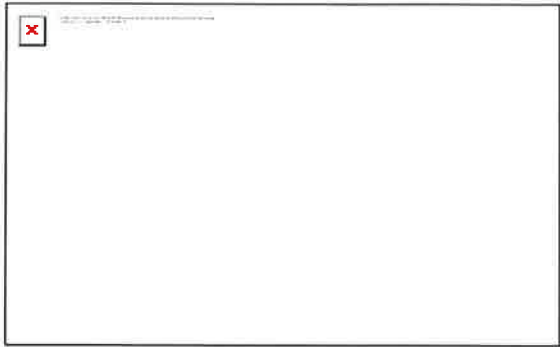
**Ways To SAVE**

We offer a variety of resort specials to help you save on many of your favorite things at Crystal Mountain. Whether you're looking for a fun adventure, a new experience, or you just need some relaxation – we've got you covered. [Check out all resort specials](#)»

**MLAP Golf Classic**

You're invited to join us on September 1 for the Michigan Legacy Art Park Golf Classic. Enjoy a day of golf while supporting the park. Funds raised at this event benefit hundreds of area students through our education programs. [Learn more about the MLAP Golf Classic](#)»





### Things To Do

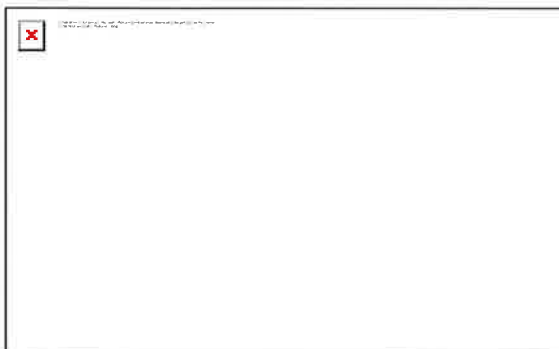
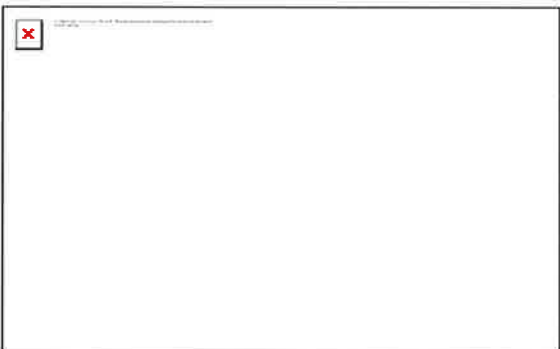
Looking for something fun to do? Stop by for a ride on our [Crystal Clipper chairlift](#) or our [Alpine Slide](#) where you can experience breathtaking northern Michigan views! Or, if you're looking to find your zen, plan a [garden tour](#) and enjoy water gardens, babbling brooks, hundreds of perennials, and thousands of annuals and shrub varieties. [Explore summer activities»](#)

### NEW! Indy Pass

We're excited to share that we've joined the Indy Pass! We recognize the growing needs for more social distance, and less crowded slope and lift lines, which is why the Indy Pass is this season's must-have item. This pass gets you two days at over 50 authentic, independent resorts around the country – that's over 100 days of riding! [Find out more»](#)

### Scholarship Month

In lieu of the Crystal Mountain Scholarship Invitational, we are offering a one day Kick-Off to Scholarship Month happening on August 15. A deserving high school graduate, who is a Crystal Mountain employee or whose parents are, will be awarded a scholarship to attend an institution of higher education starting in the fall of 2021. [More information»](#)



**877.767.0204**



**Crystal Mountain**  
12500 Crystal Mountain Dr.  
Thompsonville, MI 49683



This message was intended for: kbowen@ioniacounty.org.  
To update your preferences or opt out of this email, click [here](#).



## Gaines, Rachelle

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**From:** Jodie Shaver <jshaver@malph.org>  
**Sent:** Friday, August 07, 2020 11:20 AM  
**To:** mho  
**Cc:** LyonCallo, Sarah (DHHS)  
**Subject:** FW: Response Plan for Cluster and Rebound  
**Attachments:** 2020.08.07 - Response Plan for Cluster and Rebound .docx

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Phone: 517-485-0660  
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**From:** LyonCallo, Sarah (DHHS) <[lyoncallos@michigan.gov](mailto:lyoncallos@michigan.gov)>  
**Sent:** Friday, August 07, 2020 11:18 AM  
**To:** Jodie Shaver <[jshaver@malph.org](mailto:jshaver@malph.org)>  
**Cc:** Angelique Joynes <[ajoynes@allegancounty.org](mailto:ajoynes@allegancounty.org)>; Khaldun, Joneigh (DHHS) <[KhaldunJ@michigan.gov](mailto:KhaldunJ@michigan.gov)>; Olsen, Christina (DHHS-Contractor) <[OlsenC2@michigan.gov](mailto:OlsenC2@michigan.gov)>  
**Subject:** For health officers

Would you please provide this to the health officers? Thank you.

Attached for your review is the draft Response Plan for COVID-19 Cluster and Rebound Response. Many thanks to the local health department colleagues who provided comments to this draft document. This document is meant to provide a common protocol for response for local and state health departments. This is a living document that will change as more materials are available, as protocols for additional settings are developed, and as we gather more understanding of the pandemic and best practices in response.

Comments about this document should be referred to [CheccDeptCoord@michigan.gov](mailto:CheccDeptCoord@michigan.gov) mail box by close of business, Wednesday August 12.

Best regards,  
Sarah

Sarah Lyon-Callo, MS, PhD  
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Bureau of Epidemiology and Population Health  
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[www.michigan.gov/mdhhs](http://www.michigan.gov/mdhhs)

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## **DRAFT DELIBERATIVE AND CONFIDENTIAL**

### **Response Plan for COVID-19 Clusters to Prevent Rebound**

**07/07/20 Version**

**Goal:** Rapidly and effectively surge public health resources to geographic areas with cluster of cases or community increase, to break the chain of transmission of COVID-19 and prevent broader community spread.

Note: This document provides are response plan for the Michigan Department of Health and Human Services and local health departments to address potential rebound in COVID-19 infections. Metrics, set points, and response actions should be revisited and amended as more is learned about the behavior of the virus.

#### **COVID-19 Triggers to Identify the Beginnings of Rebound**

When any one of the triggers below are reached for a local health jurisdiction (including counties (or Detroit), MDHHS will consider the area at risk of potential rebound and respond accordingly. These triggers are purposefully set at low thresholds to err on the side of swift and assertive investigation but must be balanced to prevent alarm fatigue.

Case triggers:

- Increase to over 40 cases per million per day as a seven-day average, or
- 3 consecutive days of >10% increase in daily case count, or
- 5 consecutive days of increase in the number of lab-confirmed COVID-19 cases, or
- Average weekly trend increase of over prior week (in development)

This review should also consider changes in demographic make-up of cases or the influence of large events with potential exposures in the surrounding area.

Syndromic or testing triggers

- 7 consecutive days of increase in CLI syndromic indicators in the labor shed or preparedness region, or
- 5 day increases in percent positivity of diagnostic testing with stable or increasing testing volume

These triggers should be assessed together along with knowledge of existing outbreaks from LHD situation report and data from MI Symptom application to identify rebounds, etc. Situational Awareness can also be gained from data in MiSafeMap dashboard, Michigan.gov/coronavirus and other sources can be reviewed to assess conditions in areas surrounding jurisdictions.

## DRAFT DELIBERATIVE AND CONFIDENTIAL

**Identification Process:** Goal is to identify cluster(s) of new cases or increase in community transmission that needs investigation for potential response.

1. Local health department will inform the MDHHS (through [CHECCDEPTCOORD@michigan.gov](mailto:CHECCDEPTCOORD@michigan.gov) with a copy to their regional epidemiologist) within 24 hours of any increase in cases tied to a fixed location (e.g., congregate care settings, churches, business, workplaces, farms, etc.). Local health department should receive a notification of receipt of the information.
2. Each day, MDHHS Epidemiology staff will monitor COVID-19 trigger indicators to identify any potential increase, in addition to monitoring that the local health department nursing or epidemiology staff undertakes.
3. Within one business day, when any one of the case triggers are met, MDHHS staff will examine the data more closely and will notify with the local health department, communicable disease, nursing and medical director, with carbon copy to health officer. MDHHS and LHD will examine probable cases and suspect cases as well.
  - a. If CLI or percent positivity trigger is met, MDHHS epidemiology and LHD will review case data over the next day or two, as case information is assembled, to identify any clusters, as well as assess influenza conditions, health care capacity, and other applicable data.
4. Local health department and MDHHS will review case residence, workplace, and other sites visited during infectious period to identify common locations visited by cases, or community transmission, commencing on that same business day and extending for at least 14 days. If during the review cases are identified to have visited or been at their worksite in another jurisdiction the LHD will notify their regional epidemiologist and/or communicable disease staff at the worksite LHD as outlined in [the MDHHS SOP/TEAM protocol](#).
5. Each cluster linked to an identified location will receive specified responses, outlined below. Regional epidemiologist will notify Epidemiology administration via email when these are identified.
6. If clear regional increase without clear point source appears to be occurring, regional epidemiology and Lansing staff will notify Health Officers, Medical Directors, Emergency Preparedness Coordinator and Communicable Disease Investigation Units via MiHAN, copying MDHHS Local Health Services and Epidemiology administration.

## DRAFT DELIBERATIVE AND CONFIDENTIAL

### RESPONSE TO POTENTIAL CLUSTERS

This section must be enhanced as additional settings of concern that need specific coverage are identified.

- Congregate Care Settings
- Schools (refer to MALPH school protocols)
- Agricultural Settings (in development)
- Other facilities

#### Response to Congregate Care Cluster

The following steps will be taken as appropriate when a congregate care facility has a cluster of cases.

- Convene: If they have not already, local health department, with state assistance if needed, contact that facility to review operational approach with regards to infection control and plan further testing.
  - Reaching out to corporate office may be most effective for some organizations.
  - LHD consider need for inclusion of appropriate state agency (LARA, MDARD, LEO/MIOSHA, or/and EGLE) as well hospitals used by the facility and community stakeholders (Area Agency on Aging) in the discussion.
  - State agencies needs to provide timely technical assistance in response to cluster and potential rebound. {insert state agency description annex: under development}
  - If difficulty connecting with the facility, could consider connecting with Area Agency on Aging (AAA) Ombudsperson or a Warning Letter to gain facility attention to the issue.
  - When hired, MDHHS Infection Prevention Rapid Action Team (IPRAT) Regional Strike Teams can be engaged to aid in this response.
- Proactive Health Education: Local health department leverages existing relationships for proactive communication with facility and stakeholders regarding with situation and potential next steps. Include facility, media, commissioners, and people in community.
  - Education to set expectations on outbreak control methods such as repeat testing, cohorting, and notification.
  - Education for facility staff so they understand what COVID means in a facility and maintain staffing levels, to prevent staff leaving facility.
- Diagnostic Testing: All residents and staff with potential exposure will be tested once, then those with negative results re-tested again in three to seven days. If the cluster was identified by an all-facility testing event at a congregate care facility, all residents and staff should be tested on a weekly basis, until testing identifies no new cases of SARS-CoV-2 infection among residents of staff for at least 14 days since the most recent positive result (reference Agile Group Document and LHD testing request documentation here). Skilled Nursing Facility must utilize request system under [MDHHS Emergency Order for Nursing Home Testing and submit a request using the form within the memo to](#)

## DRAFT DELIBERATIVE AND CONFIDENTIAL

[MDHHS-LTCRequests@michigan.gov](mailto:MDHHS-LTCRequests@michigan.gov). Other long term care and congregate care facilities should work with local health departments if they need assistance in testing.

There are multiple options for handling this testing:

- Facility can conduct, taking patient specimens and sending to any laboratory partner chosen.
  - If small facility, local health department may conduct sample collection, with supplies and PPE provided by state.
  - State (Michigan National Guard, Michigan Primary Care Association, or commercial vendor) can drop off/mail specimen collection supplies for the facility to take patient specimens and return to a specific external laboratory.
  - State (Michigan National Guard, Michigan Primary Care Association, or commercial vendor) can visit facility to take patient specimens and return them to a specific external laboratory.
- 
- Investigation and Tracing: The local health department (or MDHHS PHA COVID-19 Case Investigation Volunteers, if applicable) will coordinate the attempt or attempt contact for 90 percent or more of cases within 24 hours and contacts within 48 hours. At least 50 percent of all contacts should be identified with the facility within one day of case identification. At least 75 percent of all contacts should be contacted within one day of their identification by the local health department (or Trace Force, if applicable). Local health departments often work with facility to gather information on cases and to identify contacts.
    - MDHHS will provide additional case investigation or contact tracing support if local health department request to meet benchmarks for response.
    - Local health department may maintain a line list for outbreaks in their jurisdiction outside of the MDSS but must update the case information and outbreak identifier in MDSS.
    - Local health department conducting the investigation will refer cases or contacts among visitors or staff to other jurisdictions of residents. Those jurisdictions may use the outbreak identifier or a related identifier to include their resident in the outbreak.
    - Local health departments use the Michigan Health Alert Network to inform other departments of outbreaks that may impact their residents.
- 
- Isolation:
    - All cases will be isolated as possible within the facility per [CDC](#) and [CMS](#) guidelines
    - If needed, cases and symptomatic individuals awaiting test results can be cohorted together for isolation, or cases may be transferred to a 'hub' for positive cases if applicable.
    - Congregate care facilities may need PPE support. Facility may need PPE support, which should be requested through the Regional Health Care Coalition.
    - Education is needed among the facility management and staff for cohorting and transfer of patients for cohorting to avoid inadvertent spread of infection.

## DRAFT DELIBERATIVE AND CONFIDENTIAL

- Quarantine: Quarantining close contacts of cases is an essential tool in slowing infection in facilities. Close Contact defined as someone who was within 6 feet of an infected person for at least 15 minutes starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to specimen collection) until the time the patient is isolated.
  - Residential close contacts of cases will be quarantined for 14 days from their last date of contact with a contagious case or until transmission has been halted.
  - Visitor close contacts of cases will be quarantined for 14 days from their last date of contact with a contagious case.
  - Local health department will consult with facility on staffing quarantine or cohorting of exposed staff with cases, depending on use of PPE and history of exposure.
  - Local health department shall educate staff and residents on meaning of quarantine for all activities (example, impact on smoking breaks).
  
- Notification
  - The facility retains the responsibility for direct notice to patrons, signage in facilities, and/or press release depending on situation. Local health department should be involved in content of that notification language and receive a copy of that language. If a facility chooses not to release notification, the local health department can make notification.
  - AAging Ombudsman can act as patient and family advocate in communications.
  - Local public health will set-up routine communication schedule with the facility regarding testing results. This can be achieved either by use of a designated point of contact with the facility or scheduled meetings with local public health staff and facility administration.
    - This routine communication can also be used to identify larger facility needs such as PPE, cohorting, etc.
  - Local public health can request MDHHS (Regional Epidemiologist, IPRAT Team Members, etc.) presence on these update meetings.
  
- Environmental Safety Measures: At the direction of the local health department, the facility will undertake enhanced preventative measures, including:
  - Continued temperature and symptom monitoring of staff upon arrival each day
  - Continued utilization of personal protective equipment, including masks, gowns, and gloves for all resident interactions
  - Increased cleaning and disinfection
  - Assessment of patient flow
  - Suspension of in-person visits
  - Consultation with MDHHS infection control team and remediation of any infection control deficiencies discovered

## DRAFT DELIBERATIVE AND CONFIDENTIAL

### Cluster of cases in agriculture and food processing facilities

The following steps will be taken as appropriate when an agricultural facility (e.g., farm, green house) or food processing facility (e.g., meat packing, hatchery) has a cluster of cases.

- Convene: If they have not already, local health department, with state assistance if needed, contacts that facility to review operational approach with regards to infection control and plan further testing.
  - Reaching out to corporate office may be effective for some organizations.
  - LHD consider need for inclusion of appropriate state agency (LARA, MDARD, LEO/MIOSHA, MDHHS Migrant Health Services, or/and EGLE) as well Federally qualified health clinics or other clinics that may provide health care to the workers at these facilities in the discussion.
  - State agencies needs to provide timely technical assistance in response to cluster and potential rebound. {insert state agency description annex: in development}
  - If difficulty connecting with the facility, could consider a Warning Letter to gain facility attention to the issue.
  
- Proactive Health Education: Local health department leverages existing relationships for proactive communication with facility regarding with situation and potential next steps. Consider education needs of facility, media, county commissioners, and people in community.
  - Education to set expectations on outbreak control methods such as repeat testing, isolation and quarantine needs and impact, and notification.
  - Careful discussion is needed around schedule of agricultural products and worker movement following agricultural schedule, in order to avoid pushing workers and families away from facilities.
  
- Diagnostic Testing: All workers and staff with potential exposure to cases, including exposures that may have occurred in shared living arrangement or in car pooling, will be tested once, then those with negative results ideally re-tested again. Testing should be undertaken in accordance with CDC guidance and in accordance with [Emergency Order Under MCL 333.2253, Mandatory Testing, Preventative Measures, and Safe Housing for Agricultural Workers](#). Facilities should work with local health departments if they need assistance in testing. There are multiple options for handling this testing:
  - Facility can use their own or contract with an occupational health consultant to collect samples and obtain laboratory results. All laboratory testing results must be reported to the local health department, even if an out of state laboratory is used for analysis.
  - If a small number of workers and contacts need to be tested, the local health department may conduct sample collection, with supplies and PPE provided by state.
  - The MDHHS Migrant Health group has developed relationship with Michigan Primary Care Association to conduct testing as well as provide wrap around services for workers if needed.

**DRAFT DELIBERATIVE AND CONFIDENTIAL**

- **Investigation and Tracing:** The local health department (or Trace Force, if applicable) will coordinate the attempt or attempt contact for 90 percent or more of cases within 24 hours and contacts within 48 hours. At least 50 percent of all contacts should be identified with the facility within one day of case identification. At least 75 percent of all contacts should be contacted within one day of their identification by the local health department (or Trace Force, if applicable). Local health departments often work with facility to identify contacts, including workers who may have been exposed and moved on to another facility.
  - MDHHS will provide additional case investigation or contact tracing support if local health department request to meet benchmarks for response.
  - Local health department may maintain a line list for outbreaks in their jurisdiction outside of the MDSS but must update the case information and outbreak identifier in MDSS.
  - Local health department conducting the investigation will refer cases or contacts among visitors or staff to other jurisdictions of residents. Those jurisdictions may use the outbreak identifier or a related identifier to include their resident in the outbreak.
  - Local health departments use the Michigan Health Alert Network to inform other departments of outbreaks that may impact their residents.
  
- **Isolation:**
  - All symptomatic cases should isolate per [CDC](#) guidelines and [Emergency Order Under MCL 333.2253, Mandatory Testing, Preventative Measures, and Safe Housing for Agricultural Workers](#).
  - The local health department should consult with MDHHS Migrant Services group, and the Michigan Primary Care Association to address economic, social and health care needs during isolation.
  - If needed, asymptomatic cases and exposed contacts can be cohorted together to continue working during isolation.
  - Education is needed among the facility management and staff for cohorting and movement of workers for cohorting to avoid inadvertent spread of infection.
  
- **Quarantine:** Quarantining close contacts of cases is an essential tool is slowing infection in facilities. Close Contact defined as 15 or more minutes within 6 feet of a person who has confirmed COVID-19 infection (case).
  - Close contacts of cases will be quarantined based on [Emergency Order Under MCL 333.2253, Mandatory Testing, Preventative Measures, and Safe Housing for Agricultural Workers](#).
  - Local health department will consult with facility on staffing quarantine or cohorting of exposed staff with cases, depending on use of PPE and history of exposure.
  - Local Health department shall educate management and workers on meaning of quarantine for all activities (example, transportation and shared living quarters).

**DRAFT DELIBERATIVE AND CONFIDENTIAL**

- Notification
  - The facility retains the responsibility for direct notice to workers, contractors and visitors, signage in facilities, and/or press release depending on situation. Local health department should be involved in content of that notification language and receive a copy of that language. If a facility chooses not to release notification, the local health department can make notification.
  - MDHHS Migrant Services and the local health department could act as worker and family advocate in communications.
  - Local public health will set-up routine communication schedule with the facility regarding testing results. This can be achieved either by use of a designated point of contact with the facility or scheduled meetings with local public health staff and facility administration.
  - Local public health can request MDHHS (Regional Epidemiologist, Migrant Services, etc.) and MIOSHA presence on these update meetings.
  
- Environmental Safety Measures: At the direction of the local health department, the facility will undertake enhanced preventative measures, including:
  - Continued temperature and symptom monitoring of staff upon arrival each day
  - Identified changes to work flow and masking and/or disinfectant procedures to reduce potential for future exposure.
  - Increased cleaning and disinfection
  - Suspension of visits
  - Testing of new employees.



## DRAFT DELIBERATIVE AND CONFIDENTIAL

### Cluster of cases in other facilities (examples, business, day care, office building)

#### Convening

- Local health department contact that facility and discuss situation, type of facilities, number of employees and possible customers, and plan operational approach with regards to testing, contact tracing/notification, and environmental assessment.

#### Evaluation of facility type (varies)

- Local public health should work with the facility in question regarding the environment within the facility. Some areas to assess are:
  - Is the work indoors or outdoors
  - What is the facility's interaction with the public (are they open for the public to come into the site to purchase goods or services, etc.)?
  - How close are workers within the facility? Are social distancing measures feasible?
  - Could alternate scheduling or teleworking be implemented to prevent further spread?

Tracing: Local health department will work with facility to assess locations used by suspected/probable and confirmed cases and exposed individuals within the facility.

- Review worker schedules, logs of patrons in restaurants, day care, recreation facilities and other available materials to identify those potentially exposed to ill workers
- Contact tracing of employees and ill staff/customers associated with the site will help with determining if there is secondary spread within the community related to the facility
  - Ill contacts of cases are encouraged to isolate and receive testing.
  - Asymptomatic cases are encouraged to quarantine and receive testing.

Notification: local health department will work with facility to notify potentially exposed individuals

- Notification occurs through direct notice to staff/patrons, signage in facilities, and/or press release depending on situation.

Testing: MDHHS work with local health department and facility to set up testing of willing exposed employees/customers

- Cases and symptomatic individuals will be advised to isolate until meet CDC release from isolation protocol. Close contacts will be advised to self-quarantine for 14 days. Close Contact defined as someone who was within 6 feet of an infected person for at least 15 minutes starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to specimen collection) until the time the patient is isolated.

Environment: Local Health Department will work with facility:

- to identify areas of deep cleaning.
- make recommendations for any improvements in work flow process or routine cleaning needed to prevent future spread.

## DRAFT DELIBERATIVE AND CONFIDENTIAL

### Evaluation of ongoing transmission

- Testing data from employee/patron testing will be assessed to identify base exposures, and additional cases that occur at the facility
  - Testing should be repeated weekly until staff are all negative.

### End of Cluster Investigation at a Facility

The investigation into the cluster will continue until the transmission in that facility/location has been broken. The community will again enter the [MiSafeStart](#) process of assessing the absolute number and trend of the cases per million people per day. The trend must decline steadily for three weeks, in an atmosphere of increasing or stable testing, before the transmission can be considered stopped. Monitoring of residents and employees for symptoms and exposure should be ongoing.

## DRAFT DELIBERATIVE AND CONFIDENTIAL

### Community-Based Increase

Goals of a response to a community-based increase are to:

- Prevent need for crisis standard of care having to be enacted in area hospitals
- Prevent delays in non-COVID-19 medically necessary care
- Keep schools, day cares and essential businesses open to the extent possible

The following steps will be taken when an increase in cases is identified in a community without an identified point source of transmission.

### Convening the Community Leadership and Consider Activation of Emergency Operations

The Local Health Department shall rapidly engage community partners to inform them about the increase and to rapidly develop/enhance the LHD COVID-19 Incident Response Plan around this increase. If the Emergency Operations Center (EOC) associated with the jurisdiction of increase has not been activated, the Health Officer of the LHD and the Emergency Manager of the jurisdiction should consider level of activation needed to coordinate requests for aid and other aspects of response.

Partners would include, but are not limited to, health care (including ambulatory care), school and university partners, community leadership, emergency management structure, migrant services, and first responders. Given the mental health supports needed by the community in this pandemic, it is crucial to re-engage mental health supports in planning process as well.

The Local Health Department will provide a rapid assessment of the situation (including data from partners as available) and conduct a discussion to inform an Incident Response Plan around this increase.

Assessment will include data available in state and local systems, as well as knowledge of local situation from partners. Local health department may request data assistance from MDHHS. A rapid review of data about the jurisdiction, county and region may include:

- Epidemiologic indicators
  - o Cases, testing, and mortality indicators for [Mi Safe Map dashboard](#) and local health department systems
  - o Geographic hotspots from symptom checker surveys
  - o Infection rates in [vulnerable congregate populations](#)
  - o Percent of cases associated with a cluster/outbreak using [CovidExitStrategy.org](#)
  - o Reproductive rate for the county from [Rt.live](#)
  - o [Syndromic data](#)
- Health care impact and capacity
  - o [Hospital census, capacity and any models undertaken that hospital systems may have undertaken](#)
  - o Trend in inpatient admissions and emergency department discharges for suspected COVID 19
  - o Infection rate and absenteeism in health care workers

## DRAFT DELIBERATIVE AND CONFIDENTIAL

- Public health capacity
  - o Case investigation and contact tracing performance levels
  - o Testing scheduled in community in near future
- Impact in the community and unique aspects of the community
  - o Consider population density, known social networks, potential sources of exposure, mass transit, information from key organizations (first responders, 211, 911 dispatch), and those serving vulnerable populations (exposure risk and risk of severe disease)
  - o Consider local measures of compliance with mitigation strategies
  - o From major employers: Absenteeism in essential worker force
  - o Information on compliance and enforcement

### Community & Public Outreach

Local Health Department, in coordination with MDHHS and Joint Information Center at the State Emergency Operations Center (JIC at SEOC), will issue a press release the same day as the convening meeting, regarding the increase in community cases and what is known about the specific response steps being taken and tailored to the community. A cadence of these public communications should be established.

- Local emergency management and the local health department will be asked to pursue a robust public communications strategy about the preventative measures' individuals can take to protect themselves
- Particular effort should be made to inform individuals most at risk of severe outcomes from infection.
- Campaign/messaging effort by non-public health messengers to promote social distancing, mask wearing, and other appropriate steps.
  - o Encourage participating community partners to share these messages in their facilities and on their social media pages.
- Set expectations that, depending on the rate of increase, may require reduction in activities.

### Increase Testing

Within 48 hours, MDHHS will surge mobile testing units to the area to test additional people per day to enable increasing test two percent of the jurisdictions population in a week. The surge shall begin the following business day after identification of the increase in cases.

- o The local health department shall send a request for enhanced testing response using the Rapid Testing Request Form.
- o MDHHS/DTMB/SEOC will maintain eight mobile testing units for outbreak response statewide.
- o MDHHS will procure a standing contract for staff to operate the mobile testing units when needed (either via a private staffing agency, the local health department, or a network of local hospitals).
- o SEOC will work with local emergency managers and local health departments to secure specific sites for operation.

### Maintain Tracing

The local health department will conduct all case investigation in 24 hours and contact tracing within 48 hours.

## DRAFT DELIBERATIVE AND CONFIDENTIAL

- MDHHS will provide additional case investigation or contact tracing support if local health department resources insufficient to meet timeframes.

### Increase Resources for Isolation & Quarantine

All cases will be isolated following [CDC](#) protocol. Close contacts of cases will be quarantined for 14 days. Both groups will be provided the isolation resource referrals currently in development.

The LHD should rapidly stand up regional isolation and quarantine space for individuals who do not have a safe place to isolate or quarantine. The LHD should coordinate wrap around services for individuals sheltering in place with MDHHS (low income), the MPCA (migrant camps) and other partners.

Response Measures For Consideration: the community will undertake enhanced preventative measures until the community has been having decrease in case rates and percent positivity for at least two weeks (or longer depending on overall case rate), including:

- Mask-wearing in public, with masks provided widely for individuals who do not have them.
- Continue maintaining six feet of distance between others at all times practicable.
- Increased enforcement of regulation on social distancing and other measures at both state and local level.
- Reduce exposures in settings
  - Consider increasing restriction on capacity in restaurants and other businesses.
  - Consider increasing social distancing in schools, including distance between desks in classrooms
  - Return to working from home when possible for office situations
- Increase protection of vulnerable and congregate populations
  - Restrict visitation in long term care or other congregate settings of vulnerable populations
  - Increase availability and utilization of PPE, particularly for congregate care settings of vulnerable individuals (SNFs, homes for the aged)

The investigation into community increases will continue until cluster sources are identified and control or the count and rate of cases declines. The community will again enter the [MiSafeStart](#) process of assessing the absolute number and trend of the cases per million people per day. The trend must decline steadily for three weeks, in an atmosphere of increasing or stable testing, before the transmission can be considered stopped. Symptom and exposure monitoring of employees and residents and use of personal and community mitigation measures (i.e., hand washing, social distancing, enhanced cleaning and mask wearing) should continue.

## Gaines, Rachelle

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**From:** Michigan Health Alert Network <ae18cced-0005-3000-80c0-fceb55463ffe@notify.michiganhan.org>  
**Sent:** Friday, August 07, 2020 1:32 PM  
**To:** Bowen, Ken  
**Subject:** Request for the LHD Testing Plan for the Period of 8/17/2020 - 8/30/2020  
**Attachments:** 20200807 State-Supported Testing Su.xlsx; August 17-30 LHD Testing Plan 4th S.xlsx

Ken Bowen,

Hello Health Officers,

Attached is the LHD testing template submission for August 17 - 30. Please return to [checcdeptcoor@michigan.gov](mailto:checcdeptcoor@michigan.gov).

Also attached is the State Supported Testing Schedule, the calendar for scheduled sites, current as of 8/7/2020.

***We are requesting that the templates be returned by noon on 8/12 for testing scheduled August 17 – 23.*** For later test requests, by noon on 8/14. Please be aware that it takes a couple of days to get the test requests through the approval and scheduling process so the earlier these are turned, in the earlier we can give you a scheduled date.

A few additional items:

- Please be sure to fill out the details and purpose of the testing site. This is used to set priorities for testing if we have multiple requests for the same day.
- We also need the physician information as requested on the template.
- The National Guard has been extended so they will be able to support the testing sites.
- There is no charge for testing at drive thru/pop up sites
- At this time, the LHDs will need to provide support at the testing sites. We are working with our contractor, Honu, to build capacity to fully run the sites. The sites cannot be run without LHD assistance unless the request is regarding an outbreak.

Please forward your completed templates to [checcdeptcoor@michigan.gov](mailto:checcdeptcoor@michigan.gov). If you could include the name of your health department in the file name it would be appreciated.

This message is being sent to all LPH health officers and CHECC Leadership

### **You may respond by doing one of the following:**

- Click the appropriate response in the following list of response options,
- Or, reply via email with your response option. Please note that you must include the number of your response option, such as **1**, in the body of your email in order for your response to be recorded.

*Option# Response:*

1. Message Received.

Thank you,  
Michigan Health Alert Network

## Daily Testing Calendar

COVID Testing			
Event ID #	Status	Source of Submission	Mission Lead
1600	Scheduled	SNF Mandatory Submiss	Honu
1677	Scheduled	SNF Mandatory Submiss	MING
1589	Scheduled	SNF Mandatory Submiss	MING
1594	Scheduled	SNF Mandatory Submiss	MING
1606	Scheduled	SNF Mandatory Submiss	MING
1662	Scheduled	SNF Mandatory Submiss	MING
1719	Scheduled	SNF Mandatory Submiss	MING
1740	Scheduled	SNF Mandatory Submiss	MING
1762	Scheduled	SNF Mandatory Submiss	MING
1651	Scheduled	SNF Mandatory Submiss	MING
1667	Scheduled	SNF Mandatory Submiss	MING
1672	Scheduled	SNF Mandatory Submiss	MING
1640	Scheduled	LHD Biweekly Plan - Firs	MING
1723	Scheduled	SNF Mandatory Submiss	MING
1729	Scheduled	Both SNF and LHD Subr	MING
1735	Scheduled	SNF Mandatory Submiss	MING
1746	Scheduled	SNF Mandatory Submiss	MING
1612	Scheduled	SNF Mandatory Submiss	MING
1618	Scheduled	SNF Mandatory Submiss	MING
1689	Scheduled	SNF Mandatory Submiss	MING
1695	Scheduled	SNF Mandatory Submiss	MING
1701	Scheduled	SNF Mandatory Submiss	MING
1752	Scheduled	SNF Mandatory Submiss	MING
1757	Scheduled	SNF Mandatory Submiss	MING
1773	Scheduled	SNF Mandatory Submiss	MING
1599	Scheduled	SNF Mandatory Submiss	Honu
1676	Scheduled	SNF Mandatory Submiss	MING
1588	Scheduled	SNF Mandatory Submiss	MING
1593	Scheduled	SNF Mandatory Submiss	MING
1605	Scheduled	SNF Mandatory Submiss	MING
1661	Scheduled	SNF Mandatory Submiss	MING
1718	Scheduled	SNF Mandatory Submiss	MING
1739	Scheduled	SNF Mandatory Submiss	MING
1761	Scheduled	SNF Mandatory Submiss	MING
1650	Scheduled	SNF Mandatory Submiss	MING
1666	Scheduled	SNF Mandatory Submiss	MING
1671	Scheduled	SNF Mandatory Submiss	MING
1776	Scheduled	LHD Biweekly Plan - Sec	MING
1639	Scheduled	LHD Biweekly Plan - Firs	MING
1722	Scheduled	SNF Mandatory Submiss	MING
1728	Scheduled	Both SNF and LHD Subr	MING
1734	Scheduled	SNF Mandatory Submiss	MING
1745	Scheduled	SNF Mandatory Submiss	MING
1611	Scheduled	SNF Mandatory Submiss	MING



1617	Scheduled	SNF Mandatory Submiss MING
1688	Scheduled	SNF Mandatory Submiss MING
1694	Scheduled	SNF Mandatory Submiss MING
1700	Scheduled	SNF Mandatory Submiss MING
1751	Scheduled	SNF Mandatory Submiss MING
1756	Scheduled	SNF Mandatory Submiss MING
1772	Scheduled	SNF Mandatory Submiss MING
1598	Scheduled	SNF Mandatory Submiss Honu
1675	Scheduled	SNF Mandatory Submiss MING
1587	Scheduled	SNF Mandatory Submiss MING
1592	Scheduled	SNF Mandatory Submiss MING
1604	Scheduled	SNF Mandatory Submiss MING
1660	Scheduled	SNF Mandatory Submiss MING
1717	Scheduled	SNF Mandatory Submiss MING
1738	Scheduled	SNF Mandatory Submiss MING
1760	Scheduled	SNF Mandatory Submiss MING
1649	Scheduled	SNF Mandatory Submiss MING
1665	Scheduled	SNF Mandatory Submiss MING
1670	Scheduled	SNF Mandatory Submiss MING
1775	Scheduled	LHD Biweekly Plan - Sec MING
1638	Scheduled	LHD Biweekly Plan - Firs MING
1721	Scheduled	SNF Mandatory Submiss MING
1727	Scheduled	Both SNF and LHD Subrr MING
1733	Scheduled	SNF Mandatory Submiss MING
1744	Scheduled	SNF Mandatory Submiss MING
1610	Scheduled	SNF Mandatory Submiss MING
1616	Scheduled	SNF Mandatory Submiss MING
1687	Scheduled	SNF Mandatory Submiss MING
1693	Scheduled	SNF Mandatory Submiss MING
1699	Scheduled	SNF Mandatory Submiss MING
1750	Scheduled	SNF Mandatory Submiss MING
1755	Scheduled	SNF Mandatory Submiss MING
1771	Scheduled	SNF Mandatory Submiss MING
1597	Scheduled	SNF Mandatory Submiss Honu
1674	Scheduled	SNF Mandatory Submiss MING
1586	Scheduled	SNF Mandatory Submiss MING
1591	Scheduled	SNF Mandatory Submiss MING
1603	Scheduled	SNF Mandatory Submiss MING
1659	Scheduled	SNF Mandatory Submiss MING
1716	Scheduled	SNF Mandatory Submiss MING
1737	Scheduled	SNF Mandatory Submiss MING
1759	Scheduled	SNF Mandatory Submiss MING
1832	Scheduled	LHD Biweekly Submissio MING
1648	Scheduled	SNF Mandatory Submiss MING
1664	Scheduled	SNF Mandatory Submiss MING
1669	Scheduled	SNF Mandatory Submiss MING
1778	Scheduled	LHD Biweekly Submissio MING

1774	Cancelled	LHD Biweekly Plan - Sec MING
1225	Scheduled	LHD Biweekly Plan - Firs MING
1637	Scheduled	LHD Biweekly Plan - Firs MING
1720	Scheduled	SNF Mandatory Submiss MING
1726	Scheduled	Both SNF and LHD Subrr MING
1732	Scheduled	SNF Mandatory Submiss MING
1743	Scheduled	SNF Mandatory Submiss MING
1609	Scheduled	SNF Mandatory Submiss MING
1615	Scheduled	SNF Mandatory Submiss MING
1686	Scheduled	SNF Mandatory Submiss MING
1692	Scheduled	SNF Mandatory Submiss MING
1698	Scheduled	SNF Mandatory Submiss MING
1749	Scheduled	SNF Mandatory Submiss MING
1754	Scheduled	SNF Mandatory Submiss MING
1770	Scheduled	SNF Mandatory Submiss MING
1328	Scheduled	MING Drive-Thru Sites C MING
1485	Scheduled	LHD Biweekly Plan - Sec MING
1833	Scheduled	LHD Biweekly Submissio MING
1584	Scheduled	SNF Mandatory Submiss MING
1596	Scheduled	SNF Mandatory Submiss Honu
1807	Scheduled	LHD Biweekly Submissio MING
1585	Testing/drop-off complete	SNF Mandatory Submiss MING
1602	Testing/drop-off complete	SNF Mandatory Submiss MING
1801	Testing/drop-off complete	LHD Biweekly Submissio MING
1574	Cancelled	SNF Mandatory Submiss MING
1575	Cancelled	SNF Mandatory Submiss MING
1583	Cancelled	SNF Mandatory Submiss MING
1590	Cancelled	SNF Mandatory Submiss MING
1630	Cancelled	SNF Mandatory Submiss MING
1631	Cancelled	SNF Mandatory Submiss MING
1632	Cancelled	SNF Mandatory Submiss MING
1633	Cancelled	SNF Mandatory Submiss MING
1634	Cancelled	SNF Mandatory Submiss MING
1658	Cancelled	SNF Mandatory Submiss MING
1668	Cancelled	SNF Mandatory Submiss MING
1673	Cancelled	SNF Mandatory Submiss MING
1678	Cancelled	LHD Biweekly Plan - Firs MING
1679	Cancelled	LHD Biweekly Plan - Firs MING
1714	Cancelled	SNF Mandatory Submiss MING
1715	Cancelled	SNF Mandatory Submiss MING
1724	Cancelled	Both SNF and LHD Subrr MING
1725	Cancelled	Both SNF and LHD Subrr MING
1736	Cancelled	SNF Mandatory Submiss MING
1758	Cancelled	SNF Mandatory Submiss MING
1780	Cancelled	LHD Biweekly Submissio MING
1496	Testing/drop-off complete	LHD Biweekly Plan - Sec MING
1581	Testing/drop-off complete	SNF Mandatory Submiss MING

1647	Testing/drop-off complete	SNF Mandatory Submiss	MING
1663	Testing/drop-off complete	SNF Mandatory Submiss	MING
1113	Cancelled	LHD Biweekly Plan - Firs	MING
1300	Cancelled	LHD Biweekly Plan - Firs	MING
1451	Cancelled	SNF Mandatory Submiss	MING
1454	Cancelled	SNF Mandatory Submiss	MING
1607	Cancelled	SNF Mandatory Submiss	MING
1608	Cancelled	SNF Mandatory Submiss	MING
1613	Cancelled	SNF Mandatory Submiss	MING
1614	Cancelled	SNF Mandatory Submiss	MING
1652	Cancelled	LHD Biweekly Plan - Sec	MING
1653	Cancelled	LHD Biweekly Plan - Sec	MING
1654	Cancelled	LHD Biweekly Plan - Sec	MING
1655	Cancelled	LHD Biweekly Plan - Sec	MING
1656	Cancelled	LHD Biweekly Plan - Sec	MING
1657	Cancelled	LHD Biweekly Plan - Sec	MING
1684	Cancelled	SNF Mandatory Submiss	MING
1685	Cancelled	SNF Mandatory Submiss	MING
1690	Cancelled	SNF Mandatory Submiss	MING
1691	Cancelled	SNF Mandatory Submiss	MING
1696	Cancelled	SNF Mandatory Submiss	MING
1697	Cancelled	SNF Mandatory Submiss	MING
1702	Cancelled	SNF Mandatory Submiss	MING
1703	Cancelled	SNF Mandatory Submiss	MING
1704	Cancelled	SNF Mandatory Submiss	MING
1705	Cancelled	SNF Mandatory Submiss	MING
1706	Cancelled	SNF Mandatory Submiss	MING
1707	Cancelled	SNF Mandatory Submiss	MING
1730	Cancelled	SNF Mandatory Submiss	MING
1731	Cancelled	SNF Mandatory Submiss	MING
1741	Cancelled	SNF Mandatory Submiss	MING
1742	Cancelled	SNF Mandatory Submiss	MING
1769	Cancelled	SNF Mandatory Submiss	MING
1781	Cancelled	LHD Biweekly Submissio	MING
1636	Testing/drop-off complete	LHD Biweekly Plan - Firs	MING
1748	Testing/drop-off complete	SNF Mandatory Submiss	MING
1753	Testing/drop-off complete	SNF Mandatory Submiss	MING
1576	Testing/drop-off complete	SNF Mandatory Submiss	MING
1577	Testing/drop-off complete	SNF Mandatory Submiss	MING
1582	Testing/drop-off complete	SNF Mandatory Submiss	MING
1601	Testing/drop-off complete	SNF Mandatory Submiss	MING
1595	Cancelled	SNF Mandatory Submiss	MING
1763	Cancelled	Both SNF and LHD Subrr	MING
1764	Cancelled	Both SNF and LHD Subrr	MING
1765	Cancelled	Both SNF and LHD Subrr	MING
1766	Cancelled	Both SNF and LHD Subrr	MING
1767	Cancelled	Both SNF and LHD Subrr	MING

1768 Cancelled	Both SNF and LHD Subm	MING
1569 Testing/drop-off complete	SNF Mandatory Submis	MING
1578 Testing/drop-off complete	SNF Mandatory Submis	MING
1507 Cancelled	LHD Biweekly Plan - Sec	MING
1619 Cancelled	LHD Biweekly Plan - Firs	MING
1620 Cancelled	LHD Biweekly Plan - Firs	MING
1621 Cancelled	LHD Biweekly Plan - Firs	MING
1622 Cancelled	LHD Biweekly Plan - Firs	MING
1623 Cancelled	LHD Biweekly Plan - Firs	MING
1624 Cancelled	LHD Biweekly Plan - Firs	MING
1625 Cancelled	LHD Biweekly Plan - Sec	MING
1626 Cancelled	LHD Biweekly Plan - Sec	MING
1627 Cancelled	LHD Biweekly Plan - Sec	MING
1628 Cancelled	LHD Biweekly Plan - Sec	MING
1629 Cancelled	LHD Biweekly Plan - Sec	MING
1635 Cancelled	LHD Biweekly Plan - Firs	MING
1641 Cancelled	SNF Mandatory Submis	MING
1642 Cancelled	SNF Mandatory Submis	MING
1643 Cancelled	SNF Mandatory Submis	MING
1644 Cancelled	SNF Mandatory Submis	MING
1645 Cancelled	SNF Mandatory Submis	MING
1646 Cancelled	SNF Mandatory Submis	MING
1747 Cancelled	SNF Mandatory Submis	MING
1465 Testing/drop-off complete	SNF Mandatory Submis	MING
1466 Testing/drop-off complete	SNF Mandatory Submis	MING
1474 Testing/drop-off complete	SNF Mandatory Submis	MING
1570 Testing/drop-off complete	SNF Mandatory Submis	MING
1458 Testing/drop-off complete	SNF Mandatory Submis	MING
1470 Testing/drop-off complete	SNF Mandatory Submis	MING
1528 Testing/drop-off complete	LHD Biweekly Plan - Sec	MING
1536 Testing/drop-off complete	LHD Biweekly Plan - Sec	MING
1566 Testing/drop-off complete	LHD Biweekly Plan - Sec	MING
1571 Testing/drop-off complete	SNF Mandatory Submis	MING
1501 Testing/drop-off complete	LHD Biweekly Plan - Sec	MING
1579 Testing/drop-off complete	LHD Biweekly Plan - Sec	MING
1332 Testing/drop-off complete	MING Drive-Thru Sites C	MING
1334 Testing/drop-off complete	MING Drive-Thru Sites C	MING
1348 Testing/drop-off complete	MING Drive-Thru Sites C	MING
1412 Testing/drop-off complete	MDHHS Neighborhood ! Honu	
1331 Testing/drop-off complete	MING Drive-Thru Sites C	MING
1333 Testing/drop-off complete	MING Drive-Thru Sites C	MING
1349 Testing/drop-off complete	MING Drive-Thru Sites C	MING
1411 Testing/drop-off complete	MDHHS Neighborhood ! Honu	
1471 Testing/drop-off complete	SNF Mandatory Submis	MING
1472 Testing/drop-off complete	SNF Mandatory Submis	MING
1567 Testing/drop-off complete	SNF Mandatory Submis	MING
1568 Testing/drop-off complete	SNF Mandatory Submis	MING

1034	Testing/drop-off complete	LHD Biweekly Plan - Firs MING
1095	Testing/drop-off complete	LHD Biweekly Plan - Firs Honu
1337	Testing/drop-off complete	MING Drive-Thru Sites C MING
1455	Testing/drop-off complete	SNF Mandatory Submis: MING
1463	Testing/drop-off complete	SNF Mandatory Submis: MING
1487	Testing/drop-off complete	LHD Biweekly Plan - Sec MING
1521	Testing/drop-off complete	LHD Biweekly Plan - Sec Honu
1522	Testing/drop-off complete	LHD Biweekly Plan - Sec Honu
1580	Testing/drop-off complete	SNF Mandatory Submis: MING
1508	Cancelled	LHD Biweekly Plan - Sec MING
1336	Testing/drop-off complete	MING Drive-Thru Sites C MING
1460	Testing/drop-off complete	SNF Mandatory Submis: MING
1461	Testing/drop-off complete	SNF Mandatory Submis: MING
1572	Testing/drop-off complete	SNF Mandatory Submis: MING
1573	Testing/drop-off complete	SNF Mandatory Submis: MING
1459	Testing/drop-off complete	SNF Mandatory Submis: MING
1473	Testing/drop-off complete	SNF Mandatory Submis: MING
1534	Testing/drop-off complete	LHD Biweekly Plan - Sec MING
1535	Testing/drop-off complete	LHD Biweekly Plan - Sec MING
1548	Testing/drop-off complete	LHD Biweekly Plan - Sec MING
1456	Testing/drop-off complete	SNF Mandatory Submis: MING
1469	Testing/drop-off complete	SNF Mandatory Submis: MING
1550	Testing/drop-off complete	LHD Biweekly Plan - Sec MING
1708	Cancelled	Both SNF and LHD Subrr MING
1709	Cancelled	Both SNF and LHD Subrr MING
1710	Cancelled	Both SNF and LHD Subrr MING
1711	Cancelled	Both SNF and LHD Subrr MING
1712	Cancelled	Both SNF and LHD Subrr MING
1713	Cancelled	Both SNF and LHD Subrr MING
1330	Cancelled	MING Drive-Thru Sites C MING
1347	Testing/drop-off complete	MING Drive-Thru Sites C MING
1410	Testing/drop-off complete	MDHHS Neighborhood ! Honu
1476	Testing/drop-off complete	LHD Biweekly Plan - Sec MING
1488	Testing/drop-off complete	LHD Biweekly Plan - Sec MING
1329	Cancelled	MING Drive-Thru Sites C MING
1270	Testing/drop-off complete	SNF Mandatory Submis: MING
1409	Testing/drop-off complete	MDHHS Neighborhood ! Honu
1467	Testing/drop-off complete	MDHHS Neighborhood ! Honu
1468	Testing/drop-off complete	AFC Community Submis Honu
1484	Cancelled	LHD Biweekly Plan - Sec MING
1027	Testing/drop-off complete	LHD Biweekly Plan - Firs MING
1100	Testing/drop-off complete	LHD Biweekly Plan - Firs MING
1119	Testing/drop-off complete	LHD Biweekly Plan - Firs MING
1343	Testing/drop-off complete	MING Drive-Thru Sites C MING
1310	Cancelled	SNF Mandatory Submis: MING
1537	Cancelled	LHD Biweekly Plan - Sec MING
1564	Cancelled	LHD Biweekly Plan - Sec MING

1565	Cancelled	LHD Biweekly Plan - Sec MING
1031	Testing/drop-off complete	LHD Biweekly Plan - Firs MING
1342	Testing/drop-off complete	MING Drive-Thru Sites C MING
1462	Testing/drop-off complete	SNF Mandatory Submis: MING
1464	Testing/drop-off complete	SNF Mandatory Submis: MING
1247	Cancelled	SNF Mandatory Submis: MING
1240	Testing/drop-off complete	SNF Mandatory Submis: MING
1271	Testing/drop-off complete	SNF Mandatory Submis: MING
1295	Testing/drop-off complete	SNF Mandatory Submis: MING
1387	Testing/drop-off complete	SNF Mandatory Submis: MING
1402	Testing/drop-off complete	SNF Mandatory Submis: MING
1406	Testing/drop-off complete	SNF Mandatory Submis: MING
1094	Cancelled	LHD Biweekly Plan - Firs MING
1327	Testing/drop-off complete	MING Drive-Thru Sites C MING
1408	Testing/drop-off complete	MDHHS Neighborhood ! Honu
1453	Testing/drop-off complete	SNF Mandatory Submis: MING
1239	Testing/drop-off complete	SNF Mandatory Submis: MING
1335	Testing/drop-off complete	MING Drive-Thru Sites C MING
1388	Testing/drop-off complete	SNF Mandatory Submis: MING
1407	Testing/drop-off complete	MDHHS Neighborhood ! Honu
1091	Testing/drop-off complete	LHD Biweekly Plan - Firs MING
1344	Testing/drop-off complete	MING Drive-Thru Sites C MING
1452	Testing/drop-off complete	SNF Mandatory Submis: MING
1037	Testing/drop-off complete	LHD Biweekly Plan - Firs MING
1392	Testing/drop-off complete	SNF Mandatory Submis: MING
1400	Testing/drop-off complete	SNF Mandatory Submis: MING
1003	Cancelled	LHD Biweekly Plan - Firs MING
1009	Cancelled	LHD Biweekly Plan - Firs MING
1022	Cancelled	LHD Biweekly Plan - Firs MING
1023	Cancelled	LHD Biweekly Plan - Firs MING
1028	Cancelled	LHD Biweekly Plan - Firs MING
1030	Cancelled	LHD Biweekly Plan - Firs MING
1041	Cancelled	LHD Biweekly Plan - Firs MING
1043	Cancelled	LHD Biweekly Plan - Firs MING
1045	Cancelled	LHD Biweekly Plan - Firs MING
1067	Cancelled	LHD Biweekly Plan - Firs MING
1203	Cancelled	LHD Biweekly Plan - Firs MING
1204	Cancelled	LHD Biweekly Plan - Firs MING
1298	Cancelled	SNF Mandatory Submis: MING
1038	Testing/drop-off complete	LHD Biweekly Plan - Firs MING
1064	Testing/drop-off complete	LHD Biweekly Plan - Firs MING
1258	Testing/drop-off complete	SNF Mandatory Submis: MING
1286	Testing/drop-off complete	SNF Mandatory Submis: MING
1403	Testing/drop-off complete	SNF Mandatory Submis: MING
1405	Testing/drop-off complete	SNF Mandatory Submis: MING
1042	Cancelled	LHD Biweekly Plan - Firs MING
1044	Cancelled	LHD Biweekly Plan - Firs MING

1092	Cancelled	LHD Biweekly Plan - Firs MING
1099	Cancelled	LHD Biweekly Plan - Firs MING
1129	Cancelled	LHD Biweekly Plan - Firs MING
1394	Cancelled	SNF Mandatory Submiss MING
1396	Cancelled	SNF Mandatory Submiss MING
1389	Testing/drop-off complete	SNF Mandatory Submiss MING
1399	Testing/drop-off complete	SNF Mandatory Submiss MING
1036	Cancelled	LHD Biweekly Plan - Firs MING
1102	Testing/drop-off complete	LHD Biweekly Plan - Firs MING
1196	Testing/drop-off complete	LHD Biweekly Plan - Firs MING
1386	Testing/drop-off complete	SNF Mandatory Submiss MING
1390	Testing/drop-off complete	SNF Mandatory Submiss MING
1007	Cancelled	LHD Biweekly Plan - Firs MING
1013	Cancelled	LHD Biweekly Plan - Firs MING
1118	Cancelled	LHD Biweekly Plan - Firs MING
1195	Cancelled	LHD Biweekly Plan - Firs MING
1269	Cancelled	SNF Mandatory Submiss MING
1276	Cancelled	SNF Mandatory Submiss MING
1391	Cancelled	SNF Mandatory Submiss MING
1404	Cancelled	SNF Mandatory Submiss MING
1062	Testing/drop-off complete	Both SNF and LHD Subrr MING
1063	Testing/drop-off complete	Both SNF and LHD Subrr MING
1307	Testing/drop-off complete	SNF Mandatory Submiss MING
1322	Testing/drop-off complete	SNF Mandatory Submiss MING
1346	Testing/drop-off complete	MING Drive-Thru Sites C MING
1197	Testing/drop-off complete	LHD Biweekly Plan - Firs MING
1252	Testing/drop-off complete	SNF Mandatory Submiss MING
1255	Testing/drop-off complete	SNF Mandatory Submiss MING
1345	Testing/drop-off complete	MING Drive-Thru Sites C MING
1005	Testing/drop-off complete	LHD Biweekly Plan - Firs MING
1058	Testing/drop-off complete	LHD Biweekly Plan - Firs MING
1059	Testing/drop-off complete	LHD Biweekly Plan - Firs MING
1060	Testing/drop-off complete	Both SNF and LHD Subrr MING
1061	Testing/drop-off complete	LHD Biweekly Plan - Firs MING
1078	Testing/drop-off complete	LHD Biweekly Plan - Firs MING
1079	Testing/drop-off complete	LHD Biweekly Plan - Firs MING
1080	Testing/drop-off complete	LHD Biweekly Plan - Firs MING
1081	Testing/drop-off complete	LHD Biweekly Plan - Firs MING
1114	Testing/drop-off complete	Both SNF and LHD Subrr MING
1115	Testing/drop-off complete	LHD Biweekly Plan - Firs MING
1179	Testing/drop-off complete	LHD Biweekly Plan - Firs MING
1181	Testing/drop-off complete	LHD Biweekly Plan - Firs MING
1182	Testing/drop-off complete	Both SNF and LHD Subrr MING
1183	Testing/drop-off complete	LHD Biweekly Plan - Firs MING
1184	Testing/drop-off complete	LHD Biweekly Plan - Firs MING
1185	Testing/drop-off complete	Both SNF and LHD Subrr MING
1187	Testing/drop-off complete	LHD Biweekly Plan - Firs MING





1311	Testing/drop-off complete	SNF Mandatory Submiss MING
1312	Testing/drop-off complete	SNF Mandatory Submiss MING
1313	Testing/drop-off complete	SNF Mandatory Submiss MING
1314	Testing/drop-off complete	SNF Mandatory Submiss MING
1315	Testing/drop-off complete	SNF Mandatory Submiss MING
1316	Testing/drop-off complete	SNF Mandatory Submiss MING
1317	Testing/drop-off complete	SNF Mandatory Submiss MING
1318	Testing/drop-off complete	SNF Mandatory Submiss MING
1319	Testing/drop-off complete	SNF Mandatory Submiss MING
1320	Testing/drop-off complete	SNF Mandatory Submiss MING
1323	Testing/drop-off complete	SNF Mandatory Submiss MING
1324	Testing/drop-off complete	SNF Mandatory Submiss MING
1339	Testing/drop-off complete	MING Drive-Thru Sites C MING
1341	Testing/drop-off complete	MING Drive-Thru Sites C MING
1338	Testing/drop-off complete	MING Drive-Thru Sites C MING
1340	Testing/drop-off complete	MING Drive-Thru Sites C MING
1001	To be scheduled	LHD Biweekly Plan - Firs Honu
1002	To be scheduled	LHD Biweekly Plan - Firs Honu
1004	To be scheduled	LHD Biweekly Plan - Firs Honu
1014	To be scheduled	LHD Biweekly Plan - Firs Honu
1015	To be scheduled	LHD Biweekly Plan - Firs Honu
1017	To be scheduled	LHD Biweekly Plan - Firs Honu
1018	To be scheduled	LHD Biweekly Plan - Firs Honu
1019	To be scheduled	LHD Biweekly Plan - Firs Honu
1020	To be scheduled	LHD Biweekly Plan - Firs Honu
1021	To be scheduled	LHD Biweekly Plan - Firs Honu
1029	To be scheduled	LHD Biweekly Plan - Firs Honu
1046	To be scheduled	LHD Biweekly Plan - Firs MING
1065	To be scheduled	LHD Biweekly Plan - Firs MING
1066	To be scheduled	LHD Biweekly Plan - Firs MING
1096	To be scheduled	LHD Biweekly Plan - Firs Honu
1097	To be scheduled	LHD Biweekly Plan - Firs Honu
1098	To be scheduled	LHD Biweekly Plan - Firs Honu
1111	To be scheduled	LHD Biweekly Plan - Firs Honu
1112	To be scheduled	LHD Biweekly Plan - Firs MING
1219	To be scheduled	LHD Biweekly Plan - Firs MING
1220	To be scheduled	LHD Biweekly Plan - Firs MING
1326	To be scheduled	AFC Community Submis Honu
1350	To be scheduled	AFC Community Submis Honu
1353	To be scheduled	AFC Community Submis Honu
1354	To be scheduled	AFC Community Submis Honu
1355	To be scheduled	AFC Community Submis Honu
1356	To be scheduled	AFC Community Submis Honu
1357	To be scheduled	AFC Community Submis Honu
1360	To be scheduled	AFC Community Submis Honu
1361	To be scheduled	AFC Community Submis Honu
1362	To be scheduled	AFC Community Submis Honu

1363	To be scheduled	AFC Community Submis Honu
1364	To be scheduled	AFC Community Submis Honu
1365	To be scheduled	AFC Community Submis Honu
1366	To be scheduled	AFC Community Submis Honu
1367	To be scheduled	AFC Community Submis Honu
1368	To be scheduled	AFC Community Submis Honu
1369	To be scheduled	AFC Community Submis Honu
1370	To be scheduled	AFC Community Submis Honu
1371	To be scheduled	AFC Community Submis Honu
1372	To be scheduled	AFC Community Submis Honu
1373	To be scheduled	AFC Community Submis Honu
1492	To be scheduled	LHD Biweekly Plan - Sec MING
1493	To be scheduled	LHD Biweekly Plan - Sec MING
1494	To be scheduled	LHD Biweekly Plan - Sec MING
1495	To be scheduled	LHD Biweekly Plan - Sec MING
1502	To be scheduled	LHD Biweekly Plan - Sec Honu
1529	To be scheduled	LHD Biweekly Plan - Sec MING
1538	To be scheduled	LHD Biweekly Plan - Sec Honu
1539	To be scheduled	LHD Biweekly Plan - Sec Honu
1540	To be scheduled	LHD Biweekly Plan - Sec Honu
1541	To be scheduled	LHD Biweekly Plan - Sec Honu
1542	To be scheduled	LHD Biweekly Plan - Sec Honu
1543	To be scheduled	LHD Biweekly Plan - Sec Honu
1544	To be scheduled	LHD Biweekly Plan - Sec Honu
1545	To be scheduled	LHD Biweekly Plan - Sec Honu
1546	To be scheduled	LHD Biweekly Plan - Sec MING
1549	To be scheduled	LHD Biweekly Plan - Sec Honu
1552	To be scheduled	LHD Biweekly Plan - Sec Honu
1553	To be scheduled	LHD Biweekly Plan - Sec Honu
1554	To be scheduled	LHD Biweekly Plan - Sec Honu
1555	To be scheduled	LHD Biweekly Plan - Sec Honu
1556	To be scheduled	LHD Biweekly Plan - Sec Honu
1557	To be scheduled	LHD Biweekly Plan - Sec Honu
1558	To be scheduled	LHD Biweekly Plan - Sec Honu
1559	To be scheduled	LHD Biweekly Plan - Sec Honu
1560	To be scheduled	LHD Biweekly Plan - Sec Honu
1561	To be scheduled	LHD Biweekly Plan - Sec Honu
1563	To be scheduled	LHD Biweekly Plan - Sec Honu
1680	To be scheduled	LHD Biweekly Plan - Firs MING
1681	To be scheduled	LHD Biweekly Plan - Firs MING
1682	To be scheduled	LHD Biweekly Plan - Firs MING
1683	To be scheduled	LHD Biweekly Plan - Firs MING
1779	To be scheduled	LHD Biweekly Submissio MING
1782	To be scheduled	LHD Biweekly Submissio MING
1783	To be scheduled	LHD Biweekly Submissio MING
1788	To be scheduled	LHD Biweekly Submissio MING
1789	To be scheduled	LHD Biweekly Submissio MING

1790	To be scheduled	LHD Biweekly Submissio MING
1791	To be scheduled	LHD Biweekly Submissio MING
1792	To be scheduled	LHD Biweekly Submissio Honu
1793	To be scheduled	LHD Biweekly Submissio Honu
1794	To be scheduled	LHD Biweekly Submissio MING
1795	To be scheduled	LHD Biweekly Submissio MING
1802	To be scheduled	LHD Biweekly Submissio MING
1805	To be scheduled	LHD Biweekly Submissio MING
1823	To be scheduled	LHD Biweekly Submissio MING
1824	To be scheduled	LHD Biweekly Submissio MING
1825	To be scheduled	LHD Biweekly Submissio MING
1826	To be scheduled	LHD Biweekly Submissio MING
1784	To be scheduled	LHD Biweekly Submissio Honu
1785	To be scheduled	LHD Biweekly Submissio Honu
1786	To be scheduled	LHD Biweekly Submissio Honu
1787	To be scheduled	LHD Biweekly Submissio Honu
1831	To be scheduled	LHD Biweekly Submissio MING
1777	To be scheduled	LHD Biweekly Submissio MING
1803	To be scheduled	LHD Biweekly Submissio Honu
1804	To be scheduled	LHD Biweekly Submissio Honu
1806	To be scheduled	LHD Biweekly Submissio Honu
1006	No support needed	LHD Biweekly Plan - Firs MING
1026	No support needed	LHD Biweekly Plan - Firs MING
1039	No support needed	LHD Biweekly Plan - Firs MING
1040	No support needed	LHD Biweekly Plan - Firs MING
1047	No support needed	LHD Biweekly Plan - Firs MING
1048	No support needed	LHD Biweekly Plan - Firs MING
1049	No support needed	LHD Biweekly Plan - Firs MING
1050	No support needed	LHD Biweekly Plan - Firs MING
1051	No support needed	LHD Biweekly Plan - Firs MING
1052	No support needed	LHD Biweekly Plan - Firs MING
1053	No support needed	LHD Biweekly Plan - Firs MING
1054	No support needed	LHD Biweekly Plan - Firs MING
1055	No support needed	LHD Biweekly Plan - Firs MING
1056	No support needed	LHD Biweekly Plan - Firs MING
1057	No support needed	LHD Biweekly Plan - Firs MING
1085	No support needed	LHD Biweekly Plan - Firs MING
1086	No support needed	LHD Biweekly Plan - Firs MING
1087	No support needed	LHD Biweekly Plan - Firs MING
1088	No support needed	LHD Biweekly Plan - Firs MING
1089	No support needed	LHD Biweekly Plan - Firs MING
1103	No support needed	LHD Biweekly Plan - Firs MING
1104	No support needed	LHD Biweekly Plan - Firs MING
1105	No support needed	LHD Biweekly Plan - Firs MING
1106	No support needed	LHD Biweekly Plan - Firs MING
1107	No support needed	LHD Biweekly Plan - Firs MING
1108	No support needed	LHD Biweekly Plan - Firs MING

1109	No support needed	LHD Biweekly Plan - Firs MING
1138	No support needed	LHD Biweekly Plan - Firs MING
1180	No support needed	LHD Biweekly Plan - Firs MING
1186	No support needed	LHD Biweekly Plan - Firs MING
1190	No support needed	LHD Biweekly Plan - Firs MING
1191	No support needed	LHD Biweekly Plan - Firs MING
1192	No support needed	LHD Biweekly Plan - Firs MING
1193	No support needed	LHD Biweekly Plan - Firs MING
1194	No support needed	LHD Biweekly Plan - Firs MING
1205	No support needed	LHD Biweekly Plan - Firs MING
1206	No support needed	LHD Biweekly Plan - Firs MING
1207	No support needed	LHD Biweekly Plan - Firs MING
1208	No support needed	LHD Biweekly Plan - Firs MING
1209	No support needed	LHD Biweekly Plan - Firs MING
1210	No support needed	LHD Biweekly Plan - Firs MING
1211	No support needed	LHD Biweekly Plan - Firs MING
1212	No support needed	LHD Biweekly Plan - Firs MING
1213	No support needed	LHD Biweekly Plan - Firs MING
1214	No support needed	LHD Biweekly Plan - Firs MING
1215	No support needed	LHD Biweekly Plan - Firs MING
1216	No support needed	LHD Biweekly Plan - Firs MING
1217	No support needed	LHD Biweekly Plan - Firs MING
1221	No support needed	LHD Biweekly Plan - Firs MING
1222	No support needed	LHD Biweekly Plan - Firs MING
1223	No support needed	LHD Biweekly Plan - Firs MING
1224	No support needed	LHD Biweekly Plan - Firs MING
1226	No support needed	LHD Biweekly Plan - Firs MING
1227	No support needed	LHD Biweekly Plan - Firs Honu
1228	No support needed	LHD Biweekly Plan - Firs MING
1229	No support needed	LHD Biweekly Plan - Firs MING
1230	No support needed	LHD Biweekly Plan - Firs MING
1231	No support needed	LHD Biweekly Plan - Firs MING
1232	No support needed	LHD Biweekly Plan - Firs MING
1445	No support needed	MDHHS Neighborhood † Honu
1446	No support needed	MDHHS Neighborhood † Honu
1447	No support needed	MDHHS Neighborhood † Honu
1448	No support needed	MDHHS Neighborhood † Honu
1449	No support needed	MDHHS Neighborhood † Honu
1450	No support needed	MDHHS Neighborhood † Honu
1457	No support needed	SNF Mandatory Submiss MING
1475	No support needed	LHD Biweekly Plan - Sec MING
1477	No support needed	LHD Biweekly Plan - Sec MING
1478	No support needed	LHD Biweekly Plan - Sec MING
1480	No support needed	LHD Biweekly Plan - Sec MING
1483	No support needed	LHD Biweekly Plan - Sec MING
1489	No support needed	LHD Biweekly Plan - Sec MING
1490	No support needed	LHD Biweekly Plan - Sec MING

1491	No support needed	LHD Biweekly Plan - Sec MING
1497	No support needed	LHD Biweekly Plan - Sec MING
1498	No support needed	LHD Biweekly Plan - Sec MING
1499	No support needed	LHD Biweekly Plan - Sec MING
1500	No support needed	LHD Biweekly Plan - Sec MING
1503	No support needed	LHD Biweekly Plan - Sec MING
1504	No support needed	LHD Biweekly Plan - Sec MING
1505	No support needed	LHD Biweekly Plan - Sec MING
1506	No support needed	LHD Biweekly Plan - Sec MING
1510	No support needed	LHD Biweekly Plan - Sec MING
1511	No support needed	LHD Biweekly Plan - Sec MING
1512	No support needed	LHD Biweekly Plan - Sec MING
1513	No support needed	LHD Biweekly Plan - Sec MING
1515	No support needed	LHD Biweekly Plan - Sec MING
1516	No support needed	LHD Biweekly Plan - Sec MING
1517	No support needed	LHD Biweekly Plan - Sec MING
1520	No support needed	LHD Biweekly Plan - Sec MING
1523	No support needed	LHD Biweekly Plan - Sec MING
1524	No support needed	LHD Biweekly Plan - Sec MING
1526	No support needed	LHD Biweekly Plan - Sec MING
1527	No support needed	LHD Biweekly Plan - Sec MING
1796	No support needed	LHD Biweekly Submissio Honu
1797	No support needed	LHD Biweekly Submissio MING
1798	No support needed	LHD Biweekly Submissio MING
1799	No support needed	LHD Biweekly Submissio MING
1800	No support needed	LHD Biweekly Submissio MING
1808	No support needed	LHD Biweekly Submissio MING
1809	No support needed	LHD Biweekly Submissio MING
1810	No support needed	LHD Biweekly Submissio MING
1811	No support needed	LHD Biweekly Submissio MING
1812	No support needed	LHD Biweekly Submissio MING
1813	No support needed	LHD Biweekly Submissio MING
1814	No support needed	LHD Biweekly Submissio MING
1815	No support needed	LHD Biweekly Submissio MING
1816	No support needed	LHD Biweekly Submissio MING
1817	No support needed	LHD Biweekly Submissio MING
1818	No support needed	LHD Biweekly Submissio MING
1819	No support needed	LHD Biweekly Submissio MING
1820	No support needed	LHD Biweekly Submissio MING
1821	No support needed	LHD Biweekly Submissio MING
1822	No support needed	LHD Biweekly Submissio MING
1827	No support needed	LHD Biweekly Submissio MING
1828	No support needed	LHD Biweekly Submissio MING
1829	No support needed	LHD Biweekly Submissio MING
1830	No support needed	LHD Biweekly Submissio MING
1010	Cancelled	LHD Biweekly Plan - Firs MING
1011	Cancelled	LHD Biweekly Plan - Firs MING

1012 Cancelled	LHD Biweekly Plan - Firs MING
1024 Cancelled	LHD Biweekly Plan - Firs MING
1025 Cancelled	LHD Biweekly Plan - Firs MING
1032 Cancelled	LHD Biweekly Plan - Firs MING
1033 Cancelled	LHD Biweekly Plan - Firs MING
1035 Cancelled	LHD Biweekly Plan - Firs MING
1068 Cancelled	LHD Biweekly Plan - Firs MING
1069 Cancelled	LHD Biweekly Plan - Firs MING
1070 Cancelled	LHD Biweekly Plan - Firs MING
1071 Cancelled	LHD Biweekly Plan - Firs Honu
1072 Cancelled	LHD Biweekly Plan - Firs Honu
1073 Cancelled	LHD Biweekly Plan - Firs Honu
1074 Cancelled	LHD Biweekly Plan - Firs Honu
1075 Cancelled	LHD Biweekly Plan - Firs MING
1076 Cancelled	LHD Biweekly Plan - Firs MING
1077 Cancelled	LHD Biweekly Plan - Firs MING
1082 Cancelled	LHD Biweekly Plan - Firs MING
1083 Cancelled	LHD Biweekly Plan - Firs MING
1084 Cancelled	LHD Biweekly Plan - Firs MING
1090 Cancelled	LHD Biweekly Plan - Firs MING
1093 Cancelled	LHD Biweekly Plan - Firs Honu
1101 Cancelled	LHD Biweekly Plan - Firs MING
1110 Cancelled	LHD Biweekly Plan - Firs Honu
1116 Cancelled	Both SNF and LHD Subrr MING
1117 Cancelled	LHD Biweekly Plan - Firs MING
1120 Cancelled	LHD Biweekly Plan - Firs MING
1121 Cancelled	LHD Biweekly Plan - Firs MING
1122 Cancelled	LHD Biweekly Plan - Firs Honu
1123 Cancelled	LHD Biweekly Plan - Firs Honu
1124 Cancelled	LHD Biweekly Plan - Firs Honu
1125 Cancelled	LHD Biweekly Plan - Firs Honu
1126 Cancelled	LHD Biweekly Plan - Firs Honu
1127 Cancelled	LHD Biweekly Plan - Firs MING
1128 Cancelled	LHD Biweekly Plan - Firs Honu
1130 Cancelled	LHD Biweekly Plan - Firs MING
1131 Cancelled	LHD Biweekly Plan - Firs Honu
1132 Cancelled	LHD Biweekly Plan - Firs Honu
1133 Cancelled	LHD Biweekly Plan - Firs Honu
1134 Cancelled	LHD Biweekly Plan - Firs Honu
1135 Cancelled	LHD Biweekly Plan - Firs Honu
1136 Cancelled	LHD Biweekly Plan - Firs Honu
1137 Cancelled	LHD Biweekly Plan - Firs Honu
1139 Cancelled	LHD Biweekly Plan - Firs MING
1140 Cancelled	LHD Biweekly Plan - Firs Honu
1141 Cancelled	LHD Biweekly Plan - Firs Honu
1142 Cancelled	LHD Biweekly Plan - Firs MING
1143 Cancelled	LHD Biweekly Plan - Firs Honu

1144 Cancelled	LHD Biweekly Plan - Firs Honu
1145 Cancelled	LHD Biweekly Plan - Firs Honu
1146 Cancelled	LHD Biweekly Plan - Firs MING
1147 Cancelled	LHD Biweekly Plan - Firs MING
1148 Cancelled	LHD Biweekly Plan - Firs Honu
1149 Cancelled	LHD Biweekly Plan - Firs Honu
1150 Cancelled	LHD Biweekly Plan - Firs Honu
1151 Cancelled	LHD Biweekly Plan - Firs Honu
1152 Cancelled	LHD Biweekly Plan - Firs MING
1153 Cancelled	LHD Biweekly Plan - Firs MING
1154 Cancelled	LHD Biweekly Plan - Firs MING
1155 Cancelled	LHD Biweekly Plan - Firs MING
1156 Cancelled	LHD Biweekly Plan - Firs Honu
1157 Cancelled	LHD Biweekly Plan - Firs Honu
1158 Cancelled	LHD Biweekly Plan - Firs Honu
1159 Cancelled	LHD Biweekly Plan - Firs Honu
1160 Cancelled	LHD Biweekly Plan - Firs Honu
1161 Cancelled	LHD Biweekly Plan - Firs Honu
1162 Cancelled	LHD Biweekly Plan - Firs Honu
1163 Cancelled	LHD Biweekly Plan - Firs Honu
1164 Cancelled	LHD Biweekly Plan - Firs Honu
1165 Cancelled	LHD Biweekly Plan - Firs Honu
1166 Cancelled	LHD Biweekly Plan - Firs MING
1167 Cancelled	LHD Biweekly Plan - Firs Honu
1168 Cancelled	LHD Biweekly Plan - Firs MING
1169 Cancelled	LHD Biweekly Plan - Firs Honu
1170 Cancelled	LHD Biweekly Plan - Firs Honu
1171 Cancelled	LHD Biweekly Plan - Firs Honu
1172 Cancelled	LHD Biweekly Plan - Firs MING
1173 Cancelled	LHD Biweekly Plan - Firs Honu
1174 Cancelled	LHD Biweekly Plan - Firs Honu
1175 Cancelled	LHD Biweekly Plan - Firs Honu
1176 Cancelled	LHD Biweekly Plan - Firs Honu
1177 Cancelled	LHD Biweekly Plan - Firs Honu
1178 Cancelled	LHD Biweekly Plan - Firs Honu
1189 Cancelled	LHD Biweekly Plan - Firs MING
1198 Cancelled	LHD Biweekly Plan - Firs MING
1199 Cancelled	Both SNF and LHD Subrr MING
1200 Cancelled	LHD Biweekly Plan - Firs MING
1201 Cancelled	LHD Biweekly Plan - Firs MING
1202 Cancelled	LHD Biweekly Plan - Firs MING
1244 Cancelled	SNF Mandatory Submis: MING
1248 Cancelled	SNF Mandatory Submis: MING
1251 Cancelled	SNF Mandatory Submis: MING
1253 Cancelled	SNF Mandatory Submis: MING
1260 Cancelled	SNF Mandatory Submis: MING
1261 Cancelled	SNF Mandatory Submis: MING

1266	Cancelled	SNF Mandatory Submis	MING
1278	Cancelled	SNF Mandatory Submis	MING
1283	Cancelled	SNF Mandatory Submis	MING
1301	Cancelled	SNF Mandatory Submis	MING
1306	Cancelled	SNF Mandatory Submis	MING
1321	Cancelled	SNF Mandatory Submis	MING
1325	Cancelled	AFC Community Submis	Honu
1351	Cancelled	AFC Community Submis	Honu
1352	Cancelled	AFC Community Submis	Honu
1358	Cancelled	AFC Community Submis	Honu
1359	Cancelled	AFC Community Submis	Honu
1374	Cancelled	AFC Community Submis	Honu
1375	Cancelled	AFC Community Submis	Honu
1376	Cancelled	AFC Community Submis	Honu
1377	Cancelled	AFC Community Submis	Honu
1378	Cancelled	AFC Community Submis	Honu
1379	Cancelled	AFC Community Submis	Honu
1380	Cancelled	AFC Community Submis	Honu
1381	Cancelled	AFC Community Submis	Honu
1382	Cancelled	AFC Community Submis	Honu
1383	Cancelled	AFC Community Submis	Honu
1384	Cancelled	AFC Community Submis	Honu
1385	Cancelled	AFC Community Submis	Honu
1393	Cancelled	SNF Mandatory Submis	MING
1395	Cancelled	SNF Mandatory Submis	MING
1397	Cancelled	SNF Mandatory Submis	MING
1398	Cancelled	SNF Mandatory Submis	MING
1401	Cancelled	SNF Mandatory Submis	MING
1413	Cancelled	LHD Biweekly Plan - Sec	MING
1414	Cancelled	LHD Biweekly Plan - Sec	MING
1415	Cancelled	LHD Biweekly Plan - Sec	MING
1416	Cancelled	LHD Biweekly Plan - Sec	MING
1417	Cancelled	LHD Biweekly Plan - Sec	MING
1418	Cancelled	LHD Biweekly Plan - Sec	MING
1419	Cancelled	LHD Biweekly Plan - Sec	MING
1420	Cancelled	LHD Biweekly Plan - Sec	MING
1421	Cancelled	LHD Biweekly Plan - Sec	MING
1422	Cancelled	LHD Biweekly Plan - Sec	MING
1423	Cancelled	LHD Biweekly Plan - Sec	MING
1424	Cancelled	LHD Biweekly Plan - Sec	MING
1425	Cancelled	LHD Biweekly Plan - Sec	MING
1426	Cancelled	LHD Biweekly Plan - Sec	MING
1427	Cancelled	LHD Biweekly Plan - Sec	MING
1428	Cancelled	LHD Biweekly Plan - Sec	MING
1429	Cancelled	LHD Biweekly Plan - Sec	MING
1430	Cancelled	LHD Biweekly Plan - Sec	MING
1431	Cancelled	LHD Biweekly Plan - Sec	MING



1432 Cancelled	LHD Biweekly Plan - Sec MING
1433 Cancelled	LHD Biweekly Plan - Sec MING
1434 Cancelled	LHD Biweekly Plan - Sec MING
1435 Cancelled	LHD Biweekly Plan - Sec MING
1436 Cancelled	LHD Biweekly Plan - Sec MING
1437 Cancelled	LHD Biweekly Plan - Sec MING
1438 Cancelled	LHD Biweekly Plan - Sec MING
1439 Cancelled	LHD Biweekly Plan - Sec MING
1440 Cancelled	LHD Biweekly Plan - Sec MING
1441 Cancelled	LHD Biweekly Plan - Sec MING
1442 Cancelled	LHD Biweekly Plan - Sec MING
1443 Cancelled	LHD Biweekly Plan - Sec MING
1444 Cancelled	LHD Biweekly Plan - Sec MING
1479 Cancelled	LHD Biweekly Plan - Sec MING
1481 Cancelled	LHD Biweekly Plan - Sec MING
1482 Cancelled	LHD Biweekly Plan - Sec MING
1486 Cancelled	LHD Biweekly Plan - Sec MING
1509 Cancelled	LHD Biweekly Plan - Sec MING
1514 Cancelled	LHD Biweekly Plan - Sec Honu
1518 Cancelled	LHD Biweekly Plan - Sec Honu
1519 Cancelled	LHD Biweekly Plan - Sec Honu
1525 Cancelled	LHD Biweekly Plan - Sec Honu
1530 Cancelled	LHD Biweekly Plan - Sec MING
1531 Cancelled	LHD Biweekly Plan - Sec MING
1532 Cancelled	LHD Biweekly Plan - Sec MING
1533 Cancelled	LHD Biweekly Plan - Sec MING
1547 Cancelled	LHD Biweekly Plan - Sec MING
1551 Cancelled	LHD Biweekly Plan - Sec MING
1562 Cancelled	LHD Biweekly Plan - Sec MING

Scheduled		# of Samples			
Date	Mission Type	Expected	Type of Site	County	
9/4	1. Staff needed	250	SNF	Detroit	
9/4	1. Staff needed	75	SNF	Oakland	
9/3	1. Staff needed	100	SNF	Wayne	
9/3	1. Staff needed	100	SNF	Wayne	
9/3	1. Staff needed	85	SNF	Ontonagon	
9/3	2. Drop-off only	42	Other LTC	Ottawa	
9/3	2. Drop-off only	120	SNF	Kent	
9/3	2. Drop-off only	226	SNF	Emmet	
9/3	2. Drop-off only	169	SNF	Ottawa	
9/2	1. Staff needed	600	SNF	Saginaw	
9/2	1. Staff needed	600	SNF	Ingham	
9/2	2. Drop-off only	350	SNF	Oakland	
9/1	2. Drop-off only	200	SNF	Van Buren	
9/1	2. Drop-off only	150	SNF	Saginaw	
9/1	1. Staff needed	250	SNF	Cass	
9/1	2. Drop-off only	360	SNF	Ogemaw	
9/1	2. Drop-off only	200	SNF	Grand Traverse	
8/31	2. Drop-off only	160	SNF	Baraga	
8/31	2. Drop-off only	120	SNF	Detroit	
8/31	2. Drop-off only	170	SNF	Houghton	
8/31	2. Drop-off only	190	SNF	Marquette	
8/31	2. Drop-off only	116	SNF	Roscommon	
8/31	2. Drop-off only	180	SNF	Ogemaw	
8/31	2. Drop-off only	200	SNF	Macomb	
8/31	2. Drop-off only	100	SNF	Oakland	
8/28	1. Staff needed	250	SNF	Detroit	
8/28	1. Staff needed	75	SNF	Oakland	
8/27	1. Staff needed	100	SNF	Wayne	
8/27	1. Staff needed	100	SNF	Wayne	
8/27	1. Staff needed	85	SNF	Ontonagon	
8/27	2. Drop-off only	42	Other LTC	Ottawa	
8/27	2. Drop-off only	120	SNF	Kent	
8/27	2. Drop-off only	226	SNF	Emmet	
8/27	2. Drop-off only	169	SNF	Ottawa	
8/26	1. Staff needed	600	SNF	Saginaw	
8/26	1. Staff needed	600	SNF	Ingham	
8/26	2. Drop-off only	350	SNF	Oakland	
8/26	1. Staff needed	220	Other Workers	Mackinac	
8/25	2. Drop-off only	200	SNF	Van Buren	
8/25	2. Drop-off only	150	SNF	Saginaw	
8/25	1. Staff needed	250	SNF	Cass	
8/25	2. Drop-off only	360	SNF	Ogemaw	
8/25	2. Drop-off only	200	SNF	Grand Traverse	
8/24	2. Drop-off only	160	SNF	Baraga	

8/24 2. Drop-off only	120	SNF	Detroit
8/24 2. Drop-off only	170	SNF	Houghton
8/24 2. Drop-off only	190	SNF	Marquette
8/24 2. Drop-off only	116	SNF	Roscommon
8/24 2. Drop-off only	180	SNF	Ogemaw
8/24 2. Drop-off only	200	SNF	Macomb
8/24 2. Drop-off only	100	SNF	Oakland
8/21 1. Staff needed	250	SNF	Detroit
8/21 1. Staff needed	75	SNF	Oakland
8/20 1. Staff needed	100	SNF	Wayne
8/20 1. Staff needed	100	SNF	Wayne
8/20 1. Staff needed	85	SNF	Ontonagon
8/20 2. Drop-off only	42	Other LTC	Ottawa
8/20 2. Drop-off only	120	SNF	Kent
8/20 2. Drop-off only	226	SNF	Emmet
8/20 2. Drop-off only	169	SNF	Ottawa
8/19 1. Staff needed	600	SNF	Saginaw
8/19 1. Staff needed	600	SNF	Ingham
8/19 2. Drop-off only	350	SNF	Oakland
8/19 1. Staff needed	220	Other Workers	Mackinac
8/18 2. Drop-off only	200	SNF	Van Buren
8/18 2. Drop-off only	150	SNF	Saginaw
8/18 1. Staff needed	250	SNF	Cass
8/18 2. Drop-off only	360	SNF	Ogemaw
8/18 2. Drop-off only	200	SNF	Grand Traverse
8/17 2. Drop-off only	160	SNF	Baraga
8/17 2. Drop-off only	120	SNF	Detroit
8/17 2. Drop-off only	170	SNF	Houghton
8/17 2. Drop-off only	190	SNF	Marquette
8/17 2. Drop-off only	116	SNF	Roscommon
8/17 2. Drop-off only	180	SNF	Ogemaw
8/17 2. Drop-off only	200	SNF	Macomb
8/17 2. Drop-off only	100	SNF	Oakland
8/14 1. Staff needed	250	SNF	Detroit
8/14 1. Staff needed	75	SNF	Oakland
8/13 1. Staff needed	100	SNF	Wayne
8/13 1. Staff needed	100	SNF	Wayne
8/13 1. Staff needed	85	SNF	Ontonagon
8/13 2. Drop-off only	42	Other LTC	Ottawa
8/13 2. Drop-off only	120	SNF	Kent
8/13 2. Drop-off only	226	SNF	Emmet
8/13 2. Drop-off only	169	SNF	Ottawa
8/12 1. Staff needed	600	Drive-Thru	Gogebic
8/12 1. Staff needed	600	SNF	Saginaw
8/12 1. Staff needed	600	SNF	Ingham
8/12 2. Drop-off only	350	SNF	Oakland
8/12 2. Drop-off only	200	Drive-Thru	Bay

8/12	1. Staff needed	220	Other Workers	Mackinac
8/11	2. Drop-off only	100	Other Community	Unknown
8/11	2. Drop-off only	200	SNF	Van Buren
8/11	2. Drop-off only	150	SNF	Saginaw
8/11	1. Staff needed	250	SNF	Cass
8/11	2. Drop-off only	360	SNF	Ogemaw
8/11	2. Drop-off only	200	SNF	Grand Traverse
8/10	2. Drop-off only	160	SNF	Baraga
8/10	2. Drop-off only	120	SNF	Detroit
8/10	2. Drop-off only	170	SNF	Houghton
8/10	2. Drop-off only	190	SNF	Marquette
8/10	2. Drop-off only	116	SNF	Roscommon
8/10	2. Drop-off only	180	SNF	Ogemaw
8/10	2. Drop-off only	200	SNF	Macomb
8/10	2. Drop-off only	100	SNF	Oakland
8/8	1. Staff needed	-	Drive-Thru	Allegan
8/8	1. Staff needed	500	Other Workers	Allegan
8/8	1. Staff needed	1,000	Drive-Thru	Gogebic
8/7	2. Drop-off only	100	SNF	Wayne
8/7	1. Staff needed	250	SNF	Detroit
8/7	2. Drop-off only	15	Jail	Menominee
8/6	1. Staff needed	100	SNF	Wayne
8/6	1. Staff needed	85	SNF	Ontonagon
8/6	2. Drop-off only	300	Jail	Van Buren
8/6	1. Staff needed	100	SNF	Wayne
8/6	1. Staff needed	100	SNF	Wayne
8/6	2. Drop-off only	226	SNF	Emmet
8/6	1. Staff needed	100	SNF	Wayne
8/6	2. Drop-off only	100	SNF	Crawford
8/6	2. Drop-off only	100	SNF	Crawford
8/6	2. Drop-off only	100	SNF	Crawford
8/6	2. Drop-off only	100	SNF	Crawford
8/6	2. Drop-off only	100	SNF	Crawford
8/6	2. Drop-off only	42	Other LTC	Ottawa
8/6	2. Drop-off only	350	SNF	Oakland
8/6	1. Staff needed	75	SNF	Oakland
8/6	2. Drop-off only	85	SNF	Van Buren
8/6	2. Drop-off only	85	SNF	Van Buren
8/6	2. Drop-off only	120	SNF	Kent
8/6	2. Drop-off only	120	SNF	Kent
8/6	1. Staff needed	250	SNF	Cass
8/6	1. Staff needed	250	SNF	Cass
8/6	2. Drop-off only	226	SNF	Emmet
8/6	2. Drop-off only	169	SNF	Ottawa
8/6	2. Drop-off only	150	SNF	Bay
8/5	1. Staff needed	220	Other Workers	Mackinac
8/5	2. Drop-off only	150	SNF	Saginaw

8/5 1. Staff needed	600	SNF	Saginaw
8/5 1. Staff needed	600	SNF	Ingham
8/5 2. Drop-off only	200	Other LTC	Washtenaw
8/5 2. Drop-off only	200	Other Community	Bay
8/5 2. Drop-off only	110	SNF	St. Joseph
8/5 2. Drop-off only	360	SNF	Ogemaw
8/5 2. Drop-off only	160	SNF	Baraga
8/5 2. Drop-off only	160	SNF	Baraga
8/5 2. Drop-off only	120	SNF	Detroit
8/5 2. Drop-off only	120	SNF	Detroit
8/5 2. Drop-off only	490	SNF	Genesee
8/5 2. Drop-off only	490	SNF	Genesee
8/5 2. Drop-off only	490	SNF	Genesee
8/5 2. Drop-off only	490	SNF	Genesee
8/5 2. Drop-off only	490	SNF	Genesee
8/5 2. Drop-off only	490	SNF	Genesee
8/5 2. Drop-off only	170	SNF	Houghton
8/5 2. Drop-off only	170	SNF	Houghton
8/5 2. Drop-off only	190	SNF	Marquette
8/5 2. Drop-off only	190	SNF	Marquette
8/5 2. Drop-off only	116	SNF	Roscommon
8/5 2. Drop-off only	116	SNF	Roscommon
8/5 1. Staff needed	100	SNF	Huron
8/5 1. Staff needed	100	SNF	Huron
8/5 1. Staff needed	100	SNF	Huron
8/5 1. Staff needed	100	SNF	Huron
8/5 1. Staff needed	100	SNF	Huron
8/5 1. Staff needed	100	SNF	Huron
8/5 2. Drop-off only	360	SNF	Ogemaw
8/5 2. Drop-off only	360	SNF	Ogemaw
8/5 2. Drop-off only	200	SNF	Grand Traverse
8/5 2. Drop-off only	200	SNF	Grand Traverse
8/5 2. Drop-off only	100	SNF	Oakland
8/5 2. Drop-off only	-	SNF	Bay
8/4 2. Drop-off only	200	SNF	Van Buren
8/3 2. Drop-off only	180	SNF	Ogemaw
8/3 2. Drop-off only	200	SNF	Macomb
7/31 1. Staff needed	600	SNF	Ingham
7/31 1. Staff needed	75	SNF	Oakland
7/31 1. Staff needed	600	SNF	Saginaw
7/31 1. Staff needed	85	SNF	Ontonagon
7/30 1. Staff needed	250	SNF	Detroit
7/30 1. Staff needed	250	SNF	Cass
7/30 1. Staff needed	250	SNF	Cass
7/30 1. Staff needed	250	SNF	Cass
7/30 1. Staff needed	250	SNF	Cass
7/30 1. Staff needed	250	SNF	Cass

7/30	1. Staff needed	250	SNF	Cass
7/29	2. Drop-off only	150	SNF	Saginaw
7/29	2. Drop-off only	60	SNF	Oakland
7/29	1. Staff needed	100	SNF	Berrien
7/29	2. Drop-off only	280	SNF	Van Buren
7/29	2. Drop-off only	280	SNF	Van Buren
7/29	2. Drop-off only	280	SNF	Van Buren
7/29	2. Drop-off only	280	SNF	Van Buren
7/29	2. Drop-off only	280	SNF	Van Buren
7/29	2. Drop-off only	280	SNF	Van Buren
7/29	1. Staff needed	100	SNF	Berrien
7/29	1. Staff needed	100	SNF	Berrien
7/29	1. Staff needed	100	SNF	Berrien
7/29	1. Staff needed	100	SNF	Berrien
7/29	1. Staff needed	100	SNF	Berrien
7/29	2. Drop-off only	200	SNF	Van Buren
7/29	1. Staff needed	100	SNF	Berrien
7/29	1. Staff needed	100	SNF	Berrien
7/29	1. Staff needed	100	SNF	Berrien
7/29	1. Staff needed	100	SNF	Berrien
7/29	1. Staff needed	100	SNF	Berrien
7/29	1. Staff needed	100	SNF	Berrien
7/29	2. Drop-off only	180	SNF	Ogemaw
7/28	2. Drop-off only	169	SNF	Ottawa
7/28	2. Drop-off only	42	Other LTC	Ottawa
7/28	2. Drop-off only	350	SNF	Oakland
7/28	2. Drop-off only	100	SNF	Crawford
7/27	2. Drop-off only	125	SNF	Otsego
7/27	2. Drop-off only	360	SNF	Ogemaw
7/27	1. Staff needed	1,400	Other	Crawford
7/27	1. Staff needed	175	Other	Calhoun
7/27	1. Staff needed	400	Other	Alpena
7/27	2. Drop-off only	200	SNF	Macomb
7/26	1. Staff needed	200	Drive-Thru	Washtenaw
7/26	1. Staff needed	-	Other	Chippewa
7/25	1. Staff needed	-	Drive-Thru	Menominee
7/25	1. Staff needed	-	Drive-Thru	Iron
7/25	1. Staff needed	-	Drive-Thru	Luce
7/25	1. Staff needed	-	Neighborhood	Genesee
7/24	1. Staff needed	-	Drive-Thru	Delta
7/24	1. Staff needed	-	Drive-Thru	Dickinson
7/24	1. Staff needed	-	Drive-Thru	Mackinac
7/24	1. Staff needed	-	Neighborhood	Genesee
7/24	2. Drop-off only	200	SNF	Grand Traverse
7/24	1. Staff needed	75	SNF	Oakland
7/24	2. Drop-off only	60	SNF	Oakland
7/24	1. Staff needed	250	SNF	Detroit

7/23	1. Staff needed	60	Other LTC	Lenawee
7/23	1. Staff needed	63	Shelter	Saginaw
7/23	1. Staff needed	-	Drive-Thru	Crawford
7/23	2. Drop-off only	120	SNF	Detroit
7/23	1. Staff needed	85	SNF	Ontonagon
7/23	2. Drop-off only	490	SNF	Genesee
7/23	1. Staff needed	37	Shelter	Marquette
7/23	1. Staff needed	35	Shelter	Marquette
7/23	1. Staff needed	100	SNF	Huron
7/23	1. Staff needed	100	Drive-Thru	St. Joseph
7/22	1. Staff needed	-	Drive-Thru	Kalkaska
7/22	2. Drop-off only	190	SNF	Marquette
7/22	2. Drop-off only	116	SNF	Roscommon
7/22	1. Staff needed	100	SNF	Berrien
7/22	1. Staff needed	600	SNF	Saginaw
7/21	2. Drop-off only	170	SNF	Houghton
7/21	2. Drop-off only	160	SNF	Baraga
7/21	1. Staff needed	41	Other LTC	Isabella
7/21	1. Staff needed	125	Other	Calhoun
7/21	1. Staff needed	35	Other LTC	Mackinac
7/20	2. Drop-off only	120	SNF	Kent
7/20	2. Drop-off only	180	SNF	Ogemaw
7/20	1. Staff needed	15	Other LTC	Mackinac
7/20	2. Drop-off only	135	SNF	Van Buren
7/20	2. Drop-off only	135	SNF	Van Buren
7/20	2. Drop-off only	135	SNF	Van Buren
7/20	2. Drop-off only	135	SNF	Van Buren
7/20	2. Drop-off only	135	SNF	Van Buren
7/20	2. Drop-off only	135	SNF	Van Buren
7/19	1. Staff needed	-	Drive-Thru	St. Joseph
7/18	1. Staff needed	-	Drive-Thru	Alger
7/18	1. Staff needed	-	Neighborhood	Genesee
7/18	1. Staff needed	2,874	Other	Crawford
7/18	1. Staff needed	400	Other	Alpena
7/18	1. Staff needed	-	Drive-Thru	St. Joseph
7/17	1. Staff needed	172	SNF	Wayne
7/17	1. Staff needed	-	Neighborhood	Genesee
7/17	1. Staff needed	-	Neighborhood	Oceana
7/17	2. Drop-off only	465	AFC	Dickinson
7/17	1. Staff needed	525	Other LTC	Washtenaw
7/16	1. Staff needed	100	Other LTC	Lenawee
7/16	1. Staff needed	190	SNF	Macomb
7/16	1. Staff needed	196	SNF	Huron
7/16	1. Staff needed	-	Drive-Thru	Mason
7/16	1. Staff needed	187	SNF	Oakland
7/16	1. Staff needed	32	Other LTC	Luce
7/16	1. Staff needed	90	SNF	Luce

7/16	1. Staff needed	125	SNF	Alger
7/15	1. Staff needed	149	Other LTC	Lenawee
7/15	1. Staff needed	-	Drive-Thru	Mason
7/15	1. Staff needed	100	SNF	Berrien
7/15	1. Staff needed	600	SNF	Saginaw
7/15	1. Staff needed	100	SNF	Jackson
7/13	1. Staff needed	90	SNF	Dickinson
7/13	1. Staff needed	150	SNF	Wayne
7/13	1. Staff needed	200	SNF	Oakland
7/13	2. Drop-off only	600	SNF	Genesee
7/13	2. Drop-off only	230	SNF	Oakland
7/13	2. Drop-off only	80	SNF	Oakland
7/13	1. Staff needed	-	SNF	Saginaw
7/11	1. Staff needed	-	Drive-Thru	Allegan
7/10	1. Staff needed	-	Neighborhood	Genesee
7/10	1. Staff needed	150	SNF	Oakland
7/9	1. Staff needed	120	SNF	Crawford
7/9	1. Staff needed	-	Drive-Thru	Mecosta
7/9	2. Drop-off only	174	SNF	Muskegon
7/9	1. Staff needed	-	Neighborhood	Genesee
7/8	1. Staff needed	700	SNF	Saginaw
7/8	1. Staff needed	-	Drive-Thru	Mecosta
7/8	2. Drop-off only	160	SNF	Oakland
7/7	1. Staff needed	60	Other LTC	Lenawee
7/7	2. Drop-off only	242	SNF	Wayne
7/7	2. Drop-off only	60	SNF	Oakland
7/7	1. Staff needed	100	Jail	Delta
7/7	2. Drop-off only	50	Jail	Ionia
7/7	1. Staff needed	Pending	First Responders	Clinton
7/7	1. Staff needed	103	First Responders	Montcalm
7/7	1. Staff needed	141	Other LTC	Lenawee
7/7	1. Staff needed	65	Other LTC	Lenawee
7/7	1. Staff needed	300	Other Community	Allegan
7/7	1. Staff needed	90	SNF	Mackinac
7/7	1. Staff needed	120	SNF	Schoolcraft
7/7	2. Drop-off only	25	Jail	Van Buren
7/7	1. Staff needed	100	Other LTC	Berrien
7/7	1. Staff needed	100	Other LTC	Berrien
7/7	1. Staff needed	150	SNF	Wayne
7/6	2. Drop-off only	10	Other Community	Isabella
7/6	2. Drop-off only	125	Other Community	Cass
7/6	2. Drop-off only	160	SNF	Ogemaw
7/6	1. Staff needed	330	SNF	Detroit
7/6	1. Staff needed	100	SNF	Berrien
7/6	2. Drop-off only	312	SNF	Antrim
7/6	1. Staff needed	90	SNF	Luce
7/6	1. Staff needed	125	SNF	Alger



7/6	1. Staff needed	-	SNF	Saginaw
7/6	1. Staff needed	120	Other LTC	Saginaw
7/6	1. Staff needed	39	SNF	Crawford
7/6	1. Staff needed	100	SNF	Wayne
7/6	1. Staff needed	60	SNF	Gratiot
7/3	2. Drop-off only	585	SNF	Lenawee
7/3	2. Drop-off only	300	SNF	Wayne
7/3	1. Staff needed	60	Other LTC	Lenawee
7/2	1. Staff needed	123	SNF	Macomb
7/2	1. Staff needed	100	SNF	Berrien
7/2	1. Staff needed	200	SNF	Wayne
7/2	2. Drop-off only	130	SNF	Sanilac
7/2	1. Staff needed	N/A	SNF	Ionia
7/2	1. Staff needed	262	SNF	Tuscola
7/2	1. Staff needed	510	SNF	Huron
7/2	1. Staff needed	100	SNF	Berrien
7/2	1. Staff needed	199	SNF	Wayne
7/2	1. Staff needed	686	SNF	Ingham
7/2	1. Staff needed	205	SNF	Oakland
7/2	2. Drop-off only	90	SNF	Clinton
7/1	1. Staff needed	250	SNF	Cass
7/1	1. Staff needed	250	SNF	Cass
7/1	1. Staff needed	240	SNF	Washtenaw
7/1	1. Staff needed	158	SNF	Wayne
7/1	1. Staff needed	-	Drive-Thru	Wexford
6/30	1. Staff needed	100	SNF	Berrien
6/30	1. Staff needed	220	SNF	Macomb
6/30	1. Staff needed	100	SNF	Muskegon
6/30	1. Staff needed	-	Drive-Thru	Wexford
6/29	2. Drop-off only	335	SNF	Menominee
6/29	2. Drop-off only	85	SNF	Van Buren
6/29	2. Drop-off only	200	SNF	Van Buren
6/29	2. Drop-off only	135	SNF	Van Buren
6/29	2. Drop-off only	280	SNF	Van Buren
6/29	2. Drop-off only	120	SNF	Bay
6/29	2. Drop-off only	350	SNF	Bay
6/29	2. Drop-off only	275	SNF	Bay
6/29	2. Drop-off only	140	SNF	Bay
6/29	2. Drop-off only	320	SNF	Monroe
6/29	2. Drop-off only	180	SNF	Monroe
6/29	2. Drop-off only	300	SNF	Genesee
6/29	2. Drop-off only	154	SNF	Genesee
6/29	2. Drop-off only	216	SNF	Genesee
6/29	2. Drop-off only	159	SNF	Genesee
6/29	2. Drop-off only	250	SNF	Genesee
6/29	2. Drop-off only	280	SNF	Genesee
6/29	2. Drop-off only	136	SNF	Genesee

6/29 2. Drop-off only	156	SNF	Genesee
6/29 2. Drop-off only	50	SNF	Midland
6/29 2. Drop-off only	190	SNF	Allegan
6/29 2. Drop-off only	164	SNF	Allegan
6/29 2. Drop-off only	100	SNF	Calhoun
6/29 2. Drop-off only	50	SNF	Genesee
6/29 2. Drop-off only	120	SNF	Gladwin
6/29 2. Drop-off only	150	SNF	Gogebic
6/29 2. Drop-off only	210	SNF	Isabella
6/29 2. Drop-off only	215	SNF	Isabella
6/29 2. Drop-off only	83	SNF	Kent
6/29 2. Drop-off only	120	SNF	Kent
6/29 2. Drop-off only	400	SNF	Mecosta
6/29 2. Drop-off only	175	SNF	Oakland
6/29 2. Drop-off only	170	SNF	Ogemaw
6/29 2. Drop-off only	90	SNF	Otsego
6/29 2. Drop-off only	72	SNF	Ottawa
6/29 2. Drop-off only	100	SNF	Roscommon
6/29 2. Drop-off only	140	SNF	Saginaw
6/29 2. Drop-off only	200	SNF	Sanilac
6/29 2. Drop-off only	180	SNF	Washtenaw
6/29 2. Drop-off only	275	SNF	Wayne
6/29 2. Drop-off only	750	SNF	Wayne
6/29 2. Drop-off only	118	SNF	Iron
6/29 2. Drop-off only	100	SNF	Lenawee
6/29 2. Drop-off only	250	SNF	Macomb
6/29 2. Drop-off only	640	SNF	Monroe
6/29 2. Drop-off only	160	SNF	Muskegon
6/29 2. Drop-off only	216	SNF	Washtenaw
6/29 2. Drop-off only	250	SNF	Wayne
6/29 2. Drop-off only	185	SNF	Kent
6/29 2. Drop-off only	140	SNF	Macomb
6/29 2. Drop-off only	95	SNF	Midland
6/29 2. Drop-off only	195	SNF	Muskegon
6/29 2. Drop-off only	134	SNF	Muskegon
6/29 2. Drop-off only	135	SNF	Muskegon
6/29 2. Drop-off only	222	SNF	Oakland
6/29 2. Drop-off only	142	SNF	Oakland
6/29 2. Drop-off only	150	SNF	Saginaw
6/29 2. Drop-off only	454	SNF	Washtenaw
6/29 2. Drop-off only	237	SNF	Wayne
6/29 2. Drop-off only	100	SNF	Detroit
6/29 2. Drop-off only	200	SNF	Detroit
6/29 2. Drop-off only	250	SNF	Detroit
6/29 2. Drop-off only	120	SNF	Kent
6/29 2. Drop-off only	42	Other LTC	Ottawa
6/29 2. Drop-off only	261	SNF	Monroe

6/29 2. Drop-off only	50	SNF	Ionia
6/29 2. Drop-off only	110	SNF	Kent
6/29 2. Drop-off only	150	SNF	Detroit
6/29 2. Drop-off only	90	SNF	Kent
6/29 2. Drop-off only	150	SNF	Montcalm
6/29 2. Drop-off only	50	SNF	Ottawa
6/29 2. Drop-off only	239	SNF	Ottawa
6/29 2. Drop-off only	150	SNF	Livingston
6/29 2. Drop-off only	100	SNF	Macomb
6/29 2. Drop-off only	250	SNF	Detroit
6/29 2. Drop-off only	75	SNF	Newaygo
6/29 2. Drop-off only	300	SNF	Iosco
6/26 1. Staff needed	-	Drive-Thru	Lake
6/26 1. Staff needed	-	Drive-Thru	Manistee
6/25 1. Staff needed	-	Drive-Thru	Lake
6/25 1. Staff needed	-	Drive-Thru	Manistee
1. Staff needed	79	Shelter	Menominee
1. Staff needed	15	Shelter	Delta
1. Staff needed	71	AFC	Delta
1. Staff needed	20	AFC	Clinton
1. Staff needed	50	AFC	Clinton
1. Staff needed	40	AFC	Gratiot
1. Staff needed	20	AFC	Montcalm
1. Staff needed	40	AFC	Montcalm
1. Staff needed	40	AFC	Montcalm
1. Staff needed	40	AFC	Montcalm
1. Staff needed	53	Shelter	Lenawee
1. Staff needed	350	Other LTC	Various
2. Drop-off only	250	Other Community	Van Buren
2. Drop-off only	25	Jail	Cass
1. Staff needed	75	Shelter	Saginaw
1. Staff needed	-	Shelter	Saginaw
1. Staff needed	240	AFC	Saginaw
1. Staff needed	125	Shelter	Washtenaw
1. Staff needed	125	Other Workers	Washtenaw
1. Staff needed	21	Other Community	Marquette
1. Staff needed	40	Other Community	Marquette
1. Staff needed	250	AFC	Chippewa
1. Staff needed	400	AFC	Dickinson
1. Staff needed	420	AFC	Marquette
1. Staff needed	310	AFC	Delta
1. Staff needed	70	AFC	Luce
1. Staff needed	220	AFC	Houghton
2. Drop-off only	150	AFC	Marquette
1. Staff needed	340	AFC	Detroit
1. Staff needed	366	AFC	Wayne
1. Staff needed	72	AFC	Detroit

1. Staff needed	297	AFC	Detroit
1. Staff needed	999	AFC	Wayne
1. Staff needed	94	AFC	Wayne
1. Staff needed	441	AFC	Wayne
1. Staff needed	73	AFC	Wayne
1. Staff needed	119	AFC	Wayne
1. Staff needed	251	AFC	Wayne
1. Staff needed	470	AFC	Detroit
1. Staff needed	93	AFC	Wayne
1. Staff needed	40	AFC	Wayne
1. Staff needed	158	AFC	Detroit
1. Staff needed	300	Other Workers	Allegan
1. Staff needed	300	Other Workers	Allegan
1. Staff needed	300	Other Workers	Allegan
1. Staff needed	300	Other Workers	Allegan
1. Staff needed	125	Shelter	Washtenaw
2. Drop-off only	125	Other Community	Cass
1. Staff needed	3	AFC	Luce
1. Staff needed	19	AFC	Luce
1. Staff needed	3	AFC	Luce
1. Staff needed	18	AFC	Luce
1. Staff needed	8	AFC	Luce
1. Staff needed	17	AFC	Luce
1. Staff needed	49	AFC	Mackinac
1. Staff needed	30	AFC	Mackinac
1. Staff needed	30	AFC	Mackinac
1. Staff needed	15	AFC	Mackinac
1. Staff needed	5	AFC	Alger
1. Staff needed	133	AFC	Alger
1. Staff needed	8	AFC	Schoolcraft
1. Staff needed	15	AFC	Schoolcraft
1. Staff needed	6	AFC	Schoolcraft
1. Staff needed	11	AFC	Schoolcraft
1. Staff needed	15	AFC	Schoolcraft
1. Staff needed	15	AFC	Schoolcraft
1. Staff needed	14	AFC	Schoolcraft
1. Staff needed	14	AFC	Schoolcraft
1. Staff needed	8	AFC	Schoolcraft
2. Drop-off only	85	SNF	Van Buren
2. Drop-off only	85	SNF	Van Buren
2. Drop-off only	85	SNF	Van Buren
2. Drop-off only	85	SNF	Van Buren
2. Drop-off only	-	SNF	Bay
1. Staff needed	150	Other Workers	Lake
1. Staff needed	200	Other Workers	Newaygo
3. Lab coordination	400	Other Community	Washtenaw
1. Staff needed	525	Other LTC	Washtenaw



No support needed	300	Drive-Thru	Macomb
No support needed	-	SNF	Lake
No support needed	33	Other LTC	Genesee
No support needed	121	Other LTC	Genesee
No support needed	320	Other LTC	Genesee
No support needed	25	Other Community	Gogebic
No support needed	25	Other Community	Iron
No support needed	25	Other Community	Ontonagon
No support needed	25	Other Community	Keweenaw
No support needed	100	SNF	St. Clair
No support needed	50	Other LTC	St. Clair
No support needed	50	Other LTC	St. Clair
No support needed	100	Other Community	St. Clair
No support needed	100	Other Community	St. Clair
No support needed	252	SNF	Barry
No support needed	425	SNF	Eaton
No support needed	400	SNF	Eaton
No support needed	150	SNF	Eaton
No support needed	450	SNF	Barry
No support needed	145	SNF	Barry
No support needed	-	Jail	Eaton
No support needed	-	Other Community	Barry
No support needed	2,440	First Responders	Detroit
No support needed	2,500	Other Community	Detroit
No support needed	-	Other Community	Unknown
No support needed	-	Jail	Wayne
No support needed	5	Jail	Muskegon
No support needed	1,000	AFC	Muskegon
No support needed	200	Other Community	Kent
No support needed	200	Other Community	Kent
No support needed	400	Other Community	Kent
No support needed	400	Other Community	Kent
No support needed	250	Other Community	Kent
No support needed	-	Neighborhood	Detroit
No support needed	-	Neighborhood	Detroit
No support needed	-	Neighborhood	Wayne
No support needed	-	Neighborhood	Wayne
No support needed	-	Neighborhood	Detroit
No support needed	-	Neighborhood	Detroit
No support needed	220	SNF	Kalkaska
No support needed	see above	SNF	Macomb
No support needed	1,000	Drive-Thru	Genesee
No support needed	1,000	Drive-Thru	Genesee
No support needed	1,000	Other Community	Saginaw
No support needed	700	Drive-Thru	Macomb
No support needed	400	Other Community	Montcalm
No support needed	350	Jail	Wayne

No support needed	313	Other	Macomb
No support needed	205	Other	Macomb
No support needed	200	SNF	Macomb
No support needed	200	Other	Macomb
No support needed	200	Other	Macomb
No support needed	120	Other Workers	Wayne
No support needed	118	Other	Macomb
No support needed	108	Other LTC	Macomb
No support needed	106	Other	Macomb
No support needed	100	Other	Macomb
No support needed	100	Other	Macomb
No support needed	100	Other	Macomb
No support needed	100	Other	Macomb
No support needed	89	Other	Macomb
No support needed	52	Other	Macomb
No support needed	43	Other	Macomb
No support needed	38	Other	Macomb
No support needed	24	Other	Macomb
No support needed	21	Other	Macomb
No support needed	16	Other	Macomb
No support needed	13	Other	Macomb
No support needed	14	AFC	Sanilac
No support needed	5	Jail	Sanilac
No support needed	150	Drive-Thru	Sanilac
No support needed	375	Jail	Wayne
No support needed	300	Other Workers	Wayne
No support needed	34	Other (describe to rig	Macomb
No support needed	100	Other (describe to rig	Macomb
No support needed	100	Other (describe to rig	Macomb
No support needed	100	Other (describe to rig	Macomb
No support needed	150	SNF	Macomb
No support needed	109	SNF	Macomb
No support needed	150	SNF	Macomb
No support needed	100	Other (describe to rig	Macomb
No support needed	100	Other (describe to rig	Macomb
No support needed	109	SNF	Macomb
No support needed	100	Other (describe to rig	Macomb
No support needed	100	Other (describe to rig	Macomb
No support needed	109	SNF	Macomb
No support needed	1,500	Drive-Thru	Macomb
No support needed	400	Other Community	Montcalm
No support needed	200	Drive-Thru	eking@stclaircoun
No support needed	200	Drive-Thru	eking@stclaircoun
No support needed	200	Drive-Thru	eking@stclaircoun
No support needed	200	Drive-Thru	St. Clair
1. Staff needed	900	SNF	Tuscola
1. Staff needed	292	SNF	Tuscola

1. Staff needed	-	Jail	Tuscola
1. Staff needed	Pending	First Responders	Gratiot
1. Staff needed	160	SNF	Lenawee
1. Staff needed	78	Other LTC	Lenawee
1. Staff needed	60	Other LTC	Lenawee
1. Staff needed	60	Other LTC	Lenawee
3. Lab coordination	100	Other LTC	Ottawa
3. Lab coordination	100	Other LTC	Ottawa
3. Lab coordination	200	Other LTC	Ottawa
3. Lab coordination	65	Shelter	Ottawa
3. Lab coordination	90	Shelter	Ottawa
3. Lab coordination	210	Migrant Workers	Ottawa
3. Lab coordination	250	Migrant Workers	Ottawa
3. Lab coordination	30	Other Community	Ottawa
3. Lab coordination	30	Other Community	Ottawa
3. Lab coordination	100	Other Community	Ottawa
2. Drop-off only	140	SNF	Bay
2. Drop-off only	235	SNF	Bay
2. Drop-off only	-	Other Community	Grand Traverse
1. Staff needed	-	SNF	Saginaw
1. Staff needed	195	Shelter	Saginaw
1. Staff needed	218	SNF	Macomb
1. Staff needed	90	Shelter	Washtenaw
No support needed	200	SNF	Monroe
1. Staff needed	-	Jail	Huron
1. Staff needed	-	SNF	Huron
1. Staff needed	662	SNF	Huron
1. Staff needed	-	AFC	Mason
1. Staff needed	-	AFC	Mason
1. Staff needed	-	AFC	Mason
1. Staff needed	-	AFC	Mason
1. Staff needed	-	AFC	Mason
1. Staff needed	-	Other LTC	Crawford
1. Staff needed	-	AFC	Crawford
1. Staff needed	-	Other LTC	Kalkaska
1. Staff needed	-	AFC	Grand Traverse
1. Staff needed	-	AFC	Kalkaska
1. Staff needed	-	AFC	Kalkaska
1. Staff needed	-	AFC	Kalkaska
1. Staff needed	-	AFC	Grand Traverse
1. Staff needed	-	AFC	Grand Traverse
1. Staff needed	-	AFC	Grand Traverse
1. Staff needed	-	Other LTC	Manistee
1. Staff needed	-	AFC	Manistee
1. Staff needed	-	AFC	Manistee
1. Staff needed	-	Other LTC	Mecosta
1. Staff needed	-	AFC	Mecosta



1. Staff needed	-	AFC	Mecosta
1. Staff needed	-	AFC	Osceola
1. Staff needed	-	Other LTC	Missaukee
1. Staff needed	-	Other LTC	Missaukee
1. Staff needed	-	AFC	Wexford
1. Staff needed	-	AFC	Wexford
1. Staff needed	-	AFC	Missaukee
1. Staff needed	-	AFC	Missaukee
1. Staff needed	-	Other LTC	Newaygo
1. Staff needed	-	Other LTC	Newaygo
1. Staff needed	-	Other LTC	Newaygo
1. Staff needed	-	Other LTC	Newaygo
1. Staff needed	-	AFC	Newaygo
1. Staff needed	-	AFC	Montcalm
1. Staff needed	-	AFC	Newaygo
1. Staff needed	-	AFC	Oceana
1. Staff needed	-	AFC	Oceana
1. Staff needed	-	AFC	Oceana
1. Staff needed	-	AFC	Oceana
1. Staff needed	-	AFC	Oceana
1. Staff needed	-	AFC	Oceana
1. Staff needed	-	AFC	Oceana
1. Staff needed	-	AFC	Oceana
1. Staff needed	-	Other LTC	Wexford
1. Staff needed	-	AFC	Wexford
1. Staff needed	-	Other LTC	Wexford
1. Staff needed	-	AFC	Wexford
1. Staff needed	-	AFC	Wexford
1. Staff needed	-	AFC	Wexford
1. Staff needed	-	Other LTC	Wexford
1. Staff needed	-	AFC	Wexford
1. Staff needed	-	AFC	Wexford
1. Staff needed	-	AFC	Wexford
1. Staff needed	-	AFC	Wexford
1. Staff needed	-	AFC	Wexford
1. Staff needed	-	AFC	Wexford
1. Staff needed	-	AFC	Wexford
1. Staff needed	-	AFC	Wexford
1. Staff needed	172	SNF	Genesee
1. Staff needed	100	SNF	Berrien
1. Staff needed	140	SNF	Berrien
1. Staff needed	100	SNF	Berrien
1. Staff needed	100	SNF	Berrien
1. Staff needed	100	SNF	Berrien
1. Staff needed	215	SNF	Iron
1. Staff needed	80	SNF	Kalamazoo
1. Staff needed	150	SNF	Kent
1. Staff needed	150	SNF	Macomb
1. Staff needed	150	SNF	Ottawa
1. Staff needed	85	SNF	Ottawa

2. Drop-off only		140	SNF	St. Joseph
1. Staff needed		311	SNF	Kent
1. Staff needed		71	SNF	Oakland
1. Staff needed		170	SNF	Wayne
1. Staff needed		130	SNF	Wayne
1. Staff needed		150	SNF	Oakland
1. Staff needed	Cancelled		AFC	Schoolcraft
1. Staff needed	Cancelled		AFC	Iron
1. Staff needed	Cancelled		AFC	Menominee
1. Staff needed		-	AFC	Detroit
1. Staff needed		-	AFC	Wayne
2. Drop-off only		-	AFC	Detroit
1. Staff needed		-	AFC	Wayne
1. Staff needed		-	AFC	Wayne
1. Staff needed		-	AFC	Wayne
1. Staff needed		-	AFC	Detroit
1. Staff needed		-	AFC	Detroit
1. Staff needed		-	AFC	Detroit
1. Staff needed		-	AFC	Detroit
1. Staff needed		-	AFC	Detroit
1. Staff needed		-	AFC	Wayne
1. Staff needed		-	AFC	Detroit
1. Staff needed		-	AFC	Detroit
2. Drop-off only		90	SNF	Ogemaw
1. Staff needed		225	SNF	Wayne
2. Drop-off only		100	SNF	Wayne
1. Staff needed		37	SNF	Macomb
1. Staff needed		158	SNF	Wayne
1. Staff needed		100	Other LTC	Berrien
1. Staff needed		100	Other LTC	Berrien
1. Staff needed		100	Other LTC	Berrien
1. Staff needed		100	Other LTC	Berrien
1. Staff needed		100	Other LTC	Berrien
1. Staff needed		100	Other LTC	Berrien
1. Staff needed		100	Other LTC	Berrien
1. Staff needed		50	Other LTC	Berrien
1. Staff needed		200	Other Community	Berrien
1. Staff needed		50	Other LTC	Berrien
1. Staff needed		100	Other LTC	Berrien
1. Staff needed		100	Other Community	Berrien
1. Staff needed		150	Other Community	Berrien
1. Staff needed		80	Other Community	Berrien
1. Staff needed		100	Other LTC	Berrien
1. Staff needed		150	Other LTC	Berrien
1. Staff needed		100	Other Community	Berrien
1. Staff needed		75	Other LTC	Berrien

1. Staff needed	100	Other LTC	Berrien
1. Staff needed	100	Other LTC	Berrien
1. Staff needed	100	Other Community	Berrien
1. Staff needed	100	Other Community	Berrien
1. Staff needed	125	Other LTC	Berrien
1. Staff needed	100	Other LTC	Berrien
1. Staff needed	100	Other LTC	Berrien
1. Staff needed	100	Other LTC	Berrien
1. Staff needed	100	Other LTC	Berrien
1. Staff needed	100	Other LTC	Berrien
1. Staff needed	100	Other LTC	Berrien
1. Staff needed	100	Other LTC	Berrien
1. Staff needed	100	Other LTC	Berrien
2. Drop-off only	1,000	Other Workers	Grand Traverse
1. Staff needed	700	Drive-Thru	Grand Traverse
1. Staff needed	700	Drive-Thru	Grand Traverse
1. Staff needed	500	Other Community	Grand Traverse
1. Staff needed	100	Drive-Thru	Hillsdale
1. Staff needed	90	Shelter	Washtenaw
1. Staff needed	40	Shelter	Berrien
1. Staff needed	40	Shelter	Washtenaw
1. Staff needed	20	Shelter	Washtenaw
1. Staff needed	-	Drive-Thru	Kent
1. Staff needed	-	Drive-Thru	Kent
1. Staff needed	-	Other Community	Kent
1. Staff needed	-	Other Community	Kent
1. Staff needed	37	Other LTC	Mackinac
1. Staff needed	24	Other LTC	Alger
1. Staff needed	25	Other LTC	Schoolcraft

Local Health Department	Facility Name
City of Detroit Health Department	Ambassador, A Villa Center
Oakland County Health Division	Marvin and Betty Danto Family Health Care Center
Wayne County Department of Health	Aberdeen Rehabilitation & Skilled Nursing Center
Wayne County Department of Health	Aerius
Western UP District Health Department	Aspirus Ontonagon Long Term Care
Ottawa County Department of Public Health	Hospice of North Ottawa Community Residence
Kent County Health Department	St. Ann's Home
Health Department of Northwest Michigan	Villa at The Bay
Ottawa County Department of Public Health	North Ottawa Care Center at Heartwood Lodge
Saginaw County Department of Public Health	HealthSource Saginaw
Ingham County Health Department	Ingham County Medical Care Facility
Oakland County Health Division	Lake Orion Nursing Center
Van Buren-Cass District Health Department	Graceway Countryside
Saginaw County Department of Public Health	St. Francis Home of Saginaw
Van Buren-Cass District Health Department	The Timbers of Cass County
District Health Department #2	Villa at Rose City
Grand Traverse County Health Department	Villa at Traverse Point
Western UP District Health Department	Bayside Village
City of Detroit Health Department	Boulevard Manor
Western UP District Health Department	Mission Point of Hancock
Marquette County Health Department	Mission Point of Ishpeming
Central Michigan District Health Department	Mission Point of Roscommon
District Health Department #2	Villa WB
Macomb County Health Department	Windemere Park Nursing
Oakland County Health Division	Oakridge Manor Nursing and Rehab Center
City of Detroit Health Department	Ambassador, A Villa Center
Oakland County Health Division	Marvin and Betty Danto Family Health Care Center
Wayne County Department of Health	Aberdeen Rehabilitation & Skilled Nursing Center
Wayne County Department of Health	Aerius
Western UP District Health Department	Aspirus Ontonagon Long Term Care
Ottawa County Department of Public Health	Hospice of North Ottawa Community Residence
Kent County Health Department	St. Ann's Home
Health Department of Northwest Michigan	Villa at The Bay
Ottawa County Department of Public Health	North Ottawa Care Center at Heartwood Lodge
Saginaw County Department of Public Health	HealthSource Saginaw
Ingham County Health Department	Ingham County Medical Care Facility
Oakland County Health Division	Lake Orion Nursing Center
LMAS District Health Department	Mackinac Island
Van Buren-Cass District Health Department	Graceway Countryside
Saginaw County Department of Public Health	St. Francis Home of Saginaw
Van Buren-Cass District Health Department	The Timbers of Cass County
District Health Department #2	Villa at Rose City
Grand Traverse County Health Department	Villa at Traverse Point
Western UP District Health Department	Bayside Village

City of Detroit Health Department	Boulevard Manor
Western UP District Health Department	Mission Point of Hancock
Marquette County Health Department	Mission Point of Ishpeming
Central Michigan District Health Department	Mission Point of Roscommon
District Health Department #2	Villa WB
Macomb County Health Department	Windemere Park Nursing
Oakland County Health Division	Oakridge Manor Nursing and Rehab Center
City of Detroit Health Department	Ambassador, A Villa Center
Oakland County Health Division	Marvin and Betty Danto Family Health Care Center
Wayne County Department of Health	Aberdeen Rehabilitation & Skilled Nursing Center
Wayne County Department of Health	Aerius
Western UP District Health Department	Aspirus Ontonagon Long Term Care
Ottawa County Department of Public Health	Hospice of North Ottawa Community Residence
Kent County Health Department	St. Ann's Home
Health Department of Northwest Michigan	Villa at The Bay
Ottawa County Department of Public Health	North Ottawa Care Center at Heartwood Lodge
Saginaw County Department of Public Health	HealthSource Saginaw
Ingham County Health Department	Ingham County Medical Care Facility
Oakland County Health Division	Lake Orion Nursing Center
LMAS District Health Department	Mackinac Island
Van Buren-Cass District Health Department	Graceway Countryside
Saginaw County Department of Public Health	St. Francis Home of Saginaw
Van Buren-Cass District Health Department	The Timbers of Cass County
District Health Department #2	Villa at Rose City
Grand Traverse County Health Department	Villa at Traverse Point
Western UP District Health Department	Bayside Village
City of Detroit Health Department	Boulevard Manor
Western UP District Health Department	Mission Point of Hancock
Marquette County Health Department	Mission Point of Ishpeming
Central Michigan District Health Department	Mission Point of Roscommon
District Health Department #2	Villa WB
Macomb County Health Department	Windemere Park Nursing
Oakland County Health Division	Oakridge Manor Nursing and Rehab Center
City of Detroit Health Department	Ambassador, A Villa Center
Oakland County Health Division	Marvin and Betty Danto Family Health Care Center
Wayne County Department of Health	Aberdeen Rehabilitation & Skilled Nursing Center
Wayne County Department of Health	Aerius
Western UP District Health Department	Aspirus Ontonagon Long Term Care
Ottawa County Department of Public Health	Hospice of North Ottawa Community Residence
Kent County Health Department	St. Ann's Home
Health Department of Northwest Michigan	Villa at The Bay
Ottawa County Department of Public Health	North Ottawa Care Center at Heartwood Lodge
Western UP District Health Department	Ironwood Public Safety
Saginaw County Department of Public Health	HealthSource Saginaw
Ingham County Health Department	Ingham County Medical Care Facility
Oakland County Health Division	Lake Orion Nursing Center
Bay County Health Department	Recovery Pathways Mobile Unit

LMAS District Health Department	Mackinac Island
Health Department of Northwest M	Not provided
Van Buren-Cass District Health Depa	Graceway Countryside
Saginaw County Department of Pub	St. Francis Home of Saginaw
Van Buren-Cass District Health Depa	The Timbers of Cass County
District Health Department #2	Villa at Rose City
Grand Traverse County Health Depa	Villa at Traverse Point
Western UP District Health Departm	Bayside Village
City of Detroit Health Department	Boulevard Manor
Western UP District Health Departm	Mission Point of Hancock
Marquette County Health Departme	Mission Point of Ishpeming
Central Michigan District Health Dep	Mission Point of Roscommon
District Health Department #2	Villa WB
Macomb County Health Departmen	Windemere Park Nursing
Oakland County Health Division	Oakridge Manor Nursing and Rehab Center
Allegan County Health Department	TBD
Allegan County Health Department	Allegan County Health Department
Western UP District Health Departm	Northern Waters Casino
Wayne County Department of Healt	Heritage Manor Nursing and Rehab Center
City of Detroit Health Department	Ambassador, A Villa Center
Public Health Delta & Menominee C	Menominee County Jail
Wayne County Department of Healt	Aberdeen Rehabilitation & Skilled Nursing Center
Western UP District Health Departm	Aspirus Ontonagon Long Term Care
Van Buren-Cass District Health Depa	Van Buren County Jail
Wayne County Department of Healt	Aerius
Wayne County Department of Healt	Aberdeen Rehabilitation & Skilled Nursing Center
Health Department of Northwest M	Villa at The Bay
Wayne County Department of Healt	Aerius
District Health Department #10	Crawford Continuing Care Center
District Health Department #10	Crawford Continuing Care Center
District Health Department #10	Crawford Continuing Care Center
District Health Department #10	Crawford Continuing Care Center
District Health Department #10	Crawford Continuing Care Center
Ottawa County Department of Publi	Hospice of North Ottawa Community Residence
Oakland County Health Division	Lake Orion Nursing Center
Oakland County Health Division	Marvin and Betty Danto Family Health Care Center
Van Buren-Cass District Health Depa	Meadow Woods
Van Buren-Cass District Health Depa	Meadow Woods
Kent County Health Department	St. Ann's Home
Kent County Health Department	St. Ann's Home
Van Buren-Cass District Health Depa	The Timbers of Cass County
Van Buren-Cass District Health Depa	The Timbers of Cass County
Health Department of Northwest M	Villa at The Bay
Ottawa County Department of Publi	North Ottawa Care Center at Heartwood Lodge
Bay County Health Department	Bay Shores
LMAS District Health Department	Mackinac Island
Saginaw County Department of Pub	St. Francis Home of Saginaw

Saginaw County Department of Pub Health	Source Saginaw
Ingham County Health Department	Ingham County Medical Care Facility
Washtenaw County Health Department	St Joseph Village
Bay County Health Department	MSHN-Recovery Pathways (contractor)
Branch-Hillsdale-St. Joseph Commur	Fairview Nursing and Rehabilitation
District Health Department #2	Villa at Rose City
Western UP District Health Departm	Bayside Village
Western UP District Health Departm	Bayside Village
City of Detroit Health Department	Boulevard Manor
City of Detroit Health Department	Boulevard Manor
Genesee County Health Department	Heritage Manor
Genesee County Health Department	Heritage Manor
Genesee County Health Department	Heritage Manor
Genesee County Health Department	Heritage Manor
Genesee County Health Department	Heritage Manor
Genesee County Health Department	Heritage Manor
Western UP District Health Departm	Mission Point of Hancock
Western UP District Health Departm	Mission Point of Hancock
Marquette County Health Departm	Mission Point of Ishpeming
Marquette County Health Departm	Mission Point of Ishpeming
Central Michigan District Health De	Mission Point of Roscommon
Central Michigan District Health De	Mission Point of Roscommon
Huron County Health Department	Scheurer Hospital Long Term Care
Huron County Health Department	Scheurer Hospital Long Term Care
Huron County Health Department	Scheurer Hospital Long Term Care
Huron County Health Department	Scheurer Hospital Long Term Care
Huron County Health Department	Scheurer Hospital Long Term Care
Huron County Health Department	Scheurer Hospital Long Term Care
District Health Department #2	Villa at Rose City
District Health Department #2	Villa at Rose City
Grand Traverse County Health Depa	Villa at Traverse Point
Grand Traverse County Health Depa	Villa at Traverse Point
Oakland County Health Division	Oakridge Manor Nursing and Rehab Center
Bay County Health Department	Caretel Inns
Van Buren-Cass District Health Depa	Graceway Countryside
District Health Department #2	Villa WB
Macomb County Health Departmen	Windemere Park Nursing
Ingham County Health Department	Ingham County Medical Care Facility
Oakland County Health Division	Marvin and Betty Danto Family Health Care Center
Saginaw County Department of Pub	HealthSource Saginaw
Western UP District Health Departm	Aspirus Ontonagon Long Term Care
City of Detroit Health Department	Ambassador, A Villa Center
Van Buren-Cass District Health Depa	Cass County Medical Care Facility
Van Buren-Cass District Health Depa	Cass County Medical Care Facility
Van Buren-Cass District Health Depa	Cass County Medical Care Facility
Van Buren-Cass District Health Depa	Cass County Medical Care Facility
Van Buren-Cass District Health Depa	Cass County Medical Care Facility

Van Buren-Cass District Health Depa	Cass County Medical Care Facility
Saginaw County Department of Pub	St. Francis Home of Saginaw
Oakland County Health Division	Oakland Manor Nursing and Rehab Center
Berrien County Health Department	Chalet of Niles
Van Buren-Cass District Health Depa	Bronson Commons
Van Buren-Cass District Health Depa	Bronson Commons
Van Buren-Cass District Health Depa	Bronson Commons
Van Buren-Cass District Health Depa	Bronson Commons
Van Buren-Cass District Health Depa	Bronson Commons
Van Buren-Cass District Health Depa	Bronson Commons
Berrien County Health Department	Chalet of Niles
Berrien County Health Department	Chalet of Niles
Berrien County Health Department	Chalet of Niles
Berrien County Health Department	Chalet of Niles
Berrien County Health Department	Chalet of Niles
Van Buren-Cass District Health Depa	Graceway Countryside
Berrien County Health Department	Hallmark of Benton Harbor
Berrien County Health Department	Hallmark of Benton Harbor
Berrien County Health Department	Hallmark of Benton Harbor
Berrien County Health Department	Hallmark of Benton Harbor
Berrien County Health Department	Hallmark of Benton Harbor
Berrien County Health Department	Hallmark of Benton Harbor
District Health Department #2	Villa WB
Ottawa County Department of Publi	North Ottawa Care Center at Heartwood Lodge
Ottawa County Department of Publi	Hospice of North Ottawa Community Residence
Oakland County Health Division	Lake Orion Nursing Center
District Health Department #10	Crawford Continuing Care Center
Health Department of Northwest M	Munson Healthcare Otsego Memorial Hospital LTCU (McReynolds Hal
District Health Department #2	Villa at Rose City
District Health Department #10	Northern Strike - Camp Grayling
Calhoun County Health Department	Northern Strike - Battle Creek ANGB
District Health Department #4	Alpena Combat Readiness Training Center
Macomb County Health Departmen	Windemere Park Nursing
Washtenaw County Health Departm	Riverside Intermediate School
Chippewa County Health Departme	Lake Superior State University (LSSU)
Public Health Delta & Menominee C	TBD
Dickinson-Iron District Health Depar	TBD
LMAS District Health Department	TBD
Genesee County Health Department	Beecher - Day 2
Public Health Delta & Menominee C	TBD
Dickinson-Iron District Health Depar	TBD
LMAS District Health Department	TBD
Genesee County Health Department	Beecher - Day 1
Grand Traverse County Health Depa	Villa at Traverse Point
Oakland County Health Division	Marvin and Betty Danto Family Health Care Center
Oakland County Health Division	Oakridge Manor Nursing and Rehab Center
City of Detroit Health Department	Ambassador, A Villa Center



Lenawee County Health Department	CQC Morenci Home
Saginaw County Department of Public Health	Restoration Community Outreach
District Health Department #10	TBD
City of Detroit Health Department	Boulevard Manor
Western UP District Health Department	Aspirus Ontonagon Long Term Care
Genesee County Health Department	Heritage Manor
Marquette County Health Department	Janzen House
Marquette County Health Department	Warming Center
Huron County Health Department	Scheurer Hospital Long Term Care
Branch-Hillsdale-St. Joseph Community	TBD
District Health Department #10	TBD
Marquette County Health Department	Mission Point of Ishpeming
Central Michigan District Health Department	Mission Point of Roscommon
Berrien County Health Department	Hallmark of Benton Harbor
Saginaw County Department of Public Health	HealthSource Saginaw
Western UP District Health Department	Mission Point of Hancock
Western UP District Health Department	Bayside Village
Central Michigan District Health Department	Village of Rosebush Manor
Calhoun County Health Department	Northern Strike - Battle Creek ANGB
LMAS District Health Department	Cedar Cove Assistant Living
Kent County Health Department	St. Ann's Home
District Health Department #2	Villa WB
LMAS District Health Department	Pleasant View Portage
Van Buren-Cass District Health Department	South Haven Nursing & Rehab
Van Buren-Cass District Health Department	South Haven Nursing & Rehab
Van Buren-Cass District Health Department	South Haven Nursing & Rehab
Van Buren-Cass District Health Department	South Haven Nursing & Rehab
Van Buren-Cass District Health Department	South Haven Nursing & Rehab
Van Buren-Cass District Health Department	South Haven Nursing & Rehab
Branch-Hillsdale-St. Joseph Community	TBD
LMAS District Health Department	TBD
Genesee County Health Department	Word of Life - Day 2
District Health Department #10	Northern Strike - Camp Grayling
District Health Department #4	Alpena Combat Readiness Training Center
Branch-Hillsdale-St. Joseph Community	TBD
Wayne County Department of Health	Aerius Health Center
Genesee County Health Department	Word of Life - Day 1
District Health Department #10	Other Oceana site
Dickinson-Iron District Health Department	Northpointe CMH
Washtenaw County Health Department	Eisenhower Center
Lenawee County Health Department	Charlotte Stephenson
Macomb County Health Department	Windemere Park Nursing
Huron County Health Department	Scheurer Hospital Long Term Care
District Health Department #10	TBD
Oakland County Health Division	Manor of Farmington Hills
LMAS District Health Department	Newberry Assisted Living Community
LMAS District Health Department	Golden Leaves - Helen Newberry Joy Hospital

LMAS District Health Department	Medilodge-Munising
Lenawee County Health Department	Brookdale
District Health Department #10	TBD
Berrien County Health Department	Hallmark of Benton Harbor
Saginaw County Department of Pub	HealthSource Saginaw
Jackson County Health Department	Vista Grande Villa
Dickinson-Iron District Health Depar	Freeman Nursing and Rehab Center
Wayne County Department of Healt	Aberdeen Rehabilitation & Skilled Nursing Center
Oakland County Health Division	Beaumont Rehabilitation & Continuing Care, Farmington Hills
Genesee County Health Department	Argentine Care center
Oakland County Health Division	West Bloomfield Health and Rehabilitation Center
Oakland County Health Division	Surgeons Choice Medical Center - Oakland Nursing Center
Saginaw County Department of Pub	Avista Nursing And Rehab
Allegan County Health Department	TBD
Genesee County Health Department	Shiloh - Day 2
Oakland County Health Division	Marvin and Betty Danto Family Health Care Center
District Health Department #10	Grayling Nursing and Rehabilitation
District Health Department #10	TBD
Public Health – Muskegon County	Hillcrest Nursing and Rehab
Genesee County Health Department	Shiloh - Day 1
Saginaw County Department of Pub	Healthsource, Saginaw Inc.
District Health Department #10	TBD
Oakland County Health Division	Mission Point of Holly
Lenawee County Health Department	Montgomery Manor
Wayne County Department of Healt	Henry Ford Village
Oakland County Health Division	Oakridge Manor Nursing and Rehab Center
Public Health Delta & Menominee C	Bay Pines
Ionia County Health Department	Ionia County Jail
Mid-Michigan District Health Depart	Clinton Co. First Responders
Mid-Michigan District Health Depart	Montcalm Co. First Responders
Lenawee County Health Department	Cambrian Senior Living
Lenawee County Health Department	Gaslight Village Assisted Living
Allegan County Health Department	Fennville High School
LMAS District Health Department	Mackinac Straits - Evergreen Living Center
LMAS District Health Department	Schoolcraft Medical Care Facility
Van Buren-Cass District Health Depa	Van Buren County Jail
Berrien County Health Department	Willows
Berrien County Health Department	Witcomb Towers
Wayne County Department of Healt	Beaumont Rehab and Continuing Care-Dearborn
Central Michigan District Health Dep	CMDHD jurisdiction
Van Buren-Cass District Health Depa	Ascension Borgess-Lee
District Health Department #2	The Villa AT West Branch
City of Detroit Health Department	Ambassador, A Villa Center
Berrien County Health Department	Hallmark of Benton Harbor
Health Department of Northwest M	Meadow Brook Medical Care Facility
LMAS District Health Department	Golden Leaves - Helen Newberry Joy Hospital
LMAS District Health Department	Medilodge - Munising

Saginaw County Department of Pub	Medilodge of Frankenmuth
Saginaw County Department of Pub	Edgewood Assisted Living Center
District Health Department #10	Munson Healthcare Crawford Continuing Care
Wayne County Department of Healt	Pinecreek Manor
Mid-Michigan District Health Depart	Riverside HCC
Lenawee County Health Departmen	Provincial House of Adrian
Wayne County Department of Healt	Cambridge East Nursing Home
Lenawee County Health Departmen	Country House Care Home
Macomb County Health Departmen	Warren Woods Health & Rehab
Berrien County Health Department	COVENTRY HOUSE INN
Wayne County Department of Healt	Heartland Allen Park
Sanilac County Health Department	Marlette Regional
Ionia County Health Department	SKLD
Tuscola County Health Department	Fischer Convelansant Home
Huron County Health Department	Courtney Manor
Berrien County Health Department	CHALET OF NILES, LLC
Wayne County Department of Healt	Cherry Hill for Nursing
Ingham County Health Department	Ingham County Medical Care Facility
Oakland County Health Division	Heartland Oakland
Mid-Michigan District Health Depart	Ovid HealthCare
Van Buren-Cass District Health Depa	The Timbers of Cass County
Van Buren-Cass District Health Depa	Cass County Medical Care Facility
Washtenaw County Health Departm	Heartland Health Care Center - Ann Arbor
Wayne County Department of Healt	The Marvin and Betty Danto Family Health Care Center (Wayne)
District Health Department #10	TBD
Berrien County Health Department	HALLMARK LIVING BENTON HARBOR
Macomb County Health Departmen	Father Murray
Public Health – Muskegon County	Roosevelt Park Nursing & Rehabilitation Community
District Health Department #10	TBD
Public Health Delta & Menominee C	Pinecrest Medical
Van Buren-Cass District Health Depa	Meadow Woods
Van Buren-Cass District Health Depa	Graceway Countryside
Van Buren-Cass District Health Depa	South Haven Nursing & Rehab
Van Buren-Cass District Health Depa	Bronson Commons
Bay County Health Department	Heartland Hampton
Bay County Health Department	Bay County Medical Care Facility
Bay County Health Department	Bay Shores
Bay County Health Department	Caretel Inn
Monroe County Health Department	Fountain View of Monroe
Monroe County Health Department	Hickory Ridge of Temperance
Genesee County Health Departmen	Caretel
Genesee County Health Departmen	Briarwood (Heartland)
Genesee County Health Departmen	Heritage Manor
Genesee County Health Departmen	Kith Haven
Genesee County Health Departmen	Medilodge
Genesee County Health Departmen	Regency at Grand Blanc
Genesee County Health Departmen	Wellbridge of Fenton

Genesee County Health Department	Wellbridge of Grand Blanc
Midland County Health Department	Brittany Manor
Allegan County Health Department	Ely Manor Allegan
Allegan County Health Department	Grace of Douglas Skilled Nursing and Assisted Living
Calhoun County Health Department	Marshall Nursing & Rehabilitation Community
Genesee County Health Department	Ascension Genesys Short Term Rehab Center
Central Michigan District Health Dep	Gladwin Nursing and Rehabilitation
Western UP District Health Departm	Westgate Nursing and Rehabilitation
Central Michigan District Health Dep	The Laurels of Mt. Pleasant
Central Michigan District Health Dep	Isabella County Medical Care Facility
Kent County Health Department	Clark Retirement Community
Kent County Health Department	St. Ann's
District Health Department #10	Mission Point of Big Rapids
Oakland County Health Division	Lake Orion Nursing and Rehabilitation Center
District Health Department #2	Villa at Rose City
Health Department of Northwest M	Munson Healthcare McReynolds Hall
Ottawa County Department of Publi	Riverside Nursing & Rehab Community
Central Michigan District Health Dep	King Nursing and Rehabilitation Community
Saginaw County Department of Pub	St. Francis home of Saginaw
Sanilac County Health Department	Sanilac County Medical Care Facility
Washtenaw County Health Departm	Superior Woods Healthcare Center
Wayne County Department of Healt	Imperial, A Villa Center
Wayne County Department of Healt	Livonia Woods Nursing and Rehabilitation
Dickinson-Iron District Health Depar	Iron River Care Center
Lenawee County Health Departmen	The Oasis at Adrian
Macomb County Health Departmen	Fraser Villa
Monroe County Health Department	Wellspring Lutheran Services - (request for Monroe site)
Public Health – Muskegon County	Christian Care Nursing Center
Washtenaw County Health Departm	Regency at Bluffs Park
Wayne County Department of Healt	Westland, A Villa Center
Kent County Health Department	Mary Free Bed
Macomb County Health Departmen	Clinton-Aire HCC
Midland County Health Department	Pinecrest Farms
Public Health – Muskegon County	Sanctuary at McAuley
Public Health – Muskegon County	Sanctuary at the Park
Public Health – Muskegon County	The Leila and Cyrus Poppen Hospice Residence
Oakland County Health Division	Bellbrook
Oakland County Health Division	The Neighborhoods of White Lake
Saginaw County Department of Pub	Wellspring Lutheran Services(request for Frankenmuth site)
Washtenaw County Health Departm	Glacier Hills
Wayne County Department of Healt	Marycrest
City of Detroit Health Department	Bay of Cranbrook
City of Detroit Health Department	Bay of Elmwood
City of Detroit Health Department	Bay of Woodward
Kent County Health Department	HealthBridge
Ottawa County Department of Publi	Hospice of North Ottawa Community Residence
Monroe County Health Department	Immaculate Heart of Mary

Ionia County Health Department	Mission Point of Belding
Kent County Health Department	Mission Point of Cedar Springs
City of Detroit Health Department	Mission Point of Detroit
Kent County Health Department	Mission Point of Forest Hills
Mid-Michigan District Health Depart	Mission Point of Greenville
Ottawa County Department of Publi	Mission Point of Lamont
Ottawa County Department of Publi	North Ottawa Care Center at Heartwood Lodge
Livingston County Department of Pu	Regency at Whitmore Lake
Macomb County Health Departmen	Regency Manor
City of Detroit Health Department	St. James Nursing Center
District Health Department #10	Transitional Health Services of Fremont
District Health Department #2	Wellspring Lutheran Services (Fairview)
District Health Department #10	TBD
District Health Department #10	TBD
District Health Department #10	TBD
District Health Department #10	TBD
Public Health Delta & Menominee C	Abundant Life Mission
Public Health Delta & Menominee C	Tri County Safe Harbor
Public Health Delta & Menominee C	Adult Learning Systems UP
Mid-Michigan District Health Depart	Addie's Acres
Mid-Michigan District Health Depart	Addington Place
Mid-Michigan District Health Depart	Arbor Grove Asst. Living
Mid-Michigan District Health Depart	Beacon Home at the Cottage
Mid-Michigan District Health Depart	Green Acres Asst. Living
Mid-Michigan District Health Depart	Greenville Acres Adult Care
Mid-Michigan District Health Depart	Hathaway Hills Asst. Living
Lenawee County Health Departmen	Share the Warmth
LMAS District Health Department	multiple - all counties
Van Buren-Cass District Health Depa	InterCare Commuinity Health Network
Van Buren-Cass District Health Depa	Cass County Jail
Saginaw County Department of Pub	Underground Railroad
Saginaw County Department of Pub	Emmaus House
Saginaw County Department of Pub	Shields Comfort Care
Washtenaw County Health Departm	Shelter Association at the Red Roof Inn Shelter
Washtenaw County Health Departm	Non Profit Pop Up (Bus Drivers + Non Profits)
Marquette County Health Departme	Marquette Cnty HD
Marquette County Health Departme	Marquette Cnty HD
Chippewa County Health Departme	Hiawatha Behavioral Health (Sault Ste. Marie)
Dickinson-Iron District Health Depar	Northpointe CMH – 715 Pyle Drive Kingsford MI
Marquette County Health Departme	Pathways CMH - Marquette site
Public Health Delta & Menominee C	Pathways CMH - Escanaba site
LMAS District Health Department	Pathways CMH - Newberry site
Western UP District Health Departm	COPPER COUNTRY CMH
Marquette County Health Departme	GREAT LAKES RECOVERY CENTER
City of Detroit Health Department	Neighborhood Service Organization
Wayne County Department of Healt	Lincoln Behavioral Services
City of Detroit Health Department	Southwest Counseling Solutions

City of Detroit Health Department	Central City Integrated Health (CCIH)
Wayne County Department of Health	Community Living Services
Wayne County Department of Health	Community Care Services
Wayne County Department of Health	Team Wellness Center
Wayne County Department of Health	Services To Enhance Potential – Dearborn North Resource Center
Wayne County Department of Health	The Guidance Center
Wayne County Department of Health	Hegira Programs, Inc.
City of Detroit Health Department	Development Centers, Inc.
Wayne County Department of Health	Macomb-Oakland Regional Center, Inc.
Wayne County Department of Health	Psygenics, Inc.
City of Detroit Health Department	Northeast Integrated Health
Allegan County Health Department	Wayland Union School
Allegan County Health Department	Plainwell Middle School
Allegan County Health Department	Otsego Middle School,
Allegan County Health Department	Allegan High School
Washtenaw County Health Department	Shelter Association at the Red Roof Inn Shelter
Van Buren-Cass District Health Department	Ascension Borgess-Lee
LMAS District Health Department	Gordon Family Home
LMAS District Health Department	Hamilton
LMAS District Health Department	Jo's Foster Care Home
LMAS District Health Department	Maple Ridge AFC Home
LMAS District Health Department	North Haven AFC
LMAS District Health Department	Robin's Nest Group Home LLC
LMAS District Health Department	Cedar Cove Manor
LMAS District Health Department	Gros Cap AFC
LMAS District Health Department	Bay Haven Integrated Care
LMAS District Health Department	Pleasant View Elliott
LMAS District Health Department	Whispering Pines
LMAS District Health Department	Alger Co. Comm on Aging
LMAS District Health Department	Barker Country Living
LMAS District Health Department	Berry Home
LMAS District Health Department	Clark's Landing
LMAS District Health Department	Hidden Estates
LMAS District Health Department	Miller AFC Home
LMAS District Health Department	New Delta Home
LMAS District Health Department	Seney Adult Foster Care Home
LMAS District Health Department	Stepping Stone II
LMAS District Health Department	Northern Comfort Spec. Care
Van Buren-Cass District Health Department	Meadow Woods
Van Buren-Cass District Health Department	Meadow Woods
Van Buren-Cass District Health Department	Meadow Woods
Van Buren-Cass District Health Department	Meadow Woods
Bay County Health Department	Bay County Medical Care Facility
District Health Department #10	Lake County
District Health Department #10	Newaygo County
Washtenaw County Health Department	East Clark Tower Apartment
Washtenaw County Health Department	Eisenhower Center

Central Michigan District Health Deç	Eden Fields Memory Care and Assisted Living
Central Michigan District Health Deç	Pioneer Golden Estates Assisted Living and Memory Care
Central Michigan District Health Deç	Valley Residential Services Adult Group Homes
Central Michigan District Health Deç	White Pines CLF
Central Michigan District Health Deç	Horizons Senior Living II
Central Michigan District Health Deç	Village of Rosebush Manor
Van Buren-Cass District Health Depa	Ascension Borgess-Lee
Public Health Delta & Menominee C	Bay Pines
Branch-Hillsdale-St. Joseph Commur	Laurels of Coldwater
Branch-Hillsdale-St. Joseph Commur	BHSJCHA
Branch-Hillsdale-St. Joseph Commur	BHSJCHA
Branch-Hillsdale-St. Joseph Commur	BHSJCHA
Washtenaw County Health Departm	Shelter Association at the Delonis Shelter
Washtenaw County Health Departm	Shelter Association at the Red Roof Inn Shelter
Washtenaw County Health Departm	Interfaith Hospitality Network/Alpha House
Washtenaw County Health Departm	Ozone House
District Health Department #4	Cheboygan High School
Marquette County Health Departme	MSHS
Public Health Delta & Menominee C	Abundant Life Mission
Public Health Delta & Menominee C	Tri County Safe Harbor
Public Health Delta & Menominee C	Adult Learning Systems
Livingston County Department of Pl	St. Joe's Livingston Hospital (Tentative)
Lenawee County Health Departmen	Hospice of Lenawee
Chippewa County Health Departme	Medilodge
District Health Department #4	Community
LMAS District Health Department	All counties
LMAS District Health Department	All counties
LMAS District Health Department	All counties - especially Alger and Mackinac
LMAS District Health Department	Alger, Mackinac, Schoolcraft (4 sites - Tribal)
LMAS District Health Department	All counties
LMAS District Health Department	All counties
LMAS District Health Department	All counties
District Health Department #2	Tawas High National Guard Testing
District Health Department #2	West Branch National Guard Testing
Branch-Hillsdale-St. Joseph Commur	BHSJCHA Coldwater Office
Branch-Hillsdale-St. Joseph Commur	BHSJCHA Coldwater Office
Grand Traverse County Health Depa	Grand Traverse County Jail
Grand Traverse County Health Depa	Traverse City Fire Department
Grand Traverse County Health Depa	Grand Traverse Metro Fire Department
Grand Traverse County Health Depa	East Bay Emergency Services Department
Grand Traverse County Health Depa	Medical Examiner
Macomb County Health Departmen	Rose Senior Living
Macomb County Health Departmen	The Arbor Inn
Macomb County Health Departmen	Town Village Sterling Heights
Macomb County Health Departmen	Sunrise Assisted Living Shelby Twp
Macomb County Health Departmen	Angelicas Place
Macomb County Health Departmen	The Shorehaven

Macomb County Health Department	MCHD Drive-Though Testing Site
District Health Department #10	Grand Oaks Nursing Center
Genesee County Health Department	Bella Vita
Genesee County Health Department	The Oaks
Genesee County Health Department	Woodhaven
Western UP District Health Department	GCCMH
Western UP District Health Department	Iron River, MI
Western UP District Health Department	Ontonagon HS
Western UP District Health Department	Gates Tennis Center
St. Clair County Health Department	Medilodge St Clair
St. Clair County Health Department	Sage Creek
St. Clair County Health Department	Wadhams Creek
St. Clair County Health Department	St Clair County HD
St. Clair County Health Department	St Clair County HD
Barry-Eaton District Health Dept.	Regency at Lansing West
Barry-Eaton District Health Dept.	Eaton County Health and Rehab
Barry-Eaton District Health Dept.	Dimondale Nursing Care Center
Barry-Eaton District Health Dept.	Medilodge of Lansing
Barry-Eaton District Health Dept.	Thornapple Manor
Barry-Eaton District Health Dept.	Hastings Rehabilitation and Nursing Care Center
Barry-Eaton District Health Dept.	Eaton County Jail
Barry-Eaton District Health Dept.	Spectrum Pennock
City of Detroit Health Department	DHD Rapid Testing Clinic
City of Detroit Health Department	State Fair Drive Thru Testing Site
Benzie-Leelanau District Health Dep	-
Wayne County Department of Health	Wayne County Jail
Public Health – Muskegon County	Juvenile Transition Center
Public Health – Muskegon County	HealthWest
Kent County Health Department	Potter House Christian School
Kent County Health Department	Baxter Community Health Clinic
Kent County Health Department	KCHD Fuller Clinic
Kent County Health Department	KCHD South Clinic
Kent County Health Department	LINC UP Grand Rapids
City of Detroit Health Department	South Eastern High School
City of Detroit Health Department	Renaissance High School
Wayne County Department of Health	Christ Church Grosse Pointe
Wayne County Department of Health	Warren City Hall
City of Detroit Health Department	Communication Media and Arts MS
City of Detroit Health Department	St. Stephen AME Church
District Health Department #10	Kalkaska
Macomb County Health Department	Windemere Park Nursing
Genesee County Health Department	Word of Life Church
Genesee County Health Department	Beecher High School
Saginaw County Department of Public Health	Victory Clinic
Macomb County Health Department	MCHD Drive-Through Testing Site
Mid-Michigan District Health Department	Baldwin Heights Elementary
Wayne County Department of Health	Correctional facility



Macomb County Health Department	Centerline Park Towers
Macomb County Health Department	St. George Tower
Macomb County Health Department	Windemere Park Nursing
Macomb County Health Department	Joseph Coach Manor
Macomb County Health Department	Stilwell Manor
Wayne County Department of Health	Garden city Hosp
Macomb County Health Department	Leisure Manor I
Macomb County Health Department	Clinton-Aire
Macomb County Health Department	Elizabeth Lee Doles
Macomb County Health Department	Clinton Township Housing
Macomb County Health Department	Clemens Tower
Macomb County Health Department	Clemens Manor
Macomb County Health Department	Clemens Homes
Macomb County Health Department	Leisure Manor II
Macomb County Health Department	Village of Warren Glen
Macomb County Health Department	Eastland Senior Apartments
Macomb County Health Department	Clinton Place Senior Apartments
Macomb County Health Department	Village of Peace Manor
Macomb County Health Department	Roseville Senior Housing Lawn Senior Building II
Macomb County Health Department	Hanover Grove
Macomb County Health Department	Roseville Senior Housing Lawn Senior Building I
Sanilac County Health Department	Ordish AFC
Sanilac County Health Department	Sanilac County Jail
Sanilac County Health Department	Sanilac County Health Department
Wayne County Department of Health	Wayne County Jail
Wayne County Department of Health	Garden City Hospital
Macomb County Health Department	Lakeside Towers
Macomb County Health Department	St. George Tower
Macomb County Health Department	Clinton Township Housing
Macomb County Health Department	Warren Senior Housing
Macomb County Health Department	Clintonaire Healthcare Center
Macomb County Health Department	Windemere Park Nursing
Macomb County Health Department	Clintonaire Healthcare Center
Macomb County Health Department	Lakeside Villa
Macomb County Health Department	Lawrence Park
Macomb County Health Department	Windemere Park Nursing
Macomb County Health Department	Elizabeth Lee Doles
Macomb County Health Department	Park Place Towers
Macomb County Health Department	Windemere Park Nursing
Macomb County Health Department	MCHD Drive-Through Testing Site
Mid-Michigan District Health Department	Baldwin Heights Elementary
St. Clair County Health Department	810-987-5300
St. Clair County Health Department	810-987-5300
St. Clair County Health Department	810-987-5302
St. Clair County Health Department	Yale Community Schools
Tuscola County Health Department	Tuscola County Medical Care Facility
Tuscola County Health Department	Medilodge

Tuscola County Health Department	Tuscola County Jail
Mid-Michigan District Health Depart	Gratiot Co. First Responders
Lenawee County Health Departmen	Lynwood Manor
Lenawee County Health Departmen	Tecumseh Place 1, 2, & The Fieldstone
Lenawee County Health Departmen	Blissfield Place
Lenawee County Health Departmen	Coleman Foundation Unit B
Ottawa County Department of Publi	Assisted Living Facility
Ottawa County Department of Publi	Assisted Living Facility
Ottawa County Department of Publi	Holland Community Health Center
Ottawa County Department of Publi	Holland Rescue Mission - Family Hope
Ottawa County Department of Publi	Holland Rescue Mission - Mens Ministry Center
Ottawa County Department of Publi	Spring Meadows
Ottawa County Department of Publi	Pine Acres
Ottawa County Department of Publi	City on Hill
Ottawa County Department of Publi	Holland Free Health Clinic
Ottawa County Department of Publi	OCDPH
Bay County Health Department	Huron Woods
Bay County Health Department	Carriage House
Grand Traverse County Health Depa	Grand Traverse County Health Department & Maritime Academy Part
Saginaw County Department of Pub	Great Lakes Rehab Center
Saginaw County Department of Pub	Saginaw Rescue Mission
Macomb County Health Departmen	Orchard Grove Health Campus
Washtenaw County Health Departm	Shelter Association at the Delonis Shelter
Monroe County Health Department	ProMedica Skilled Nursing and Rehabilitation
Huron County Health Department	Huron County Jail
Huron County Health Department	Harbor Beach
Huron County Health Department	Huron County Medical Care Facility
District Health Department #10	Ludington Woods Specialized Care
District Health Department #10	Ludington Woods Supportive Care
District Health Department #10	Whippoorwill Knoll
District Health Department #10	Krystal Manor
District Health Department #10	GranCare
District Health Department #10	Northern Pines Assisted Living
District Health Department #10	AuSable AFC Home
District Health Department #10	Kalkaska Memorial Assisted Living
District Health Department #10	Meadowview AFC
District Health Department #10	Cherry Hill Haven of Kalkaska
District Health Department #10	Walnut St AFC
District Health Department #10	Safe Haven AFC
District Health Department #10	Beacon Home at Fife Lake
District Health Department #10	Beacon Home at Coster North
District Health Department #10	Beacon Home at Coster South
District Health Department #10	Green Acres Retirement Living
District Health Department #10	Green Acres Manistee Memory Care
District Health Department #10	Cedar Ridge
District Health Department #10	Evergreen Terrace Assisted Living
District Health Department #10	Creekside Manor

District Health Department #10	Harmony Pines
District Health Department #10	Ranshaw AFC
District Health Department #10	Country View Assisted Living
District Health Department #10	Maple Ridge
District Health Department #10	Magnolia West
District Health Department #10	Magnolia East
District Health Department #10	Quiet Creek
District Health Department #10	Morning Glory AFC
District Health Department #10	Fountain View Retirement Village of Grant
District Health Department #10	Fountain View Retirement Village of Fremont
District Health Department #10	Green Acres of Fremont
District Health Department #10	Green Acres of Fremont II
District Health Department #10	Dallas Darling Home
District Health Department #10	Peaceful Acres AFC
District Health Department #10	Deerfield AFC
District Health Department #10	Cherry Blossom Manor
District Health Department #10	The River
District Health Department #10	Country Acres, LLC
District Health Department #10	Fessenden AFC
District Health Department #10	White Oak AFC
District Health Department #10	Rose Care, LLC
District Health Department #10	Family Tree
District Health Department #10	Curry House
District Health Department #10	Curry House
District Health Department #10	Green Acres Retirement Living
District Health Department #10	Green Acres II
District Health Department #10	Pleasant Lake Lodge North
District Health Department #10	Pleasant Lake Lodge South
District Health Department #10	Maple Ridge
District Health Department #10	Serenity AFC
District Health Department #10	Sunnyside Senior Living
District Health Department #10	Ohana AFC
District Health Department #10	Ohana AFC II
District Health Department #10	Pointe East
District Health Department #10	Wright's AFC
Genesee County Health Department	Willowbrook Manor
Berrien County Health Department	PINE RIDGE - A REHABILITATION AND NURSING CENTER
Berrien County Health Department	RIVERIDGE REHABILITATION & HEALTHCARE CENTER
Berrien County Health Department	ROYALTON MANOR, L L C
Berrien County Health Department	WEST WOODS OF BRIDGMAN
Berrien County Health Department	WEST WOODS OF NILES
Dickinson-Iron District Health Department	Iron County Medical Care Facility
Kalamazoo County Health and Community Services	Plainwell Pines Nursing and Rehabilitation Community
Kent County Health Department	SKLD Leonard
Macomb County Health Department	Villa at City Center
Ottawa County Department of Public Health	Allendale Nursing and Rehabilitation
Ottawa County Department of Public Health	Heritage Nursing and Rehabilitation Community

Branch-Hillsdale-St. Joseph Commur	Grace Healthcare of Three Rivers
Kent County Health Department	SKLD Beltline
Oakland County Health Division	Catherine's Place
Wayne County Department of Healt	Advantage Living Center Redford
Wayne County Department of Healt	Heartland Grosse Pointe
Oakland County Health Division	The Marvin and Betty Danto Family Health Care Center (Oakland)
LMAS District Health Department	Hiawatha Behavioral Health (Manistique)
Dickinson-Iron District Health Depar	Northpointe CMH –703 Second Avenue Iron River MI
Public Health Delta & Menominee C	Northpointe CMH – 401 10th Ave. Menominee MI
City of Detroit Health Department	All Well-Being Services
Wayne County Department of Healt	Psygenics
City of Detroit Health Department	Growth Works
Wayne County Department of Healt	Hegira Programs
Wayne County Department of Healt	Hegira Programs
Wayne County Department of Healt	Jabez Recovery Management
City of Detroit Health Department	Jabez Recovery Management
City of Detroit Health Department	Lakeridge Village
City of Detroit Health Department	SHAR
City of Detroit Health Department	New Light Recovery
City of Detroit Health Department	Redford Counseling
Wayne County Department of Healt	Positive Images
City of Detroit Health Department	Pure Recovery
City of Detroit Health Department	Pure Recovery
District Health Department #2	Villa at West Branch
Wayne County Department of Healt	Cherry hill Nrsg & Rehab
Wayne County Department of Healt	Livonia Woods Nursing and Rehabilitation
Macomb County Health Departmen	Lakeside Manor
Wayne County Department of Healt	HHCC Dearborn Heights
Berrien County Health Department	Brentwood Assisted Living
Berrien County Health Department	Willows
Berrien County Health Department	Witcomb Towers
Berrien County Health Department	Buchanan Meadows Living Center
Berrien County Health Department	Crown Pointe Senior Living
Berrien County Health Department	Woodland Terrace At Longmeadow
Berrien County Health Department	Woodland Terrace SR. Living
Berrien County Health Department	Woodland Terrace Paw Paw Lake
Berrien County Health Department	Adkins Villiage Senior Apts
Berrien County Health Department	Blossom Acres
Berrien County Health Department	E Rayford Senior Housing
Berrien County Health Department	Harbor Towers
Berrien County Health Department	Benton Harbor Housing Comm
Berrien County Health Department	Countryview Apts
Berrien County Health Department	Hayward Wells
Berrien County Health Department	Plaza Manor
Berrien County Health Department	River Terrace
Berrien County Health Department	Main Street Apartments
Berrien County Health Department	Timber Ridge

Berrien County Health Department	Four Flags
Berrien County Health Department	Niles Housing Commission
Berrien County Health Department	Parkview Apartments
Berrien County Health Department	Lake Pines
Berrien County Health Department	Lakeview Terrace High Rise
Berrien County Health Department	Tri-City Village
Berrien County Health Department	Waterford Park Senior Apts
Berrien County Health Department	Vineyard Apartments
Berrien County Health Department	Fountainview Village Apartments
Berrien County Health Department	Berkshire - Niles
Berrien County Health Department	Mill Pond
Berrien County Health Department	Matea Court
Berrien County Health Department	Harbor Point
Grand Traverse County Health Depa	Downtown Traverse City Walk-Thru Testing Site
Grand Traverse County Health Depa	Grand Traverse County & LynxDx Partnership Site #1 (July 24 & 25)
Grand Traverse County Health Depa	Grand Traverse County & LynxDx Partnership Site #2 (August 14 & 15)
Grand Traverse County Health Depa	Consistent Community Access to Rapid Testing
Branch-Hillsdale-St. Joseph Commur	TBD
Washtenaw County Health Departm	Delonis Shelter
Berrien County Health Department	Emergency Shelter Services
Washtenaw County Health Departm	Interfaith Hospitality Network/Alpha House
Washtenaw County Health Departm	Ozone House
Kent County Health Department	Main Health Department
Kent County Health Department	Kentwood
Kent County Health Department	Baxter
Kent County Health Department	Potter'shouse
LMAS District Health Department	Castle Rock Retirement Center
LMAS District Health Department	Harbour View Assisted Living
LMAS District Health Department	Woodland Meadows Assisted Living



**Gaines, Rachelle**

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**From:** Michigan Department of Health and Human Services  
<MDHHS@govsubscriptions.michigan.gov>  
**Sent:** Friday, August 07, 2020 4:29 PM  
**To:** Bowen, Ken  
**Subject:** MDHHS Director Robert Gordon Issues Statement on Order Requiring Testing of Farm and Food Processing Employees



## Media Statement

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**FOR IMMEDIATE RELEASE:** Aug. 7, 2020

**CONTACT:** Bob Wheaton, 517-241-2112, [wheatonb@michigan.gov](mailto:wheatonb@michigan.gov)

Michigan Department of Health and Human Services (MDHHS) Director Robert Gordon is issuing the following statement regarding Michigan Farm Bureau opposition to the department's order requiring testing of farm and food processing employees:

"Amid a pandemic that has killed more than 6,000 Michiganders, the State of Michigan took action to save lives by requiring COVID-19 testing and support for farm and food processing employees. These employees live and work in close conditions that put them at particular risk for COVID-19, and have experienced dozens of outbreaks as a result. The state is offering on-site testing at no cost to all workers covered by the order, as well as support for housing and basic needs of workers. It is unfortunate that the Michigan Farm Bureau is opposing these efforts to keep agricultural employees safe, and that some in the industry have even advised employers to cancel planned testing events, choosing instead to contemplate litigating workers' protections.

We are confident in the legality of our order. It is not too late for the Farm Bureau to partner with the State of Michigan to support hard-working men and women, rather than promoting dangerous delays in much-needed COVID-19 testing."

More information about testing for these workers can be found [on the Michigan coronavirus website](#).

###

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***Become a foster parent through Michigan Department of Health & Human Services foster care program.***

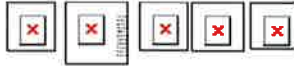


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**Gaines, Rachelle**

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**From:** Matt Bolang <MBolang@livgov.com>  
**Sent:** Friday, August 07, 2020 4:42 PM  
**To:** maleha@malph.org  
**Subject:** Fwd: [EXT] MDHHS Director Robert Gordon Issues Statement on Order Requiring Testing of Farm and Food Processing Employees

Sent from my iPhone

Begin forwarded message:

**From:** Meghan Swain <mswain@malph.org>  
**Date:** August 7, 2020 at 4:31:04 PM EDT  
**To:** mho <mho@malph.org>, board <board@malph.org>, forumchairs <forumchairs@malph.org>  
**Subject:** [EXT] MDHHS Director Robert Gordon Issues Statement on Order Requiring Testing of Farm and Food Processing Employees

"The e-mail below is from an external source. Please do not open attachments or click links from an unknown or suspicious origin."

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**From:** Michigan Department of Health and Human Services <MDHHS@govsubscriptions.michigan.gov>  
**Sent:** Friday, August 7, 2020 4:28:40 PM  
**To:** Meghan Swain <mswain@malph.org>  
**Subject:** MDHHS Director Robert Gordon Issues Statement on Order Requiring Testing of Farm and Food Processing Employees



## Media Statement

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**FOR IMMEDIATE RELEASE:** Aug. 7, 2020

**CONTACT:** Bob Wheaton, 517-241-2112, [wheatonb@michigan.gov](mailto:wheatonb@michigan.gov)

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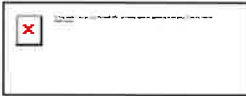
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More information about testing for these workers can be found [on the Michigan coronavirus website](#).

###

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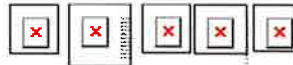


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## Gaines, Rachelle

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**From:** Angelique Joynes <AJoyne@ALLEGANCOUNTY.ORG>  
**Sent:** Saturday, August 08, 2020 2:57 PM  
**To:** mho  
**Subject:** President Report and Supporting Attachments for Monday 8/10/2020 MALPH Board Mtg  
**Attachments:** 8102020 MALPH BOARD PRESIDENT REPORT.pdf; 2020.08.07 - Response Plan for Cluster and Rebound .docx; MALPH ED Transition Plan.pdf; A People Matters proposal addendum\_MALPH\_07.27.2020.pdf; B People Matters Proposal Packet for MALPH (002).pdf

Hello Health Officers-

Attached is my Board Report and attachments that support the items being discussed on Monday. I wanted to ensure the Board is able to get these in time to review prior to Monday since there will be need to be motions and approval of those motions.

Looking forward to hearing you all on Monday via Zoom. Hope your enjoying your weekend!



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## President's Report-8/10/2020 MALPH Board

### 1. Human Resources Proposal Recommendation:

Finance Committee (Jerry, Ken, Collette, Nick, and Meghan) and MALPH Executive Committee Recommendation for Board to consider:

- **Approving Recommendation to hire People Matters to complete executive director search and human resource proposal (see proposal A and B).** Finance and Executive Committee chose this firm due to the thoroughness of the proposal, the more aggressive timelines provided, and the experience and knowledge the firm has. Both Meghan and Collette have had good experience with this HR vendor.

People Matters- \$29,700 (\$10,800 HR+18,900 ED Search)

- HR Solutions- \$25,000 (11,800HR+13,200ED Search)
- Duality (Pam Evans)- \$9,400

*(Background Information: Strategic Goal 1- Increase the capacity of local public health to perform essential functions, provide rapid response to emerging threats, and ensure quality population health at the local level.*

- *Strategies-*
  - *Identify specific infrastructure needs and develop a plan to address them and also establish a transition plan for the executive director which included updated contract, job descriptions, evaluations, evaluate access point, benefits and compensation.*
  - *Task- RFP for Human Resources Project to complete strategies related to contract, job descriptions, evaluations, procedures, etc.)*

### 2. Interim Leadership Plan until Executive Director is filled recommendation:

MALPH Executive Committee Recommendation to consider:

- **Approve an increase in compensation for Jodi Shaver while she picks up additional responsibilities per the MALPH ED transition plan (see attachment).** Currently she makes 45,000 and her annual salary would increase to 55,000 and we would adjust her hourly rate to the new annual salary along with a phone stipend (Meghan received) since she will be available outside of normal office hours. This interim increase would be temporary until both the Human Resources project is completed and Executive Director Position is filled.

*(Background Information: Karen McMaster will provide us consultation at no cost to MALPH. MPHI has an established agreement with MALPH and provide MALPH Karen's time at no cost to MALPH. MDHHS is providing funding to MPHI for COVID-19 and understands the necessity to have MALPH continue to operate during this pandemic and Karen has already been providing some of these services to MALPH during COVID-19 previously.)*

3. **MALPH School Workgroup Update-**  
Template completed for local health departments to modify as needed for their community or new guidance from CDC and MDHHS. THANK YOU to the health departments who participated.
4. **MALPH/MDHHS Workgroup for Response for Clusters, Outbreaks, and Resurgence Update-**  
Attached for your review is the draft Response Plan for COVID-19 Cluster and Rebound Response. Jodi also sent it out. This document is meant to provide a common protocol for response for local and state health departments. This is a living document that will change as more materials are available, as protocols for additional settings are developed, and as we gather more understanding of the pandemic and best practices in response. **Comments about this document should be referred to [CheccDeptCoord@michigan.gov](mailto:CheccDeptCoord@michigan.gov) mail box by close of business, Wednesday August 12.**
5. **MALPH/MDHHS Workgroup for School Transmission re: Opening and Closure**  
Will work similar to the MALPH School Workgroup. It is important that there is some consistency and guidance from MDHHS. A week of work or so to get initial framework out there. Please contact Jodi if you or a team member in your department is interested. It will be 3 meetings. Jodi sent an email out on 8/7/2020 to recruit members.
6. **MALPH Executive Committee Meeting with the Governor's Office (2 meeting so far on Wed)-**  
Items discussed enforcement, school guidance for sports (conflicts with EO and Back to School plan), testing. Please send Jodi and myself any items and your perspective on items to bring up to the Governor.
7. **MALPH Executive Committee Meetings with MDHHS Leadership (Fridays)-**  
Some topics discussed funding challenges (going to supply letter to our BOC on what it can be used and not supplanting other public health funding from County. Enforcement, testing challenges, communication, etc. Please provide both Jodi and myself/Nick with items that need to be escalated.
8. **MERC Health Care Advisory Workgroup-** Positive Messaging Campaign- "Rona" commercials and social media will be released. Businesses and Local Public Health working together on contact tracing (2 pager infographic for employers and also one for employees on understanding how to socialize responsibly were sent out to Chambers of Commerce etc.)

## **DRAFT DELIBERATIVE AND CONFIDENTIAL**

### **Response Plan for COVID-19 Clusters to Prevent Rebound**

**07/07/20 Version**

**Goal:** Rapidly and effectively surge public health resources to geographic areas with cluster of cases or community increase, to break the chain of transmission of COVID-19 and prevent broader community spread.

Note: This document provides are response plan for the Michigan Department of Health and Human Services and local health departments to address potential rebound in COVID-19 infections. Metrics, set points, and response actions should be revisited and amended as more is learned about the behavior of the virus.

#### **COVID-19 Triggers to Identify the Beginnings of Rebound**

When any one of the triggers below are reached for a local health jurisdiction (including counties (or Detroit), MDHHS will consider the area at risk of potential rebound and respond accordingly. These triggers are purposefully set at low thresholds to err on the side of swift and assertive investigation but must be balanced to prevent alarm fatigue.

##### Case triggers:

- Increase to over 40 cases per million per day as a seven-day average, or
- 3 consecutive days of >10% increase in daily case count, or
- 5 consecutive days of increase in the number of lab-confirmed COVID-19 cases, or
- Average weekly trend increase of over prior week (in development)

This review should also consider changes in demographic make-up of cases or the influence of large events with potential exposures in the surrounding area.

##### Syndromic or testing triggers

- 7 consecutive days of increase in CLI syndromic indicators in the labor shed or preparedness region, or
- 5 day increases in percent positivity of diagnostic testing with stable or increasing testing volume

These triggers should be assessed together along with knowledge of existing outbreaks from LHD situation report and data from MI Symptom application to identify rebounds, etc. Situational Awareness can also be gained from data in MiSafeMap dashboard, Michigan.gov/coronavirus and other sources can be reviewed to assess conditions in areas surrounding jurisdictions.

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**Identification Process:** Goal is to identify cluster(s) of new cases or increase in community transmission that needs investigation for potential response.

1. Local health department will inform the MDHHS (through [CHECCDEPTCOORD@michigan.gov](mailto:CHECCDEPTCOORD@michigan.gov) with a copy to their regional epidemiologist) within 24 hours of any increase in cases tied to a fixed location (e.g., congregate care settings, churches, business, workplaces, farms, etc.). Local health department should receive a notification of receipt of the information.
2. Each day, MDHHS Epidemiology staff will monitor COVID-19 trigger indicators to identify any potential increase, in addition to monitoring that the local health department nursing or epidemiology staff undertakes.
3. Within one business day, when any one of the case triggers are met, MDHHS staff will examine the data more closely and will notify with the local health department, communicable disease, nursing and medical director, with carbon copy to health officer. MDHHS and LHD will examine probable cases and suspect cases as well.
  - a. If CLI or percent positivity trigger is met, MDHHS epidemiology and LHD will review case data over the next day or two, as case information is assembled, to identify any clusters, as well as assess influenza conditions, health care capacity, and other applicable data.
4. Local health department and MDHHS will review case residence, workplace, and other sites visited during infectious period to identify common locations visited by cases, or community transmission, commencing on that same business day and extending for at least 14 days. If during the review cases are identified to have visited or been at their worksite in another jurisdiction the LHD will notify their regional epidemiologist and/or communicable disease staff at the worksite LHD as outlined in [the MDHHS SOP/TEAM protocol](#).
5. Each cluster linked to an identified location will receive specified responses, outlined below. Regional epidemiologist will notify Epidemiology administration via email when these are identified.
6. If clear regional increase without clear point source appears to be occurring, regional epidemiology and Lansing staff will notify Health Officers, Medical Directors, Emergency Preparedness Coordinator and Communicable Disease Investigation Units via MiHAN, copying MDHHS Local Health Services and Epidemiology administration.

## DRAFT DELIBERATIVE AND CONFIDENTIAL

### RESPONSE TO POTENTIAL CLUSTERS

This section must be enhanced as additional settings of concern that need specific coverage are identified.

- Congregate Care Settings
- Schools (refer to MALPH school protocols)
- Agricultural Settings (in development)
- Other facilities

#### Response to Congregate Care Cluster

The following steps will be taken as appropriate when a congregate care facility has a cluster of cases.

- Convene: If they have not already, local health department, with state assistance if needed, contact that facility to review operational approach with regards to infection control and plan further testing.
  - Reaching out to corporate office may be most effective for some organizations.
  - LHD consider need for inclusion of appropriate state agency (LARA, MDARD, LEO/MIOSHA, or/and EGLE) as well hospitals used by the facility and community stakeholders (Area Agency on Aging) in the discussion.
  - State agencies needs to provide timely technical assistance in response to cluster and potential rebound. {insert state agency description annex: under development}
  - If difficulty connecting with the facility, could consider connecting with Area Agency on Aging (AAA) Ombudsperson or a Warning Letter to gain facility attention to the issue.
  - When hired, MDHHS Infection Prevention Rapid Action Team (IPRAT) Regional Strike Teams can be engaged to aid in this response.
- Proactive Health Education: Local health department leverages existing relationships for proactive communication with facility and stakeholders regarding with situation and potential next steps. Include facility, media, commissioners, and people in community.
  - Education to set expectations on outbreak control methods such as repeat testing, cohorting, and notification.
  - Education for facility staff so they understand what COVID means in a facility and maintain staffing levels, to prevent staff leaving facility.
- Diagnostic Testing: All residents and staff with potential exposure will be tested once, then those with negative results re-tested again in three to seven days. If the cluster was identified by an all-facility testing event at a congregate care facility, all residents and staff should be tested on a weekly basis, until testing identifies no new cases of SARS-CoV-2 infection among residents of staff for at least 14 days since the most recent positive result (reference Agile Group Document and LHD testing request documentation here). Skilled Nursing Facility must utilize request system under [MDHHS Emergency Order for Nursing Home Testing and submit a request using the form within the memo to](#)



## DRAFT DELIBERATIVE AND CONFIDENTIAL

[MDHHS-LTCRequests@michigan.gov](mailto:MDHHS-LTCRequests@michigan.gov). Other long term care and congregate care facilities should work with local health departments if they need assistance in testing. There are multiple options for handling this testing:

- Facility can conduct, taking patient specimens and sending to any laboratory partner chosen.
  - If small facility, local health department may conduct sample collection, with supplies and PPE provided by state.
  - State (Michigan National Guard, Michigan Primary Care Association, or commercial vendor) can drop off/mail specimen collection supplies for the facility to take patient specimens and return to a specific external laboratory.
  - State (Michigan National Guard, Michigan Primary Care Association, or commercial vendor) can visit facility to take patient specimens and return them to a specific external laboratory.
- Investigation and Tracing: The local health department (or MDHHS PHA COVID-19 Case Investigation Volunteers, if applicable) will coordinate the attempt or attempt contact for 90 percent or more of cases within 24 hours and contacts within 48 hours. At least 50 percent of all contacts should be identified with the facility within one day of case identification. At least 75 percent of all contacts should be contacted within one day of their identification by the local health department (or Trace Force, if applicable). Local health departments often work with facility to gather information on cases and to identify contacts.
    - MDHHS will provide additional case investigation or contact tracing support if local health department request to meet benchmarks for response.
    - Local health department may maintain a line list for outbreaks in their jurisdiction outside of the MDSS but must update the case information and outbreak identifier in MDSS.
    - Local health department conducting the investigation will refer cases or contacts among visitors or staff to other jurisdictions of residents. Those jurisdictions may use the outbreak identifier or a related identifier to include their resident in the outbreak.
    - Local health departments use the Michigan Health Alert Network to inform other departments of outbreaks that may impact their residents.
- Isolation:
    - All cases will be isolated as possible within the facility per [CDC](#) and [CMS](#) guidelines
    - If needed, cases and symptomatic individuals awaiting test results can be cohorted together for isolation, or cases may be transferred to a 'hub' for positive cases if applicable.
    - Congregate care facilities may need PPE support. Facility may need PPE support, which should be requested through the Regional Health Care Coalition.
    - Education is needed among the facility management and staff for cohorting and transfer of patients for cohorting to avoid inadvertent spread of infection.

## DRAFT DELIBERATIVE AND CONFIDENTIAL

- Quarantine: Quarantining close contacts of cases is an essential tool in slowing infection in facilities. Close Contact defined as someone who was within 6 feet of an infected person for at least 15 minutes starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to specimen collection) until the time the patient is isolated.
  - Residential close contacts of cases will be quarantined for 14 days from their last date of contact with a contagious case or until transmission has been halted.
  - Visitor close contacts of cases will be quarantined for 14 days from their last date of contact with a contagious case.
  - Local health department will consult with facility on staffing quarantine or cohorting of exposed staff with cases, depending on use of PPE and history of exposure.
  - Local health department shall educate staff and residents on meaning of quarantine for all activities (example, impact on smoking breaks).
  
- Notification
  - The facility retains the responsibility for direct notice to patrons, signage in facilities, and/or press release depending on situation. Local health department should be involved in content of that notification language and receive a copy of that language. If a facility chooses not to release notification, the local health department can make notification.
  - AAging Ombudsman can act as patient and family advocate in communications.
  - Local public health will set-up routine communication schedule with the facility regarding testing results. This can be achieved either by use of a designated point of contact with the facility or scheduled meetings with local public health staff and facility administration.
    - This routine communication can also be used to identify larger facility needs such as PPE, cohorting, etc.
  - Local public health can request MDHHS (Regional Epidemiologist, IPRAT Team Members, etc.) presence on these update meetings.
  
- Environmental Safety Measures: At the direction of the local health department, the facility will undertake enhanced preventative measures, including:
  - Continued temperature and symptom monitoring of staff upon arrival each day
  - Continued utilization of personal protective equipment, including masks, gowns, and gloves for all resident interactions
  - Increased cleaning and disinfection
  - Assessment of patient flow
  - Suspension of in-person visits
  - Consultation with MDHHS infection control team and remediation of any infection control deficiencies discovered

## DRAFT DELIBERATIVE AND CONFIDENTIAL

### Cluster of cases in agriculture and food processing facilities

The following steps will be taken as appropriate when an agricultural facility (e.g., farm, green house) or food processing facility (e.g., meat packing, hatchery) has a cluster of cases.

- Convene: If they have not already, local health department, with state assistance if needed, contacts that facility to review operational approach with regards to infection control and plan further testing.
  - Reaching out to corporate office may be effective for some organizations.
  - LHD consider need for inclusion of appropriate state agency (LARA, MDARD, LEO/MIOSHA, MDHHS Migrant Health Services, or/and EGLE) as well Federally qualified health clinics or other clinics that may provide health care to the workers at these facilities in the discussion.
  - State agencies needs to provide timely technical assistance in response to cluster and potential rebound. {insert state agency description annex: in development}
  - If difficulty connecting with the facility, could consider a Warning Letter to gain facility attention to the issue.
  
- Proactive Health Education: Local health department leverages existing relationships for proactive communication with facility regarding with situation and potential next steps. Consider education needs of facility, media, county commissioners, and people in community.
  - Education to set expectations on outbreak control methods such as repeat testing, isolation and quarantine needs and impact, and notification.
  - Careful discussion is needed around schedule of agricultural products and worker movement following agricultural schedule, in order to avoid pushing workers and families away from facilities.
  
- Diagnostic Testing: All workers and staff with potential exposure to cases, including exposures that may have occurred in shared living arrangement or in car pooling, will be tested once, then those with negative results ideally re-tested again. Testing should be undertaken in accordance with CDC guidance and in accordance with [Emergency Order Under MCL 333.2253, Mandatory Testing, Preventative Measures, and Safe Housing for Agricultural Workers](#). Facilities should work with local health departments if they need assistance in testing. There are multiple options for handling this testing:
  - Facility can use their own or contract with an occupational health consultant to collect samples and obtain laboratory results. All laboratory testing results must be reported to the local health department, even if an out of state laboratory is used for analysis.
  - If a small number of workers and contacts need to be tested, the local health department may conduct sample collection, with supplies and PPE provided by state.
  - The MDHHS Migrant Health group has developed relationship with Michigan Primary Care Association to conduct testing as well as provide wrap around services for workers if needed.

## DRAFT DELIBERATIVE AND CONFIDENTIAL

- **Investigation and Tracing:** The local health department (or Trace Force, if applicable) will coordinate the attempt or attempt contact for 90 percent or more of cases within 24 hours and contacts within 48 hours. At least 50 percent of all contacts should be identified with the facility within one day of case identification. At least 75 percent of all contacts should be contacted within one day of their identification by the local health department (or Trace Force, if applicable). Local health departments often work with facility to identify contacts, including workers who may have been exposed and moved on to another facility.
  - MDHHS will provide additional case investigation or contact tracing support if local health department request to meet benchmarks for response.
  - Local health department may maintain a line list for outbreaks in their jurisdiction outside of the MDSS but must update the case information and outbreak identifier in MDSS.
  - Local health department conducting the investigation will refer cases or contacts among visitors or staff to other jurisdictions of residents. Those jurisdictions may use the outbreak identifier or a related identifier to include their resident in the outbreak.
  - Local health departments use the Michigan Health Alert Network to inform other departments of outbreaks that may impact their residents.
  
- **Isolation:**
  - All symptomatic cases should isolate per [CDC](#) guidelines and [Emergency Order Under MCL 333.2253, Mandatory Testing, Preventative Measures, and Safe Housing for Agricultural Workers](#).
  - The local health department should consult with MDHHS Migrant Services group, and the Michigan Primary Care Association to address economic, social and health care needs during isolation.
  - If needed, asymptomatic cases and exposed contacts can be cohorted together to continue working during isolation.
  - Education is needed among the facility management and staff for cohorting and movement of workers for cohorting to avoid inadvertent spread of infection.
  
- **Quarantine:** Quarantining close contacts of cases is an essential tool is slowing infection in facilities. Close Contact defined as 15 or more minutes within 6 feet of a person who has confirmed COVID-19 infection (case).
  - Close contacts of cases will be quarantined based on [Emergency Order Under MCL 333.2253, Mandatory Testing, Preventative Measures, and Safe Housing for Agricultural Workers](#).
  - Local health department will consult with facility on staffing quarantine or cohorting of exposed staff with cases, depending on use of PPE and history of exposure.
  - Local Health department shall educate management and workers on meaning of quarantine for all activities (example, transportation and shared living quarters).

## DRAFT DELIBERATIVE AND CONFIDENTIAL

- Notification
  - The facility retains the responsibility for direct notice to workers, contractors and visitors, signage in facilities, and/or press release depending on situation. Local health department should be involved in content of that notification language and receive a copy of that language. If a facility chooses not to release notification, the local health department can make notification.
  - MDHHS Migrant Services and the local health department could act as worker and family advocate in communications.
  - Local public health will set-up routine communication schedule with the facility regarding testing results. This can be achieved either by use of a designated point of contact with the facility or scheduled meetings with local public health staff and facility administration.
  - Local public health can request MDHHS (Regional Epidemiologist, Migrant Services, etc.) and MIOSHA presence on these update meetings.
  
- Environmental Safety Measures: At the direction of the local health department, the facility will undertake enhanced preventative measures, including:
  - Continued temperature and symptom monitoring of staff upon arrival each day
  - Identified changes to work flow and masking and/or disinfectant procedures to reduce potential for future exposure.
  - Increased cleaning and disinfection
  - Suspension of visits
  - Testing of new employees.

## DRAFT DELIBERATIVE AND CONFIDENTIAL

### Cluster of cases in other facilities (examples, business, day care, office building)

#### Convening

- Local health department contact that facility and discuss situation, type of facilities, number of employees and possible customers, and plan operational approach with regards to testing, contact tracing/notification, and environmental assessment.

#### Evaluation of facility type (varies)

- Local public health should work with the facility in question regarding the environment within the facility. Some areas to assess are:
  - Is the work indoors or outdoors
  - What is the facility's interaction with the public (are they open for the public to come into the site to purchase goods or services, etc.)?
  - How close are workers within the facility? Are social distancing measures feasible?
  - Could alternate scheduling or teleworking be implemented to prevent further spread?

Tracing: Local health department will work with facility to assess locations used by suspected/probable and confirmed cases and exposed individuals within the facility.

- Review worker schedules, logs of patrons in restaurants, day care, recreation facilities and other available materials to identify those potentially exposed to ill workers
- Contact tracing of employees and ill staff/customers associated with the site will help with determining if there is secondary spread within the community related to the facility
  - Ill contacts of cases are encouraged to isolate and receive testing.
  - Asymptomatic cases are encouraged to quarantine and receive testing.

Notification: local health department will work with facility to notify potentially exposed individuals

- Notification occurs through direct notice to staff/patrons, signage in facilities, and/or press release depending on situation.

Testing: MDHHS work with local health department and facility to set up testing of willing exposed employees/customers

- Cases and symptomatic individuals will be advised to isolate until meet [CDC](#) release from isolation protocol. Close contacts will be advised to self-quarantine for 14 days. Close Contact defined as someone who was within 6 feet of an infected person for at least 15 minutes starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to specimen collection) until the time the patient is isolated.

Environment: Local Health Department will work with facility:

- to identify areas of deep cleaning.
- make recommendations for any improvements in work flow process or routine cleaning needed to prevent future spread.

## **DRAFT DELIBERATIVE AND CONFIDENTIAL**

### Evaluation of ongoing transmission

- Testing data from employee/patron testing will be assessed to identify base exposures, and additional cases that occur at the facility
  - Testing should be repeated weekly until staff are all negative.

### End of Cluster Investigation at a Facility

The investigation into the cluster will continue until the transmission in that facility/location has been broken. The community will again enter the [MiSafeStart](#) process of assessing the absolute number and trend of the cases per million people per day. The trend must decline steadily for three weeks, in an atmosphere of increasing or stable testing, before the transmission can be considered stopped. Monitoring of residents and employees for symptoms and exposure should be ongoing.

## DRAFT DELIBERATIVE AND CONFIDENTIAL

### Community-Based Increase

Goals of a response to a community-based increase are to:

- Prevent need for crisis standard of care having to be enacted in area hospitals
- Prevent delays in non-COVID-19 medically necessary care
- Keep schools, day cares and essential businesses open to the extent possible

The following steps will be taken when an increase in cases is identified in a community without an identified point source of transmission.

### Convening the Community Leadership and Consider Activation of Emergency Operations

The Local Health Department shall rapidly engage community partners to inform them about the increase and to rapidly develop/enhance the LHD COVID-19 Incident Response Plan around this increase. If the Emergency Operations Center (EOC) associated with the jurisdiction of increase has not been activated, the Health Officer of the LHD and the Emergency Manager of the jurisdiction should consider level of activation needed to coordinate requests for aid and other aspects of response.

Partners would include, but are not limited to, health care (including ambulatory care), school and university partners, community leadership, emergency management structure, migrant services, and first responders. Given the mental health supports needed by the community in this pandemic, it is crucial to re-engage mental health supports in planning process as well.

The Local Health Department will provide a rapid assessment of the situation (including data from partners as available) and conduct a discussion to inform an Incident Response Plan around this increase.

Assessment will include data available in state and local systems, as well as knowledge of local situation from partners. Local health department may request data assistance from MDHHS. A rapid review of data about the jurisdiction, county and region may include:

- Epidemiologic indicators
  - o Cases, testing, and mortality indicators for [Mi Safe Map dashboard](#) and local health department systems
  - o Geographic hotspots from symptom checker surveys
  - o Infection rates in [vulnerable congregate populations](#)
  - o Percent of cases associated with a cluster/outbreak using [CovidExitStrategy.org](#)
  - o Reproductive rate for the county from [Rt.live](#)
  - o [Syndromic data](#)
- Health care impact and capacity
  - o [Hospital census, capacity and any models undertaken that hospital systems may have undertaken](#)
  - o Trend in inpatient admissions and emergency department discharges for suspected COVID 19
  - o Infection rate and absenteeism in health care workers



## DRAFT DELIBERATIVE AND CONFIDENTIAL

- Public health capacity
  - o Case investigation and contact tracing performance levels
  - o Testing scheduled in community in near future
- Impact in the community and unique aspects of the community
  - o Consider population density, known social networks, potential sources of exposure, mass transit, information from key organizations (first responders, 211, 911 dispatch), and those serving vulnerable populations (exposure risk and risk of severe disease)
  - o Consider local measures of compliance with mitigation strategies
  - o From major employers: Absenteeism in essential worker force
  - o Information on compliance and enforcement

### Community & Public Outreach

Local Health Department, in coordination with MDHHS and Joint Information Center at the State Emergency Operations Center (JIC at SEOC), will issue a press release the same day as the convening meeting, regarding the increase in community cases and what is known about the specific response steps being taken and tailored to the community. A cadence of these public communications should be established.

- Local emergency management and the local health department will be asked to pursue a robust public communications strategy about the preventative measures' individuals can take to protect themselves
- Particular effort should be made to inform individuals most at risk of severe outcomes from infection.
- Campaign/messaging effort by non-public health messengers to promote social distancing, mask wearing, and other appropriate steps.
  - o Encourage participating community partners to share these messages in their facilities and on their social media pages.
- Set expectations that, depending on the rate of increase, may require reduction in activities.

### Increase Testing

Within 48 hours, MDHHS will surge mobile testing units to the area to test additional people per day to enable increasing test two percent of the jurisdictions population in a week. The surge shall begin the following business day after identification of the increase in cases.

- o The local health department shall send a request for enhanced testing response using the Rapid Testing Request Form.
- o MDHHS/DTMB/SEOC will maintain eight mobile testing units for outbreak response statewide.
- o MDHHS will procure a standing contract for staff to operate the mobile testing units when needed (either via a private staffing agency, the local health department, or a network of local hospitals).
- o SEOC will work with local emergency managers and local health departments to secure specific sites for operation.

### Maintain Tracing

The local health department will conduct all case investigation in 24 hours and contact tracing within 48 hours.

## DRAFT DELIBERATIVE AND CONFIDENTIAL

- MDHHS will provide additional case investigation or contact tracing support if local health department resources insufficient to meet timeframes.

### Increase Resources for Isolation & Quarantine

All cases will be isolated following [CDC](#) protocol. Close contacts of cases will be quarantined for 14 days. Both groups will be provided the isolation resource referrals currently in development.

The LHD should rapidly stand up regional isolation and quarantine space for individuals who do not have a safe place to isolate or quarantine. The LHD should coordinate wrap around services for individuals sheltering in place with MDHHS (low income), the MPCA (migrant camps) and other partners.

Response Measures For Consideration: the community will undertake enhanced preventative measures until the community has been having decrease in case rates and percent positivity for at least two weeks (or longer depending on overall case rate), including:

- Mask-wearing in public, with masks provided widely for individuals who do not have them.
- Continue maintaining six feet of distance between others at all times practicable.
- Increased enforcement of regulation on social distancing and other measures at both state and local level.
- Reduce exposures in settings
  - Consider increasing restriction on capacity in restaurants and other businesses.
  - Consider increasing social distancing in schools, including distance between desks in classrooms
  - Return to working from home when possible for office situations
- Increase protection of vulnerable and congregate populations
  - Restrict visitation in long term care or other congregate settings of vulnerable populations
  - Increase availability and utilization of PPE, particularly for congregate care settings of vulnerable individuals (SNFs, homes for the aged)

The investigation into community increases will continue until cluster sources are identified and control or the count and rate of cases declines. The community will again enter the [MiSafeStart](#) process of assessing the absolute number and trend of the cases per million people per day. The trend must decline steadily for three weeks, in an atmosphere of increasing or stable testing, before the transmission can be considered stopped. Symptom and exposure monitoring of employees and residents and use of personal and community mitigation measures (i.e., hand washing, social distancing, enhanced cleaning and mask wearing) should continue.

Jodie	<p><b>Operations</b></p> <ul style="list-style-type: none"> <li>• Assist the Executive Committee/Board in setting short-term and long-term goals based on the organization's mission, vision, and strategic plan (In Interim)</li> <li>• Assist and/or develop and implementation of work plans, activities, and programs to meet strategic objectives</li> <li>• Assist in administering operational policies</li> <li>• Manage MALPH meetings, conferences, and events</li> <li>• Foster and maintain ongoing and open communication with the Executive Committee/Board</li> </ul> <p><b>Personnel</b></p> <ul style="list-style-type: none"> <li>• Assure proper compliance with employment law as it relates to personnel matters</li> <li>• Grant writing as noted under Personnel Management</li> </ul> <p><b>Fiscal</b></p> <ul style="list-style-type: none"> <li>• Assure proper expenditure of funds, and assure that all funds, physical assets, and other property of the Association are appropriately safeguarded and administered.</li> <li>• Assist in management in MALPH's assets, liabilities, revenues, and expenditures</li> <li>• Seek new/additional non-dues revenue sources</li> <li>• Assure proper fiscal record keeping and reporting</li> </ul> <p><b>Public Relations and Communications</b></p> <ul style="list-style-type: none"> <li>• Assist with maintaining relationships with other state associations, national associations, professions, government, and public service organizations, and others as necessary and in the best interest of MALPH</li> <li>• Manage MALPH communication strategies, including website to assure appropriate substantive, conceptual, and political approach (w/ ED)</li> <li>• Effectively maintain relationships with other state associations, national associations, professions, government, and public service organizations, and others as necessary and in the best interest of MALPH (with Karen)</li> </ul>
Karen	<p><b>Public Relations and Communications</b></p> <ul style="list-style-type: none"> <li>• Effectively maintain relationships with other state associations, national associations, professions, government, and public service organizations, and others as necessary and in the best interest of MALPH</li> <li>• Serve as the primary liaison and spokesperson between the Board, administration, legislature, governmental entities, and the press</li> <li>• Manage advocacy initiatives to assure effectiveness and results, utilizing outside lobbying assistance as needed (EC as appropriate)</li> </ul>

	<ul style="list-style-type: none"> <li>• Maintain relationships with governmental agencies, elected officials, key stakeholders, and organizations with complementary and/or like missions and policy objectives</li> </ul>
Becky	<p><b>Advocacy and Government Relations</b></p> <ul style="list-style-type: none"> <li>• Monitor and report legislative, political, and administration activities and issues which may impact the interests of the Association and its members</li> <li>• Attend and participate in legislative and regulatory meetings and hearings bearing potential impact on the Association and its members</li> </ul>
Angelique/Nick	<p><b>Fiscal Management</b></p> <ul style="list-style-type: none"> <li>• With guidance from the Executive Committee/Board, develop and maintain appropriate policies, procedures, and internal controls for prudent financial management and legal integrity</li> </ul> <p><b>Public Relations and Communications</b></p> <ul style="list-style-type: none"> <li>• In concert with the Board of Directors, serve as a spokesperson for MALPH, promoting the Association and its initiatives to members, media, governmental agencies, community and related organizations, and the public at events, local meetings and other venues as appropriate</li> <li>• Manage MALPH communication strategies, including website, speeches, personal appearances, and public statements to assure appropriate substantive, conceptual, and political approach</li> </ul>

## ADDENDUM TO MALPH HUMAN RESOURCES SUPPORT PROPOSAL

The following is an addition to the noted sections of the original proposal dated July 22, 2020. All other sections of the original proposal remain in effect.

### **Scope of Work/Work to be Completed**

People Matters HR Consultants will be responsible for the following:

#### ***Part 5: Recruiting and Selecting an Executive Director***

*Estimated time to complete: 12 weeks (dependent on the availability of all involved parties)*

#### ***Kickoff Project and Identify Top Talent***

- Leading a 60-90-minute meeting with the appropriate MALPH representative(s) to create a clear profile of the desired candidate and project timeline.
- Building necessary forms and links in our on-line candidate application and tracking system to significantly reduce project completion time.
- Sourcing candidates by identifying recruiting tactics, writing and placing job ads designed to attract ideal candidates, contacting potential candidates, etc.
- Screening candidate information to identify qualified candidates to consider.
- Designing phone interview questions based on the candidate profile.
- Phone interviewing up to 12 candidates.
- Referring the top candidates (ideally 3-5) for the next round of interviews.
- Responding to candidate inquiries and communicating to those who are not proceeding to the next interview stage.

#### ***Deeper Assessment via Interviews***

- Designing questions for the second interviews based on the candidate profile.
- Interviewing up to 5 candidates (in-person or via video call).
- Referring the top candidates (ideally 2-3) to you for the final round of interviews.
- Responding to candidate inquiries, keeping candidates interested throughout the project, and communicating to those who are not proceeding to the final interview.

When multiple people interact with a candidate over several discussions, we'll get the most accurate picture of who they are and how they will work in your organization. This step will

Initials: \_\_\_\_\_

not only help you thoroughly analyze fit but will reserve your valuable time and energy for the final interview.

***Client Interview Support***

- Designing questions for the third interviews based on the candidate profile.
- Scheduling and taking part in Board interviews with up to 3 candidates (in-person or via video call depending on the status of COVID-19) and assessing candidates with the Board after.
- Responding to candidate inquiries and communicating to those who are not proceeding to the next stage.

***Reference Check and Seal the Deal***

- Completing the reference and background checks on the final candidate.
- Negotiating the job offer with the final candidate on the organization's behalf.
- Updating candidates who were not selected.

**What is not included**

We are here to help protect your organization by fully complying with laws and avoiding any potentially legally sticky issues. Therefore, we do not look at the candidates' online activity as part of our selection process. We can discuss the legal reasons we do not recommend our clients maintain this practice either.

Because we are a third party, we cannot conduct credit checks on behalf of our clients. This is a tricky area of employment law, and we can discuss with you any legal risks if you choose to conduct them.

**Professional Fees**

<b>Project</b>	<b>Purchased Ala Carte</b>	<b>All Options Purchased*</b>
Part 5 - Recruiting and Selecting an Executive Director	\$21,000	\$18,900

*\*10% Discount if all options are purchased*

The above fees are for People Matters services and position advertising. MALPH will cover costs incurred by other vendors such as background checking.

Initials: \_\_\_\_\_

**Commitment Agreement**

Check the part you're selecting.

- Part 5 - Recruiting and Selecting an Executive Director \$21,000
- All 5 Parts - \$29,700

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Collette Scrimger

Michigan Association for Local Public Health

Initials: \_\_\_\_\_



July 22, 2020

Collette Scrimger  
Michigan Association for Local Public Health (MALPH)  
426 S Walnut Street  
Lansing, MI 48933

**RE: Proposal – Human Resources Projects**

Thanks so much for the opportunity to offer this proposal to help MALPH various human resources projects. From the request for proposal document, it sounds like you are dealing with the lack of or potentially out-of-date human resources policies, processes, and programs and it's creating concern that the organization is operating sub optimally.

As an organization that has a big job supporting busy local health departments, I believe the timing of our work will position your organization perfectly to ensure its HR function is running effectively and efficiently. I can say this with a high degree of confidence because we've worked with many similarly situated clients, which makes us uniquely qualified to analyze, recommend, and implement changes so you can focus on the core work of strengthening Michigan's system of local public health departments and local governing boards.

Attached are a detailed proposal, consultants' bios, and People Matters' references. Please let me know if you have any questions or concerns.

My team and I look forward to working with you.

Jodi Wehling  
Managing Consultant | Owner  
People Matters, LLC  
517-925-8257



# PROPOSAL & TERMS OF ENGAGEMENT

## Agreement

This detailed proposal includes my recommendations for how to successfully work together to reach your goals. The proposal is valid through August 14, 2020 and when signed by you will serve as our mutual understanding of the scope of work, what's needed from you to complete the work, and the payment arrangements.

## Objectives

Michigan Association for Local Public Health (MALPH) has a desire to improve multiple human resources programs, processes, and policies as a result of the evolving needs of the association. The objectives of our work together specifically are to:

- 1) Review the existing positions to assure the responsibilities, knowledge, skills, abilities, and qualifications required align with organizational goals and objectives. Develop job descriptions that document expectations. Determine if employees' qualifications are a fit for their current position. Develop an evaluation tool that assesses employee performance.
- 2) Conduct a review of employee compensation packages including wages and benefits. Make recommendations on the adjustments necessary to assure the packages remain competitive. Determine if needed, and if so, develop employment agreements for staff positions.
- 3) Assess the employment structure currently established with AccessPoint and make recommendations on the effectiveness of this relationship. Identify alternative structures that reflect the best use of the association's resources.
- 4) Develop necessary personnel policies in the form of an employment handbook. Develop a staff on-boarding process.

Our team of consultants with over 100 years of combined experience will work collaboratively with you to reach these objectives. Once the engagement begins, you will be assigned a primary consultant who will serve as the project manager and your point of contact.

## Scope of Work/Work to be Completed

People Matters HR Consultants will be responsible for the following:

### *Part 1: Job Descriptions and Evaluation Process*

*Estimated time to complete: 6 weeks*

Initials: \_\_\_\_\_

- Meeting with the appropriate MALPH representative(s) to identify current gaps, needs, and goals to be achieved with the project.
- Administering position analysis questionnaires (PAQs) to the staff to gather information, including the responsibilities and duties, on each position.
- Using their answers and information obtained from the board to develop job descriptions for the two positions.
- Developing the customized performance evaluation process and form(s).
- Reviewing the documentation with you and providing one (1) revision.
- Training the staff on the performance evaluation process.

***Part 2: Competitive Compensation and Benefits***

*Estimated time to complete: 6 weeks*

- Meeting with the appropriate MALPH representative(s) to identify a compensation philosophy and other compensation guidelines.
- Conducting market analysis and developing pay ranges for the two positions.
- Conducting a competitive analysis of employment benefits.
- Documenting recommended changes to current staff pay and benefits.
- Creating a customized compensation program document outlining pay administration practices that will ensure pay stays competitive in the future.
- Working with the board to determine if employment agreements for staff positions are needed, and if so developing them.

***Part 3: Employment Structure***

*Estimated time to complete: 4 weeks*

- Meeting with the appropriate MALPH representative(s) to identify current gaps, needs, and decision criteria.
- Providing an analysis of alternative structures and a recommendation regarding what employment structure is most advantageous for MALPH.
- Participating in final decision-making discussion

***Part 4: Handbook and Onboarding***

*Estimated time to complete: 6 weeks*

- Meeting with the appropriate MALPH representative(s) to discuss existing policies and practices, the organization’s culture, and other topics relevant to the project.

Initials: \_\_\_\_\_

- Creating an updated, customized handbook, and providing MALPH representative(s) with an electronic copy for review and input.
- Although we have knowledge of employment law, the consultants at People Matters are not employment attorneys, so we encourage clients to have an employment attorney look over the final draft. We'll work with the attorney to ensure the legal review is completed and recommendations are integrated in a manner that balances legal concerns and operational issues and flows with the tone of the handbook. (We can refer you to the employment attorney we use if you'd like. He charges between \$500-\$700 for the review.)
- After MALPH has review the document, we will discuss any concerns or questions you have and make one (1) revision to the document.
- Planning and leading a 1-hour meeting to share the new handbook with staff.
- Designing and developing a staff on-boarding process.

### **A Collaborative Partnership: Support and Information Needed**

Our role is to give your organization guidance in human resources. While we have expertise in this area, you and your team have the knowledge of the day-to-day operations of your business and your industry. We anticipate that this knowledge will be shared freely and proactively with us in order for us to serve the organization more effectively and efficiently.

We ask that you communicate the existence and need for this arrangement to individuals within the organization prior to the onset of the work and that you share the communication messages with us.

To complete this project thoroughly and accurately, we will need access to pertinent internal documents, people, and information. Timely completion of the work depends on the availability of you and/or others inside the organization, and prompt response to any questions or requests for additional information or documents that arise. We ask that responses be provided to us within 24 hours, unless agreed upon otherwise.

### **Timeline of Work**

We will begin this work within one week upon receipt of the following items: 1) signed copy of this letter with projects selected, 2) initial payment described under Professional Fees, and 3) any requested documents and information. The time to complete the projects will depend on which projects are selected, the timing of project approval, and your availability. We expect to be working on projects concurrently.

Initials: \_\_\_\_\_

## Professional Fees

Project	Purchased Ala Carte	All Options Purchased*
Part 1 - Job Descriptions and Evaluation Process	\$3900	
Part 2 - Competitive Compensation and Benefits	\$3200	
Part 3 - Employment Structure	\$1500	
Part 4 - Handbook and Onboarding	\$3400	
Total	\$12,000	\$10,800

*\*10% Discount if all options are purchased*

### Payment Terms

50% of the project fees are due before work begins, 25% at 30 days, and the remaining 25% at 60 days or upon project completion, whichever comes first. You'll receive an invoice for payments, which will be due within 10 business days.

If you decide during the project that you need other assistance outside the Scope of Work, we're happy to support you. Additional fees will be charged.

The above fees are for People Matters services only. MALPH will cover any costs incurred by vendors, if applicable. If during our work, we agree that it is in MALPH's best interest to seek the support of an employment attorney, those fees will be in addition to the fees for services described here.

Delayed payment of any professional fees in this document will result in late charges.

### Confidentiality and Intellectual Property

The details of this agreement, including fees, are confidential. Please discuss them only with me, the Owner & Managing Consultant, at People Matters.

All information shared during our work together will be kept confidential.

Methodologies (models, tools, forms, processes) shared or created during our relationship remain the property of People Matters.

### Termination of Project

We intend to establish a mutually rewarding and enduring relationship with you as your human resources consultants. Nevertheless, business needs change and you are free to end our services at any time by 14 calendar days' written notice to us, payment

Initials: \_\_\_\_\_

for completed work, and a cancelation fee of 25% of the remaining balance of the project fees.

We may also terminate our services to you, with 14 calendar days' written notice. If People Matters cancels services, MALPH will be reimbursed for payments, minus fees for completed work.

Regardless of which party terminates the project, People Matters will provide MALPH a written summary of the project progress and outstanding items to be completed prior to final billing.

### Feedback and References

People Matters is committed to the highest level of service to our client partners. To continually improve our service to you, we'll occasionally ask for feedback on your and your staff's experience with us and/or our impact on the organization. This might take the form of having people complete a questionnaire, respond over the phone, or provide us recent operating data. We may also ask you to serve as a professional reference or provide a testimonial for People Matters.



Jodi Wehling  
Managing Consultant | Owner  
People Matters, LLC

### Commitment Agreement

Check all parts you're selecting.

- Part 1 - Job Descriptions and Evaluation Process \$3900
- Part 2 - Competitive Compensation and Benefits \$3200
- Part 3 - Employment Structure \$1500
- Part 4 - Handbook and Onboarding \$3400
- All 4 Parts - \$10,800

Signature: \_\_\_\_\_

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

Collette Scrimger  
Michigan Association for Local Public Health

Initials: \_\_\_\_\_



**JODI WEHLING**, Owner and Managing Consultant

- 27+ years of human resources operations and leadership experience
- Bachelor's Degree in Personnel Administration from Michigan State University
- Master's Degree in Labor Relations and Human Resources from Michigan State University
- HR experience and expertise spans all disciplines, including:
  - HR strategic planning
  - Position design
  - Recruitment and selection
  - Policy development
  - Compensation
  - Benefits
  - Employee relations
  - Employee communications
  - Performance management
  - HR compliance



**AMIEE ANDRZEJEWSKI**, Human Resources Consultant

- 23+ years of human resources operations and leadership experience
- Business Administration & Management coursework completed at Wayne State University
- HR experience and expertise spans all disciplines, including:
  - HR strategic planning
  - Position design
  - Recruitment and selection
  - Policy development
  - Compensation
  - Benefits
  - Employee relations
  - Employee communications
  - Performance management
  - Employee training



**BERNADETTE JOHNSON, CPT**, Human Resources Consultant

- 25+ years of experience in learning and organizational development fields
- Bachelor's Degree in Management and Organizational Development from Spring Arbor University
- HR experience and expertise includes:
  - Culture alignment
  - Leadership development
  - Group process
  - Intentional dialogues
  - Performance improvement
  - Change/transition management
  - Training



**DOMINICA PALACIO**, Human Resources Consultant

- 20+ years of human resources experience
- Bachelor's Degree in Human Resource from Michigan State University
- Master's Degree in Business Administration from Northwood University
- HR experience and expertise spans all disciplines including:
  - Recruiting and selection
  - Succession planning
  - Compensation
  - Benefits
  - Employee relations
  - Training and development
  - Performance management
  - Policy development
  - HR compliance



**GINA POLCE**, Human Resources Consultant

- 15+ years of human resources experience
- Bachelor's Degree in Human Resources from the Michigan State University
- Certified PHR and SHRM-CP
- HR experience and expertise spans all disciplines including:
  - Recruiting and selection
  - Compensation
  - Benefits
  - Employee relations
  - Organizational design
  - Performance management
  - Policy development
  - HR compliance



**EMILY PHIPPS**, Human Resources Consultant

- 18+ years of human resources experience
- Bachelor's Degree in Business Management from Southeastern Louisiana University
- Certified PHR and SHRM-CP
- HR experience and expertise spans all disciplines including:
  - Recruiting and selection
  - Compensation
  - Employee relations
  - Change management
  - HR compliance
  - Employee engagement
  - Individual development
  - Succession planning
  - Policy development



**HEATHER HECKMAN**, Human Resources Consultant

- 18+ years of human resources experience
- Bachelor's Degree in Human Resource Management from Michigan State University Business College
- Master's Degree in Labor and Industrial Relations from Michigan State University
- Certified PHR and SHRM-CP
- HR experience and expertise spans all disciplines including:
  - Talent acquisition
  - Employee relations
  - Change management
  - HR compliance
  - Employee engagement
  - Policy development
  - Reward and recognition programs



### Capital Area Transportation Authority (CATA)

4615 Tranter Street, Lansing, MI 48910

Brad Funkhouser, CEO/Executive Director

(517) 262-4965 (cell)

[bfunkhouser@cata.org](mailto:bfunkhouser@cata.org)

- Performed a comprehensive HR assessment
- Provided monthly HR support while conducting a search for a new Director of HR
- Currently providing monthly HR project support
- Recently engaged to manage the search for a new Director of Information Technology Services

### Celink

3900 Capital City Boulevard, Lansing, MI 48906

Rebecca Green, former CFO

(269) 998-4225 (cell)

[Rgreen4@alumni.nd.edu](mailto:Rgreen4@alumni.nd.edu)

- Conducted searches for VP of Human Resources and Director of Accounting, among other positions
- Managed HR side of a corporate acquisition
- Currently providing monthly HR support

### Corn Marketing Program of Michigan (CMPM)

13750 S. Sedona Parkway, Suite 5, Lansing, MI 48906

Pat Feldpausch, former Board President

(517) 202-5894 (cell) – Phone is Pat’s preferred option. Please leave a message and he will call you back.

[patfeldpausch@gmail.com](mailto:patfeldpausch@gmail.com)

- Conducted the search for an Executive Director (equivalent to President in the association industry)
- Currently serving as CMPM’s HR department reporting to the Executive Director

**Early Childhood Investment Corporation (ECIC)**

8164 Executive Ct Suite A, Lansing, MI 48917

**American Board of Emergency Medicine (ABEM)**

3000 Coolidge Road, East Lansing, MI 48823-6319

Jennifer Kurzynowski, Associate Executive Director, Operations, former VP Administration and Operations at ECIC

517-243-1966 (cell)

[jkurzynowski@abem.org](mailto:jkurzynowski@abem.org)

- For ECIC, conducted comprehensive HR audit, various HR projects, and several recruiting projects including hiring an Assistant Director, Great Start to Quality
- Currently providing HR support and HR staff development services to ABEM

**Ionetix Corporation**

101 The Embarcadero Suite 210, San Francisco, CA 94105

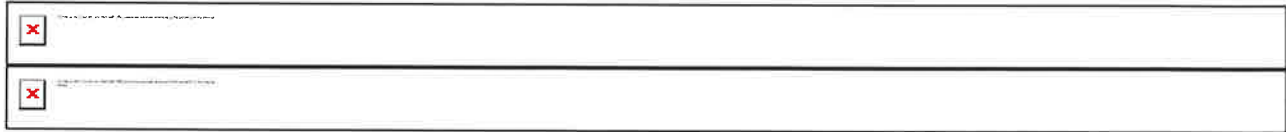
Carrie Busch, former VP of Finance

(415) 746-9236 (cell) PST

[c.p.busch@gmail.com](mailto:c.p.busch@gmail.com) - Scheduling a call via email is best due to time difference.

- Conducted various searches including Assistant Plant Manager
- Currently providing monthly HR support

**From:** The Network for Public Health Law <info@networkforphl.org>  
**Sent:** Tuesday, August 11, 2020 12:31 PM  
**To:** Bowen, Ken  
**Subject:** Judicial Trends in Public Health: August 11, 2020



The Network for Public Health Law monitors key court cases and relevant judicial trends in public health. The Network's monthly reporter, Judicial Trends in Public Health (JTPH), highlights select published cases from the prior 3 months in public health law and policy. These cases are organized below by name, issuing court, date of issuance, along with a brief synopsis, link to the case abstract, and hyperlink to the full decisions (when publicly available). For more information, including a topic digest of these and other cases, see below. Questions, comments, thoughts? Contact the [Network](#) for more information.

### **JTPH CASE HIGHLIGHTS – August 11, 2020**

***Jenny L. Flores v. William P. Barr*** (U.S. District Court, Central District of California, 6/26/20): As part of the ongoing Flores Settlement Agreement (limiting the length of time and conditions under which migrant children can be incarcerated in immigration detention), the U.S. District Court in Los Angeles ruled that Immigration and Customs Enforcement ("ICE") and the Office of Refugee Resettlement ("ORR") must strictly follow COVID-19 protocols. [Read the abstract here.](#)

***Slidewaters LLC v. Washington Department of Labor and Governor Jay Inslee*** (U.S. District Court, Eastern District of Washington, July 14, 2020): Slidewaters, a local water park, sued Governor Inslee and the Washington Department of Labor & Industries ("LNI") alleging constitutional violations stemming from COVID-19 closure orders. [Read the abstract here.](#)

***Don't Shoot Portland v. City of Portland*** (U.S. District Court, District of Oregon, June 9, 2020): The court granted (in part) the non-profit Don't Shoot Portland's request that the City of Portland be prohibited from using tear gas as a crowd control tactic in response to recent protests. [Read the abstract here.](#)

***Agency for International Development et al. v. Alliance for Open Society International, Inc., et al.*** (U.S. Supreme Court, June 29, 2020): The Supreme Court held that a federal funding condition requiring foreign affiliates of U.S. non-governmental organizations ("NGOs") to have policies explicitly opposing prostitution and sex trafficking was constitutional. [Read the abstract here.](#)

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***Dale Hartkemeyer v. William P. Barr et al.*** (U.S. District Court – District of Indiana, July 14, 2020): The court denied a request for stay of execution based on the argument that scheduling the execution during the COVID-19 pandemic violated the Religious Freedom and Restoration Act of 1993 (“RFRA”) and the Administrative Procedures Act (“APA”). [Read the abstract here.](#)

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***York v. Wellmark in d/b/a Wellmark Blue Cross and Blue Shield of Iowa*** (U.S. Court of Appeals, Eighth Circuit, July 13, 2020): The court affirmed the dismissal of a lawsuit brought by women denied reimbursement for out-of-network providers of lactation services. [Read the abstract here.](#)

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***C.Y. Wholesale, Inc., et al., v. Eric Holcomb, et al.*** (U.S. Court of Appeals – Seventh Circuit, July 9, 2020): The court vacated a ban blocking enforcement of Indiana’s smokable hemp regulations. [Read the abstract here.](#)

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***Walter Elenils Portillo Funes v. Maryland*** (Maryland Court of Appeals, June 30, 2020): The court held that police officers must reasonably convey the warnings and rights in the implied consent statute prior to administering a chemical breath test. [Read the abstract here.](#)

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***Weissberger v. Princess Cruise Lines, Ltd.*** (U.S. District Court, Central District of California, July 14, 2020): The court dismissed plaintiff’s case, finding that a couple could not hold Princess Cruise Lines liable for emotional distress because of fear of contracting COVID-19 they experienced onboard. [Read the abstract here.](#)

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***Honorable Andrew Beshear et. al. v. Florence Speedway, Inc. et al.,*** (Kentucky Supreme Court, July 17, 2020): The court stopped orders by 2 lower courts preventing enforcement of certain executive orders pertaining to the COVID-19 pandemic. [Read the abstract here.](#)

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**TOPICS:** These and other cases are organized on the Network website under the topics below (adapted from chapter titles in Public Health Law in a Nutshell (3rd Edition) by James G. Hodge, Jr., Director, Network for Public Health Law—Western Region). Select a topic below to view all cases under that topic.

1. [Source & Scope of Public Health Legal Powers](#)
2. [Constitutional Rights & the Public's Health](#)
3. [Preventing & Treating Communicable Conditions](#)
4. [Social Distancing Measures](#)
5. [Addressing Chronic Conditions](#)
6. [Mitigating the Incidence & Severity of Injuries & Other Harms](#)
7. [Public Health Information Management, Privacy & Security](#)
8. [Regulating Communications](#)
9. [Monitoring Property & the Built Environment](#)
10. [Public Health Emergency: Legal Preparedness & Response](#)

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JTPH is a collaboration of the Network's Western and Eastern Region Offices. Contributors include: James G. Hodge, Jr., JD, LLM, Kathi Hoke, JD, Kerri McGowan Lowrey, JD, MPH, Mathew R. Swinburne, JD, Megan Griest, MPP, Emily Carey, and Elyse Pendergrass.

Legal information or guidance provided in this transmission or website does not constitute legal advice or representation. For legal advice, please consult specific legal counsel in your state.



**Our Contact Information**

Network for Public Health Law  
7101 York Avenue South  
Suite 270  
Edina, MN 55435  
952-452-9706

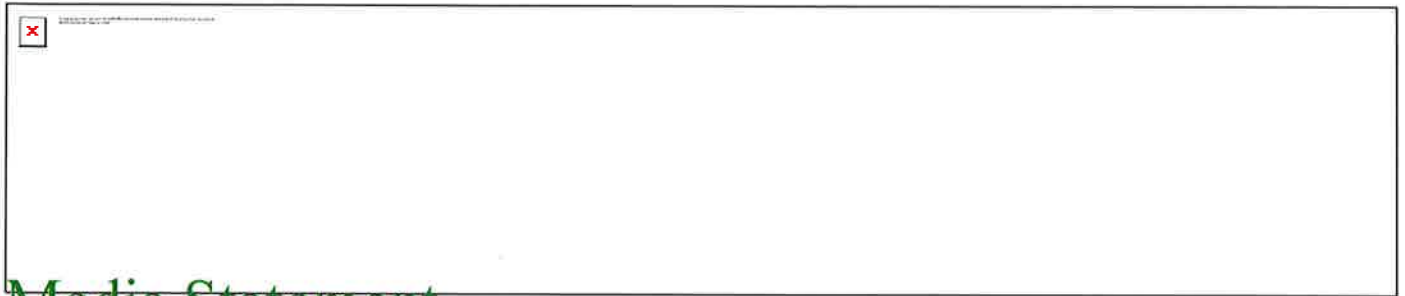
*You are receiving this newsletter because you either signed up to become a Network member, or you attended a Network event or webinar. If you no longer wish to receive this newsletter you can manage your email preferences below.*

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**Gaines, Rachelle**

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**From:** Michigan Department of Health and Human Services  
<MDHHS@govsubscriptions.michigan.gov>  
**Sent:** Wednesday, August 12, 2020 4:43 PM  
**To:** Bowen, Ken  
**Subject:** FOR IMMEDIATE RELEASE: MDHHS Releases Statement on Lawsuit Challenging Testing Order to Protect Agriculture Workers



## Media Statement

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**FOR IMMEDIATE RELEASE:** Aug. 12, 2020

**CONTACT:** Bob Wheaton, 517-241-2112, [wheatonb@michigan.gov](mailto:wheatonb@michigan.gov)

The Michigan Department of Health and Human Services is issuing the following statement regarding a lawsuit challenging the department's order that requires testing to protect farm and food processing employees from COVID-19:

This is a meritless lawsuit and an unfortunate use of valuable time in a difficult period. In just the last week, the number of new and outstanding COVID-19 outbreaks related to farms, food processing and migrant camps nearly doubled from 11 to 21. The purpose of requiring testing in these places is to save lives. The order applies regardless of race. The department is covering the costs of testing and offering housing and other supports to help both workers and their employers. We appreciate that many producers and processors are working with us to save lives and secure the food supply, and we urge farm industry leaders to join us.

###

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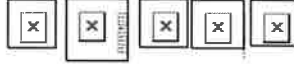
***Become a foster parent through Michigan Department of Health & Human Services foster care program.***



Questions? [Contact Us](#)

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This email was sent to kbowen@ioniacounty.org using GovDelivery Communications Cloud on behalf of: Michigan Dept of Health & Human Services - 235 S. Grand Ave W, - Lansing, MI 48909 - 1-855-275-6424

## Gaines, Rachelle

---

**From:** Shaull-Norman, Peggy  
**Sent:** Thursday, August 13, 2020 12:50 PM  
**To:** Bowen, Ken  
**Cc:** Ingersoll, Brenda  
**Subject:** H & V appointments

I met with Gayle and April – requested that they provide weekly appointments for parents whose children are going back to school virtually, etc. since it is uncertain if techs will really get back into schools for screening as we have always known it ---- Not a great deal of enthusiasm on the part of our technicians !! But agreed to my request for clinics on Tuesdays during September – start the – 8<sup>th</sup> + clinics on the 15<sup>th</sup>, 22<sup>nd</sup>, and 29<sup>th</sup> – time 9 to 1:30 (this gets April out of the door in time to get to the school – she is a Cross Country coach for students). Toni will advertise this in newspaper when she makes routine announcement regarding immunizations – Would you please get the information out there on whatever website you are using now (dispatch/county??)

Will watch volume and participation by public before scheduling any more clinics – just offers some options to parents while schools ponder what the heck they are going to do ---

Belding Migrant Clinic cancelled meeting scheduled for this afternoon – Jamie is re-scheduling – I have no new date yet -

Peg Shaull-Norman, RN, MSN, MBA  
Director of Personal Health  
Ionia County Health Department  
616-527-5341

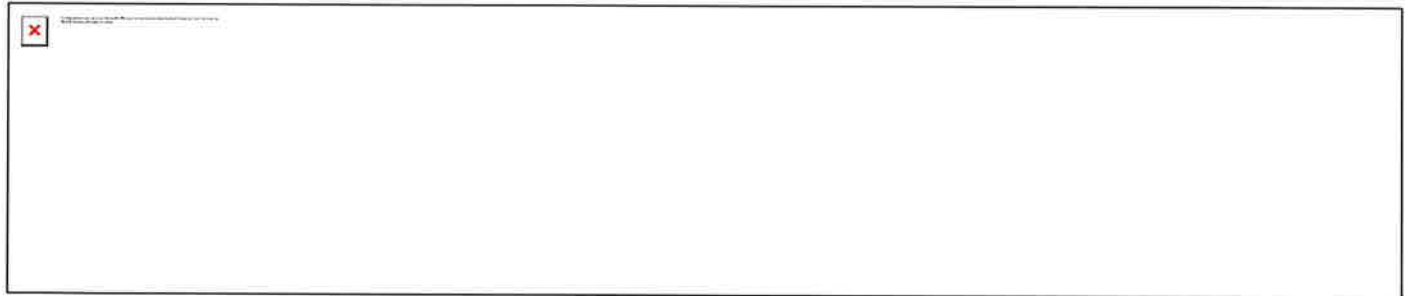


**Gaines, Rachelle**

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**From:** Jodie Shaver <jshaver@malph.org>  
**Sent:** Thursday, August 13, 2020 12:52 PM  
**To:** mho; forumchairs; board  
**Subject:** FW: FOR IMMEDIATE RELEASE: MDHHS Releases Statement on Lawsuit Challenging Testing Order to Protect Agriculture Workers

Jodie Shaver, GMS  
Member Services Director/Event Coordinator  
Michigan Association For Local Public Health  
P.O. Box 13276  
Lansing, MI 48901  
Phone: 517-485-0660  
Fax: 517-485-6412  
[www.malph.org](http://www.malph.org)



## Media Statement

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**FOR IMMEDIATE RELEASE:** Aug. 12, 2020

**CONTACT:** Bob Wheaton, 517-241-2112, [wheatonb@michigan.gov](mailto:wheatonb@michigan.gov)

The Michigan Department of Health and Human Services is issuing the following statement regarding a lawsuit challenging the department's order that requires testing to protect farm and food processing employees from COVID-19:

This is a meritless lawsuit and an unfortunate use of valuable time in a difficult period. In just the

last week, the number of new and outstanding COVID-19 outbreaks related to farms, food processing and migrant camps nearly doubled from 11 to 21. The purpose of requiring testing in these places is to save lives. The order applies regardless of race. The department is covering the costs of testing and offering housing and other supports to help both workers and their employers. We appreciate that many producers and processors are working with us to save lives and secure the food supply, and we urge farm industry leaders to join us.

###

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***Become a foster parent through Michigan Department of Health & Human Services foster care program.***

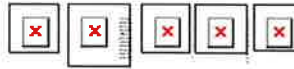


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This email was sent to [mwain@malph.org](mailto:mwain@malph.org) using GovDelivery Communications Cloud on behalf of: Michigan Dept of Health & Human Services · 235 S. Grand Ave W · Lansing, MI 48909 · 1-855-275-6424

## Gaines, Rachelle

---

**From:** Bowen, Ken  
**Sent:** Friday, August 14, 2020 11:35 AM  
**To:** Keefer, Aimee; Shaw, Chad  
**Cc:** Simon, Christine; Bevington, Jamie; Brinks, Laura; Shaull-Norman, Peggy  
**Subject:** RE: Migrant Positives

I agree that if they are going to start coming in we need to track them. I want to be aware of any employer-related outbreaks. Start with a spreadsheet and as the need arises we will have Fatema provide an outbreak designator.

**From:** Keefer, Aimee <[akeefer@ioniacounty.org](mailto:akeefer@ioniacounty.org)>  
**Sent:** Friday, August 14, 2020 10:54 AM  
**To:** Bowen, Ken <[kbowen@ioniacounty.org](mailto:kbowen@ioniacounty.org)>; Shaw, Chad <[cshaw@ioniacounty.org](mailto:cshaw@ioniacounty.org)>  
**Subject:** Migrant Positives

We are starting to get positives from the migrant testing. 2 so far this morning- one for sure from Vasquez LLC (listed in MDSS), the other, I am not sure about yet- still need to call, but lives at similar address to some of our other Vasquez LLC from Herbrucks we had before. Neither are on the list of those tested that we got from the Migrant Clinic in Belding. So, I have their addresses if you want them.

My next question, is how do you want us to be tracking them? I am assuming that we would like to know if a particular "employer" was getting a number of cases. I do not see a way to pull a report from MDSS based on employer. I thought about contacting Fatima to see what she would like us to do, but I almost hate to do that until we get more of a number of cases. Then she could make an outbreak in MDSS and we could track them that way. Until then, I could make a spreadsheet that we can update? Or should we just keep a list? Where do you want us to go with this? It would be nice if we could decide and implement before we get too many and have to play catch up....trying to be ahead of the ball so to speak.

*Aimee Keefer BSN, RN*

Maternal Infant Health Program  
Children's Special Health Care  
Communicable Disease/STD & HIV

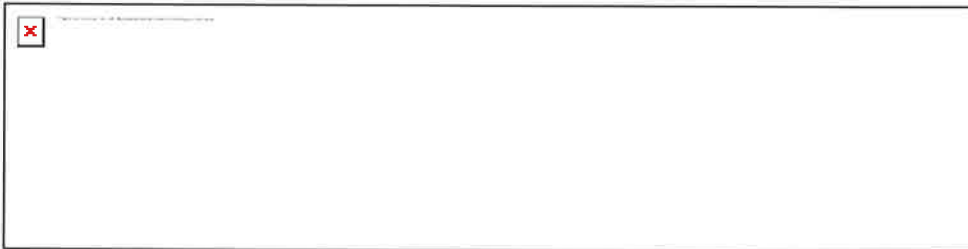
Ionia County Health Department  
175 E. Adams St.  
Ionia, MI 48846  
616-527-5341 ext 443  
[akeefer@ioniacounty.org](mailto:akeefer@ioniacounty.org)

## Gaines, Rachelle

---

**From:** U.S. Food and Drug Administration <fda@info.fda.gov>  
**Sent:** Friday, August 14, 2020 5:25 PM  
**To:** Bowen, Ken  
**Subject:** FDA and CDC Use Technological Advancements to Investigate Multistate Outbreak of Cyclospora Illnesses Linked to Bagged Salads

If your email program has trouble displaying this email, [view it as a web page](#).



August 14, 2020

Dear Colleagues,

Today, the U.S. Food and Drug Administration (FDA) is providing an [update](#) on the status of the investigation of Cyclospora cayetanensis illnesses tied to the consumption of bagged salads. This update is not just on the number of cases, but also on the scientific progress we've made in using a new method developed and validated by the FDA to sample for [Cyclospora](#) in agricultural water for the first time in a field investigation.

This method was used in our current investigation and may be instrumental in our efforts to better understand the dispersion of the parasite in the environment, which could help prevent future outbreaks. The collective work by public health officials to get these new findings demonstrates a commitment to innovation and science in the service of public health and the importance of strong federal and state coordination on food safety work.

Even as our agencies continue to respond to the COVID-19 public health crisis, teams of experts from the FDA and the Centers for Disease Control and Prevention (CDC) have continued to respond to a threat of a different kind – a nationwide outbreak of Cyclospora illnesses. Cyclospora cayetanensis is a parasite that is so small it can only be seen with a microscope. It causes an intestinal illness called cyclosporiasis from the consumption of contaminated food, mainly fresh produce, or contaminated water.

### Ongoing Investigation Update

FDA's [Coordinated Outbreak Response and Evaluation Network \(CORE\)](#) and [CDC](#) today [updated](#) the case numbers and the status of the investigation, which advances what we know about Cyclospora, based on the three key parts of every food outbreak investigation:

- **Epidemiology** linked the illnesses to bagged salad produced by Fresh Express. The number of reported cases of Cyclospora typically rises during May through August. Although CDC conducts surveillance for cyclosporiasis year-round, during the spring and summer months CDC conducts enhanced surveillance for cases of domestically acquired illness. In this outbreak, CDC has reported 690 cases across 13 states, with 37 hospitalizations and no deaths. Onsets of illness range from May

11, 2020 to July 20, 2020. Salads made by Fresh Express and containing iceberg lettuce, red cabbage, and carrots were identified as the food vehicle responsible for the outbreaks.

- **Traceback** of cases with the strongest sources of information (shopper card info, etc.) revealed that bagged salad codes most likely to have resulted in illness contained iceberg lettuce from California and red cabbage from Florida. The FDA evaluated and investigated each of the ingredients in the bagged salads, identifying red cabbage from Florida and iceberg lettuce from California as those most likely in the bagged salads consumed by people who became ill. Traceback investigations are time-consuming work but are critical. In this instance, in the wake of traceback and collaboration with the retailers to recall product, FDA identified a noticeable decline in illnesses that matched the time period in which cabbage sourcing shifted from Florida to another area, providing a possible clue in the investigation.
- **Environmental sampling** detected the presence of Cyclospora in the surface water of a canal near a farm suspected of being a source of the red cabbage. Two samples collected to the north and south of where the farm accessed canal water for seepage irrigation were found to be positive for Cyclospora cayetanensis. The farm that supplied red cabbage was no longer in production at the conclusion of the growing season, so it was not possible to sample product. Additionally, the farms growing iceberg lettuce in California were investigated and all of the samples collected in California were negative for Cyclospora.

Given the emerging nature of genetic typing methodologies for this parasite, the FDA has been unable to determine if the Cyclospora detected in the canal is a genetic match to the clinical cases, therefore, there is currently not enough evidence to conclusively determine the cause of this outbreak.

#### **Advancements Aiding the Investigation**

The FDA has pioneered ways to detect the parasite that have been employed in this outbreak investigation, developing and validating new methods to test for Cyclospora in produce and agricultural water. The first of these new methods was used in 2018 to confirm the presence of the parasite in a salad mix product tied to an outbreak that sickened hundreds of people.

In July 2019, the FDA made its second major advance in Cyclospora detection, completing studies that resulted in a novel, validated method to test agricultural water for the presence of the parasite. These new methods were developed by the Foodborne Parasitology Research Program that the FDA established in 2014 in our Center for Food Safety and Applied Nutrition, in part to break the cycle of recurring Cyclospora outbreaks.

Strong federal and state coordination on matters of public health are critical. In identifying clinical cases of Cyclospora, assisting in providing traceback records and completing investigations in processing facilities and growing fields, our state partners' work has proven essential to this investigation. We continue to work to strengthen these vital public health partnerships and federal agencies continue to work together to advance additional tools needed to assist with these investigations. For example, CDC is piloting the use of a genotyping tool to help identify cases of parasitic illness that might be linked to a common source.

#### **Advancing Protections through the New Era of Smarter Food Safety**

While we as public health agencies have gotten better at detecting foodborne illnesses due to Cyclospora, our ability to trace contaminated foods back to their source has lagged, and once again, our ability to trace has been a challenge in this investigation, due in part to the lack of modernized food traceability capabilities.

Moreover, the detection of the parasite in surface waters near where product was grown once again puts a spotlight on the importance of managing the quality of irrigation water used to grow ready to eat crops. We are working closely with our colleagues at the Florida Department of Agriculture and Consumer Services to

investigate this issue further to prevent future occurrences.

These findings further emphasize the importance of industry's role in ensuring that irrigation water is safe to be used on produce. Under the FDA's recently released [New Era of Smarter Food Safety Blueprint](#), we'll continue to remain laser focused on prevention. In the coming months, we will be issuing a proposed rule that will aid in achieving our goal of enhancing traceability to greatly reduce the time it takes to identify the origin of a contaminated food or ingredient tied to a recall and/or outbreak.

In addition, we intend to release a proposed rule in late 2020 to revise certain agricultural water requirements in the Produce Safety Rule and to address practical implementation challenges while protecting public health. We also plan to advance detection techniques that will help us pinpoint sources of Cyclospora outbreaks and to continue our research around water treatments for this parasite.

In closing, we believe the entire fresh produce supply chain from farm to fork can do better and we look forward to continuing our work with our public health partners, growers, processors, distributors and retailers in our shared efforts to protect consumers. Together, we'll make progress on our overarching goal to give consumers the confidence they deserve to have in the safety of fresh produce.

This message is being broadcast by the Division of Communications in FDA's Office of Regulatory Affairs (ORA).

Thank you,

FDA/ORA  
Office of Communications and Project Management  
Division of Communications  
Mailbox: [DivComm-ORA@fda.hhs.gov](mailto:DivComm-ORA@fda.hhs.gov)



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## Gaines, Rachelle

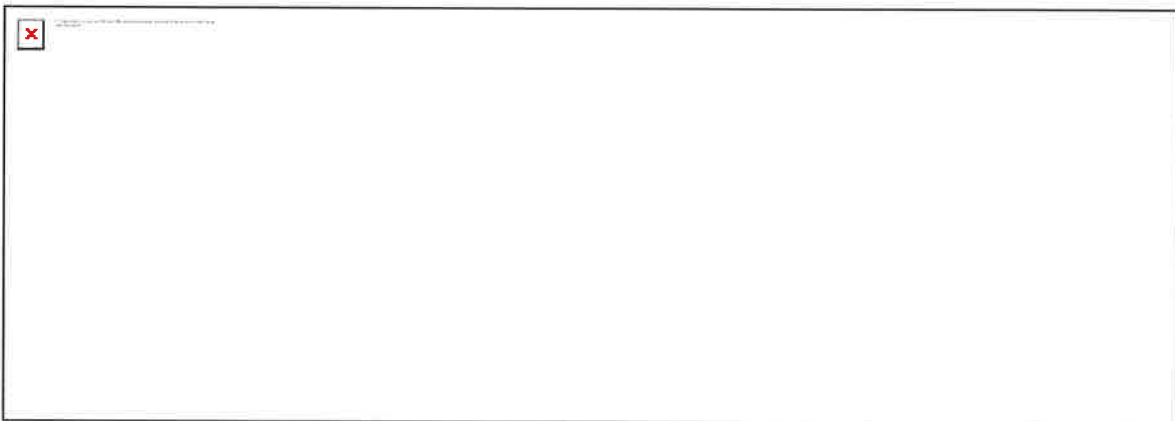
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**From:** Jodie Shaver <jshaver@malph.org>  
**Sent:** Tuesday, August 18, 2020 4:08 PM  
**To:** mho  
**Subject:** FW: Grant funds still available for farms, agricultural processors to help support COVID-19 safety efforts

Jodie Shaver, GMS  
Member Services Director/Event Coordinator  
Michigan Association For Local Public Health  
P.O. Box 13276  
Lansing, MI 48901  
Phone: 517-485-0660  
Fax:517-485-6412  
[www.malph.org](http://www.malph.org)



**From:** Michigan Dept of Agriculture & Rural Development <MDARD@govsubscriptions.michigan.gov>  
**Sent:** Tuesday, August 18, 2020 4:02 PM  
**To:** Jodie Shaver <jshaver@malph.org>  
**Subject:** Grant funds still available for farms, agricultural processors to help support COVID-19 safety efforts



For immediate release: August 18, 2020

Media contacts:  
MEDC – [Kathleen Achtenberg](#)

## Grant funds still available for farms, agricultural processors to help support COVID-19 safety efforts

LANSING—Applications for grant funds are still available through the Michigan Economic Development Corporation's Michigan Agricultural Safety Grant and the MEDC Small Farm Safety Grant programs for farmers and agricultural processors throughout the state. In tandem, the grant programs aim to help both large and small Michigan farms, as well as agricultural processors, mitigate the risks of COVID-19 across the state's food production industry.

"We want to make sure that our farmers and food processors are aware of the resources available to them," said MDARD Director Gary McDowell. "The health and safety of Michigan's food and agriculture workers will be even more important over the next few months as crops are harvested and products make their way to grocery store shelves."

[The Michigan Agricultural Safety Grant Program](#) utilizes up to \$15 million of federal CARES Act funding to provide much-needed assistance to Michigan's agricultural processors and farms for their COVID-19 mitigation efforts. These include but are not limited to testing costs, personal protection equipment, facility needs, increased sanitation costs, employee training, and upgraded safety procedures for farm-provided housing. To qualify for grant support, applicants must be a farm or agricultural processor located in Michigan and have a minimum of 10 employees in Michigan.

[The MEDC Small Farm Safety Grant Program](#) provides \$1.25 million in grants to farms with fewer than 10 employees to fund COVID-19 mitigation costs. These include but are not limited to testing costs, personal protection equipment, facility needs, increased sanitation costs, employee training, and upgraded safety procedures for farm-provided housing.

"As we continue to utilize every resource possible to ensure economic relief and recovery in industries and communities across the state, the funding provided through the Michigan Agricultural Safety Grants and the MEDC Small Farm Safety Grants will help small farmers and processors cover necessary costs needed to ensure the safety of their employees and the state's food supply," said Mark A. Burton, CEO of the Michigan Economic Development Corporation.

Details, eligibility requirements, and applications for both grant programs can be found at [michiganbusiness.org/agsafety](http://michiganbusiness.org/agsafety).

### Related links:

[Grant Program Information and Applications](#)

[Press Release: Application Now Live for Michigan Agricultural Safety Grant Program](#)

[Press Release: \\$1.25 Million in New Grant Funding Available from Michigan Economic Development Corporation to Assist Michigan's Small Farms Implement COVID-19 Safety Measures](#)

[Press Release: MDHHS Issues Order Requiring Testing of Agricultural and Food Processing Employees to Protect Health and Safety of Workers, Community](#)

[Emergency Order Under MCL 333.2253 - Mandatory Testing, Preventative Measures, and Safe Housing for Agricultural Workers \(.pdf\)](#)

### About Michigan Economic Development Corporation (MEDC)

The Michigan Economic Development Corporation is the state's marketing arm and lead advocate for business development, job awareness and community development with the focus on growing



Michigan's economy. For more information on the MEDC and our initiatives, visit [www.MichiganBusiness.org](http://www.MichiganBusiness.org). For Pure Michigan® tourism information, your trip begins at [www.michigan.org](http://www.michigan.org). Join the conversation on: [Facebook](#), [Instagram](#), [LinkedIn](#), and [Twitter](#).

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**Gaines, Rachelle**

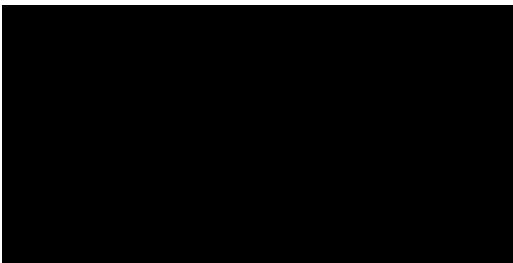
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**From:** [REDACTED]  
**Sent:** Friday, August 21, 2020 4:15 PM  
**To:** [REDACTED]  
**Cc:** Bowen, Ken  
**Subject:** RE: E. Coli in stream headed to Grand River

Hi [REDACTED]

The City also deals with contamination from "up river" and I understand your frustration. I have copied the Ionia County Health Department Director, Ken Bowen. Ken has been a great resource and advocate for our county dealing with these issues. He may be able to make more headway with EGLE.

I will make some calls as well. Best of luck.



-----Original Message-----

**From:** [REDACTED]  
**Sent:** Thursday, August 20, 2020 12:59 PM  
**To:** [REDACTED]  
**Subject:** E. Coli in stream headed to Grand River

Good afternoon [REDACTED]

We thought it was time to update you on our situation at the property we purchased on [REDACTED]  
[REDACTED]

We have e. Coli, dissolved solids, phosphorus and volatile (products commonly seen from dairy farms) contamination in the creek that starts on our property. The creek leaves our property and goes directly into the Grand River off Market Street by [REDACTED] property. We have been working with EGLE to get this corrected. It is ongoing, even at this time in a draught, there is still contaminants in the creek heading to the Grand River. A dairy farm is located immediately west at [REDACTED] They have done minimal work to mitigate the contamination.

As you know, this is out of the city limits, however the way the Grand River flows it runs right through the City from Market Street. There are a couple reasons I am writing to you. First, have they did testing for e. Coli in the Grand River this year (this has actually been ongoing for several years)? Second, we need help. EGLE is not doing much at this time. We are concerned that Ionia county health department has not notified the neighbors that this creek touches about e. Coli results. We worry so much about the impact this is having on the grand river. We have politely complained to EGLE for a year but still there is no fix in place. Do you have any other avenues or resources to try to get this corrected since it has a direct impact on the City's Rivers.

Thank you,



Sent from my iPhone

**Gaines, Rachelle**

---

**From:** Bowen, Ken  
**Sent:** Saturday, August 22, 2020 9:26 AM  
**To:** Novak, Mark  
**Subject:** Fwd: E. Coli in stream headed to Grand River

You've been involved with this one, correct?

Begin forwarded message:

**From:** [REDACTED]  
**Date:** August 21, 2020 at 4:15:08 PM EDT  
**To:** [REDACTED]  
**Cc:** "Bowen, Ken" <[kbowen@ioniacounty.org](mailto:kbowen@ioniacounty.org)>  
**Subject:** RE: E. Coli in stream headed to Grand River

[REDACTED]

The City also deals with contamination from "up river" and I understand your frustration. I have copied the Ionia County Health Department Director, Ken Bowen. Ken has been a great resource and advocate for our county dealing with these issues. He may be able to make more headway with EGLE.

I will make some calls as well. Best of luck.

-----Original Message-----

**From:** [REDACTED]  
**Sent:** Thursday, August 20, 2020 12:59 PM  
**To:** [REDACTED]  
**Subject:** E. Coli in stream headed to Grand River

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[REDACTED]

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farms) contamination in the creek that starts on our property. The creek leaves our property and goes directly into the Grand River off Market Street by [REDACTED] property. We have been working with EGLE to get this corrected. It is ongoing, even at this time in a draught, there is still contaminants in the creek heading to the Grand River. A dairy farm is located immediately west at [REDACTED] They have done minimal work to mitigate the contamination.

As you know, this is out of the city limits, however the way the Grand River flows it runs right through the City from Market Street. There are a couple reasons I am writing to you. First, have they did testing for e. Coli in the Grand River this year (this has actually been ongoing for several years)? Second, we need help. EGLE is not doing much at this time. We are concerned that Ionia county health department has not notified the neighbors that this creek touches about e. Coli results. We worry so much about the impact this is having on the grand river. We have politely complained to EGLE for a year but still there is no fix in place. Do you have any other avenues or resources to try to get this corrected since it has a direct impact on the City's Rivers.

Thank you,

[REDACTED]

Sent from my iPhone

**Gaines, Rachelle**

---

**From:** [REDACTED]  
**Sent:** Sunday, August 23, 2020 8:03 AM  
**To:** [REDACTED]  
**Cc:** Bowen, Ken  
**Subject:** Re: E. Coli in stream headed to Grand River

Thank you [REDACTED]

We were able to finally touch base with EGLE supervisor, Mike Worm, on Friday. Basically they do have an action plan for [REDACTED] to perform. It includes digging some trenches on the dairy farm's property to try and find some tiles/pipes that could be contributing to the contamination in the creek. We are extremely hopeful that this happens and we get more answers.

Thank you for your help!

[REDACTED]

Sent from my iPhone

> On Aug 21, 2020, at 4:15 PM [REDACTED] wrote:

>

> Hi [REDACTED]

>

> The City also deals with contamination from "up river" and I understand your frustration. I have copied the Ionia County Health Department Director, Ken Bowen. Ken has been a great resource and advocate for our county dealing with these issues. He may be able to make more headway with EGLE.

>

> I will make some calls as well. Best of luck.

>

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>

> -----Original Message-----

> From: [REDACTED]

> Sent: Thursday, August 20, 2020 12:59 PM

> To: [REDACTED]

> Subject: E. Coli in stream headed to Grand River

>

> Good afternoon [REDACTED]

>

> We thought it was time to update you on our situation at the property we purchased on [REDACTED]  
[REDACTED]  
>  
> We have e. Coli, dissolved solids, phosphorus and volatile (products commonly seen from dairy farms) contamination in the creek that starts on our property. The creek leaves our property and goes directly into the Grand River off Market Street by [REDACTED] We have been working with EGLE to get this corrected. It is ongoing, even at this time in a draught, there is still contaminants in the creek heading to the Grand River. A dairy farm is located immediately west at [REDACTED] They have done minimal work to mitigate the contamination.  
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>  
> Thank you,  
[REDACTED]  
>  
> Sent from my iPhone

**Gaines, Rachelle**

---

**From:** Bowen, Ken  
**Sent:** Sunday, August 23, 2020 11:47 AM  
**To:** Novak, Mark; Bull, Lacey  
**Subject:** FW: E. Coli in stream headed to Grand River

-----Original Message-----

From: [REDACTED]  
Sent: Sunday, August 23, 2020 8:03 AM  
To: [REDACTED]  
Cc: Bowen, Ken <[kbowen@ioniacounty.org](mailto:kbowen@ioniacounty.org)>  
Subject: Re: E. Coli in stream headed to Grand River

Thank you [REDACTED]

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[REDACTED]

Sent from my iPhone

> On Aug 21, 2020, at 4:15 PM, [REDACTED] wrote:

>

> Hi [REDACTED]

>

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>

> [REDACTED]

>

>

>

>

> -----Original Message-----



> From: [REDACTED]  
> Sent: Thursday, August 20, 2020 12:59 PM  
> To: [REDACTED]  
> Subject: E. Coli in stream headed to Grand River

>  
> Good afternoon [REDACTED]

>  
> We thought it was time to update you on our situation at the property we purchased on [REDACTED]  
[REDACTED]

>  
> We have e. Coli, dissolved solids, phosphorus and volatile (products commonly seen from dairy farms) contamination in the creek that starts on our property. The creek leaves our property and goes directly into the Grand River off Market Street by [REDACTED]. We have been working with EGLE to get this corrected. It is ongoing, even at this time in a draught, there is still contaminants in the creek heading to the Grand River. A dairy farm is located immediately west at [REDACTED]. They have done minimal work to mitigate the contamination.

>  
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>  
> [REDACTED]  
> [REDACTED]  
> [REDACTED]  
> [REDACTED]

> Sent from my iPhone

## Gaines, Rachelle

---

**From:** Novak, Mark  
**Sent:** Monday, August 24, 2020 5:23 AM  
**To:** Bowen, Ken  
**Cc:** Bull, Lacey  
**Subject:** FW: Attached Image  
**Attachments:** 0604\_001.pdf

I received a complaint from them in 2019. See attachment.

- The house sits on the south side of [REDACTED]
- The farm buildings and livestock are on the north side of [REDACTED]. My field notes state house is on north side and barns on south side, I got them turned around wrong.
- The land in which the farm buildings set on slopes toward the north east. All the farm run off goes in this direction.
- I have not been on the farm since the complaint investigation.
- Other than the attachment E.coli water sample test results, I have not seen or heard anything since my site visit.
- Unknown the location of the E.coli sampling sites, upstream, downstream, middle or each side of bank to nail down the location.
- One would think to start sampling those points to get the known highest test results and start eliminating locations.
- Have not spoken to any EGLE representative. Nor have they called me.

Mark Novak, REHS/RS  
Registered Environmental Health Specialist  
Ionia County Health Department  
[mnovak@ioniacounty.org](mailto:mnovak@ioniacounty.org)  
Ph: 616-527-5341  
Fax: 616-527-8202  
Check us out on Facebook!  
<http://www.facebook.com/IoniaCountyHD>

**From:** Ionia County Health Dept [<mailto:EHCopier@ioniacounty.org>]  
**Sent:** Monday, August 24, 2020 5:08 AM  
**To:** Novak, Mark <[mnovak@ioniacounty.org](mailto:mnovak@ioniacounty.org)>  
**Subject:** Attached Image

# Ionia County Health Department

## *Memorandum*

To: File

From: Mark Novak, REHS/RS

Re: Complaint #19-055 [REDACTED] Danby Township, Section #05

---

DATE: At site and met with owner Andrew Aron's. I discussed complaint. Date of site visit was September 26, 2019 @ 7:30 a.m. The residence "Farm House" sewage disposal system was installed under permit #5356 issued from this office in May 1999. Owner installed. No sign of system failure at the time of site visit. Owner had the septic tank recently pumped. Isolation distances are met to all well locations on-site. The farm house (residence) is located on the north side of Barr Road. The dairy barns are located on the south side of Barr Road. Therefore, the farm house shows no sign of sewage disposal system failure.

I asked the owner if he had any toilets for the milk house area or other barn areas, he said "no". He has porta Johns setting around the farm. I saw one of them by the milk house.

Therefore, no indications or sign of any human sewage reaching or discharging to the ground surface.

Therefore, will be closing this complaint.

Gross, Diane

---

From: Novak, Mark  
Sent: Wednesday, October 23, 2019 5:20 AM  
To: Dana  
Cc: Justin Simon, Gross, Diane, Bowen, Ken  
Subject: RE: Barr road

Good morning: I investigated the complaint and made a site visit on September 9, 2019, met with owner @ 7:30 a.m. office file search found a septic permit that was issued in 1979 and was installed and inspected by this office for the farm house. The site visit revealed no sign of any sewage reaching the ground surface or in the basement of the existing dwelling. The owner had the septic tank pump this past summer for routine maintenance. I asked the owner if there were any toilets for the milk house and he said no. The owner has porta johns on the farm for employees to use. I did see porta johns by the milk house. They recently drilled a new water well for the dwelling. Water sample test results (for the new well) tested for coliform bacteria, e-coli, nitrates and arsenic came back absent. No report was done because no violations found from the site visit (being no sewage reaching ground surface or system failure at the dwelling at the time of site visit). Note to complaint file.

Mark Novak, REHS/RS  
Registered Environmental Health Specialist Ionia County Health Department [mnovak@ioniacounty.org](mailto:mnovak@ioniacounty.org)  
PH: 616-527-5341  
Fax: 616-527-8202  
Check us out on Facebook!  
<http://www.facebook.com/IoniaCountyHD>

-- Original Message

From: Dana [<mailto:jka33@yahoo.com>]  
Sent: Tuesday, October 22, 2019 8:46 AM  
To: Novak, Mark <[mnovak@ioniacounty.org](mailto:mnovak@ioniacounty.org)>  
Cc: Justin Simon <[jtsimon18@yahoo.com](mailto:jtsimon18@yahoo.com)>  
Subject: Barr road

Hi Mr. Novak:

Could I have a copy of the report from the investigation on the Barr Road property, Portland, MI regarding the recent septic system/drain field investigation?

Thank you,  
Diana Simon

Sent from my iPhone

**Gross, Diane**

---

From: Bowen, Ken  
Sent: Tuesday, December 3, 2019 3:13 PM  
To: Novak, Mark  
Cc: Gross, Diane  
Subject: [REDACTED]

From: Sandborn, Melissa (EGLE) <SandbornM1@michigan.gov>  
Sent: Tuesday, December 3, 2019 2:57 PM  
To: Bowen, Ken <kbowen@ioniacounty.org>  
Subject: [REDACTED]

Good Afternoon Ken,

I'm reaching out to ask you about [REDACTED] owned by [REDACTED] located at [REDACTED] [REDACTED]. I had heard from [REDACTED] a few months ago that the Ionia County Health Department was planning on coming to the Farm to make sure the septic and everything was in order.

Our Department has been working through a complaint from the neighboring property owners regarding the quality of water in a stream that leads away from the Farm. We've had various (and sometime contradictory) sampling results over the past few months, and we are struggling to piece together what is going on.

I wanted to touch base with you to see if you did go out to the Farm, and if so, if you found anything of interest that may be contributing to what we are seeing downstream. I'd appreciate any information you can share on the matter.

Thank you!

**Melissa Sandborn**  
Senior Environmental Quality Analyst  
Grand Rapids District Office  
Water Resources Division (WRD)  
Department of Environment, Great Lakes, and Energy (EGLE)  
616 401-1356

Gross, Diane

---

From: Bowen, Ken  
Sent: Friday, September 6, 2019 3:45 PM  
To: Gross, Diane  
Subject: Fwd: Dye test

To file please

Begin forwarded message:

From: "Worm, Michael (EGLE)" <wormm@michigan.gov>  
Date: September 6, 2019 at 3:43:42 PM EDT  
To: "Ken Bowen" <kbowen@michigan.gov>  
Subject: RE: Dye test

Ken,  
The farmer excavated near the property line and discovered a 10' field tile line, an old 8' clay tile line, and a third pipe that was discharging to the neighboring property. He is closing with cement two of the lines, and will re-direct the field tile line after corn harvest occurs. We believe this will resolve the issue.  
-Mike

Michael J. Worm  
District Supervisor  
Water Resources Division/Grand Rapids District Office  
Michigan Department of Environment, Great Lakes, and Energy  
616-350-3395/ [wormm@michigan.gov](mailto:wormm@michigan.gov)  
[Michigan.gov/EGLE](http://Michigan.gov/EGLE)

From: Bowen, Ken <kbowen@michigan.gov>  
Sent: Monday, August 12, 2019 2:43 PM  
To: Worm, Michael (EGLE) <WORMM@michigan.gov>  
Subject: RE: Dye test

No problem - thanks ☺

From: Worm, Michael (EGLE) <wormm@michigan.gov>  
Sent: Monday, August 12, 2019 2:40 PM  
To: Bowen, Ken <kbowen@michigan.gov>  
Subject: RE: Dye test

Well, that should have been the first thing I sent. I'm sorry

-Mike

Michael J. Worm  
District Supervisor  
Water Resources Division/Grand Rapids District Office  
Michigan Department of Environment, Great Lakes, and Energy  
616-350-3395 / [mjworm@egle.state.mi.us](mailto:mjworm@egle.state.mi.us)  
[Michigan.gov/EGLE](http://Michigan.gov/EGLE)

From: Bowen, Ken <[ken.bowen@egle.state.mi.us](mailto:ken.bowen@egle.state.mi.us)>  
Sent: Monday, August 12, 2019 2:37 PM  
To: Worm, Michael (EGLE) <[mjworm@egle.state.mi.us](mailto:mjworm@egle.state.mi.us)>  
Subject: RE: Dye test

Hello Mike - thank you for the update. Can you share the address?

Ken

From: Worm, Michael (EGLE) <[mjworm@egle.state.mi.us](mailto:mjworm@egle.state.mi.us)>  
Sent: Monday, August 12, 2019 2:35 PM  
To: Bowen, Ken <[ken.bowen@egle.state.mi.us](mailto:ken.bowen@egle.state.mi.us)>  
Subject: RE: Dye test

Ken,  
We recently did bacterial and environmental sampling (volatiles, semi-volatiles, and library search) on the suspected discharge.  
Results:  
E.coli  
E. coli- Low level >10000 10 CFU/100 ml  
Fecal coliforms  
Fecal coliforms >24,198 10,000 MPN/100 ml.

Toluene 390 ppb  
3, 4 Methyl Phenol 880ppb  
11-decyl-Heneicosane 11 ug/L  
2,3-1H-Indole-1-carboxaldehyde 38 ug/L  
3-methyl-Indole 13 ug/L  
Dodecanoic acid 18 ug/L  
Heptadecanoic acid 14 ug/L  
n-Hexadecanoic acid 670 ug/L  
N-Methyl-1H-benzimidazol-2-amine 18 ug/L  
octadecanoic acid 840 ug/L  
Oleic Acid 14 ug/L  
Pentadecanoic acid 17 ug/L  
phenyl-Propanedioic acid 37 ug/L  
Tetradecanoic acid 150 ug/L.

After reviewing the results, we believe that the discharge is more likely to be of the farm as opposed to residential. We will be working with the farm to locate and eliminate the discharge.

I know you are keeping more than busy with PFAS, KMI, and countless other issues.  
-Mike

Michael J. Worm  
District Supervisor  
Water Resources Division/Grand Rapids District Office  
Michigan Department of Environment, Great Lakes, and Energy  
616-350-3395/ [wormm@mi.gov](mailto:wormm@mi.gov)  
[Michigan.gov/EGLE](http://Michigan.gov/EGLE)

From: Bowen, Ken <[kbowen@comcast.net](mailto:kbowen@comcast.net)>  
Sent: Friday, June 21, 2019 3:39 PM  
To: Worm, Michael (EGLE) <[WORMM@mi.gov](mailto:WORMM@mi.gov)>; Novak, Mark <[mark.novak@comcast.net](mailto:mark.novak@comcast.net)>  
Subject: RE: Dye test

Not at all- please keep us informed

From: Worm, Michael (EGLE) <[WORMM@mi.gov](mailto:WORMM@mi.gov)>  
Sent: Friday, June 21, 2019 1:28 PM  
To: Novak, Mark <[mark.novak@comcast.net](mailto:mark.novak@comcast.net)>; Bowen, Ken <[kbowen@comcast.net](mailto:kbowen@comcast.net)>  
Subject: Dye test

Mark, Ken,  
We are looking into whether a farm may be discharging septic waste and /or manure via an underground tile/pipe to a neighboring property. Water is bubbling up/daylighting on the neighbors property. As part of our follow up, we are considering to do a dye test of the farm property. Do you have any concerns about us doing that action?  
-Mike

Michael J. Worm  
District Supervisor  
Water Resources Division/Grand Rapids District Office  
Michigan Department of Environment, Great Lakes, and Energy  
616-350-3395/ [wormm@mi.gov](mailto:wormm@mi.gov)  
[Michigan.gov/EGLE](http://Michigan.gov/EGLE)



WQE: 1909081  
 Date Reported: 10/1/2019

CLIENT: Ionia County Health Department	Collection Date: 9/26/2019 9:00:00 AM
Project: [REDACTED]	Received Date: 9/27/2019 10:55:09 AM
Lab ID: 1909081-01	Matrix: DRINKING WATER
Client Sample ID: [REDACTED]	Sampled By: M. Nowak
Location: S Tap	

Analytes	Result	RL	Qual	Units	MCLs	Date Analyzed
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**FIELD PARAMETERS**

Resistor (Pipette):	Repeat:
Tap:	Daily:

**ARSENIC, DRINKING WATER**

EPA 200.8 Analyst: KS

Asarsn:	< 0.00100	0.00100	mg/L	0.0100	9/30/2019 6:22:56 PM
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**COLIFORM BY PRESENCE-ABSENCE**

READYCULT Analyst: KS

Coliform Total	Absent	PA	9/27/2019 3:00:00 PM
1. Coli	Absent	PA	10/27/2019 3:00:00 PM

**NITRATE, DRINKING WATER**

EPA 300.0 Analyst: AB

Nitrate	< 0.100	0.100	mg/L	1.00	9/27/2019 6:21:00 PM
Nitrite	< 0.100	0.100	mg/L	1.00	9/27/2019 6:21:00 PM
Total Nitrate & Nitrite	< 0.100	0.100	mg/L	1.00	9/27/2019 6:21:00 PM

Qualifiers: \* Value exceeds Maximum Contaminant Level  
 (C) Initial or not required  
 (F) Analyte detected below detection limit  
 (M) Permit Limit

Not Detected (no Paperwork)  
 (H) Holding time for interpretation is not applicable  
 (MCL) Maximum Contaminant Level  
 (RI) Reporting Limit

(Original)  
 Page 2 of 2

## **Gaines, Rachelle**

---

**From:** Shaul-Norman, Peggy  
**Sent:** Monday, August 24, 2020 2:42 PM  
**To:** Bowen, Ken  
**Subject:** Final draft MOU with vaccine clinic  
**Attachments:** Shared Vaccine Administration Clinic for Migrant Families -8-18-2020.docx

Are you in favor of this – I noticed you kind of “stuck your nose in the air” and who has to sign it if I read you wrong ??

Peg Shaul-Norman, RN, MSN, MBA  
Director of Personal Health  
Ionia County Health Department  
616-527-5341

## **Shared Vaccine Administration Clinic for Migrant Families**

This is a Memorandum of Understanding (MOU) between Ionia County Health Department (ICHD) and Great Lakes Bay Health Centers. Great Lakes Bay Health Centers (GLBHC) is a non-profit group of Federally Qualified Community Health Centers that provides health care to individuals who are underserved, uninsured or underinsured. The Belding Clinic of GLBHC serves primarily Hispanic migrant farmworkers. The current need is for ICHD support to provide a vaccine clinic to families.

### **Shared Approach to Delivery of Services:**

1. Staff of both clinics will establish dates for 4 vaccine clinics to take place on Thursdays during the months of September 2020 and October 2020. These clinics will be from late afternoon to no later than 9:00 pm. GLBHC is responsible for the clinic space, clerical support, and nursing staff. ICHD will send 1 trained, experienced RN for vaccine administration and provide the following vaccines from private stock: Tdap, Hepatitis A, and MMR; all recommended VFC and AVP vaccines.
2. If clients have Medicaid insurance, GLBHC will provide clerical support and documentation from which ICHD can bill Medicaid for the cost of the vaccine. All administration fees will be waived. Only Vaccine for Children (VFC) and Adult Vaccine Program will be utilized. The use of these vaccines for this population meets their intended purpose.
3. Physician orders will fall under ICHD policy and Medical Director, A. Shoyinka, M.D. Any resulting medical emergencies will fall under the auspices of the GLBHC medical staff. All clinics must be staffed by GLBHC nursing staff that are trained in emergency care. Emergency equipment (AED and Ambu bag) must be in place at the clinic. ICHD nursing staff must also be trained in basic life support.
4. No fee will be paid by either GLBHC or ICHD for operating this shared vaccine administration clinic.
5. Four dates have been selected for clinics to be held at the Belding GLBHC site: September 10 and 24, 2020; October 8 and 22, 2020.
6. The term of this MOU is September 1, 2020 through December 31, 2020. Either GLBHC or ICHD may terminate this MOU with or without grounds at any time by providing not less than 2 weeks advance, written notice.

Approval of this MOU is indicated by the signatures below. The signers are recognized as the responsible parties able to enter into, modify, and terminate this MOU.

---

---

**Gaines, Rachelle**

---

**From:** Novak, Mark  
**Sent:** Tuesday, August 25, 2020 4:54 AM  
**To:** Bowen, Ken; Gross, Diane  
**Subject:** RE: E. Coli in stream headed to Grand River

[REDACTED]

Mark Novak, REHS/RS  
Registered Environmental Health Specialist Ionia County Health Department [mnovak@ioniacounty.org](mailto:mnovak@ioniacounty.org)  
Ph: 616-527-5341  
Fax: 616-527-8202  
Check us out on Facebook!  
<http://www.facebook.com/IoniaCountyHD>

-----Original Message-----

From: Bowen, Ken  
Sent: Monday, August 24, 2020 8:48 AM  
To: Gross, Diane <[dgross@ioniacounty.org](mailto:dgross@ioniacounty.org)>; Novak, Mark <[mnovak@ioniacounty.org](mailto:mnovak@ioniacounty.org)>  
Subject: FW: E. Coli in stream headed to Grand River

To file please - Mark will know the address

-----Original Message-----

From: [REDACTED]  
Sent: Sunday, August 23, 2020 8:03 AM  
To: [REDACTED]  
Cc: Bowen, Ken <[kbowen@ioniacounty.org](mailto:kbowen@ioniacounty.org)>  
Subject: Re: E. Coli in stream headed to Grand River

Thank you [REDACTED]

We were able to finally touch base with EGLE supervisor, Mike Worm, on Friday. Basically they do have an action plan for [REDACTED] to perform. It includes digging some trenches on the dairy farm's property to try and find some tiles/pipes that could be contributing to the contamination in the creek. We are extremely hopeful that this happens and we get more answers.

Thank you for your help!

[REDACTED]

Sent from my iPhone

> On Aug 21, 2020, at 4:15 PM, [REDACTED] wrote:  
>  
> Hi [REDACTED]  
>

> The City also deals with contamination from "up river" and I understand your frustration. I have copied the Ionia County Health Department Director, Ken Bowen. Ken has been a great resource and advocate for our county dealing with these issues. He may be able to make more headway with EGLE.

>

> I will make some calls as well. Best of luck.

>

> [REDACTED]

>

>

>

> -----Original Message-----

> From: [REDACTED]

> Sent: Thursday, August 20, 2020 12:59 PM

> To: [REDACTED]

> Subject: E. Coli in stream headed to Grand River

>

> Good afternoon [REDACTED]

>

> We thought it was time to update you on our situation at the property we purchased on [REDACTED]

>

> We have e. Coli, dissolved solids, phosphorus and volatile (products commonly seen from dairy farms) contamination in the creek that starts on our property. The creek leaves our property and goes directly into the Grand River off Market Street by [REDACTED] property. We have been working with EGLE to get this corrected. It is ongoing, even at this time in a draught, there is still contaminants in the creek heading to the Grand River. A dairy farm is located immediately west at [REDACTED] They have done minimal work to mitigate the contamination.

>

> As you know, this is out of the city limits, however the way the Grand River flows it runs right through the City from Market Street. There are a couple reasons I am writing to you. First, have they did testing for e. Coli in the Grand River this year (this has actually been ongoing for several years)? Second, we need help. EGLE is not doing much at this time. We are concerned that Ionia county health department has not notified the neighbors that this creek touches about e. Coli results. We worry so much about the impact this is having on the grand river. We have politely complained to EGLE for a year but still there is no fix in place. Do you have any other avenues or resources to try to get this corrected since it has a direct impact on the City's Rivers.

>

> Thank you,

> [REDACTED]

>

> Sent from my iPhone

## Gaines, Rachelle

---

**From:** Shaull-Norman, Peggy  
**Sent:** Wednesday, August 26, 2020 1:19 PM  
**To:** Ingersoll, Brenda; Bowen, Ken  
**Subject:** FW: Important Information about the upcoming Flu Season  
**Attachments:** Copy of COVID19 Flu Funding Distribution Formulas 20200604.xlsx; Seasonal Influenza Outreach Draft LHD Draft.docx

Just in case you did not receive --

**From:** Waterman, Autumn (DHHS) [mailto:WatermanA@michigan.gov]  
**Sent:** Wednesday, August 26, 2020 1:05 PM  
**To:** Waterman, Autumn (DHHS) <WatermanA@michigan.gov>  
**Subject:** Important Information about the upcoming Flu Season

*This e-mail is being sent to LHD Health Officers, Medical Directors, IAP, INE, PH Imms Leads, and Immunization Staff*

I wanted to send you all an update on the activities during the upcoming flu season. As you all know we have been planning big for the upcoming flu season to be sure we can get as many people vaccinated as possible. This really serves two purposes: 1) All people in Michigan should be vaccinated with flu vaccine so they are protected from influenza that kills thousands of people in the United States every year. Our flu vaccination rates are not great in Michigan and we could prevent many illnesses and deaths if we could increase flu vaccination rates every year. As you know, the best way we can prevent the annual seasonal influenza pandemic is to get more people vaccinated since it is the best tool we have to prevent disease. 2) The future of the COVID-19 pandemic is uncertain and as schools come back together we need to worry about the possible resurgence of this disease. Earlier this year we saw how COVID can overwhelm our healthcare system and if we see influenza cases increase as we do with most influenza seasons it could easily overwhelm the hospitals and health care system as a whole.

For these reasons, getting more people vaccinated than ever before is very important. As we communicated earlier we have vaccine and funding we want to provide to all local health departments to increase our vaccination coverage. I hope we can use this opportunity during this flu season to act as a trial run to how we will assure everyone is vaccinated when the COVID vaccine is available. This vaccination program is intended to start with the highest risk populations to be sure they are vaccinated and then move to other at risk populations. Most of you have built up relationships with groups like homeless shelters, COVID test sites, LTC facilities to get into the community for effective vaccination efforts. We hope you will utilize those relationships to reach and vaccinate those vulnerable populations.

MDHHS will be making two vaccines available in two different ways. We have purchased 60,000 doses of flu vaccine: 30,000 doses of FluMist and 30,000 doses of FluBlok. We are expecting the FluMist to be available for use by late August/September and the FluBlok available by sometime in September to get the vaccine campaign off the ground. These doses should be prioritized to individuals who are uninsured/underinsured but do not miss an opportunity to vaccinate all vulnerable populations, as long as they fit the age-indication for the specific vaccine type. On top of that, we have prebooked 200,000 doses of **adult** influenza vaccine with CDC that will be available in September to January, depending on the product. This will include a variety of different adult flu vaccines that we will be able to push out as soon as it is available. Lastly we have additional VFC flu vaccine available that will be made available to all VFC providers. We hope that this year can be the year we can put a hard push on late season vaccination before influenza peaks and we can prevent the spread throughout Michigan.

We will be providing nearly \$8 million dollars in total funding out to local health departments coming from two different sources. The first source is COVID response funding which needs to be spent by December 31, 2020. The second source of funding is from a grant from the CDC that needs to be spent by June 30, 2021. I have separated those funds in the attached spreadsheet and they will be put in two different contracts in EGRAMS. I know this is a lot of money to spend in a short period of time but we are hoping using contractual services like VNA or retired nurses you may be able to increase staffing from now until June 30<sup>th</sup>. Increased staffing may support not only your direct vaccination efforts, but assist with provider support, as this increased effort in flu vaccination will lead to increased enrollment for public vaccine. This funding can also be used to be sure you will not only be able to store and monitor influenza vaccines but also in preparation for the COVID vaccine when that becomes available. Please see the attached spreadsheet for details on the amounts of funding and the formula being used to allocate the funds.

We know many of you have stretched your resources significantly during this COVID pandemic. As we are planning for this we want to be sure you will be able to use this funding effectively to reach vulnerable populations within your jurisdictions. We understand if there are some health jurisdictions that may not have the ability to do the needed outreach to assure Michigan citizens are vaccinated with flu vaccine this year. **We are requesting that you submit a brief plan outlining how you plan to assure vulnerable populations within your jurisdiction will have the ability to be vaccinated and please let us know if we need to look for other resources within your community to offer vaccination.** We would ask that these brief plans be submitted to Sarah Davis at [DavisS42@Michigan.gov](mailto:DavisS42@Michigan.gov) by September 4<sup>th</sup>.

MDHHS will also be partnering with several other groups in an attempt to increase vaccination this fall. Attached is a draft of the work we will be doing to try to increase influenza vaccinations. These will also be valuable partners as we move into the COVID vaccination later this year.

I know how stretched you all are and know all the hard work you have been doing related to COVID. In my opinion, this is the time when public health can shine and show the public the good work we are capable of when many times we just work behind the scenes. Thanks for all you are doing and I am looking forward to the continued work in the upcoming flu season and the COVID vaccine program.

Thanks for all you are doing in the name of Public Health!

Bob Swanson, MPH  
Director, Division of Immunization  
Michigan Department of Health and Human Services  
333 S. Grand Ave.  
Lansing, MI 48933  
Phone: 517-335-8159  
Fax: 517-335-9855

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## Proposed Funding Formula for FY 2020/2021 Influenza Supplemental

Supplemental IP19-1901, Funding through the Paycheck Protection Program and Health Care Enhance  
Michigan Department of Health and Human Services, Division of Immunization

Health Jurisdiction	CDC Flu Grant Funding	Federal COVID Funding for Flu	Total Funding
			Beginning October 1, 2020
Allegan County H. D.	\$46,453	\$48,968	\$95,421
Barry-Eaton District H. D.	\$62,137	\$65,502	\$127,639
Bay County H. D.	\$45,332	\$47,786	\$93,119
Benzie-Leelanau District H. D.	\$30,278	\$31,918	\$62,196
Berrien County H. D.	\$65,973	\$69,545	\$135,518
Branch-Hillsdale-St. Joseph H. D.	\$54,526	\$57,478	\$112,004
Calhoun County H. D.	\$57,574	\$60,691	\$118,265
Central Michigan District H. D.	\$64,517	\$68,010	\$132,527
Chippewa County H. D.	\$30,824	\$32,493	\$63,316
City of Detroit H. D.	\$413,187	\$435,558	\$848,745
Delta-Menominee District H. D.	\$34,511	\$36,379	\$70,890
Dickinson-Iron District H. D.	\$29,452	\$31,047	\$60,499
District H. D. #10	\$81,311	\$85,713	\$167,024
District H. D. #2	\$36,333	\$38,300	\$74,634
District H. D. #4	\$38,864	\$40,968	\$79,832
Genesee County H. D.	\$149,462	\$157,555	\$307,017
Grand Traverse County H. D.	\$41,801	\$44,064	\$85,865
Huron County H. D.	\$28,191	\$29,718	\$57,909
Ingham County H. D.	\$101,677	\$107,182	\$208,859
Ionia County H. D.	\$36,423	\$38,395	\$74,817
Jackson County H. D.	\$62,338	\$65,713	\$128,050
Kalamazoo County Human Services	\$93,542	\$98,607	\$192,150
Kent County H. D.	\$191,815	\$202,200	\$394,016
Lapeer County H. D.	\$40,891	\$43,105	\$83,997
Lenawee County H. D.	\$44,015	\$46,398	\$90,414
Livingston County H. D.	\$62,707	\$66,102	\$128,810
Luce-Mackinac-Alger-Schoolcraft H. D.	\$30,013	\$31,638	\$61,650
Macomb County H. D.	\$263,004	\$277,244	\$540,247
Marquette County H. D.	\$36,427	\$38,400	\$74,827
Midland County H. D.	\$39,837	\$41,994	\$81,830
Mid-Michigan District H. D.	\$63,413	\$66,846	\$130,259
Monroe County H. D.	\$55,678	\$58,693	\$114,372
Muskegon County H. D.	\$70,685	\$74,512	\$145,197
Northwest Michigan Comm. Hlth. Agency	\$45,388	\$47,845	\$93,233
Oakland County H. D.	\$381,080	\$401,713	\$782,792
Ottawa County H. D.	\$82,499	\$86,965	\$169,464
Saginaw County H. D.	\$80,857	\$85,235	\$166,091
Sanilac County H. D.	\$30,204	\$31,839	\$62,043
Shiawassee County H. D.	\$36,231	\$38,192	\$74,423
St. Clair County H. D.	\$58,254	\$61,408	\$119,662



Tuscola County H. D.	\$33,054	\$34,843	\$67,897
Van Buren-Cass District H. D.	\$51,474	\$54,261	\$105,734
Washtenaw County H. D.	\$123,739	\$130,439	\$254,178
Wayne County H. D. (*)	\$331,622	\$349,576	\$681,198
Western Upper Peninsula H. D.	\$36,960	\$38,961	\$75,921
<b>Totals</b>	<b>\$3,794,552</b>	<b>\$4,000,000</b>	<b>\$7,794,552</b>

## **Seasonal Influenza Outreach Draft**

### **Overview:**

We have large challenges before us to control and prevent COVID-19 cases in Michigan. As witnessed early in the pandemic, our health care system can be easily overwhelmed with sick individuals and the need for ICU beds and ventilators. During any annual flu season, we have the potential to overwhelm the health care system in the same way with the spread of this respiratory disease. The goal during the upcoming flu season is to get as many individuals vaccinated with influenza vaccine as possible to reduce the burden of influenza in the community and on the health care system given the uncertainty of a resurgence of COVID-19. These vaccination efforts need to target the most vulnerable populations first including those populations who have disproportionately been affected by COVID-19 including minority populations.

It is the goal of the Immunization program to establish a robust vaccination program for influenza that can be used as a blueprint for the implementation of a vaccination program when a COVID vaccine becomes available. Although National workgroups are currently working on establishing the priority groups for the COVID-19 vaccine, it is expected that many of those priority groups will be similar to those already established for influenza.

### **Procurement of Vaccine:**

Historically Michigan has not procured or distributed any adult flu vaccine. We have relied on doses purchased directly from vaccine manufacturers and administered to individuals at the provider level. Local Health Departments have eased out of sustainable outreach to the public for flu vaccination efforts and have relied on private providers to vaccinate their staff and clients, as well as the large role that pharmacies play in vaccinating adult populations. Through a grant from CDC, Michigan has requested 200,000 late season doses (Nov., Dec., Jan.) of adult influenza vaccine for distribution to partners, to do outreach to the most vulnerable adult populations. The Immunization program has also purchased 30,000 doses of FluMist and 30,000 doses of Flublok which should be available in September. As you know, most flu vaccine was previously pre-ordered from the manufacturers back in January and February and very little quantities and limited types of flu vaccine are available for purchase.

### **Partners for Vaccination to vulnerable populations:**

#### **Local Health Departments:**

The Immunization Program will rely heavily on the relationships and the expertise of LHDs to operate outreach clinics that can reach the most vulnerable populations. LHD experience from recent outbreaks has established strong relationships with community partners and work should be done to reach these populations during this outbreak. LHDs know their communities and have the relationships to reach the vulnerable populations including minority groups to vaccinate these populations.

Lessons learned from the hepatitis A outbreak have established strong relationships with high risk groups such as homeless shelters, substance abuse clinics, STI clinics, and jails, as well as other outreach to vulnerable populations in the community. LHDs should establish outreach flu clinics in these same locations.

Many relationships have already been built by LHDs during this COVID-19 pandemic. The LHDs have built strong working relationships with Long Term Care, (LTC), including nursing care facilities and other senior centers for surveillance and testing for COVID-19. These relationships, now established, should be utilized for vaccination clinic sites. Individuals living in these facilities are at greatest risk for complications to serious influenza complications and should be primary target sites for outreach clinics.

LHDs need to reach out to faith-based groups and Tribal Health Centers within their communities to establish relationships and hold outreach clinics to reach these groups. Establishing these relationships will assist the LHDs in assuring minority populations including the African American populations have easy access to influenza vaccine.

LHDs will be encouraged to work with employer groups in their jurisdiction and form new partnerships to assure that these employer groups have a mechanism to obtain vaccines for their staff. LHDs will be encouraged to stand up clinics for those employer groups who do not have a current mechanism in place to vaccinate their employees. These businesses include manufacturing, grocery stores, and any other business within their community.

#### **Health Systems:**

The Immunization program will be working with health systems and we have requested assistance with four areas related to influenza vaccinations efforts. These areas are:

1. Utilize existing outreach modalities such as mobile clinics or established COVID-19 testing locations to offer influenza vaccine.
2. Offer influenza vaccination services in nontraditional settings, such as emergency departments or outpatient clinics.
3. Consider mandating and offering influenza vaccine to all staff employed with your healthcare system, including those who do not directly interact with patients.
4. Promote influenza vaccination through elevation of public messaging campaigns and maximizing opportunities to engage stakeholders.

#### **Federally Qualified Health Centers (FQHCs):**

FQHCs are uniquely situated in underserved communities with a particular focus on rural areas of the state. We are working through the Michigan Primary Care Association to increase the number of FQHCs enrolled in the Michigan Adult Vaccine Program and will need the assistance of LHDs in the onboarding of these clinics. FQHCs have played a role in testing for COVID and have established themselves in the community to serve those underserved populations. Our expectation would be for FQHCs to not only offer flu vaccine to all individuals coming to their clinic, but also to do direct outreach to communities of need just as they have established with migrant populations in Michigan. Outreach within the community will be the best way to reach these vulnerable populations.

#### **Pharmacies:**

Pharmacies have established themselves as leaders in the community for adult influenza vaccination efforts. In fact, pharmacies administer more flu vaccine to adults in Michigan than any other provider type. Historically pharmacies are leaders in the community for receiving early doses of flu vaccine in the

season and can begin offering flu vaccine before many other providers have it available. Pharmacies are prevalent in most communities and frequented by community members for other services such as prescription refills. By default, they see individuals who may have health conditions that put them at risk of complications to influenza and therefore they have access to them to offer flu vaccination. Our goal is to engage pharmacies to enhance the outreach being done by pharmacies and promote the use of pharmacies within the community to receive influenza vaccines.

The Immunization program would like to establish a pilot program to provide flu vaccine to a limited number of pharmacies in some intercity areas of the state. These programs would be selected based on the populations they serve as well as their accessibility to the public on established transportation routes such as bus lines. Pharmacies are not routinely part of public vaccination programs, but we feel the benefit for providing the vaccine to these at-risk locations would allow pharmacies to vaccinate uninsured and underinsured populations that would not routinely be served by a pharmacy. These efforts would also increase our ability to serve minority populations and underserved populations in urban areas.

**School Based Health Centers:**

School based Health Centers should all have VFC vaccine already available to them to assure flu vaccine can be made available to students attending the school. Additional adult flu vaccine can be made available to these clinics for use on teachers and parents or community members who may have access to services within the School Based Health Center. Centers will be encouraged to reach out to individuals outside the school.

**Alana's Foundation in partnership with VNA:**

Alana's Foundation, <https://www.alanasfoundation.org/> works year-round to provide influenza education and awareness with a focus on providing convenient and affordable flu vaccinations for everyone. Alana's Foundation was established by the Yaksich family in memory of their 5-year-old daughter who passed away from influenza. Alana's Foundation provides influenza education and awareness with a focus on offering convenient and affordable flu vaccination options. In addition, they serve as a resource for families that have experienced the death of a child due to any cause. Alana's Foundation will partner with the Visiting Nurses Association (VNA) to provide free vaccines to underserved populations in SE Michigan. The Foundation has years of experience, in partnership with VNA, providing outreach influenza services to populations in SE Michigan.

**Established COVID-19 Testing Sites:**

The Immunization Program is working with some of the state run COVID test sites to co-locate influenza vaccination at the same sites.

**Vaccine Accountability:**

The Immunization program will require all publicly purchased doses of flu vaccine to be added to the MCIR so they can be accounted for. The Immunization program will be able to track the progress and document the increased number of doses being administered using data from the MCIR. For those partner sites that will not have access to publicly purchased vaccines, the Immunization program will work with them to be sure all doses are documented in MCIR.

**Communications Campaign:**

The Immunization program will work with staff from the Communications Office to develop a communications campaign to stress the importance of receiving a dose of flu vaccine during this flu season. The campaign key messages will include information about the safety and efficacy of the flu vaccine as the best measure we have to prevent flu. This campaign will also emphasize why flu vaccine will be so important this flu season while we continue to see COVID-19 cases. Messaging will be broad across the state with a focus on areas of the state where larger portions of minority populations live. Data from past focus groups held with young mothers in underserved areas of the state will be used to target influenza vaccine hesitant parents.

Vaccine information and clinical guidance including vaccine recommendations will be made available and distributed through broad provider list serves to emphasize the importance of flu vaccination during the upcoming season. The Immunization program in partnership with the communications office and the IVaccinate Campaign will develop outreach materials for the influenza campaign.

**Vaccine Overdue Notifications:**

The Immunization Program will track vaccine administrations across the state throughout the flu season. Historically one of the areas we have fallen short on is assuring that all children less than 9 years of age have received the appropriate second dose of flu vaccine to assure they achieve optimal immunity. Traditionally those completion levels have only been slightly higher than 10%. In January, the Immunization Program will send notices to all children less than 9 years of age who have not received their second dose of influenza vaccine. This reminder is to assure that parents are aware of the need for their children to receive that needed vaccine. Data will be used from MCIR to generate these letters to parents.

## Gaines, Rachelle

---

**From:** de la Rambelje, Laura (DHHS) <DelaRambeljeL@michigan.gov>  
**Sent:** Wednesday, August 26, 2020 1:36 PM  
**To:** Bowen, Ken  
**Cc:** Shaw, Chad  
**Subject:** RE: Large weddings

Let us know if you need anything else, Ken. I can also share with MIOSHA and MDARD if we have more info.

Laura L.J. de la Rambelje  
517-388-7302  
[delarambeljel@michigan.gov](mailto:delarambeljel@michigan.gov)

**From:** Bowen, Ken <[kbowen@ioniacounty.org](mailto:kbowen@ioniacounty.org)>  
**Sent:** Wednesday, August 26, 2020 1:34 PM  
**To:** de la Rambelje, Laura (DHHS) <[DelaRambeljeL@michigan.gov](mailto:DelaRambeljeL@michigan.gov)>  
**Cc:** Shaw, Chad <[cshaw@ioniacounty.org](mailto:cshaw@ioniacounty.org)>  
**Subject:** RE: Large weddings

**CAUTION: This is an External email. Please send suspicious emails to [abuse@michigan.gov](mailto:abuse@michigan.gov)**

Nope – had not heard.

The HDs aren't supposed to enforce EOs right? I'll hand it over to the Sheriff. Oh wait, he stated in public he doesn't enforce EOs. Oh well...

**From:** de la Rambelje, Laura (DHHS) <[DelaRambeljeL@michigan.gov](mailto:DelaRambeljeL@michigan.gov)>  
**Sent:** Wednesday, August 26, 2020 1:32 PM  
**To:** Bowen, Ken <[kbowen@ioniacounty.org](mailto:kbowen@ioniacounty.org)>  
**Subject:** FW: Large weddings

Hi Ken,

I received the complaint about large weddings planned at a farm in Ionia County. Are you aware of these events, and if so, have you been in contact?

Laura

Laura L.J. de la Rambelje  
517-388-7302  
[delarambeljel@michigan.gov](mailto:delarambeljel@michigan.gov)

**From:** [REDACTED]  
**Sent:** Wednesday, August 26, 2020 10:33 AM  
**To:** de la Rambelje, Laura (DHHS) <[DelaRambeljeL@michigan.gov](mailto:DelaRambeljeL@michigan.gov)>  
**Subject:** Fwd: Large weddings

**From:** [REDACTED]  
**Date:** August 26, 2020 at 10:23:58 AM EDT  
**To:** [ag-covid19@michigan.gov](mailto:ag-covid19@michigan.gov)  
**Subject:** Large weddings

Hi,  
[REDACTED] in Ionia, MI is having very large weddings with no social distancing. The weddings are in a combination of indoor and outdoor settings. This weekend there is a wedding planned for approximately 300 people.

Thanks,

[REDACTED]

## Gaines, Rachelle

---

**From:** Bowen, Ken  
**Sent:** Wednesday, August 26, 2020 3:03 PM  
**To:** Shaw, Chad  
**Subject:** FW: Important Information about the upcoming Flu Season  
**Attachments:** Copy of COVID19 Flu Funding Distribution Formulas 20200604.xlsx; Seasonal Influenza Outreach Draft LHD Draft.docx

Flu plan due to State by next Friday

**From:** Shaull-Norman, Peggy <psnorman@ioniacounty.org>  
**Sent:** Wednesday, August 26, 2020 1:19 PM  
**To:** Ingersoll, Brenda <bingersoll@ioniacounty.org>; Bowen, Ken <kbowen@ioniacounty.org>  
**Subject:** FW: Important Information about the upcoming Flu Season

Just in case you did not receive --

**From:** Waterman, Autumn (DHHS) [<mailto:WatermanA@michigan.gov>]  
**Sent:** Wednesday, August 26, 2020 1:05 PM  
**To:** Waterman, Autumn (DHHS) <[WatermanA@michigan.gov](mailto:WatermanA@michigan.gov)>  
**Subject:** Important Information about the upcoming Flu Season

*This e-mail is being sent to LHD Health Officers, Medical Directors, IAP, INE, PH Imms Leads, and Immunization Staff*

I wanted to send you all an update on the activities during the upcoming flu season. As you all know we have been planning big for the upcoming flu season to be sure we can get as many people vaccinated as possible. This really serves two purposes: 1) All people in Michigan should be vaccinated with flu vaccine so they are protected from influenza that kills thousands of people in the United States every year. Our flu vaccination rates are not great in Michigan and we could prevent many illnesses and deaths if we could increase flu vaccination rates every year. As you know, the best way we can prevent the annual seasonal influenza pandemic is to get more people vaccinated since it is the best tool we have to prevent disease. 2) The future of the COVID-19 pandemic is uncertain and as schools come back together we need to worry about the possible resurgence of this disease. Earlier this year we saw how COVID can overwhelm our healthcare system and if we see influenza cases increase as we do with most influenza seasons it could easily overwhelm the hospitals and health care system as a whole.

For these reasons, getting more people vaccinated than ever before is very important. As we communicated earlier we have vaccine and funding we want to provide to all local health departments to increase our vaccination coverage. I hope we can use this opportunity during this flu season to act as a trial run to how we will assure everyone is vaccinated when the COVID vaccine is available. This vaccination program is intended to start with the highest risk populations to be sure they are vaccinated and then move to other at risk populations. Most of you have built up relationships with groups like homeless shelters, COVID test sites, LTC facilities to get into the community for effective vaccination efforts. We hope you will utilize those relationships to reach and vaccinate those vulnerable populations.

MDHHS will be making two vaccines available in two different ways. We have purchased 60,000 doses of flu vaccine: 30,000 doses of FluMist and 30,000 doses of FluBlok. We are expecting the FluMist to be available for use by late August/September and the FluBlok available by sometime in September to get the vaccine campaign off the ground. These doses should be prioritized to individuals who are uninsured/underinsured but do not miss an opportunity to vaccinate all vulnerable populations, as long as they fit the age-indication for the specific vaccine type. On top of that,



we have prebooked 200,000 doses of **adult** influenza vaccine with CDC that will be available in September to January, depending on the product. This will include a variety of different adult flu vaccines that we will be able to push out as soon as it is available. Lastly we have additional VFC flu vaccine available that will be made available to all VFC providers. We hope that this year can be the year we can put a hard push on late season vaccination before influenza peaks and we can prevent the spread throughout Michigan.

We will be providing nearly \$8 million dollars in total funding out to local health departments coming from two different sources. The first source is COVID response funding which needs to be spent by December 31, 2020. The second source of funding is from a grant from the CDC that needs to be spent by June 30, 2021. I have separated those funds in the attached spreadsheet and they will be put in two different contracts in EGRAMS. I know this is a lot of money to spend in a short period of time but we are hoping using contractual services like VNA or retired nurses you may be able to increase staffing from now until June 30<sup>th</sup>. Increased staffing may support not only your direct vaccination efforts, but assist with provider support, as this increased effort in flu vaccination will lead to increased enrollment for public vaccine. This funding can also be used to be sure you will not only be able to store and monitor influenza vaccines but also in preparation for the COVID vaccine when that becomes available. Please see the attached spreadsheet for details on the amounts of funding and the formula being used to allocate the funds.

We know many of you have stretched your resources significantly during this COVID pandemic. As we are planning for this we want to be sure you will be able to use this funding effectively to reach vulnerable populations within your jurisdictions. We understand if there are some health jurisdictions that may not have the ability to do the needed outreach to assure Michigan citizens are vaccinated with flu vaccine this year. **We are requesting that you submit a brief plan outlining how you plan to assure vulnerable populations within your jurisdiction will have the ability to be vaccinated and please let us know if we need to look for other resources within your community to offer vaccination.** We would ask that these brief plans be submitted to Sarah Davis at [DavisS42@Michigan.gov](mailto:DavisS42@Michigan.gov) by September 4<sup>th</sup>.

MDHHS will also be partnering with several other groups in an attempt to increase vaccination this fall. Attached is a draft of the work we will be doing to try to increase influenza vaccinations. These will also be valuable partners as we move into the COVID vaccination later this year.

I know how stretched you all are and know all the hard work you have been doing related to COVID. In my opinion, this is the time when public health can shine and show the public the good work we are capable of when many times we just work behind the scenes. Thanks for all you are doing and I am looking forward to the continued work in the upcoming flu season and the COVID vaccine program.

Thanks for all you are doing in the name of Public Health!

Bob Swanson, MPH  
Director, Division of Immunization  
Michigan Department of Health and Human Services  
333 S. Grand Ave.  
Lansing, MI 48933  
Phone: 517-335-8159  
Fax: 517-335-9855

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## Gaines, Rachelle

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**From:** Bull, Lacey  
**Sent:** Thursday, August 27, 2020 8:00 AM  
**To:** Bowen, Ken  
**Subject:** RE: Large weddings

I found a phone number and owner name. Trying to figure out how to verify other than a phone call. I don't see another way to verify without knowing who the caterer might be.

**From:** Bowen, Ken  
**Sent:** Thursday, August 27, 2020 7:50 AM  
**To:** Bull, Lacey <[lbull@ioniacounty.org](mailto:lbull@ioniacounty.org)>  
**Subject:** Re: Large weddings

I don't want you to get into it with them - just see if we can verify the complaint and we'll go from there. Delegate it if you need to

On Aug 27, 2020, at 7:23 AM, Bull, Lacey <[lbull@ioniacounty.org](mailto:lbull@ioniacounty.org)> wrote:

I have never heard of this place but I will track it down today.

**From:** Bowen, Ken  
**Sent:** Wednesday, August 26, 2020 1:35 PM  
**To:** Bull, Lacey <[lbull@ioniacounty.org](mailto:lbull@ioniacounty.org)>  
**Subject:** FW: Large weddings

See below – can you call and see what the situation is please.

**From:** de la Rambelje, Laura (DHHS) <[DelaRambeljeL@michigan.gov](mailto:DelaRambeljeL@michigan.gov)>  
**Sent:** Wednesday, August 26, 2020 1:32 PM  
**To:** Bowen, Ken <[kbowen@ioniacounty.org](mailto:kbowen@ioniacounty.org)>  
**Subject:** FW: Large weddings

Hi Ken,

I received the complaint about large weddings planned at a farm in Ionia County. Are you aware of these events, and if so, have you been in contact?

Laura

Laura L.J. de la Rambelje  
517-388-7302  
[delaRambeljeL@michigan.gov](mailto:delaRambeljeL@michigan.gov)

**From:** [REDACTED]  
**Sent:** Wednesday, August 26, 2020 10:33 AM

**To:** de la Rambelje, Laura (DHHS) <[DelaRambeljeL@michigan.gov](mailto:DelaRambeljeL@michigan.gov)>  
**Subject:** Fwd: Large weddings

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**From:** [REDACTED]  
**Date:** August 26, 2020 at 10:23:58 AM EDT  
**To:** [ag-covid19@michigan.gov](mailto:ag-covid19@michigan.gov)  
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Hi,

[REDACTED] in Ionia, MI is having very large weddings with no social distancing. The weddings are in a combination of indoor and outdoor settings. This weekend there is a wedding planned for approximately 300 people.

Thanks,

[REDACTED]

## Gaines, Rachelle

---

**From:** Stay Safe <stay.safe@refanlotze.com>  
**Sent:** Thursday, August 27, 2020 10:49 AM  
**To:** Bowen, Ken  
**Subject:** This thermometer can detect a fever super fast

Hey Kbowen,

We have a brand new infrared thermometer that can detect fevers without even touching someone. Since this is a perfect (safer) way to track fevers and symptoms at home, we want everyone to get one. For a little while we will be charging absolutely nothing for shipping on our thermometers - so get one while they are still in.

You can find a thermometer [right here](#).

I hope you and yours are staying safe. We can get through this as a nation with a little awareness and a whole lot of courage.

International Infrared



## Gaines, Rachelle

---

**From:** Jennifer Brassow <brassowj@washtenaw.org>  
**Sent:** Thursday, August 27, 2020 2:11 PM  
**To:** Admin Forum List Srv  
**Subject:** FW: Important Information about the upcoming Flu Season  
**Attachments:** Copy of COVID19 Flu Funding Distribution Formulas 20200604.xlsx; Seasonal Influenza Outreach Draft LHD Draft.docx

**Importance:** High

Hi everyone – I just received this from my HO. Thought I would share in case you didn't get it.

**From:** Waterman, Autumn (DHHS) <WatermanA@michigan.gov>  
**Sent:** Wednesday, August 26, 2020 1:05 PM  
**To:** Waterman, Autumn (DHHS) <WatermanA@michigan.gov>  
**Subject:** Important Information about the upcoming Flu Season

*This e-mail is being sent to LHD Health Officers, Medical Directors, IAP, INE, PH Imms Leads, and Immunization Staff*

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Thanks for all you are doing in the name of Public Health!

Bob Swanson, MPH  
Director, Division of Immunization  
Michigan Department of Health and Human Services  
333 S. Grand Ave.  
Lansing, MI 48933  
Phone: 517-335-8159  
Fax: 517-335-9855

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## Gaines, Rachelle

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**From:** Michigan Health Alert Network <ae4f250-0005-3000-80c0-fceb55463ffe@notify.michiganhan.org>  
**Sent:** Thursday, August 27, 2020 3:59 PM  
**To:** Bowen, Ken  
**Subject:** Request for the LHD Facility Testing Plan For September 2020  
**Attachments:** MDHHS LHD Fac Testing Support Req T.xlsx

Ken Bowen,

Hello Health Officers,

Attached is the LHD Facility testing template submission for September 2020. Previous submissions have been for a two week period but we are looking to schedule for the entire month of September. Please return to [checcdeptcoor@michigan.gov](mailto:checcdeptcoor@michigan.gov).

Please use this template for COVID testing requests for facilities such a AFC, jails, shelters, migrant workers , SNF and other facilities. Many of these facilities may have scheduled their own testing but there are a few that are asking the LHDs for help – we are looking for those sites.

If you would like a community pop-up or drive through site Orlando Todd and Laura de la Rambelje have sent a separate request for those sites.

**We are requesting that the templates be returned by 5:00 pm on 8/31 for testing scheduled in September 2020.**

A few additional items:

- Please be sure to fill out the details and purpose of the testing site. This is used to set priorities for testing if we have multiple requests for the same day.
- We also need the physician information as requested on the template.

Please forward your completed templates to [checcdeptcoor@michigan.gov](mailto:checcdeptcoor@michigan.gov). If you could include the name of your health department in the file name it would be appreciated.

This message is being sent to all LPH health officers and CHECC Leadership

### **You may respond by doing one of the following:**

- Click the appropriate response in the following list of response options,
- Or, reply via email with your response option. Please note that you must include the number of your response option, such as **1**, in the body of your email in order for your response to be recorded.

*Option# Response:*

1. Message Received.

Thank you,  
Michigan Health Alert Network





**Gaines, Rachelle**

---

**From:** Mary Sue <mary.sue@madrinerfinance.com>  
**Sent:** Friday, August 28, 2020 2:18 PM  
**To:** Bowen, Ken  
**Subject:** Scools may not be open, but that doesn't mean you can't help your kids learn-Half Off USB Microscopes



**USB Digital Microscope**

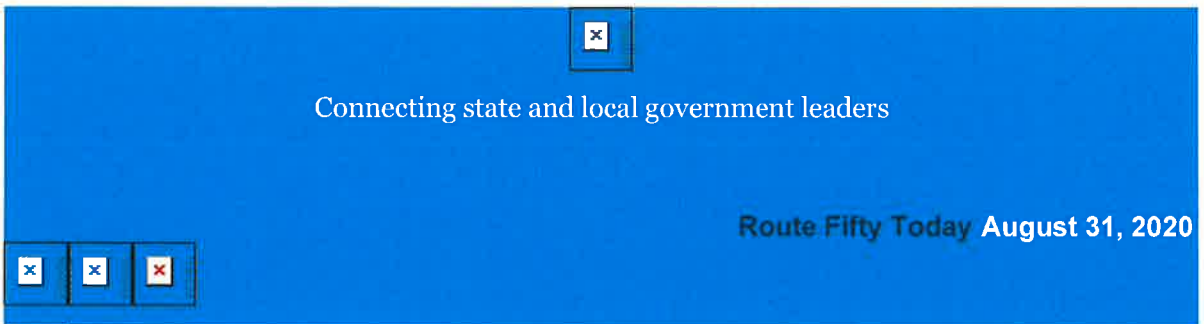
As a science enthusiast, we're sure you'll appreciate the hours of enjoyment and education you will get from this USB electron microscope that can go anywhere you do.



Alaska Native Education Equity Program  
Braille Training Program (Rehabilitation Services Demonstrations and Training)  
College Assistance Migrant Program(CAMP)  
Comprehensive Centers Program  
Gaining Early Awareness and Readiness for Undergraduate Programs (State Grants)(GEAR-UP)  
Graduate Assistance in Areas of National Need (GAANN) Program  
Hispanic Serving Institutions - STEM

**From:** Route Fifty Today <news@e.routefifty.com>  
**Sent:** Monday, August 31, 2020 7:01 AM  
**To:** Bowen, Ken  
**Subject:** Sewage testing on university campus identifies asymptomatic Covid cases; Signs of big growth in shared bike and scooter trips before virus hit; States and counties mandate Covid testing for farm workers; California residents didn't get alerts as wildfi...

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## Sewage Testing on University Campus Identifies Asymptomatic Covid Cases

ANDREA NOBLE | The University of Arizona tested sewage for the presence of coronavirus and identified two students who tested positive but didn't have any symptoms for the respiratory illness.

## Signs of Big Growth in Shared Bike and Scooter Trips Before Virus Hit

BILL LUCIA | A new report shows that the number of trips on these "micro-mobility" vehicles was up 60% last year over 2018.

## States and Counties Mandate Covid-19 Testing for Farm Workers

KATE ELIZABETH QUERAM | A handful of states and counties are requiring Covid-19 testing for farm and food-processing workers after several clusters of positive cases were traced back to agricultural facilities. [Sign up for Route Fifty Tech & Innovation Update](#)

Launching on September 2nd and running weekly, the [Route Fifty Tech & Innovation Update](#) takes a look at how state and local leaders are implementing new ideas and approaches, driven by technological advances, to address key challenges.

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## **Many Residents in California's Wine Country Didn't Get Alerts as Wildfires Approached**

[LAURA MAGGI](#) | STATE AND LOCAL NEWS ROUNDUP | After Hurricane Laura destroyed water systems and power grids, many in southwest Louisiana without electricity and water ... Jacob Blake's family marches with thousands in Kenosha ... Homeless shelter in Anchorage, Alaska experiences Covid outbreak, forces testing changes.

## **Millennials Could Be a Boon to Smaller Communities. How Can Those Towns Attract Younger Workers?**

[CHRIS SHAFFNER](#) | COMMENTARY | Legislators and town leaders need to create incentives for young people to embrace small-town living.

## **A New Era of Coronavirus Testing Is About to Begin**

[ALEXIS C. MADRIGAL](#) | [THE ATLANTIC](#) | A newly authorized test promises to double America's monthly testing capacity, thanks in part to a huge purchase by the Trump administration. Can the test deliver?

## **Covid + Influenza: This Is a Good Year to Get a Flu Shot, Experts Advise**

[JULIE APPLEBY AND MICHELLE ANDREWS](#) | [KAISER HEALTH NEWS](#) | A really high vaccination rate could prevent the nightmare scenario of hospitals this winter packed with both Covid-19 and flu patients.

## **Condensed Schedule and Staff Not Showing Up to Work Have Put the Census at Risk**

[ERIC KATZ](#) | Census has just a month to complete its count and the Government Accountability Office says it still faces significant challenges in collecting accurate data.

## **Fearing Delays and Chaos, Swing States Weigh Early Counting of Mail-In Ballots**

[ELAINE S. POVICH](#) | [STATELINE](#) | Some states, including Michigan and Pennsylvania, prohibit processing absentee ballots until Election Day. Right now, leaders

are considering changing that to avoid long delays about the results of the November election. [Sign up for Route Fifty Tech & Innovation Update](#)

Launching on September 2nd and running weekly, the [Route Fifty Tech & Innovation Update](#) takes a look at how state and local leaders are implementing new ideas and approaches, driven by technological advances, to address key challenges.

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**Government Executive Media Group, 600 New Hampshire Avenue NW, Washington, DC 20037**

## Gaines, Rachelle

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**From:** de la Rambelje, Laura (DHHS) <DelaRambeljeL@michigan.gov>  
**Sent:** Monday, August 31, 2020 9:46 AM  
**To:** Adam London; Angelique Joynes, RN, BSN, MPH (ajoynes@allegancounty.org); Ann Hepfer (ahepfer@tchd.us); Annette Mercatante; Bill Ridella; Bryant Wilke; Cathryn Beer (kbeer@wuphd.org); Colette Scrimger (cscrimger@bedhd.org); Daren Deyaert; Denise Bryan - DHD 4; Denise Bryant; Denise Fair ; Dianne McCormick (dmccormick@livgov.com); Eric Pessell; Fred Yanoski (FYanoski@co.midland.mi.us); Gerald (Jerry) Messana (gmessana@mqtco.org); James Rutherford (jaruth@kalcounty.com); Jeffery Elliott; Jimena Loveluck; Joel Strasz (straszj@baycounty.net); John McKellar; Karen Senkus (ksenkus@chippewahd.com); Katherine Haskins (khaskins@lapeercounty.org); Kathy Herman-Moore (mooreka@co.muskegon.mi.us); Bowen, Ken; Kevin Hughes; Kim Comerzan (Kim\_comerzan@monroemi.org); Larry Johnson (ljohnson@shiwasseechd.net); Lisa Peacock (lpeacock@bldhd.org); Lisa Stefanovsky (lstefanovsky@miottawa.org); Marcus Cheatham, PhD, MA; Martha Hall; MPA Linda Vail (lvail@ingham.org); MPH Christina Harrington (charrington@saginawcounty.com); MPH CPHA Wendy Hirschenberger (wtrute@gtchd.org); MSA Leigh-Anne Stafford (staffordl@oakgov.com); Nick Derusha (NDerusha@lmasdhd.org); Nicole Britten; Rashmi Travis; burns; RS Carol Austerberry (causterb@waynecounty.com); RS Michael Snyder (msnyder@phdm.org); Steven C. Hall, RS, MS (shall@cmdhd.org)  
**Cc:** Freeman, Dale (DHHS)  
**Subject:** FW: IMSC WEEKLY REPORT  
**Attachments:** IMSC Weekly Report 8.28.20.xlsx

Hello Health Officers,

Attached is a list of the active Migrant Labor Housing camps throughout the state of Michigan.

Laura

Laura L.J. de la Rambelje  
Acting Director  
Division of Local Health Services  
Michigan Department of Health and Human Services  
517-388-7302  
[deLaRambeljeL@michigan.gov](mailto:deLaRambeljeL@michigan.gov)

Camp_County	App_Year	User_LastName	Owner	InspectProcedures	Camp_ID
Allegan	2020	Bausick		License	03-0013
Allegan	2020	Bausick		CAP	03-0013
Allegan	2020	Bausick		COVID	03-0013
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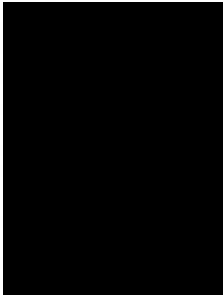
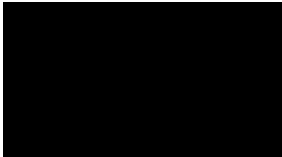
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Berrien	2020 White	Molter Family Orchards	License H2A	11-0442
Berrien	2020 White	Molter Family Orchards	COVID	11-0442

Berrien	2020 White	Morlock & Girls LLC	License	11-0026
Berrien	2020 White	Morlock & Girls LLC	COVID	11-0026
Berrien	2020 White	Morlock & Girls LLC	License	11-0111
Berrien	2020 White	Morlock & Girls LLC	COVID	11-0111
Berrien	2020 White	MSU SWMREC	License	11-0001
Berrien	2020 White	MSU SWMREC	COVID	11-0001
Berrien	2020 White	Paloma Harvesting Inc	License	11-0466
Berrien	2020 White	Paloma Harvesting Inc	License	11-0466
Berrien	2020 White	Paloma Harvesting Inc	COVID	11-0466
Berrien	2020 White	Piedt Farms	License H2A	11-0059
Berrien	2020 White	Piedt Farms	License CAP	11-0059
Berrien	2020 White	Piedt Farms	COVID	11-0059
Berrien	2020 White	Piedt Farms	License	11-0207
Berrien	2020 White	Piedt Farms	COVID	11-0207
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Berrien	2020 White	Piggott L.H. & Girls	License	11-0099
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Berrien	2020 White	Piggott L.H. & Girls	License	11-0255
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Berrien	2020 White	Piggott L.H. & Girls	COVID	11-0255
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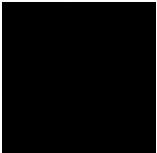
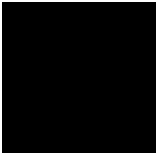
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Berrien	2020 White		COVID	11-0112
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Berrien	2020 White		COVID	11-0346
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Berrien	2020 White		License	11-0179
Berrien	2020 White		COVID	11-0179
Berrien	2020 White			11-0446
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Berrien	2020 White	Schilling Family Farm LLC	COVID	11-0005
Berrien	2020 White	Schilling Family Farm LLC	License H2A	11-0010
Berrien	2020 White	Schilling Family Farm LLC	COVID	11-0010
Berrien	2020 White	Schilling Family Farm LLC	License	11-0032
Berrien	2020 White	Schilling Family Farm LLC	COVID	11-0032
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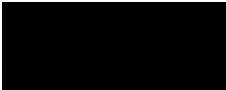
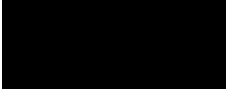
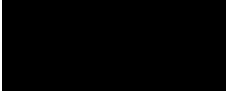

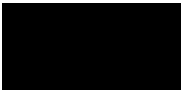
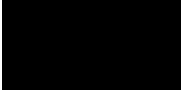
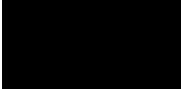
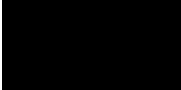
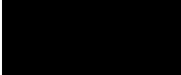

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Berrien	2020 White	Sunny Brooke Growers	License H2A	11-0023
Berrien	2020 White	Sunny Brooke Growers	COVID	11-0023
Berrien	2020 White	Sunny Brooke Growers	License H2A	11-0061
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Berrien	2020 White	Sunny Brooke Growers	License H2A	11-0376
Berrien	2020 White	Sunny Brooke Growers	COVID	11-0376
Berrien	2020 White	Sunny Brooke Growers	License H2A	11-0457
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Berrien	2020 White		License	11-0181
Berrien	2020 White		COVID	11-0181
Berrien	2020 White		License	11-0051

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Berrien	2020 White	Willbrandt Enterprises Inc.	License H2A	11-0021
Berrien	2020 White	Willbrandt Enterprises Inc.	COVID	11-0021
Berrien	2020 White	Williams Orchards	License	11-0020
Berrien	2020 White	Williams Orchards	COVID	11-0020
Berrien	2020 White	Williams Orchards	License	11-0295
Berrien	2020 White	Williams Orchards	COVID	11-0295
Berrien	2020 White	Williams Orchards	License	11-0296
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Branch	2020 Raymond	Maroa Farms Inc.	H2A COVID	12-0019
Branch	2020 Raymond	Maroa Farms Inc.	H2A	12-0020
Branch	2020 Raymond	Maroa Farms Inc.	H2A COVID	12-0020
Branch	2020 Raymond	Maroa Farms Inc.	License H2A	12-0027
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Branch	2020 Raymond	Stanton Farms	License H2A	12-0021
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Branch	2020 Raymond	Stanton Farms	License H2A	12-0022
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Cass	2020 Kowalski	Berrybrook Enterprises	License H2A CAP	14-0006
Cass	2020 Kowalski	Berrybrook Enterprises	COVID	14-0006
Cass	2020 Kowalski	Berrybrook Enterprises	License H2A CAP	14-0031
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Cass	2020 White		License H2A	14-0025
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Cass	2020 White	Cherry Ke Inc.	COVID	14-0007
Cass	2020 White	Cherry Ke Inc.	License H2A	14-0032
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Cass	2020 White		License H2A	14-0015
Cass	2020 White		COVID	14-0015
Cass	2020 White	Grabemeyer Farms	License	14-0014

Cass	2020 White	Grabemeyer Farms	COVID	14-0014
Cass	2020 White	Rolling Rock Farms	License H2A	14-0035
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Cass	2020 White		License	14-0034
Cass	2020 White		License	14-0034
Cass	2020 White	Schilling Farms LLC	License	14-0027
Cass	2020 White	Schilling Farms LLC	COVID	14-0027
Charlevoix	2020 Bardenhagen	Burnette Foods	License	15-0001
Charlevoix	2020 Bardenhagen	Burnette Foods	COVID	15-0001
Charlevoix	2020 Bardenhagen	Burnette Foods	COVID	15-0001
Charlevoix	2020 Bardenhagen	Burnette Foods	License	15-0001
Charlevoix	2020 Bardenhagen	P.C. Lawn Care	License H2A	15-0002
Charlevoix	2020 Bardenhagen	P.C. Lawn Care	COVID	15-0002
Charlevoix	2020 Bardenhagen	P.C. Lawn Care	H2A COVID	15-0002
Cheboygan	2020 Bardenhagen	Michigan Cranberry Co	License H2A	16-0001
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Clinton	2020 Raymond		License	19-0009
Clinton	2020 Raymond		COVID	19-0009
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Clinton	2020 Raymond		License	19-0017

Clinton	2020 Raymond		License	19-0005
Clinton	2020 Raymond		COVID	19-0005
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Eaton	2020 Raymond		License H2A	23-0001
Eaton	2020 Raymond		H2A COVID	23-0001
Eaton	2020 Raymond		H2A COVID	23-0001
Emmet	2020 Bardenhagen	5 H Irrigation and Maintenance Inc	H2A	24-0029
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Emmet	2020 Bardenhagen	Bill's Farm Market	License H2A	24-0025
Emmet	2020 Bardenhagen	Bill's Farm Market	COVID	24-0025
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Emmet	2020 Bardenhagen	Bluff Gardens Inc.	License H2A	24-0002
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Genesee	2020 Raymond	Almar Orchard	License H2A	25-0005
Genesee	2020 Raymond	Almar Orchard	H2A CAP COVID	25-0005
Genesee	2020 Raymond	Almar Orchard	H2A COVID	25-0005

Genesee	2020 Raymond	Almar Orchard	H2A	25-0006
Genesee	2020 Raymond	Almar Orchard	License H2A CAP COVID	25-0006
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Grand Traverse	2020 Bardenhagen	Amos Farms LLC	License H2A	28-0005
Grand Traverse	2020 Bardenhagen	Amos Farms LLC	COVID	28-0005
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Grand Traverse	2020 Bardenhagen	Johnson	License H2A	28-0044
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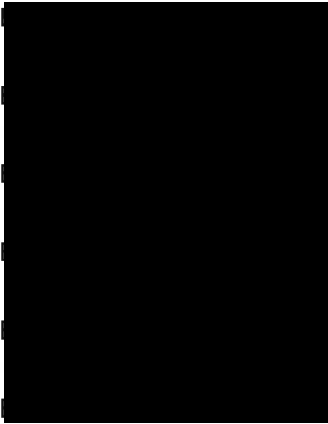
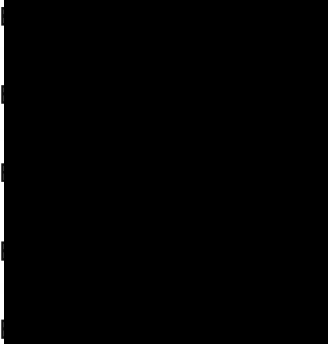
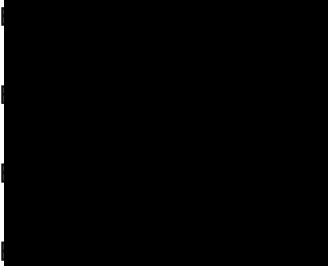
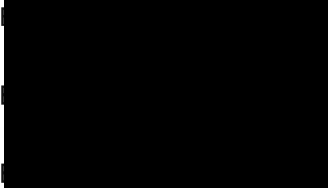
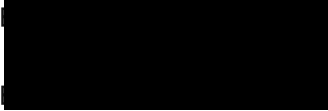

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Grand Traverse	2020 Bardenhagen	Old Mission Fruit Co	License	28-0012
Grand Traverse	2020 Bardenhagen	Old Mission Fruit Co	COVID	28-0012
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Grand Traverse	2020 Bardenhagen	Old Mission Fruit Co	License H2A	28-0137
Grand Traverse	2020 Bardenhagen	Old Mission Fruit Co	COVID	28-0137
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Grand Traverse	2020 Bardenhagen	Pollister Amos LLC	COVID	28-0043
Grand Traverse	2020 Bardenhagen	Uncle Bill's Orchards	License H2A	28-0138
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Grand Traverse	2020 Bardenhagen		License H2A	28-0040

Grand Traverse	2020 Bardenhagen		COVID	28-0040
Grand Traverse	2020 Bardenhagen		H2A COVID	28-0040
Grand Traverse	2020 Bardenhagen	Wunsch Farms	License COVID	28-0030
Grand Traverse	2020 Bardenhagen	Wunsch Farms	COVID	28-0030
Gratiot	2020 Bardenhagen	Bonnie Plants Inc	License H2A	29-0041
Gratiot	2020 Bardenhagen	Bonnie Plants Inc	COVID	29-0041
Gratiot	2020 Bardenhagen	Bonnie Plants Inc	H2A COVID	29-0041
Gratiot	2020 Bardenhagen	Milk Star LLC	License	29-0038
Gratiot	2020 Bardenhagen	Milk Star LLC	COVID	29-0038
Gratiot	2020 Bardenhagen	Milk Star LLC	COVID	29-0038
Gratiot	2020 Wagstaff	Bebow Transport	License H2A	29-0037
Gratiot	2020 Wagstaff	Chaffin Farms LLC	License H2A	29-0039
Gratiot	2020 Wagstaff	Chaffin Farms LLC	COVID	29-0039
Gratiot	2020 Wagstaff	Chaffin Farms LLC	COVID	29-0039
Gratiot	2020 Wagstaff	Chaffin Farms LLC	License H2A CAP	29-0043
Gratiot	2020 Wagstaff	Chaffin Farms LLC	COVID	29-0043
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Hillsdale	2020 Raymond	Creek Valley Farm	COVID	30-0005
Hillsdale	2020 Raymond	Creek Valley Farm	License H2A	30-0006
Hillsdale	2020 Raymond	Creek Valley Farm	H2A COVID	30-0006
Hillsdale	2020 Raymond	Glei's Inc.	License H2A	30-0004
Hillsdale	2020 Raymond	Glei's Inc.	H2A COVID	30-0004
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Huron	2020 Raymond	Back Road Farming Inc	H2A CAP	32-0020





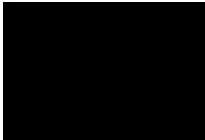
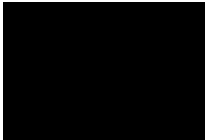
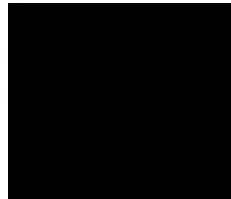
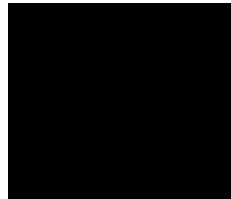
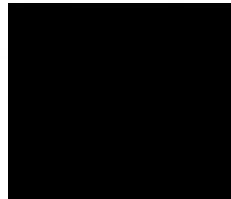
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Huron	2020 Raymond	Owendale Labor Camp LLC	License COVID	32-0002
Huron	2020 Raymond	Owendale Labor Camp LLC	CAP OCC COVID	32-0002
Ingham	2020 Raymond	Gee Farms	H2A	33-0013
Ionia	2020 Freeland	[REDACTED]	License COVID	34-0026
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Ionia	2020 Freeland	Ronald Rasch Farms LLC	CAP	34-0028
Ionia	2020 Freeland	Ronald Rasch Farms LLC	License H2A	34-0028
Ionia	2020 Freeland	Ronald Rasch Farms LLC	COVID	34-0028
Isabella	2020 Freeland	Alewelt Concrete Inc.	License	37-0028
Isabella	2020 Freeland	Barkman Apiaries	License	37-0029
Jackson	2020 Raymond	Gee Farms	License H2A	38-0004
Jackson	2020 Raymond	Gee Farms	H2A COVID	38-0004
Kalamazoo	2020 Kowalski	Ag Installers Inc	License H2A COVID	39-0017
Kalamazoo	2020 Kowalski	Agrico Labor LLC	License H2A	39-0015
Kalamazoo	2020 Kowalski	Agrico Labor LLC	License H2A	39-0015
Kalamazoo	2020 Kowalski	Agrico Labor LLC	H2A COVID	39-0015
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Kalamazoo	2020 Kowalski	Bo-Mar Enterprises	COVID	39-0013

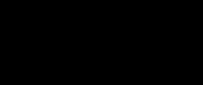
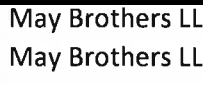
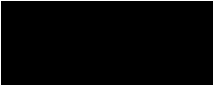
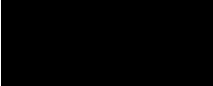



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Kalamazoo	2020 Kowalski	D & K Harvesting Inc.	License H2A	39-0009
Kalamazoo	2020 Kowalski	D & K Harvesting Inc.	COVID	39-0009
Kalamazoo	2020 Kowalski	HerbCo International Corp		39-0008
Kalamazoo	2020 Kowalski	HerbCo International Corp		39-0010
Kalamazoo	2020 Kowalski	P Four Farms, LLC	License H2A	39-0007
Kalamazoo	2020 Kowalski	P Four Farms, LLC	License H2A	39-0007
Kalamazoo	2020 Kowalski	P Four Farms, LLC	H2A COVID	39-0007
Kalamazoo	2020 Kowalski	Wenke Greenhouses	License H2A CAP	39-0012
Kalamazoo	2020 Kowalski	Wenke Greenhouses	H2A COVID	39-0012
Kalkaska	2020 Bardenhagen	Legacy Properties LLC	COVID	40-0002
Kalkaska	2020 Bardenhagen	Legacy Properties LLC	License COVID	40-0002
Kalkaska	2020 Bardenhagen	Legacy Properties LLC	License COVID	40-0002
Kalkaska	2020 Bardenhagen	Legacy Properties LLC	License H2A COVID	40-0002
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Kalkaska	2020 Bardenhagen	Legacy Properties LLC	License H2A	40-0002
Kalkaska	2020 Bardenhagen	Legacy Properties LLC	License H2A COVID	40-0002
Kalkaska	2020 Bardenhagen	Lucas Nursery & Landscaping Inc.	License H2A	40-0001
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Kent	2020 Bausick	Joe Rasch Orchards Inc.	CAP COVID	41-0066
Kent	2020 Freeland	42 North Apples LLC	License H2A	41-0024
Kent	2020 Freeland	42 North Apples LLC	COVID	41-0024
Kent	2020 Freeland	AB Orchards LLC	License H2A	41-0139
Kent	2020 Freeland	AB Orchards LLC	COVID	41-0139
Kent	2020 Freeland		License H2A	41-0124
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Kent	2020 Freeland	Alt Brothers	License H2A	41-0045
Kent	2020 Freeland	Alt Brothers	CAP	41-0045
Kent	2020 Freeland	Alt Brothers	COVID	41-0045
Kent	2020 Freeland	Alt Fruit Farms LLC	License H2A	41-0030
Kent	2020 Freeland	Alt Fruit Farms LLC	COVID	41-0030
Kent	2020 Freeland		License H2A COVID	41-0141
Kent	2020 Freeland	Alt's Dairy Farm	License COVID	41-0016
Kent	2020 Freeland		License COVID	41-0031
Kent	2020 Freeland		H2A	41-0077
Kent	2020 Freeland		License H2A	41-0077
Kent	2020 Freeland		COVID	41-0077
Kent	2020 Freeland		License COVID	41-0044
Kent	2020 Freeland		License COVID	41-0054
Kent	2020 Freeland	Charles H. Chase Orchards LLC	License COVID	41-0069
Kent	2020 Freeland	Chase Orchards	License H2A	41-0014

Kent	2020 Freeland	Chase Orchards	COVID	41-0014
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Kent	2020 Freeland	D & D Greentop LLC	License H2A	41-0008
Kent	2020 Freeland	D & D Greentop LLC	COVID	41-0008
Kent	2020 Freeland	D & D Greentop LLC	License COVID	41-0067
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Kent	2020 Freeland	Dan Kober & Sons LLC	License COVID	41-0158
Kent	2020 Freeland	First Ridge Fruit Co LLC	License H2A	41-0002
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Kent	2020 Freeland	[REDACTED]	License	41-0101
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Kent	2020 Freeland	Green Tree Orchards LLC		41-0082
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Kent	2020 Freeland	Green Tree Orchards LLC	License H2A	41-0115
Kent	2020 Freeland	Green Tree Orchards LLC	H2A CAP COVID	41-0115

Kent	2020 Freeland	H & W Farms	License H2A COVID	41-0042
Kent	2020 Freeland	H & W Farms	License	41-0075
Kent	2020 Freeland		License H2A	41-0036
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Kent	2020 Freeland		License H2A	41-0064
Kent	2020 Freeland		COVID	41-0064
Kent	2020 Freeland	Hill Brothers Orchards	License COVID	41-0070
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Kent	2020 Freeland	J & J Morse Inc.	COVID	41-0015
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Kent	2020 Freeland	Klein Cider Mill LLC	COVID	41-0085
Kent	2020 Freeland			41-0123
Kent	2020 Freeland		License H2A COVID	41-0123
Kent	2020 Freeland		License COVID	41-0097
Kent	2020 Freeland	Kober Fruit & Storage	License H2A	41-0007
Kent	2020 Freeland	Kober Fruit & Storage	COVID	41-0007
Kent	2020 Freeland	Kober Fruit & Storage	License H2A	41-0088
Kent	2020 Freeland	Kober Fruit & Storage	COVID	41-0088
Kent	2020 Freeland	Kraft Orchards	License	41-0003
Kent	2020 Freeland	Kraft Orchards	COVID	41-0003

Kent	2020 Freeland	Ksoto and Company	License H2A	41-0168
Kent	2020 Freeland		License H2A	41-0160
Kent	2020 Freeland		COVID	41-0160
Kent	2020 Freeland	May Brothers LLC	License H2A	41-0163
Kent	2020 Freeland	May Brothers LLC	COVID	41-0163
Kent	2020 Freeland	Miedema & Sons Inc.	License	41-0093
Kent	2020 Freeland	Miedema & Sons Inc.	License CAP	41-0093
Kent	2020 Freeland	Miedema & Sons Inc.	COVID	41-0093
Kent	2020 Freeland	Miedema & Sons Inc.	License	41-0165
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Kent	2020 Freeland		License H2A	41-0048
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Kent	2020 Freeland	New Leaf Orchards	H2A CAP	41-0142
Kent	2020 Freeland	New Leaf Orchards	H2A COVID	41-0142
Kent	2020 Freeland	Nyblad Orchards Inc.	License COVID	41-0052
Kent	2020 Freeland	PG Orchards LLC	License H2A	41-0047
Kent	2020 Freeland	PG Orchards LLC	H2A COVID	41-0047
Kent	2020 Freeland	PG Orchards LLC	License H2A	41-0153
Kent	2020 Freeland	PG Orchards LLC	COVID	41-0153
Kent	2020 Freeland	PG Orchards LLC	License H2A	41-0159
Kent	2020 Freeland	PG Orchards LLC	COVID	41-0159
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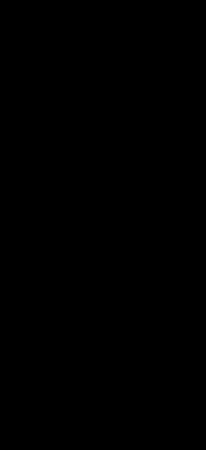
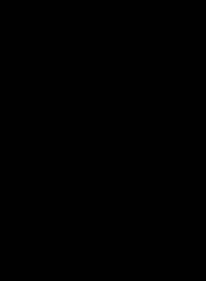
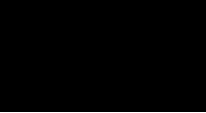
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Kent	2020 Freeland	Rodney Kober & Sons	License H2A	41-0034
Kent	2020 Freeland	Rodney Kober & Sons	COVID	41-0034
Kent	2020 Freeland	Ron and Mark Alt Farm LLC	License H2A	41-0063
Kent	2020 Freeland	Ron and Mark Alt Farm LLC	COVID	41-0063
Kent	2020 Freeland	Royal J. Klein & Son LLC.	License H2A	41-0050
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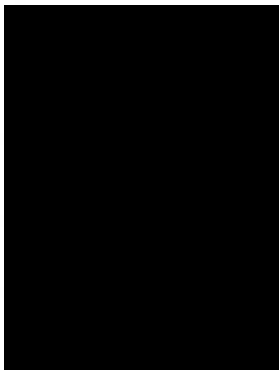
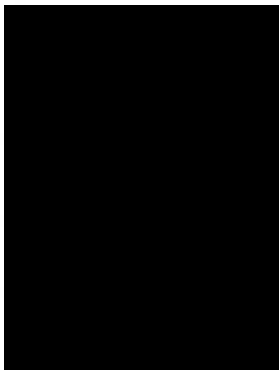
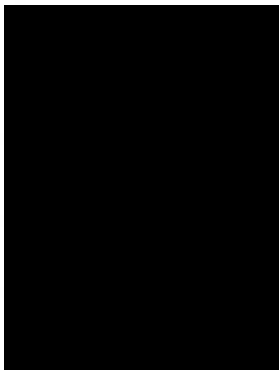
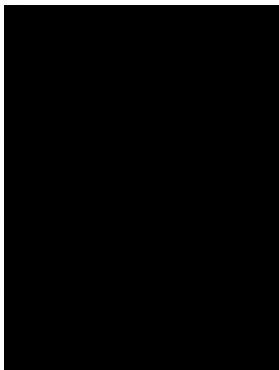
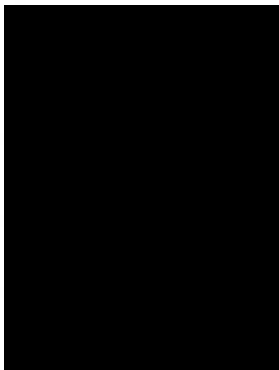
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Kent	2020 Freeland	Thome Orchards	License H2A	41-0079
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Kent	2020 Freeland	Tom Rasch & Son Orchards LLC	License	41-0019
Kent	2020 Freeland	Tom Rasch & Son Orchards LLC	COVID	41-0019
Kent	2020 Freeland	Windy Ridge Orchards	License H2A	41-0018
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Kent	2020 Freeland		License	41-0083
Kent	2020 Freeland		CAP	41-0083
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Lapeer	2020 Raymond	Van Dyk Farms	License H2A	44-0051



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Lapeer	2020 Raymond	Van Dyk Farms	H2A	44-0057
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Leelanau	2020 Bardenhagen		License	45-0114
Leelanau	2020 Bardenhagen		License COVID	45-0114
Leelanau	2020 Bardenhagen	Lakeview Farm	License	45-0030
Leelanau	2020 Bardenhagen	Leelanau Summit	License H2A	45-0211
Leelanau	2020 Bardenhagen	Leelanau Summit	COVID	45-0211
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Lenawee	2020 Raymond	Cabbage Inc.	H2A COVID	46-0038
Lenawee	2020 Raymond	Cabbage Inc.	License H2A	46-0039
Lenawee	2020 Raymond	Cabbage Inc.	H2A COVID	46-0039
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Lenawee	2020 Raymond	Dusseau Farms	License H2A	46-0040
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Lenawee	2020 Raymond	Iott Farms Inc.	H2A COVID	46-0012
Lenawee	2020 Raymond	Judson Ed	H2A	46-0007
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Lenawee	2020 Raymond	M and W Seed Inc.		46-0037
Lenawee	2020 Raymond	Stahl Harvest Company	H2A	46-0011
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Livingston	2020 Raymond	Buurma Farms Inc.	H2A COVID	47-0002

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Livingston	2020 Raymond	Buurma Farms Inc.		47-0004
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Luce	2020 Bardenhagen	Walther U.P. Seed Farm	License H2A COVID	48-0002
Macomb	2020 Raymond	DeCock Farms	License H2A	50-0009
Macomb	2020 Raymond	DeCock Farms	H2A COVID	50-0009
Macomb	2020 Raymond	Hy's Cider Mill Inc.	License COVID	50-0006
Macomb	2020 Raymond	Hy's Cider Mill Inc.	COVID	50-0006
Macomb	2020 Raymond			50-0010
Macomb	2020 Raymond	N. W. Kaltz & Sons Farms	License H2A	50-0025
Macomb	2020 Raymond	N. W. Kaltz & Sons Farms	H2A COVID	50-0025
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Macomb	2020 Raymond	Northern Farm Market LLC	License H2A CAP	50-0019

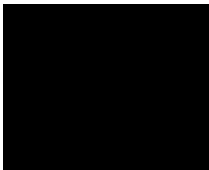
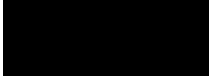
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Macomb	2020 Raymond	Prolific Enterprises Inc	H2A COVID	50-0029
Macomb	2020 Raymond	Prolific Enterprises Inc	License H2A COVID	50-0029
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Macomb	2020 Raymond		License H2A CAP	50-0023
Macomb	2020 Raymond		H2A COVID	50-0023
Macomb	2020 Raymond		H2A COVID	50-0023
Macomb	2020 Raymond	Ruggirellos Landscaping, LLC	H2A	50-0032
Macomb	2020 Raymond	Theut's Flower Barn	License H2A	50-0024
Macomb	2020 Raymond	Theut's Flower Barn	H2A COVID	50-0024
Macomb	2020 Raymond	Theut's Flower Barn	H2A COVID	50-0024
Macomb	2020 Raymond	Ultimate Nursery and Supply Co.	License H2A	50-0028
Macomb	2020 Raymond	Ultimate Nursery and Supply Co.	H2A COVID	50-0028
Macomb	2020 Raymond	Ultimate Nursery and Supply Co.	H2A COVID	50-0028
Macomb	2020 Raymond	Westview Orchards	License H2A	50-0013
Macomb	2020 Raymond	Westview Orchards	H2A COVID	50-0013

Macomb	2020 Raymond	Westview Orchards	H2A	50-0030
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Macomb	2020 Raymond	Westview Orchards	License H2A	50-0031
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Manistee	2020 Bardenhagen	Apple Valley Orchards	License COVID	51-0023
Manistee	2020 Bardenhagen	Dutchman Tree Farms LLC	COVID	51-0053
Manistee	2020 Bardenhagen		License	51-0114
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Manistee	2020 Bardenhagen		COVID	51-0143
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Manistee	2020 Bardenhagen		License H2A	51-0141
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Manistee	2020 Bardenhagen	West Wind Orchards LLC	COVID	51-0082

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Mason	2020 Bardenhagen	A & L Farms Inc	License	53-0029
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Mason	2020 Bardenhagen	Hackert Family Farms	COVID	53-0015
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Mason	2020 Bardenhagen	Hackert Family Farms	COVID	53-0017
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Mason	2020 Bardenhagen	Hackert Family Farms	License H2A	53-0091
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Mason	2020 Bardenhagen	Hackert Family Farms	License H2A	53-0094
Mason	2020 Bardenhagen	Hackert Family Farms	COVID	53-0094
Mason	2020 Bardenhagen	Hackert Family Farms	H2A COVID	53-0094
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Mason	2020 Wagstaff	Couturier Blueberry Farm Inc.	License COVID	53-0089
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Mason	2020 Wagstaff		License COVID	53-0018
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Mason	2020 Wagstaff		License	53-0044
Mason	2020 Wagstaff		COVID	53-0044

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Monroe	2020 Raymond	Iott Ranch & Orchard Inc.	License	58-0010
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Monroe	2020 Raymond	Janssen Brothers Farms Inc.	COVID	58-0005

Monroe	2020 Raymond	Janssen Brothers Farms Inc.		58-0005
Monroe	2020 Raymond	L & S Cooling	H2A	58-0096
Monroe	2020 Raymond	Lennard Ag	License H2A	58-0095
Monroe	2020 Raymond	Lennard Ag	H2A CAP	58-0095
Monroe	2020 Raymond	Lennard Ag	H2A COVID	58-0095
Monroe	2020 Raymond	Lennard Ag	License H2A	58-0095
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Monroe	2020 Raymond	Lievens Farms & Greenhouse	COVID	58-0032
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Monroe	2020 Raymond	Lievens Farms & Greenhouse	COVID	58-0057
Monroe	2020 Raymond		License H2A	58-0055
Monroe	2020 Raymond		H2A COVID	58-0055
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Montcalm	2020 Freeland	Crooks Farms Inc	License H2A COVID	59-0002

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Muskegon	2020 Freeland	Grow Blue Farms	COVID	61-0019
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Muskegon	2020 Freeland	Grow Blue Farms	COVID	61-0035
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Muskegon	2020 Freeland	Jawor Brothers Blueberries	License	61-0024

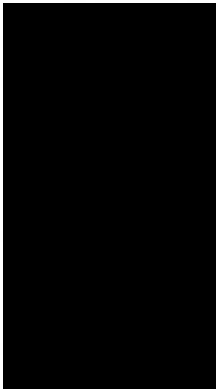
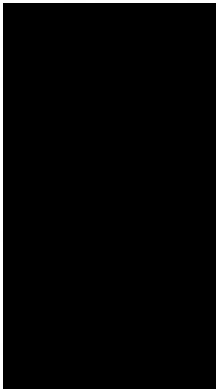
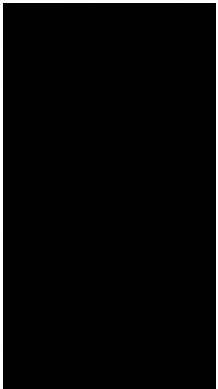
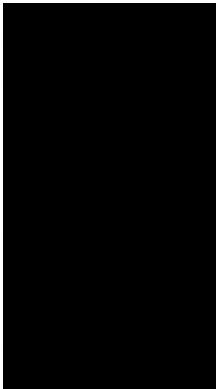
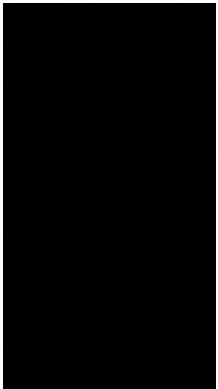
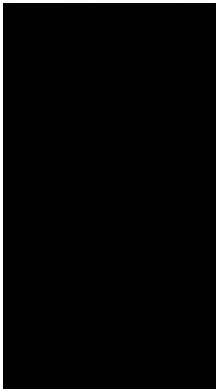
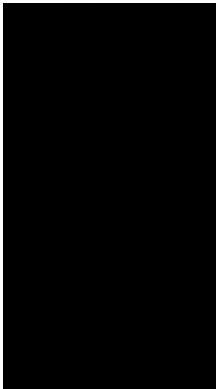
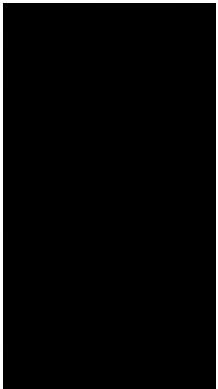
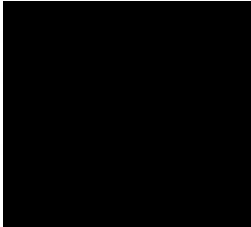
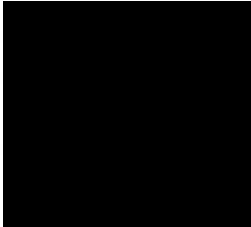
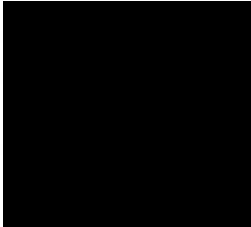
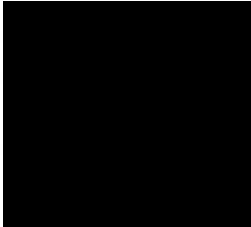
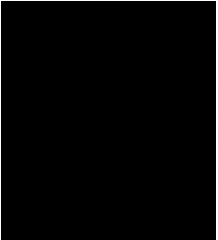
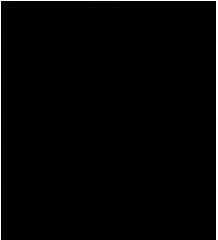
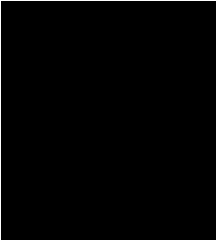
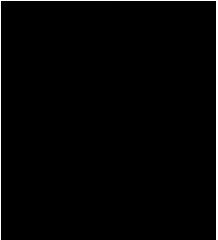
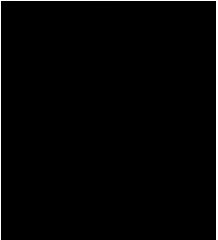
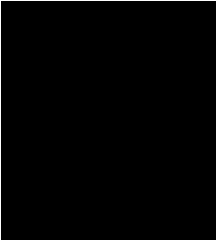
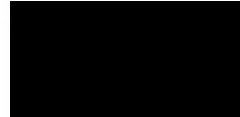
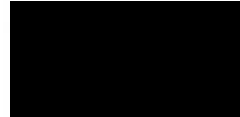
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Muskegon	2020 Freeland	Muskegon YMCA	License	61-0042



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Muskegon	2020 Freeland	Rasch Family Orchards LLC	COVID	61-0015
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Muskegon	2020 Freeland	Rasch Family Orchards LLC	COVID	61-0017
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Muskegon	2020 Freeland	Snappy Apple Farms	License H2A	61-0002
Muskegon	2020 Freeland	Snappy Apple Farms	License H2A	61-0008
Muskegon	2020 Freeland	Snappy Apple Farms	License H2A	61-0023
Muskegon	2020 Freeland	Snappy Apple Farms	COVID	61-0023
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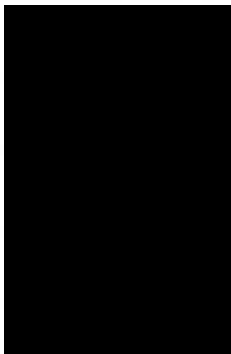
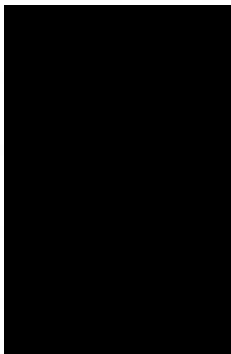
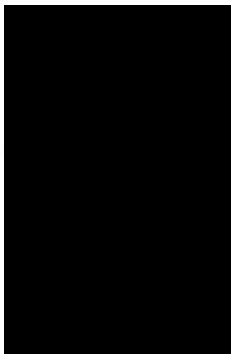
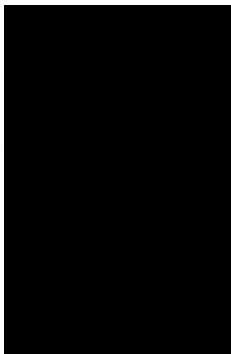
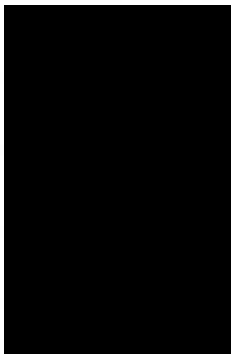
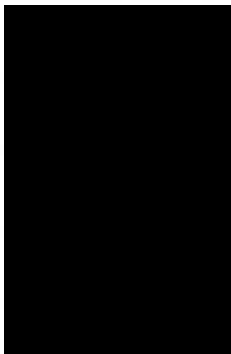
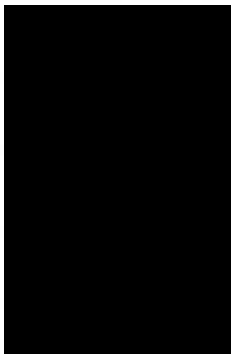
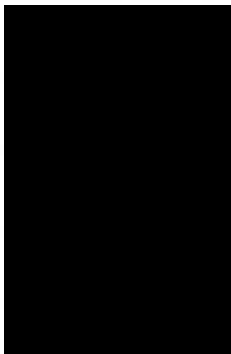
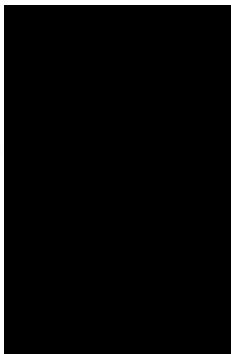
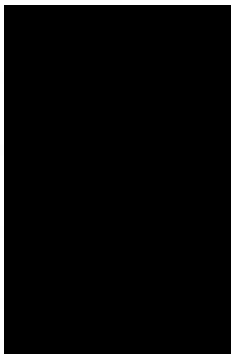
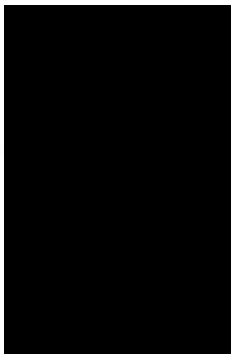
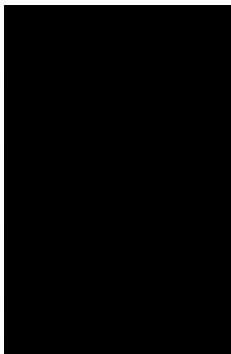
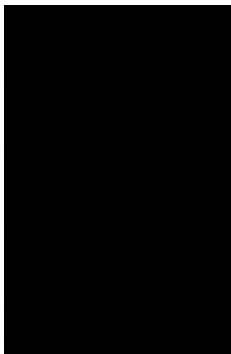
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Oakland	2020 Raymond		H2A COVID	63-0007
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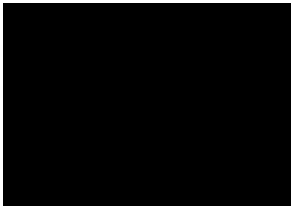
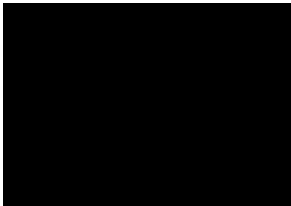
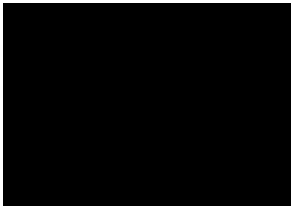
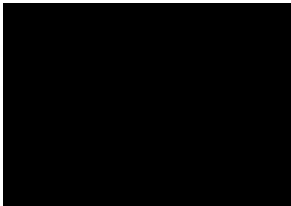
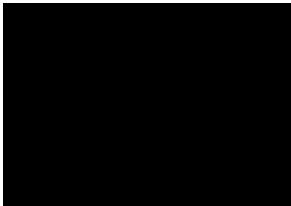
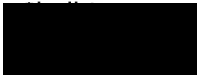
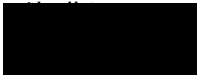
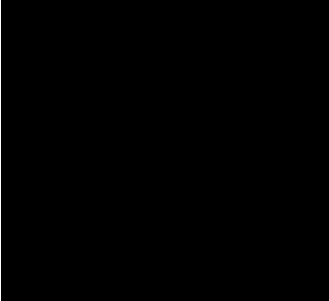
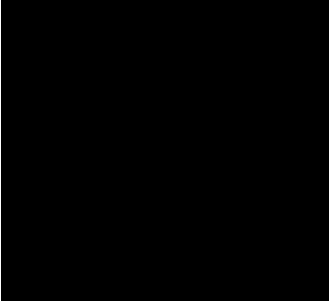
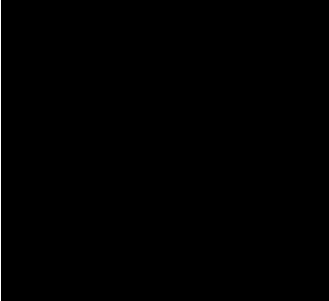
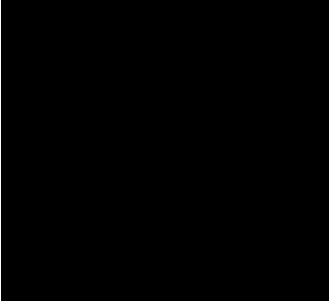
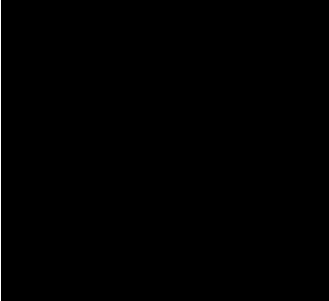
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Oceana	2020 Wagstaff	Rabe Orchards LLC	License	64-0313
Oceana	2020 Wagstaff	Riley Orchards	License H2A CAP	64-0100



Oceana	2020 Wagstaff	Riley Orchards	COVID	64-0100
Oceana	2020 Wagstaff	Riley Orchards	License H2A CAP OCC	64-0347
Oceana	2020 Wagstaff	Riley Orchards	COVID	64-0347
Oceana	2020 Wagstaff	Riley Orchards		64-0347
Oceana	2020 Wagstaff	Robert Bush Farms	License	64-0012
Oceana	2020 Wagstaff	Robert Bush Farms	License	64-0012
Oceana	2020 Wagstaff	Robert Bush Farms	COVID	64-0012
Oceana	2020 Wagstaff		CAP OCC	64-0193
Oceana	2020 Wagstaff		License CAP	64-0193
Oceana	2020 Wagstaff		License CAP	64-0193
Oceana	2020 Wagstaff		License CAP OCC	64-0193
Oceana	2020 Wagstaff		COVID	64-0193
Oceana	2020 Wagstaff	Sam Near Farm LLC	H2A	64-0215
Oceana	2020 Wagstaff	Sam Near Farm LLC	License H2A CAP OCC	64-0215
Oceana	2020 Wagstaff	Sam Near Farm LLC	COVID	64-0215
Oceana	2020 Wagstaff	Sam Near Farm LLC		64-0215
Oceana	2020 Wagstaff		License	64-0037
Oceana	2020 Wagstaff		COVID	64-0037
Oceana	2020 Wagstaff	Slocum Farms LLC	License	64-0028
Oceana	2020 Wagstaff	Slocum Farms LLC	License CAP	64-0028
Oceana	2020 Wagstaff	Slocum Farms LLC	License H2A	64-0042
Oceana	2020 Wagstaff	Slocum Farms LLC	License CAP	64-0042
Oceana	2020 Wagstaff	Tate Brothers Farms Inc.	License H2A CAP	64-0328
Oceana	2020 Wagstaff	Tate Brothers Farms Inc.	License H2A CAP	64-0328
Oceana	2020 Wagstaff	Tate Brothers Farms Inc.	COVID	64-0328
Oceana	2020 Wagstaff	Timothy Tubbs Farms LLC	License H2A CAP	64-0088
Oceana	2020 Wagstaff	Timothy Tubbs Farms LLC	COVID	64-0088
Oceana	2020 Wagstaff	Todd Greiner Farms	License H2A	64-0122
Oceana	2020 Wagstaff	Todd Greiner Farms	COVID	64-0122
Oceana	2020 Wagstaff	Todd Greiner Farms	License H2A	64-0155
Oceana	2020 Wagstaff	Todd Greiner Farms	COVID	64-0155
Oceana	2020 Wagstaff		License H2A CAP	64-0160
Oceana	2020 Wagstaff		COVID	64-0160
Oceana	2020 Wagstaff		License H2A CAP	64-0266
Oceana	2020 Wagstaff		License H2A	64-0266
Oceana	2020 Wagstaff		License CAP	64-0266
Oceana	2020 Wagstaff		COVID	64-0266

Oceana	2020 Wagstaff	Vinke Orchards Inc.	License H2A	64-0311
Oceana	2020 Wagstaff	Vinke Orchards Inc.	COVID	64-0311
Oceana	2020 Wagstaff		License H2A CAP	64-0217
Oceana	2020 Wagstaff		COVID	64-0217
Oceana	2020 Wagstaff	Wm. Burmeister Farms Inc.	License H2A CAP	64-0021
Oceana	2020 Wagstaff	Wm. Burmeister Farms Inc.	COVID	64-0021
Oceana	2020 Wagstaff		License H2A CAP	64-0010
Ottawa	2020 Bausick	A & L Farms Inc	License H2A	70-0164
Ottawa	2020 Bausick	A & L Farms Inc	CAP OCC COVID	70-0164
Ottawa	2020 Bausick	A & L Farms Inc	License H2A	70-0347
Ottawa	2020 Bausick	A & L Farms Inc	H2A CAP COVID	70-0347
Ottawa	2020 Bausick	Applequest Inc.	License H2A	70-0036
Ottawa	2020 Bausick	Applequest Inc.	CAP COVID	70-0036
Ottawa	2020 Bausick	Applequest Inc.	License H2A	70-0055
Ottawa	2020 Bausick	Applequest Inc.	CAP COVID	70-0055
Ottawa	2020 Bausick	Beuschel Fruit & Dairy Farms LLC	License COVID	70-0079
Ottawa	2020 Bausick	Bowerman Blueberries	License CAP COVID	70-0007
Ottawa	2020 Bausick	Bowerman Blueberries	License CAP COVID	70-0007
Ottawa	2020 Bausick	Bowerman Blueberries	License COVID	70-0350
Ottawa	2020 Bausick	Centennial Fruit Farm	License H2A	70-0004
Ottawa	2020 Bausick	Centennial Fruit Farm	H2A CAP OCC COVID	70-0004
Ottawa	2020 Bausick	Centennial Fruit Farm	License H2A	70-0129
Ottawa	2020 Bausick	Centennial Fruit Farm	H2A CAP OCC COVID	70-0129
Ottawa	2020 Bausick	Crossroads Blueberry Farm LLC	License	70-0155

Ottawa	2020 Bausick	Crossroads Blueberry Farm LLC	License CAP	70-0155
Ottawa	2020 Bausick	Crossroads Blueberry Farm LLC	License COVID	70-0155
Ottawa	2020 Bausick	Crossroads Blueberry Farm LLC	License H2A	70-0157
Ottawa	2020 Bausick	Crossroads Blueberry Farm LLC	H2A CAP OCC COVID	70-0157
Ottawa	2020 Bausick	Crossroads Blueberry Farm LLC	License	70-0351
Ottawa	2020 Bausick	Crossroads Blueberry Farm LLC	License H2A CAP OCC COVID	70-0351
Ottawa	2020 Bausick	Crossroads Blueberry Farm LLC	License H2A	70-0352
Ottawa	2020 Bausick	Crossroads Blueberry Farm LLC	H2A CAP OCC COVID	70-0352
Ottawa	2020 Bausick	Crossroads Blueberry Farm LLC	License H2A	70-0353
Ottawa	2020 Bausick	Crossroads Blueberry Farm LLC	H2A CAP OCC COVID	70-0353
ottawa	2020 Bausick	Crossroads Blueberry Farm LLC	License H2A COVID	70-0358
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Ottawa	2020 Bausick	Dekker Farms	License H2A	70-0345
Ottawa	2020 Bausick	Dekker Farms	CAP OCC COVID	70-0345
Ottawa	2020 Bausick	DK Orchards	License COVID	70-0002
Ottawa	2020 Bausick	EDS Packing LLC	License H2A	70-0348
Ottawa	2020 Bausick	EDS Packing LLC	H2A CAP	70-0348
Ottawa	2020 Bausick	EDS Packing LLC	H2A CAP COVID	70-0348
Ottawa	2020 Bausick	EDS Packing LLC	H2A CAP	70-0348
Ottawa	2020 Bausick	Gavin Orchards LLC	License H2A	70-0012
Ottawa	2020 Bausick	Gavin Orchards LLC	H2A CAP	70-0012
Ottawa	2020 Bausick	Gavin Orchards LLC	H2A COVID	70-0012
Ottawa	2020 Bausick	Gavin Orchards LLC	License	70-0130

Ottawa	2020 Bausick	Gavin Orchards LLC	CAP	70-0130
Ottawa	2020 Bausick	Gavin Orchards LLC	COVID	70-0130
Ottawa	2020 Bausick	Grow Blue Farms	License	70-0003
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Ottawa	2020 Bausick	Grow Blue Farms	License CAP COVID	70-0003
Ottawa	2020 Bausick	Grow Blue Farms	License	70-0026
Ottawa	2020 Bausick	Grow Blue Farms	CAP COVID	70-0026
Ottawa	2020 Bausick	Grow Blue Farms	License	70-0027
Ottawa	2020 Bausick	Grow Blue Farms	CAP	70-0027
Ottawa	2020 Bausick	Grow Blue Farms	CAP COVID	70-0027
Ottawa	2020 Bausick	Grow Blue Farms	License	70-0028
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Ottawa	2020 Bausick	Grow Blue Farms	License	70-0045
Ottawa	2020 Bausick	Grow Blue Farms	CAP COVID	70-0045
Ottawa	2020 Bausick	Grow Blue Farms	License	70-0046
Ottawa	2020 Bausick	Grow Blue Farms	CAP COVID	70-0046
Ottawa	2020 Bausick	Grow Blue Farms	License	70-0049
Ottawa	2020 Bausick	Grow Blue Farms	CAP	70-0049
Ottawa	2020 Bausick	Grow Blue Farms	CAP COVID	70-0049

Ottawa	2020 Bausick	Grow Blue Farms	License	70-0142
Ottawa	2020 Bausick	Grow Blue Farms	License CAP	70-0142
Ottawa	2020 Bausick	Grow Blue Farms	CAP COVID	70-0142
Ottawa	2020 Bausick	Grow Blue Farms	License	70-0145
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Ottawa	2020 Bausick	Grow Blue Farms	License	70-0146
Ottawa	2020 Bausick	Grow Blue Farms	CAP	70-0146
Ottawa	2020 Bausick	Grow Blue Farms	CAP COVID	70-0146
Ottawa	2020 Bausick	Joe Rasch Orchards Inc.	License H2A	70-0010
Ottawa	2020 Bausick	Joe Rasch Orchards Inc.	CAP COVID	70-0010
Ottawa	2020 Bausick	Lakeside Pic N Pac 2	License	70-0021
Ottawa	2020 Bausick	Lakeside Pic N Pac 2	CAP COVID	70-0021
Ottawa	2020 Bausick	Lakeside Pic N Pac 2	License	70-0033
Ottawa	2020 Bausick	Lakeside Pic N Pac 2	CAP COVID	70-0033
Ottawa	2020 Bausick	Lakeside Pic N Pac 2	License	70-0034
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Ottawa	2020 Bausick	Lakeside Pic N Pac 2	License	70-0092
Ottawa	2020 Bausick	Lakeside Pic N Pac 2	License CAP	70-0092
Ottawa	2020 Bausick	Lakeside Pic N Pac 2	CAP COVID	70-0092
Ottawa	2020 Bausick	Lakeside Pic N Pac 2	License	70-0143
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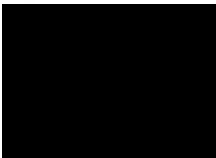
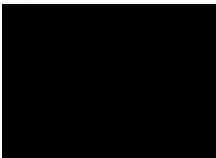
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Ottawa	2020 Bausick	Lakeside Pic N Pac 2	CAP COVID	70-0165
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Ottawa	2020 Bausick	Lubbers Bros. Farm	License	70-0355
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Ottawa	2020 Bausick	Michigan Evergreen Co.	License	70-0011
Ottawa	2020 Bausick	Michigan Evergreen Co.	COVID	70-0011
Ottawa	2020 Bausick	Nelson's Blueberry Farm	License CAP COVID	70-0037
Ottawa	2020 Bausick	Nelson's Blueberry Farm	License CAP COVID	70-0150
Ottawa	2020 Bausick	New Holland Blueberries Corp	License	70-0018
Ottawa	2020 Bausick	New Holland Blueberries Corp	COVID	70-0018
Ottawa	2020 Bausick	Ochoa's Blueberry Farms Inc.	CAP OCC COVID	70-0164
Ottawa	2020 Bausick	Ottawa Orchards, Inc	License COVID	70-0074
Ottawa	2020 Bausick	Ottawa Orchards, Inc	License COVID	70-0075
Ottawa	2020 Bausick	Reenders Blueberry Farm LLC	License	70-0019
Ottawa	2020 Bausick	Reenders Blueberry Farm LLC	CAP OCC COVID	70-0019
Ottawa	2020 Bausick	Reenders Blueberry Farm LLC	License	70-0066
Ottawa	2020 Bausick	Reenders Blueberry Farm LLC	CAP OCC COVID	70-0066
Ottawa	2020 Bausick	Reenders Blueberry Farm LLC	License	70-0147

Ottawa	2020 Bausick	Reenders Blueberry Farm LLC	CAP OCC COVID	70-0147
Ottawa	2020 Bausick	[REDACTED]	License H2A	70-0077
Ottawa	2020 Bausick	River Bend Farms Inc.	License	70-0136
Ottawa	2020 Bausick	River Bend Farms Inc.	COVID	70-0136
Ottawa	2020 Bausick	Schoenborn Orchards	License	70-0093
Ottawa	2020 Bausick	Schoenborn Orchards	License CAP	70-0093
Ottawa	2020 Bausick	Schoenborn Orchards	COVID	70-0093
Ottawa	2020 Bausick	Schoenborn Orchards		70-0093
Ottawa	2020 Bausick	Schwallier Orchards Inc.	License COVID	70-0074
Ottawa	2020 Bausick	Schwallier Orchards Inc.	CAP COVID	70-0074
Ottawa	2020 Bausick	Schwallier Orchards Inc.		70-0075
Ottawa	2020 Bausick	Schwallier Orchards Inc.	License COVID	70-0075
Ottawa	2020 Bausick	Schwallier Orchards Inc.	CAP COVID	70-0075
Ottawa	2020 Bausick	Spring Meadow Nursery	License H2A	70-0356
Ottawa	2020 Bausick	Spring Meadow Nursery	CAP OCC COVID	70-0356
Ottawa	2020 Bausick	Spring Meadow Nursery Inc.	License H2A	70-0014
Ottawa	2020 Bausick	Spring Meadow Nursery Inc.	H2A CAP OCC COVID	70-0014
Ottawa	2020 Bausick	Spring Meadow Nursery Inc.	License H2A	70-0016
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Ottawa	2020 Bausick	Spring Meadow Nursery Inc.	License H2A	70-0035
Ottawa	2020 Bausick	Spring Meadow Nursery Inc.	H2A CAP OCC COVID	70-0035
Ottawa	2020 Bausick	Spring Meadow Nursery Inc.	License	70-0083
Ottawa	2020 Bausick	Spring Meadow Nursery Inc.	CAP OCC COVID	70-0083

Ottawa	2020 Bausick	Spring Meadow Nursery Inc.	License H2A	70-0117
Ottawa	2020 Bausick	Spring Meadow Nursery Inc.	H2A CAP OCC COVID	70-0117
Ottawa	2020 Bausick	Spring Meadow Nursery Inc.	License H2A	70-0161
Ottawa	2020 Bausick	Spring Meadow Nursery Inc.	H2A CAP OCC COVID	70-0161
Ottawa	2020 Bausick	Spring Meadow Nursery Inc.	License H2A	70-0162
Ottawa	2020 Bausick	Spring Meadow Nursery Inc.	H2A CAP OCC COVID	70-0162
Ottawa	2020 Bausick	Spring Meadow Nursery Inc.	License H2A	70-0354
Ottawa	2020 Bausick	Spring Meadow Nursery Inc.	H2A CAP OCC COVID	70-0354
Ottawa	2020 Bausick	True Blue Farms LLC	License	70-0015
Ottawa	2020 Bausick	True Blue Farms LLC	License	70-0017
Ottawa	2020 Bausick	True Blue Farms LLC	License	70-0023
Ottawa	2020 Bausick	True Blue Farms LLC	License	70-0067
Ottawa	2020 Bausick	True Blue Farms LLC	License	70-0101
Ottawa	2020 Bausick		License H2A	70-0006
Ottawa	2020 Bausick		H2A CAP OCC COVID	70-0006
Ottawa	2020 Bausick	Ver Hage Farms	License	70-0154
Ottawa	2020 Bausick	Ver Hage Farms	H2A COVID	70-0154
Ottawa	2020 Bausick	Ver Hage Farms	License H2A	70-0158
Ottawa	2020 Bausick	Ver Hage Farms	H2A COVID	70-0158
Ottawa	2020 Bausick	Walker Farms	License CAP COVID	70-0015
Ottawa	2020 Bausick	Walker Farms	License CAP COVID	70-0017
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Ottawa	2020 Bausick	Walker Farms	License CAP COVID	70-0067

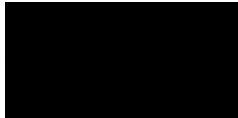
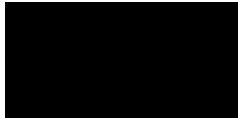


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Ottawa	2020 Freeland	Grow Blue Farms	License	70-0141
Ottawa	2020 Freeland	Grow Blue Farms	COVID	70-0141
Ottawa	2020 Freeland	Homestead Orchards LLC	License	70-0020
Ottawa	2020 Freeland	Homestead Orchards LLC	License	70-0020
Ottawa	2020 Freeland	Homestead Orchards LLC	License H2A	70-0346
Ottawa	2020 Freeland	LW Orchards		70-0357
Ottawa	2020 Freeland	LW Orchards	License H2A	70-0357
Ottawa	2020 Freeland	LW Orchards	COVID	70-0357
Ottawa	2020 Freeland	[REDACTED] Trimming and Hand Harvesting	License H2A	70-0013
Ottawa	2020 Freeland	[REDACTED] Trimming and Hand Harvesting	COVID	70-0013
Ottawa	2020 Freeland	Ridgeview Orchards	License	70-0124
Ottawa	2020 Freeland	Ridgeview Orchards	License H2A	70-0124
Ottawa	2020 Freeland	Ridgeview Orchards	H2A CAP	70-0124
Ottawa	2020 Freeland	Ridgeview Orchards	COVID	70-0124
Ottawa	2020 Freeland	Ridgeview Orchards	License H2A	70-0125
Ottawa	2020 Freeland	Ridgeview Orchards	COVID	70-0125

Ottawa	2020 Freeland	Ridgeview Orchards	License H2A	70-0163
Ottawa	2020 Freeland	Ridgeview Orchards	License H2A	70-0163
Ottawa	2020 Freeland	Ridgeview Orchards	H2A CAP	70-0163
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Ottawa	2020 Freeland	Riveridge Land Co.	License H2A	70-0140
Ottawa	2020 Freeland	Riveridge Land Co.	COVID	70-0140
Ottawa	2020 Wagstaff	Brookside Farms	License	70-0022
Ottawa	2020 Wagstaff	Brookside Farms	License CAP	70-0022
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Ottawa	2020 Wagstaff	Brookside Farms	COVID	70-0022
Ottawa	2020 Wagstaff		License CAP OCC	70-0005
Ottawa	2020 Wagstaff		COVID	70-0005
Saginaw	2020 Raymond	Walther Farms	License H2A	73-0001
Saginaw	2020 Raymond	Walther Farms	H2A COVID	73-0001
Saginaw	2020 Raymond	Walther Farms	H2A	73-0004
Saginaw	2020 Raymond	Walther Farms	COVID	73-0004
Sanilac	2020 Raymond	Beck Sod Farm Inc.	License	76-0002
Sanilac	2020 Raymond	Beck Sod Farm Inc.		76-0002
Sanilac	2020 Raymond	Huggett Sod Farm Inc.	License H2A	76-0003
Sanilac	2020 Raymond	Huggett Sod Farm Inc.	H2A COVID	76-0003
Sanilac	2020 Raymond	Huggett Sod Farm Inc.	H2A COVID	76-0003
Sanilac	2020 Raymond	McCoy Family Apiaries, LLC	License H2A	76-0016
Sanilac	2020 Raymond	McCoy Family Apiaries, LLC	H2A COVID	76-0016

Sanilac	2020 Raymond	McCoy Family Apiaries, LLC	H2A COVID	76-0016
Sanilac	2020 Raymond	McCoy Family Apiaries, LLC	H2A	76-0017
Sanilac	2020 Raymond	McCoy Family Apiaries, LLC	License H2A CAP	76-0017
Sanilac	2020 Raymond	McCoy Family Apiaries, LLC	H2A COVID	76-0017
Sanilac	2020 Raymond	McCoy Family Apiaries, LLC	H2A COVID	76-0017
St. Clair	2020 Raymond	Berville Farms LLC	H2A	74-0003
St. Clair	2020 Raymond	Berville Farms LLC	H2A COVID	74-0003
St. Clair	2020 Raymond	Berville Farms LLC	License H2A	74-0004
St. Clair	2020 Raymond	Berville Farms LLC	License H2A CAP	74-0004
St. Clair	2020 Raymond	Berville Farms LLC	H2A COVID	74-0004
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St. Clair	2020 Raymond	Berville Farms LLC	License H2A	74-0005
St. Clair	2020 Raymond	Berville Farms LLC	H2A COVID	74-0005
St. Clair	2020 Raymond	Berville Farms LLC	H2A COVID	74-0005
St. Clair	2020 Raymond	Berville Farms LLC	License H2A	74-0006
St. Clair	2020 Raymond	Berville Farms LLC	H2A COVID	74-0006
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St. Clair	2020 Raymond	Berville Farms LLC	License H2A	74-0008
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St. Clair	2020 Raymond	Berville Farms LLC	License H2A CAP	74-0013
St. Clair	2020 Raymond	Berville Farms LLC	H2A COVID	74-0013
St. Clair	2020 Raymond	Berville Farms LLC	H2A COVID	74-0013
St. Clair	2020 Raymond	Berville Farms LLC	License H2A	74-0014

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St. Clair	2020 Raymond		H2A	74-0018
St. Clair	2020 Raymond		H2A	74-0019
St. Clair	2020 Raymond		COVID	74-0007
St. Clair	2020 Raymond		COVID	74-0009
St. Clair	2020 Raymond		COVID	74-0010
St. Clair	2020 Raymond		License H2A	74-0015
St. Clair	2020 Raymond		H2A COVID	74-0015
St. Clair	2020 Raymond	Ruggirellos Landscaping, LLC	License H2A	74-0020
St. Clair	2020 Raymond	Ruggirellos Landscaping, LLC	H2A COVID	74-0020
St. Clair	2020 Raymond	Tim Campbell Farm LLC		74-0017
St. Clair	2020 Raymond	Valley Farms LLC	License H2A	74-0016
St. Clair	2020 Raymond	Valley Farms LLC	H2A COVID	74-0016
St. Joseph	2020 Kowalski	P Four Farms, LLC	License H2A CAP	75-0056
St. Joseph	2020 Kowalski	P Four Farms, LLC	License H2A	75-0056
St. Joseph	2020 Kowalski	P Four Farms, LLC	COVID	75-0056
St. Joseph	2020 Kowalski	P Four Farms, LLC	H2A COVID	75-0056
St. Joseph	2020 White	Alta Citrus LLC	License H2A	75-0033
St. Joseph	2020 White	Alta Citrus LLC	License	75-0033
St. Joseph	2020 White	Alta Citrus LLC	COVID	75-0033
St. Joseph	2020 White	Alta Citrus LLC	License H2A	75-0041
St. Joseph	2020 White	Alta Citrus LLC	COVID	75-0041
St. Joseph	2020 White	D Perez Harvesting LLC	License H2A	75-0022

St. Joseph	2020 White	D Perez Harvesting LLC	COVID	75-0022
St. Joseph	2020 White	D Perez Harvesting LLC	License H2A	75-0044
St. Joseph	2020 White	D Perez Harvesting LLC	COVID	75-0044
St. Joseph	2020 White	D Perez Harvesting LLC	License COVID	75-0057
St. Joseph	2020 White	D Perez Harvesting LLC	License COVID	75-0058
St. Joseph	2020 White	Del Norte Harvesting	License H2A	75-0049
St. Joseph	2020 White	Del Norte Harvesting	COVID	75-0049
St. Joseph	2020 White		License	75-0054
St. Joseph	2020 White		COVID	75-0054
St. Joseph	2020 White	Lennard Ag	License H2A	75-0032
St. Joseph	2020 White	Lennard Ag	COVID	75-0032
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St. Joseph	2020 White	Lennard Ag	COVID	75-0034
St. Joseph	2020 White	Lennard Ag	License H2A	75-0045
St. Joseph	2020 White	Lennard Ag	COVID	75-0045
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St. Joseph	2020 White	Lennard Ag	License H2A	75-0047
St. Joseph	2020 White	Lennard Ag	COVID	75-0047
St. Joseph	2020 White	Lennard Ag	License H2A	75-0051
St. Joseph	2020 White	Lennard Ag	COVID	75-0051
St. Joseph	2020 White	Lennard Ag	License H2A	75-0052
St. Joseph	2020 White	Lennard Ag	COVID	75-0052
St. Joseph	2020 White	Marquez Harvesting Inc.	COVID	75-0053

St. Joseph	2020 White	Marquez Harvesting Inc.	License H2A COVID	75-0053
St. Joseph	2020 White	Monrroy LLC	License H2A	75-0003
St. Joseph	2020 White	Monrroy LLC	COVID	75-0003
St. Joseph	2020 White	Monrroy LLC	License H2A	75-0009
St. Joseph	2020 White	Monrroy LLC	COVID	75-0009
St. Joseph	2020 White	Monrroy LLC	License H2A	75-0017
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St. Joseph	2020 White	Monrroy LLC	License H2A	75-0019
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St. Joseph	2020 White	Monrroy LLC	COVID	75-0055
St. Joseph	2020 White	Monrroy LLC	License H2A	75-0055
St. Joseph	2020 White	Pueschel-Deer Creek Farms Inc.	License H2A	75-0007
St. Joseph	2020 White	Pueschel-Deer Creek Farms Inc.	COVID	75-0007
St. Joseph	2020 White	St. Joe Apiaries	License H2A	75-0038
St. Joseph	2020 White	St. Joe Apiaries	COVID	75-0038
St. Joseph	2020 White	Walther Farms	License H2A	75-0028

St. Joseph	2020 White	Walther Farms	COVID	75-0028
St. Joseph	2020 White	Walther Farms	License H2A	75-0029
St. Joseph	2020 White	Walther Farms	COVID	75-0029
St. Joseph	2020 White	Walther Farms	License H2A	75-0040
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St. Joseph	2020 White	Walther Farms	License H2A	75-0050
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Tuscola	2020 Raymond	Bay Shore Farm, Inc.	H2A COVID	79-0073
Tuscola	2020 Raymond	Bay Shore Farm, Inc.	H2A CAP COVID	79-0073
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Tuscola	2020 Raymond	Clearwater Farms	CAP OCC COVID	79-0065
Tuscola	2020 Raymond	Clearwater Farms	License COVID	79-0072
Tuscola	2020 Raymond	Clearwater Farms	COVID	79-0072
Tuscola	2020 Raymond	Ewald Farms Inc.	License COVID	79-0062
Tuscola	2020 Raymond	Ewald Farms Inc.	COVID	79-0062
Tuscola	2020 Raymond	Reinbold Organic Farms LLC	License COVID	79-0067
Tuscola	2020 Raymond	Reinbold Organic Farms LLC	COVID	79-0067
Tuscola	2020 Raymond	Reinbold Organic Farms LLC	License COVID	79-0068
Tuscola	2020 Raymond	Reinbold Organic Farms LLC	COVID	79-0068
Tuscola	2020 Raymond	Reinbold Organic Farms LLC	License COVID	79-0069
Tuscola	2020 Raymond	Reinbold Organic Farms LLC	COVID	79-0069
Tuscola	2020 Raymond	Saginaw Valley Seed Corn Producers, LLC		79-0061
Tuscola	2020 Raymond	Walther Farms	H2A	79-0063
Tuscola	2020 Raymond	Walther Farms	COVID	79-0063
Tuscola	2020 Raymond	Walther Farms	H2A	79-0064
Tuscola	2020 Raymond	Walther Farms	License H2A CAP	79-0064

Tuscola	2020 Raymond	Walther Farms	H2A COVID	79-0064
Tuscola	2020 Raymond	Walther Farms	License H2A	79-0066
Tuscola	2020 Raymond	Walther Farms	H2A COVID	79-0066
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Tuscola	2020 Raymond	Walther Farms	H2A COVID	79-0071
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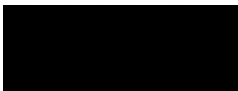
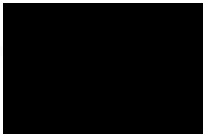
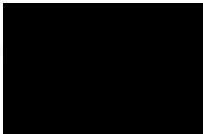



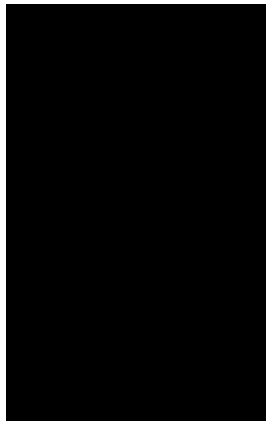
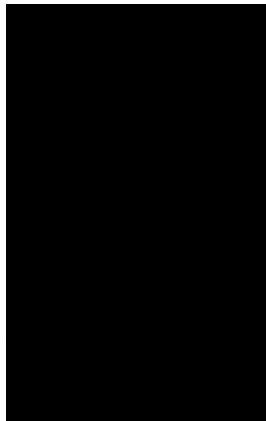
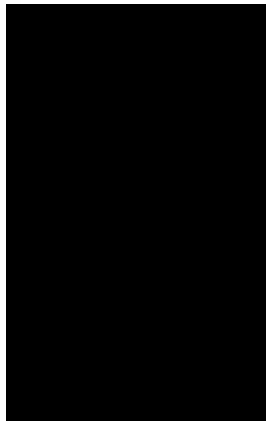
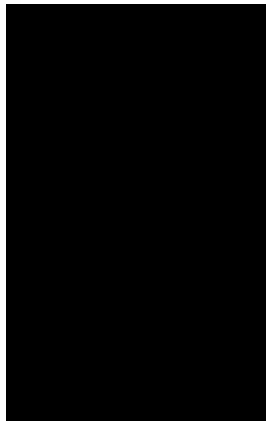
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Van Buren	2020 Kowalski		CAP	80-0309
Van Buren	2020 Kowalski		COVID	80-0309
Van Buren	2020 Kowalski		License	80-0345
Van Buren	2020 Kowalski		COVID	80-0345
Van Buren	2020 Kowalski		License	80-0346
Van Buren	2020 Kowalski		COVID	80-0346
Van Buren	2020 Kowalski		License	80-0351
Van Buren	2020 Kowalski		CAP	80-0351
Van Buren	2020 Kowalski		COVID	80-0351
Van Buren	2020 Kowalski		License	80-0327
Van Buren	2020 Kowalski		COVID	80-0327

Van Buren	2020 Kowalski	Sunshine Blueberry Farms	License CAP	80-0054
Van Buren	2020 Kowalski	Sunshine Blueberry Farms	COVID	80-0054
Van Buren	2020 Kowalski		License	80-0325
Van Buren	2020 Kowalski		CAP OCC COVID	80-0325
Van Buren	2020 Kowalski		License CAP	80-0063
Van Buren	2020 Kowalski		CAP OCC COVID	80-0063
Van Buren	2020 Kowalski		License CAP	80-0091
Van Buren	2020 Kowalski		CAP OCC COVID	80-0091
Van Buren	2020 Kowalski		License	80-0352
Van Buren	2020 Kowalski		COVID	80-0352
Van Buren	2020 Kowalski		COVID	80-0352
Van Buren	2020 Kowalski	Vineland Farm	License CAP COVID	80-0092
Van Buren	2020 Kowalski		License CAP	80-0110
Van Buren	2020 White	Cherry Ke Inc.	License H2A	80-0122
Van Buren	2020 White	Cherry Ke Inc.	COVID	80-0122
Van Buren	2020 White	Cherry Ke Inc.	License	80-0359
Van Buren	2020 White	Cherry Ke Inc.	COVID	80-0359
Van Buren	2020 White		License COVID	80-0104

Van Buren	2020 White		License CAP	80-0104
Van Buren	2020 White		License H2A	80-0168
Van Buren	2020 White		COVID	80-0168
Washtenaw	2020 Raymond		H2A	81-0009
Washtenaw	2020 Raymond			81-0009
Washtenaw	2020 Raymond		License H2A	81-0011
Washtenaw	2020 Raymond		H2A COVID	81-0011
Washtenaw	2020 Raymond		H2A COVID	81-0011
Washtenaw	2020 Raymond	Lucas Nursery & Landscaping Inc.	License H2A	81-0008
Washtenaw	2020 Raymond	Lucas Nursery & Landscaping Inc.	H2A COVID	81-0008
Washtenaw	2020 Raymond	Lucas Nursery & Landscaping Inc.	H2A COVID	81-0008
Washtenaw	2020 Raymond	Meadowbrook Acres Inc	License H2A	81-0010
Washtenaw	2020 Raymond	Meadowbrook Acres Inc	H2A COVID	81-0010
Wayne	2020 Raymond	Block's Stand and Greenhouse	License	82-0005
Wayne	2020 Raymond	Block's Stand and Greenhouse	COVID	82-0005
Wayne	2020 Raymond	Lucas Nursery & Landscaping Inc.	COVID	82-0004
Wayne	2020 Raymond	Lucas Nursery & Landscaping Inc.	License H2A	82-0006
Wayne	2020 Raymond	Lucas Nursery & Landscaping Inc.	H2A COVID	82-0006
Wayne	2020 Raymond	Lucas Nursery & Landscaping Inc.	H2A COVID	82-0006
Wexford	2020 Bardenhagen	Dutchman Tree Farms LLC	License H2A	83-0004

Wexford	2020 Bardenhagen	Dutchman Tree Farms LLC	H2A COVID	83-0004
Wexford	2020 Bardenhagen	Dutchman Tree Farms LLC	License H2A	83-0005
Wexford	2020 Bardenhagen	Dutchman Tree Farms LLC	COVID	83-0005

Camp_Name	Camp_Street	CampLocation	Well Type	H2O Approved
Barden Farms Camp #1	427 71st St	South Haven MI 49090	3	Yes
Barden Farms Camp #1	427 71st St	South Haven MI 49090	3	Yes
Barden Farms Camp #1	427 71st St	South Haven MI 49090	3	Yes
Obrien Camp	1693 68th St	Fennville MI 49408	3	Yes
Obrien Camp	1693 68th St	Fennville MI 49408	3	Yes
South Haven Camp	6856 103rd Ave	South Haven MI 49090	3	Yes
South Haven Camp	6856 103rd Ave	South Haven MI 49090	3	Yes
126th Street Camp	2596 62nd Street	Fennville MI 49408	3	Yes
126th Street Camp	2596 62nd Street	Fennville MI 49408	3	Yes
Cattle Farm Camp	114 56th St	Grand Junction MI 49056	3P	Yes
Cattle Farm Camp	114 56th St	Grand Junction MI 49056	3P	Yes
Alfieri	164 58th St	Grand Junction MI 49056	3P	Yes
Alfieri	164 58th St	Grand Junction MI 49056	3P	Yes
Haynes	5749 Baseline Rd	Grand Junction MI 49056	3P	Yes
Haynes	5749 Baseline Rd	Grand Junction MI 49056	3P	Yes
Haynes	5749 Baseline Rd	Grand Junction MI 49056	3P	Yes
Simpson	117 55th St	Grand Junction MI 49056	3P	Yes
Horseshoe East	4830 104th Ave	Grand Junction MI 49056	3	Yes
Horseshoe East	4830 104th Ave	Grand Junction MI 49056	3	Yes
Baylor	72 54th St	Grand Junction MI 49056	3P	Yes
Baylor	72 54th St	Grand Junction MI 49056	3P	Yes
Oak Haven	578 50th Street	Grand Junction MI 49056	3P	Yes



Oak Haven	578 50th Street	Grand Junction MI 49056	3P	Yes
Oak Haven	578 50th Street	Grand Junction MI 49056	3P	Yes
Shannon Camp	675 50th St	Grand Junction MI 49056	3P	Yes
Shannon Camp	675 50th St	Grand Junction MI 49056	3P	Yes
Shannon Camp	675 50th St	Grand Junction MI 49056	3P	Yes
Blueberry Valley	4920 109th Ave	Pullman MI 49450	3	Yes
Blueberry Valley	4920 109th Ave	Pullman MI 49450	3	Yes
Blueberry Valley	4920 109th Ave	Pullman MI 49450	3	Yes
109th Camp	4815 109th Avenue	Pullman MI 49450	3	Yes
109th Camp	4815 109th Avenue	Pullman MI 49450	3	Yes
109th Camp	4815 109th Avenue	Pullman MI 49450	3	Yes
Horseshoe West	4854 104th Ave	Grand Junction MI 49056	3	No
Eding Camp	4552 134th Ave	Hamilton MI 49419	3	Yes
Eding Camp	4552 134th Ave	Hamilton MI 49419	3	Yes
Eding Camp	4552 134th Ave	Hamilton MI 49419	3	Yes
Eding Camp	4552 134th Ave	Hamilton MI 49419	3	Yes
Harris #4	65 46th Street	Grand Junction MI 49056	3	Yes
Harris #4	65 46th Street	Grand Junction MI 49056	3	Yes
Harris #5	5783 107th Avenue	Pullman MI 49430	3	Yes

Harris #5	5783 107th Avenue	Pullman MI 49430	3	Yes
Harris #6	5771 107th Avenue	Pullman MI 49450	3	Yes
Harris #6	5771 107th Avenue	Pullman MI 49450	3	Yes
Harris #7	745 58th Street	Pullman MI 49450	3	Yes
Harris #7	745 58th Street	Pullman MI 49450	3	Yes
Harris #9	703 50th St	Pullman MI	3	Yes
Harris #9	703 50th St	Pullman MI	3	Yes
Harris #8	5110 109th St	Pullman MI 49450	3	Yes
Harris #8	5110 109th St	Pullman MI 49450	3	Yes
Harris #11	4816 109th St	Pullman MI 49450	3	Yes
Harris #11	4816 109th St	Pullman MI 49450	3	Yes
Harris Camp 12	719 50th St	Grand Junction MI 49056	3	Yes
Harris Camp 12	719 50th St	Grand Junction MI 49056	3	Yes
Home	6685 111th Ave	South Haven MI 49090	3	No
Home	6685 111th Ave	South Haven MI 49090	3	No
Home	6685 111th Ave	South Haven MI 49090	3	No
66th Street Camp	962 66th St	South Haven MI 49090	2	Yes
66th Street Camp	962 66th St	South Haven MI 49090	2	Yes
66th Street Camp	962 66th St	South Haven MI 49090	2	Yes
Camp #2	6678 111th Ave	South Haven MI 49090	2	Yes
Camp #2	6678 111th Ave	South Haven MI 49090	2	Yes
Camp #2	6678 111th Ave	South Haven MI 49090	2	Yes
Bodfish Camp	810 66th St	South Haven MI 49090	3	No

Bodfish Camp	810 66th St	South Haven MI 49090	3	No
107th Ave Trailer	6363 107th Ave	South Haven MI 49090	3	No
107th Ave Trailer	6363 107th Ave	South Haven MI 49090	3	No
Overhiser Camp	6370 107th Ave	South Haven MI 49090	3	No
Overhiser Camp	6370 107th Ave	South Haven MI 49090	3	No
Glenn Farm #2	6771 114th Ave	Fennville MI 49408	3	Yes
Glenn Farm #2	6771 114th Ave	Fennville MI 49408	3	Yes
Glenn Farm #2	6771 114th Ave	Fennville MI 49408	3	Yes
Glenn Farm	1517 66th St	Fennville MI 49408	3	Yes
Glenn Farm	1517 66th St	Fennville MI 49408	3	Yes
Glenn Farm	1517 66th St	Fennville MI 49408	3	Yes
New Day #1	6859 103rd Ave	South Haven MI 49090	3	Yes
New Day #1	6859 103rd Ave	South Haven MI 49090	3	Yes
New Day #2	6894 103rd Ave	South Haven MI 49090	3	Yes
New Day #2	6894 103rd Ave	South Haven MI 49090	3	Yes
Camp House 4	6855 103rd Avenue	South Haven MI 49090	3	Yes
Camp House 4	6855 103rd Avenue	South Haven MI 49090	3	Yes
Sandy View Farms	3702 34th	Hamilton MI 49419	3	Yes
Sandy View Farms	3702 34th	Hamilton MI 49419	3	Yes
Camp 2	3720 34th St	Hamilton MI 49419	3	Yes
Camp 2	3720 34th St	Hamilton MI 49419	3	Yes
Brush Camp	6618 108th Ave	South Haven MI 49090	2	Yes
Brush Camp	6618 108th Ave	South Haven MI 49090	2	Yes

Dailey Plantations Camp #1	6045 102nd Ave	South Haven MI 49090	3	Yes
Dailey Plantations Camp #1	6045 102nd Ave	South Haven MI 49090	3	Yes
Bocock Camp	247 60th Street	Grand Junction MI 49056	3	Yes
Bocock Camp	247 60th Street	Grand Junction MI 49056	3	Yes
Armintrout Camp	1166 28th St	Allegan MI 49010	3	Yes
Armintrout Camp	1166 28th St	Allegan MI 49010	3	Yes
Lacota Camp	659 60th St	South Haven MI 49090	3	Yes
Lacota Camp	659 60th St	South Haven MI 49090	3	Yes
Lacota Camp	659 60th St	South Haven MI 49090	3	Yes
Lacota Camp	659 60th St	South Haven MI 49090	3	Yes
Plant Camp	6557 106th Ave	South Haven MI 49090	3	Yes
Plant Camp	6557 106th Ave	South Haven MI 49090	3	Yes
Plant Camp	6557 106th Ave	South Haven MI 49090	3	Yes
#2 Camp	498 62nd Street	South Haven MI 49450	3	Yes
#2 Camp	498 62nd Street	South Haven MI 49450	3	Yes
#3 Camp	5975 Kimberly Lane	Pullman MI 49450	3	Yes
#3 Camp	5975 Kimberly Lane	Pullman MI 49450	3	Yes
#3 Camp	5975 Kimberly Lane	Pullman MI 49450	3	Yes
#1 Camp	775 60th St	Pullman MI 49450	3	Yes
#1 Camp	775 60th St	Pullman MI 49450	3	Yes
Baseline House Camp	20 - 45th Street	Bloomingtondale MI 49026	3	Yes
Baseline House Camp	20 - 45th Street	Bloomingtondale MI 49026	3	Yes

Cairn House	6626 Cairn Hwy	Kewadin MI 49648	3	Yes
Cairn House	6626 Cairn Hwy	Kewadin MI 49648	3	Yes
Cairn House	6626 Cairn Hwy	Kewadin MI 49648	3	Yes
JV	6630 Cairn Hwy	Kewadin MI 49648	3	Yes
JV	6630 Cairn Hwy	Kewadin MI 49648	3	Yes
JV	6630 Cairn Hwy	Kewadin MI 49648	3	Yes
JV	6630 Cairn Hwy	Kewadin MI 49648	3	Yes
JV	6630 Cairn Hwy	Kewadin MI 49648	3	Yes
JV	6630 Cairn Hwy	Kewadin MI 49648	3	Yes
Bee House	12426 Ringler Rd	Rapid City MI 49676	3	Yes
Bee House	12426 Ringler Rd	Rapid City MI 49676	3	Yes
Friske Orchards	11001 Doctor	Charlevoix MI 49720	3P	Yes
Friske Orchards	11001 Doctor	Charlevoix MI 49720	3P	Yes
PineApple	13098 PineApple Ridge Rd	Kewadin MI 49648	3	Yes
PineApple	13098 PineApple Ridge Rd	Kewadin MI 49648	3	Yes
Cairn House	6626 Cairn Hwy	Kewadin MI 49648	3	No
No 1	11122 US 31 S	Williamsburg MI 49690	3	Yes
No 1	11122 US 31 S	Williamsburg MI 49690	3	Yes
No 1	11122 US 31 S	Williamsburg MI 49690	3	Yes
King Camp	484 South US-31	Kewadin MI 49648	3	Yes
King Camp	484 South US-31	Kewadin MI 49648	3	Yes
King Camp	484 South US-31	Kewadin MI 49648	3	Yes
King Camp	484 South US-31	Kewadin MI 49648	3	Yes

Kitchen Farms No. 2	3248 East Street	Elmira MI 49730	3P	Yes
Kitchen Farms No. 2	3248 East Street	Elmira MI 49730	3P	Yes
Kitchen Farms No. 2	3248 East Street	Elmira MI 49730	3P	Yes
Morrison Farms	11575 Elk Lake Rd	Williamsburg MI 49690	3	Yes
Morrison Farms	11575 Elk Lake Rd	Williamsburg MI 49690	3	Yes
Paradis	5388 Powell	Kewadin MI 49648	3	No
Paradis	5388 Powell	Kewadin MI 49648	3	No
Nik-Co 1 Camp	5705 Cairn Hwy	Kewadin MI 49648	3	Yes
Hollenbeck Camp	6247 Birch Lake Rd	Kewadin MI 49648	3	Yes
Hollenbeck Camp	6247 Birch Lake Rd	Kewadin MI 49648	3	Yes
Hollenbeck Camp	6247 Birch Lake Rd	Kewadin MI 49648	3	Yes
RFI Camp	11673 Byers Rd	Ellsworth MI 49729	3	Yes
RFI Camp	11673 Byers Rd	Ellsworth MI 49729	3	Yes
RFI Camp	11673 Byers Rd	Ellsworth MI 49729	3	Yes
RFI Camp	11673 Byers Rd	Ellsworth MI 49729	3	Yes
White Camp	10877 US-31	Williamsburg MI 49690	3	Yes
White Camp	10877 US-31	Williamsburg MI 49690	3	Yes
Elmira Camp	5079 Pineridge Ct	Elmira MI 49730	3	Yes
Elmira Camp	5079 Pineridge Ct	Elmira MI 49730	3	Yes
Elmira Camp	5079 Pineridge Ct	Elmira MI 49730	3	Yes
Elmira Camp	5079 Pineridge Ct	Elmira MI 49730	3	Yes
Elmira Camp	5079 Pineridge Ct	Elmira MI 49730	3	Yes
Kitchen Road	739 E Kitchen	Pinconning MI 48650	2	Yes

Kitchen Road	739 E Kitchen	Pinconning MI 48650	2	Yes
Kitchen Road	739 E Kitchen	Pinconning MI 48650	2	Yes
Village	1220 Fraser Rd	Pinconning MI 48650	1	Yes
Village	1220 Fraser Rd	Pinconning MI 48650	1	Yes
Village	1220 Fraser Rd	Pinconning MI 48650	1	Yes
Swamp Road	6182 Swamp	Frankfort MI 49635	3	Yes
Swamp Road	6182 Swamp	Frankfort MI 49635	3	Yes
Gray's Camp	3472 Paul Rose Rd	Frankfort MI 49635	3	Yes
Gray's Camp	3472 Paul Rose Rd	Frankfort MI 49635	3	Yes
Gray's Camp	3472 Paul Rose Rd	Frankfort MI 49635	3	Yes
R. Mick Camp	6159 Mick	Benzonia MI 49616	3	Yes
R. Mick Camp	6159 Mick	Benzonia MI 49616	3	Yes
Camp #1	566 Eldridge Rd	Benzonia MI 49616	3	Yes
Camp #1	566 Eldridge Rd	Benzonia MI 49616	3	Yes
Camp #1	566 Eldridge Rd	Benzonia MI 49616	3	Yes
Johnson Road	3573 Johnson Rd	Frankfort MI 49635	3	Yes
Elberta Camp	1561 S Scenic Hwy	Elberta MI 49628	1	Yes
Elberta Camp	1561 S Scenic Hwy	Elberta MI 49628	1	Yes
Elberta Camp	1561 S Scenic Hwy	Elberta MI 49628	1	Yes
Swamp Road Camp	6415 Swamp	Benzonia MI 49616	3	Yes
Swamp Road Camp	6415 Swamp	Benzonia MI 49616	3	Yes
Norconk Camp	10004 Aral	Honor MI 49640	3	Yes
Putney Beef & Fruit Camp	4990 Joyfield Road	Arcadia MI 49613	3	Yes

Putney Beef & Fruit Camp	4990 Joyfield Road	Arcadia MI 49613	3	Yes
Putney Beef & Fruit Camp	4990 Joyfield Road	Arcadia MI 49613	3	Yes
Putney Beef & Fruit Camp	4990 Joyfield Road	Arcadia MI 49613	3	Yes
Putney Beef & Fruit Camp	4990 Joyfield Road	Arcadia MI 49613	3	Yes
Napier Camp	9617 East Napier	Decatur MI 49045	3	Yes
Napier Camp	9617 East Napier	Decatur MI 49045	3	Yes
Napier Camp	9617 East Napier	Decatur MI 49045	3	Yes
AB Costanza	4485 River Rd	Sodus MI 49126	2	Yes
AB Costanza	4485 River Rd	Sodus MI 49126	2	Yes
AB Costanza Apartments	4777 Hillandale	Sodus MI 49126	2	Yes
AB Costanza Apartments	4777 Hillandale	Sodus MI 49126	2	Yes
Andres Carmody Camp	7153 Carmody Rd	Sodus MI 49126	3	Yes
Andres Carmody Camp	7153 Carmody Rd	Sodus MI 49126	3	Yes
Andres Biastock Camp	728 Biastok	Benton Harbor MI 49022	3	Yes
Andres Biastock Camp	728 Biastok	Benton Harbor MI 49022	3	Yes
D & D Blueberries	6732 Paw Paw Lake Rd	Coloma MI 49038	3P	Yes
D & D Blueberries	6732 Paw Paw Lake Rd	Coloma MI 49038	3P	Yes
Bixby Farms	5745 Pokagon	Berrien Springs MI 49103	3	Yes
Bixby Farms	5745 Pokagon	Berrien Springs MI 49103	3	Yes
Hauch Farm Camp	5355 Westside Drive	Sodus MI 49126	3	Yes
Hauch Farm Camp	5355 Westside Drive	Sodus MI 49126	3	Yes
Russell Costanza Farms	4964 Westside Drive	Sodus MI 49126	2	Yes



Russell Costanza Farms	4964 Westside Drive	Sodus MI 49126	2	Yes
North Camp	3065 Dutch Lane	Sodus MI 49126	3	Yes
North Camp	3065 Dutch Lane	Sodus MI 49126	3	Yes
Czuba Farms	2350 Bainbridge Center Rd	Coloma MI 49038	3	Yes
Czuba Farms	2350 Bainbridge Center Rd	Coloma MI 49038	3	Yes
Disterheft Farms	8204 Laberdy Rd	Eau Claire MI 49111	3	Yes
Disterheft Farms	8204 Laberdy Rd	Eau Claire MI 49111	3	Yes
Dominion Bros., Inc.	6585 Meadowbrook	Benton Harbor MI 49022	3	Yes
Dominion Bros., Inc.	6585 Meadowbrook	Benton Harbor MI 49022	3	Yes
Eisen Farms, LLC	9082 48th Ave	Watervliet MI 49098	3	Yes
Eisen Farms, LLC	9082 48th Ave	Watervliet MI 49098	3	Yes
Park Road	380 S Park Road	Benton Harbor MI 49022	3	Yes
Park Road	380 S Park Road	Benton Harbor MI 49022	3	Yes
Molter Farm	2137 Bainbridge Center Rd	Coloma MI 49038	3	Yes
Molter Farm	2137 Bainbridge Center Rd	Coloma MI 49038	3	Yes
Flying Diamond Ranch	2814 Red Arrow Hwy	Benton Harbor MI 49022	3	Yes
Flying Diamond Ranch	2814 Red Arrow Hwy	Benton Harbor MI 49022	3	Yes
Flying Diamond Ranch	2814 Red Arrow Hwy	Benton Harbor MI 49022	3	Yes
Frillman Farms #1	1845 Rockey Weed Rd	Berrien Springs MI 49103	3	No
No. 2	8791 S Lake Rd	Berrien Center MI 49102	3	Yes
No. 2	8791 S Lake Rd	Berrien Center MI 49102	3	Yes
Grajauskis 2	4215 River Road	Sodus MI 49126	3	Yes
Grajauskis 2	4215 River Road	Sodus MI 49126	3	Yes

Grajauskis 3	2951 Naomi Rd	Sodus MI 49126	3	Yes
Grajauskis 3	2951 Naomi Rd	Sodus MI 49126	3	Yes
Grajauskis 1	3011 Naomi Rd	Sodus MI 49126	3	Yes
Grajauskis 1	3011 Naomi Rd	Sodus MI 49126	3	Yes
Harner Camp	5015 Clawson	Eau Claire MI 49111	3	Yes
Harner Camp	5015 Clawson	Eau Claire MI 49111	3	Yes
Harner Camp #2	3329 Harner Road	Eau Claire MI 49111	3	Yes
Harner Camp #2	3329 Harner Road	Eau Claire MI 49111	3	Yes
Hartline's Camp	2884 Linco Rd	Stevensville MI 49127	1	Yes
Michael Klug Camp	5795 Scottdale Rd	St. Joseph MI 49085	1	Yes
Michael Klug Camp	5795 Scottdale Rd	St. Joseph MI 49085	1	Yes
Weber Farm	6739 N Branch Rd	Benton Harbor MI 49022	3	No
Home Camp	6629 N Branch Rd	Benton Harbor MI 49022	3	Yes
Home Camp	6629 N Branch Rd	Benton Harbor MI 49022	3	Yes
E. Hildebrand Camp	10267 Garr Rd	Berrien Springs MI 49103	3	Yes
E. Hildebrand Camp	10267 Garr Rd	Berrien Springs MI 49103	3	Yes
Holle Camp	6792 Evans Rd	Eau Claire MI 49111	2	Yes
Holle Camp	6792 Evans Rd	Eau Claire MI 49111	2	Yes
Calderwood	2993 E Lemon Creek Rd	Berrien Springs MI 49103	3	Yes
Calderwood	2993 E Lemon Creek Rd	Berrien Springs MI 49103	3	Yes
Motel Camp	7764 Lake Rd	Berrien Center MI 49102	3P	Yes

Motel Camp	7764 Lake Rd	Berrien Center MI 49102	3P	Yes
K & K North Camp	4050 Kerlikowske	Coloma MI 49038	3	Yes
K & K North Camp	4050 Kerlikowske	Coloma MI 49038	3	Yes
K & K Farms South Camp	4050 Kerlikowske Rd	Coloma MI 49038	3	Yes
K & K Farms South Camp	4050 Kerlikowske Rd	Coloma MI 49038	3	Yes
Klug Orachrds Camp	8533 Pokagon Rd	Berrien Center MI 49102	3	Yes
Klug Orachrds Camp	8533 Pokagon Rd	Berrien Center MI 49102	3	Yes
Klug Orachrds Camp	8533 Pokagon Rd	Berrien Center MI 49102	3	Yes
Kretchman Camp	594 E John Beers Rd	St. Joseph MI 49085	3	Yes
Kretchman Camp	594 E John Beers Rd	St. Joseph MI 49085	3	Yes
Leitz Farms Camp	5109 River Rd	Sodus MI 49126	2	Yes
Leitz Farms Camp	5109 River Rd	Sodus MI 49126	2	Yes
R. Marschke Camp	5099 Long Lake	Berrien Springs MI 49103	2	Yes
R. Marschke Camp	5099 Long Lake	Berrien Springs MI 49103	2	Yes
Weber Camp	6439 North Branch	Benton Harbor MI 49022	2	Yes
Weber Camp	6439 North Branch	Benton Harbor MI 49022	2	Yes
Weber Camp	6439 North Branch	Benton Harbor MI 49022	2	Yes
N Branch Camp	8675 N Branch	Watervliet MI 49098	2	Yes
N Branch Camp	8675 N Branch	Watervliet MI 49098	2	Yes
N Branch Camp	8675 N Branch	Watervliet MI 49098	2	Yes
Home Camp	6895 Territorial	Benton Harbor MI 49022	3	Yes
Home Camp	6895 Territorial	Benton Harbor MI 49022	3	Yes

Morlock M-140 Camp	890 N M-140	Watervliet MI 49098	3P	Yes
Morlock M-140 Camp	890 N M-140	Watervliet MI 49098	3P	Yes
Morlock Camp	9000 Hagar Shore Rd	Watervliet MI 49098	3	Yes
Morlock Camp	9000 Hagar Shore Rd	Watervliet MI 49098	3	Yes
SW Michigan Research and Ext. Center	1957 Hillandale	Benton Harbor MI 49022	3	Yes
SW Michigan Research and Ext. Center	1957 Hillandale	Benton Harbor MI 49022	3	Yes
Red Roof Inn	1630 Mall Dr	Benton Harbor MI 49111	1	Yes
Red Roof Inn	1630 Mall Dr	Benton Harbor MI 49111	1	Yes
Red Roof Inn	1630 Mall Dr	Benton Harbor MI 49111	1	Yes
Piedt #2	7236 Bailey Rd	Eau Claire MI 49111	3	Yes
Piedt #2	7236 Bailey Rd	Eau Claire MI 49111	3	Yes
Piedt #2	7236 Bailey Rd	Eau Claire MI 49111	3	Yes
Piedt #1	7373 E Main	Eau Claire MI 49111	3	Yes
Piedt #1	7373 E Main	Eau Claire MI 49111	3	Yes
Trailer Camp	1710 Hillandale	Benton Harbor MI 49022	2	Yes
Trailer Camp	1710 Hillandale	Benton Harbor MI 49022	2	Yes
Trailer Camp	1710 Hillandale	Benton Harbor MI 49022	2	Yes
Home Camp	3825 Napier Ave	Benton Harbor MI 49022	3	Yes
Home Camp	3825 Napier Ave	Benton Harbor MI 49022	3	Yes
Home Camp	3825 Napier Ave	Benton Harbor MI 49022	3	Yes
Home Camp	3825 Napier Ave	Benton Harbor MI 49022	3	Yes
Stoeri Camp	1173 Hillandale	Benton Harbor MI 49022	2	Yes
Stoeri Camp	1173 Hillandale	Benton Harbor MI 49022	2	Yes

Stoeri Camp	1173 Hillandale	Benton Harbor MI 49022	2	Yes
Stoeri Camp	1173 Hillandale	Benton Harbor MI 49022	2	Yes
F. Prillwitz Camp	7196 E Main St	Eau Claire MI 49111	3	Yes
F. Prillwitz Camp	7196 E Main St	Eau Claire MI 49111	3	Yes
G. Prillwitz Camp	6340 Hipps Hollow	Eau Claire MI 49111	3	Yes
G. Prillwitz Camp	6340 Hipps Hollow	Eau Claire MI 49111	3	Yes
City Camp	6449 Hipps Hollow	Eau Claire MI 49111	1	Yes
City Camp	6449 Hipps Hollow	Eau Claire MI 49111	1	Yes
City Camp	6449 Hipps Hollow	Eau Claire MI 49111	1	Yes
Camp #2	8110 Eau Claire Rd	Eau Claire MI 49111	3	Yes
Camp #2	8110 Eau Claire Rd	Eau Claire MI 49111	3	Yes
Happy Hollow	9872 Lauer Rd	Baroda MI 49101	3	No
Disneyland Camp	789 E Shawnee Rd	Baroda MI 49101	3	Yes
Disneyland Camp	789 E Shawnee Rd	Baroda MI 49101	3	Yes
Corner House	841 E Shawnee Road	Baroda MI 49101	3	No
Camp #4	6556 Clawson	Eau Claire MI 49111	3	Yes
Camp #4	6556 Clawson	Eau Claire MI 49111	3	Yes
Camp #3	7762 W Eureka	Eau Claire MI 49111	3	Yes
Camp #3	7762 W Eureka	Eau Claire MI 49111	3	Yes
Camp #2	6686 Preston Rd	Eau Claire MI 49111	3	Yes
Camp #2	6686 Preston Rd	Eau Claire MI 49111	3	Yes
Black Lake Road	9224 Black Lake Rd	Eau Claire MI 49111	3	Yes
Black Lake Road	9224 Black Lake Rd	Eau Claire MI 49111	3	Yes

Camp #1	8797 Eureka Rd	Eau Claire MI 49111	3	Yes
Camp #1	8797 Eureka Rd	Eau Claire MI 49111	3	Yes
Liberty School Camp	7551 Smith	Berrien Center MI 49102	3	Yes
Liberty School Camp	7551 Smith	Berrien Center MI 49102	3	Yes
Camp #2	1965 E Linco	Berrien Springs MI 49103	3	Yes
Camp #2	1965 E Linco	Berrien Springs MI 49103	3	Yes
Koebel Camp	619 Rocky Weed	Berrien Springs MI 49103	3P	Yes
Koebel Camp	619 Rocky Weed	Berrien Springs MI 49103	3P	Yes
Jim's Camp	6897 Hollywood	Berrien Springs MI 49103	3	Yes
Jim's Camp	6897 Hollywood	Berrien Springs MI 49103	3	Yes
John Beers Camp	371 W John Beers Rd	Stevensville MI 49127	1	Yes
John Beers Camp	371 W John Beers Rd	Stevensville MI 49127	1	Yes
Kasun Camp	6816 M 139	Berrien Springs MI 49103	3	Yes
Kasun Camp	6816 M 139	Berrien Springs MI 49103	3	Yes
Teichman Camp	6137 N M-140	Eau Claire MI 49111	3	Yes
Teichman Camp	6137 N M-140	Eau Claire MI 49111	3	Yes
Tidey Camp	9233 Lake Rd	Berrien Center MI 49102	3	Yes
Tidey Camp	9233 Lake Rd	Berrien Center MI 49102	3	Yes
Home Camp	8256 M-140	Berrien Center MI 49111	3	Yes

Home Camp	8256 M-140	Berrien Center MI 49111	3	Yes
Winkel Camp #2	7760 Territorial	Watervliet MI 49098	3	Yes
Winkel Camp #2	7760 Territorial	Watervliet MI 49098	3	Yes
Kaiser Road	5815 Kaiser	Benton Harbor MI 49038	2	Yes
Kaiser Road	5815 Kaiser	Benton Harbor MI 49038	2	Yes
Sells Rd Camp	6740 Sells Rd	Benton Harbor MI 49022	3	Yes
Sells Rd Camp	6740 Sells Rd	Benton Harbor MI 49022	3	Yes
Bethe Camp	7099 Meadowbrook	Benton Harbor MI 49022	2	Yes
Bethe Camp	7099 Meadowbrook	Benton Harbor MI 49022	2	Yes
Williams Orchards	2241 Randall	Benton Harbor MI 49022	2	Yes
Williams Orchards	2241 Randall	Benton Harbor MI 49022	2	Yes
Dukesherer Camp	6970 North Branch	Watervliet MI 49098	3	Yes
Dukesherer Camp	6970 North Branch	Watervliet MI 49098	3	Yes
Kuehl Camp	1038 Bainbridge Center	Watervliet MI 49098	3	Yes
Kuehl Camp	1038 Bainbridge Center	Watervliet MI 49098	3	Yes
Camp #1 East	7700 Town Hall	Eau Claire MI 49111	3	Yes
Camp #1 East	7700 Town Hall	Eau Claire MI 49111	3	Yes
Camp #1 East	7700 Town Hall	Eau Claire MI 49111	3	Yes
Camp #3-North	6991 Town Hall	Eau Claire MI 49111	3	Yes
Camp #3-North	6991 Town Hall	Eau Claire MI 49111	3	Yes
Davis House	403 Hatmaker	Bronson MI 49028	3	Yes
Davis House	403 Hatmaker	Bronson MI 49028	3	Yes
Gladtown Acres	481 Rubly	Bronson MI 49028	2	Yes

Gladtown Acres	481 Rubly	Bronson MI 49028	2	Yes
Gladtown Acres	481 Rubly	Bronson MI 49028	2	Yes
Gladtown Acres	481 Rubly	Bronson MI 49028	2	Yes
Hatmaker Rd.-Brown House	388 Hatmaker	Bronson MI 49028	3	No
Schwartz Town	468 Kosmerick	Bronson MI 49028	3	Yes
Schwartz Town	468 Kosmerick	Bronson MI 49028	3	Yes
JR's	554 Snow Prairie	Bronson MI 49028	3	Yes
JR's	554 Snow Prairie	Bronson MI 49028	3	Yes
Menden Hall	418 Cranson	Bronson MI 49028	3	Yes
Menden Hall	418 Cranson	Bronson MI 49028	3	Yes
Van Diest	761 Snow Prairie	Bronson MI 49028	3	Yes
Van Diest	761 Snow Prairie	Bronson MI 49028	3	Yes
Whorley Camp	829 Gilead Lake	Bronson MI 49028	3	Yes
Whorley Camp	829 Gilead Lake	Bronson MI 49028	3	Yes
Maroa Farms Camp	270 N Fillmore	Coldwater MI 49036	1	Yes
Maroa Farms Camp	270 N Fillmore	Coldwater MI 49036	1	Yes
Pepperco-USA 270 Camp	270 N Fillmore	Coldwater MI 49036	1	Yes
Pepperco-USA 270 Camp	270 N Fillmore	Coldwater MI 49036	1	Yes
Pepperco-USA	630 E Chicago St	Coldwater MI 49036	1	Yes
Pepperco-USA	630 E Chicago St	Coldwater MI 49036	1	Yes
Pepper Co-USA 220	220 N Fillmore Rd	Coldwater MI 49036	1	Yes
Pepper Co-USA 220	220 N Fillmore Rd	Coldwater MI 49036	1	Yes
Pepper Co-USA 220	220 N Fillmore Rd	Coldwater MI 49036	1	Yes



Quality Inn Suites	1000 Orleans Boulevard	Coldwater MI 49036	1	Yes
Quality Inn Suites	1000 Orleans Boulevard	Coldwater MI 49036	1	Yes
Quality Inn Suites	1000 Orleans Boulevard	Coldwater MI 49036	1	Yes
Quality Inn Suites	1000 Orleans Boulevard	Coldwater MI 49036	1	Yes
Pine Camp	268 Pine Drive	Union City MI 49094	1	Yes
Pine Camp	268 Pine Drive	Union City MI 49094	1	Yes
Charlotte Camp	309 Charlotte St	Union City MI 49094	1	Yes
Charlotte Camp	309 Charlotte St	Union City MI 49094	1	Yes
Robert Hull Camp	52415 Glenwood	Dowagiac MI 49047	2	Yes
Robert Hull Camp	52415 Glenwood	Dowagiac MI 49047	2	Yes
Spudco Trailers	28230 Elm St	Dowagiac MI 49047	2	Yes
Spudco Trailers	28230 Elm St	Dowagiac MI 49047	2	Yes
Spudco Trailers	28230 Elm St	Dowagiac MI 49047	2	Yes
Bartley	53138 Townhall Rd	Dowagiac MI 49047	2	Yes
Bartley	53138 Townhall Rd	Dowagiac MI 49047	2	Yes
Wicks Farm	52281 Indian Lake Rd	Dowagiac MI 49047	3P	Yes
Wicks Farm	52281 Indian Lake Rd	Dowagiac MI 49047	3P	Yes
South Middle Crossing	32060 Middle Crossing	Dowagiac MI 49047	3	Yes
Shop Camp	53137 Garret	Dowagiac MI 49047	3	Yes
Shop Camp	53137 Garret	Dowagiac MI 49047	3	Yes
First Camp	33031 Silver	Dowagiac MI 49047	3	Yes
First Camp	33031 Silver	Dowagiac MI 49047	3	Yes
Swisher St. Camp	32600 Swisher	Dowagiac MI 49047	3	Yes

Swisher St. Camp	32600 Swisher	Dowagiac MI 49047	3	Yes
Seelye Camp	55617 Decatur Rd	Cassopolis MI 49031	3	Yes
Lonely Pine Farm #1	59119 Champlain	Dowagiac MI 49047	3	Yes
Lonely Pine Farm #1	59119 Champlain	Dowagiac MI 49047	3	Yes
#8 Camp	59380 Champlain Rd	Dowagiac MI 49047	3	No
#8 Camp	59380 Champlain Rd	Dowagiac MI 49047	3	No
Lonely Pine Camp #2	58975 Edwards	Dowagiac MI 49047	3	Yes
Lonely Pine Camp #2	58975 Edwards	Dowagiac MI 49047	3	Yes
Sherman Farms	2500 Mountain Rd	East Jordan MI 49727	3	Yes
Sherman Farms	2500 Mountain Rd	East Jordan MI 49727	3	Yes
Sherman Farms	2500 Mountain Rd	East Jordan MI 49727	3	Yes
Sherman Farms	2500 Mountain Rd	East Jordan MI 49727	3	Yes
P.C. Lawn Care	5305 Deerfield Trl	Boyne Falls MI 49713	3P	Yes
P.C. Lawn Care	5305 Deerfield Trl	Boyne Falls MI 49713	3P	Yes
P.C. Lawn Care	5305 Deerfield Trl	Boyne Falls MI 49713	3P	Yes
Michigan Cranberry Co	7821 Alpena State Rd	Cheboygan MI 49721	3	Yes
Michigan Cranberry Co	7821 Alpena State Rd	Cheboygan MI 49721	3	Yes
Beck Fruit Farm	1660 W Maple Rapids	St. Johns MI 48879	3	Yes
Beck Fruit Farm	1660 W Maple Rapids	St. Johns MI 48879	3	Yes
Beck Fruit Farm	1660 W Maple Rapids	St. Johns MI 48879	3	Yes
Felzke Farms	5501 W Herbison	Dewitt MI 48820	3	No
Felzke Farms	5501 W Herbison	Dewitt MI 48820	3	No
Felzke Farms	5501 W Herbison	Dewitt MI 48820	3	No

Irrer Camp	7071 Centerline	St. Johns MI 48879	3	Yes
Irrer Camp	7071 Centerline	St. Johns MI 48879	3	Yes
Irrer Camp	7071 Centerline	St. Johns MI 48879	3	Yes
Tennes Camp	2084 Orchard Lane	Charlotte MI 48813	3P	Yes
Tennes Camp	2084 Orchard Lane	Charlotte MI 48813	3P	Yes
Tennes Camp	2084 Orchard Lane	Charlotte MI 48813	3P	Yes
Rustic	6101 Rustic Rd	Petoskey MI 49770	3	Yes
Rustic	6101 Rustic Rd	Petoskey MI 49770	3	Yes
Rustic	6101 Rustic Rd	Petoskey MI 49770	3	Yes
Rustic	6101 Rustic Rd	Petoskey MI 49770	3	Yes
Farmhouse	198 Fletcher	Petoskey MI 49770	3	Yes
Farmhouse	198 Fletcher	Petoskey MI 49770	3	Yes
Farmhouse	198 Fletcher	Petoskey MI 49770	3	Yes
Bluff Gardens	650 W Bluff Dr	Harbor Springs MI 49740	1	Yes
Bluff Gardens	650 W Bluff Dr	Harbor Springs MI 49740	1	Yes
Coveyou Farms Labor House	3805 Cemetery Rd	Petoskey MI 49770	3	Yes
Coveyou Farms Labor House	3805 Cemetery Rd	Petoskey MI 49770	3	Yes
Hoffman	2614 US 31 N	Petoskey MI 49770	3	Yes
Hoffman	2614 US 31 N	Petoskey MI 49770	3	Yes
Hoffman	2614 US 31 N	Petoskey MI 49770	3	Yes
Hoffman	2614 US 31 N	Petoskey MI 49770	3	Yes

Hoffman	1555 Bellmer Rd	Petoskey MI 49770	3P	Yes
Hoffman	1555 Bellmer Rd	Petoskey MI 49770	3P	Yes
Hoffman	1555 Bellmer Rd	Petoskey MI 49770	3P	Yes
Hoffman	1555 Bellmer Rd	Petoskey MI 49770	3P	Yes
#1	2023 Mitchell	Petoskey MI 49770	3	Yes
#1	2023 Mitchell	Petoskey MI 49770	3	Yes
#1	2023 Mitchell	Petoskey MI 49770	3	Yes
Division House	669 S Division Road	Petoskey MI 49770	3	Yes
Division House	669 S Division Road	Petoskey MI 49770	3	Yes
Division House	669 S Division Road	Petoskey MI 49770	3	Yes
Division House	669 S Division Road	Petoskey MI 49770	3	Yes
RHL Camp	4185 E Mitchell	Petoskey MI 49770	3	Yes
RHL Camp	4185 E Mitchell	Petoskey MI 49770	3	Yes
RHL Camp	4185 E Mitchell	Petoskey MI 49770	3	Yes
RHL Camp	4185 E Mitchell	Petoskey MI 49770	3	Yes
La Hacienda	1231 Quick Road	Harbor Springs MI 49740	3	Yes
La Hacienda	1231 Quick Road	Harbor Springs MI 49740	3	Yes
La Hacienda	1231 Quick Road	Harbor Springs MI 49740	3	Yes
Camp Almar	12125 Beecher Rd	Flushing MI 48433	3	Yes
Camp Almar	12125 Beecher Rd	Flushing MI 48433	3	Yes
Camp Almar	12125 Beecher Rd	Flushing MI 48433	3	Yes

AlMar Camp 2	1431 Duffield Rd	Flushing MI 48433	2	Yes
AlMar Camp 2	1431 Duffield Rd	Flushing MI 48433	2	Yes
AlMar Camp 2	1431 Duffield Rd	Flushing MI 48433	2	Yes
M-61	4950 M-61	Gladwin MI 48624	3	Yes
M-61	4950 M-61	Gladwin MI 48624	3	Yes
M-61	4950 M-61	Gladwin MI 48624	3	Yes
M-61	4950 M-61	Gladwin MI 48624	3	Yes
Phelps #1	2156 Phelps Rd	Traverse City MI 49686	3P	Yes
Phelps #1	2156 Phelps Rd	Traverse City MI 49686	3P	Yes
Phelps #1	2156 Phelps Rd	Traverse City MI 49686	3P	Yes
Phelps #1	2156 Phelps Rd	Traverse City MI 49686	3P	Yes
Home Camp	7740 Townline	Williamsburg MI 49690	3	Yes
Home Camp	7740 Townline	Williamsburg MI 49690	3	Yes
Home Camp	7740 Townline	Williamsburg MI 49690	3	Yes
Home Camp	7740 Townline	Williamsburg MI 49690	3	Yes
Johnson Farm	14571 Center Rd	Traverse City MI 49686	3	Yes
Johnson Farm	14571 Center Rd	Traverse City MI 49686	3	Yes
Johnson Farm	14571 Center Rd	Traverse City MI 49686	3	Yes
Duell	400 N Roush Rd	Traverse City MI 49696	3	Yes
Duell	400 N Roush Rd	Traverse City MI 49696	3	Yes
Duell	400 N Roush Rd	Traverse City MI 49696	3	Yes
Duell	400 N Roush Rd	Traverse City MI 49696	3	Yes
Ligon	3138 Old Mission	Traverse City MI 49686	3P	Yes

Ligon	3138 Old Mission	Traverse City MI 49686	3P	Yes
Mutual Farm Mgmt	7768 Center Rd	Traverse City MI 49686	3	Yes
Mutual Farm Mgmt	7768 Center Rd	Traverse City MI 49686	3	Yes
Mutual Farm Mgmt	7768 Center Rd	Traverse City MI 49686	3	Yes
Mutual Farm Mgmt	7768 Center Rd	Traverse City MI 49686	3	Yes
Mutual Farm Mgmt	7768 Center Rd	Traverse City MI 49686	3	Yes
Old Mission Fruit Co.	17044 Center Rd	Traverse City MI 49686	3	Yes
Old Mission Fruit Co.	17044 Center Rd	Traverse City MI 49686	3	Yes
Old Mission Fruit Co.	17044 Center Rd	Traverse City MI 49686	3	Yes
Old Mission Fruit Co.	17044 Center Rd	Traverse City MI 49686	3	Yes
Old Mission Fruit Co	17036 Center Rd	Traverse City MI 49686	3	Yes
Old Mission Fruit Co	17036 Center Rd	Traverse City MI 49686	3	Yes
Old Mission Fruit Co	17036 Center Rd	Traverse City MI 49686	3	Yes
Old Mission Fruit Co	17036 Center Rd	Traverse City MI 49686	3	Yes
Amos Pollister	9291 Sayler Road	Williamsburg MI 49690	3	Yes
Amos Pollister	9291 Sayler Road	Williamsburg MI 49690	3	Yes
Elk Lake Camp	8392 Elk Lake Rd	Williamsburg MI 49690	3	Yes
Elk Lake Camp	8392 Elk Lake Rd	Williamsburg MI 49690	3	Yes
Elk Lake Camp	8392 Elk Lake Rd	Williamsburg MI 49690	3	Yes
Yuba Camp	6739 Yuba Rd	Williamsburg MI 49690	3	Yes
Yuba Camp	6739 Yuba Rd	Williamsburg MI 49690	3	Yes
Yuba Camp	6739 Yuba Rd	Williamsburg MI 49690	3	Yes
Engle Camp	6538 Yuba Rd	Williamsburg MI 49690	3	Yes

Engle Camp	6538 Yuba Rd	Williamsburg MI 49690	3	Yes
Engle Camp	6538 Yuba Rd	Williamsburg MI 49690	3	Yes
Wunsch Camp	16888 Wunsch Rd	Traverse City MI 49684	3	Yes
Wunsch Camp	16888 Wunsch Rd	Traverse City MI 49684	3	Yes
Bonnie Plants 62	5935 E St. Charles	Ithaca MI 48847	3P	Yes
Bonnie Plants 62	5935 E St. Charles	Ithaca MI 48847	3P	Yes
Bonnie Plants 62	5935 E St. Charles	Ithaca MI 48847	3P	Yes
Milk Star	2521 S Wisner Rd	Ithaca MI 48847	2	Yes
Milk Star	2521 S Wisner Rd	Ithaca MI 48847	2	Yes
Milk Star	2521 S Wisner Rd	Ithaca MI 48847	2	Yes
Alma Camp	311 W Elizabeth St	Alma MI 48801	1	Yes
Yellow House	3370 W St. Charles	Ithaca MI 48847	3P	Yes
Yellow House	3370 W St. Charles	Ithaca MI 48847	3P	Yes
Yellow House	3370 W St. Charles	Ithaca MI 48847	3P	Yes
Alma - Penrith	130 Penrith	Alma MI 48801	1	Yes
Alma - Penrith	130 Penrith	Alma MI 48801	1	Yes
Alma - Penrith	130 Penrith	Alma MI 48801	1	Yes
Creek Valley Farm Camp	8900 Pleasant View Road	Waldron MI 49288	3	No
Creek Valley Farm Camp	8900 Pleasant View Road	Waldron MI 49288	3	No
Creek Valley Farm Camp 2	6600 E. Camden Road	Waldron MI 49288	3	Yes
Creek Valley Farm Camp 2	6600 E. Camden Road	Waldron MI 49288	3	Yes
Glei's Inc.	3520 Milnes Rd	Hillsdale MI 49242	3	Yes
Glei's Inc.	3520 Milnes Rd	Hillsdale MI 49242	3	Yes
Roemer House	9347 Sebewaing Rd	Sebewaing MI 48759	3	Yes
Roemer House	9347 Sebewaing Rd	Sebewaing MI 48759	3	Yes

Roemer House	9347 Sebewaig Rd	Sebewaig MI 48759	3	Yes
Roemer House	9347 Sebewaig Rd	Sebewaig MI 48759	3	Yes
Roemer House	9347 Sebewaig Rd	Sebewaig MI 48759	3	Yes
Owendale Labor Camp LLC	3424 Fourth St	Sebewaig MI 48759	1	Yes
Owendale Labor Camp LLC	3424 Fourth St	Sebewaig MI 48759	1	Yes
Williamston Road	5480 Williamston Rd	Stockbridge MI 49285	3	No
Mason Orchards	11637 Ellis	Belding MI 48809	3	Yes
D & K Rasch	11005 4 Mile Rd	Belding MI 48809	2	Yes
D & K Rasch	11005 4 Mile Rd	Belding MI 48809	2	Yes
Braman Tony's House	8778 Montcalm Ave NE	Belding MI 49331	3	Yes
Braman Tony's House	8778 Montcalm Ave NE	Belding MI 49331	3	Yes
Braman Tony's House	8778 Montcalm Ave NE	Belding MI 49331	3	Yes
Braman Tony's House	8778 Montcalm Ave NE	Belding MI 49331	3	Yes
Westwinds Mobile Home Park	3462 E Rosebush Rd #8	Rosebush MI 48878	1	Yes
Swan lake	3135 6th St	Weidman MI 48893	3	No
Bunkerhill	14928 Bunkerhill Rd	Stockbridge MI 49285	2	Yes
Bunkerhill	14928 Bunkerhill Rd	Stockbridge MI 49285	2	Yes
Concord Place	1548 Concord Place Dr	Kalamazoo MI 49009	1	Yes
Candlewood Suites #2	3443 Retail Place Dr	Kalamazoo MI 49048	1	Yes
Candlewood Suites #2	3443 Retail Place Dr	Kalamazoo MI 49048	1	Yes
Candlewood Suites #2	3443 Retail Place Dr	Kalamazoo MI 49048	1	Yes
West Main Camp	7292 W Main	Kalamazoo MI 49009	3P	Yes
West Main Camp	7292 W Main	Kalamazoo MI 49009	3P	Yes



Motel 6	3704 Vanrick Dr	Kalamazoo MI 49001	1	Yes
Motel 6	3704 Vanrick Dr	Kalamazoo MI 49001	1	Yes
Motel 6	3704 Vanrick Dr	Kalamazoo MI 49001	1	Yes
Days Inn Airport	2615 Airview Boulevard	Portage MI 49002	1	Yes
Days Inn Airport	2615 Airview Boulevard	Portage MI 49002	1	Yes
Cooper's Landing Camp	5001 Cooper's Landing Drive	Kalamazoo MI 49004	1	Yes
Candlewood Suites	3443 Retail Place Dr	Kalamazoo MI 49048	1	Yes
Robinson Camp	121 S Robinson St	Schoolcraft MI 49087	1	Yes
Robinson Camp	121 S Robinson St	Schoolcraft MI 49087	1	Yes
Robinson Camp	121 S Robinson St	Schoolcraft MI 49087	1	Yes
30th Street Camp	2349 N. 30th Street	Kalamazoo MI 49048	3P	Yes
30th Street Camp	2349 N. 30th Street	Kalamazoo MI 49048	3P	Yes
Legacy Properties LLC	188 Golden Rd	Kalkaska MI 49646	3	Yes
Legacy Properties LLC	188 Golden Rd	Kalkaska MI 49646	3	Yes
Legacy Properties LLC	188 Golden Rd	Kalkaska MI 49646	3	Yes
Legacy Properties LLC	188 Golden Rd	Kalkaska MI 49646	3	Yes
Legacy Properties LLC	188 Golden Rd	Kalkaska MI 49646	3	Yes
Legacy Properties LLC	188 Golden Rd	Kalkaska MI 49646	3	Yes
Legacy Properties LLC	188 Golden Rd	Kalkaska MI 49646	3	Yes
Lucas Boardman Road Camp	2315 S Boardman	Boardman Township MI 49680	3P	Yes
Lucas Boardman Road Camp	2315 S Boardman	Boardman Township MI 49680	3P	Yes
Lucas Boardman Road Camp	2315 S Boardman	Boardman Township MI 49680	3P	Yes

Kenowa Camp	9140 Kenowa	Sparta MI 49345	3	Yes
Kenowa Camp	9140 Kenowa	Sparta MI 49345	3	Yes
DRO	9129 Montcalm Ave	Greenville MI 49338	2	Yes
DRO	9129 Montcalm Ave	Greenville MI 49338	2	Yes
AB Orchards	2848 11 Mile Road NW	Sparta MI 49345	3	Yes
AB Orchards	2848 11 Mile Road NW	Sparta MI 49345	3	Yes
Bob Alt Camp	8032 N Division Ave	Comstock Park MI 49321	3	Yes
Bob Alt Camp	8032 N Division Ave	Comstock Park MI 49321	3	Yes
Alt Orchards	2511 7 Mile Rd	Comstock Park MI 49321	3	Yes
Alt Orchards	2511 7 Mile Rd	Comstock Park MI 49321	3	Yes
Alt Orchards	2511 7 Mile Rd	Comstock Park MI 49321	3	Yes
Carl Alt Camp	2570 7 Mile	Comstock Park MI 49321	2	Yes
Carl Alt Camp	2570 7 Mile	Comstock Park MI 49321	2	Yes
19 Mile Camp	15717 Fruit Ridge Avenue	Kent City MI 49330	3	No
Dave Alt Camp	1633 6 Mile	Comstock Park MI 49321	3	Yes
Bernard J. Thome Orchards	6467 Baumhoff	Comstock Park MI 49321	3	Yes
Twin-Bee Orchards, LLC	12268 5 Mile	Lowell MI 49331	3	Yes
Twin-Bee Orchards, LLC	12268 5 Mile	Lowell MI 49331	3	Yes
Twin-Bee Orchards, LLC	12268 5 Mile	Lowell MI 49331	3	Yes
Camp 1 - East	1981 21 Mile Road	Kent City MI 49330	3	No
Camp 2	2000 21 Mile Road	Kent City MI 49330	3	No
Charles Chase Camp	8011 Sparta Ave	Sparta MI 49345	3	Yes
Chase Orchards, Inc	3001 7 Mile Rd NW	Comstock Park MI 49321	3	Yes

Chase Orchards, Inc	3001 7 Mile Rd NW	Comstock Park MI 49321	3	Yes
Freeland's Trailers	4057 21 Mile	Kent City MI 49330	3	Yes
Freeland's Trailers	4057 21 Mile	Kent City MI 49330	3	Yes
Freeland's Trailers	4057 21 Mile	Kent City MI 49330	3	Yes
School Camp	3608 21 Mile	Kent City MI 49318	3	Yes
Klenk Camp	3888 10 Mile	Sparta MI 49345	3	Yes
Klenk Camp	3888 10 Mile	Sparta MI 49345	3	Yes
North Camp	7794 Peach Camp	Sparta MI	2	Yes
Badgerow Orchard Camp	1700 10 Mile Rd	Sparta MI 49345	3	Yes
Badgerow Orchard Camp	1700 10 Mile Rd	Sparta MI 49345	3	Yes
Badgerow Orchard Camp	1700 10 Mile Rd	Sparta MI 49345	3	Yes
Barth Freeland Camp	16814 Kenowa	Kent City MI 49330	3	Yes
Barth Freeland Camp	16814 Kenowa	Kent City MI 49330	3	Yes
G & L Orchards	2755 11 Mile Rd	Sparta MI 49345	3	Yes
G & L Orchards	2755 11 Mile Rd	Sparta MI 49345	3	Yes
Jack Fraser	10995 Peachridge	Sparta MI 49345	3	Yes
Jack Fraser	10995 Peachridge	Sparta MI 49345	3	Yes
Jack Fraser	10995 Peachridge	Sparta MI 49345	3	Yes
Jack Fraser	10995 Peachridge	Sparta MI 49345	3	Yes
10 Mile Rd	4375 10 Mile	Sparta MI 49345	3	Yes
10 Mile Rd	4375 10 Mile	Sparta MI 49345	3	Yes
10 Mile Rd	4375 10 Mile	Sparta MI 49345	3	Yes
Stage	5745 Stage	Grand Rapids MI 49544	3	Yes
Stage	5745 Stage	Grand Rapids MI 49544	3	Yes

Strotheide Road Camp	13044 Strotheide	Belding MI 48809	3	Yes
Ashley Road Camp	13593 M-44	Belding MI 48809	3	No
Ashley Road Camp	7784 Ashley	Belding MI 48809	3	Yes
Ashley Road Camp	7784 Ashley	Belding MI 48809	3	Yes
Frank Klackle & Son	13950 Hefferon Rd	Greenville MI 48838	3	Yes
Frank Klackle & Son	13950 Hefferon Rd	Greenville MI 48838	3	Yes
Hill Brothers	6159 Peach Ridge	Grand Rapids MI 49544	3	Yes
Hill Brothers	6159 Peach Ridge	Grand Rapids MI 49544	3	Yes
Victor Hubert Farms	4537 12 Mile Road	Sparta MI 49345	3	Yes
Victor Hubert Farms	4537 12 Mile Road	Sparta MI 49345	3	Yes
J & J Morse, Inc.	10330 Fruitridge	Sparta MI 49345	3	Yes
J & J Morse, Inc.	10330 Fruitridge	Sparta MI 49345	3	Yes
Klein Cider Mill	2151 10 Mile Rd NW	Sparta MI 49345	3	Yes
Klein Cider Mill	2151 10 Mile Rd NW	Sparta MI 49345	3	Yes
Klein Camp	7292 Stage	Conklin MI 49403	3	Yes
Klein Camp	7292 Stage	Conklin MI 49403	3	Yes
Kline Bros. Camp	3296 8 Mile Rd	Grand Rapids MI 49504	3	Yes
Victor Hubert	13362 Kenowa	Kent City MI 49330	3	Yes
Victor Hubert	13362 Kenowa	Kent City MI 49330	3	Yes
Summit Farms	13362 Kenowa	Kent City MI 49330	3	Yes
Summit Farms	13362 Kenowa	Kent City MI 49330	3	Yes
Kraft Orchards	3412 10 Mile Rd NW	Sparta MI 49345	3	Yes
Kraft Orchards	3412 10 Mile Rd NW	Sparta MI 49345	3	Yes

Grand Rapids Inn	250 28th Street S W	Grand Rapids MI 49548	1	Yes
Dave Lemieux	7704 Stage Ave NW	Conklin MI	3	Yes
Dave Lemieux	7704 Stage Ave NW	Conklin MI	3	Yes
Farm House	7947 Fruitridge	Sparta MI	3	Yes
Farm House	7947 Fruitridge	Sparta MI	3	Yes
Miedema & Sons	9707 Burlingame	Byron Center MI 49315	3	Yes
Miedema & Sons	9707 Burlingame	Byron Center MI 49315	3	Yes
Miedema & Sons	9707 Burlingame	Byron Center MI 49315	3	Yes
The Hotel	1473 100th St S.W	Byron Center MI 49315	3	Yes
The Hotel	1473 100th St S.W	Byron Center MI 49315	3	Yes
Momber Camp	7500 Fruitridge	Grand Rapids MI 49504	3	Yes
Morse Brothers	2734 6 Mile NW	Comstock Park MI 49321	3	Yes
Morse Brothers	2734 6 Mile NW	Comstock Park MI 49321	3	Yes
20 Mile Camp	4375 20 Mile NW	Kent City MI 49330	2	Yes
20 Mile Camp	4375 20 Mile NW	Kent City MI 49330	2	Yes
20 Mile Camp	4375 20 Mile NW	Kent City MI 49330	2	Yes
1984 Camp	15852 Fruitridge	Kent City MI 49330	3	Yes
Beuschel Camp	2835 14 Mile Road	Sparta MI 49345	3	Yes
Beuschel Camp	2835 14 Mile Road	Sparta MI 49345	3	Yes
Kenowa	9834 Kenowa	Sparta MI 49345	3	Yes
Kenowa	9834 Kenowa	Sparta MI 49345	3	Yes
Trailer	4546 12 mile	Sparta MI 49345	3	Yes
Trailer	4546 12 mile	Sparta MI 49345	3	Yes
Home Camp	3454 Alden Nash NE	Lowell MI 49331	2	Yes
Home Camp	3454 Alden Nash NE	Lowell MI 49331	2	Yes

Rasch - Stage	6191 Stage NW	Grand Rapids MI 49544	2	Yes
Rasch - Stage	6191 Stage NW	Grand Rapids MI 49544	2	Yes
Rasch - 8 mile	3401 8 Mile	Grand Rapids MI 49544	3	Yes
Rasch - 8 mile	3401 8 Mile	Grand Rapids MI 49544	3	Yes
Casnovia Camp	3509 18 Mile Rd NW	Kent City MI 49330	3	Yes
Casnovia Camp	3509 18 Mile Rd NW	Kent City MI 49330	3	Yes
Casnovia Camp	3509 18 Mile Rd NW	Kent City MI 49330	3	Yes
Anderson Camp	15121 Peachridge Ave NW	Kent City MI 49330	3	Yes
Anderson Camp	15121 Peachridge Ave NW	Kent City MI 49330	3	Yes
Anderson Camp	15121 Peachridge Ave NW	Kent City MI 49330	3	Yes
Anderson Camp	15121 Peachridge Ave NW	Kent City MI 49330	3	Yes
Jensen Camp	3625 18 mile Rd	Kent City MI 49403	3	Yes
Jensen Camp	3625 18 mile Rd	Kent City MI 49403	3	Yes
Jensen Camp	3625 18 mile Rd	Kent City MI 49403	3	Yes
Rodney Kober Camp	8850 Peachridge	Sparta MI 49345	3	Yes
Rodney Kober Camp	8850 Peachridge	Sparta MI 49345	3	Yes
Ron and Mark Alt Camp	2525 9 Mile	Grand Rapids MI 49504	2	Yes
Ron and Mark Alt Camp	2525 9 Mile	Grand Rapids MI 49504	2	Yes
Klein Orchards	11156 Fruit Ridge	Sparta MI 49345	3	Yes
Klein Orchards	11156 Fruit Ridge	Sparta MI 49345	3	Yes
Schweitzer Orchards Camp	7675 Baumhoff	Sparta MI 49345	3	Yes
Schweitzer Orchards Camp	7675 Baumhoff	Sparta MI 49345	3	Yes
Joseph Steffens & Sons	6671 Walker	Grand Rapids MI 49544	2	Yes

Steffens Labor Camp	2877 8 Mile Rd NW	Grand Rapids MI 49504	3	Yes
Steffens Labor Camp	2877 8 Mile Rd NW	Grand Rapids MI 49504	3	Yes
Succop Orchards	3871 10 Mile Rd NW	Sparta MI 49345	3	Yes
Thome Orchards Camp	2137 7 Mile	Comstock Park MI 49321	2	Yes
Thome Orchards Camp	2137 7 Mile	Comstock Park MI 49321	2	Yes
Thome Orchards Camp	2137 7 Mile	Comstock Park MI 49321	2	Yes
Tom Rasch & Sons	13993 10 Mile	Greenville MI 48838	3	Yes
Tom Rasch & Sons	13993 10 Mile	Greenville MI 48838	3	Yes
Windy Ridge Camp	4750 Hayes NW	Conklin MI 49403	3P	Yes
Windy Ridge Camp	4750 Hayes NW	Conklin MI 49403	3P	Yes
Wittenbach Farms	13497 Heffron	Belding MI 48809	3	Yes
Wittenbach Farms	13497 Heffron	Belding MI 48809	3	Yes
Wittenbach Farms	13497 Heffron	Belding MI 48809	3	Yes
Youngquist Family Farm	4530 14 Mile	Kent City MI 49330	3	Yes
Youngquist Family Farm	4530 14 Mile	Kent City MI 49330	3	Yes
Blake's Camp	5799 Van Dyke Rd	Almont MI 48003	3	No
Blake's Camp	5799 Van Dyke Rd	Almont MI 48003	3	No
Midwest Tree Farms camp	5185 Curtis Rd	Attica MI 48412	3	Yes
Midwest Tree Farms camp	5185 Curtis Rd	Attica MI 48412	3	Yes
Midwest Tree Farms camp	5185 Curtis Rd	Attica MI 48412	3	Yes
Midwest Tree Farms camp	5185 Curtis Rd	Attica MI 48412	3	Yes
Oakhill Farms	8560 Hough Road	Almont MI 48003	3	No
Oakhill Farms	8560 Hough Road	Almont MI 48003	3	No

Blacks Corners Road	2031 Blacks Corner Rd	Imlay City MI 48444	3	Yes
Blacks Corners Road	2031 Blacks Corner Rd	Imlay City MI 48444	3	Yes
Camp 2	622 N Van Dyke	Imlay City MI 48444	3	No
Town Camp	558 South Cedar St	Imlay City MI 48444	1	Yes
Hickory Square Apartments	1939 Shagbark Ln	Imlay City MI 48444	1	Yes
Wheeling Road Camp	1816 Wheeling	Imlay City MI 48444	3	Yes
Wheeling Road Camp	1816 Wheeling	Imlay City MI 48444	3	Yes
Wheeling Road Camp	1816 Wheeling	Imlay City MI 48444	3	Yes
Wheeling Road Camp	1816 Wheeling	Imlay City MI 48444	3	Yes
Lindy's Camp	804 Van Dyke	Imlay City MI 48444	3	Yes
Lindy's Camp	804 Van Dyke	Imlay City MI 48444	3	Yes
Lindy's #2	822 Van Dyke	Imlay City MI 48444	3	Yes
Lindy's #2	822 Van Dyke	Imlay City MI 48444	3	Yes
1060 Camp	1060 N Van Dyke	Imlay City MI 48444	3	No
1060 Camp	1060 N Van Dyke	Imlay City MI 48444	3	No
1060 Camp	1060 N Van Dyke	Imlay City MI 48444	3	No
Shaw Road Camp	7320 Shaw Rd	Imlay City MI 48444	3	Yes
Shaw Road Camp	7320 Shaw Rd	Imlay City MI 48444	3	Yes
Pennell Road Camp	635 Pennel Rd	Imlay City MI 48444	3	Yes
Pennell Road Camp	635 Pennel Rd	Imlay City MI 48444	3	Yes
Muck Road	7141 Muck Rd	Imlay City MI 48444	3	Yes
Muck Road	7141 Muck Rd	Imlay City MI 48444	3	Yes
Muck Road #2	7005 Muck Rd	Imlay City MI 48444	3	Yes



Muck Road #2	7005 Muck Rd	Imlay City MI 48444	3	Yes
M-53 Camp	668 N Van Dyke	Imlay City MI 48444	3	No
Bowers Road Camp	7205 Bowers Rd	Imlay City MI 48444	3	Yes
Bowers Road Camp	7205 Bowers Rd	Imlay City MI 48444	3	Yes
Bowers Road Camp	7205 Bowers Rd	Imlay City MI 48444	3	Yes
Bowers Road Camp	7205 Bowers Rd	Imlay City MI 48444	3	Yes
Van Dyke Road Camp	1406 N Van Dyke Rd	Imlay City MI 48444	3	No
Van Dyke Road Camp	1406 N Van Dyke Rd	Imlay City MI 48444	3	No
BPVS Trailer #3	3606 E Bodus Road	Cedar MI 49621	3	Yes
BPVS Trailer #3	3606 E Bodus Road	Cedar MI 49621	3	Yes
BPVS 1	4885 E Gauthier Rd	Cedar MI 49621	3	Yes
BPVS 1	4885 E Gauthier Rd	Cedar MI 49621	3	Yes
Blustone Camp	8595 Bingham Rd	Lake Leelanau MI 49653	3	Yes
Blustone Camp	8595 Bingham Rd	Lake Leelanau MI 49653	3	Yes
Blustone Camp	8595 Bingham Rd	Lake Leelanau MI 49653	3	Yes
Blustone Camp	8595 Bingham Rd	Lake Leelanau MI 49653	3	Yes
Black and Red	4125 Jacobson	Suttons Bay MI 49682	3P	Yes
Black and Red	4125 Jacobson	Suttons Bay MI 49682	3P	Yes
Black and Red	4125 Jacobson	Suttons Bay MI 49682	3P	Yes
Vingsness	3553 N Jacobson Co Rd	Suttons Bay MI 49682	2	Yes
Vingsness	3553 N Jacobson Co Rd	Suttons Bay MI 49682	2	Yes
Vingsness	3553 N Jacobson Co Rd	Suttons Bay MI 49682	2	Yes
McKeese Road	10600 E McKeese	Suttons Bay MI 49682	3P	Yes

McKeese Road	10600 E McKeese	Suttons Bay MI 49682	3P	Yes
McKeese Road	10600 E McKeese	Suttons Bay MI 49682	3P	Yes
Camp #2	10300 Foxview Dr	Northport MI 49670	3	Yes
Camp #2	10300 Foxview Dr	Northport MI 49670	3	Yes
Camp #2	10300 Foxview Dr	Northport MI 49670	3	Yes
Harbor Hill Orchard	1742 S Schomberg Rd	Lake Leelanau MI 49653	3P	Yes
Harbor Hill Orchard	1742 S Schomberg Rd	Lake Leelanau MI 49653	3P	Yes
Kolarik	9100 Kolarik	Northport MI 49670	3P	Yes
Kolarik	9100 Kolarik	Northport MI 49670	3P	Yes
Sylt Road	755 N Sylt Rd	Lake Leelanau MI 49653	3P	Yes
Sylt Road	755 N Sylt Rd	Lake Leelanau MI 49653	3P	Yes
Sylt Road	755 N Sylt Rd	Lake Leelanau MI 49653	3P	Yes
LaCross Farms/Apple Orch	4957 French	Cedar MI 49621	3	Yes
LaCross Farms/Apple Orch	4957 French	Cedar MI 49621	3	Yes
LaCross Farms/Apple Orch	4957 French	Cedar MI 49621	3	Yes
LaCross Farms/Apple Orch	4957 French	Cedar MI 49621	3	Yes
LaCross Camp	1360 S French	Cedar MI 49621	3P	Yes
LaCross Camp	1360 S French	Cedar MI 49621	3P	Yes
LaCross Camp	1360 S French	Cedar MI 49621	3P	Yes
Blaise Korson Camp	4507 Eagle Hwy	Northport MI 49670	3	No
Leelanau Summit	9120 S Center Hwy	Traverse City MI 49684	3	Yes
Leelanau Summit	9120 S Center Hwy	Traverse City MI 49684	3	Yes
Leelanau Summit	9120 S Center Hwy	Traverse City MI 49684	3	Yes

Camp #2	7410 Horn	Lake Leelanau MI 49653	3P	Yes
Camp #2	7410 Horn	Lake Leelanau MI 49653	3P	Yes
Camp #2	7410 Horn	Lake Leelanau MI 49653	3P	Yes
SVF Inc.	5127 Jelinek	Northport MI 49670	3P	Yes
SVF Inc.	5127 Jelinek	Northport MI 49670	3P	Yes
SVF Inc.	5127 Jelinek	Northport MI 49670	3P	Yes
Triple D Camp	8330 Stormer Rd	Empire MI 49630	3	Yes
Triple D Camp	8330 Stormer Rd	Empire MI 49630	3	Yes
Triple D Camp	8330 Stormer Rd	Empire MI 49630	3	Yes
Triple D Camp	8330 Stormer Rd	Empire MI 49630	3	Yes
James Bardenhagen Farm Camp	7881 E Pertner Rd	Suttons Bay MI 49682	3P	Yes
James Bardenhagen Farm Camp	7881 E Pertner Rd	Suttons Bay MI 49682	3P	Yes
James Bardenhagen Farm Camp	7881 E Pertner Rd	Suttons Bay MI 49682	3P	Yes
Homestead Hill	7990 Horn Rd	Lake Leelanau MI 49653	2	Yes
Homestead Hill	7990 Horn Rd	Lake Leelanau MI 49653	2	Yes
Aten Road 1	14605 Aten Rd	Deerfield MI 49238	3	Yes
Aten Road 1	14605 Aten Rd	Deerfield MI 49238	3	Yes
Aten Road 1	14605 Aten Rd	Deerfield MI 49238	3	Yes
Rodesiler Highway 1	3661 Rodesiler Highway	Deerfield MI 49238	3	Yes
Rodesiler Highway 1	3661 Rodesiler Highway	Deerfield MI 49238	3	Yes
Rodesiler Highway 1	3661 Rodesiler Highway	Deerfield MI 49238	3	Yes
Dusseau Camp 2	1212 Bucholtz Hwy	Deerfield MI 49238	3P	Yes
Dusseau Camp 2	1212 Bucholtz Hwy	Deerfield MI 49238	3P	Yes

Dusseau Camp 2	1212 Bucholtz Hwy	Deerfield MI 49238	3P	Yes
Iott Club House	3970 Hoffman	Deerfield MI 49238	3	Yes
Iott Club House	3970 Hoffman	Deerfield MI 49238	3	Yes
Iott Club House	3970 Hoffman	Deerfield MI 49238	3	Yes
Judson's Camp	7221 Deerfield	Palmyra MI 49268	2	Yes
Judson's Camp	7221 Deerfield	Palmyra MI 49268	2	Yes
Judson's Camp	7221 Deerfield	Palmyra MI 49268	2	Yes
Judson Pope Rd.	6954 Pope Rd	Palmyra MI 49268	3	No
Camp #2	1212 Bucholtz Hwy	Deerfield MI 49238	3	Yes
Stahl Piotter Hwy. Camp	1837 Piotter Highway	Deerfield MI 49238	2	Yes
Stahl Piotter Hwy. Camp	1837 Piotter Highway	Deerfield MI 49238	2	Yes
Stahl Piotter Hwy. Camp	1837 Piotter Highway	Deerfield MI 49238	2	Yes
Stahl Piotter Hwy. Camp	1837 Piotter Highway	Deerfield MI 49238	2	Yes
Stahl Piotter Hwy. Camp	1837 Piotter Highway	Deerfield MI 49238	2	Yes
Witt Camp	2352 Stearns	Deerfield MI 49238	3	Yes
Witt Camp	2352 Stearns	Deerfield MI 49238	3	Yes
Buurma Hud	5883 Weller Road	Gregory MI 48137	3	Yes
Buurma Hud	5883 Weller Road	Gregory MI 48137	3	Yes
Buurma Hud	5883 Weller Road	Gregory MI 48137	3	Yes
Buurma Hud	5883 Weller Road	Gregory MI 48137	3	Yes
Buurma North	5623-5649 Weller Road	Gregory MI 48137	2	Yes
Buurma North	5623-5649 Weller Road	Gregory MI 48137	2	Yes
Buurma North	5623-5649 Weller Road	Gregory MI 48137	2	Yes

Buurma North	5623-5649 Weller Road	Gregory MI 48137	2	Yes
Buurma South	5751-5745-5757 Weller Road	Gregory MI 48137	3	Yes
Buurma South	5751-5745-5757 Weller Road	Gregory MI 48137	3	Yes
Buurma South	5751-5745-5757 Weller Road	Gregory MI 48137	3	Yes
Buurma South	5751-5745-5757 Weller Road	Gregory MI 48137	3	Yes
5719 Weller Rd Camp	5719 Weller Road	Gregory MI 48137	3	Yes
5719 Weller Rd Camp	5719 Weller Road	Gregory MI 48137	3	Yes
5719 Weller Rd Camp	5719 Weller Road	Gregory MI 48137	3	Yes
5719 Weller Rd Camp	5719 Weller Road	Gregory MI 48137	3	Yes
Camp 469	3028 County Rd 469	McMillan MI 49853	3	Yes
Camp 469	3028 County Rd 469	McMillan MI 49853	3	Yes
Camp 469	3028 County Rd 469	McMillan MI 49853	3	Yes
Camp 469	3028 County Rd 469	McMillan MI 49853	3	Yes
Schubach Farms LLC Cabin Rentals	5816 M-123	Newberry MI 49868	3	Yes
DeCock Farms	20555 23 Mile Rd	Macomb MI 48042	3	Yes
DeCock Farms	20555 23 Mile Rd	Macomb MI 48042	3	Yes
Goldstein Camp	6350 37 Mile Rd	Bruce MI 48065	3	Yes
Goldstein Camp	6350 37 Mile Rd	Bruce MI 48065	3	Yes
Kutchey Camp	15000 30 Mile Rd	Washington MI 48095	3	No
Richmond Club Apt Camp 2	69162 Beebe St	Richmond MI 48062	1	Yes
Richmond Club Apt Camp 2	69162 Beebe St	Richmond MI 48062	1	Yes
Northern Farm Market	14381 33 Mile Rd	Armada MI 48005	3P	Yes
Northern Farm Market	14381 33 Mile Rd	Armada MI 48005	3P	Yes

Northern Farm Market	14381 33 Mile Rd	Armada MI 48005	3P	Yes
Camp 2	15261 29 Mile Rd	Ray MI 48096	3	Yes
Camp 2	15261 29 Mile Rd	Ray MI 48096	3	Yes
Camp 2	15261 29 Mile Rd	Ray MI 48096	3	Yes
Oliver Farms	23730 24 Mile Rd	Macomb MI 48042	1	Yes
Oliver Farms	23730 24 Mile Rd	Macomb MI 48042	1	Yes
Prolific Fox Lane	45600 Fox Lane West	Shelby Twp MI 48317	1	Yes
Prolific Fox Lane	45600 Fox Lane West	Shelby Twp MI 48317	1	Yes
Prolific Fox Lane	45600 Fox Lane West	Shelby Twp MI 48317	1	Yes
Stony Creek Orchard	2961 32 Mile Rd	Bruce MI 48065	3	No
27 Mile Road	20820 27 Mile Rd	Ray MI 48096	3	Yes
27 Mile Road	20820 27 Mile Rd	Ray MI 48096	3	Yes
27 Mile Road	20820 27 Mile Rd	Ray MI 48096	3	Yes
27 Mile Road West	20470 27 Mile Road	Ray MI 48906	3	Yes
27 Mile Road West	20470 27 Mile Road	Ray MI 48906	3	Yes
27 Mile Road West	20470 27 Mile Road	Ray MI 48906	3	Yes
27 Mile Road West	20470 27 Mile Road	Ray MI 48906	3	Yes
Georgetown Camp	28123 23 Mile Rd	New Baltimore MI 48051	3	No
Richmond Club Apartments	69162 Beebe Street	Richmond MI 48062	1	Yes
Richmond Club Apartments	69162 Beebe Street	Richmond MI 48062	1	Yes
Richmond Club Apartments	69162 Beebe Street	Richmond MI 48062	1	Yes
Ultimate Camp	50637 Jim Drive	Chesterfield MI 48047	1	Yes
Ultimate Camp	50637 Jim Drive	Chesterfield MI 48047	1	Yes
Ultimate Camp	50637 Jim Drive	Chesterfield MI 48047	1	Yes
Westview Orchards	11655 30 Mile Rd	Washington MI 48095	3	Yes
Westview Orchards	11655 30 Mile Rd	Washington MI 48095	3	Yes

Westview Orchards Camp	65075 Van Dyke Rd	Washington MI 48095	3P	Yes
Westview Orchards Camp	65075 Van Dyke Rd	Washington MI 48095	3P	Yes
Westview Orchards Camp	65075 Van Dyke Rd	Washington MI 48095	3P	Yes
30 Mile Road Camp	11333 30 Mile Road	Washington MI 48095	3P	Yes
30 Mile Road Camp	11333 30 Mile Road	Washington MI 48095	3P	Yes
30 Mile Road Camp	11333 30 Mile Road	Washington MI 48095	3P	Yes
Apple Valley Orchards II	4224 Potter	Bear Lake MI 49614	3	Yes
Gleaner Hall	9487 Maidens	Bear Lake MI 49614	3	No
Camp in the Pines	9918 Healy Lake Rd	Kaleva MI 49645	3	Yes
Camp in the Pines	9918 Healy Lake Rd	Kaleva MI 49645	3	Yes
Camp in the Pines	9918 Healy Lake Rd	Kaleva MI 49645	3	Yes
Camp in the Pines	9918 Healy Lake Rd	Kaleva MI 49645	3	Yes
Camp in the Pines	9918 Healy Lake Rd	Kaleva MI 49645	3	Yes
Camp in the Pines	9918 Healy Lake Rd	Kaleva MI 49645	3	Yes
Camp in the Pines	9918 Healy Lake Rd	Kaleva MI 49645	3	Yes
Camp by the Pond	14263 Makinen Rd	Kaleva MI 49645	3	Yes
Camp by the Pond	14263 Makinen Rd	Kaleva MI 49645	3	Yes
Camp by the Pond	14263 Makinen Rd	Kaleva MI 49645	3	Yes
Camp by the Pond	14263 Makinen Rd	Kaleva MI 49645	3	Yes
Chief & Kerry Road	10068 Kerry Rd	Kaleva MI 49645	2	Yes
Chief & Kerry Road	10068 Kerry Rd	Kaleva MI 49645	2	Yes
Chief & Kerry Road	10068 Kerry Rd	Kaleva MI 49645	2	Yes
CR 600	4252 13 Mile	Bear Lake MI 49614	3	Yes
CR 600	4252 13 Mile	Bear Lake MI 49614	3	Yes

CR 600	4252 13 Mile	Bear Lake MI 49614	3	Yes
Custer	3276 E Hanson	Custer MI 49405	3	Yes
Custer	3276 E Hanson	Custer MI 49405	3	Yes
Custer House	120 S Madison	Custer MI 49405	3	Yes
Custer House	120 S Madison	Custer MI 49405	3	Yes
Custer House	120 S Madison	Custer MI 49405	3	Yes
Farm House	667 Conrad	Scottville MI 49454	3	Yes
Farm House	667 Conrad	Scottville MI 49454	3	Yes
Farm House	667 Conrad	Scottville MI 49454	3	Yes
River House	680 Conrad	Scottville MI 49454	3	Yes
River House	680 Conrad	Scottville MI 49454	3	Yes
River House	680 Conrad	Scottville MI 49454	3	Yes
Brown Hill	3349 W Kinney	Ludington MI 49431	3	Yes
Brown Hill	3349 W Kinney	Ludington MI 49431	3	Yes
Brown Hill	3349 W Kinney	Ludington MI 49431	3	Yes
Highland Orchards	4099 W Hawley	Ludington MI 49431	3	Yes
Highland Orchards	4099 W Hawley	Ludington MI 49431	3	Yes
Highland Orchards	4099 W Hawley	Ludington MI 49431	3	Yes
Sunnyside	3660 S Morton Road	Ludington MI 49431	3	Yes
Sunnyside	3660 S Morton Road	Ludington MI 49431	3	Yes
Sunnyside	3660 S Morton Road	Ludington MI 49431	3	Yes
Van Nortwick	2841 S Brye Rd	Ludington MI 49431	3P	Yes
Van Nortwick	2841 S Brye Rd	Ludington MI 49431	3P	Yes



Van Nortwick	2841 S Brye Rd	Ludington MI 49431	3P	Yes
Hackert FamilyFarm Camp	3777 W Blundell Rd	Pentwater MI 49449	2	Yes
Hackert FamilyFarm Camp	3777 W Blundell Rd	Pentwater MI 49449	2	Yes
Hackert FamilyFarm Camp	3777 W Blundell Rd	Pentwater MI 49449	2	Yes
Ludington North	5788 W Meisenheimer	Ludington MI 49431	3	Yes
Dale Camp	5729 Meisenheimer	Ludington MI 49431	3	Yes
Beyer Road Camp	2600 Beyer Road	Ludington MI 49431	3	Yes
Lister Camp	3640 W Kinney Rd	Ludington MI 49431	3	Yes
Blundell Camp	3504 Blundell Rd	Luddington MI 49431	3	Yes
Schwartz Place	1036 W Washington	Pentwater MI 49449	3	Yes
Schwartz Place	1036 W Washington	Pentwater MI 49449	3	Yes
Otto Peterson Farms	3363 S Brunson	Ludington MI 49431	3	Yes
Shafer Camp (West Duplex)	1726 E Marrison	Eden MI 49454	3	Yes
Shafer Camp (West Duplex)	1726 E Marrison	Eden MI 49454	3	Yes
Sippy Road	1707 E Sippy Rd	Scottville MI 49454	3	Yes
Shafer Camp (East Duplex)	1726 E Marrison	Eden MI 49454	3	Yes
Shafer Camp (East Duplex)	1726 E Marrison	Eden MI 49454	3	Yes
Springdale Camp	3583 S Appleton	Scottville MI 49454	3	Yes
Springdale Camp	3583 S Appleton	Scottville MI 49454	3	Yes
Conrad Camp	1020 S Stiles	Ludington MI 49431	3	Yes
Conrad Camp	1020 S Stiles	Ludington MI 49431	3	Yes
Farm House	2847 E First St	Custer MI 49405	3	Yes
Farm House	2847 E First St	Custer MI 49405	3	Yes

Unit #1	2815 E First St	Custer MI 49405	3	Yes
Unit #1	2815 E First St	Custer MI 49405	3	Yes
Sackett Potatoes	6387 7 Mile Rd	Mecosta MI 49332	3	No
Laporte-Coleman	5492 W Laporte Rd	St Louis MI 48880	3	Yes
Laporte-Coleman	5492 W Laporte Rd	St Louis MI 48880	3	Yes
Laporte-Coleman	5492 W Laporte Rd	St Louis MI 48880	3	Yes
VanLoon #2	4609 S 11 Mile Rd	Breckenridge MI 48615	3	Yes
VanLoon #2	4609 S 11 Mile Rd	Breckenridge MI 48615	3	Yes
VanLoon #2	4609 S 11 Mile Rd	Breckenridge MI 48615	3	Yes
VanLoon #2	4609 S 11 Mile Rd	Breckenridge MI 48615	3	Yes
Small White House	9211 W Walker	Manton MI 49663	3	Yes
Small White House	9211 W Walker	Manton MI 49663	3	Yes
Walker Camp	9460 W Walker	Manton MI 49663	3	Yes
Walker Camp	9460 W Walker	Manton MI 49663	3	Yes
Dutchman Camp	3889 3901 N Lucas	Manton MI 49663	3	Yes
Dutchman Camp	3889 3901 N Lucas	Manton MI 49663	3	Yes
Brown's Bunkhouse	2447 S Blodgett	Lake City MI 49651	3	No
Brown's Bunkhouse	2447 S Blodgett	Lake City MI 49651	3	No
Packingham	9689 Packingham	Manton MI 49663	3	Yes
Packingham	9689 Packingham	Manton MI 49663	3	Yes
Northern Pine Nursery	2272 S Morey Road	Lake City MI 49651	3P	Yes
Northern Pine Nursery	2272 S Morey Road	Lake City MI 49651	3P	Yes
Kelly Road	6557 W Kelly	Lake City MI 49651	3	Yes

Kelly Road	6557 W Kelly	Lake City MI 49651	3	Yes
Green # 2	2741 S Green	Lake City MI 49651	3	No
Roberts	9141 W Walker Rd	Manton MI 49663	3	Yes
Roberts	9141 W Walker Rd	Manton MI 49663	3	Yes
M-42 Motel	9391 W Walker	Manton MI 49663	3	Yes
M-42 Motel	9391 W Walker	Manton MI 49663	3	Yes
Emery Camp	9650 W Walker	Manton MI 49663	3P	Yes
Emery Camp	9650 W Walker	Manton MI 49663	3P	Yes
Roberts II Camp	9171 W Walker Road	Manton MI 49663	3P	Yes
Roberts II Camp	9171 W Walker Road	Manton MI 49663	3P	Yes
Gilbert	3409 N Lucas Rd	Manton MI 49663	3	Yes
Gilbert	3409 N Lucas Rd	Manton MI 49663	3	Yes
Osborn	9071 W Packingham Rd	Manton MI 49663	3	Yes
Osborn	9071 W Packingham Rd	Manton MI 49663	3	Yes
Siddall	4552 N Lucas Rd	Manton MI 49663	3P	Yes
Siddall	4552 N Lucas Rd	Manton MI 49663	3P	Yes
Pree	9869 Burns Rd	Manton MI 49663	3	Yes
Pree	9869 Burns Rd	Manton MI 49663	3	Yes
Classroom	9648 W Walker Rd	Manton MI 49663	3P	Yes
Classroom	9648 W Walker Rd	Manton MI 49663	3P	Yes
Bunkhouse	2950 N Lucas Rd	Manton MI 49663	3	No
Bunkhouse	2950 N Lucas Rd	Manton MI 49663	3	No
Getty-Blodgett	4400 N Blodgett Rd	Manton MI 49663	3	No

Getty-Arnold	7870 W Arnold Rd	Manton MI 49663	3	No
Poll	9318 W Walker Rd	Manton MI 49663	3	Yes
Poll	9318 W Walker Rd	Manton MI 49663	3	Yes
Hejnal	7290 N Morey Rd	Lake City MI 49651	3	Yes
Hejnal	7290 N Morey Rd	Lake City MI 49651	3	Yes
Jennings Rd	6262 W Jennings Rd	Lake City MI 49651	3	Yes
Jennings Rd	6262 W Jennings Rd	Lake City MI 49651	3	Yes
Robinson Rd South	5537 Robinson Rd	Deerfield MI 49238	2	Yes
Robinson Rd South	5537 Robinson Rd	Deerfield MI 49238	2	Yes
Chestnut Hills Camp 10	2840 N Monroe St	Monroe MI 48162	1	Yes
Chestnut Hills Camp 10	2840 N Monroe St	Monroe MI 48162	1	Yes
Chestnut Hills Camp 10	2840 N Monroe St	Monroe MI 48162	1	Yes
Chestnut Hills Camp 7	2840 N Monroe Street	Monroe MI 48162	1	Yes
Chestnut Hills Camp 11	2840 N Monroe St	Monroe MI 48162	1	Yes
Chestnut Hills Camp 11	2840 N Monroe St	Monroe MI 48162	1	Yes
Chestnut Hills Camp 11	2840 N Monroe St	Monroe MI 48162	1	Yes
Dusseau Camp	19900 Brewer Rd	Deerfield MI 49238	3	Yes
Dusseau Camp	19900 Brewer Rd	Deerfield MI 49238	3	Yes
Dusseau Camp	19900 Brewer Rd	Deerfield MI 49238	3	Yes
Chestnut Hills Camp 8	2840 N Monroe Street	Monroe MI 48162	1	Yes
Chestnut Hills Camp 8	2840 N Monroe Street	Monroe MI 48162	1	Yes
Chestnut Hills Camp 8	2840 N Monroe Street	Monroe MI 48162	1	Yes
Chestnut Hills Camp 8	2840 N Monroe Street	Monroe MI 48162	1	Yes

Chestnut Hills Camp 8	2840 N Monroe Street	Monroe MI 48162	1	Yes
Chestnut Hills Camp 8	2840 N Monroe Street	Monroe MI 48162	1	Yes
Summerfield	4251 Summerfield Rd	Petersburg MI 49270	2	Yes
Summerfield	4251 Summerfield Rd	Petersburg MI 49270	2	Yes
Horkey Brothers	15175 Dixon Rd	Dundee MI 48131	3	Yes
Horkey Brothers	15175 Dixon Rd	Dundee MI 48131	3	Yes
Iott Farms, Inc.	19475 Lulu Rd	Petersburg MI 49270	3	No
Iott Farms, Inc.	19475 Lulu Rd	Petersburg MI 49270	3	No
Iott Ranch & Orchard No. 2	5429 Alt Road	Petersburg MI 49270	3P	Yes
Iott Ranch & Orchard No. 2	5429 Alt Road	Petersburg MI 49270	3P	Yes
Iott Ranch & Orchard No. 2	5429 Alt Road	Petersburg MI 49270	3P	Yes
Iott Ranch & Orchard	5245 Alt Rd	Petersburg MI 49270	2	Yes
Iott Ranch & Orchard	5245 Alt Rd	Petersburg MI 49270	2	Yes
Iott Ranch & Orchard	5245 Alt Rd	Petersburg MI 49270	2	Yes
Iott Ranch & Orchard	5245 Alt Rd	Petersburg MI 49270	2	Yes
Iott Ranch & Orchard	5245 Alt Rd	Petersburg MI 49270	2	Yes
Iott Ranch & Orchard	5245 Alt Rd	Petersburg MI 49270	2	Yes
Iott Ranch & Orchard No. 3	5200 Alt Road	Petersburg MI 49270	3P	Yes
Iott Ranch & Orchard No. 3	5200 Alt Road	Petersburg MI 49270	3P	Yes
Iott Ranch & Orchard No. 3	5200 Alt Road	Petersburg MI 49270	3P	Yes
Iott Ranch & Orchard No. 3	5200 Alt Road	Petersburg MI 49270	3P	Yes
Janssen Bros. Camp	1555 Geiger	Monroe MI 48161	3	No
Janssen Bros. Camp	1555 Geiger	Monroe MI 48161	3	No

Janssen Bros. Camp	1555 Geiger	Monroe MI 48161	3	No
Dundee Camp	828 Angela Ct	Dundee MI 48131	1	Yes
Samaria	1335 Samaria Rd	Samaria MI 48177	3P	Yes
Samaria	1335 Samaria Rd	Samaria MI 48177	3P	Yes
Samaria	1335 Samaria Rd	Samaria MI 48177	3P	Yes
Samaria	1335 Samaria Rd	Samaria MI 48177	3P	Yes
School Road Camp	6500 School Rd	Petersburg MI 49270	3	No
School Road Camp	6500 School Rd	Petersburg MI 49270	3	No
Lievens	11041 Sylvania- Petersburg Road	Petersburg MI 49270	3	Yes
Lievens	11041 Sylvania- Petersburg Road	Petersburg MI 49270	3	Yes
Lievens	11041 Sylvania- Petersburg Road	Petersburg MI 49270	3	Yes
Parran's	5355 Secor Rd	Ida MI 48140	3P	Yes
Parran's	5355 Secor Rd	Ida MI 48140	3P	Yes
Parran's	5355 Secor Rd	Ida MI 48140	3P	Yes
Station Road Camp	11732 W Station	Greenville MI 48838	2	Yes
Station Road Camp	11732 W Station	Greenville MI 48838	2	Yes
Station Road Camp	11732 W Station	Greenville MI 48838	2	Yes
Stanton Mobile Home Park	304 Dempsey	Stanton MI 48888	1	Yes
Anderson Orchards	771 Coral Rd	Stanton MI 48888	2	Yes
Anderson Orchards	771 Coral Rd	Stanton MI 48888	2	Yes
Anderson Camp #2	4450 Holland Road	Stanton MI 48888	3	Yes
Anderson Camp #2	4450 Holland Road	Stanton MI 48888	3	Yes
Crooks	1449 Deaner Rd NE	Edmore MI 48829	3	Yes
Crooks	1449 Deaner Rd NE	Edmore MI 48829	3	Yes
Crooks	1449 Deaner Rd NE	Edmore MI 48829	3	Yes

Crooks	1449 Deaner Rd NE	Edmore MI 48829	3	Yes
Foster Orchards	11471 Johnson	Greenville MI 48838	3	Yes
Braman Camp	11350 Bricker	Greenville MI 48838	3	Yes
Braman Camp	11350 Bricker	Greenville MI 48838	3	Yes
Braman Camp	11350 Bricker	Greenville MI 48838	3	Yes
Braman Camp	11350 Bricker	Greenville MI 48838	3	Yes
Korson's Camp	1429 W Sidney Rd	Sidney MI 48885	3	Yes
Korson's Camp	1429 W Sidney Rd	Sidney MI 48885	3	Yes
Ravell	1643 E Bricker Rd	Fenwick MI 48834	3	Yes
Alt Camp	275 Kenowa	Casnovia MI 49318	3	Yes
Alt Camp	275 Kenowa	Casnovia MI 49318	3	Yes
White Road Camp	17996 White	Bailey MI 49303	3	Yes
White Road Camp	17996 White	Bailey MI 49303	3	Yes
Green Roof	8822 Cline Rd	Ravenna MI 49451	3	Yes
Green Roof	8822 Cline Rd	Ravenna MI 49451	3	Yes
Green Roof	8822 Cline Rd	Ravenna MI 49451	3	Yes
Brown House	3967 Ensley Road	Ravenna MI 49451	3	Yes
Brown House	3967 Ensley Road	Ravenna MI 49451	3	Yes
Sullivan House	5490 Sullivan Road	Nunica MI 49448	3	Yes
Sullivan House	5490 Sullivan Road	Nunica MI 49448	3	Yes
Twin Lake Camp	7105 Judson Rd	Nunica MI	3	Yes
Twin Lake Camp	7105 Judson Rd	Nunica MI	3	Yes
Laketon Camp/Muma Camp	15505 Laketon	Casnovia MI 49318	2	Yes
Cline	8390 Cline	Muskegon MI 49442	2	Yes

Cline	8390 Cline	Muskegon MI 49442	2	Yes
Rollenhagen	5175 Rollenhagen Rd	Muskegon MI 49442	3	Yes
Rollenhagen	5175 Rollenhagen Rd	Muskegon MI 49442	3	Yes
Bart Housing Complex	8150 Cline Rd	Ravenna MI 49451	3	Yes
Bart Housing Complex	8150 Cline Rd	Ravenna MI 49451	3	Yes
Deering Camp	7840 Wilson Road	Nunica MI 49448	3	Yes
Deering Camp	7840 Wilson Road	Nunica MI 49448	3	Yes
Mahn Housing	7267 Hts Ravenna Road	Revenna MI 49451	3	Yes
Mahn Housing	7267 Hts Ravenna Road	Revenna MI 49451	3	Yes
Weaver	5022 Sullivan Rd	Ravenna MI 49451	3	Yes
Weaver	5022 Sullivan Rd	Ravenna MI 49451	3	Yes
Weaver	5022 Sullivan Rd	Ravenna MI 49451	3	Yes
Weaver	5022 Sullivan Rd	Ravenna MI 49451	3	Yes
Swanson camp	9500 Cline Rd	Ravenna MI 49451	3	Yes
Swanson camp	9500 Cline Rd	Ravenna MI 49451	3	Yes
Peter's Road Camp	460 Peters	Casnovia MI 49318	3	Yes
Peter's Road Camp	460 Peters	Casnovia MI 49318	3	Yes
M-46 Camp	15751 M-46	Kent City MI 49330	3	Yes
M-46 Camp	15751 M-46	Kent City MI 49330	3	Yes
Camp Pandalouan	1243 E Fruitvale Road	Montague MI 49437	2	Yes
Camp Pandalouan	1243 E Fruitvale Road	Montague MI 49437	2	Yes
Camp Pandalouan	1243 E Fruitvale Road	Montague MI 49437	2	Yes
Camp Pandalouan	1243 E Fruitvale Road	Montague MI 49437	2	Yes



John Humphreys	18105 Hall	Casnovia MI 49318	3	Yes
John Humphreys	18105 Hall	Casnovia MI 49318	3	Yes
John Humphreys	18105 Hall	Casnovia MI 49318	3	Yes
Doc's Camp	475 Kenowa	Casnovia MI 49318	3P	Yes
Doc's Camp	475 Kenowa	Casnovia MI 49318	3P	Yes
Hersey-Kenowa	525 Kenowa	Casnovia MI 49318	3P	Yes
Hersey-Kenowa	525 Kenowa	Casnovia MI 49318	3P	Yes
Hersey-Kenowa	525 Kenowa	Casnovia MI 49318	3P	Yes
Newaygo Rd. Camp	916 Newaygo	Casnovia MI 49318	2	Yes
Newaygo Rd. Camp	916 Newaygo	Casnovia MI 49318	2	Yes
Peter's Road Camp	460 Peters	Casnovia MI 49318	3	No
Canada Road Camp	726 Canada	Casnovia MI 49318	3	Yes
Canada Road Camp	726 Canada	Casnovia MI 49318	3	Yes
WF - 1	7760 Holton Rd	Holton MI 49425	3	Yes
WF - 1	7760 Holton Rd	Holton MI 49425	3	Yes
Rice Lake Farms Inc.	3976 East 104th	Grant MI 49327	3	Yes
Rice Lake Farms Inc.	3976 East 104th	Grant MI 49327	3	Yes
Rice Lake Farms Inc.	3976 East 104th	Grant MI 49327	3	Yes
Rice Lake Farms Inc.	3976 East 104th	Grant MI 49327	3	Yes
Spruce	12668 Spruce	Grant MI 49327	2	Yes
Spruce	12668 Spruce	Grant MI 49327	2	Yes
Spruce	12668 Spruce	Grant MI 49327	2	Yes
Spruce	12668 Spruce	Grant MI 49327	2	Yes
Spruce	12668 Spruce	Grant MI 49327	2	Yes
106th Street	4635 106th	Grant MI 49327	3	No
106th Street	4635 106th	Grant MI 49327	3	No
Brink Farm	4097 110th	Grant MI 49327	3	Yes
Brink Farm	4097 110th	Grant MI 49327	3	Yes
Bouwkamp Farm	10355 Oak	Grant MI 49327	3	Yes
Bouwkamp Farm	10355 Oak	Grant MI 49327	3	Yes
Casa Guerrero	12591 Pear	Grant MI 49327	3	Yes
Casa Guerrero	12591 Pear	Grant MI 49327	3	Yes

Casa Guerrero	12591 Pear	Grant MI 49327	3	Yes
San Pedro	12638 Pear	Grant MI 49327	3	Yes
San Pedro	12638 Pear	Grant MI 49327	3	Yes
Halpan Camp	12588 Pear	Grant MI 49327	3	Yes
Halpan Camp	12588 Pear	Grant MI 49327	3	Yes
Chipman	11839 Spruce	Grant MI 49327	3	Yes
Chipman	11839 Spruce	Grant MI 49327	3	Yes
Segura Camp	3473 120th	Grant MI 49327	3	Yes
Segura Camp	3473 120th	Grant MI 49327	3	Yes
Artemio	13878 S Spruce	Grant MI 49327	3	Yes
Artemio	13878 S Spruce	Grant MI 49327	3	Yes
Frenship I	3735 Stone	Fremont MI 49412	3	Yes
Frenship I	3735 Stone	Fremont MI 49412	3	Yes
Frenship 2	2103 Comstock	Fremont MI 49412	3	Yes
Frenship 2	2103 Comstock	Fremont MI 49412	3	Yes
Sneller Camp (#2)	6583 S Green	Fremont MI 49412	3	Yes
Sneller Camp (#2)	6583 S Green	Fremont MI 49412	3	Yes
Gordon Ave Camp	11420 Gordon	Grant MI 49327	2	Yes
Gordon Ave Camp	11420 Gordon	Grant MI 49327	2	Yes
Riveridge Land Co. Camp #2	12560 Ferris	Grant MI 49327	2	Yes
Riveridge Land Co. Camp #2	12560 Ferris	Grant MI 49327	2	Yes
M-37 Camp	345 W Moore Rd	Grant MI 49327	3	Yes
M-37 Camp	345 W Moore Rd	Grant MI 49327	3	Yes
Circle 3 Camp	5565 Dickinson	Fremont MI 49412	3	Yes
Circle 3 Camp	5565 Dickinson	Fremont MI 49412	3	Yes
Shop Camp	9307 56th Street	Fremont MI 49412	3	Yes
Shop Camp	9307 56th Street	Fremont MI 49412	3	Yes
Roossinck	8558 60th	Fremont MI 49412	3	Yes
Roossinck	8558 60th	Fremont MI 49412	3	Yes
Nyblad Orchard #2	1335 108th	Grant MI 49327	3	Yes
Nyblad Orchard #2	1335 108th	Grant MI 49327	3	Yes
Nyblad Orchard #2	1335 108th	Grant MI 49327	3	Yes
Van Singel Farms	10040 Poplar Ave	Grant MI 49327	3	Yes

Wagonmaker camp #2	6632 S. Maple Island Rd.	Holton MI 49425 3	Yes
Wagonmaker camp #2	6632 S. Maple Island Rd.	Holton MI 49425 3	Yes
Fogler's Farm Market Camp	3905 N Rochester Road	Rochester MI 48306 3P	Yes
Fogler's Farm Market Camp	3905 N Rochester Road	Rochester MI 48306 3P	Yes
Fogler's Farm Market Camp	3905 N Rochester Road	Rochester MI 48306 3P	Yes
Lake House	1766 Point St	Commerce Charter Township MI 48382 3P	Yes
Lake House	1766 Point St	Commerce Charter Township MI 48382 3P	Yes
Lake House	1766 Point St	Commerce Charter Township MI 48382 3P	Yes
Aebig Orchard Camp	2182 W Shelby Rd	Shelby MI 49455 3	Yes
Aebig Orchard Camp	2182 W Shelby Rd	Shelby MI 49455 3	Yes
Aebig Orchard Camp	2182 W Shelby Rd	Shelby MI 49455 3	Yes
Hillcrest West	7970 E Monroe	Walkerville MI 49459 2	Yes
Hillcrest West	7970 E Monroe	Walkerville MI 49459 2	Yes
Hillcrest West	7970 E Monroe	Walkerville MI 49459 2	Yes
Hillcrest West	7970 E Monroe	Walkerville MI 49459 2	Yes
Hillcrest West	7970 E Monroe	Walkerville MI 49459 2	Yes
Hillcrest North	8172 E Monroe	Walkerville MI 49459 2	Yes
Hillcrest North	8172 E Monroe	Walkerville MI 49459 2	Yes
BW Orchard - Benona	94 South 24th Avenue	Shelby MI 49455 3	Yes
BW Orchard - Benona	94 South 24th Avenue	Shelby MI 49455 3	Yes

BW Orchard - Benona	94 South 24th Avenue	Shelby MI 49455	3	Yes
BW Orchards Camp	141 W Tyler	Hart MI 49420	3	Yes
BW Orchards Camp	141 W Tyler	Hart MI 49420	3	Yes
BW Orchards Camp	141 W Tyler	Hart MI 49420	3	Yes
Cargill	2752 N 104th	Hart MI 49420	3	Yes
Clark Camp	883 N 152nd	Hart MI 49420	3	Yes
Clark Camp	883 N 152nd	Hart MI 49420	3	Yes
Clark Camp	883 N 152nd	Hart MI 49420	3	Yes
Coulter 100th	2324 100th Ave	Shelby MI 49455	3	Yes
Coulter 100th	2324 100th Ave	Shelby MI 49455	3	Yes
Crosby Camp	2895 N 136th	Hart MI 49420	3	Yes
Daly Jackson	3635 W Jackson	Hart MI 49420	3	Yes
Daly Jackson	3635 W Jackson	Hart MI 49420	3	Yes
Daly Jackson	3635 W Jackson	Hart MI 49420	3	Yes
Peach Camp	7207 W Stoney Lake Road	New Era MI 49446	3	No
Peach Camp	7207 W Stoney Lake Road	New Era MI 49446	3	No
DeRuiter Farms	1471 N Water	Hart MI 49420	3	Yes
DeRuiter Farms	1471 N Water	Hart MI 49420	3	Yes
DeRuiter Farms	1471 N Water	Hart MI 49420	3	Yes
Evans Taylor	2319 E Taylor	Hart MI 49420	3	Yes
Evans Taylor	2319 E Taylor	Hart MI 49420	3	Yes
Evans Taylor	2319 E Taylor	Hart MI 49420	3	Yes
East 120th Camp	4120 N 120th	Hart MI 49420	3P	Yes
East 120th Camp	4120 N 120th	Hart MI 49420	3P	Yes
East 120th Camp	4120 N 120th	Hart MI 49420	3P	Yes
Grant Road West	2516 W Grant	New Era MI 49446	2	Yes
Grant Road West	2516 W Grant	New Era MI 49446	2	Yes
Highland Martin	4192 N 152nd	Hart MI 49420	3	Yes
Highland Martin	4192 N 152nd	Hart MI 49420	3	Yes
Woodrow Road	10036 W Woodrow	Shelby MI 49455	3	Yes
Woodrow Road	10036 W Woodrow	Shelby MI 49455	3	Yes
Harrison Road	4503 E Harrison	Hart MI 49420	3	Yes
Harrison Road	4503 E Harrison	Hart MI 49420	3	Yes
Taylor Rd. Camp	6095 W Taylor	Mears MI 49436	3P	Yes
Taylor Rd. Camp	6095 W Taylor	Mears MI 49436	3P	Yes

Taylor Rd. Camp	6095 W Taylor	Mears MI 49436	3P	Yes
Gamble	2666 N 116th	Hart MI 49420	3	Yes
Gamble	2666 N 116th	Hart MI 49420	3	Yes
Gamble	2666 N 116th	Hart MI 49420	3	Yes
Zwade's Farm Camp	2799 E Filmore	Hart MI 49420	3	Yes
Camp # 1	772 N 64th Ave	Hart MI 49420	3	Yes
Camp # 1	772 N 64th Ave	Hart MI 49420	3	Yes
Camp # 1	772 N 64th Ave	Hart MI 49420	3	Yes
Camp # 1	772 N 64th Ave	Hart MI 49420	3	Yes
Klotz Farms Camp	6315 W Fox	Mears MI 49436	3	Yes
Klotz Farms Camp	6315 W Fox	Mears MI 49436	3	Yes
Klotz Farms Camp	6315 W Fox	Mears MI 49436	3	Yes
Klotz Farms Camp	6315 W Fox	Mears MI 49436	3	Yes
Golden Stock Farm	3601 N 48th	Mears MI 49436	3	Yes
Golden Stock Farm	3601 N 48th	Mears MI 49436	3	Yes
Monroe Rd. Camp	3074 W Monroe	Hart MI 49420	3	Yes
Monroe Rd. Camp	3074 W Monroe	Hart MI 49420	3	Yes
Monroe Rd. Camp	3074 W Monroe	Hart MI 49420	3	Yes
Melvin's Camp	212 E Jackson	Hart MI 49420	3	Yes
Melvin's Camp	212 E Jackson	Hart MI 49420	3	Yes
Melvin's Camp	212 E Jackson	Hart MI 49420	3	Yes
Melvin's Camp	212 E Jackson	Hart MI 49420	3	Yes
Cleveland Camp (South)	7624 N 120th	Hart MI 49420	3	Yes
Cleveland Camp (South)	7624 N 120th	Hart MI 49420	3	Yes
Cleveland Camp (South)	7624 N 120th	Hart MI 49420	3	Yes
Cleveland Camp (South)	7624 N 120th	Hart MI 49420	3	Yes
Crystal Valley Motel	6827 N 126th	Hart MI 49420	2	Yes
Crystal Valley Motel	6827 N 126th	Hart MI 49420	2	Yes
Crystal Valley Motel	6827 N 126th	Hart MI 49420	2	Yes
Crystal Valley Motel	6827 N 126th	Hart MI 49420	2	Yes
Monroe East	494 E Monroe	Hart MI 49420	3	Yes
Monroe East	494 E Monroe	Hart MI 49420	3	Yes
Monroe East	494 E Monroe	Hart MI 49420	3	Yes
Monroe West	443 E Monroe	Hart MI 49420	3	Yes
Monroe West	443 E Monroe	Hart MI 49420	3	Yes
Monroe West	443 E Monroe	Hart MI 49420	3	Yes

Rothbury - Yellow House	4409 Clay Road	Montague MI 49437	3	Yes
Rothbury - Yellow House	4409 Clay Road	Montague MI 49437	3	Yes
Rothbury Blue House	4200 West Winston Road	Rothbury MI 49452	3	Yes
Rothbury Blue House	4200 West Winston Road	Rothbury MI 49452	3	Yes
Heritage M-20	7225 E M-20	Hesperia MI 49421	3	Yes
Heritage M-20	7225 E M-20	Hesperia MI 49421	3	Yes
Heritage M-20	7225 E M-20	Hesperia MI 49421	3	Yes
Cleveland Rd	9405 E Cleveland	Fremont MI 49412	3	Yes
Cleveland Rd	9405 E Cleveland	Fremont MI 49412	3	Yes
Cleveland Rd	9405 E Cleveland	Fremont MI 49412	3	Yes
Woodward Camp	5192 S 164th	Hesperia MI 49421	3	Yes
Woodward Camp	5192 S 164th	Hesperia MI 49421	3	Yes
Woodward Camp	5192 S 164th	Hesperia MI 49421	3	Yes
Woodward Camp	5192 S 164th	Hesperia MI 49421	3	No
Four Star Farms	4286 E Hazel	Hart MI 49420	3	Yes
Four Star Farms	4286 E Hazel	Hart MI 49420	3	Yes
Four Star Farms	4286 E Hazel	Hart MI 49420	3	Yes
Williams Camp	3954 E Hazel Rd	Hart MI 49420	3	No
Williams Camp	3954 E Hazel Rd	Hart MI 49420	3	No
Near Camp	2248 S 96th	Shelby MI 49455	3	Yes
Near Camp	2248 S 96th	Shelby MI 49455	3	Yes
Near Camp	2248 S 96th	Shelby MI 49455	3	Yes
Near Camp	2248 S 96th	Shelby MI 49455	3	Yes
152nd West	4645 N 152nd	Walkerville MI 49420	3	Yes
152nd West	4645 N 152nd	Walkerville MI 49420	3	Yes

152nd West	4645 N 152nd	Walkerville MI 49420	3	Yes
Jorissen	836 E Harrison	Hart MI 49420	3	Yes
Minke Road Camp	1676 E Minke	Hart MI 49420	3	Yes
Cole Camp	5691 N 126th	Hart MI 49420	3	Yes
Cole Camp	5691 N 126th	Hart MI 49420	3	Yes
Cole Camp	5691 N 126th	Hart MI 49420	3	Yes
Cole Camp	5691 N 126th	Hart MI 49420	3	Yes
Krantz Orchards	6019 W Deer	Mears MI 49436	3	Yes
FmHA	7788 W Woodrow	Shelby MI 49455	3	Yes
FmHA	7788 W Woodrow	Shelby MI 49455	3	Yes
Rothbury	6126 S 90th	New Era MI 49446	3	Yes
The Bakery	6054 90th Street	New Era MI 49446	3	Yes
The Farm House	4170 McKinley Road	Montaque MI 49437	3	Yes
The Farm House	4170 McKinley Road	Montaque MI 49437	3	Yes
Lewis West	5171 S Water	New Era MI 49446	3P	Yes
Lewis West	5171 S Water	New Era MI 49446	3P	Yes
Lewis East	5210 S Water	New Era MI 49446	3P	Yes
Lewis East	5210 S Water	New Era MI 49446	3P	Yes
Wybenga Camp	3847 W Arthur Rd	New Ear MI	3	Yes
Wybenga Camp	3847 W Arthur Rd	New Ear MI	3	Yes
Tonys	2263 Fox Rd	Hart MI 49420	3	No
Tonys	2263 Fox Rd	Hart MI 49420	3	No
Tonys	2263 Fox Rd	Hart MI 49420	3	No
Lovers Camp	4049 W Tyler	Hart MI 49420	3	Yes
Major Camp	9334 N 120th	Hart MI 49420	3	Yes
Major Camp	9334 N 120th	Hart MI 49420	3	Yes
Malburg 104th	5130 N 104th	Hart MI 49420	3P	Yes
Malburg 104th	5130 N 104th	Hart MI 49420	3P	Yes
Malburg 104th	5130 N 104th	Hart MI 49420	3P	Yes
Malburg Monroe	2337 E Monroe	Hart MI 49420	3	Yes
Malburg Monroe	2337 E Monroe	Hart MI 49420	3	Yes
Malburg Monroe	2337 E Monroe	Hart MI 49420	3	Yes
Monroe - North	2188 E Monroe	Hart MI 49420	3	Yes
Monroe - North	2188 E Monroe	Hart MI 49420	3	Yes

Monroe - North	2188 E Monroe	Hart MI 49420	3	Yes
Brad's on 104th	5223 N 104th	Hart MI 49420	3	Yes
Brad's on 104th	5223 N 104th	Hart MI 49420	3	Yes
Oceana Acres	2320 W Baseline	Shelby MI 49455	2	Yes
Oceana Acres	2320 W Baseline	Shelby MI 49455	2	Yes
Oceana Acres	2320 W Baseline	Shelby MI 49455	2	Yes
Oceana Acres	2320 W Baseline	Shelby MI 49455	2	Yes
Oceana Acres	2320 W Baseline	Shelby MI 49455	2	Yes
Jackson Rd. East	2369 E Jackson	Hart MI 49420	3	Yes
Jackson Rd. East	2369 E Jackson	Hart MI 49420	3	Yes
Mortown - Dick's	5159 N 120th	Hart MI 49420	2	Yes
Mortown - Dick's	5159 N 120th	Hart MI 49420	2	Yes
Mortown - Dick's	5159 N 120th	Hart MI 49420	2	Yes
136th (FmHA)	5569 N 136th	Hart MI 49420	3	Yes
136th (FmHA)	5569 N 136th	Hart MI 49420	3	Yes
Jackson Rd. West	1623 E Jackson	Hart MI 49420	3	Yes
Jackson Rd. West	1623 E Jackson	Hart MI 49420	3	Yes
Clark Camp	7430 N 120th	Hart MI 49420	3	Yes
Clark Camp	7430 N 120th	Hart MI 49420	3	Yes
Clark Camp	7430 N 120th	Hart MI 49420	3	Yes
Jensen Camp	6861 N 128th Ave	Hart MI 49420	3	Yes
Jensen Camp	6861 N 128th Ave	Hart MI 49420	3	Yes
Jensen Camp	6861 N 128th Ave	Hart MI 49420	3	Yes
Monroe Road	1621 E Monroe	Hart MI 49420	3	Yes
Monroe Road	1621 E Monroe	Hart MI 49420	3	Yes
Winter Rd. East	3841 E Winter	Hart MI 49420	3	Yes
Winter Rd. East	3841 E Winter	Hart MI 49420	3	Yes
Winter Rd. East	3841 E Winter	Hart MI 49420	3	Yes
Minke Road	1731 E Minke	Hart MI 49420	3	Yes
Minke Road	1731 E Minke	Hart MI 49420	3	Yes
Minke Road	1731 E Minke	Hart MI 49420	3	Yes
Winter Rd. West	3744 E Winter	Hart MI 49420	3	Yes
Winter Rd. West	3744 E Winter	Hart MI 49420	3	Yes
Hill Camp	2706 E Hammett	Hart MI 49420	3P	Yes
Hill Camp	2706 E Hammett	Hart MI 49420	3P	Yes
Hill Camp	2706 E Hammett	Hart MI 49420	3P	Yes
Rabe - 36th	6245 S 36th	New Era MI 49446	3	No
Rabe - 36th	6245 S 36th	New Era MI 49446	3	No
Heaven on 48th St.	1785 N 48th	Mears MI 49436	3P	Yes



Heaven on 48th St.	1785 N 48th	Mears MI 49436	3P	Yes
Paradise on 48th St	1705 N 48th Ave	Mears MI 49436	3P	Yes
Paradise on 48th St	1705 N 48th Ave	Mears MI 49436	3P	Yes
Paradise on 48th St	1705 N 48th Ave	Mears MI 49436	3P	Yes
Bush Camp	2208 W M-20	New Era MI 49446	3	Yes
Bush Camp	2208 W M-20	New Era MI 49446	3	Yes
Bush Camp	2208 W M-20	New Era MI 49446	3	Yes
Lorenzo Rodriquez Place	2919 E Scout	Hart MI 49420	3P	Yes
Lorenzo Rodriquez Place	2919 E Scout	Hart MI 49420	3P	Yes
Lorenzo Rodriquez Place	2919 E Scout	Hart MI 49420	3P	Yes
Lorenzo Rodriquez Place	2919 E Scout	Hart MI 49420	3P	Yes
Lorenzo Rodriquez Place	2919 E Scout	Hart MI 49420	3P	Yes
Vivienda De Migrantes	2747 E Scout	Hart MI 49420	3	Yes
Vivienda De Migrantes	2747 E Scout	Hart MI 49420	3	Yes
Vivienda De Migrantes	2747 E Scout	Hart MI 49420	3	Yes
Vivienda De Migrantes	2747 E Scout	Hart MI 49420	3	Yes
Shull Camp	3493 N 144th	Hart MI 49420	3	Yes
Shull Camp	3493 N 144th	Hart MI 49420	3	Yes
Perry Camp	2657 E Polk	Hart MI 49420	3	Yes
Perry Camp	2657 E Polk	Hart MI 49420	3	Yes
Big Building	1625 N 136th	Hart MI 49420	3P	Yes
Big Building	1625 N 136th	Hart MI 49420	3P	Yes
Tate Brother's Camp	1413 E Clock Rd	Hart MI 49420	3	Yes
Tate Brother's Camp	1413 E Clock Rd	Hart MI 49420	3	Yes
Tate Brother's Camp	1413 E Clock Rd	Hart MI 49420	3	Yes
Timothy Tubbs Farms	396 E Tyler Rd	Hart MI 49420	3	Yes
Timothy Tubbs Farms	396 E Tyler Rd	Hart MI 49420	3	Yes
LaPorte	5864 N 88th	Hart MI 49420	2	Yes
LaPorte	5864 N 88th	Hart MI 49420	2	Yes
Jackson Road	2492 W Jackson	Hart MI 49420	3	Yes
Jackson Road	2492 W Jackson	Hart MI 49420	3	Yes
Vander Zanden	4752 W Adams	Pentwater MI 49449	3	Yes
Vander Zanden	4752 W Adams	Pentwater MI 49449	3	Yes
VanSickle Farms	2587 E Polk	Hart MI 49420	2	Yes
VanSickle Farms	2587 E Polk	Hart MI 49420	2	Yes
VanSickle Farms	2587 E Polk	Hart MI 49420	2	Yes
VanSickle Farms	2587 E Polk	Hart MI 49420	2	Yes

Grinniss	7141 W Winston	Montague MI 49437	3	Yes
Grinniss	7141 W Winston	Montague MI 49437	3	Yes
Williams	5689 W Deer	Mears MI 49436	3	Yes
Williams	5689 W Deer	Mears MI 49436	3	Yes
Burmeister Stone	8273 W Stone	Shelby MI 49455	3	Yes
Burmeister Stone	8273 W Stone	Shelby MI 49455	3	Yes
Zwade's Farm Camp	2799 E Filmore	Hart MI 49420	3	No
Ochoa's Camp	13911 Bldg. Winans St	West Olive MI 49460	3P	Yes
Ochoa's Camp	13911 Bldg. Winans St	West Olive MI 49460	3P	Yes
M-45 Camp	13930 Lake Michigan	West Olive MI 49460	2	Yes
M-45 Camp	13930 Lake Michigan	West Olive MI 49460	2	Yes
Blue Camp	1919 Coolidge	Conklin MI 49403	2	Yes
Blue Camp	1919 Coolidge	Conklin MI 49403	2	Yes
Dickinson Camp	683 Dickinson	Conklin MI 49403	3	Yes
Dickinson Camp	683 Dickinson	Conklin MI 49403	3	Yes
Beuschel Camp	21015 16th Ave	Conklin MI 49403	3	Yes
Bowerman Blueberries	15793 James	Holland MI 49423	2	Yes
Bowerman Blueberries	15793 James	Holland MI 49423	2	Yes
James Camp	15679 James St	Holland MI 49424	1	Yes
14th Avenue Camp	18415 14th	Conklin MI 49403	3	Yes
14th Avenue Camp	18415 14th	Conklin MI 49403	3	Yes
W. Wilson Rd. Camp	1850 Wilson	Conklin MI 49403	3	Yes
W. Wilson Rd. Camp	1850 Wilson	Conklin MI 49403	3	Yes
Farm 6 Camp	14628 Pierce Street	West Olive MI 49460	3	Yes

Farm 6 Camp	14628 Pierce Street	West Olive MI 49460	3	Yes
Farm 6 Camp	14628 Pierce Street	West Olive MI 49460	3	Yes
Farm 14 Camp	16375 Lake Michigan Drive	West Olive MI 49460	3	Yes
Farm 14 Camp	16375 Lake Michigan Drive	West Olive MI 49460	3	Yes
Farm 2A	11101 144th Ave	West Olive MI 49460	3	Yes
Farm 2A	11101 144th Ave	West Olive MI 49460	3	Yes
Farm 8	10152 144th Ave	West Olive MI 49460	3	Yes
Farm 8	10152 144th Ave	West Olive MI 49460	3	Yes
House L unit 1	14559 Lake Michigan Dr	West Olive MI 49460	1	Yes
House L unit 1	14559 Lake Michigan Dr	West Olive MI 49460	1	Yes
Farm 6 Back	14628 Pierce St	Grand Haven MI 49417	2	Yes
Farm 6 Back	14628 Pierce St	Grand Haven MI 49417	2	Yes
Dekker Camp	12331 Rich St	Grand Haven MI	2	Yes
Dekker Camp	12331 Rich St	Grand Haven MI	2	Yes
Brown Camp	18203 8th Ave	Conklin MI 49403	3	Yes
Camp David	2550 Harding St	Conklin MI 49403	3	Yes
Camp David	2550 Harding St	Conklin MI 49403	3	Yes
Camp David	2550 Harding St	Conklin MI 49403	3	Yes
Camp David	2550 Harding St	Conklin MI 49403	3	Yes
Gavin Orchards # 2	16321 40th Ave	Coopersville MI 49404	3	Yes
Gavin Orchards # 2	16321 40th Ave	Coopersville MI 49404	3	Yes
Gavin Orchards # 2	16321 40th Ave	Coopersville MI 49404	3	Yes
Gavin Orchards #1	16321 40th Ave	Coopersville MI 49404	2	Yes

Gavin Orchards #1	16321 40th Ave	Coopersville MI 49404	2	Yes
Gavin Orchards #1	16321 40th Ave	Coopersville MI 49404	2	Yes
Peterson Camp	14780 Pierce	West Olive MI 49460	2	Yes
Peterson Camp	14780 Pierce	West Olive MI 49460	2	Yes
Peterson Camp	14780 Pierce	West Olive MI 49460	2	Yes
Tako Camp	14806 Evelyn Drive	West Olive MI 49460	3	Yes
Tako Camp	14806 Evelyn Drive	West Olive MI 49460	3	Yes
M-45 Camp Grow Blue Camp	14135 Lake MI Drive	West Olive MI 49460	2	Yes
M-45 Camp Grow Blue Camp	14135 Lake MI Drive	West Olive MI 49460	2	Yes
M-45 Camp Grow Blue Camp	14135 Lake MI Drive	West Olive MI 49460	2	Yes
Shack	14710 Winans	West Olive MI 49460	3P	Yes
Shack	14710 Winans	West Olive MI 49460	3P	Yes
Shack	14710 Winans	West Olive MI 49460	3P	Yes
Heaphy Camp	14733 Winans	West Olive MI 49460	3P	Yes
Heaphy Camp	14733 Winans	West Olive MI 49460	3P	Yes
Heaphy Camp	14733 Winans	West Olive MI 49460	3P	Yes
Magrath House	13881 Tyler Street	Holland MI 49424	3	Yes
Magrath House	13881 Tyler Street	Holland MI 49424	3	Yes
Dekker Cabin	15615 Quincy Street	Holland MI 49424	3	Yes
Dekker Cabin	15615 Quincy Street	Holland MI 49424	3	Yes
Clyde's House	9690 144th Avenue	West Olive MI 49460	3P	Yes
Clyde's House	9690 144th Avenue	West Olive MI 49460	3P	Yes
Clyde's House	9690 144th Avenue	West Olive MI 49460	3P	Yes

Office Camp	1187 144th Ave	Grand Haven MI 49417	3P	Yes
Office Camp	1187 144th Ave	Grand Haven MI 49417	3P	Yes
Office Camp	1187 144th Ave	Grand Haven MI 49417	3P	Yes
Weipperts Camp	14753 Pierce St	West Olive MI 49460	2	Yes
Weipperts Camp	14753 Pierce St	West Olive MI 49460	2	Yes
Weipperts Camp	14753 Pierce St	West Olive MI 49460	2	Yes
Weipperts Camp	14753 Pierce St	West Olive MI 49460	2	Yes
Rich	14970 Rich St	Grand Haven MI 49417	2	Yes
Rich	14970 Rich St	Grand Haven MI 49417	2	Yes
Rich	14970 Rich St	Grand Haven MI 49417	2	Yes
Schaefer	19717 Kenowa Avenue	Sparta MI 49345	3	Yes
Schaefer	19717 Kenowa Avenue	Sparta MI 49345	3	Yes
Pierce Street Camp	10671 Pierce St	Holland MI 49424	3	Yes
Pierce Street Camp	10671 Pierce St	Holland MI 49424	3	Yes
136th Ave Camp	661 136th Ave	Holland MI 49424	1	Yes
136th Ave Camp	661 136th Ave	Holland MI 49424	1	Yes
VanderVeen	157 VanderVeen	Holland MI 49424	1	Yes
VanderVeen	157 VanderVeen	Holland MI 49424	1	Yes
Riley St. Camp	15528 Riley	Holland MI 49424	3	Yes
Riley St. Camp	15528 Riley	Holland MI 49424	3	Yes
Riley St. Camp	15528 Riley	Holland MI 49424	3	Yes
Lakeside Pierce St	10821 Pierce St	Zeeland MI 49464	3	Yes
Lakeside Pierce St	10821 Pierce St	Zeeland MI 49464	3	Yes

144th Camp	6954 144th Street	Holland MI 49424	3	Yes
144th Camp	6954 144th Street	Holland MI 49424	3	Yes
Packing House	7101 W Olive Rd	Holland MI 49424	3	Yes
Packing House	7101 W Olive Rd	Holland MI 49424	3	Yes
The White House	15644 Riley St	Holland MI 49424	3	Yes
The White House	15644 Riley St	Holland MI 49424	3	Yes
M-45 Camp	13930 Lake Michigan	West Olive MI 49460	2	Yes
Lubbers Brothers Camp	62115 Chicago Dr	Zeeland MI 49464	3	Yes
Lubbers Brothers Camp	62115 Chicago Dr	Zeeland MI 49464	3	Yes
Evergreen Estates	10845 Lake Michigan Dr	West Olive MI 49450	3P	Yes
Evergreen Estates	10845 Lake Michigan Dr	West Olive MI 49450	3P	Yes
Nelson Blueberry Farm	15614 Fillmore Road	West Olive MI 49460	3	Yes
9021 Camp	9021 160th Avenue	West Olive MI 49460	3P	Yes
Kamphuis Camp	16105 New Holland	Holland MI 49423	3	Yes
Kamphuis Camp	16105 New Holland	Holland MI 49423	3	Yes
Ochoa's Camp	13911 Bldg. Winans St	West Olive MI 49460	3P	Yes
Ottawa Orchards	16595 Juniper Dr	Coopersville MI 49404	3	Yes
Schwallier Camp	3449 Arthur	Coopersville MI 49404	3	Yes
East Camp	14004 Fillmore	West Olive MI 49417	2	Yes
East Camp	14004 Fillmore	West Olive MI 49417	2	Yes
West Camp	14250 Fillmore	Grand Haven MI 49417	2	Yes
West Camp	14250 Fillmore	Grand Haven MI 49417	2	Yes
US-31 Camp	10010 US-31	West Olive MI 49460	3P	Yes

US-31 Camp	10010 US-31	West Olive MI 49460	3P	Yes
Reister Camp	21605 16th Ave	Conklin MI 49403	3	No
Wells Camp	8927 Kenowa Ave SW	Grand Rapids MI 49534	3P	Yes
Wells Camp	8927 Kenowa Ave SW	Grand Rapids MI 49534	3P	Yes
Schoenborn	19664 24th Ave	Conklin MI 49403	2	Yes
Schoenborn	19664 24th Ave	Conklin MI 49403	2	Yes
Schoenborn	19664 24th Ave	Conklin MI 49403	2	Yes
Schoenborn	19664 24th Ave	Conklin MI 49403	2	Yes
Ottawa Orchards	16595 Juniper Dr	Coopersville MI 49404	3	Yes
Ottawa Orchards	16595 Juniper Dr	Coopersville MI 49404	3	Yes
Schwallier Camp	3449 Arthur	Coopersville MI 49404	3	Yes
Schwallier Camp	3449 Arthur	Coopersville MI 49404	3	Yes
Schwallier Camp	3449 Arthur	Coopersville MI 49404	3	Yes
East Lincoln Camp	11957 Lincoln St	Grand Haven MI 49417	3	Yes
East Lincoln Camp	11957 Lincoln St	Grand Haven MI 49417	3	Yes
White House	12575 120th Ave	Grand Haven MI 49417	3P	Yes
White House	12575 120th Ave	Grand Haven MI 49417	3P	Yes
Farm House	12652 120th Ave	Grand Haven MI 49417	3P	Yes
Farm House	12652 120th Ave	Grand Haven MI 49417	3P	Yes
Yellow House	12511 120th Ave	Grand Haven MI 49417	3P	Yes
Yellow House	12511 120th Ave	Grand Haven MI 49417	3P	Yes
Spring Meadow Nursery	12588 120th Ave	Grand Haven MI 49417	3P	Yes
Spring Meadow Nursery	12588 120th Ave	Grand Haven MI 49417	3P	Yes

Brown House	12581 120th Ave	Grand Haven MI 49417	3P	Yes
Brown House	12581 120th Ave	Grand Haven MI 49417	3P	Yes
Lincoln St House	12056 Lincoln St	Grand Haven MI 49417	3P	Yes
Lincoln St House	12056 Lincoln St	Grand Haven MI 49417	3P	Yes
Gray House	12700 120th Ave	Grand Haven MI 49417	3P	Yes
Gray House	12700 120th Ave	Grand Haven MI 49417	3P	Yes
Lighthouse Camp	12675 Lighthouse Ave	Grand Haven MI 49417	3P	Yes
Lighthouse Camp	12675 Lighthouse Ave	Grand Haven MI 49417	3P	Yes
Kuwait	8626 142nd St	Holland MI 49424	3	No
Hotel California #2	14050 Stanton	Holland MI 49424	2	Yes
North Camp	11705 Lake Michigan Dr	West Olive MI 49460	3	No
East Camp	10659 Winans Rd	Holland MI 49423	3	No
Main Camp	10656 Winans Rd	West Olive MI 49423	2	Yes
Dennis Camp	2018 Wilson	Conklin MI 49403	3	Yes
Dennis Camp	2018 Wilson	Conklin MI 49403	3	Yes
Tyler Camp	11612 Tyler Street	Holland MI 49423	3	Yes
Tyler Camp	11612 Tyler Street	Holland MI 49423	3	Yes
Oxford Camp	380 Oxford CT	Holland MI 49423	1	Yes
Oxford Camp	380 Oxford CT	Holland MI 49423	1	Yes
Kuwait	8626 142nd St	Holland MI 49424	3	Yes
Hotel California #2	14050 Stanton	Holland MI 49424	2	Yes
North Camp	11705 Lake Michigan Dr	West Olive MI 49460	3	Yes
East Camp	10659 Winans Rd	Holland MI 49423	3	Yes



Main Camp	10656 Winans Rd	West Olive MI 49423	2	Yes
Roosevelt Camp	705 Roosevelt	Conklin MI 49403	2	Yes
Roosevelt Camp	705 Roosevelt	Conklin MI 49403	2	Yes
Roosevelt Camp	705 Roosevelt	Conklin MI 49403	2	Yes
Howard Camp	18720 112th	Nunica MI 49448	3	Yes
Howard Camp	18720 112th	Nunica MI 49448	3	Yes
Howard Camp	18720 112th	Nunica MI 49448	3	Yes
Howard Camp	18720 112th	Nunica MI 49448	3	Yes
Home Farm Camp	1311 Wilson Ave	Conklin MI 49403	2	Yes
Home Farm Camp	1311 Wilson Ave	Conklin MI 49403	2	Yes
Bargel	8061 24th Ave	Conklin MI 49403	2	Yes
Coolidge Camp	944 Coolidge St	Conklin MI 49403	3	Yes
Coolidge Camp	944 Coolidge St	Conklin MI 49403	3	Yes
Coolidge Camp	944 Coolidge St	Conklin MI 49403	3	Yes
Westridge Orchards	17647 40th Ave	Conklin MI 49403	3	Yes
Westridge Orchards	17647 40th Ave	Conklin MI 49403	3	Yes
Bauer Camp	410 Wilson	Conklin MI 49403	3P	Yes
Bauer Camp	410 Wilson	Conklin MI 49403	3P	Yes
Bauer Camp	410 Wilson	Conklin MI 49403	3P	Yes
Bauer Camp	410 Wilson	Conklin MI 49403	3P	Yes
Home Camp	1525 Wilson	Conklin MI 49403	3	Yes
Home Camp	1525 Wilson	Conklin MI 49403	3	Yes

Baurer House	540 Wilson	Conklin MI 49403	3	Yes
Baurer House	540 Wilson	Conklin MI 49403	3	Yes
Baurer House	540 Wilson	Conklin MI 49403	3	Yes
Baurer House	540 Wilson	Conklin MI 49403	3	Yes
8th Avenue Camp	20633 8th Ave	Conklin MI 49403	3	Yes
8th Avenue Camp	20633 8th Ave	Conklin MI 49403	3	Yes
Pine Acres Estates Association	4940 Pine Acres Dr	Holland MI 49417	1	Yes
Pine Acres Estates Association	4940 Pine Acres Dr	Holland MI 49417	1	Yes
Pine Acres Estates Association	4940 Pine Acres Dr	Holland MI 49417	1	Yes
Pine Acres Estates Association	4940 Pine Acres Dr	Holland MI 49417	1	Yes
Pine Creek	14190 Quincy	Holland MI 49424	1	Yes
Pine Creek	14190 Quincy	Holland MI 49424	1	Yes
Country Ridge Camp	6710 Shady Pine Lane	Saginaw MI 48603	1	Yes
Country Ridge Camp	6710 Shady Pine Lane	Saginaw MI 48603	1	Yes
Hemlock House	346 S Parsons St	Merrill MI 48637	1	Yes
Hemlock House	346 S Parsons St	Merrill MI 48637	1	Yes
Beck Sod Farm Inc.	680 Ridley Rd	Palms MI 48465	3	No
Beck Sod Farm Inc.	680 Ridley Rd	Palms MI 48465	3	No
Huggett Sod Farm	2310 McGill	Marlette MI 48453	3	No
Huggett Sod Farm	2310 McGill	Marlette MI 48453	3	No
Huggett Sod Farm	2310 McGill	Marlette MI 48453	3	No
McCoy Camp	1500 Main Street	Minden City MI 48456	1	Yes
McCoy Camp	1500 Main Street	Minden City MI 48456	1	Yes

McCoy Camp	1500 Main Street	Minden City MI 48456	1	Yes
1500 Main Street West	1500 Main Street	Minden City MI 48456	1	Yes
1500 Main Street West	1500 Main Street	Minden City MI 48456	1	Yes
1500 Main Street West	1500 Main Street	Minden City MI 48456	1	Yes
1500 Main Street West	1500 Main Street	Minden City MI 48456	1	Yes
Bordman	25261 Bordman	Riley MI 48041	3	No
Bordman	25261 Bordman	Riley MI 48041	3	No
Glassford	212 Glassford	Riley MI 48041	1	Yes
Glassford	212 Glassford	Riley MI 48041	1	Yes
Glassford	212 Glassford	Riley MI 48041	1	Yes
Glassford	212 Glassford	Riley MI 48041	1	Yes
209 South Main	209 South Main	Capac MI 48014	1	Yes
209 South Main	209 South Main	Capac MI 48014	1	Yes
209 South Main	209 South Main	Capac MI 48014	1	Yes
Bordman Russ	26501 Bordman	Riley MI 48041	3	Yes
Bordman Russ	26501 Bordman	Riley MI 48041	3	Yes
Bordman Russ	26501 Bordman	Riley MI 48041	3	Yes
Mike Pirrone Produce	15313 Bryce Rd	Mussey MI 48014	1	Yes
Mike Pirrone Produce	15313 Bryce Rd	Mussey MI 48014	1	Yes
Mike Pirrone Produce	15313 Bryce Rd	Mussey MI 48014	1	Yes
Lambs Road Camp	11459 Lambs Road	Memphis MI 48041	2	Yes
Lambs Road Camp	11459 Lambs Road	Memphis MI 48041	2	Yes
Lambs Road Camp	11459 Lambs Road	Memphis MI 48041	2	Yes
Foley Road	13618 Foley Road	Capac MI 48014	3	Yes
Foley Road	13618 Foley Road	Capac MI 48014	3	Yes
Foley Road	13618 Foley Road	Capac MI 48014	3	Yes
Foley Road	13618 Foley Road	Capac MI 48014	3	Yes
M-21 Camp	15451 Old State Hwy 21	Capac MI 48014	3	No

M-21 Camp	15451 Old State Hwy 21	Capac MI 48014	3	No
M-21 Camp	15451 Old State Hwy 21	Capac MI 48014	3	No
Gould Road Camp	15459 Gould Rd	Allenton MI 48002	3	No
Sperry Road Camp	1142 Sperry Rd	Allenton MI 48002	3	No
Martin Farms	215B N Main	Capac MI 48014	1	Yes
Martin Camp #1	129 N. Main - Apt. 2	Capac MI 48014	3P	Yes
Martin Camp Apartment	118 Main Street, Apt N	Capac MI 48014	1	Yes
Martin Farm Camp	15116 Hough Rd	Allenton MI 48002	3	Yes
Martin Farm Camp	15116 Hough Rd	Allenton MI 48002	3	Yes
Ruggirellos Camp	5236 Bud Lane	Casco MI 48064	1	Yes
Ruggirellos Camp	5236 Bud Lane	Casco MI 48064	1	Yes
Bowers Road Camp	15301 Bowers	Capac MI 49014	1	Yes
Speaker Road Camp	16280 Speaker Rd	Lynn MI 48097	3	Yes
Speaker Road Camp	16280 Speaker Rd	Lynn MI 48097	3	Yes
Klein Camp	15691 North St	Three Rivers MI 49093	3P	Yes
Klein Camp	15691 North St	Three Rivers MI 49093	3P	Yes
Klein Camp	15691 North St	Three Rivers MI 49093	3P	Yes
Klein Camp	15691 North St	Three Rivers MI 49093	3P	Yes
Country Hearth Inn	1730 S Centerville Rd	Sturgis MI 49091	1	Yes
Country Hearth Inn	1730 S Centerville Rd	Sturgis MI 49091	1	Yes
Country Hearth Inn	1730 S Centerville Rd	Sturgis MI 49091	1	Yes
Travel Lodge 2	1301 S Centerville	Sturgis MI 49091	1	Yes
Travel Lodge 2	1301 S Centerville	Sturgis MI 49091	1	Yes
Memory Lane Camp	25039 West US-12	Sturgis MI 49091	1	Yes

Memory Lane Camp	25039 West US-12	Sturgis MI 49091	1	Yes
Perez Properties	285 E 3rd St	Constantine MI 49042	1	Yes
Perez Properties	285 E 3rd St	Constantine MI 49042	1	Yes
Canal St	1012 Canal St	Three Rivers MI 49093	1	Yes
Canal St Camp 2	1005 Canal St	Three Rivers MI 49093	1	Yes
Country Hearth Inn	1730 S Centerville Rd	Sturgis MI 49091	1	Yes
Country Hearth Inn	1730 S Centerville Rd	Sturgis MI 49091	1	Yes
Big Hill Road Camp	68782 Big Hill Rd	Sturgis MI 49091	3	Yes
Big Hill Road Camp	68782 Big Hill Rd	Sturgis MI 49091	3	Yes
John St Camp	305 John St	Sturgis MI	1	Yes
John St Camp	305 John St	Sturgis MI	1	Yes
Jacob St	204 Jacob St	Sturgis MI 49091	1	Yes
Jacob St	204 Jacob St	Sturgis MI 49091	1	Yes
Surprise Street	201 Surprise St - Apt 1&2	Sturgis MI 49091	1	Yes
Surprise Street	201 Surprise St - Apt 1&2	Sturgis MI 49091	1	Yes
Prospect	225 N Prospect Apt 1 & 2	Sturgis MI 49091	1	Yes
Prospect	225 N Prospect Apt 1 & 2	Sturgis MI 49091	1	Yes
Hatch	403 E Hatch	Sturgis MI 49091	1	Yes
Hatch	403 E Hatch	Sturgis MI 49091	1	Yes
William St	402 Williams St	Sturgis MI 49091	1	Yes
William St	402 Williams St	Sturgis MI 49091	1	Yes
Jefferson St	205 S Jefferson	Sturgis MI 49091	1	Yes
Jefferson St	205 S Jefferson	Sturgis MI 49091	1	Yes
Nottawa Camp	69819 S. Nottawa Rd.	Sturgis MI 49091	3P	Yes

Nottawa Camp	69819 S. Nottawa Rd.	Sturgis MI 49091	3P	Yes
Dickinson Camp	17462 Dickinson	White Pigeon MI 49099	3	Yes
Dickinson Camp	17462 Dickinson	White Pigeon MI 49099	3	Yes
Mann Camp	17206 Dickinson	White Pigeon MI 49099	3	Yes
Mann Camp	17206 Dickinson	White Pigeon MI 49099	3	Yes
Nine Hundred Fourth Camp	915 Fourth Street	Three Rivers MI 49093	1	Yes
Nine Hundred Fourth Camp	915 Fourth Street	Three Rivers MI 49093	1	Yes
Middle Street Camp	214 Middle Street	Three Rivers MI 49093	1	Yes
Middle Street Camp	214 Middle Street	Three Rivers MI 49093	1	Yes
Mechanic Street Camp	512 Mechanic Street	Three Rivers MI 49093	1	Yes
Mechanic Street Camp	512 Mechanic Street	Three Rivers MI 49093	1	Yes
Madison Street Camp	615 Madison Street	Three Rivers MI 49093	1	Yes
Madison Street Camp	615 Madison Street	Three Rivers MI 49093	1	Yes
Apt. Camp	23155 US 12	Sturgis MI 49091	3	Yes
Apt. Camp	23155 US 12	Sturgis MI 49091	3	Yes
Junior's Camp	63942 Shaffer Rd	Constantine MI 49042	3	Yes
Junior's Camp	63942 Shaffer Rd	Constantine MI 49042	3	Yes
Junior's Camp	63942 Shaffer Rd	Constantine MI 49042	3	Yes
Hart Farm	22391 Fawn	Sturgis MI 49091	3	Yes
Hart Farm	22391 Fawn	Sturgis MI 49091	3	Yes
Barnes Camp	16348 3-216	Three Rivers MI 49093	3P	Yes
Barnes Camp	16348 3-216	Three Rivers MI 49093	3P	Yes
Constantine	707 S Constantine Street	Three Rivers MI 49093	1	Yes

Constantine	707 S Constantine Street	Three Rivers MI 49093	1	Yes
Andrews	117 S Andrews Street	Three Rivers MI 49093	1	Yes
Andrews	117 S Andrews Street	Three Rivers MI 49093	1	Yes
4th Ave Camp	238 4th Ave	Three Rivers MI 49093	1	Yes
4th Ave Camp	238 4th Ave	Three Rivers MI 49093	1	Yes
East Camp	1011 West St	Three Rivers MI 49093	1	Yes
East Camp	1011 West St	Three Rivers MI 49093	1	Yes
Bay Shore Farms Camp	833 Bay Park Rd	Unionville MI 48767	1	Yes
Bay Shore Farms Camp	833 Bay Park Rd	Unionville MI 48767	1	Yes
Clearwater Farms	2867 Cleaver Rd	Caro MI 48723	3	Yes
Clearwater Farms	2867 Cleaver Rd	Caro MI 48723	3	Yes
Tubby's	3005 Luder Rd	Caro MI 49723	3	Yes
Tubby's	3005 Luder Rd	Caro MI 49723	3	Yes
Ewald Farm Camp	5266 Colling Road	Unionville MI 48767	3	No
Ewald Farm Camp	5266 Colling Road	Unionville MI 48767	3	No
Duane	1521 W Darbee Rd	Caro MI 48723	3	Yes
Duane	1521 W Darbee Rd	Caro MI 48723	3	Yes
Harold	1515 W Darbee Rd	Caro MI 48723	3	Yes
Harold	1515 W Darbee Rd	Caro MI 48723	3	Yes
School House	2495 N Colling Rd	Caro MI 48723	3	Yes
School House	2495 N Colling Rd	Caro MI 48723	3	Yes
Mantey Camp	6388 W Fairgrove Road	Fairgrove MI 48733	3	No
Woody'zzz Motel	2010 W Caro Road	Caro MI 48723	3	No
Woody'zzz Motel	2010 W Caro Road	Caro MI 48723	3	No
Cass City Camp	6658 Houghton St	Cass City MI 48726	1	Yes
Cass City Camp	6658 Houghton St	Cass City MI 48726	1	Yes

Cass City Camp	6658 Houghton St	Cass City MI 48726	1	Yes
CC 7TH Street	6406 7th St	Cass City MI 48726	1	Yes
CC 7TH Street	6406 7th St	Cass City MI 48726	1	Yes
West Street Camp	4137 West St	Cass City MI 48726	3P	Yes
West Street Camp	4137 West St	Cass City MI 48726	3P	Yes
West Street Camp	4137 West St	Cass City MI 48726	3P	Yes
Cedar Site	01914 57th St	Grand Junction MI 49056	3P	Yes
Cedar Site	01914 57th St	Grand Junction MI 49056	3P	Yes
Brown	06500 60th	South Haven MI 49090	3P	Yes
Brown	06500 60th	South Haven MI 49090	3P	Yes
Jubar	60629 CR-388	South Haven MI 49090	3P	Yes
Jubar	60629 CR-388	South Haven MI 49090	3P	Yes
Green	57527 Baseline Road	Grand Junction MI 49090	3P	Yes
Green	57527 Baseline Road	Grand Junction MI 49090	3P	Yes
North Lake	54650 16th Avenue	Grand Junction MI 49056	3P	Yes
North Lake	54650 16th Avenue	Grand Junction MI 49056	3P	Yes
Kloote	30788 50th St	Bangor MI 49013	3P	Yes
Kloote	30788 50th St	Bangor MI 49013	3P	Yes
Randy Patterson House	59172 4th Avenue	Grand Junction MI 49056	3P	Yes



Randy Patterson House	59172 4th Avenue	Grand Junction MI 49056	3P	Yes
Leedy	29003 CR-665	Paw Paw MI 49079	3	Yes
Leedy	29003 CR-665	Paw Paw MI 49079	3	Yes
Randy Patterson Trailer No. 2	03838 59th Street	Grand Junction MI 49056	3P	Yes
Randy Patterson Trailer No. 2	03838 59th Street	Grand Junction MI 49056	3P	Yes
Vizner Camp	56231 CR-380	Grand Junction MI 49056	3	Yes
Vizner Camp	56231 CR-380	Grand Junction MI 49056	3	Yes
Jones Camp	06417 CR-215	Grand Junction MI 49056	3P	Yes
Jones Camp	06417 CR-215	Grand Junction MI 49056	3P	Yes
Hartmann Camp	06082 60th St	South Haven MI 49090	3	Yes
Hartmann Camp	06082 60th St	South Haven MI 49090	3	Yes
Brennan	21400 CR-215	Grand Junction MI 49056	3P	Yes
Brennan	21400 CR-215	Grand Junction MI 49056	3P	Yes
Patterson Camp	58410 4th Ave	Grand Junction MI 49056	3P	Yes
Patterson Camp	58410 4th Ave	Grand Junction MI 49056	3P	Yes
Vance House	58723 16th Ave	Grand Junction MI 49056	3P	Yes
Vance House	58723 16th Ave	Grand Junction MI 49056	3P	Yes

Scott	56701 CR-380	Grand Junction MI 49056	3P	Yes
Scott	56701 CR-380	Grand Junction MI 49056	3P	Yes
Krader	58185 Baseline	Grand Junction MI 49056	3	Yes
Krader	58185 Baseline	Grand Junction MI 49056	3	Yes
Harris Camp	01818 46th St	Bloomingtondale MI 49026	3	Yes
Harris Camp	01818 46th St	Bloomingtondale MI 49026	3	Yes
Harris #2	45303 Baseline Road	Bloomingtondale MI 49026	3	Yes
Harris #2	45303 Baseline Road	Bloomingtondale MI 49026	3	Yes
Harris #3	45595 Baseline Road	Bloomingtondale MI 49026	3	Yes
Harris #3	45595 Baseline Road	Bloomingtondale MI 49026	3	Yes
Camp #1-Heinze	19881 67th St	South Haven MI 49090	3	Yes
Camp #1-Heinze	19881 67th St	South Haven MI 49090	3	Yes
Camp #1-Heinze	19881 67th St	South Haven MI 49090	3	Yes
Keefe Farm	54527 CR-388	South Haven MI 49090	3	Yes
Keefe Farm	54527 CR-388	South Haven MI 49090	3	Yes
Keefe Farm	54527 CR-388	South Haven MI 49090	3	Yes
Keefe Farm	54527 CR-388	South Haven MI 49090	3	Yes
28th Avenue Camp	73585 28th Avenue	Covert MI 49043	1	Yes
28th Avenue Camp	73585 28th Avenue	Covert MI 49043	1	Yes
78th Street Camp	41320 78th Street	Covert MI 49043	1	Yes
78th Street Camp	41320 78th Street	Covert MI 49043	1	Yes

Barwacz	08484 County Road 681	Grand Junction MI 49090	3	Yes
Barwacz	08484 County Road 681	Grand Junction MI 49090	3	Yes
Barwacz	08484 County Road 681	Grand Junction MI 49090	3	Yes
Barwacz	08484 County Road 681	Grand Junction MI 49090	3	Yes
Hilltop Bunkhouse	60395 CR 681	Hartford MI 49057	2	Yes
Hilltop Bunkhouse	60395 CR 681	Hartford MI 49057	2	Yes
Jim's Burnette	87770 CR-687	Benton Harbor MI 49022	2	Yes
Jim's Burnette	87770 CR-687	Benton Harbor MI 49022	2	Yes
Steinke Camp	55330 92nd Ave	Dowagiac MI 49047	2	Yes
Steinke Camp	55330 92nd Ave	Dowagiac MI 49047	2	Yes
Galens Labor Camp	70559 CR-376	Covert MI 49043	3	Yes
Galens Labor Camp	70559 CR-376	Covert MI 49043	3	Yes
Galens Labor Camp	70559 CR-376	Covert MI 49043	3	Yes
Camp #2	70788 CR-376	Covert MI 49043	3	Yes
Camp #2	70788 CR-376	Covert MI 49043	3	Yes
Camp #2	70788 CR-376	Covert MI 49043	3	Yes
The Berry Best Farm	44686 72nd St	Covert MI 49408	3	Yes
The Berry Best Farm	44686 72nd St	Covert MI 49408	3	Yes
The Berry Best Farm	44686 72nd St	Covert MI 49408	3	Yes
F Camp	37946 CR-388	Gobles MI 49055	3	Yes
F Camp	37946 CR-388	Gobles MI 49055	3	Yes

T Camp	37522 CR-388	Gobles MI 49055	3	Yes
T Camp	37522 CR-388	Gobles MI 49055	3	Yes
T Camp	37522 CR-388	Gobles MI 49055	3	Yes
Miller Camp	09846 37th Street	Bloomingtondale MI 49055	3	Yes
Miller Camp	09846 37th Street	Bloomingtondale MI 49055	3	Yes
Miller Camp	09846 37th Street	Bloomingtondale MI 49055	3	Yes
Brookside Farms Camp #1	36864 CR-388	Gobles MI 49055	3	Yes
Brookside Farms Camp #1	36864 CR-388	Gobles MI 49055	3	Yes
S Camp	37936 CR-388	Gobles MI 49055	3	Yes
S Camp	37936 CR-388	Gobles MI 49055	3	Yes
S Camp	37936 CR-388	Gobles MI 49055	3	Yes
M Camp	14525 3950th	Gobles MI 49055	3	Yes
M Camp	14525 3950th	Gobles MI 49055	3	Yes
J Camp	37347 CR-388	Gobles MI 49055	3	Yes
J Camp	37347 CR-388	Gobles MI 49055	3	Yes
D Camp	37721 12th Avenue	Gobles MI 49055	3	Yes
D Camp	37721 12th Avenue	Gobles MI 49055	3	Yes
Cronenwett Farms No. 1	27404 72 Ave	Lawton MI 49065	3P	Yes
Cronenwett Farms No. 1	27404 72 Ave	Lawton MI 49065	3P	Yes
Cronenwett Farms No. 1	27404 72 Ave	Lawton MI 49065	3P	Yes
Springett Camp	70264 CR-380	South Haven MI 49090	3	Yes
Springett Camp	70264 CR-380	South Haven MI 49090	3	Yes
Springett Camp	70264 CR-380	South Haven MI 49090	3	Yes

DeGrandChamp Blueberry	17280 76th St	South Haven MI 49090	2	Yes
DeGrandChamp Blueberry	17280 76th St	South Haven MI 49090	2	Yes
DeGrandChamp Blueberry	17280 76th St	South Haven MI 49090	2	Yes
DeGrandchamp 69th St	18580 69th Street	South Haven MI 49090	3	Yes
DeGrandchamp 69th St	18580 69th Street	South Haven MI 49090	3	Yes
DeGrandchamp 69th St	18580 69th Street	South Haven MI 49090	3	Yes
Rodriguez	72564 CR-380	South Haven MI 49090	3	Yes
Rodriguez	72564 CR-380	South Haven MI 49090	3	Yes
Landry Camp	73307 CR-380	South Haven MI 49090	3	Yes
Landry Camp	73307 CR-380	South Haven MI 49090	3	Yes
Drake Camp	71003 62nd St	Hartford MI 49057	3P	Yes
Drake Camp	71003 62nd St	Hartford MI 49057	3P	Yes
Drake Camp	71003 62nd St	Hartford MI 49057	3P	Yes
East Camp - South Side	58615 60th Ave	Hartford MI 49057	2	Yes
East Camp - South Side	58615 60th Ave	Hartford MI 49057	2	Yes
East Camp	58610 60th Ave	Hartford MI 49057	3P	Yes
East Camp	58610 60th Ave	Hartford MI 49057	3P	Yes
Camp #1	58660 60th Ave	Hartford MI 49057	2	Yes
Camp #1	58660 60th Ave	Hartford MI 49057	2	Yes
Ellis Camp	09727 56th St	Grand Junction MI 49056	3P	Yes
Ellis Camp	09727 56th St	Grand Junction MI 49056	3P	Yes
Apartments	47890 CR-352	Decatur MI 49045	2	Yes

Apartments	47890 CR-352	Decatur MI 49045	2	Yes
Housing East	49450 84th Ave	Decatur MI 49045	2	Yes
Housing East	49450 84th Ave	Decatur MI 49045	2	Yes
Housing North	51215 CR-352	Decatur MI 49045	2	Yes
Housing North	51215 CR-352	Decatur MI 49045	2	Yes
Poland Camp	84961 60th St	Decatur MI 49045	2	Yes
Poland Camp	84961 60th St	Decatur MI 49045	2	Yes
Blue Camp	51413 Territorial	Decatur MI 49045	2	Yes
Blue Camp	51413 Territorial	Decatur MI 49045	2	Yes
M-51 Camp	43125 72nd Ave	Decatur MI 49045	2	Yes
M-51 Camp	43125 72nd Ave	Decatur MI 49045	2	Yes
Red Camp	51250 Territorial	Decatur MI 49045	2	Yes
Red Camp	51250 Territorial	Decatur MI 49045	2	Yes
Red Camp	51250 Territorial	Decatur MI 49045	2	Yes
Sunny Acres	48686 CR-352	Decatur MI 49045	2	Yes
Sunny Acres	48686 CR-352	Decatur MI 49045	2	Yes
Sunrise Apartments	66400 84th Ave	Hartford MI 49045	2	Yes
Sunrise Apartments	66400 84th Ave	Hartford MI 49045	2	Yes
Golden Plain's Camp	68900 CR-376	Hartford MI 49057	2	Yes
Golden Plain's Camp	68900 CR-376	Hartford MI 49057	2	Yes
Level View	69346 CR-372	Hartford MI 49057	3P	Yes
Level View	69346 CR-372	Hartford MI 49057	3P	Yes
Level View	69346 CR-372	Hartford MI 49057	3P	Yes

Level View	69346 CR-372	Hartford MI 49057	3P	Yes
Greer Camp	17932 60th Street	Bangor MI 49013	3	Yes
Greer Camp	17932 60th Street	Bangor MI 49013	3	Yes
Meachum Camp #3	52696 60th St	Hartford MI 49057	3	Yes
Meachum Camp #3	52696 60th St	Hartford MI 49057	3	Yes
High Acres Fruit Farm	52950 60th St	Hartford MI 49057	3	Yes
High Acres Fruit Farm	52950 60th St	Hartford MI 49057	3	Yes
Heuser #2	59238 55th St	Hartford MI 49057	3	Yes
Heuser #2	59238 55th St	Hartford MI 49057	3	Yes
Hills Camp	59478 16th Ave	Bangor MI 49013	3	Yes
Hills Camp	59478 16th Ave	Bangor MI 49013	3	Yes
Camp #2	8520 CR-215	Grand Junction MI 49056	3	Yes
Camp #2	8520 CR-215	Grand Junction MI 49056	3	Yes
Camp #3	21647 50th Street	Grand Junction MI 49056	3	Yes
Camp #3	21647 50th Street	Grand Junction MI 49056	3	Yes
Camp #3	21647 50th Street	Grand Junction MI 49056	3	Yes
Camp #1	03111 CR-681	Grand Junction MI 49056	3	Yes
Camp #1	03111 CR-681	Grand Junction MI 49056	3	Yes
Holtzman Camp #3	20127 67th St	South Haven MI 49090	3P	Yes
Holtzman Camp #3	20127 67th St	South Haven MI 49090	3P	Yes

Holtzman Camp #1	21761 67th St	South Haven MI 49090	3P	Yes
Holtzman Camp #1	21761 67th St	South Haven MI 49090	3P	Yes
Holtzman Camp #2	21002 66th St	South Haven MI 49090	3P	Yes
Holtzman Camp #2	21002 66th St	South Haven MI 49090	3P	Yes
Jabez Camp, LLC	55526 CR-380	Grand Junction MI 49056	3	Yes
Jabez Camp, LLC	55526 CR-380	Grand Junction MI 49056	3	Yes
38th	48145 38th Ave	Bangor MI 49063	3	Yes
38th	48145 38th Ave	Bangor MI 49063	3	Yes
38th	48145 38th Ave	Bangor MI 49063	3	Yes
24th House	48583 24th Ave	Grand Junction MI 49056	3	Yes
24th House	48583 24th Ave	Grand Junction MI 49056	3	Yes
34th Avenue Duplex	71381 34th Ave	Covert MI 49043	3	Yes
34th Avenue Duplex	71381 34th Ave	Covert MI 49043	3	Yes
Kietzer Farms Camp #2	67067 90th Ave	Hartford MI 49057	3P	Yes
Kietzer Farms Camp #2	67067 90th Ave	Hartford MI 49057	3P	Yes
Anthony Camp	63033 90th Ave	Hartford MI 49045	3	No
Mick's	68120 CR-376	Hartford MI 49057	3	Yes
Mick's	68120 CR-376	Hartford MI 49057	3	Yes
Mick's	68120 CR-376	Hartford MI 49057	3	Yes
Bachman Camp	66341 48th Ave	Hartford MI 49057	3	Yes
Bachman Camp	66341 48th Ave	Hartford MI 49057	3	Yes



Main Farm White	66935 48th Avenue	Hartford MI 49057	3	Yes
Main Farm White	66935 48th Avenue	Hartford MI 49057	3	Yes
Cecil's Camp	45722 68th St	Hartford MI 49057	3	Yes
Cecil's Camp	45722 68th St	Hartford MI 49057	3	Yes
Latchaw Camp #3 East Side	03051 46th Ave	Bloomingtondale MI 49026	3	Yes
Latchaw Camp #3 East Side	03051 46th Ave	Bloomingtondale MI 49026	3	Yes
Latchaw Camp #3 East Side	03051 46th Ave	Bloomingtondale MI 49026	3	Yes
Camp #2 West	02950 46th St	Bloomingtondale MI 49026	3	Yes
Camp #2 West	02950 46th St	Bloomingtondale MI 49026	3	Yes
Camp #2 West	02950 46th St	Bloomingtondale MI 49026	3	Yes
Leduc #3	42799 35th St	Paw Paw MI 49079	3P	Yes
Leduc #3	42799 35th St	Paw Paw MI 49079	3P	Yes
Leduc #3	42799 35th St	Paw Paw MI 49079	3P	Yes
Camp #2	30522 38th Ave	Paw Paw MI 49079	3P	Yes
Camp #2	30522 38th Ave	Paw Paw MI 49079	3P	Yes
Camp #2	30522 38th Ave	Paw Paw MI 49079	3P	Yes
Dixie Lee Camp	28945 50th Street	Bangor MI 49013	2	Yes
Dixie Lee Camp	28945 50th Street	Bangor MI 49013	2	Yes
Dixie Lee Camp	28945 50th Street	Bangor MI 49013	2	Yes
Dixie Lee Camp	28945 50th Street	Bangor MI 49013	2	Yes
Dixie Lee Camp	28945 50th Street	Bangor MI 49013	2	Yes
Leduc Camp	29539 M-43	Paw Paw MI 49079	3P	Yes
Leduc Camp	29539 M-43	Paw Paw MI 49079	3P	Yes

Leduc Camp	29539 M-43	Paw Paw MI 49079	3P	Yes
Leduc Camp	29539 M-43	Paw Paw MI 49079	3P	Yes
Leduc Camp	29539 M-43	Paw Paw MI 49079	3P	Yes
Mandigo Farms Camp	59525 41st St	Paw Paw MI 49079	3P	Yes
Mandigo Farms Camp	59525 41st St	Paw Paw MI 49079	3P	Yes
Arnold Camp	34443 70th St	Covert MI 49043	3	Yes
Arnold Camp	34443 70th St	Covert MI 49043	3	Yes
West 40 Camp	70918 34th Ave	Covert MI 49043	3	Yes
West 40 Camp	70918 34th Ave	Covert MI 49043	3	Yes
Midway Orchards	41353 CR-215	Lawrence MI 49064	3	Yes
Midway Orchards	41353 CR-215	Lawrence MI 49064	3	Yes
Overton Camp	67010 34th Ave	Bangor MI 49013	3	Yes
Overton Camp	67010 34th Ave	Bangor MI 49013	3	Yes
Rajzer Camp	81033 42nd Avenue	Decatur MI 49045	2	Yes
Rajzer Camp	81033 42nd Avenue	Decatur MI 49045	2	Yes
Rajzer Camp	81033 42nd Avenue	Decatur MI 49045	2	Yes
Crippen Farm	65826 46th St	Paw Paw MI 49079	3P	Yes
Crippen Farm	65826 46th St	Paw Paw MI 49079	3P	Yes
Reyna Camp	60234 34th Avenue	Bangor MI 49013	3	Yes
Reyna Camp	60234 34th Avenue	Bangor MI 49013	3	Yes
Richter Camp	90487 60th St	Decatur MI 49045	2	Yes
Richter Camp	90487 60th St	Decatur MI 49045	2	Yes
Richter Camp	90487 60th St	Decatur MI 49045	2	Yes

Red Camp	67936 Territorial	Hartford MI 49057	3	Yes
Red Camp	67936 Territorial	Hartford MI 49057	3	Yes
Red Camp	67936 Territorial	Hartford MI 49057	3	Yes
Red Camp	67936 Territorial	Hartford MI 49057	3	Yes
Villa	49024 76th Avenue	Decatur MI 49045	3	Yes
Villa	49024 76th Avenue	Decatur MI 49045	3	Yes
Sauer Orchards	44410 18th Ave	Bloomington MI 49026	3	Yes
Sauer Orchards	44410 18th Ave	Bloomington MI 49026	3	Yes
Huffman Camp	41050 24th Ave	Bloomington MI 49026	3	Yes
Huffman Camp	41050 24th Ave	Bloomington MI 49026	3	Yes
Huffman Camp	41050 24th Ave	Bloomington MI 49026	3	Yes
Church Camp	41338 24th Ave	Bloomington MI 49026	3	Yes
Church Camp	41338 24th Ave	Bloomington MI 49026	3	Yes
Church Camp	41338 24th Ave	Bloomington MI 49026	3	Yes
Jep Camp	18275 47th St	Bloomington MI 49026	3	Yes
Jep Camp	18275 47th St	Bloomington MI 49026	3	Yes
Jep Camp	18275 47th St	Bloomington MI 49026	3	Yes
Spiech Farms 30th Camp	62200 30th St	Lawton MI 49065	3P	Yes
Spiech Farms 30th Camp	62200 30th St	Lawton MI 49065	3P	Yes
Stein's Camp	71060 CR-384	South Haven MI 49090	3	Yes
Stein's Camp	71060 CR-384	South Haven MI 49090	3	Yes
Stein's Camp	71060 CR-384	South Haven MI 49090	3	Yes
M-43 White House	54740 M-43	Bangor MI 49013	3P	Yes

M-43 White House	54740 M-43	Bangor MI 49013	3P	Yes
M-43 Trailer	54520 M-43	Bangor MI 49013	3P	Yes
M-43 Trailer	54520 M-43	Bangor MI 49013	3P	Yes
215 Camp	31280 CR 215	Bangor MI 49013	3P	Yes
215 Camp	31280 CR 215	Bangor MI 49013	3P	Yes
215 Camp	31280 CR 215	Bangor MI 49013	3P	Yes
Stokes Camp	11158 CR-215	Grand Junction MI 49056	3	Yes
Stokes Camp	11158 CR-215	Grand Junction MI 49056	3	Yes
Nelson Duplex Camp	36015 68th St	Covert MI 49043	3	Yes
Nelson Duplex Camp	36015 68th St	Covert MI 49043	3	Yes
Nelson Duplex Camp	36015 68th St	Covert MI 49043	3	Yes
Red Duplex Camp	55317 14th Avenue	Grand Junction MI 49056	3	Yes
Red Duplex Camp	55317 14th Avenue	Grand Junction MI 49056	3	Yes
56th St Trailer Camp	13405 56th Street	Grand Junction MI 49056	3	Yes
56th St Trailer Camp	13405 56th Street	Grand Junction MI 49056	3	Yes
Nelson House	36341 68th St	Covert MI 49043	3	Yes
Nelson House	36341 68th St	Covert MI 49043	3	Yes
Nelson House	36341 68th St	Covert MI 49043	3	Yes
Stolzenfeld 1	34981 69th Street	Covert MI 49043	3	Yes
Stolzenfeld 1	34981 69th Street	Covert MI 49043	3	Yes

Breedsville	52357 CR-380	Grand Junction MI 49056	3	Yes
Breedsville	52357 CR-380	Grand Junction MI 49056	3	Yes
AT1 Camp	06800 57th Street	Grand Junction MI 49056	3	Yes
AT1 Camp	06800 57th Street	Grand Junction MI 49056	3	Yes
52 1/2 Street Camp	16025 52 1/2 St	Grand Junction MI 49056	3	No
52 1/2 Street Camp	16025 52 1/2 St	Grand Junction MI 49056	3	No
50601 Camp	50601 CR-380	Grand Junction MI 49056	3	No
50601 Camp	50601 CR-380	Grand Junction MI 49056	3	No
16th Avenue	55331 16th Ave	Grand Junction MI 49056	3	Yes
16th Avenue	55331 16th Ave	Grand Junction MI 49056	3	Yes
16th Avenue	55331 16th Ave	Grand Junction MI 49056	3	Yes
358 Camp	25456 CR-358	Lawton MI 49065	3	Yes
Camp #1	64730 66th Ave	Hartford MI 49057	3	No
Magician Lake Camp	63292 CR-687	Hartford MI 49057	3	Yes
Magician Lake Camp	63292 CR-687	Hartford MI 49057	3	Yes
Lake Camp	62600 CR-687	Hartford MI 49057	3	Yes
Lake Camp	62600 CR-687	Hartford MI 49057	3	Yes
Anthony Camp	65157 90th Ave	Dowagiac MI 49022	3	Yes

Anthony Camp	65157 90th Ave	Dowagiac MI 49022	3	Yes
Danneffel Farm Camp	81388 67th St	Hartford MI 49022	3P	Yes
Danneffel Farm Camp	81388 67th St	Hartford MI 49022	3P	Yes
Camp 1	6864 6 Mile Rd	Northville MI 48162	3	No
Camp 1	6864 6 Mile Rd	Northville MI 48162	3	No
5-H Farms Camp	6646 6 Mile Rd	Northville MI 48168	3	Yes
5-H Farms Camp	6646 6 Mile Rd	Northville MI 48168	3	Yes
5-H Farms Camp	6646 6 Mile Rd	Northville MI 48168	3	Yes
Ford Road Farm Camp	9909 Ford Road	Superior Township MI 48198	3P	Yes
Ford Road Farm Camp	9909 Ford Road	Superior Township MI 48198	3P	Yes
Ford Road Farm Camp	9909 Ford Road	Superior Township MI 48198	3P	Yes
Westbrook Camp	431 Westbrook	Whitmore Lake MI 48189	1	Yes
Westbrook Camp	431 Westbrook	Whitmore Lake MI 48189	1	Yes
Block Camp	29163 Eureka Rd	Romulus MI 48174	1	Yes
Block Camp	29163 Eureka Rd	Romulus MI 48174	1	Yes
Ford Road Camp	50750 Ford Road	Canton Township MI 48187	3	No
Napier Road Camp	3840 Napier Road	Canton Township MI 48187	3P	Yes
Napier Road Camp	3840 Napier Road	Canton Township MI 48187	3P	Yes
Napier Road Camp	3840 Napier Road	Canton Township MI 48187	3P	Yes
Alexander	10818 E M-42	Manton MI 49663	3	Yes

Alexander	10818 E M-42	Manton MI 49663	3	Yes
Halpin	3631 N Seeley Rd	Manton MI 49663	3	Yes
Halpin	3631 N Seeley Rd	Manton MI 49663	3	Yes

App_Received	Insp_Pro_License	Insp_Pro_H2A	Insp_Pro_CAP	Insp_Pro_COVID	Insp_Pro_Occ
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07-Feb-20	TRUE	TRUE	FALSE	FALSE	FALSE
07-Feb-20	FALSE	TRUE	FALSE	TRUE	TRUE
13-Jul-20	TRUE	TRUE	FALSE	TRUE	FALSE
13-Jan-20	TRUE	TRUE	FALSE	FALSE	FALSE
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19-Nov-19	TRUE	TRUE	TRUE	FALSE	FALSE
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05-Nov-19	FALSE	TRUE	FALSE	TRUE	TRUE

10-Jan-20	TRUE	TRUE	FALSE	FALSE	FALSE
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19-Nov-19	TRUE	TRUE	FALSE	FALSE	FALSE
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11-Dec-19	FALSE	FALSE	FALSE	TRUE	FALSE
21-Apr-20	TRUE	TRUE	FALSE	FALSE	FALSE
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06-Jan-20	TRUE	TRUE	FALSE	TRUE	FALSE
08-Jul-20	TRUE	FALSE	FALSE	TRUE	FALSE
30-Jun-20	TRUE	FALSE	FALSE	TRUE	FALSE
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19-Nov-19	TRUE	FALSE	FALSE	TRUE	FALSE
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01-Jul-20	TRUE	FALSE	FALSE	TRUE	FALSE
27-Mar-20	TRUE	TRUE	FALSE	FALSE	FALSE
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27-Mar-20	FALSE	FALSE	FALSE	FALSE	FALSE

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01-Nov-19	TRUE	FALSE	FALSE	FALSE	FALSE
01-Nov-19	FALSE	FALSE	FALSE	TRUE	FALSE
01-Nov-19	FALSE	FALSE	FALSE	TRUE	FALSE
31-Jul-20	TRUE	FALSE	TRUE	TRUE	FALSE
02-Jan-20	TRUE	FALSE	TRUE	FALSE	FALSE
14-Apr-20	TRUE	TRUE	FALSE	FALSE	FALSE
14-Apr-20	FALSE	FALSE	FALSE	TRUE	FALSE
14-Apr-20	TRUE	FALSE	FALSE	FALSE	FALSE
14-Apr-20	FALSE	FALSE	FALSE	TRUE	FALSE
05-May-20	TRUE	FALSE	FALSE	TRUE	FALSE

05-May-20	TRUE	FALSE	TRUE	FALSE	FALSE
05-May-20	TRUE	TRUE	FALSE	FALSE	FALSE
05-May-20	FALSE	FALSE	FALSE	TRUE	FALSE
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	FALSE	TRUE	FALSE	TRUE	TRUE
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05-Nov-19	TRUE	TRUE	FALSE	FALSE	FALSE
05-Nov-19	FALSE	TRUE	FALSE	TRUE	FALSE
05-Nov-19	FALSE	TRUE	FALSE	TRUE	TRUE
	TRUE	TRUE	FALSE	FALSE	FALSE
	FALSE	TRUE	FALSE	TRUE	FALSE
15-Nov-19	TRUE	FALSE	FALSE	FALSE	FALSE
15-Nov-19	FALSE	FALSE	FALSE	TRUE	TRUE
05-Nov-19	FALSE	FALSE	FALSE	TRUE	FALSE
05-Nov-19	TRUE	TRUE	FALSE	FALSE	FALSE
05-Nov-19	FALSE	TRUE	FALSE	TRUE	FALSE
05-Nov-19	FALSE	TRUE	FALSE	TRUE	TRUE
17-Oct-19	TRUE	TRUE	FALSE	FALSE	FALSE

17-Oct-19	FALSE	TRUE	FALSE	TRUE	TRUE
17-Oct-19	TRUE	TRUE	FALSE	FALSE	FALSE
17-Oct-19	FALSE	FALSE	FALSE	TRUE	FALSE

Insp_Pro_Ref	Insp_Pro_Plan	Insp_Pro_Stat	App_Status	Insp_Date	Insp_Rec_Units	Insp_Rec_Cap
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FALSE	FALSE	FALSE	Yes	6/9/2020	7	55
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FALSE	FALSE	FALSE	Yes	6/9/2020	2	14
FALSE	FALSE	FALSE	Yes	7/23/2020		
FALSE	FALSE	FALSE	Yes	6/9/2020	4	24
FALSE	FALSE	FALSE	Yes	7/23/2020		
FALSE	FALSE	FALSE	Yes	2/3/2020	1	7
FALSE	FALSE	FALSE	Yes	7/9/2020		
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FALSE	FALSE	FALSE	Yes	7/9/2020		
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FALSE	FALSE	FALSE	No	11/14/2019	2	114
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FALSE	FALSE	FALSE Yes	11/4/2019	4	35
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FALSE	FALSE	FALSE Yes	7/9/2020		
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FALSE	FALSE	FALSE Withdrawn	11/6/2019	2	18
FALSE	FALSE	FALSE Yes	4/6/2020		
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## Gaines, Rachelle

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**From:** Bowen, Ken  
**Sent:** Monday, August 31, 2020 9:58 AM  
**To:** Shaw, Chad; Bull, Lacey  
**Subject:** FW: IMSC WEEKLY REPORT  
**Attachments:** IMSC Weekly Report 8.28.20.xlsx

**From:** de la Rambelje, Laura (DHHS) <[DelaRambeljeL@michigan.gov](mailto:DelaRambeljeL@michigan.gov)>

**Sent:** Monday, August 31, 2020 9:46 AM

**To:** Adam London <[adam.london@kentcountymi.gov](mailto:adam.london@kentcountymi.gov)>; Angelique Joynes, RN, BSN, MPH ([ajoynes@allegancounty.org](mailto:ajoynes@allegancounty.org)) <[ajoynes@allegancounty.org](mailto:ajoynes@allegancounty.org)>; Ann Hepfer ([ahepfer@tchd.us](mailto:ahepfer@tchd.us)) <[ahepfer@tchd.us](mailto:ahepfer@tchd.us)>; Annette Mercatante <[amercatante@hd.stclaircounty.org](mailto:amercatante@hd.stclaircounty.org)>; Bill Ridella <[bill.ridella@macombgov.org](mailto:bill.ridella@macombgov.org)>; Bryant Wilke <[wilkeb@sanilachealth.com](mailto:wilkeb@sanilachealth.com)>; Cathryn Beer ([kbeer@wuphd.org](mailto:kbeer@wuphd.org)) <[kbeer@wuphd.org](mailto:kbeer@wuphd.org)>; Colette Scrimger ([cscrimger@bedhd.org](mailto:cscrimger@bedhd.org)) <[cscrimger@bedhd.org](mailto:cscrimger@bedhd.org)>; Daren Deyaert <[ddeyaert@didhd.org](mailto:ddeyaert@didhd.org)>; Denise Bryan - DHD 4 <[dbryan@dhd4.org](mailto:dbryan@dhd4.org)>; Denise Bryant <[dbryan@dhd2.org](mailto:dbryan@dhd2.org)>; Denise Fair <[FairD@detroitmi.gov](mailto:FairD@detroitmi.gov)>; Dianne McCormick ([dmccormick@livgov.com](mailto:dmccormick@livgov.com)) <[dmccormick@livgov.com](mailto:dmccormick@livgov.com)>; Eric Pessell <[EPessell@calhouncountymi.gov](mailto:EPessell@calhouncountymi.gov)>; Fred Yanoski ([FYanoski@co.midland.mi.us](mailto:FYanoski@co.midland.mi.us)) <[FYanoski@co.midland.mi.us](mailto:FYanoski@co.midland.mi.us)>; Gerald (Jerry) Messana ([gmessana@mqtco.org](mailto:gmessana@mqtco.org)) <[gmessana@mqtco.org](mailto:gmessana@mqtco.org)>; James Rutherford ([jaruth@kalcouny.com](mailto:jaruth@kalcouny.com)) <[jaruth@kalcouny.com](mailto:jaruth@kalcouny.com)>; Jeffery Elliott <[jeffe@vbcassdhd.org](mailto:jeffe@vbcassdhd.org)>; Jimena Loveluck <[loveluckj@washtenaw.org](mailto:loveluckj@washtenaw.org)>; Joel Strasz ([straszj@baycounty.net](mailto:straszj@baycounty.net)) <[straszj@baycounty.net](mailto:straszj@baycounty.net)>; John McKellar <[jmckellar@gchd.us](mailto:jmckellar@gchd.us)>; Karen Senkus ([ksenkus@chippewahd.com](mailto:ksenkus@chippewahd.com)) <[ksenkus@chippewahd.com](mailto:ksenkus@chippewahd.com)>; Katherine Haskins ([khaskins@lapeercounty.org](mailto:khaskins@lapeercounty.org)) <[khaskins@lapeercounty.org](mailto:khaskins@lapeercounty.org)>; Kathy Herman-Moore ([mooreka@co.muskegon.mi.us](mailto:mooreka@co.muskegon.mi.us)) <[mooreka@co.muskegon.mi.us](mailto:mooreka@co.muskegon.mi.us)>; Bowen, Ken <[kbowen@ioniacounty.org](mailto:kbowen@ioniacounty.org)>; Kevin Hughes <[khughes@dhd10.org](mailto:khughes@dhd10.org)>; Kim Comerzan ([Kim\\_comerzan@monroemi.org](mailto:Kim_comerzan@monroemi.org)) <[Kim\\_comerzan@monroemi.org](mailto:Kim_comerzan@monroemi.org)>; Larry Johnson ([ljohnson@shiawasseechd.net](mailto:ljohnson@shiawasseechd.net)) <[ljohnson@shiawasseechd.net](mailto:ljohnson@shiawasseechd.net)>; Lisa Peacock ([lpeacock@bldhd.org](mailto:lpeacock@bldhd.org)) <[lpeacock@bldhd.org](mailto:lpeacock@bldhd.org)>; Lisa Stefanovsky ([lstefanovsky@miottawa.org](mailto:lstefanovsky@miottawa.org)) <[lstefanovsky@miottawa.org](mailto:lstefanovsky@miottawa.org)>; Marcus Cheatham, PhD, MA <[mcheatham@mmdhd.org](mailto:mcheatham@mmdhd.org)>; Martha Hall <[martha.hall@lenawee.mi.us](mailto:martha.hall@lenawee.mi.us)>; MPA Linda Vail ([lvail@ingham.org](mailto:lvail@ingham.org)) <[lvail@ingham.org](mailto:lvail@ingham.org)>; MPH Christina Harrington ([charrington@saginawcounty.com](mailto:charrington@saginawcounty.com)) <[charrington@saginawcounty.com](mailto:charrington@saginawcounty.com)>; MPH CPHA Wendy Hirschenberger ([wtrute@gtchd.org](mailto:wtrute@gtchd.org)) <[wtrute@gtchd.org](mailto:wtrute@gtchd.org)>; MSA Leigh-Anne Stafford ([staffordl@oakgov.com](mailto:staffordl@oakgov.com)) <[staffordl@oakgov.com](mailto:staffordl@oakgov.com)>; Nick Derusha ([NDerusha@lmasdhd.org](mailto:NDerusha@lmasdhd.org)) <[NDerusha@lmasdhd.org](mailto:NDerusha@lmasdhd.org)>; Nicole Britten <[nbritten@bchdmi.org](mailto:nbritten@bchdmi.org)>; Rashmi Travis <[rtravis@mijackson.org](mailto:rtravis@mijackson.org)>; burnsr <[burnsr@bhsj.org](mailto:burnsr@bhsj.org)>; RS Carol Austerberry ([causterb@waynecounty.com](mailto:causterb@waynecounty.com)) <[causterb@waynecounty.com](mailto:causterb@waynecounty.com)>; RS Michael Snyder ([msnyder@phdm.org](mailto:msnyder@phdm.org)) <[msnyder@phdm.org](mailto:msnyder@phdm.org)>; Steven C. Hall, RS, MS ([shall@cmdhd.org](mailto:shall@cmdhd.org)) <[shall@cmdhd.org](mailto:shall@cmdhd.org)>

**Cc:** Freeman, Dale (DHHS) <[FreemanD@michigan.gov](mailto:FreemanD@michigan.gov)>

**Subject:** FW: IMSC WEEKLY REPORT

Hello Health Officers,

Attached is a list of the active Migrant Labor Housing camps throughout the state of Michigan.

Laura

Laura L.J. de la Rambelje  
Acting Director  
Division of Local Health Services  
Michigan Department of Health and Human Services  
517-388-7302





**Gaines, Rachelle**

---

**From:** Shaull-Norman, Peggy  
**Sent:** Tuesday, September 01, 2020 3:19 PM  
**To:** Bowen, Ken  
**Subject:** Plan  
**Attachments:** DRAFT-- Ful vaccine plan-- draft 8-28-2020.docx

Add – delete – note first word “draft” -- thanks.

Peg Shaull-Norman, RN, MSN, MBA  
Director of Personal Health  
Ionia County Health Department  
616-527-5341

DRAFT

## Plan to Assure Vulnerable populations receive flu vaccine e

### Overview:

It is a well-known fact among healthcare providers, that best way to prevent seasonal flu outbreaks is to prevent disease by administering the flu vaccine – the best tool we currently have. This year it is more important than ever with the uncertainty of a COVID-19 resurgence as school resumes and more business are opened. The goal for ICHD during the upcoming flu season is to get as many individuals vaccinated with influenza vaccine as possible to reduce the burden of illness in the community and on the health care system. Therefore, ICHD will target the most vulnerable populations first; e.g., the mentally ill, incarcerated, homeless, elderly, and minority populations residing in Ionia County.

### Partners:

ICHD manages a Syringe Services Program (SSP) and a Sexually Transmitted Disease or Infection (STD/STI) clinic and vaccine will be offered at each patient encounter. A local partnership with Relief After Violent Encounter (RAVE) may allow vaccinating homeless women and children. A strong partnership with the jail has resulted in the LHD having a willing site to offer healthcare assistance to address illnesses in the past (Hepatitis A, STD's, TB screening, etc.) and flu clinics would provide vaccine to substance abusers, homeless, and the under-insured. Individuals attending the above clinics or living in congregate settings noted above are at greatest risk for complications to serious influenza and therefore are a primary target for clinic sites

ICHD will work with the Sparrow Ionia Hospital to co-locate with their mobile COVID-19 test sites and offer flu vaccine. ICHD has also been invited to an area Migrant Clinic to provide flu vaccine to Spanish speaking workers and their families. ICHD will require all publicly purchased doses of flu vaccine to be added to MICR so they can be accounted for. Any partners that do not have access to MICR, ICHD will work with them to assure that all vaccine doses are documented. Key messages will be developed to address safety and efficacy of flu vaccine and to address the importance of receiving the flu vaccine as we continue to see COVID-19 cases. In addition, ICHD immunization staff will continue the reminder call system to assure that children less than 9 years of age receive the appropriate second dose of flu vaccine.

## Gaines, Rachelle

---

**From:** Bowen, Ken  
**Sent:** Wednesday, September 02, 2020 10:12 AM  
**To:** Bevington, Jamie  
**Subject:** FW: Important Information about the upcoming Flu Season  
**Attachments:** Copy of COVID19 Flu Funding Distribution Formulas 20200604.xlsx; Seasonal Influenza Outreach Draft LHD Draft.docx

Have you seen this?

**From:** Shaull-Norman, Peggy <psnorman@ioniacounty.org>  
**Sent:** Wednesday, August 26, 2020 1:19 PM  
**To:** Ingersoll, Brenda <bingersoll@ioniacounty.org>; Bowen, Ken <kbowen@ioniacounty.org>  
**Subject:** FW: Important Information about the upcoming Flu Season

Just in case you did not receive --

**From:** Waterman, Autumn (DHHS) [<mailto:WatermanA@michigan.gov>]  
**Sent:** Wednesday, August 26, 2020 1:05 PM  
**To:** Waterman, Autumn (DHHS) <[WatermanA@michigan.gov](mailto:WatermanA@michigan.gov)>  
**Subject:** Important Information about the upcoming Flu Season

*This e-mail is being sent to LHD Health Officers, Medical Directors, IAP, INE, PH Imms Leads, and Immunization Staff*

I wanted to send you all an update on the activities during the upcoming flu season. As you all know we have been planning big for the upcoming flu season to be sure we can get as many people vaccinated as possible. This really serves two purposes: 1) All people in Michigan should be vaccinated with flu vaccine so they are protected from influenza that kills thousands of people in the United States every year. Our flu vaccination rates are not great in Michigan and we could prevent many illnesses and deaths if we could increase flu vaccination rates every year. As you know, the best way we can prevent the annual seasonal influenza pandemic is to get more people vaccinated since it is the best tool we have to prevent disease. 2) The future of the COVID-19 pandemic is uncertain and as schools come back together we need to worry about the possible resurgence of this disease. Earlier this year we saw how COVID can overwhelm our healthcare system and if we see influenza cases increase as we do with most influenza seasons it could easily overwhelm the hospitals and health care system as a whole.

For these reasons, getting more people vaccinated than ever before is very important. As we communicated earlier we have vaccine and funding we want to provide to all local health departments to increase our vaccination coverage. I hope we can use this opportunity during this flu season to act as a trial run to how we will assure everyone is vaccinated when the COVID vaccine is available. This vaccination program is intended to start with the highest risk populations to be sure they are vaccinated and then move to other at risk populations. Most of you have built up relationships with groups like homeless shelters, COVID test sites, LTC facilities to get into the community for effective vaccination efforts. We hope you will utilize those relationships to reach and vaccinate those vulnerable populations.

MDHHS will be making two vaccines available in two different ways. We have purchased 60,000 doses of flu vaccine: 30,000 doses of FluMist and 30,000 doses of FluBlok. We are expecting the FluMist to be available for use by late August/September and the FluBlok available by sometime in September to get the vaccine campaign off the ground. These doses should be prioritized to individuals who are uninsured/underinsured but do not miss an opportunity to vaccinate all vulnerable populations, as long as they fit the age-indication for the specific vaccine type. On top of that,

we have prebooked 200,000 doses of **adult** influenza vaccine with CDC that will be available in September to January, depending on the product. This will include a variety of different adult flu vaccines that we will be able to push out as soon as it is available. Lastly we have additional VFC flu vaccine available that will be made available to all VFC providers. We hope that this year can be the year we can put a hard push on late season vaccination before influenza peaks and we can prevent the spread throughout Michigan.

We will be providing nearly \$8 million dollars in total funding out to local health departments coming from two different sources. The first source is COVID response funding which needs to be spent by December 31, 2020. The second source of funding is from a grant from the CDC that needs to be spent by June 30, 2021. I have separated those funds in the attached spreadsheet and they will be put in two different contracts in EGRAMS. I know this is a lot of money to spend in a short period of time but we are hoping using contractual services like VNA or retired nurses you may be able to increase staffing from now until June 30<sup>th</sup>. Increased staffing may support not only your direct vaccination efforts, but assist with provider support, as this increased effort in flu vaccination will lead to increased enrollment for public vaccine. This funding can also be used to be sure you will not only be able to store and monitor influenza vaccines but also in preparation for the COVID vaccine when that becomes available. Please see the attached spreadsheet for details on the amounts of funding and the formula being used to allocate the funds.

We know many of you have stretched your resources significantly during this COVID pandemic. As we are planning for this we want to be sure you will be able to use this funding effectively to reach vulnerable populations within your jurisdictions. We understand if there are some health jurisdictions that may not have the ability to do the needed outreach to assure Michigan citizens are vaccinated with flu vaccine this year. **We are requesting that you submit a brief plan outlining how you plan to assure vulnerable populations within your jurisdiction will have the ability to be vaccinated and please let us know if we need to look for other resources within your community to offer vaccination.** We would ask that these brief plans be submitted to Sarah Davis at [DavisS42@Michigan.gov](mailto:DavisS42@Michigan.gov) by September 4<sup>th</sup>.

MDHHS will also be partnering with several other groups in an attempt to increase vaccination this fall. Attached is a draft of the work we will be doing to try to increase influenza vaccinations. These will also be valuable partners as we move into the COVID vaccination later this year.

I know how stretched you all are and know all the hard work you have been doing related to COVID. In my opinion, this is the time when public health can shine and show the public the good work we are capable of when many times we just work behind the scenes. Thanks for all you are doing and I am looking forward to the continued work in the upcoming flu season and the COVID vaccine program.

Thanks for all you are doing in the name of Public Health!

Bob Swanson, MPH  
Director, Division of Immunization  
Michigan Department of Health and Human Services  
333 S. Grand Ave.  
Lansing, MI 48933  
Phone: 517-335-8159  
Fax: 517-335-9855

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**Gaines, Rachelle**

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**From:** Bowen, Ken  
**Sent:** Wednesday, September 02, 2020 1:11 PM  
**To:** Bevington, Jamie; Shaull-Norman, Peggy; Shaw, Chad; Ingersoll, Brenda  
**Subject:** draft influenza plan  
**Attachments:** DRAFT-- IONIA Flu outreach plan.docx

See attached. Please have comments, if any, to me by this time Thursday.

Ken Bowen  
Health Officer/Director of Environmental Health  
Ionia County Health Department  
(616) 527-5341  
(616) 527-8202 (fax)

## Ionia County Health Department

### 2020 Plan to Ensure Vulnerable Populations have Access to Influenza Vaccine

Goal: to ensure access to influenza vaccine for as many vulnerable populations as possible.

#### Partners:

- 1) Relief After Violent Encounter (RAVE)– Ionia/Montcalm
- 2) Sparrow Ionia Hospital
- 3) Ionia County Community Mental Health (The Right Door)
- 4) Great Lakes Bay Health Centers
- 5) United Way Montcalm-Ionia Counties
- 6) Local Long-Term Care Facilities (LTCs)
- 7) Ionia County Sheriff's Office

#### Outreach Plans:

- 1) ICHD will partner with Sparrow Ionia Hospital to host joint COVID-19 testing/influenza vaccination clinics at locations in Ionia County. The initial event will be held in September at the Health Department in Ionia.
- 2) ICHD will partner with The Right Door to educate individuals receiving mental health services.
- 3) ICHD will partner with Great Lakes Bay Health Centers to provide vaccinations at migrant labor clinics in September and October (four clinics total).
- 4) ICHD will partner with United Way to provide education regarding influenza vaccination to local schools.
- 5) ICHD will provide influenza vaccination to inmates and staff at the County Jail on an as-needed basis. This has been done in past years for both influenza and Hepatitis A and a procedure is already in place.
- 6) ICHD will partner with RAVE to provide education and vaccination at the local shelter.
- 7) ICHD will offer vaccination services to local LTCs.
- 8) ICHD manages a Syringe Services Program (SSP) and a Sexually Transmitted Disease or Infection (STD/STI) clinic and vaccine will be offered at each patient encounter.
- 9) Vaccine will be offered to all WIC clients once staff resume seeing clients in person.

Key public messages will be developed to address safety and efficacy of influenza vaccine and to address the importance of receiving the influenza vaccine as we continue to see COVID-19 cases. Messaging will co-opt State of Michigan material where appropriate. In addition, ICHD immunization staff will continue our reminder call system to ensure that children under 8 years of age receive the second dose of influenza vaccine.

## Gaines, Rachelle

---

**From:** Bull, Lacey  
**Sent:** Thursday, September 03, 2020 1:12 PM  
**To:** Shaw, Chad; Bowen, Ken  
**Subject:** Prairie Bells Farm/Event Venue

FYI-I tried to make contact with the owner. I got voicemail and the voicemail box is full. I will try again tomorrow.

Lacey Bull, REHS  
Environmental Health Program Supervisor  
Ionia County Health Department

[lbull@ioniacounty.org](mailto:lbull@ioniacounty.org)

Ph: 616-527-5341 Ext. 5

Fax: 616-527-8202

**Check us out on Facebook!**

<http://www.facebook.com/IoniaCountyHD>

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## Gaines, Rachelle

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**From:** Ingersoll, Brenda  
**Sent:** Thursday, September 03, 2020 1:58 PM  
**To:** Fox, Stephanie; Pigue, Linda; Elliott, Jami  
**Cc:** Bowen, Ken; Ingersoll, Brenda  
**Subject:** Please add a new Cost center for the Health Department - Influenza Supplemental  
**Attachments:** Copy of COVID19 Flu Funding Distribution Formulas 20200604.xlsx; Seasonal Influenza Outreach Draft LHD Draft.docx

Good Afternoon!

Could you please add a new cost center to BS&A? We will be receiving two new grants from MDHHS on our CPBC contract. If possible could you use

512 MDHHS Influenza supplemental?

There will be two separate contracts in Egrams, but I think we could get by with only one cost center.

The two pots of money are Federal COVID funding for flu (\$38,395) that needs to be spent by 12/31/2020. We would use that first. The second pot of money is also a federal grant from the CDC (\$36,423) and that needs to be spent by June 30, 2021.

I don't think there is any way we can spend \$38,395 yet this year, so I think it would be easy enough to spend from the first pot of money the remainder of this year and save the second pot until 2021.

Could you please add:

221-601.512-501.602 Federal Grants – MDCH  
221-601.512-701.020 Wages, Support  
221-601.512-701.030 Wages, Professional  
221-601.512-702.080 Wages, Overtime  
221-601.512-715.001 Benefits, FICA  
221-601.512-715.100 Benefits, Health Insurance  
221-601.512-715.500 Benefits, Workers Comp  
221-601.512-715 Benefits, retirement, county plan  
221-601.512-960.000 indirect cost allocation  
221-601.512-960.120 Cost Allocation PH admininstation  
221-601.512-960.300 Cost allocation PH Nurse Supervision

I will be sending a budget amendment for 2020 as soon as we have a new cost center.

Let me know if you have any questions,  
Thank you

Brenda

**From:** Waterman, Autumn (DHHS) [<mailto:WatermanA@michigan.gov>]  
**Sent:** Wednesday, August 26, 2020 1:05 PM  
**To:** Waterman, Autumn (DHHS) <[WatermanA@michigan.gov](mailto:WatermanA@michigan.gov)>  
**Subject:** Important Information about the upcoming Flu Season

*This e-mail is being sent to LHD Health Officers, Medical Directors, IAP, INE, PH Imms Leads, and Immunization Staff*

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Thanks for all you are doing in the name of Public Health!

Bob Swanson, MPH  
Director, Division of Immunization  
Michigan Department of Health and Human Services  
333 S. Grand Ave.  
Lansing, MI 48933  
Phone: 517-335-8159  
Fax: 517-335-9855

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## Gaines, Rachelle

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**From:** ErgoLaptop Stand <ergolaptop.stand@lunaofficial.com>  
**Sent:** Tuesday, September 08, 2020 12:37 PM  
**To:** Bowen, Ken  
**Subject:** Customize this laptop stand for any position to improve your posture and comfort



## WORKING FROM HOME?



### **An adjustable laptop stand that you can use anywhere.**

- Collapsible and easy to pack*
- Adjustable height (sit or stand)*
- Ventilation keeps your laptop cool*
- Anti-slide silicon pads*



stop when the bullied starting back? do they know about the victim strength? goya won?t like this... i am satisfied poor france, man. don?t kick a guy when he?s down. this pained me don?t start fights with someone when they clearly walked away more than once, but the er kept at it so he got what he deserved. deranged weirdo. you?ve never been in a fight i have, and yeah sure that sucked but don?t go picking fights if you can?t even last one hit. i honestly don?t know why you?re getting downvoted. the fight was over, he was out. i was all like ?yeah that guy? and once the kick happened i just didn?t care. if you have any respect in you, you don?t kick a ko person in the head. yea i completely understand him getting beat up i just think the kick was unnecessary again, no context. for all we know the guy could've diddled

a kid or stole something. but if ano dude was just being a bully then this was extremely satisfying in that case the kick was unnecessary but well deserved. the guy backed off and let the other "wins". why did the moron went like a cowboy to the other. he fought dirty, he dropped dirty i?m moving to seattle from arizona. arizona is a hole compared to seattle. it?s getting more expensive, the summers are almost like living in death valley and the politics here are a nightmare. glad to be leaving, and moving to washington. i used to live in arizona! it's probably getting more expensive because they're building more, and the snowbirds are willing to blow more on a 2nd home, haha washington is pretty cool. be prepared to be snowed in a couple days out of the year =)



- [Ergonomics Program Management Guidelines for Meatpacking Plants](#). OSHA Publication 3123, (1993).
  - [Beverage Distribution Hazard Alert Letter](#). OSHA, (August 18, 2011).
  - [Solutions for the Prevention of Musculoskeletal Injuries in Foundries](#). OSHA Publication 3465, (2012).
- [Guidelines for Nursing Homes: Ergonomics for the Prevention of Musculoskeletal Disorders](#). OSHA Publication 3182, (2003, Revised March 2009).
  - [Guidelines for Shipyards: Ergonomics for the Prevention of Musculoskeletal Disorders](#). OSHA Publication 3341, (2008).

**Gaines, Rachelle**

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**From:** Michigan Department of Health and Human Services  
<MDHHS@govsubscriptions.michigan.gov>  
**Sent:** Thursday, September 10, 2020 9:40 AM  
**To:** Bowen, Ken  
**Subject:** FOR IMMEDIATE RELEASE: MDHHS issues statement regarding lawsuit dismissal that provides for testing to protect agricultural, food processing workers from COVID-19



## Media Statement

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**FOR IMMEDIATE RELEASE:** Sept. 10, 2020

**CONTACT:** Bob Wheaton, 517-241-2112, wheatonb@michigan.gov

### **MDHHS issues statement regarding lawsuit dismissal that provides for testing to protect agricultural, food processing workers from COVID-19**

LANSING, Mich. – The Michigan Department of Health and Human Services (MDHHS) is issuing the following statement regarding dismissal of a lawsuit that had challenged the department's order requiring COVID-19 testing for certain agricultural and food processing employees:

MDHHS is pleased that we will be able to move forward with testing that will save lives. We look forward to continuing to work with farms, food processing plants and migrant worker camps to protect their employees from COVID-19. Farms have been hit hard with COVID-19 outbreaks, and testing is one of the best tools we have for limiting the spread.

**# # #**

- [Statement Agriculture Testing Lawsuit Dismissed.pdf](#)



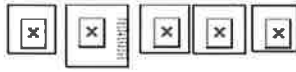
*Become a foster parent through Michigan Department of Health & Human Services foster care program.*

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**Gaines, Rachelle**

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**From:** Jodie Shaver <jshaver@malph.org>  
**Sent:** Thursday, September 10, 2020 10:23 AM  
**To:** mho; board; forumchairs  
**Subject:** FW: FOR IMMEDIATE RELEASE: MDHHS issues statement regarding lawsuit dismissal that provides for testing to protect agricultural, food processing workers from COVID-19

*Jodie Shaver, MPA, GMS*

Member Services Director/Event Coordinator

Michigan Association For Local Public Health

P.O. Box 13276

Lansing, MI 48901

Phone: 517-485-0660

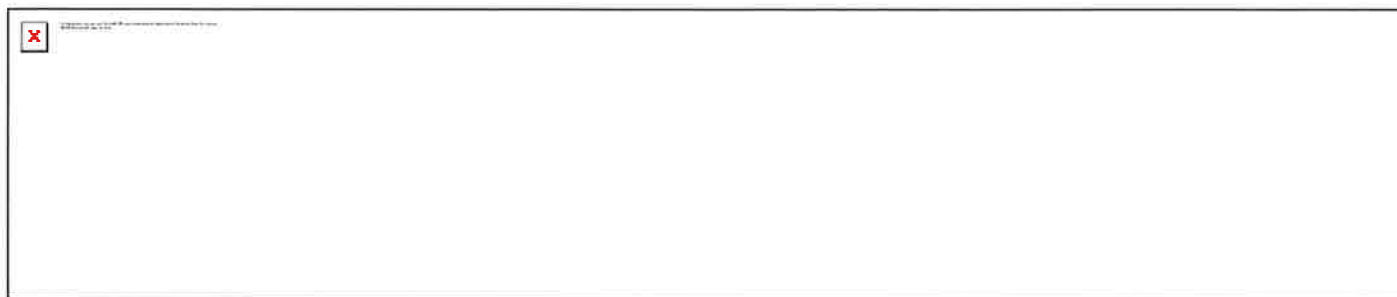
Fax: 517-485-6412

[www.malph.org](http://www.malph.org)



MICHIGAN  
ASSOCIATION  
FOR LOCAL  
PUBLIC HEALTH

**From:** Michigan Department of Health and Human Services <MDHHS@govsubscriptions.michigan.gov>  
**Sent:** Thursday, September 10, 2020 9:40 AM  
**To:** Jodie Shaver <jshaver@malph.org>  
**Subject:** FOR IMMEDIATE RELEASE: MDHHS issues statement regarding lawsuit dismissal that provides for testing to protect agricultural, food processing workers from COVID-19



## Media Statement

---

**FOR IMMEDIATE RELEASE:** Sept. 10, 2020

**CONTACT:** Bob Wheaton, 517-241-2112, [wheatonb@michigan.gov](mailto:wheatonb@michigan.gov)

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###

- [Statement Agriculture Testing Lawsuit Dismissed.pdf](#)

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*Become a foster parent through Michigan Department of Health & Human Services foster care program.*

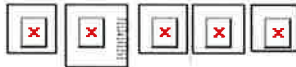


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## Gaines, Rachelle

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**From:** Crystal Mountain <crystalmountain@crystalmountainmail.com>  
**Sent:** Thursday, September 10, 2020 12:21 PM  
**To:** Bowen, Ken  
**Subject:** Crystal Mountain News

If you are unable to see the message below, [click here to view](#).

Fall In Northern Michigan Is Simply Breathtaking...



### Ready To Experience Fall Up North?

Gather your family and make plans for a fall adventure at Crystal Mountain. There's plenty of room, the colors are gorgeous, and we have a variety of activities available to enhance your stay.

From golf, hiking, and biking to rides on our chairlift and Alpine Slide — plan the adventure that works best for you!

Book your fall retreat now and enjoy **lodging starting at only \$109 per night\*** when you stay on select dates in September or October.

*\*Subject to availability. Not valid on existing lodging reservations and cannot be combined with any other lodging offers or specials. Some restrictions may apply.*

Book Lodging Now

Explore Fall Activities

View Accommodations

### Farm-to-Table

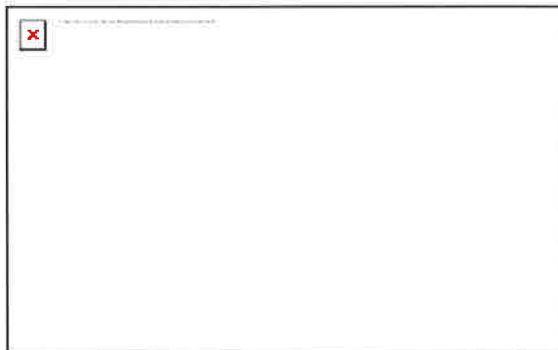
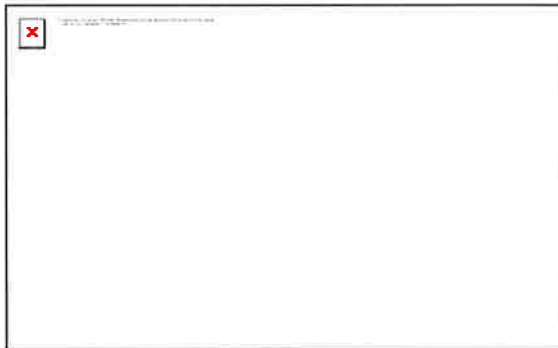
Our final Farm-to-Table event of the season will be held at the Thistle Pub & Grille on Friday, September 18 and Saturday, September 19. Join us and experience a custom three-course menu packed full of fresh, local ingredients. [Learn more»](#)

### Live Entertainment

Don't miss your chance to enjoy live entertainment at the LEVEL FOUR Rooftop Bar. Upcoming performances include: Luke Woltanski on September 11, Meg Gunia on September 12, and Mike Youker on September 13. [View entire music schedule»](#)

### Midweek Golf Packages

Stay midweek during September or October on an 18-Hole Golf package starting at \$89 per person, per night. Enjoy 18 holes of golf with cart for every night you stay, unlimited use of the Practice & Learning Center, plus nightly lodging. [More info»](#)



### Ride The Alpine Slide

You control the speed in

### Golf Schools

Crystal Mountain Golf

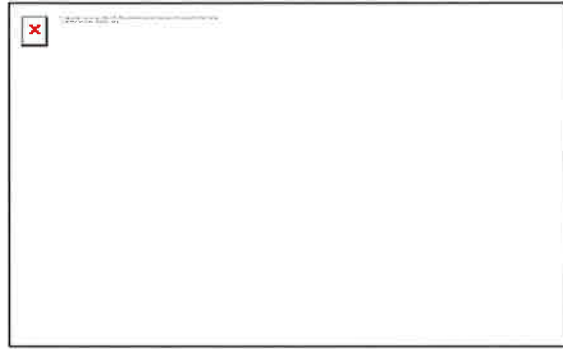
### Season Passes

There's still time to

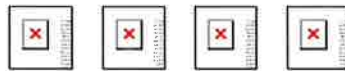
this action-packed thrill ride with dips, high-bank turns, and spectacular views! Saturdays only, September 12-October 31. [More info»](#)

School has been ranked twice as one of the Top 25 Golf Schools in America by Golf Magazine. [Explore our golf schools and private lessons»](#)

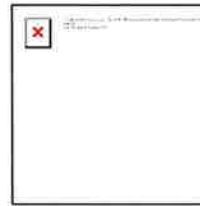
purchase a season pass. Get a 2020-21 Premier Adult Pass for \$325! Plus enjoy peace of mind with our Crystal Assurance Plan. [Learn more»](#)



**877.767.0204**



**Crystal Mountain**  
12500 Crystal Mountain Dr.  
Thompsonville, MI 49683



This message was intended for: [kbowen@ioniacounty.org](mailto:kbowen@ioniacounty.org).  
To update your preferences or opt out of this email, click [here](#).



## Gaines, Rachelle

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**From:** Michigan Health Alert Network <af9331db-0005-3000-80c0-fceb55463ffe@notify.michiganhan.org>  
**Sent:** Monday, September 14, 2020 7:59 AM  
**To:** Bowen, Ken  
**Subject:** EEE Talking Points and FAQs for the MDHHS Conference Cal Today  
**Attachments:** EEE Response FAQs\_2020\_Final\_1.docx; EEE Response FAQs\_2020\_Final.docx; LHD.Talking pts \_2020 EEE Aerial Tr.docx

**Importance:** High

Ken Bowen,

Good Morning,

Attached are the EEE talking points and FAQs that are referenced on the 8 AM EEE call this morning. They will also be placed in the Emergency Planning and Response folder on the MIHAN. The call information distributed on Friday is below.

Local Health Department  
EEE Situation Awareness Call  
September 14, 2020  
8:00 AM  
Conference Call Line: 888-251-2949  
Participant Access Code: 3086126#

This message is being sent to LHD CD, Health Officers, EPC, Environmental Health, Medical Directors, Tribal Health, MDHHS Leadership, MDHHS Environmental Health, CD, DEPR and CHECC Staff

### **You may respond by doing one of the following:**

- Click the appropriate response in the following list of response options,
- Or, reply via email with your response option. Please note that you must include the number of your response option, such as 1, in the body of your email in order for your response to be recorded.

*Option# Response:*

1. Message Received.

Thank you,  
Michigan Health Alert Network

## **Eastern Equine Encephalitis and Aerial Treatment Frequently Asked Questions**

### ABOUT EEE

#### **What is Eastern Equine Encephalitis (EEE)?**

EEE is a rare, but serious disease that is caused by a virus spread by infected mosquitoes. The EEE virus can cause inflammation of the brain (encephalitis). It is one of the most severe mosquito-borne diseases in the U.S. According to the Centers for Disease Control and Prevention (CDC), approximately one-third of the human cases of EEE are fatal. In the United States, approximately 5 to 10 EEE cases in humans are reported annually, however, in 2019 there were 38 cases reported.

#### **How many total cases of EEE are there in Michigan?**

As of Sept. 13, 2020, there have been no diagnosed human cases in Michigan this year. EEE has been identified in 22 animals to date. The animal cases have been identified in 10 different counties including: Barry (1), Clare (5), Ionia (1), Isabella (1), Jackson (1), Kent (1), Mecosta (1), Montcalm (7), Newaygo (2), and Oakland (2).

For more information, visit [www.Michigan.gov/EEE](http://www.Michigan.gov/EEE).

#### **Should we be concerned about human EEE cases in Michigan?**

Michigan has had outbreaks of EEE about every decade since 1980 when the first human case was reported in the state. In 2019, the number of human cases of EEE in Michigan – 10 cases – were equal to the total number of cases in the previous 10 years combined. It is unknown exactly why some years are more severe than others, although weather, including temperature and rainfall, is thought to play a role. So far in 2020, there have been no diagnosed human cases in Michigan. However, humans can get EEE the same way horses do (from the bite of an infected mosquito), so a case in a horse means people in that area are also at risk. There have been identified human cases so far in Wisconsin and Massachusetts.

#### **How do people get infected with EEE?**

EEE is transmitted through the bite of an infected mosquito. You cannot get EEE directly from another person or from an animal such as a horse or deer.

#### **Who is at risk for infection with EEE?**

Anyone in an area where the virus is circulating in mosquitoes can get infected with EEE. The risk is highest for people who live in or visit woodland habitats, and people who work outside or participate in outdoor recreational activities because of greater exposure to potentially infected mosquitoes. Those who are over 50 years old and under 15 years old are at increased risk of infection.

#### **How soon do people get sick after getting bitten by an infected mosquito?**

It takes four to 10 days after the bite of an infected mosquito to develop symptoms of EEE.

### **What are the symptoms of EEE disease?**

Severe cases of EEE infection begin with the sudden onset of headache, high fever, chills, and vomiting. The illness may then progress into disorientation, seizures, and coma. Approximately a third of patients who develop EEE die, and many of those who survive have mild to severe brain damage.

### **How do I get tested for EEE?**

People who have been bitten by mosquitoes can monitor their health and talk with their healthcare provider if they develop symptoms such as fever, malaise, headache, and confusion. Testing for EEE is not indicated in a person who is not showing signs suggestive of being infected with the virus.

### **How is EEE diagnosed?**

Diagnosis is based on tests of blood or spinal fluid. These tests typically look for antibodies that the body makes against the viral infection.

### **What is the treatment for EEE?**

There is no specific treatment for EEE. Antibiotics are not effective against viruses, and no effective anti-viral drugs have been discovered. Severe illnesses are treated by supportive therapy, which may include hospitalization, respiratory support, IV fluids and prevention of other infections.

### **How can people reduce the chance of getting infected with EEE?**

- Avoid being outdoors between dusk and dawn when mosquitoes carrying EEE virus are most active.
- Apply insect repellents containing the active ingredient DEET, or other U.S. Environmental Protection Agency-registered product to exposed skin or clothing. Always follow the manufacturer's directions for use.
- Wear long-sleeved shirts and long pants when outdoors. Apply insect repellent to clothing to help prevent bites.
- Maintain window and door screening to help keep mosquitoes outside.
- Empty water from mosquito breeding sites around the home, such as buckets, unused kiddie pools, old tires, or similar sites where mosquitoes may lay eggs.
- Use nets and/or fans over outdoor eating areas.

### **Can I get sick from eating deer meat if it is infected with EEE?**

If an animal appears ill, you should not consume the meat from that animal, as there are other illnesses that can be transmitted. To kill potential pathogens, wild game should always be thoroughly cooked to an internal temperature of 165 degrees F, measured with a meat thermometer.

### **Can my pet get EEE?**

EEE is rare in dogs and cats, however, when cases have been identified in dogs, they're typically less than six months old. Horses are very susceptible to EEE and approximately 90 percent of horses that show signs of EEE die from the disease. A vaccine is available for horses and is strongly encouraged.



**How do I protect my pets from EEE?**

Keep pets indoors as much as possible between dusk and dawn when mosquitoes are most active. Mosquito repellents labeled for use on people should not be used on pets. There are some topical products that can be applied to dogs to protect them from mosquitoes; concerned pet owners should work with their veterinarian.

**ABOUT AERIAL MOSQUITO TREATMENT IN MICHIGAN****What is the purpose of aerial mosquito treatment?**

Aerial treatment can quickly reduce the number of mosquitoes in a large geographical area, which in turn can reduce the risk of exposure to the EEE virus. This is even more important this year as Michiganders are spending more time participating in outside activities during the pandemic. When conducted according to strict regulations, aerial treatment is safe for people, animals, and the environment, and has been successfully used in the United States for decades to reduce mosquito populations. In 2019, more than 557,000 acres in 14 counties had aerial treatment to help combat EEE.

**How will the aerial treatment occur?**

Mosquito control professionals will apply approved insecticides as an ultra-low volume (ULV) spray from a twin-engine plane that flies at approximately 300 feet above the ground. The ULV sprayers dispense very fine aerosol droplets. The droplets, which are smaller than the head of a pin, drift through the air to kill adult mosquitoes on contact.

**Where and when will the aerial treatment take place?**

Aerial treatment will take place in areas where there has been a case of EEE in humans and/or animals this year. On the day of the treatment, the application will begin after dusk, at approximately 8 p.m., and will continue through the night or until weather conditions are no longer favorable for application. Mosquito control is weather-dependent. Wind speeds, temperature, and precipitation on the ground and in the air may affect the treatment schedule.

For up-to-date application area information, visit [www.michigan.gov/EEE](http://www.michigan.gov/EEE)

**What will the treatment look like to me as a resident if I am outside when it occurs?**

Residents will likely not even notice the treatment when it occurs. A twin-engine plane flying at about 300 feet above ground will apply a very small amount of product, approximately 1-2 tablespoons per acre (about the size of a football field). You may not even see or hear the plane or feel anything in the air when it's being applied.

**I saw a plane flying during the day, aren't they treating at night?**

Yes, the treatment begins after dusk and into the night, weather permitting. During the day, planes conduct surveillance of the areas they anticipate treating that evening. No insecticide is applied during daytime surveillance flights.

### **What insecticide is being used?**

The product being used is called Merus 3.0. It is an EPA-registered, botanical adult mosquito insecticide containing 5 percent pyrethrins which are naturally found in chrysanthemum flowers. Pyrethrins are commonly used to control mosquitoes, fleas, flies, moths, ants and many other pests, and have been registered for use in insecticides since the 1950s. Merus 3.0 is Organic Materials Review Institute (OMRI) listed and can be used around organic crops and gardens. This is the same product that was used successfully in areas of Michigan to reduce EEE risk in 2019.

OMRI certificate: <https://www.omri.org/mfg/cmc/certificate/10513>

### **Will Merus 3.0 cause any adverse health effects in people?**

Merus 3.0 is registered with the EPA and is labeled for public health use over residential areas. In general, no short-term or long-term risks to human health are expected during or after treatment. Monitoring of emergency rooms and poison control centers after aerial treatment in 2019 found no reported human illness associated with the treatment.

### **Should I avoid exposure to the treatment chemicals?**

In general, no special actions are necessary before, during, or after treatment. If you are concerned or have known sensitivities to insecticides, some steps everyone can take to reduce exposure are to:

- Remain inside during the hours treatment will occur (approximately 8 p.m. to the next morning).
- Close windows and doors. Turn off air conditioners and window fans that bring outdoor air inside.
- Bring outdoor items (laundry, outdoor furniture, and children toys) inside or cover them if possible.
- Keep pets indoors and cover swimming pools and fishponds, if possible.

### **Can residents opt out of the aerial treatment?**

No. In order to prevent additional human and animal illnesses and deaths, it is necessary to begin mosquito abatement as quickly as possible. Normally a community mosquito control program takes weeks to provide notification to residents and landowners in an impacted area, and additional time to establish a framework for individualized participation. Due to the serious nature of EEE and the risk to human health, the Michigan Department of Agriculture and Rural Development, in consultation with MDHHS, found it necessary and appropriate to temporarily amend the rule on notification and participation for community pesticide applications for mosquito control.

### **What if I was outside when the treatment occurred, and I have concerns about exposure to the product?**

In general, no health effects are expected from being outside during or after the treatment occurs. Some actions to take if you are concerned include:

- Wash your skin and/or clothes with water and detergent soap.
- Rinse your eyes with water.
- Consult your health care provider if you are concerned about your health.

**How long do these chemicals last in the environment?**

Merus 3.0 will break down over time, ranging from hours in the air to days in the soil. No special action needs to be taken the morning after treatment; however, if you are concerned about contact with leftover pesticide residue, you could rinse home-grown vegetables and fruits before cooking or eating.

**Will the treatment contaminate my drinking water source?**

Merus 3.0 binds strongly to soil, so chances are low that it could get into the groundwater. Drinking water reservoirs will be excluded from the treatment areas. Merus 3.0 breaks down quickly in surface water. Because of these factors, Merus 3.0 is not expected in your drinking water.

**What if I think that I am experiencing an adverse reaction to insecticide treatment?**

If you believe you may be experiencing any health effects from insecticides, call your health care provider or the Michigan Poison Control Center 800-222-1222. If symptoms are severe, call 911 for assistance.

**What should I do if I am concerned about my pet or farm animals being outside during or after the treatment?**

In general, no health effects to pets or farm animals are expected from being outside when the treatment occurs. If you are concerned, some ways to reduce exposure are to keep pets and farm animals indoors and shut barn windows to meet minimum ventilation requirements during the hours treatment will occur. Pet and livestock owners should always work their veterinarian regarding the overall health and wellness of their animals.

**Can Merus 3.0 harm my bees?**

Like most insecticides, Merus 3.0 could be harmful to bees if they come in direct contact. The insecticide application will occur later in the evening after dusk when bees are expected to be in their hives. The amount of chemical being applied is low and breaks down quickly; the application is not expected to have an impact on bees. Concerned beekeepers can reduce exposure to their bees by covering the hive with wet burlap. There were no reported adverse effects to bees in Michigan after aerial treatment in 2019.

**What about the next day when my bees are active again?**

Any insecticide residue on foliage from treatment the night before should be dry by the next morning. Dry residue is not toxic to pollinators, including bees.

**I found dead bees outside – what killed them?**

This time of year, it is normal for honeybee colonies to decline in population and prepare for winter. Drone bees (males) are kicked out of the colony because they are not needed during the winter and older foraging summer bees die in the fall. Bees still living in the colonies have been reared for winter survival (winter bees). As a result, you will always find some dead honeybees in the landscape. Similarly, you will find dead wasps, hornets and yellow jackets every fall. Colonies infected with mites, a common problem for beekeepers, often begin to die out in the fall.

FOR MORE INFORMATION

**For the updated information on EEE in Michigan, including case count, visit [www.Michigan.gov/EEE](http://www.Michigan.gov/EEE)**

**For general health information related to EEE, visit: [www.cdc.gov/EEE](http://www.cdc.gov/EEE)**

**For information on aerial treatment in your county:** Updates will be provided via local media outlets, social media, [www.Michigan.gov/EEE](http://www.Michigan.gov/EEE) and other channels 48 hours before treatment occurs.

**For health-related questions, contact MDHHS at: 888-535-6136**

## **Eastern Equine Encephalitis (EEE) and Aerial Treatment Technical Talking Points for Local Health Departments**

### ABOUT EEE IN MICHIGAN

#### **How many total cases of EEE are there in Michigan?**

As of September 13, 2020:

- Zero (0) human cases in Michigan
- EEE has been identified in 22 animals in n different counties
  - All horses
  - Barry, Clare, Ionia, Isabella, Jackson, Kent, Mecosta, Montcalm, Newaygo and Oakland.
- For more information, visit the MDHHS arbovirus website for EEE at [www.Michigan.gov/EEE](http://www.Michigan.gov/EEE)

#### **Should we be concerned about human EEE cases in Michigan?**

- Michigan has had outbreaks of EEE about every decade since 1980 when the first human case was reported in the state.
- In 2019, there were 10 human cases of EEE in Michigan. This is equal to the total number of cases in the last 10 years combined.
- It is unknown exactly why some years are more severe than others, although weather, including temperature and rainfall, is thought to play a role.
- However, humans get EEE the same way horses do (from the bite of an infected mosquito), so a case in a horse means people in that area are also at risk.

#### **What local authority does local and state public health utilize to support this response?**

- Pursuant to Public Health Code, including but not limited to MCL 333.2221, MCL 333.2226, MCL 333.2433, and MCL 333.2435, the Michigan Department of Health and Human Services (MDHHS) and local health departments are both responsible for protection of Michigan's public health. While local health departments generally take the lead on matters affecting their jurisdiction, EEE has now been detected in nine counties throughout Michigan, and a statewide response to address this public health emergency is warranted.

### ABOUT EEE (GENERAL)

#### **What is Eastern Equine Encephalitis (EEE)?**

- EEE is a rare, but serious disease that is caused by a virus spread by infected mosquitoes.
- The EEE virus can cause inflammation of the brain (encephalitis).
- According to the Centers for Disease Control and Prevention (CDC), approximately one-third of the human cases of EEE are fatal

- It is one of the most severe mosquito-borne diseases in the United States. In the US approximately 5 to 10 EEE cases are reported annually, however, in 2019 there were 38 cases reported.

#### **How do people get infected with EEE?**

- EEE is transmitted through the bite of an infected mosquito.
- You cannot get EEE directly from another person or from an animal such as a horse or deer.

#### **Who is at risk for infection with EEE?**

- Anyone in an area where the virus is circulating can get infected with EEE.
- The risk is highest for people who live in or visit woodland habitats, and people who work outside or participate in outdoor recreational activities, because of greater exposure to potentially infected mosquitoes.
- Those who are over 50 years old and under 15 years old are at increased risk of infection.

#### **How soon do people get sick after getting bitten by an infected mosquito?**

- It takes four to 10 days after the bite of an infected mosquito to develop symptoms of EEE.

#### **What are the symptoms of EEE disease?**

- Severe cases of EEE infection begin with the sudden onset of headache, high fever, chills, and vomiting.
- The illness may then progress into disorientation, seizures and coma.
- Approximately a third of patients who develop EEE die
  - Many of those who survive have mild to severe brain damage.

### EEE DIAGNOSIS, TESTING, TREATMENT

#### **How do I get tested for EEE?**

- People who have been bitten by mosquitoes can monitor their health and talk with their healthcare provider if they develop symptoms such as fever, malaise, headache and confusion.
- Testing for EEE is not indicated in a person who is not showing signs suggestive of being infected with the virus.

#### **How is EEE diagnosed?**

- Diagnosis is based on tests of blood or spinal fluid.
- These tests typically look for antibodies that the body makes against the viral infection.

#### **What is the treatment for EEE?**

- There is no specific treatment for EEE.
- Antibiotics are not effective against viruses, and no effective anti-viral drugs have been discovered.

- Severe illnesses are treated by supportive therapy which may include hospitalization, respiratory support, IV fluids and prevention of other infections.

## EEE PREVENTION

### **How can people reduce the chance of getting infected with EEE?**

- Avoid being outdoors between dusk and dawn when mosquitoes carrying EEE virus are most active.
- Apply insect repellents containing the active ingredient DEET, or other U.S. Environmental Protection Agency-registered product to exposed skin or clothing, and always follow the manufacturer's directions for use.
- Wear long-sleeved shirts and long pants when outdoors. Apply insect repellent to clothing to help prevent bites.
- Maintain window and door screening to help keep mosquitoes outside.
- Empty water from mosquito breeding sites around the home, such as buckets, unused kiddie pools, old tires or similar sites where mosquitoes may lay eggs.
- Use nets and/or fans over outdoor eating areas.

## EEE AND PETS; WILD GAME MEAT

### **Can my pet get EEE?**

- EEE is rare in dogs and cats, however
  - When cases have been identified in dogs, they're typically less than six months old.
- Horses are very susceptible to EEE
  - Approximately 90 percent of horses that show signs of EEE, die from the disease.
  - A vaccine is available for horses; it is not legally required, however, it is strongly encouraged.

### **How do I protect my pets from EEE?**

- Keep pets indoors as much as possible between dusk and dawn when mosquitoes are most active.
- Mosquito repellents labeled for use on people should not be used on pets.
- There are some topical products that can be applied to dogs to protect them from mosquitoes.
- Concerned pet owners should work with their veterinarian.

### **Can I get sick from eating deer meat if it is infected with EEE?**

- If an animal appears ill, you should not consume the meat from that animal
- To kill potential pathogens, wild game should always be thoroughly cooked to an internal temperature of 165 degrees F, measured with a meat thermometer.

## ABOUT TREATMENT FOR MOSQUITOS IN MICHIGAN

### **What is the purpose of aerial insecticide treatment on parts of Michigan?**

- Aerial treatment can quickly reduce the number of mosquitoes in a large geographical area, which can reduce the risk of exposure to the EEE virus.
- This is even more important this year as Michiganders are spending more time participating in outside activities during the pandemic.
- When conducted according to strict regulations, aerial treatment is safe for people, animals, and the environment.
- Aerial treatment has been successfully used in the United States for decades to reduce mosquito populations.
- In 2019, more than 557,000 acres in 14 counties had aerial treatment to help combat EEE.

**How will the aerial insecticide treatment occur?**

- Mosquito control professionals will apply approved insecticides as an ultra-low volume (ULV) spray
  - Twin-engine plane
  - 175 mph
  - 300 ft. above the ground
- The ULV sprayers dispense very fine aerosol droplets.
  - The droplets are smaller than the head of a pin
  - Drift through the air to kill adult mosquitoes on contact.

**Where and when will the aerial treatment take place?**

- Aerial treatment will take place in areas where there is a concentration of EEE cases in humans and/or animals.
- Application will begin after dusk, at approximately 8 p.m., and will continue through the night or until weather conditions are no longer favorable for application.
  - Mosquito control is weather-dependent. Wind speeds, temperature and precipitation on the ground and in the air may affect treatment.
  - Residents may notice planes surveilling areas to be sprayed during the day. No insecticide will be sprayed during the surveillance.
- Updated application area information is available online: [www.michigan.gov/EEE](http://www.michigan.gov/EEE)

**What will the treatment look like to me as a resident if I am outside when it occurs?**

- Residents will likely not even notice the treatment when it occurs.
- A twin-engine plane – 175 mph, 300 ft above ground
- Will apply a very small amount of product,
  - approximately 1 tablespoon per acre (about the size of a football field).
- Residents may not even see or hear the plane, or feel the spray in the air when it's being applied.

**What insecticide is being used?**

- The product is called Merus 3.0.
- EPA-registered, organic botanical adult mosquito insecticide
- Contains five percent (5%) pyrethrins, which are naturally found in chrysanthemum flowers.



- Pyrethrins are commonly used to control mosquitoes, fleas, flies, moths, ants and many other pests
- Pyrethrins have been registered for use in insecticides since the 1950s.
- Merus 3.0 is OMRI Listed and can be used around organic crops and gardens.
  - It may be used in certified organic production or food processing and handling according to the USDA National Organic Program regulations
  - OMRI certificate available online at [www.omri.org](http://www.omri.org)

### MERUS 3.0 EXPOSURE AND OTHER CONCERNS

#### **Will Merus 3.0 cause any adverse health effects in people?**

- Merus 3.0 is registered with the EPA and is labeled for public health use over residential areas.
- In general, no short-term or long-term risks to human health are expected during or after treatment.
  - EPA's evaluation of risks from aerial treatment of pyrethrins is that the risk is very low for children and adults for breathing in levels in the air and for young children for hand to mouth activities from levels on surfaces.
  - Ingredients in Merus 3.0 are classified as not likely to be human carcinogens.

#### **Are there concerns about other ingredients in Merus 3.0?**

- All other ingredients in Merus 3.0 have been approved for use as food components.
- No fluorinated stabilizers or vitamin E are used in this product.

#### **Should I avoid exposure to the sprayed chemicals?**

In general, no special actions are necessary before, during, or after treatment. If you are concerned or have known sensitivities to insecticides, some steps everyone can take to reduce exposure are to:

- Remain inside during the hours treatment will occur. (from approximately 8 pm to the next morning)
- Close windows and doors. Turn off air conditioners and window fans that bring outdoor air inside.
- Bring outdoor items (laundry, outdoor furniture and children's toys) inside or cover them if possible.
- Keep pets indoors and cover swimming pools and fishponds, if possible.

#### **Are there people who may be extra-sensitive to these chemicals?**

Some people are more sensitive to chemical exposure than others (<https://www.atsdr.cdc.gov/emes/public/docs/Sensitive%20Populations%20FS.pdf>) and could benefit from following the precautions provided to limit exposure.

#### **Asthma and COPD**

An asthma-like reaction may occur with exposures in sensitized patients. In persons with chronic respiratory disease, especially asthma, the inhalation of pyrethrins might make symptoms worse due to its sensitizing properties.



### Allergic reactions

People who are sensitive to airborne allergens (such as ragweed) may develop an allergic reaction (allergic dermatitis, systematic allergic reaction) when exposed to pyrethrin based products such as Merus 3.0.

### Children and Infants

EPA's evaluation of risks for young children from aerial spraying of pyrethrins is that the risk is very low for children from both breathing in levels in the air and for hand to mouth from levels on surfaces. If people are concerned, they can follow the precautions provided to avoid exposure.

### Pregnant and Nursing women

Studies have found small amounts of pyrethrin in breastmilk. There is no known health effects associated with exposure through breast milk. If people are concerned, they can follow the precautions provided to avoid exposure.

### **Can I opt out of the aerial treatment?**

No. In order to prevent additional human and animal illnesses and deaths, it is necessary to begin mosquito abatement as quickly as possible. Normally a community mosquito control program takes weeks to provide notification to residents and landowners in an impacted area, and additional time to establish a framework for individualized participation. Due to the serious nature of EEE and the risk to human health, the Michigan Department of Agriculture and Rural Development, in consultation with MDHHS, found it necessary and appropriate to temporarily amend the rule on notification and participation for community pesticide applications for mosquito control.

### **What if I was outside when the treatment occurred, and I have concerns about exposure to the spray?**

In general, no health effects are expected from being outside during or after the treatment occurs. Some actions to take if you are concerned include:

- Wash your skin and/or clothes with water and detergent soap.
- Rinse your eyes with water.
- Consult your health care provider if you are concerned about your health.

### **Human Testing for Pyrethrins in the Body (technical information)**

- While there are blood tests for pyrethrins, the results may not tell you how much of pyrethrins you were exposed to and how that could have impacted your health.
- Tests done days after exposure stops will not tell you how much you were exposed to as the chemicals in pyrethrins quickly leaves your body.

### **How long do these chemicals last in the environment?**

- No special action needs to be taken the morning after treatment.
- The active ingredient in the spray will break down over time
  - Air – active ingredient breaks down within hours
  - Soil – active ingredient breaks down within days
  - Direct sunlight speeds up the process of breaking down the chemical.

- The day after treatment, no special actions are needed, but if there are concerned about contact with any leftover residue, you could:
  - Rinse home-grown vegetables and fruits before cooking or eating.
  - Wash outdoor surfaces and objects with detergent and water to remove chemical residue.

**Will the spray contaminate my drinking water source?**

- The active ingredient in the spray binds strongly to soil, so chances are low that it could leach into groundwater.
- Drinking water reservoirs will be excluded from the spray area.
- The active ingredient in the spray also breaks down quickly in the surface water. Because of these factors, contamination of drinking water from surface water is also not expected.

**What if I think that I am experiencing an adverse reaction to insecticide treatment?**

- Anyone who believes they may be experiencing any health effects from insecticides call their health care provider or the Michigan Poison Control Center 800-222-1222.
  - If symptoms are severe, call 911 for assistance.

**What should I do if I am concerned about my pet or farm animals being outside during or after the treatment?**

- In general, no health effects to pets or farm animals are expected from being outside when the treatment occurs.
  - If concerned, some ways to reduce exposure include keeping pets and farm animals indoors and shut barn windows to meet minimum ventilation requirements during the hours treatment will occur.
- Pet and livestock owners should always work their veterinarian regarding the overall health and wellness of their animals.

**Can Merus 3.0 harm pollinators such as bees?**

- The application is not expected to have an impact on bees.
  - Like most insecticides, Merus 3.0 could be harmful to bees if they come in direct contact; however, the insecticide application will occur later in the evening after dusk when bees are expected to be in their hives.
  - The amount of chemical being sprayed is low and breaks down quickly.
- Concerned beekeepers can reduce exposure to their bees by covering the hive with wet burlap.

**What about the next day when my bees are active again?**

- Any insecticide residue on foliage from treatment the night before should be dry by the next morning. Dry residue is not toxic to pollinators, including bees

### **I found dead bees outside ... what killed them?**

- It is normal for honeybee colonies to decline in population this time of year and prepare for winter.
- Drone bees (males) are kicked out of the colony because they are not needed in the fall; older foraging summer bees die in the fall. As a result, you will always find some dead honeybees in the landscape.
- You will also see dead wasps, hornets and yellow jackets in the fall.
- Colonies infected with mites – a common problem for beekeepers – often begin to die out in the fall.

### FOR MORE INFORMATION

**For the updated information on EEE in Michigan, including case count, visit [www.Michigan.gov/EEE](http://www.Michigan.gov/EEE)**

**For general health information related to EEE, visit: [www.cdc.gov/EEE](http://www.cdc.gov/EEE)**

**For information on treatment in your county:** Updates will be provided via local media outlets, social media, [www.Michigan.gov/EEE](http://www.Michigan.gov/EEE) and other channels 48 hours before treatment occurs.

**For health-related questions, contact MDHHS at: 888-535-6136**

### USEFUL LINKS

<https://www.clarke.com/filebin/productpdf/merus3.0.pdf>

<http://npic.orst.edu/ingred/pyrethrins.html>

## **Eastern Equine Encephalitis and Aerial Treatment Frequently Asked Questions**

### ABOUT EEE

#### **What is Eastern Equine Encephalitis (EEE)?**

EEE is a rare, but serious disease that is caused by a virus spread by infected mosquitoes. The EEE virus can cause inflammation of the brain (encephalitis). It is one of the most severe mosquito-borne diseases in the U.S. According to the Centers for Disease Control and Prevention (CDC), approximately one-third of the human cases of EEE are fatal. In the United States, approximately 5 to 10 EEE cases in humans are reported annually, however, in 2019 there were 38 cases reported.

#### **How many total cases of EEE are there in Michigan?**

As of Sept. 13, 2020, there have been no diagnosed human cases in Michigan this year. EEE has been identified in 22 animals to date. The animal cases have been identified in 10 different counties including: Barry (1), Clare (5), Ionia (1), Isabella (1), Jackson (1), Kent (1), Mecosta (1), Montcalm (7), Newaygo (2), and Oakland (2).

For more information, visit [www.Michigan.gov/EEE](http://www.Michigan.gov/EEE).

#### **Should we be concerned about human EEE cases in Michigan?**

Michigan has had outbreaks of EEE about every decade since 1980 when the first human case was reported in the state. In 2019, the number of human cases of EEE in Michigan – 10 cases – were equal to the total number of cases in the previous 10 years combined. It is unknown exactly why some years are more severe than others, although weather, including temperature and rainfall, is thought to play a role. So far in 2020, there have been no diagnosed human cases in Michigan. However, humans can get EEE the same way horses do (from the bite of an infected mosquito), so a case in a horse means people in that area are also at risk. There have been identified human cases so far in Wisconsin and Massachusetts.

#### **How do people get infected with EEE?**

EEE is transmitted through the bite of an infected mosquito. You cannot get EEE directly from another person or from an animal such as a horse or deer.

#### **Who is at risk for infection with EEE?**

Anyone in an area where the virus is circulating in mosquitoes can get infected with EEE. The risk is highest for people who live in or visit woodland habitats, and people who work outside or participate in outdoor recreational activities because of greater exposure to potentially infected mosquitoes. Those who are over 50 years old and under 15 years old are at increased risk of infection.

#### **How soon do people get sick after getting bitten by an infected mosquito?**

It takes four to 10 days after the bite of an infected mosquito to develop symptoms of EEE.

### **What are the symptoms of EEE disease?**

Severe cases of EEE infection begin with the sudden onset of headache, high fever, chills, and vomiting. The illness may then progress into disorientation, seizures, and coma. Approximately a third of patients who develop EEE die, and many of those who survive have mild to severe brain damage.

### **How do I get tested for EEE?**

People who have been bitten by mosquitoes can monitor their health and talk with their healthcare provider if they develop symptoms such as fever, malaise, headache, and confusion. Testing for EEE is not indicated in a person who is not showing signs suggestive of being infected with the virus.

### **How is EEE diagnosed?**

Diagnosis is based on tests of blood or spinal fluid. These tests typically look for antibodies that the body makes against the viral infection.

### **What is the treatment for EEE?**

There is no specific treatment for EEE. Antibiotics are not effective against viruses, and no effective anti-viral drugs have been discovered. Severe illnesses are treated by supportive therapy, which may include hospitalization, respiratory support, IV fluids and prevention of other infections.

### **How can people reduce the chance of getting infected with EEE?**

- Avoid being outdoors between dusk and dawn when mosquitoes carrying EEE virus are most active.
- Apply insect repellents containing the active ingredient DEET, or other U.S. Environmental Protection Agency-registered product to exposed skin or clothing. Always follow the manufacturer's directions for use.
- Wear long-sleeved shirts and long pants when outdoors. Apply insect repellent to clothing to help prevent bites.
- Maintain window and door screening to help keep mosquitoes outside.
- Empty water from mosquito breeding sites around the home, such as buckets, unused kiddie pools, old tires, or similar sites where mosquitoes may lay eggs.
- Use nets and/or fans over outdoor eating areas.

### **Can I get sick from eating deer meat if it is infected with EEE?**

If an animal appears ill, you should not consume the meat from that animal, as there are other illnesses that can be transmitted. To kill potential pathogens, wild game should always be thoroughly cooked to an internal temperature of 165 degrees F, measured with a meat thermometer.

### **Can my pet get EEE?**

EEE is rare in dogs and cats, however, when cases have been identified in dogs, they're typically less than six months old. Horses are very susceptible to EEE and approximately 90 percent of horses that show signs of EEE die from the disease. A vaccine is available for horses and is strongly encouraged.

**How do I protect my pets from EEE?**

Keep pets indoors as much as possible between dusk and dawn when mosquitoes are most active. Mosquito repellents labeled for use on people should not be used on pets. There are some topical products that can be applied to dogs to protect them from mosquitoes; concerned pet owners should work with their veterinarian.

ABOUT AERIAL MOSQUITO TREATMENT IN MICHIGAN

**What is the purpose of aerial mosquito treatment?**

Aerial treatment can quickly reduce the number of mosquitoes in a large geographical area, which in turn can reduce the risk of exposure to the EEE virus. This is even more important this year as Michiganders are spending more time participating in outside activities during the pandemic. When conducted according to strict regulations, aerial treatment is safe for people, animals, and the environment, and has been successfully used in the United States for decades to reduce mosquito populations. In 2019, more than 557,000 acres in 14 counties had aerial treatment to help combat EEE.

**How will the aerial treatment occur?**

Mosquito control professionals will apply approved insecticides as an ultra-low volume (ULV) spray from a twin-engine plane that flies at approximately 300 feet above the ground. The ULV sprayers dispense very fine aerosol droplets. The droplets, which are smaller than the head of a pin, drift through the air to kill adult mosquitoes on contact.

**Where and when will the aerial treatment take place?**

Aerial treatment will take place in areas where there has been a case of EEE in humans and/or animals this year. On the day of the treatment, the application will begin after dusk, at approximately 8 p.m., and will continue through the night or until weather conditions are no longer favorable for application. Mosquito control is weather-dependent. Wind speeds, temperature, and precipitation on the ground and in the air may affect the treatment schedule.

For up-to-date application area information, visit [www.michigan.gov/EEE](http://www.michigan.gov/EEE)

**What will the treatment look like to me as a resident if I am outside when it occurs?**

Residents will likely not even notice the treatment when it occurs. A twin-engine plane flying at about 300 feet above ground will apply a very small amount of product, approximately 1-2 tablespoons per acre (about the size of a football field). You may not even see or hear the plane or feel anything in the air when it's being applied.

**I saw a plane flying during the day, aren't they treating at night?**

Yes, the treatment begins after dusk and into the night, weather permitting. During the day, planes conduct surveillance of the areas they anticipate treating that evening. No insecticide is applied during daytime surveillance flights.



### **What insecticide is being used?**

The product being used is called Merus 3.0. It is an EPA-registered, botanical adult mosquito insecticide containing 5 percent pyrethrins which are naturally found in chrysanthemum flowers. Pyrethrins are commonly used to control mosquitoes, fleas, flies, moths, ants and many other pests, and have been registered for use in insecticides since the 1950s. Merus 3.0 is Organic Materials Review Institute (OMRI) listed and can be used around organic crops and gardens. This is the same product that was used successfully in areas of Michigan to reduce EEE risk in 2019.

OMRI certificate: <https://www.omri.org/mfg/cmc/certificate/10513>

### **Will Merus 3.0 cause any adverse health effects in people?**

Merus 3.0 is registered with the EPA and is labeled for public health use over residential areas. In general, no short-term or long-term risks to human health are expected during or after treatment. Monitoring of emergency rooms and poison control centers after aerial treatment in 2019 found no reported human illness associated with the treatment.

### **Should I avoid exposure to the treatment chemicals?**

In general, no special actions are necessary before, during, or after treatment. If you are concerned or have known sensitivities to insecticides, some steps everyone can take to reduce exposure are to:

- Remain inside during the hours treatment will occur (approximately 8 p.m. to the next morning).
- Close windows and doors. Turn off air conditioners and window fans that bring outdoor air inside.
- Bring outdoor items (laundry, outdoor furniture, and children toys) inside or cover them if possible.
- Keep pets indoors and cover swimming pools and fishponds, if possible.

### **Can residents opt out of the aerial treatment?**

No. In order to prevent additional human and animal illnesses and deaths, it is necessary to begin mosquito abatement as quickly as possible. Normally a community mosquito control program takes weeks to provide notification to residents and landowners in an impacted area, and additional time to establish a framework for individualized participation. Due to the serious nature of EEE and the risk to human health, the Michigan Department of Agriculture and Rural Development, in consultation with MDHHS, found it necessary and appropriate to temporarily amend the rule on notification and participation for community pesticide applications for mosquito control.

### **What if I was outside when the treatment occurred, and I have concerns about exposure to the product?**

In general, no health effects are expected from being outside during or after the treatment occurs. Some actions to take if you are concerned include:

- Wash your skin and/or clothes with water and detergent soap.
- Rinse your eyes with water.
- Consult your health care provider if you are concerned about your health.

**How long do these chemicals last in the environment?**

Merus 3.0 will break down over time, ranging from hours in the air to days in the soil. No special action needs to be taken the morning after treatment; however, if you are concerned about contact with leftover pesticide residue, you could rinse home-grown vegetables and fruits before cooking or eating.

**Will the treatment contaminate my drinking water source?**

Merus 3.0 binds strongly to soil, so chances are low that it could get into the groundwater. Drinking water reservoirs will be excluded from the treatment areas. Merus 3.0 breaks down quickly in surface water. Because of these factors, Merus 3.0 is not expected in your drinking water.

**What if I think that I am experiencing an adverse reaction to insecticide treatment?**

If you believe you may be experiencing any health effects from insecticides, call your health care provider or the Michigan Poison Control Center 800-222-1222. If symptoms are severe, call 911 for assistance.

**What should I do if I am concerned about my pet or farm animals being outside during or after the treatment?**

In general, no health effects to pets or farm animals are expected from being outside when the treatment occurs. If you are concerned, some ways to reduce exposure are to keep pets and farm animals indoors and shut barn windows to meet minimum ventilation requirements during the hours treatment will occur. Pet and livestock owners should always work their veterinarian regarding the overall health and wellness of their animals.

**Can Merus 3.0 harm my bees?**

Like most insecticides, Merus 3.0 could be harmful to bees if they come in direct contact. The insecticide application will occur later in the evening after dusk when bees are expected to be in their hives. The amount of chemical being applied is low and breaks down quickly; the application is not expected to have an impact on bees. Concerned beekeepers can reduce exposure to their bees by covering the hive with wet burlap. There were no reported adverse effects to bees in Michigan after aerial treatment in 2019.

**What about the next day when my bees are active again?**

Any insecticide residue on foliage from treatment the night before should be dry by the next morning. Dry residue is not toxic to pollinators, including bees.

**I found dead bees outside – what killed them?**

This time of year, it is normal for honeybee colonies to decline in population and prepare for winter. Drone bees (males) are kicked out of the colony because they are not needed during the winter and older foraging summer bees die in the fall. Bees still living in the colonies have been reared for winter survival (winter bees). As a result, you will always find some dead honeybees in the landscape. Similarly, you will find dead wasps, hornets and yellow jackets every fall. Colonies infected with mites, a common problem for beekeepers, often begin to die out in the fall.

FOR MORE INFORMATION

**For the updated information on EEE in Michigan, including case count, visit [www.Michigan.gov/EEE](http://www.Michigan.gov/EEE)**

**For general health information related to EEE, visit: [www.cdc.gov/EEE](http://www.cdc.gov/EEE)**

**For information on aerial treatment in your county:** Updates will be provided via local media outlets, social media, [www.Michigan.gov/EEE](http://www.Michigan.gov/EEE) and other channels 48 hours before treatment occurs.

**For health-related questions, contact MDHHS at: 888-535-6136**

**Gaines, Rachelle**

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**From:** Bowen, Ken  
**Sent:** Monday, September 14, 2020 8:54 AM  
**To:** bbloodm@aol.com  
**Subject:** EEE FAQs  
**Attachments:** EEE Response FAQs\_2020\_Final\_1.docx  
  
**Importance:** High

Ken Bowen  
Health Officer/Director of Environmental Health  
Ionia County Health Department  
(616) 527-5341  
(616) 527-8202 (fax)

## **Eastern Equine Encephalitis and Aerial Treatment Frequently Asked Questions**

### ABOUT EEE

#### **What is Eastern Equine Encephalitis (EEE)?**

EEE is a rare, but serious disease that is caused by a virus spread by infected mosquitoes. The EEE virus can cause inflammation of the brain (encephalitis). It is one of the most severe mosquito-borne diseases in the U.S. According to the Centers for Disease Control and Prevention (CDC), approximately one-third of the human cases of EEE are fatal. In the United States, approximately 5 to 10 EEE cases in humans are reported annually, however, in 2019 there were 38 cases reported.

#### **How many total cases of EEE are there in Michigan?**

As of Sept. 13, 2020, there have been no diagnosed human cases in Michigan this year. EEE has been identified in 22 animals to date. The animal cases have been identified in 10 different counties including: Barry (1), Clare (5), Ionia (1), Isabella (1), Jackson (1), Kent (1), Mecosta (1), Montcalm (7), Newaygo (2), and Oakland (2).

For more information, visit [www.Michigan.gov/EEE](http://www.Michigan.gov/EEE).

#### **Should we be concerned about human EEE cases in Michigan?**

Michigan has had outbreaks of EEE about every decade since 1980 when the first human case was reported in the state. In 2019, the number of human cases of EEE in Michigan – 10 cases – were equal to the total number of cases in the previous 10 years combined. It is unknown exactly why some years are more severe than others, although weather, including temperature and rainfall, is thought to play a role. So far in 2020, there have been no diagnosed human cases in Michigan. However, humans can get EEE the same way horses do (from the bite of an infected mosquito), so a case in a horse means people in that area are also at risk. There have been identified human cases so far in Wisconsin and Massachusetts.

#### **How do people get infected with EEE?**

EEE is transmitted through the bite of an infected mosquito. You cannot get EEE directly from another person or from an animal such as a horse or deer.

#### **Who is at risk for infection with EEE?**

Anyone in an area where the virus is circulating in mosquitoes can get infected with EEE. The risk is highest for people who live in or visit woodland habitats, and people who work outside or participate in outdoor recreational activities because of greater exposure to potentially infected mosquitoes. Those who are over 50 years old and under 15 years old are at increased risk of infection.

#### **How soon do people get sick after getting bitten by an infected mosquito?**

It takes four to 10 days after the bite of an infected mosquito to develop symptoms of EEE.

### **What are the symptoms of EEE disease?**

Severe cases of EEE infection begin with the sudden onset of headache, high fever, chills, and vomiting. The illness may then progress into disorientation, seizures, and coma. Approximately a third of patients who develop EEE die, and many of those who survive have mild to severe brain damage.

### **How do I get tested for EEE?**

People who have been bitten by mosquitoes can monitor their health and talk with their healthcare provider if they develop symptoms such as fever, malaise, headache, and confusion. Testing for EEE is not indicated in a person who is not showing signs suggestive of being infected with the virus.

### **How is EEE diagnosed?**

Diagnosis is based on tests of blood or spinal fluid. These tests typically look for antibodies that the body makes against the viral infection.

### **What is the treatment for EEE?**

There is no specific treatment for EEE. Antibiotics are not effective against viruses, and no effective anti-viral drugs have been discovered. Severe illnesses are treated by supportive therapy, which may include hospitalization, respiratory support, IV fluids and prevention of other infections.

### **How can people reduce the chance of getting infected with EEE?**

- Avoid being outdoors between dusk and dawn when mosquitoes carrying EEE virus are most active.
- Apply insect repellents containing the active ingredient DEET, or other U.S. Environmental Protection Agency-registered product to exposed skin or clothing. Always follow the manufacturer's directions for use.
- Wear long-sleeved shirts and long pants when outdoors. Apply insect repellent to clothing to help prevent bites.
- Maintain window and door screening to help keep mosquitoes outside.
- Empty water from mosquito breeding sites around the home, such as buckets, unused kiddie pools, old tires, or similar sites where mosquitoes may lay eggs.
- Use nets and/or fans over outdoor eating areas.

### **Can I get sick from eating deer meat if it is infected with EEE?**

If an animal appears ill, you should not consume the meat from that animal, as there are other illnesses that can be transmitted. To kill potential pathogens, wild game should always be thoroughly cooked to an internal temperature of 165 degrees F, measured with a meat thermometer.

### **Can my pet get EEE?**

EEE is rare in dogs and cats, however, when cases have been identified in dogs, they're typically less than six months old. Horses are very susceptible to EEE and approximately 90 percent of horses that show signs of EEE die from the disease. A vaccine is available for horses and is strongly encouraged.

**How do I protect my pets from EEE?**

Keep pets indoors as much as possible between dusk and dawn when mosquitoes are most active. Mosquito repellents labeled for use on people should not be used on pets. There are some topical products that can be applied to dogs to protect them from mosquitoes; concerned pet owners should work with their veterinarian.

**ABOUT AERIAL MOSQUITO TREATMENT IN MICHIGAN****What is the purpose of aerial mosquito treatment?**

Aerial treatment can quickly reduce the number of mosquitoes in a large geographical area, which in turn can reduce the risk of exposure to the EEE virus. This is even more important this year as Michiganders are spending more time participating in outside activities during the pandemic. When conducted according to strict regulations, aerial treatment is safe for people, animals, and the environment, and has been successfully used in the United States for decades to reduce mosquito populations. In 2019, more than 557,000 acres in 14 counties had aerial treatment to help combat EEE.

**How will the aerial treatment occur?**

Mosquito control professionals will apply approved insecticides as an ultra-low volume (ULV) spray from a twin-engine plane that flies at approximately 300 feet above the ground. The ULV sprayers dispense very fine aerosol droplets. The droplets, which are smaller than the head of a pin, drift through the air to kill adult mosquitoes on contact.

**Where and when will the aerial treatment take place?**

Aerial treatment will take place in areas where there has been a case of EEE in humans and/or animals this year. On the day of the treatment, the application will begin after dusk, at approximately 8 p.m., and will continue through the night or until weather conditions are no longer favorable for application. Mosquito control is weather-dependent. Wind speeds, temperature, and precipitation on the ground and in the air may affect the treatment schedule.

For up-to-date application area information, visit [www.michigan.gov/EEE](http://www.michigan.gov/EEE)

**What will the treatment look like to me as a resident if I am outside when it occurs?**

Residents will likely not even notice the treatment when it occurs. A twin-engine plane flying at about 300 feet above ground will apply a very small amount of product, approximately 1-2 tablespoons per acre (about the size of a football field). You may not even see or hear the plane or feel anything in the air when it's being applied.

**I saw a plane flying during the day, aren't they treating at night?**

Yes, the treatment begins after dusk and into the night, weather permitting. During the day, planes conduct surveillance of the areas they anticipate treating that evening. No insecticide is applied during daytime surveillance flights.

### **What insecticide is being used?**

The product being used is called Merus 3.0. It is an EPA-registered, botanical adult mosquito insecticide containing 5 percent pyrethrins which are naturally found in chrysanthemum flowers. Pyrethrins are commonly used to control mosquitoes, fleas, flies, moths, ants and many other pests, and have been registered for use in insecticides since the 1950s. Merus 3.0 is Organic Materials Review Institute (OMRI) listed and can be used around organic crops and gardens. This is the same product that was used successfully in areas of Michigan to reduce EEE risk in 2019.

OMRI certificate: <https://www.omri.org/mfg/cmc/certificate/10513>

### **Will Merus 3.0 cause any adverse health effects in people?**

Merus 3.0 is registered with the EPA and is labeled for public health use over residential areas. In general, no short-term or long-term risks to human health are expected during or after treatment. Monitoring of emergency rooms and poison control centers after aerial treatment in 2019 found no reported human illness associated with the treatment.

### **Should I avoid exposure to the treatment chemicals?**

In general, no special actions are necessary before, during, or after treatment. If you are concerned or have known sensitivities to insecticides, some steps everyone can take to reduce exposure are to:

- Remain inside during the hours treatment will occur (approximately 8 p.m. to the next morning).
- Close windows and doors. Turn off air conditioners and window fans that bring outdoor air inside.
- Bring outdoor items (laundry, outdoor furniture, and children toys) inside or cover them if possible.
- Keep pets indoors and cover swimming pools and fishponds, if possible.

### **Can residents opt out of the aerial treatment?**

No. In order to prevent additional human and animal illnesses and deaths, it is necessary to begin mosquito abatement as quickly as possible. Normally a community mosquito control program takes weeks to provide notification to residents and landowners in an impacted area, and additional time to establish a framework for individualized participation. Due to the serious nature of EEE and the risk to human health, the Michigan Department of Agriculture and Rural Development, in consultation with MDHHS, found it necessary and appropriate to temporarily amend the rule on notification and participation for community pesticide applications for mosquito control.

### **What if I was outside when the treatment occurred, and I have concerns about exposure to the product?**

In general, no health effects are expected from being outside during or after the treatment occurs. Some actions to take if you are concerned include:

- Wash your skin and/or clothes with water and detergent soap.
- Rinse your eyes with water.
- Consult your health care provider if you are concerned about your health.



**How long do these chemicals last in the environment?**

Merus 3.0 will break down over time, ranging from hours in the air to days in the soil. No special action needs to be taken the morning after treatment; however, if you are concerned about contact with leftover pesticide residue, you could rinse home-grown vegetables and fruits before cooking or eating.

**Will the treatment contaminate my drinking water source?**

Merus 3.0 binds strongly to soil, so chances are low that it could get into the groundwater. Drinking water reservoirs will be excluded from the treatment areas. Merus 3.0 breaks down quickly in surface water. Because of these factors, Merus 3.0 is not expected in your drinking water.

**What if I think that I am experiencing an adverse reaction to insecticide treatment?**

If you believe you may be experiencing any health effects from insecticides, call your health care provider or the Michigan Poison Control Center 800-222-1222. If symptoms are severe, call 911 for assistance.

**What should I do if I am concerned about my pet or farm animals being outside during or after the treatment?**

In general, no health effects to pets or farm animals are expected from being outside when the treatment occurs. If you are concerned, some ways to reduce exposure are to keep pets and farm animals indoors and shut barn windows to meet minimum ventilation requirements during the hours treatment will occur. Pet and livestock owners should always work their veterinarian regarding the overall health and wellness of their animals.

**Can Merus 3.0 harm my bees?**

Like most insecticides, Merus 3.0 could be harmful to bees if they come in direct contact. The insecticide application will occur later in the evening after dusk when bees are expected to be in their hives. The amount of chemical being applied is low and breaks down quickly; the application is not expected to have an impact on bees. Concerned beekeepers can reduce exposure to their bees by covering the hive with wet burlap. There were no reported adverse effects to bees in Michigan after aerial treatment in 2019.

**What about the next day when my bees are active again?**

Any insecticide residue on foliage from treatment the night before should be dry by the next morning. Dry residue is not toxic to pollinators, including bees.

**I found dead bees outside – what killed them?**

This time of year, it is normal for honeybee colonies to decline in population and prepare for winter. Drone bees (males) are kicked out of the colony because they are not needed during the winter and older foraging summer bees die in the fall. Bees still living in the colonies have been reared for winter survival (winter bees). As a result, you will always find some dead honeybees in the landscape. Similarly, you will find dead wasps, hornets and yellow jackets every fall. Colonies infected with mites, a common problem for beekeepers, often begin to die out in the fall.

FOR MORE INFORMATION

**For the updated information on EEE in Michigan, including case count, visit [www.Michigan.gov/EEE](http://www.Michigan.gov/EEE)**

**For general health information related to EEE, visit: [www.cdc.gov/EEE](http://www.cdc.gov/EEE)**

**For information on aerial treatment in your county:** Updates will be provided via local media outlets, social media, [www.Michigan.gov/EEE](http://www.Michigan.gov/EEE) and other channels 48 hours before treatment occurs.

**For health-related questions, contact MDHHS at: 888-535-6136**

## Gaines, Rachelle

---

**From:** Bowen, Ken  
**Sent:** Monday, September 14, 2020 10:42 AM  
**To:** Jack Shattuck; Scott Wirtz; David Hodges; Georgia Sharp; brediceelectric@hotmail.com; Lawrence Tiejema; Karen Banks  
**Cc:** Bull, Lacey; Shaw, Chad; Fox, Stephanie; William Heath  
**Subject:** EEE aerial spraying  
**Attachments:** EEE Response FAQs\_2020\_Final\_1.docx

Good Morning All,

As you know, we recently had a horse diagnosed with EEE in Ionia County.

Last year, in areas where there were confirmed cases, the State conducted aerial pesticide spraying. Per State administrative rules, property owners in the affected areas were notified beforehand and had the opportunity to opt out.

This year, MDARD has passed an emergency rule that removes the opportunity for property owners to opt out. Here is the link to the rule:

[https://michigan.gov/documents/lara/2020-209\\_Pesticides\\_Eastern\\_Equine\\_Encephalitis\\_702050\\_7.pdf](https://michigan.gov/documents/lara/2020-209_Pesticides_Eastern_Equine_Encephalitis_702050_7.pdf)

The Ionia County case was in Ronald Township, Section 21. Although they have not been entirely clear about the exact spraying area, if they follow past protocol they will spray in a one mile radius around the location. Here is a link where they will be posting the dates/times of spraying (nothing has been posted yet):

[www.michigan.gov/eee](http://www.michigan.gov/eee)

I have also posted some FAQs about EEE and aerial spraying. Please let me know if you have any questions.

Ken

Ken Bowen  
Health Officer/Director of Environmental Health  
Ionia County Health Department  
(616) 527-5341  
(616) 527-8202 (fax)

## Gaines, Rachelle

---

**From:** Mamou, Fatema (DHHS) <MamouF@michigan.gov>  
**Sent:** Monday, September 14, 2020 11:37 AM  
**To:** Earl,Brendan; Bull, Lacey; Steve King; Liz Braddock; Tom Reichard; Eslick, Michael; sballard@miottawa.org; Brian.Hartl@kentcountymi.gov; Bora,Nirali; Cathy.Armstrong@kentcountymi.gov; Janice King; Julie Payne; Black,Karla; Draper,Patricia; Tamara Drake; Derel Glashower; pheidel@miottawa.org; hochdoug@gmail.com; Derick Chia; Jean Chang; Jennifer Morse (MD) CMDHD; Ahern, Patrick; Robin Walicki; Norm Keon (CMDHD); Norm Keon; Sue Leeson; Dena Kent; Jamie Shepler; Simon, Christine; ashoyinka; Jennifer Sorek; Bret Haner (bhaner@dhd10.org); mderoche@cmdhd.org; Hailey Brewer; Shaw, Chad; Dori Peters; adam.london@kentcountymi.gov; IStefanovsky@miottawa.org; Kathy Herman-Moore (HO) ; Kevin Hughes; Marcus Cheatham (mcheatham@mmdhd.org); Bowen, Ken; 'Steve Hall'; Eakin,Christopher; Kuilema,Laura; April Hight; Annette Marvin; Jennifer Johnson; Tiffany Loos  
**Subject:** FW: FOR IMMEDIATE RELEASE: Aerial treatment planned to combat deadly mosquito-borne disease in 10 counties ; Treatment scheduled to start the night of Sept. 16  
**Attachments:** EEE Response FAQs\_2020\_Final.docx; LHD.Talking pts \_2020 EEE Aerial Tr.docx; 9-14-20 EEE Call.docx

*I apologize if this is a duplicate.*

Below is the press release regarding aerial treatment for EEE. There is a link in the press release to the emergency rule from MDARD that was discussed on the call this morning.

I have also attached the FAQ and talking points that were distributed via the MIHAN this morning.

Finally, I took some notes on the call this morning and have attached those.

Please feel free to forward.

Thank you!  
Fatema

**From:** Michigan Department of Health and Human Services <MDHHS@govsubscriptions.michigan.gov>  
**Sent:** Monday, September 14, 2020 11:04 AM  
**To:** Mamou, Fatema (DHHS) <MamouF@michigan.gov>  
**Subject:** FOR IMMEDIATE RELEASE: Aerial treatment planned to combat deadly mosquito-borne disease in 10 counties ; Treatment scheduled to start the night of Sept. 16



## Press Release

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**FOR IMMEDIATE RELEASE:** Sept. 14, 2020

**CONTACT:** Bob Wheaton, 517-241-2112, [wheatonb@michigan.gov](mailto:wheatonb@michigan.gov)

### **Aerial treatment planned to combat deadly mosquito-borne disease in 10 counties**

*Treatment scheduled to start the night of Sept. 16*

**LANSING, Mich.** – In an effort to prevent spread of Eastern Equine Encephalitis (EEE), the Michigan Department of Health and Human Services (MDHHS) has announced plans to conduct aerial mosquito control treatment in certain high-risk areas of Michigan.

As of Sept. 13, EEE has been confirmed in 22 horses in 10 counties in Michigan. Additional animal cases are under investigation. This is twice as many animal cases as the same time last year. To date, no human cases have been identified. There is an EEE vaccine available for horses, but not for people.

In order to prevent the loss of life and protect public health, MDHHS has determined a targeted aerial treatment plan is necessary. When there are high rates of animal infections, humans are just as at risk.

EEE is one of the most dangerous mosquito-borne diseases in the United States, with a 33 percent fatality rate in people who become ill. People can be infected with EEE from one bite of a mosquito carrying the virus. Persons younger than age 15 and over age 50 are at greatest risk of severe disease following infection. More than 25 percent of the nation's EEE cases last year were diagnosed in Michigan.

"We are taking this step in an effort to protect the health and safety of Michiganders in areas of the state where we know mosquitoes are carrying this potentially deadly disease," said Dr. Joneigh Khaldun, MDHHS chief medical executive and chief deputy for health. "As people are spending more time outdoors because of COVID-19, they also need to be protecting themselves from mosquito bites."

Signs of EEE infection include the sudden onset of fever, chills, body and joint aches which can progress to a severe encephalitis, resulting in headache, disorientation, tremors, seizures and paralysis. Anyone who thinks they may be experiencing these symptoms should contact a medical

provider. Permanent brain damage, coma and death may also occur in some cases.

Treatment is scheduled to occur starting the evening of Wednesday, Sept. 16. However, treatment can only take place under certain weather conditions, so the schedule may need to change. Residents are encouraged to visit [Michigan.gov/EEE](http://Michigan.gov/EEE) for up-to-date information.

The Michigan Department of Agricultural and Rural Development (MDARD) has issued an [emergency rule](#) temporarily amending the rule on notification and participation for community pesticide applications for aerial spraying treatment across affected counties. This means mosquito control treatment will be required for those areas that are identified by the aerial treatment plan with exception of federal properties and tribal lands.

“As recent history has shown us, EEE can strike fast and it can be deadly to humans and animals,” said MDARD Director Gary McDowell. “MDARD fully supports the work and commitment of MDHHS to protect public health, which is why we have removed an obstacle that might have prevented them from taking action quickly.”

Treatment areas are selected based on occurrence of cases. Treatment is scheduled for the 10 impacted counties: Barry, Clare, Ionia, Isabella, Jackson, Kent, Mecosta, Montcalm, Newaygo and Oakland. Additional areas may be selected for treatment if new human or animal cases occur outside of the currently identified zones.

Aerial treatment is conducted by specialized aircraft, beginning in the early evening and continuing up until the following dawn. State-certified mosquito control professionals will apply an approved pesticide as an ultra-low volume (ULV) spray. ULV sprayers dispense very fine aerosol droplets that stay suspended in the air and kill adult mosquitoes on contact. This is a method many other states have also used to combat EEE. Aerial treatment is provided by Clarke from St. Charles, Ill., which provides mosquito control to protect public health. Clarke pioneers, develops and delivers environmentally responsible products and services to help prevent vector-borne disease, control nuisance and create healthy water bodies.

Treatment will be conducted using Merus 3.0, the same product used in 2019. Merus 3.0 is registered with the US Environmental Protection Agency and MDARD, and is labeled for public health use over residential areas. It contains 5 percent pyrethrins, a botanical insecticide extracted from chrysanthemum flowers. Pyrethrins are commonly used to control mosquitoes, fleas, flies, moths, ants and many other pests, and are approved for use in organic agriculture as well.

In general, health risks are not expected during or after spraying. No special precautions are recommended; however, residents and individuals who have known sensitivities to pyrethrins can reduce potential for exposure by staying indoors during treatment. Aerial treatment is not expected to have any impacts on surface water or drinking water. Monitoring in 2019 when more than 557,000 Michigan acres were treated found no increased human, animal or insect adverse effects associated with aerial treatment.

Aerial treatment will be conducted in the nighttime hours as this is when mosquitoes are more active. It is also when fish are less likely to be at the surface feeding and honeybees are most likely to be in their hives. However, owners should cover small ornamental fishponds during the night of spraying. While it is not necessary to bring animals indoors during treatment, concerned pet owners can choose to bring animals inside during this time.

To reduce the potential for people to be bitten by mosquitoes, MDHHS is continuing to encourage

local officials in the affected counties to consider postponing, rescheduling or cancelling outdoor activities occurring at or after dusk, particularly activities involving children. This would include events such as late evening sports practices or games or outdoor music practices. The recommendation is being made out of an abundance of caution to protect the public health and applies until the first hard frost of the year.

Although the aerial treatment is considered necessary to reduce human risk, it will not eliminate it. Residents must continue to protect themselves from mosquito bites by:

- Avoid being outdoors from dusk to dawn when mosquitoes carrying the EEE virus are most active.
- Applying insect repellents containing the active ingredient DEET, or other U.S. Environmental Protection Agency-approved product to exposed skin or clothing, and always follow the manufacturer's directions for use.
- Wearing long-sleeved shirts and long pants when outdoors. Apply insect repellent to clothing to help prevent bites.
- Maintaining window and door screening to help keep mosquitoes outside.
- Emptying water from mosquito breeding sites around the home, such as buckets, unused kiddie pools, old tires or similar sites where mosquitoes may lay eggs.
- Using nets and/or fans over outdoor eating areas.

Additional information about aerial treatment and other health-related information is available in a Frequently Asked Questions document at [Michigan.gov/EEE](http://Michigan.gov/EEE). You can also call the MDHHS hotline, which will now take calls for general questions about both COVID and EEE, at 1-888-535-6136. The hotline is open from 8 a.m. to 5 p.m., Monday through Friday.

###

- [EEE Aerial Treatment Press Release.pdf](#)

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## Gaines, Rachelle

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**From:** Gillian Conrad <gconrad@bchdmi.org>  
**Sent:** Monday, September 14, 2020 1:10 PM  
**To:** pio@malph.org  
**Subject:** FW: FOR DISTRIBUTION TO LHDs: Aerial treatment planned to combat EEE  
**Attachments:** EEE Aerial Treatment Press Release.docx; EEE Response FAQs\_2020\_Final.docx; LHD.Talking points \_2020 EEE and Aerial Treatment Final.docx

Hi PIOs,

I trust that you all saw this morning's release already regarding the aerial spraying treatment plan for certain counties to reduce mosquito populations to prevent EEE. See the below email and attached documents (if you didn't receive them yet) for more FAQs and talking points.

Hope you are all hanging in there with all that's going on!

Best,

Gillian Conrad, MPH  
Communications Manager  
Berrien County Health Department  
2149 E. Napier Ave.  
Benton Harbor, MI 49022  
Office: 269.927.5624  
Cell: 269.369.6995  
[gconrad@bchdmi.org](mailto:gconrad@bchdmi.org)

**From:** CommOffice <[CommOffice@michigan.gov](mailto:CommOffice@michigan.gov)>  
**Sent:** Monday, September 14, 2020 11:14 AM  
**To:** CommOffice <[CommOffice@michigan.gov](mailto:CommOffice@michigan.gov)>  
**Subject:** FOR DISTRIBUTION TO LHDs: Aerial treatment planned to combat EEE

**CAUTION:** This email originated from outside your organization. Exercise caution when opening attachments or on clicking links from unknown senders.



Hi, Gillian.

In an effort to prevent spread of Eastern Equine Encephalitis, today the Michigan Department of Health and Human Services announced plans to conduct aerial mosquito control treatment in certain high-risk areas of Michigan.



***We're hoping you can share the three attachments with your local health department PIO listserv. Please let us know if this is possible.***

The attachments include the press release and a comprehensive FAQs that may be shared with the general public and posted to LHD websites. We also attached talking points to help LHD staff talk about this action or respond to incoming questions.

In addition to these resources, a map of treatment areas is available on the state's EEE webpage.

As of Sept. 13, EEE has been confirmed in 22 horses in 10 counties in Michigan. Additional animal cases are under investigation. This is twice as many animal cases as the same time last year. To date, no human cases have been identified. In order to prevent the loss of life and protect public health, MDHHS has determined a targeted aerial treatment plan is necessary. When there are high rates of animal infections, humans are just as at risk.

-MDHHS Office of External Affairs & Communications Team

## Gaines, Rachelle

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**From:** Bowen, Ken  
**Sent:** Monday, September 14, 2020 3:01 PM  
**To:** Hoskins, William S.  
**Subject:** FW: EEE aerial spraying  
**Attachments:** EEE Response FAQs\_2020\_Final\_1.docx

Here is the email I sent out earlier. I meant to cc you and it caught another address.

I have verified with the State that it will be a 2.5 mile radius (roughly) around the site.

**From:** Bowen, Ken  
**Sent:** Monday, September 14, 2020 10:42 AM  
**To:** Jack Shattuck <[cmmjck@gmail.com](mailto:cmmjck@gmail.com)>; Scott Wirtz <[wirtzse@gmail.com](mailto:wirtzse@gmail.com)>; 'David Hodges' <[davidhodges4833@gmail.com](mailto:davidhodges4833@gmail.com)>; 'Georgia Sharp' <[georgiasharp.ioniacounty7@gmail.com](mailto:georgiasharp.ioniacounty7@gmail.com)>; 'brediceelectric@hotmail.com' <[brediceelectric@hotmail.com](mailto:brediceelectric@hotmail.com)>; 'Lawrence Tiejema' <[tiej@sbcglobal.net](mailto:tiej@sbcglobal.net)>; 'Karen Banks' <[klbanks602@gmail.com](mailto:klbanks602@gmail.com)>  
**Cc:** Bull, Lacey <[lbull@ioniacounty.org](mailto:lbull@ioniacounty.org)>; Shaw, Chad <[cshaw@ioniacounty.org](mailto:cshaw@ioniacounty.org)>; Fox, Stephanie <[sfox@ioniacounty.org](mailto:sfox@ioniacounty.org)>; 'William Heath' <[wheath@portlandk12.org](mailto:wheath@portlandk12.org)>  
**Subject:** EEE aerial spraying

Good Morning All,

As you know, we recently had a horse diagnosed with EEE in Ionia County.

Last year, in areas where there were confirmed cases, the State conducted aerial pesticide spraying. Per State administrative rules, property owners in the affected areas were notified beforehand and had the opportunity to opt out.

This year, MDARD has passed an emergency rule that removes the opportunity for property owners to opt out. Here is the link to the rule:

[https://michigan.gov/documents/lara/2020-209\\_Pesticides\\_Eastern\\_Equine\\_Encephalitis\\_702050\\_7.pdf](https://michigan.gov/documents/lara/2020-209_Pesticides_Eastern_Equine_Encephalitis_702050_7.pdf)

The Ionia County case was in Ronald Township, Section 21. Although they have not been entirely clear about the exact spraying area, if they follow past protocol they will spray in a one mile radius around the location. Here is a link where they will be posting the dates/times of spraying (nothing has been posted yet):

[www.michigan.gov/eee](http://www.michigan.gov/eee)

I have also posted some FAQs about EEE and aerial spraying. Please let me know if you have any questions.

Ken

Ken Bowen  
Health Officer/Director of Environmental Health  
Ionia County Health Department  
(616) 527-5341



## Gaines, Rachelle

---

**From:** Bowen, Ken  
**Sent:** Monday, September 14, 2020 3:19 PM  
**To:** LyonCallo, Sarah (DHHS)  
**Subject:** FW: Response Plan for Cluster and Rebound  
**Attachments:** 2020.08.07 - Response Plan for Cluster and Rebound .docx

Hello Sarah – did this end up going by the wayside or was there a final document that maybe I missed?

If so, that's fine and understandable. Just wondering where it stands.

Thanks,

Ken

**From:** Jodie Shaver <[jshaver@malph.org](mailto:jshaver@malph.org)>  
**Sent:** Friday, August 7, 2020 11:20 AM  
**To:** mho <[mho@malph.org](mailto:mho@malph.org)>  
**Cc:** LyonCallo, Sarah (DHHS) <[lyoncallos@michigan.gov](mailto:lyoncallos@michigan.gov)>  
**Subject:** FW: Response Plan for Cluster and Rebound

Jodie Shaver, GMS  
Member Services Director/Event Coordinator  
Michigan Association For Local Public Health  
P.O. Box 13276  
Lansing, MI 48901  
Phone: 517-485-0660  
Fax:517-485-6412  
[www.malph.org](http://www.malph.org)



**From:** LyonCallo, Sarah (DHHS) <[lyoncallos@michigan.gov](mailto:lyoncallos@michigan.gov)>  
**Sent:** Friday, August 07, 2020 11:18 AM  
**To:** Jodie Shaver <[jshaver@malph.org](mailto:jshaver@malph.org)>  
**Cc:** Angelique Joynes <[ajoynes@allegancounty.org](mailto:ajoynes@allegancounty.org)>; Khaldun, Joneigh (DHHS) <[KhaldunJ@michigan.gov](mailto:KhaldunJ@michigan.gov)>; Olsen, Christina (DHHS-Contractor) <[OlsenC2@michigan.gov](mailto:OlsenC2@michigan.gov)>  
**Subject:** For health officers

Would you please provide this to the health officers? Thank you.

Attached for your review is the draft Response Plan for COVID-19 Cluster and Rebound Response. Many thanks to the local health department colleagues who provided comments to this draft document. This document is meant to provide a common protocol for response for local and state health departments. This is a living document that will change as more materials are available, as protocols for additional settings are developed, and as we gather more understanding of the pandemic and best practices in response.

Comments about this document should be referred to [CheccDeptCoord@michigan.gov](mailto:CheccDeptCoord@michigan.gov) mail box by close of business, Wednesday August 12.

Best regards,  
Sarah

Sarah Lyon-Callo, MS, PhD  
State Epidemiologist and Director  
Bureau of Epidemiology and Population Health  
Michigan Department of Health and Human Services  
South Grand Building  
333 S. Grand Ave.  
Lansing, MI 48909  
O: (517) 284-4910  
C: (517) 614-6876  
[www.michigan.gov/mdhhs](http://www.michigan.gov/mdhhs)

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*Please note: Michigan has a public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. **Your e-mail communications and any attachments to them may be subject to public disclosure.***

## **DRAFT DELIBERATIVE AND CONFIDENTIAL**

### **Response Plan for COVID-19 Clusters to Prevent Rebound**

**07/07/20 Version**

**Goal:** Rapidly and effectively surge public health resources to geographic areas with cluster of cases or community increase, to break the chain of transmission of COVID-19 and prevent broader community spread.

Note: This document provides a response plan for the Michigan Department of Health and Human Services and local health departments to address potential rebound in COVID-19 infections. Metrics, set points, and response actions should be revisited and amended as more is learned about the behavior of the virus.

#### **COVID-19 Triggers to Identify the Beginnings of Rebound**

When any one of the triggers below are reached for a local health jurisdiction (including counties (or Detroit), MDHHS will consider the area at risk of potential rebound and respond accordingly. These triggers are purposefully set at low thresholds to err on the side of swift and assertive investigation but must be balanced to prevent alarm fatigue.

##### Case triggers:

- Increase to over 40 cases per million per day as a seven-day average, or
- 3 consecutive days of >10% increase in daily case count, or
- 5 consecutive days of increase in the number of lab-confirmed COVID-19 cases, or
- Average weekly trend increase of over prior week (in development)

This review should also consider changes in demographic make-up of cases or the influence of large events with potential exposures in the surrounding area.

##### Syndromic or testing triggers

- 7 consecutive days of increase in CLI syndromic indicators in the labor shed or preparedness region, or
- 5 day increases in percent positivity of diagnostic testing with stable or increasing testing volume

These triggers should be assessed together along with knowledge of existing outbreaks from LHD situation report and data from MI Symptom application to identify rebounds, etc. Situational Awareness can also be gained from data in MiSafeMap dashboard, Michigan.gov/coronavirus and other sources can be reviewed to assess conditions in areas surrounding jurisdictions.

## DRAFT DELIBERATIVE AND CONFIDENTIAL

**Identification Process:** Goal is to identify cluster(s) of new cases or increase in community transmission that needs investigation for potential response.

1. Local health department will inform the MDHHS (through [CHECCDEPTCOORD@michigan.gov](mailto:CHECCDEPTCOORD@michigan.gov) with a copy to their regional epidemiologist) within 24 hours of any increase in cases tied to a fixed location (e.g., congregate care settings, churches, business, workplaces, farms, etc.). Local health department should receive a notification of receipt of the information.
2. Each day, MDHHS Epidemiology staff will monitor COVID-19 trigger indicators to identify any potential increase, in addition to monitoring that the local health department nursing or epidemiology staff undertakes.
3. Within one business day, when any one of the case triggers are met, MDHHS staff will examine the data more closely and will notify with the local health department, communicable disease, nursing and medical director, with carbon copy to health officer. MDHHS and LHD will examine probable cases and suspect cases as well.
  - a. If CLI or percent positivity trigger is met, MDHHS epidemiology and LHD will review case data over the next day or two, as case information is assembled, to identify any clusters, as well as assess influenza conditions, health care capacity, and other applicable data.
4. Local health department and MDHHS will review case residence, workplace, and other sites visited during infectious period to identify common locations visited by cases, or community transmission, commencing on that same business day and extending for at least 14 days. If during the review cases are identified to have visited or been at their worksite in another jurisdiction the LHD will notify their regional epidemiologist and/or communicable disease staff at the worksite LHD as outlined in [the MDHHS SOP/TEAM protocol](#).
5. Each cluster linked to an identified location will receive specified responses, outlined below. Regional epidemiologist will notify Epidemiology administration via email when these are identified.
6. If clear regional increase without clear point source appears to be occurring, regional epidemiology and Lansing staff will notify Health Officers, Medical Directors, Emergency Preparedness Coordinator and Communicable Disease Investigation Units via MiHAN, copying MDHHS Local Health Services and Epidemiology administration.

## **DRAFT DELIBERATIVE AND CONFIDENTIAL**

### **RESPONSE TO POTENTIAL CLUSTERS**

This section must be enhanced as additional settings of concern that need specific coverage are identified.

- Congregate Care Settings
- Schools (refer to MALPH school protocols)
- Agricultural Settings (in development)
- Other facilities

#### **Response to Congregate Care Cluster**

The following steps will be taken as appropriate when a congregate care facility has a cluster of cases.

- **Convene:** If they have not already, local health department, with state assistance if needed, contact that facility to review operational approach with regards to infection control and plan further testing.
  - Reaching out to corporate office may be most effective for some organizations.
  - LHD consider need for inclusion of appropriate state agency (LARA, MDARD, LEO/MIOSHA, or/and EGLE) as well hospitals used by the facility and community stakeholders (Area Agency on Aging) in the discussion.
  - State agencies needs to provide timely technical assistance in response to cluster and potential rebound. {insert state agency description annex: under development}
  - If difficulty connecting with the facility, could consider connecting with Area Agency on Aging (AAA) Ombudsperson or a Warning Letter to gain facility attention to the issue.
  - When hired, MDHHS Infection Prevention Rapid Action Team (IPRAT) Regional Strike Teams can be engaged to aid in this response.
- **Proactive Health Education:** Local health department leverages existing relationships for proactive communication with facility and stakeholders regarding with situation and potential next steps. Include facility, media, commissioners, and people in community.
  - Education to set expectations on outbreak control methods such as repeat testing, cohorting, and notification.
  - Education for facility staff so they understand what COVID means in a facility and maintain staffing levels, to prevent staff leaving facility.
- **Diagnostic Testing:** All residents and staff with potential exposure will be tested once, then those with negative results re-tested again in three to seven days. If the cluster was identified by an all-facility testing event at a congregate care facility, all residents and staff should be tested on a weekly basis, until testing identifies no new cases of SARS-CoV-2 infection among residents of staff for at least 14 days since the most recent positive result (reference Agile Group Document and LHD testing request documentation here). Skilled Nursing Facility must utilize request system under [MDHHS Emergency Order for Nursing Home Testing](#) and submit a request using the form within the memo to



## DRAFT DELIBERATIVE AND CONFIDENTIAL

[MDHHS-LTCRequests@michigan.gov](mailto:MDHHS-LTCRequests@michigan.gov). Other long term care and congregate care facilities should work with local health departments if they need assistance in testing. There are multiple options for handling this testing:

- Facility can conduct, taking patient specimens and sending to any laboratory partner chosen.
  - If small facility, local health department may conduct sample collection, with supplies and PPE provided by state.
  - State (Michigan National Guard, Michigan Primary Care Association, or commercial vendor) can drop off/mail specimen collection supplies for the facility to take patient specimens and return to a specific external laboratory.
  - State (Michigan National Guard, Michigan Primary Care Association, or commercial vendor) can visit facility to take patient specimens and return them to a specific external laboratory.
- Investigation and Tracing: The local health department (or MDHHS PHA COVID-19 Case Investigation Volunteers, if applicable) will coordinate the attempt or attempt contact for 90 percent or more of cases within 24 hours and contacts within 48 hours. At least 50 percent of all contacts should be identified with the facility within one day of case identification. At least 75 percent of all contacts should be contacted within one day of their identification by the local health department (or Trace Force, if applicable). Local health departments often work with facility to gather information on cases and to identify contacts.
    - MDHHS will provide additional case investigation or contact tracing support if local health department request to meet benchmarks for response.
    - Local health department may maintain a line list for outbreaks in their jurisdiction outside of the MDSS but must update the case information and outbreak identifier in MDSS.
    - Local health department conducting the investigation will refer cases or contacts among visitors or staff to other jurisdictions of residents. Those jurisdictions may use the outbreak identifier or a related identifier to include their resident in the outbreak.
    - Local health departments use the Michigan Health Alert Network to inform other departments of outbreaks that may impact their residents.
- Isolation:
    - All cases will be isolated as possible within the facility per [CDC](#) and [CMS](#) guidelines
    - If needed, cases and symptomatic individuals awaiting test results can be cohorted together for isolation, or cases may be transferred to a 'hub' for positive cases if applicable.
    - Congregate care facilities may need PPE support. Facility may need PPE support, which should be requested through the Regional Health Care Coalition.
    - Education is needed among the facility management and staff for cohorting and transfer of patients for cohorting to avoid inadvertent spread of infection.

## DRAFT DELIBERATIVE AND CONFIDENTIAL

- Quarantine: Quarantining close contacts of cases is an essential tool in slowing infection in facilities. Close Contact defined as someone who was within 6 feet of an infected person for at least 15 minutes starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to specimen collection) until the time the patient is isolated.
  - Residential close contacts of cases will be quarantined for 14 days from their last date of contact with a contagious case or until transmission has been halted.
  - Visitor close contacts of cases will be quarantined for 14 days from their last date of contact with a contagious case.
  - Local health department will consult with facility on staffing quarantine or cohorting of exposed staff with cases, depending on use of PPE and history of exposure.
  - Local health department shall educate staff and residents on meaning of quarantine for all activities (example, impact on smoking breaks).
  
- Notification
  - The facility retains the responsibility for direct notice to patrons, signage in facilities, and/or press release depending on situation. Local health department should be involved in content of that notification language and receive a copy of that language. If a facility chooses not to release notification, the local health department can make notification.
  - AAging Ombudsman can act as patient and family advocate in communications.
  - Local public health will set-up routine communication schedule with the facility regarding testing results. This can be achieved either by use of a designated point of contact with the facility or scheduled meetings with local public health staff and facility administration.
    - This routine communication can also be used to identify larger facility needs such as PPE, cohorting, etc.
  - Local public health can request MDHHS (Regional Epidemiologist, IPRAAT Team Members, etc.) presence on these update meetings.
  
- Environmental Safety Measures: At the direction of the local health department, the facility will undertake enhanced preventative measures, including:
  - Continued temperature and symptom monitoring of staff upon arrival each day
  - Continued utilization of personal protective equipment, including masks, gowns, and gloves for all resident interactions
  - Increased cleaning and disinfection
  - Assessment of patient flow
  - Suspension of in-person visits
  - Consultation with MDHHS infection control team and remediation of any infection control deficiencies discovered

## DRAFT DELIBERATIVE AND CONFIDENTIAL

### Cluster of cases in agriculture and food processing facilities

The following steps will be taken as appropriate when an agricultural facility (e.g., farm, green house) or food processing facility (e.g., meat packing, hatchery) has a cluster of cases.

- Convene: If they have not already, local health department, with state assistance if needed, contacts that facility to review operational approach with regards to infection control and plan further testing.
  - Reaching out to corporate office may be effective for some organizations.
  - LHD consider need for inclusion of appropriate state agency (LARA, MDARD, LEO/MIOSHA, MDHHS Migrant Health Services, or/and EGLE) as well Federally qualified health clinics or other clinics that may provide health care to the workers at these facilities in the discussion.
  - State agencies needs to provide timely technical assistance in response to cluster and potential rebound. {insert state agency description annex: in development}
  - If difficulty connecting with the facility, could consider a Warning Letter to gain facility attention to the issue.
  
- Proactive Health Education: Local health department leverages existing relationships for proactive communication with facility regarding with situation and potential next steps. Consider education needs of facility, media, county commissioners, and people in community.
  - Education to set expectations on outbreak control methods such as repeat testing, isolation and quarantine needs and impact, and notification.
  - Careful discussion is needed around schedule of agricultural products and worker movement following agricultural schedule, in order to avoid pushing workers and families away from facilities.
  
- Diagnostic Testing: All workers and staff with potential exposure to cases, including exposures that may have occurred in shared living arrangement or in car pooling, will be tested once, then those with negative results ideally re-tested again. Testing should be undertaken in accordance with CDC guidance and in accordance with [Emergency Order Under MCL 333.2253, Mandatory Testing, Preventative Measures, and Safe Housing for Agricultural Workers](#). Facilities should work with local health departments if they need assistance in testing. There are multiple options for handling this testing:
  - Facility can use their own or contract with an occupational health consultant to collect samples and obtain laboratory results. All laboratory testing results must be reported to the local health department, even if an out of state laboratory is used for analysis.
  - If a small number of workers and contacts need to be tested, the local health department may conduct sample collection, with supplies and PPE provided by state.
  - The MDHHS Migrant Health group has developed relationship with Michigan Primary Care Association to conduct testing as well as provide wrap around services for workers if needed.

## DRAFT DELIBERATIVE AND CONFIDENTIAL

- Investigation and Tracing: The local health department (or Trace Force, if applicable) will coordinate the attempt or attempt contact for 90 percent or more of cases within 24 hours and contacts within 48 hours. At least 50 percent of all contacts should be identified with the facility within one day of case identification. At least 75 percent of all contacts should be contacted within one day of their identification by the local health department (or Trace Force, if applicable). Local health departments often work with facility to identify contacts, including workers who may have been exposed and moved on to another facility.
  - MDHHS will provide additional case investigation or contact tracing support if local health department request to meet benchmarks for response.
  - Local health department may maintain a line list for outbreaks in their jurisdiction outside of the MDSS but must update the case information and outbreak identifier in MDSS.
  - Local health department conducting the investigation will refer cases or contacts among visitors or staff to other jurisdictions of residents. Those jurisdictions may use the outbreak identifier or a related identifier to include their resident in the outbreak.
  - Local health departments use the Michigan Health Alert Network to inform other departments of outbreaks that may impact their residents.
  
- Isolation:
  - All symptomatic cases should isolate per [CDC](#) guidelines and [Emergency Order Under MCL 333.2253, Mandatory Testing, Preventative Measures, and Safe Housing for Agricultural Workers](#).
  - The local health department should consult with MDHHS Migrant Services group, and the Michigan Primary Care Association to address economic, social and health care needs during isolation.
  - If needed, asymptomatic cases and exposed contacts can be cohorted together to continue working during isolation.
  - Education is needed among the facility management and staff for cohorting and movement of workers for cohorting to avoid inadvertent spread of infection.
  
- Quarantine: Quarantining close contacts of cases is an essential tool is slowing infection in facilities. Close Contact defined as 15 or more minutes within 6 feet of a person who has confirmed COVID-19 infection (case).
  - Close contacts of cases will be quarantined based on [Emergency Order Under MCL 333.2253, Mandatory Testing, Preventative Measures, and Safe Housing for Agricultural Workers](#).
  - Local health department will consult with facility on staffing quarantine or cohorting of exposed staff with cases, depending on use of PPE and history of exposure.
  - Local Health department shall educate management and workers on meaning of quarantine for all activities (example, transportation and shared living quarters).

## DRAFT DELIBERATIVE AND CONFIDENTIAL

- Notification
  - The facility retains the responsibility for direct notice to workers, contractors and visitors, signage in facilities, and/or press release depending on situation. Local health department should be involved in content of that notification language and receive a copy of that language. If a facility chooses not to release notification, the local health department can make notification.
  - MDHHS Migrant Services and the local health department could act as worker and family advocate in communications.
  - Local public health will set-up routine communication schedule with the facility regarding testing results. This can be achieved either by use of a designated point of contact with the facility or scheduled meetings with local public health staff and facility administration.
  - Local public health can request MDHHS (Regional Epidemiologist, Migrant Services, etc.) and MIOSHA presence on these update meetings.
  
- Environmental Safety Measures: At the direction of the local health department, the facility will undertake enhanced preventative measures, including:
  - Continued temperature and symptom monitoring of staff upon arrival each day
  - Identified changes to work flow and masking and/or disinfectant procedures to reduce potential for future exposure.
  - Increased cleaning and disinfection
  - Suspension of visits
  - Testing of new employees.

## DRAFT DELIBERATIVE AND CONFIDENTIAL

### Cluster of cases in other facilities (examples, business, day care, office building)

#### Convening

- Local health department contact that facility and discuss situation, type of facilities, number of employees and possible customers, and plan operational approach with regards to testing, contact tracing/notification, and environmental assessment.

#### Evaluation of facility type (varies)

- Local public health should work with the facility in question regarding the environment within the facility. Some areas to assess are:
  - Is the work indoors or outdoors
  - What is the facility's interaction with the public (are they open for the public to come into the site to purchase goods or services, etc.)?
  - How close are workers within the facility? Are social distancing measures feasible?
  - Could alternate scheduling or teleworking be implemented to prevent further spread?

Tracing: Local health department will work with facility to assess locations used by suspected/probable and confirmed cases and exposed individuals within the facility.

- Review worker schedules, logs of patrons in restaurants, day care, recreation facilities and other available materials to identify those potentially exposed to ill workers
- Contact tracing of employees and ill staff/customers associated with the site will help with determining if there is secondary spread within the community related to the facility
  - Ill contacts of cases are encouraged to isolate and receive testing.
  - Asymptomatic cases are encouraged to quarantine and receive testing.

Notification: local health department will work with facility to notify potentially exposed individuals

- Notification occurs through direct notice to staff/patrons, signage in facilities, and/or press release depending on situation.

Testing: MDHHS work with local health department and facility to set up testing of willing exposed employees/customers

- Cases and symptomatic individuals will be advised to isolate until meet [CDC](#) release from isolation protocol. Close contacts will be advised to self-quarantine for 14 days. Close Contact defined as someone who was within 6 feet of an infected person for at least 15 minutes starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to specimen collection) until the time the patient is isolated.

Environment: Local Health Department will work with facility:

- to identify areas of deep cleaning.
- make recommendations for any improvements in work flow process or routine cleaning needed to prevent future spread.

## **DRAFT DELIBERATIVE AND CONFIDENTIAL**

### Evaluation of ongoing transmission

- Testing data from employee/patron testing will be assessed to identify base exposures, and additional cases that occur at the facility
  - Testing should be repeated weekly until staff are all negative.

### End of Cluster Investigation at a Facility

The investigation into the cluster will continue until the transmission in that facility/location has been broken. The community will again enter the [MiSafeStart](#) process of assessing the absolute number and trend of the cases per million people per day. The trend must decline steadily for three weeks, in an atmosphere of increasing or stable testing, before the transmission can be considered stopped. Monitoring of residents and employees for symptoms and exposure should be ongoing.

## DRAFT DELIBERATIVE AND CONFIDENTIAL

### Community-Based Increase

Goals of a response to a community-based increase are to:

- Prevent need for crisis standard of care having to be enacted in area hospitals
- Prevent delays in non-COVID-19 medically necessary care
- Keep schools, day cares and essential businesses open to the extent possible

The following steps will be taken when an increase in cases is identified in a community without an identified point source of transmission.

### Convening the Community Leadership and Consider Activation of Emergency Operations

The Local Health Department shall rapidly engage community partners to inform them about the increase and to rapidly develop/enhance the LHD COVID-19 Incident Response Plan around this increase. If the Emergency Operations Center (EOC) associated with the jurisdiction of increase has not been activated, the Health Officer of the LHD and the Emergency Manager of the jurisdiction should consider level of activation needed to coordinate requests for aid and other aspects of response.

Partners would include, but are not limited to, health care (including ambulatory care), school and university partners, community leadership, emergency management structure, migrant services, and first responders. Given the mental health supports needed by the community in this pandemic, it is crucial to re-engage mental health supports in planning process as well.

The Local Health Department will provide a rapid assessment of the situation (including data from partners as available) and conduct a discussion to inform an Incident Response Plan around this increase.

Assessment will include data available in state and local systems, as well as knowledge of local situation from partners. Local health department may request data assistance from MDHHS. A rapid review of data about the jurisdiction, county and region may include:

- Epidemiologic indicators
  - o Cases, testing, and mortality indicators for [Mi Safe Map dashboard](#) and local health department systems
  - o Geographic hotspots from symptom checker surveys
  - o Infection rates in [vulnerable congregate populations](#)
  - o Percent of cases associated with a cluster/outbreak using [CovidExitStrategy.org](#)
  - o Reproductive rate for the county from [Rt.live](#)
  - o [Syndromic data](#)
- Health care impact and capacity
  - o [Hospital census, capacity and any models undertaken that hospital systems may have undertaken](#)
  - o Trend in inpatient admissions and emergency department discharges for suspected COVID 19
  - o Infection rate and absenteeism in health care workers



## DRAFT DELIBERATIVE AND CONFIDENTIAL

- Public health capacity
  - o Case investigation and contact tracing performance levels
  - o Testing scheduled in community in near future
- Impact in the community and unique aspects of the community
  - o Consider population density, known social networks, potential sources of exposure, mass transit, information from key organizations (first responders, 211, 911 dispatch), and those serving vulnerable populations (exposure risk and risk of severe disease)
  - o Consider local measures of compliance with mitigation strategies
  - o From major employers: Absenteeism in essential worker force
  - o Information on compliance and enforcement

### Community & Public Outreach

Local Health Department, in coordination with MDHHS and Joint Information Center at the State Emergency Operations Center (JIC at SEOC), will issue a press release the same day as the convening meeting, regarding the increase in community cases and what is known about the specific response steps being taken and tailored to the community. A cadence of these public communications should be established.

- Local emergency management and the local health department will be asked to pursue a robust public communications strategy about the preventative measures' individuals can take to protect themselves
- Particular effort should be made to inform individuals most at risk of severe outcomes from infection.
- Campaign/messaging effort by non-public health messengers to promote social distancing, mask wearing, and other appropriate steps.
  - o Encourage participating community partners to share these messages in their facilities and on their social media pages.
- Set expectations that, depending on the rate of increase, may require reduction in activities.

### Increase Testing

Within 48 hours, MDHHS will surge mobile testing units to the area to test additional people per day to enable increasing test two percent of the jurisdictions population in a week. The surge shall begin the following business day after identification of the increase in cases.

- o The local health department shall send a request for enhanced testing response using the Rapid Testing Request Form.
- o MDHHS/DTMB/SEOC will maintain eight mobile testing units for outbreak response statewide.
- o MDHHS will procure a standing contract for staff to operate the mobile testing units when needed (either via a private staffing agency, the local health department, or a network of local hospitals).
- o SEOC will work with local emergency managers and local health departments to secure specific sites for operation.

### Maintain Tracing

The local health department will conduct all case investigation in 24 hours and contact tracing within 48 hours.

## DRAFT DELIBERATIVE AND CONFIDENTIAL

- MDHHS will provide additional case investigation or contact tracing support if local health department resources insufficient to meet timeframes.

### Increase Resources for Isolation & Quarantine

All cases will be isolated following [CDC](#) protocol. Close contacts of cases will be quarantined for 14 days. Both groups will be provided the isolation resource referrals currently in development.

The LHD should rapidly stand up regional isolation and quarantine space for individuals who do not have a safe place to isolate or quarantine. The LHD should coordinate wrap around services for individuals sheltering in place with MDHHS (low income), the MPCA (migrant camps) and other partners.

Response Measures For Consideration: the community will undertake enhanced preventative measures until the community has been having decrease in case rates and percent positivity for at least two weeks (or longer depending on overall case rate), including:

- Mask-wearing in public, with masks provided widely for individuals who do not have them.
- Continue maintaining six feet of distance between others at all times practicable.
- Increased enforcement of regulation on social distancing and other measures at both state and local level.
- Reduce exposures in settings
  - Consider increasing restriction on capacity in restaurants and other businesses.
  - Consider increasing social distancing in schools, including distance between desks in classrooms
  - Return to working from home when possible for office situations
- Increase protection of vulnerable and congregate populations
  - Restrict visitation in long term care or other congregate settings of vulnerable populations
  - Increase availability and utilization of PPE, particularly for congregate care settings of vulnerable individuals (SNFs, homes for the aged)

The investigation into community increases will continue until cluster sources are identified and control or the count and rate of cases declines. The community will again enter the [MiSafeStart](#) process of assessing the absolute number and trend of the cases per million people per day. The trend must decline steadily for three weeks, in an atmosphere of increasing or stable testing, before the transmission can be considered stopped. Symptom and exposure monitoring of employees and residents and use of personal and community mitigation measures (i.e., hand washing, social distancing, enhanced cleaning and mask wearing) should continue.

## Gaines, Rachelle

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**From:** Matt Bolang <MBolang@livgov.com>  
**Sent:** Monday, September 14, 2020 3:30 PM  
**To:** 'maleha@malph.org'  
**Subject:** September Forum Materials  
**Attachments:** MALEHA Minutes 08 20 2020 Draft.docx; September 2020 Treasurer's Report.docx; MALEHA Agenda - September 2020.pdf; MALEHA Committee Roster 2019-2020 - Final.pdf; Annual President Report.pdf

All,  
  
Please see attached documents for our forum meeting on Thursday. Please also consider participating in one of our standing committees, I have attached our current roster.

-Matt

**Matt Bolang, MSA, REHS**  
**Deputy Health Officer**  
**Director of Environmental Health**  
Livingston County Health Department  
2300 East Grand River  
Howell, MI 48843

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## MALEHA Environmental Health Forum

Minutes from August 20<sup>th</sup> 2020 9:00 AM

### Teleconference

#### Board of Directors:

Daniel Thorell\*Grand Traverse, Director  
Liz Braddock\* Mid-MI Secretary  
Matt Bolang\*Livingston President  
Andrew Cox\*Macomb, President Elect

Chris Westover\*Monroe, Treasurer  
Anthony Drautz\*Oakland, Director  
Kristen Schweighofer\*Washtenaw Past President  
Kevin Green, Director

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#### Members:

Jay VanStee\* Barry-Eaton DHD  
Jodi Pessell Barry-Eaton DHD  
Nick Margaritis\* Berrien CHD  
Brian Murphy (associate) Berrien CHD  
Paul Andriacchi\* Br.-Hillsdale-St. Joe CHA  
Shanay Settles (associate) Calhoun CHD  
George Friday\* Cass-Van Buren DHD  
Suzanne Lieurance Chippewa CHD  
Steve King\*CMDHD  
Ian Nelson\* Delta Menominee DHD  
Scott Withington\*Detroit HD  
Kevin Prevost \* DH#4  
Wade Dishaw\* Dickinson-Iron DHD  
Tina Moore (associate) Genesee CHD  
Tip MacGuire\*Huron CHD  
Lacy Bull Ionia  
Don Hayduk\*Jackson CHD

Vern Johnson\*Kalamazoo CHD  
Sara Simmonds\* Kent CHD  
Rachel Stiening (associate)Kent CHD  
Kasee Johnson (associate) Lenawee CHD  
Cindy Merritt\*Lenawee CHD  
Amy Aumock (associate)Livingston CHD  
Elizabeth Suggitt\*LMAS DHD  
Andrew Cox\* Macomb CHD  
Claudia Terrell (associate)Oakland CHD  
Adeline Hambley\*Ottawa CHD  
Chris Klawuhn\*Saginaw CHD  
Steve Demick\*St. Clair CHD  
Casey Elliott\*Shiawassee CHD  
Tip MacGuire\* Tuscola CHD  
Jackie Bates (associate)Washtenaw CHD  
Tanya Rule\*Western UP DHD

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#### Non-member Guests:

Sean Dunleavy MDARD  
Tim Slawinski MDARD  
Becky Kryzanowski MDARD  
Shane Green MDARD  
Rodney Blanchard MDARD  
Janine Whitmer MDHHS  
Laura de la Rangelje MDHHS  
Steve Crider MDHHS  
Mike Wessenberg MDHHS

Bryce Spiker MHHS  
Dana DeBruyn MDEGLE  
Jeremy Hoeh MDEGLE  
Ian Smith EGLE  
Matt Gamble MDEGLE  
Laura Remus LARA  
Barb Subastian LARA/ Liquor Control Commission  
Ninah Sassy EGLE  
Karen McMaster MALPH

1. **Call to Order:** Meeting called to order by Matt Bolang at 9:04 AM
2. **Approval of Agenda:** Motion to approve agenda by Andrew Cox, support Chris Westover. Motion carried.
3. **Approval of Minutes:** Motion to approve the minutes for July 16<sup>th</sup> by Vern Johnson, support Chris Klawuhn. Motion carried.

#### 4. Officer & Affiliate Reports

- a) President's Report: working with partners to coordinate Executive Order issues.
- b) Treasurer's Report: Motion by Dan Thorell, support by Kristen Schweighoefer to approve July Treasurer's Report. Motion carried.
- c) MALPH Report: Karen McMaster is temporarily working assisting Jodi and working with a team to assist with filling the role left by Meghan Swain.
- d) MEHA Report: None

#### 5. Guest Speakers

- a) **Ninah Sasy, EGLE, Clean Water Advocate.** Provided a presentation on a new platform being developed for the public to contact EGLE on water quality issues. There will be a launch date in October with a strong communication campaign. This has been reviewed by a 125 Clean Water Ambassadors within the State and an SOP is being finalized on how the information collected will be shared and provided to LHD's. Matt will coordinate with Ninah on getting the necessary LHD email contacts for providing the information collected back to the respective LHD.
- b) **Dale Freeman, MDHHS- Migrant Labor Camps.** Per the Executive Order, baseline testing for migrant farmworkers is due by August 24<sup>th</sup>. Working with Migrant Affairs to make sure that the health needs of farm workers are being met. This can include making sure that those that required to get tested are being tested and providing support to those testing positive. In addition, they have been working on partnerships with health services in areas with a high concentration of migrant testing such as Adrian, the thumb area, inner Kent count and Westside Counties. On some farms testing has become a requirement of employment and they are working on offering financial incentives and expanding emergency Medicaid services to those workers who have been told to stay home due to quarantine or self-isolation, in an effort to stop them from going elsewhere to seek work. New arrivals to the region will be tested either prior to beginning work and prior to arriving at a migrant camp.
- c) **Barb Subastain, Liquor Control- Executive Order Enforcement** Barb works at the Enforcement Division of MI Liquor Control. They have 4 District Offices (Escanaba, Southfield, Lansing and Grand Rapids) and she will share District Supervisor contact information with the group. The unit has received lots of complaints based on the executive order. It has been difficult to interpret due to the 70% criteria for gross sales since other goods in addition to alcohol may be included in gross sales especially at golf courses or other location with additional activities. Complaints have been associated with overcrowding, mask use, social distancing and overcapacity. Investigations begin with an emphasis on education but can lead to verbal warnings and tickets (with no cost associated), In the instance of Harper's Bar in Ingham it led to a show cause hearing. At this time there is no coordinating or communication with LHD but Barb suggested moving forward that collaboration between entities should be encouraged. Laura de la Rambelje would be able to forward a list of LHD contacts to the Division. There is a new Compliance Form being distributed to liquor licensed facilities. Every applicant has been

sent a Liquor License COVID Response Form. A refusal to complete the form will be note in their file during the renewal process.

**6. State Department Reports:**

- a) EGLE. Jeremy Hoeh:** The Unit has not been a part of the Executive Directive discussions. There is no update on pools at this time. They are aware of HIPCAMP website that is associated with private unlicensed campsites, Sarah Rottiers is the contact if any LHD is made aware of a location. **Matt Gamble:** Information going out on our list serve regarding the plan moving forward for yearly reviews. Requirements for submitting Quarterly Reports will remain uninterrupted. For those LHD that met Items 5/6/7/8 for FY19 they will not get a yearly evaluation this cycle. For those that did not met or are working on a Corrective Action Plan, should continue to move forward towards the goals and there will be specific reporting to their consultant on progress for meeting corrective action plans. There is a driller that is continuing to drill without being a Registered License. It is a criminal investigation since he is an illegal well driller since no license to take enforcement action against. MGWA has provided a statement to describe the importance of having licensed well driller in the State in an effort to help the investigator convince the Prosecutor that a criminal investigation is necessary. EGLE request that MALEHA writes a similar letter. Motion by Vern Johnson and seconded by Chris Klawuhn for MALEHA to write a letter to indicate the importance of Licensed Well Driller in the State. **Ian Smith:** PFAS Webinar Training on August 25<sup>th</sup> for Operators to familiarize with new PFAS MCL requirements. List will be distributed to all LHD indicating where supplies fall in regard to sampling needs beginning next 1<sup>st</sup> quarter. **Dan Dettweiler:** For PFAS data entry, working on getting Watertrack upgraded later this year. Expecting data entry to be centrally located and will need LHD's to forward PFAS sampling results to an Email Inbox which will be listed on the upcoming Q/A document. Plan is for the data to be loaded to Watertrack. The email is the same one that Louis Graham uses [EGLE-PFAS-DRINKINGWATER@Michigan.gov](mailto:EGLE-PFAS-DRINKINGWATER@Michigan.gov) suggest using subject line *County Name WSSN #* After the training on August 25<sup>th</sup> and based on any questions generated from the webinar or any submitted form the locals to their Non Community Consultant will generate a Q/A document for reference. Systems may have been inactivated in Watertrack over the last 6 months, be aware that as EGLE moves into fee invoice time they may need to be reactivated for September invoice time.
- b) MDHHS. Laura de la Rambelje:** Horse cases of EEE have been identified in Clare and Montcalm County. Request to Laura that improved communication is needed between MDHHS and EGLE as part of PFAS Public Health Action Plans (PHAP) where PFAS sampling is occurring. **Mike Wessneberger & Bryce Spiker:** Document available for flushing, need to remind operators that flushing is recommended to minimize risk of legionella
- c) MDARD. Sean Dunleavy:** Information regarding complaint process was shared on listserv identifying three way to submit MDARD COVID complaints. Request that information regarding positive employees in MDARD Food establishments be shared with Area Consultant or Supervisor. **Tim Slawinski:** Enforcement procedures are in

place for COVID complaints. Start with voluntary compliance and if not referral to MIOSHA and Liquor License for any additional action. A warning letter will follow, virtual compliance and in person inspection. Can lead to a summary suspension through the AG office if an imminent health hazard exists. Referral to motor field quality inspectors for gas station compliance. For the locals, if a County Prosecutor is unable to suspend a license, may want to contact MDARD. Information regarding the Virtual Rapid Response Conference Information has been released. LHD brought up the issue that the current EO regarding Extending License renewal for 60 days past the Declaration of Emergency needs further discussion with Governor. This may lead to food service licenses not expiring this year if it continues therefore suggest changing or modifying it.

- d) **LARA. Laura Remus:** Field inspections are increasing; funding has made it possible for a new temporary Section to operate specific to Nursing Home Inspections.

**7. Committee Reports: None**

- a) Food: None
- b) Drinking Water:
- c) OnSite: None
- d) Legislative: None
- e) Technology:

**8. External Workgroups w MALEHA Representation: None**

- a. MI Clear:
- b. MALEHA/MALPH State Code: None
- c. Legionella: None
- d. HAB:
- e. VI: None
- f. Pb/Cu: None
- g. Pb \$ (Sara Simmonds): None
- h. Body Art: None

**9. Old Business: None**

**10. New Business:** Welcome Teresa, EH Director Wayne County

**11. Items from Board:**

- i. Board Nominations
  - a. President-Elect, Sarah Simmonds nominated by Andrew Cox, support Don Hayduk
  - b. Secretary, Liz Braddock nominated by Andrew Cox, support Don Hayduk
  - c. Treasurer Chris Westover was nominated at July meeting
- ii. Awards. Respond to Andrew Cox with nominations by August 21<sup>st</sup>
- iii. Business Meeting Invitation will be sent out for September 17<sup>th</sup>

**12. Items from Members:**

Suggest more discussion regarding Enforcement and collaboration with others

**13. Future Agenda Item: None**

Motion by Chris Westover, support Kristen Schweighoefer to adjourn. Motion carried.  
Meeting Adjourned 10:50 AM.

Submitted by Liz Braddock 09/09/2020

Approved

MALEHA Secretary





# Michigan Association of Local Environmental Health Administrators MALEHA

*Representing Local Environmental Public Health Departments in Michigan*

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Tony Drautz (2021)  
Oakland County  
(248) 858 1320

Steve Stoddard (2022)  
Lapeer County  
(810) 245 5791

Kevin Green (2022)  
Calhoun County  
(269) 969 6398

Dan Thorell (2022)  
Grand Traverse County  
(231) 995 6021

## Meeting Agenda

September 17, 2020 | 9:00 – 11:00am

**Bluejeans:** <https://bluejeans.com/573334397>

**Phone:** 1.888.240.2560

**Code:** 573 334 397

1. Call to Order/Introductions
2. Additions to Agenda/Agenda Approval
3. Approval of Minutes
4. Officer & Affiliate Reports
  - a. President's Report
  - b. Treasurer's Report
  - c. MALPH Report
  - d. MEHA Report
5. State Department Reports
  - a. EGLE Report
  - b. MDARD Report
  - c. MDHHS Report
  - d. LARA Report
  - e. MIOSHA Report
6. Committee Reports
  - a. Food (Tony Drautz/Vern Johnson)
  - b. Drinking Water (Tip McGuire/Dan Thorell)
  - c. Onsite & Land use (Matt Bolang/Andrew Cox)
  - d. Legislative (Chris Klawuhn)
  - e. Technology & Training (Don Hayduk/Kevin Green/Liz Braddock)
7. External Workgroups with MALEHA representation
  - a. MiClear (Chris Westover)
  - b. MALEHA/MALPH onsite code (Matt Bolang)
  - c. Legionella
  - d. HABs (Chris Westover and Tony Drautz)
  - e. VI (Don Hayduk)
  - f. Pb/Cu
  - g. Pb \$ (Sara Simmonds)
  - h. Body Art
  - i. Radon/VI (Matt Bolang)
8. Old Business



# Michigan Association of Local Environmental Health Administrators MALEHA

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*Representing Local Environmental Public Health Departments in Michigan*

9. New Business
  - a. Election of officers
    - i. Board Nominations
      1. President-Elect: Sara Simmonds
      2. Secretary: Liz Braddock
      3. Treasurer: Chris Westover
    - ii. Election
    - iii. Passing of the Gavel
10. Items from Board
  - i. Awards Presentation
  - ii. Committee sign-up
11. Items from Members
12. Future Agenda Items
13. Next Meeting



# Michigan Association of Local Environmental Health Administrators MALEHA

*Representing Local Environmental Public Health Departments in Michigan*

## BOARD MEMBERS 2019-2020

Annual President's Report  
September 17, 2020

### **President**

Matt Bolang  
Livingston County  
(517) 552 6870

### **President Elect**

Andrew Cox  
Macomb County  
(586) 466 4135

### **Past-President**

Kristen Schweighofer  
Washtenaw County  
(734) 222 3968

### **Secretary**

Liz Braddock  
Mid-Michigan  
(616) 302 6301

### **Treasurer**

Chris Westover  
Monroe County  
(734) 240 7921

### **Directors**

Ken Bowen (2021)  
Ionia County  
(616) 527 5341

Tony Drautz (2021)  
Oakland County  
(248) 858 1320

Steve Stoddard (2022)  
Lapeer County  
(810) 245 5791

Kevin Green (2022)  
Calhoun County  
(269) 969 6398

Dan Thorell (2022)  
Grand Traverse County  
(231) 995 6021

Dear MALEHA members,

It has been a privilege to serve you during the last year. Who knew back in September of 2019, when all looked normal, that life as we knew it would come to an abrupt stop in March. Further, while all of our traditional roles and responsibilities in Environmental Health remained, we were also tasked with playing a key role within our agencies actively engaging in COVID response. Many of us were/are involved in contact tracing, developing and reviewing COVID plans, and the ever changing, and frustrating, landscape of executive order enforcement.

In the past, Presidents would report on what we were able to accomplish as an association at the end of their term. Although out of our control, we were not able to complete many initiatives when COVID became part of our daily operations. I don't want us to forget where we left off as we undoubtedly move beyond this time and are able to refocus to make improvements to the environmental health system in Michigan. Below is list and brief summary of some of these initiatives:

- Marijuana – the Food Committee was working with MDARD on how the Marijuana regulations may impact or conflict with licensed food establishments.
- Statewide Sanitary Code – there were some additional discussions on the joint MALEHA/MALPH committee on next steps toward either being proactive or reactive to any pending legislation. This topic sounds like it's been tabled for now, but may be reintroduced in 2021.
- Accreditation – MALEHA Onsite Committee and EGLE were in the process of working through some potential changes to accreditation standards. I believe there is a great opportunity here for MALEHA and EGLE to work together to make meaningful changes to this program moving forward. There may also be opportunities for MALEHA to work with MALPH as the accreditation board considers changes in future cycles.
- Food Code – the Food Committee worked with MDARD on proposed changes to the Food Code and MALEHA was in support. However, due to COVID there was no further movement at the legislative level to make this law.
- Body Art Rules – MDHHS revised the rules and organized a review process with stakeholders including LHDs. These rules still need some additional review before they are introduced and likely that will be happening sometime next year.
- PFAS – In August new drinking water standards were promulgated that have impacted how we interpret water supply results both from an environmental contamination and a public water supply monitoring perspective. Although the



## Michigan Association of Local Environmental Health Administrators MALEHA

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*Representing Local Environmental Public Health Departments in Michigan*

more protective standards are a step in the right direction, the local investigation of contamination sites and the enforcement of non-community sampling requirements have added some additional burden on LHDs.

Currently, we are in the midst of the pandemic and continue to be engaged in executive order enforcement. I have been pushing for a more collaborative approach to escalated enforcement with the other state agencies, but to date nothing concrete has been developed. Throughout this process it has felt like we are all fighting our own local battles when better, more organized state support would have been very helpful for all of us. I am hopeful that a better process is being developed, however at this point it may be a little late in the game to have the impact we had wanted.

During this time, when we all seem a bit disconnected from each other, I want to emphasize the need for everyone to stay engaged. We need to do this to keep our association strong. It can be more difficult to communicate during this time, but we need to make the effort so that we continue to have a shared message throughout the state and share our local experiences. That interaction makes us all stronger. This also applies to our relationships with our state partners. Not having the face to face conversations and meetings can have a negative impact on relationships. As an association, we need to continue to make a concerted effort to stay engaged.

Lastly, as I reflect over this last year, I'm not sure what to say. COVID happened. (Insert dumpster fire picture here). I feel like I've done the best I could under these circumstances to keep you informed and stay relevant while we have been working with our various state partners. It has been overwhelming at times, but I appreciate working with all of you and your knowledge and expertise has been invaluable. That being said, I will work closely with Andrew Cox as he assumes the presidency to ensure a seamless transition. I have no doubt he will do a great job to serve you all.

I wish you all the best!

-Matt



## MALEHA 2019-2020 Committee Member Roster

**FOOD COMMITTEE:**

Name	County	Member Status	Email
Vern Johnson – Co-Chair	Kalamazoo	Full	<a href="mailto:vljohn@kalcounty.com">vljohn@kalcounty.com</a>
Tony Drautz – Co-Chair	Oakland	Full	<a href="mailto:drautzto@oakgov.com">drautzto@oakgov.com</a>
Chris Klawuhn	Saginaw	Full	<a href="mailto:cklawuhn@saginawcounty.com">cklawuhn@saginawcounty.com</a>
Steve King	Central Michigan	Full	<a href="mailto:SKing@cmdhd.org">SKing@cmdhd.org</a>
Tom Reichard	DHD #10	Full	<a href="mailto:treichard@dhd10.org">treichard@dhd10.org</a>
Adeline Hambley	Ottawa	Full	<a href="mailto:ahambley@miottawa.org">ahambley@miottawa.org</a>
Scott Withington	Detroit	Full	<a href="mailto:withingtons@detroitmi.gov">withingtons@detroitmi.gov</a>
Andrew Cox	Macomb	Full	<a href="mailto:andrew.cox@macombgov.org">andrew.cox@macombgov.org</a>
Spencer Ballard	Ottawa	Associate	<a href="mailto:sballard@miottawa.org">sballard@miottawa.org</a>
Rachel Stiening	Kent	Associate	<a href="mailto:rachel.stiening@kentcountymi.gov">rachel.stiening@kentcountymi.gov</a>
Matt Horning	Jackson	Associate	<a href="mailto:mhorning@co.jackson.mi.us">mhorning@co.jackson.mi.us</a>
Amy Aumock	Livingston	Associate	<a href="mailto:aaumock2@livgov.com">aaumock2@livgov.com</a>
Claudia Terrell	Oakland	Associate	<a href="mailto:terrellc@oakgov.com">terrellc@oakgov.com</a>
Brandon Morrill	Washtenaw	Associate	<a href="mailto:morrillb@washtenaw.org">morrillb@washtenaw.org</a>

**WATER COMMITTEE:**

<b>Name</b>	<b>County</b>	<b>Member Status</b>	<b>Email</b>
Tip MacGuire – Co-Chair	Huron & Tuscola	Full	<a href="mailto:tmacguire@tchd.us">tmacguire@tchd.us</a>
Dan Thorell – Co-Chair	Grand Traverse	Full	<a href="mailto:dthorell@grandtraverse.org">dthorell@grandtraverse.org</a>
Adeline Hambley	Ottawa	Full	<a href="mailto:ahambley@miottawa.org">ahambley@miottawa.org</a>
Tom Reichard	DHD #10	Full	<a href="mailto:treichard@dhd10.org">treichard@dhd10.org</a>
Matt Bolang	Livingston	Full	<a href="mailto:Mbolang@livgov.com">Mbolang@livgov.com</a>
Tony Drautz	Oakland	Full	<a href="mailto:drautzto@oakgov.com">drautzto@oakgov.com</a>
Tom Fountain	BLDHD	Full	<a href="mailto:tfountain@bldhd.org">tfountain@bldhd.org</a>
Sara Simmonds	Kent	Full	<a href="mailto:Sara.simmonds@kentcountymi.gov">Sara.simmonds@kentcountymi.gov</a>
Mike Eslick	Muskegon	Full	<a href="mailto:eslickmi@co.muskegon.mi.us">eslickmi@co.muskegon.mi.us</a>
Brendan Earl	Kent	Associate	<a href="mailto:brendan.earl@kentcountymi.gov">brendan.earl@kentcountymi.gov</a>
Casey Elliott	Shiawassee	Full	<a href="mailto:celliot@shiawasseechd.net">celliot@shiawasseechd.net</a>
Matt Allen	Ottawa	Associate	<a href="mailto:mallen@miottawa.org">mallen@miottawa.org</a>
Laura Riddell	Oakland	Associate	<a href="mailto:riddell@oakgov.com">riddell@oakgov.com</a>
Andrew Cox	Macomb	Full	<a href="mailto:andrew.cox@macombgov.org">andrew.cox@macombgov.org</a>
Jackie Bates	Washtenaw	Associate	<a href="mailto:batesj@washtenaw.org">batesj@washtenaw.org</a>

**ON-SITE SEWAGE & LAND USE COMMITTEE:**

<b>Name</b>	<b>County</b>	<b>Member Status</b>	<b>Email</b>
Matt Bolang – Co-Chair	Livingston	Full	<a href="mailto:mbolang@livgov.com">mbolang@livgov.com</a>
Andrew Cox – Co-Chair	Macomb	Full	<a href="mailto:andrew.cox@macombgov.org">andrew.cox@macombgov.org</a>
Steve King	Central Michigan	Full	<a href="mailto:sking@cmdhd.org">sking@cmdhd.org</a>
Tom Reichard	DHD #10	Full	<a href="mailto:treichard@dhd10.org">treichard@dhd10.org</a>
Steve Demick	St. Clair	Full	<a href="mailto:sdemick@stclaircounty.org">sdemick@stclaircounty.org</a>
Tony Drautz	Oakland	Full	<a href="mailto:drautzto@oakgov.com">drautzto@oakgov.com</a>
Joel Kwiatkowski	Bay	Full	<a href="mailto:kwiatkowskij@baycounty.net">kwiatkowskij@baycounty.net</a>
Mike Eslick	Muskegon	Full	<a href="mailto:eslickmi@co.muskegon.mi.us">eslickmi@co.muskegon.mi.us</a>
Kevin Green	Calhoun	Full	<a href="mailto:kgreen@calhouncountymi.gov">kgreen@calhouncountymi.gov</a>
Brendan Earl	Kent	Associate	<a href="mailto:brendan.earl@kentcountymi.gov">brendan.earl@kentcountymi.gov</a>
Casey Elliott	Shiawassee	Full	<a href="mailto:celliot@shiawasseechd.net">celliot@shiawasseechd.net</a>
Matt Allen	Ottawa	Associate	<a href="mailto:mallen@miottawa.org">mallen@miottawa.org</a>
Laura Riddell	Oakland	Associate	<a href="mailto:riddell@oakgov.com">riddell@oakgov.com</a>
Jay VanStee	Barry-Eaton	Full	<a href="mailto:jvanstee@bedhd.org">jvanstee@bedhd.org</a>
Andrew Cox	Macomb	Full	<a href="mailto:andrew.cox@macombgov.org">andrew.cox@macombgov.org</a>
Dan Thorell	Grand Traverse	Full	<a href="mailto:dthorell@grandtraverse.org">dthorell@grandtraverse.org</a>
Jackie Bates	Washtenaw	Associate	<a href="mailto:batesj@washtenaw.org">batesj@washtenaw.org</a>



**LEGISLATIVE COMMITTEE:**

Name	County	Member Status	Email
Chris Klawuhn - Chair	Saginaw	Full	<a href="mailto:cklawuhn@saginawcounty.com">cklawuhn@saginawcounty.com</a>
Adeline Hambley	Ottawa	Full	<a href="mailto:ahambley@miottawa.org">ahambley@miottawa.org</a>
Tony Drautz	Oakland	Full	<a href="mailto:drautzto@oakgov.com">drautzto@oakgov.com</a>
Vern Johnson	Kalamazoo	Full	<a href="mailto:vljohn@kalcounty.com">vljohn@kalcounty.com</a>
Scott Withington	Detroit	Full	<a href="mailto:withingtons@detroitmi.gov">withingtons@detroitmi.gov</a>
Andrew Cox	Macomb	Full	<a href="mailto:andrew.cox@macombgov.org">andrew.cox@macombgov.org</a>

**TECHNOLOGY & TRAINING COMMITTEE:**

Name	County	Member Status	Email
Don Hayduk - Chair	Jackson	Full	<a href="mailto:dhayduk@co.jackson.mi.us">dhayduk@co.jackson.mi.us</a>
Kevin Green	Calhoun	Full	<a href="mailto:kgreen@calhouncountymi.gov">kgreen@calhouncountymi.gov</a>

## MALEHA Representation

### Legionella Workgroup

Name	County	Member Status	Email
Kevin Green	Calhoun	Full	<a href="mailto:kgreen@calhouncountymi.gov">kgreen@calhouncountymi.gov</a>
Sara Simmonds	Kent	Full	<a href="mailto:Sara.simmonds@kentcountymi.gov">Sara.simmonds@kentcountymi.gov</a>
Scott Withington	Detroit	Full	<a href="mailto:withingtons@detroitmi.gov">withingtons@detroitmi.gov</a>
Liz Braddock	Mid-Michigan	Full	<a href="mailto:lbraddock@mmdhd.org">lbraddock@mmdhd.org</a>
Jay VanStee	Barry-Eaton	Full	<a href="mailto:jvanstee@bedhd.org">jvanstee@bedhd.org</a>
Tony Drautz	Oakland	Full	<a href="mailto:drautzto@oakgov.com">drautzto@oakgov.com</a>
Ken Bowen	Ionia	Full	<a href="mailto:kbowen@ioniacounty.org">kbowen@ioniacounty.org</a>
Kristen Schweighofer	Washtenaw	Full	<a href="mailto:schweighoferk@washtenaw.org">schweighoferk@washtenaw.org</a>
Vern Johnson	Kalamazoo	Full	<a href="mailto:vljohn@kalcounty.com">vljohn@kalcounty.com</a>
Mike Eslick	Muskegon	Full	<a href="mailto:eslickmi@co.muskegon.mi.us">eslickmi@co.muskegon.mi.us</a>
Scott Smith	District 4	Full	<a href="mailto:ssmith@dhd4.org">ssmith@dhd4.org</a>
Andrew Cox	Macomb	Full	<a href="mailto:andrew.cox@macombgov.org">andrew.cox@macombgov.org</a>

### Harmful Algal Bloom

Name	County	Member Status	Email
Tony Drautz	Oakland	Full	<a href="mailto:drautzto@oakgov.com">drautzto@oakgov.com</a>
Chris Westover	Monroe	Full	<a href="mailto:chris_westover@monroemi.org">chris_westover@monroemi.org</a>

### Vapor Intrusion

Name	County	Member Status	Email
Don Hayduk	Jackson	Full	<a href="mailto:dhayduk@co.jackson.mi.us">dhayduk@co.jackson.mi.us</a>
Scott Withington	Detroit	Full	<a href="mailto:withingtons@detroitmi.gov">withingtons@detroitmi.gov</a>
Kristen Schweighofer	Washtenaw	Full	<a href="mailto:schweighoferk@washtenaw.org">schweighoferk@washtenaw.org</a>
Mark Hansell	Oakland	Associate	<a href="mailto:hansellm@oakgov.com">hansellm@oakgov.com</a>

### Lead Copper Rule Workgroup

Name	County	Member Status	Email
Tony Drautz	Oakland	Full	<a href="mailto:drautzto@oakgov.com">drautzto@oakgov.com</a>
Sara Simmonds	Kent	Full	<a href="mailto:Sara.simmonds@kentcountymi.gov">Sara.simmonds@kentcountymi.gov</a>
Chris Klawuhn	Saginaw	Full	<a href="mailto:cklawuhn@saginawcounty.com">cklawuhn@saginawcounty.com</a>
Andrew Cox	Macomb	Full	<a href="mailto:andrew.cox@macombgov.org">andrew.cox@macombgov.org</a>
Jackie Bates	Washtenaw	Associate	<a href="mailto:batesj@washtenaw.org">batesj@washtenaw.org</a>

### MiClear

Name	County	Member Status	Email
Chris Westover	Monroe	Full	<a href="mailto:chris_westover@monroemi.org">chris_westover@monroemi.org</a>

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OF COUNSEL  
RICHARD D. McNULTY

September 15, 2020

**Attorney-Client Privilege**

Stephanie Fox, Controller/Administrator  
Ionia County  
101 Main Street  
Ionia, Michigan 48846

**Sent Via Email**

**Re: Requirement to Implement Cost Cutting Measures as Part of a Budget Reduction Plan as Required by the Uniform Budgeting and Accounting Act**

Dear Ms. Fox:

This is in response to your request for an opinion on the statutory requirement and authority of the Board of Commissioners to undertake Annual Budget cost cutting measures (including those implicating personnel), and the legal requirements that elected officials and courts comply with the County's budgetary amendments (even during the budget year) or specific cost-reduction measures.

**STATUTORY REQUIREMENT FOR, AND STEPS TO UNDERTAKE APPROPRIATION AMENDMENTS DURING A FISCAL YEAR.**

The Michigan Uniform Budgeting and Accounting Act, MCL 141.421 *et seq.* (hereafter, "the UBAA"), was enacted to provide a uniform budgeting system for local units of government **and to prohibit deficit spending by a local unit.** *Rayford v Detroit*, 132 Mich App 248 (1984). Where it becomes apparent that a balanced budget<sup>1</sup> will not be achieved during any fiscal year, the UBAA **requires - mandates** that recommendations **must** be made and implemented in order to achieve a balanced budget in that fiscal year. These cost-cutting recommendations are effectuated by means of appropriation amendments:

- (1) Except as otherwise provided in section 19, a deviation from the original general appropriations act **shall not be made without amending the general appropriations act.** The legislative body of the local unit **shall amend the general appropriations act as soon as it becomes apparent that a deviation from the original general appropriations act is necessary and the amount of**

<sup>1</sup> MCL 141.436

the deviation can be determined. An amendment shall indicate each intended alteration in the purpose of each appropriation item affected by the amendment. The legislative body may require that the chief administrative officer or fiscal officer provide it with periodic reports on the financial condition of the local unit.

- (2) **If, during a fiscal year, it appears to the chief administrative officer, or the fiscal officer in local units which have not elected or designated a chief administrative officer, or to the legislative body that the actual and probable revenues from taxes and other sources in a fund are less than the estimated revenues, including an available surplus upon which appropriations from the fund were based..., the chief administrative officer or fiscal officer shall present to the legislative body recommendations which, if adopted, would prevent expenditures from exceeding available revenues for that current fiscal year. The recommendations shall include proposals for reducing appropriations from the fund for budgetary centers in a manner that would cause the total of appropriations to not be greater than the total of revised estimated revenues of the fund, or proposals for measures necessary to provide revenues sufficient to meet expenditures of the fund, or both. The recommendations shall recognize the requirements of state law and the provisions of collective bargaining agreements. (MCL 141.437, emphasis supplied)**

A Board of Commissioners budget amendment resolution would be required to authorize and effectuate any cost cutting measure. *Detroit City Council v Detroit Mayor*, 202 Mich App 353, affirmed in part and modified, 449 Mich 670 (1993).

In making or amending such appropriations, the Board of Commissioners may attach appropriate conditions governing the use of County funds, so long as sufficient funds are budgeted to enable county officers and agencies to perform their Constitutionally/statutorily mandated duties and obligations at a minimally serviceable level. *Wayne County Prosecutor v Wayne County Board of Commissioners*, 93 Mich App 114 (1979). If the Board of Commissioners determines that costs/expenses will exceed budgetary approved amounts, the Board could require economic cutbacks or specific cost-reduction measures (such as, but not limited to, layoffs, cutback or reduction in hours, hiring freezes or wage reductions), consistent with the terms of a collective bargaining agreement for County Departments for which the County is the employer or co-employer.

The Ionia County Courts are a separate public employer for which the County is the funding unit. *Judicial Attorneys Assn v Michigan*, 459 Mich 29 (1998); *Livingston Co v Livingston Circuit Judge*, 393 Mich 265 (1975); *74th Judicial Dist v Bay Co*, 385 Mich 710, 723-724 (1971). The Ionia County Courts are required to fix staffing, compensation and operations within the overall limits of appropriations provided by the Ionia County Board of Commissioners. *Judicial Attorneys Ass'n*, 459 Mich 291 (1998). As to this limitation, the Ionia County Courts would not be mandated or limited to apply or enact the exact same cost-savings measures enacted by the County Board of Commissioners, but would be required to undertake their own efforts to comport with the Board of Commissioners' "amendments of existing appropriations," unless such amended budget is insufficient to enable the court to properly perform its duties. Supreme Court

Administrative Order No. 1998-5. Where this is the case, the Supreme Court has mandated a dispute resolution mechanism be undertaken pursuant to SCAO 1998-5 and, if unsuccessful, litigation may result. As such, we would recommend a dialogue with the Chief Judge about the possible budget issues and cost-cutting proposal to seek agreement as early as possible. In addition, or in the alternative, the County may request the assistance of the State Court Administrative Office to mediate potential funding disputes. *Id.*

In summary, specific cost-reduction measures must be predicated on and in the context of a 2020 Budget amendment for fiscal year 2020. Such a proposed amendment made must be taken by the County Controller to the Board of Commissioners with recommended "proposals for reducing appropriations from the fund for budgetary centers in a manner that would cause the total of appropriations to not be greater than the total of revised estimated revenues of the fund, or proposals for measures necessary to provide revenues sufficient to meet expenditures of the fund, or both." See MCL 141.437 (2). Such an amendment would require a formal Board of Commissioners Resolution. In addition, the County could authorize the County Administrator in a resolution to make certain Budget transfers within limits including line item transfers, etc., without the prior approval of the Board. In that regard, the UBAA provides in part:

- (2) The legislative body in a general appropriations act may permit the chief administrative officer or fiscal officer to execute transfers within limits stated in the act between appropriations without the prior approval of the legislative body. (MCL 141.439)

We can assist with implementing recommended specific cost-reduction measures. For example, collective bargaining provisions may limit or require advance notification of certain types of actions (like layoffs, furloughs, changes in work hours schedule, etc.). Moreover, Michigan public labor law requires that the employer give the affected unions sufficient notice of layoffs or elimination of positions within its bargaining units in order to give the Union a meaningful opportunity to bargain the "effects" of such layoffs and/or elimination of positions, including the opportunity to propose counter-cost reduction measures such as reductions in wages or other economic fringe benefits to avoid layoffs. Thereafter, the parties would have adequate opportunity to thoroughly consider such alternatives. In fact, in order to satisfy its obligation to negotiate in "good faith," the employer must hear and consider any formal proposals the union may make as alternatives to implementing layoffs. However, although the County need not agree to any such proposals, it must consider them. Moreover, the decision to lay-off employees is never subject to bargaining -- only the "effects" of a layoff are required to be bargained where a union contract does not otherwise address them in seniority rights, bumping rights.

**If the Board of Commissioners so desires, the law authorizes the Board to proceed to go into closed session to consider written material subject to attorney-client privilege. However, the closed session must be limited to the consideration of confidential legal advice presented in a written legal opinion.**

September 15, 2020

Page 4

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If you have any questions, please do not hesitate to contact me. My cellular number is 517-648-2287.

Very Truly Yours,

COHL, STOKER & TOSKEY, P.C.

  
Bonnie G. Toskey

BGT/als

cc: Ionia County Board of Commissioners