SOUTHEAST DISTRICT HEALTH DEPARTMENT
BOARD OF HEALTH

QUARTERLY MEETING

October 28, 2026

SOUTHEAST DISTRICT HEALTH DEPARTMENT
BOARD OF HEALTH MEETING
AGENDA

Southeast District Health Department Conference Room
2511 Schneider Ave, Auburn, NE 68305
October 28, 2026 – 6 PM

1. **Call to Order Regular Meeting of Southeast District Health Department Board of Health**

2. **Roll Call**

3. **Notification of Open Meeting Law**

4. **Consent Agenda**
   Any member of the Board of Health may request that any item on the consent agenda be removed from the consent agenda and be considered and voted on separately.

   4.1. Approval of Agenda
   The Board of Health reserves the right to add items to this agenda that are emergency in nature as described in Nebraska Revised Statute § 84-1411.

   4.2. Approval of Previous Board Meeting Minutes
   4.2.1. September 9, 2026 – Budget hearing Page 4-5
   4.2.2. September 9, 2026 – Regular meeting Page 6-9

   4.3. Approval of Financial Report
   4.3.1. 1st Quarter (July – September 2025) financials Page 10-19

5. **Public Comments**
   This is an opportunity for members of the audience to be heard at this time for a maximum of 3 minutes regarding any topic not on the agenda and as it relates to the Board of Health.

6. **Staff and Invited Guest Presentation**
   6.1. Austin Hanke – Hayes and Associates
   6.2. Cody Farwell – SEDHD Community Health Worker

7. **Discussion and Approval of Action Items**
   7.1. Discussion and consideration of FY25 Department Audit Seperate packet
   7.2. Discussion and consideration of Department policy 130.1 – Insurance Benefits Page 20-21
   7.3. Discussion and consideration of Department policy – Technology Replacement Page 22-25
   7.4. Discussion and consideration of Department policy – Family Medical Leave Act Page 26-33
   7.5. Discussion and consideration of 2027 meeting dates Page 34

8. **Committee Reports**
   8.1. Building and Infrastructure Committee

9. **Directors Report**

10. **Executive Session**
    This Board reserves the right to enter Executive Session in order to protect the public interest with respect to discussion regarding litigation, personnel, and other matters listed in Nebraska Revised Statute § 84-1410.

11. **Approval to Adjourn**

The next Board of Health meeting is tentatively scheduled for Wednesday, January 27, 2027, at 6:00 PM

This meeting is open to the public as directed by the open meeting laws of Nebraska. A current agenda may be viewed in the Directors office of the Southeast District Health Department, 2511 Schneider Ave., Auburn, NE.

Southeast District Health Department
Board of Health Budget Hearing Meeting Minutes

Southeast District Health Department Conference Room
2511 Schneider Ave, Auburn, NE 68305
September 9th, 2026

Notice of meeting was published in the Nebraska City News Press, Nemaha County Hearld, Tecumseh Chieftain, Falls City Journal, and Pawnee Republican. The agenda for the meeting was kept continuously current and was available for public inspection at the Southeast District Health Department, 2511 Schneider Ave, Auburn, NE during normal business hours. The agenda was held open until one business day prior to the meeting. The Board of Health reserves the right to add items to the agenda that are emergency in nature as described in Nebraska Revised Statute § 84-1411.

I. Call to Order Regular Meeting of BOH

Meeting was called to order at 6:03 PM and notice of the Open Meetings Act was made by Karly Black, Board President.

II. Roll Call

Members	Present	Absent
Karly Black	x	
Marvin Bohling		x
Bob Campbell		x
John Groathouse	x	
Mike Hall	x	
Gina Kerner	x	
Dr. Jon Kolman	x	
Jan Lang	x	
Felicia Martin	x	
James Parsons		x
Beth Vonderschmidt	x	
Tim Weber		x
Dr. Michael Zaruba		x

Staff Present: Grant Brueggemann, Executive Director; Courtney Gerdes, Office Manager

III. Approval of Agenda

John Groathouse made a motion to approve the September 9th, 2026, Budget Hearing agenda as submitted, a second was made by Jan Lang. The motion carried with all in favor.

- Karly Black: Yea
- John Groathouse: Yea
- Mike Hall: Yea
- Gina Kerner: Yea
- Dr. Jon Kolman: Yea
- Jan Lang: Yea
- Felicia Martin: Yea
- Beth Vonderschmidt: Yea

IV. Public Comments

None

V. Approval of Action Items

Grant Brueggemann led a discussion on the 2026-2027 budget.

VI. Approval to Adjourn

John Groathouse made a motion to adjourn the meeting, a second was made by Beth Vonderschmidt. The motion carried with all in favor. The meeting adjourned at 6:05 PM.

ATTEST:

_____ _____

Karly Black, President **Courtney Gerdes, Acting Recorder**

Southeast District Health Department
Board of Health Meeting Minutes

Southeast District Health Department Conference Room
2511 Schneider Ave, Auburn, NE 68305
September 9th, 2026

Notice of meeting was published in the Nebraska City News Press, Nemaha County Hearld, Tecumseh Chieftain, Falls City Journal, and Pawnee Republican. The agenda for the meeting was kept continuously current and was available for public inspection at the Southeast District Health Department, 2511 Schneider Ave, Auburn, NE during normal business hours. The agenda was held open until one business day prior to the meeting. The Board of Health reserves the right to add items to the agenda that are emergency in nature as described in Nebraska Revised Statute § 84-1411.

I. Call to Order Regular Meeting of BOH

Meeting was called to order at 6:06 PM and notice of the Open Meetings Act was made by Karly Black, Board President.

II. Roll Call

Members	Present	Absent
Karly Black	x	
Marvin Bohling		x
Bob Campbell		x
John Groathouse	x	
Mike Hall	x	
Gina Kerner	x	
Dr. Jon Kolman	x	
Jan Lang	x	
Felicia Martin	x	
James Parsons		x
Beth Vonderschmidt	x	
Tim Weber		x
Dr. Michael Zaruba		x

Staff Present: Grant Brueggemann, Executive Director; Courtney Gerdes, Office Manager

III. Consent Agenda

John Groathouse made a motion to approve the consent agenda as submitted, a second was made by Beth Vonderschmidt. The motion carried unanimously.

- Karly Black: Yea
- John Groathouse: Yea
- Mike Hall: Yea
- Gina Kerner: Yea
- Dr. Jon Kolman: Yea
- Jan Lang: Yea
- Felicia Martin: Yea
- Beth Vonderschmidt: Yea

IV. Public Comments

None

V. Approval of Action Items

Grant led a discussion on the FY27 Budget. Jan Lang made a motion to approve the SEDHD FY27 Budget as submitted, a second was made by John Groathouse. The motion carried unanimously.

- Karly Black: Yea
- John Groathouse: Yea
- Mike Hall: Yea
- Gina Kerner: Yea
- Dr. Jon Kolman: Yea
- Jan Lang: Yea
- Felicia Martin: Yea
- Beth Vonderschmidt: Yea

Grant led a discussion on cost-of-living adjustments and merit increases. Felicia Martin made a motion to approve a 2.5% cost-of-living adjustment and up to 2% merit increases, as submitted, for all eligible staff, excluding Executive Director Grant Brueggemann. A second was made by Mike Hall. The motion carried unanimously.

- Karly Black: Yea
- John Groathouse: Yea
- Mike Hall: Yea
- Gina Kerner: Yea
- Dr. Jon Kolman: Yea
- Jan Lang: Yea
- Felicia Martin: Yea
- Beth Vonderschmidt: Yea

Grant led a discussion regarding fund transfers into Department investment accounts. Beth Vonderschmidt made a motion to approve moving up to $500,000 into the Department's NPAIT account, a second was made by Jan Lang. The motion carried unanimously.

- Karly Black: Yea
- John Groathouse: Yea
- Mike Hall: Yea
- Gina Kerner: Yea
- Dr. Jon Kolman: Yea
- Jan Lang: Yea
- Felicia Martin: Yea
- Beth Vonderschmidt: Yea

Grant led a discussion regarding repairing the roof at the Auburn office. John Groathouse made a motion to approve up to $25,000 to complete the repair of the roof for the Auburn office and to approve the quote, as submitted, from BB Roofing. A second was made by Dr. Jon Kolman. The motion carried unanimously.

- Karly Black: Yea
- John Groathouse: Yea
- Mike Hall: Yea
- Gina Kerner: Yea
- Dr. Jon Kolman: Yea
- Jan Lang: Yea
- Felicia Martin: Yea
- Beth Vonderschmidt: Yea

Grant led a discussion regarding the FY2026 surplus property disposition report.

Grant led a discussion regarding Department policy 130.1 - Insurance Benefits. A revision to policy 130.1 will be provided at the next BOH meeting regarding Department contributions to the employee insurance plans.

VI. Committee Reports

a. Building Infrastructure Committee

Grant led a discussion regarding potential renovations and/or capital improvements to the Auburn office. Mike Hall made a motion to authorize Grant to contact architects and expend funds to obtain preliminary design plans. John Groathouse seconded the motion. The motion carried unanimously.

- Karly Black: Yea
- John Groathouse: Yea
- Mike Hall: Yea
- Gina Kerner: Yea
- Dr. Jon Kolman: Yea
- Jan Lang: Yea
- Felicia Martin: Yea
- Beth Vonderschmidt: Yea

VII. Director's Report

Attached

Southeast District Health Department

VIII. Executive Session

This Board reserves the right to enter Executive Session in order to protect the public interest with respect to discussion regarding litigation, personnel, and other matters listed in Nebraska Revised Statute § 84-1410.

The Board did not enter executive session.

IX. Approval to Adjourn

Felicia Martin made a motion to adjourn the meeting, a second was made by Beth Vonderschmidt. The motion carried unanimously. The meeting adjourned at 7:14 PM.

ATTEST:

_____ _____

Karly Black, President **Courtney Gerdes, Acting Recorder**

Southeast District Health Department

Financial Report

For the period ended September 30, 2026

Prepared on
October 15, 2026

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Balance Sheet

Southeast District Health Department

As of September 30, 2026

	Total	
	As of Sep 30, 2026	As of Sep 30, 2025 (PY)
ASSETS		
Current Assets		
Bank Accounts		
1000 Checking	976,518.23	1,424,448.71
1000.10 Employee Wellness Fund	2,310.96	
Total 1000 Checking	**978,829.19**	**1,424,448.71**
1025 NPAIT #23302-101 General	1,091,651.98	556,204.50
1050 Certificates of Deposit		
CD - Auburn State - #21000	53,617.73	51,515.28
CD - Countryside - #101864	39,402.15	37,864.69
CD - Table Rock - #301494	38,555.47	37,018.06
CD - Tecumseh Fed -#01-15129391	237,415.79	227,999.63
CD - Union Bank - #973156	74,023.19	70,901.81
Total 1050 Certificates of Deposit	**443,014.33**	**425,299.47**
1100 AIDS Savings #62349 -Auburn St	0.00	2,246.41
Total Bank Accounts	**2,513,495.50**	**2,408,199.09**
Accounts Receivable		
11000 Accounts Receivable	252,791.78	101,736.54
Total Accounts Receivable	**252,791.78**	**101,736.54**
Other Current Assets		
14000 Prepaid Expenses		
Asana	0.00	5,950.00
Generac Coverage	1,015.16	
Hayes & Associates - Audit	9,066.71	12,883.34
NALHD - Annual Dues	531.28	0.00
RAS - Workers Comp	2,858.34	1,697.50
Relias LLC - training	0.00	119.24
SBS/Progressive - Auto Insurance	4,116.60	5,754.00
The Cincinnati Insurance Co - Liability	1,354.74	552.54
UNICO General Liability	10,023.85	10,023.85
UNICO Cyber Insurance	664.47	664.53
UNICO Directors and Officers	5,966.64	5,966.64
Zoom	2,898.13	2,144.04
Total 14000 Prepaid Expenses	**38,495.92**	**45,755.68**
Total Other Current Assets	**38,495.92**	**45,755.68**
Total Current Assets	**2,804,783.20**	**2,555,691.31**

	Total	
	As of Sep 30, 2026	As of Sep 30, 2025 (PY)
Fixed Assets		
15000 Buildings - 292 Broadway St Tecumseh	187,563.25	187,563.25
16000 Buildings - 1010 Central Ave Nebraska City	322,459.62	322,459.62
Total Fixed Assets	**510,022.87**	**510,022.87**
TOTAL ASSETS	**$3,314,806.07**	**$3,065,714.18**
LIABILITIES AND EQUITY		
Liabilities		
Current Liabilities		
Accounts Payable		
24005 A/P Payroll Liabilities	54,182.15	31,825.09
Total Accounts Payable	**54,182.15**	**31,825.09**
Credit Cards		
1850 Chase Card Grant	5,965.05	7,229.91
1855 Chase Card Courtney	4,872.29	10,982.18
Total Credit Cards	**10,837.34**	**18,212.09**
Other Current Liabilities		
24010 Accrued Vacation Payroll Liabilities		
24010.02 Accrued Vacation Gross	49,567.36	41,723.35
24010.04 Accrued Vacation PR Tax Employer	3,791.97	3,191.90
24010.06 Accrued Vacation Retirement Employer	3,345.83	2,816.35
Total 24010 Accrued Vacation Payroll Liabilities	**56,705.16**	**47,731.60**
Total Other Current Liabilities	**56,705.16**	**47,731.60**
Total Current Liabilities	**121,724.65**	**97,768.78**
Total Liabilities	**121,724.65**	**97,768.78**
Equity		
32000 Unreserved Fund Balance	3,144,899.77	2,665,484.05
Net Income	**48,181.65**	**302,461.35**
Total Equity	**3,193,081.42**	**2,967,945.40**
TOTAL LIABILITIES AND EQUITY	**$3,314,806.07**	**$3,065,714.18**

Profit and Loss

Southeast District Health Department

July - September, 2026

	Total	
	Jul - Sep, 2026	Jul - Sep, 2025 (PY)
INCOME		
4000 Federal Receipts		
4000.4007.10 Vaccine for Kids (VFC)	12,090.96	13,847.53
4000.4008.10 Bioterrorism	19,721.22	48,819.49
4000.4013.10 West Nile	4,500.00	3,093.06
4000.4015.10 Accreditation	4,578.60	1,908.94
4000.4017.10 Oral Health	7,289.94	4,075.68
4000.4017.20 Oral Health Expansion Program HRSA		39,000.00
4000.4020.10 Radon	1,038.00	2,870.34
4000.4029.10 Lead	3,029.60	
4000.4031.10 Opioid	13,063.99	27,381.61
4000.4033.10 MIECHV	123,384.65	106,566.11
4000.4033.20 N-Focus - FFPSA	8,173.25	19,026.91
4000.4050.10 Chronic Disease Learning Collaborative	6,889.35	1,622.14
4000.4064.10 CDC Infrastructure	23,184.40	15,263.08
4000.4067.10 DHHS Infrastructure		76,522.56
4000.4068.15 RHTP 2.3 CHW Initiative	104,327.79	
4000.4068.20 RHTP 1.5 Obesity	10,987.26	
4000.4068.25 RHTP 4.4a Chronic Disease	11,795.41	
4000.4068.30 RHTP 4.2a Oral Health	11,274.17	
4000.4070.10 Loss Team	1,340.44	500.00
Total 4000 Federal Receipts	**366,669.03**	**360,497.45**
4010 State Receipts - LB 71-1628.08		
4010.4014.10 General Funds LB1008	38,911.62	40,253.40
4010.4014.20 Infrastructure Funding (692)	26,851.83	27,777.75
4010.4014.30 Per Capita Funding (692)	15,688.91	16,229.91
4010.4014.40 Opioid Settlement	6,944.43	6,944.43
Total 4010 State Receipts - LB 71-1628.08	**88,396.79**	**91,205.49**
4020 State Receipts - Other		
4020.4027.10 Minority Health Initiative	4,597.40	2,084.52
4020.4070.10 LOSS Team	2,505.00	
Total 4020 State Receipts - Other	**7,102.40**	**2,084.52**
4030 Local Receipts - Other		
4030.4007.10 Donations for VFC		75.00
4030.4007.20 VFC Insurance Payments	611.42	857.38
4030.4012.30 Immunization Insurance payments	170.53	

	Total	
	Jul - Sep, 2026	Jul - Sep, 2025 (PY)
4030.4014.30 Interest Income	11,068.76	7,328.87
4030.4014.40 Other Income	366.57	60.00
4030.4014.60 Services	-500.00	10,713.00
4030.4014.70 Rental Income	6,550.00	2,000.00
4030.4016.10 Growing Great Kids Donations	105.36	314.00
4030.4017.10 Oral Health Donations	4.37	
4030.4017.20 Oral Health MCNA		156.06
4030.4033.10 MIECHV CHI	19,476.08	58,125.37
4030.4035.10 MCO SDoH (NTC Equity)	61,000.00	38,500.00
4030.4050.20 Sherwood		100,000.00
4030.4068.30 RHTP Oral Health Insurance	736.56	
Total 4030 Local Receipts - Other	**99,589.65**	**218,129.68**
Total Income	**561,757.87**	**671,917.14**
GROSS PROFIT	**561,757.87**	**671,917.14**
EXPENSES		
6001 Auditor	4,750.02	4,641.66
6010 Print Media/Marketing	2,386.00	1,471.78
6025 Building Fund		
6025.01 Capital Improvements		27,881.06
6025.03 Garbage	408.48	353.28
6025.04 Maintenance	1,547.19	1,814.50
6025.05 Janitorial Supplies/Service	2,324.21	430.00
6025.06 Mowing/Snow Removal	540.00	990.00
6025.07 Telephone/Internet	1,564.33	1,928.33
6025.08 Electric utilities	5,317.49	5,608.92
Total 6025 Building Fund	**11,701.70**	**39,006.09**
6040 Information Technology Fund		
6040.01 Network & Phone Mgmt	7,487.67	5,195.55
6040.02 Copier & Fax	1,052.91	1,423.34
6040.03 Video Conferencing	1,538.96	974.66
6040.05 Building Security System	1,316.16	2,139.88
6040.06 Software & Apps	20,876.44	7,292.65
6040.07 Equipment, Accessories, Repairs	29,050.61	
Total 6040 Information Technology Fund	**61,322.75**	**17,026.08**
6145 Travel & Conferences		
6145.01 Staff Mileage Reimbursement	4,410.45	3,629.92
6145.02 Vehicle Expense	2,042.07	754.05
6145.03 Workshop Fees & Expenses	3,187.96	190.00
6145.04 Travel in State	1,481.50	1,501.93
6145.05 Travel out State		3,751.69

	Total	
	Jul - Sep, 2026	Jul - Sep, 2025 (PY)
Total 6145 Travel & Conferences	**11,121.98**	**9,827.59**
6150 Contract Services	1,801.80	26,335.86
6155 Legal & Professional Fees	360.00	420.00
6300 Dues	1,406.24	
6330 Equipment	1,083.75	2,011.92
6345 Medical Supplies	4,303.35	5,630.32
6350 Speciman Lab & Testing	477.12	
6355 Auto Insurance	1,764.24	2,157.75
6370 Liability Insurance	9,075.12	6,398.86
6380 Cyber Security Insurance	332.25	332.22
6420 Workman's Comp	952.41	496.25
6480 Board/Mileage Expenses	0.00	368.47
6530 Office Furniture		597.00
6535 Business/Office Supplies	1,384.38	1,868.80
6710 Postage	91.95	193.48
6740 Building Rent	840.00	3,590.00
6775 Department Wages & Taxes		
6775.02 Payroll Tax Expense	18,222.57	10,392.22
6775.04 Retirement Expense	16,572.17	9,675.23
6775.06 Medical Insurance Expense	40,110.30	8,731.08
6775.08 Unemployment Insurance		1,792.00
Total 6775 Department Wages & Taxes	**74,905.04**	**30,590.53**
6780 Employee Wages & Taxes		
6780.02 Net Pay	186,342.76	105,078.28
6780.04 Payroll Tax Expense	39,480.34	23,578.46
6780.06 Retirement Expense	11,029.77	6,522.15
6780.08 Medical Insurance	10,319.31	6,351.26
6780.10 Supplemental Insurance	2,630.38	1,559.83
Total 6780 Employee Wages & Taxes	**249,802.56**	**143,089.98**
6870 Team Building	280.38	213.93
6885 Programing Fund		
6885.01 Supplies	3,122.03	2,904.79
6885.02 Meeting & Educational Training Expenses	1,785.16	
6885.03 Educational Material	680.00	5,539.63
6885.04 Marketing	1,024.00	6,100.69
6885.05 Family Engagement	107.61	-400.00
6885.06 Incentives	3,244.15	1,273.59
Total 6885 Programing Fund	**9,962.95**	**15,418.70**
8020 Miscellaneous expense	100.00	65.00
8040 Admin Cost Pool Expense	63,345.23	57,703.52
Bank Charges	25.00	

	Total	
	Jul - Sep, 2026	Jul - Sep, 2025 (PY)
Total Expenses	**513,576.22**	**369,455.79**
NET OPERATING INCOME	**48,181.65**	**302,461.35**
NET INCOME	**$48,181.65**	**$302,461.35**

Statement of Cash Flows

Southeast District Health Department

July - September, 2026

	Total
OPERATING ACTIVITIES	
Net Income	**48,181.65**
Adjustments to reconcile Net Income to Net Cash provided by operations:	
11000 Accounts Receivable	-97,625.90
Prepaid Expenses:Asana	595.00
Prepaid Expenses:Firespring	498.00
Prepaid Expenses:Generac Coverage	-1,015.16
Prepaid Expenses:Hayes & Associates - Audit	-4,749.98
Prepaid Expenses:NALHD - Annual Dues	531.24
Prepaid Expenses:RAS - Workers Comp	-2,688.59
Prepaid Expenses:Relias LLC - training	556.47
Prepaid Expenses:Rippling	2,248.80
Prepaid Expenses:SBS/Progressive - Auto Insurance	1,764.24
Prepaid Expenses:The Cincinnati Insurance Co - Liability	4,063.98
Prepaid Expenses:UNICO General Liability	-9,021.42
Prepaid Expenses:UNICO Cyber Insurance	332.25
Prepaid Expenses:UNICO Directors and Officers	-5,370.03
Prepaid Expenses:Zoom	-39.43
24005 A/P Payroll Liabilities	5,126.81
1850 Chase Card Grant	493.71
1855 Chase Card Courtney	-21,969.66
24010.02 Accrued Vacation Payroll Liabilities:Accrued Vacation Gross	1,128.06
24010.04 Accrued Vacation Payroll Liabilities:Accrued Vacation PR Tax Employer	86.29
24010.06 Accrued Vacation Payroll Liabilities:Accrued Vacation Retirement Employer	76.15
Total Adjustments to reconcile Net Income to Net Cash provided by operations:	**-124,979.17**
Net cash provided by operating activities	**-76,797.52**
NET CASH INCREASE FOR PERIOD	**-76,797.52**
Cash at beginning of period	2,590,293.02
CASH AT END OF PERIOD	$2,513,495.50

A/R Aging Detail

Southeast District Health Department

All Dates

Date	Transaction Type	Num	Customer	Due Date	Amount	Open Balance
91 or more days past due						
01/13/2026	Invoice	385	4017 - Oral Health	02/12/2026	6,965.81	6,965.81
04/14/2026	Invoice	403	4017 - Oral Health	05/14/2026	6,144.25	6,144.25
06/15/2026	Invoice	412	4064 - CDC Infrastructure	07/15/2026	22,101.68	22,101.68
Total for 91 or more days past due					**$35,211.74**	**$35,211.74**
61 - 90 days past due						
07/14/2026	Invoice	420	4015 - Accreditation	08/13/2026	4,578.60	4,578.60
07/14/2026	Invoice	421	4017 - Oral Health	08/13/2026	7,289.94	7,289.94
07/15/2026	Invoice	422	4027 - Minority Health	08/14/2026	4,597.40	4,597.40
Total for 61 - 90 days past due					**$16,465.94**	**$16,465.94**
1 - 30 days past due						
08/26/2026	Invoice	429	4068.25 RHTP 4.4a Chronic Disease	09/25/2026	11,795.41	11,795.41
08/26/2026	Invoice	430	4068.20 - RHTP 1.5 Obesity	09/25/2026	10,987.26	10,987.26
08/26/2026	Invoice	431	4068.15 - RHTP 2.3 CHW Initiative	09/25/2026	8,912.61	8,912.61
08/28/2026	Invoice	433	4068.30 - RHTP 4.2a Oral health	09/27/2026	11,274.17	11,274.17
08/28/2026	Invoice	432	4068.15 - RHTP 2.3 CHW Initiative	09/27/2026	95,415.18	95,415.18
09/11/2026	Invoice	434	Nebraska State Suicide Prevention Coalition	10/11/2026	2,505.00	2,505.00
09/14/2026	Invoice	436	4064 - CDC Infrastructure	10/14/2026	23,184.40	23,184.40
Total for 1 - 30 days past due					**$164,074.03**	**$164,074.03**
Current						
09/24/2026	Invoice	437	4031 - OPIOID	10/24/2026	13,063.99	13,063.99
10/14/2026	Invoice	438	4050 - CVH Learning Collaborative	11/13/2026	2,029.11	2,029.11
10/14/2026	Invoice	441	4007 – Vaccine for Children (VFC)	11/13/2026	10,226.10	10,226.10
10/14/2026	Invoice	443	Falls City Care Center	11/13/2026	250.00	250.00
10/14/2026	Invoice	440	4015 - Accreditation	11/13/2026	13,163.79	13,163.79
10/14/2026	Invoice	439	4029 - LEAD	11/13/2026	898.05	898.05
10/14/2026	Invoice	442	4008 - Bioterrorism - PHEP	11/13/2026	22,318.46	22,318.46
Total for Current					**$61,949.50**	**$61,949.50**
TOTAL					**$277,701.21**	**$277,701.21**

POLICY SECTION	Administrative		
POLICY TITLE	Insurance Benefits		
POLICY NUMBER	130.1	REVISION NUMBER	2~~1~~
EFFECTIVE DATE	~~10/29/2025~~xx/xx/xxxx	DATE REVIEWED	~~10/16/2025~~9/10/2026
CROSS REFERENCE	None		

1. POLICY STATEMENT

   1.1. The Southeast District Health Department is committed to supporting the health, well-being, and financial security of its employees by providing access to comprehensive insurance benefits. These benefits include health, dental, vision, and life insurance coverage. The Department will administer these benefits in a consistent manner and in accordance with plan documents and applicable regulations.

2. PURPOSE

   2.1. The purpose of this policy is to establish clear guidelines for the administration of insurance benefits offered by the Southeast District Health Department. This policy ensures that employees are informed of available coverage, eligibility requirements, and the Department's role in premium contributions. In the event of any conflict between this policy and the official plan documents, the plan documents will take precedence.

3. SCOPE

   3.1. This policy applies to all full-time employees of the Southeast District Health Department.

4. DEFINITIONS

   4.1. None.

5. POLICY

   5.1. The Department provides coverage for health, dental, vision, and life insurance through the Department's group insurance providers.

   5.2. Insurance providers, deductible limits, and other plan elements are determined at the discretion of the Executive Director.

   5.3. The Department covers one hundred percent (100%) of the premium cost for employee-only health, dental, vision, and life insurance plans.

   5.4. The Department covers one hundred percent (100%) of the premium cost equivalent to employee-only coverage and seventy percent (70%) of the remaining premium cost for spouse, children, and family health, dental, and vision insurance plans. The employee is responsible for the remaining thirty percent (30%) of the premium cost for spouse,

children, or family coverage.~~The Department covers seventy percent (70%) of the premium cost for spouse, children, and family health, dental, and vision plans. Employees are responsible for the remaining thirty percent (30%) of the spouse, children, and family plan premiums.~~

5.5. Employee premium contributions are deducted from each bimonthly paycheck and remitted according to the insurance carrier's payment schedule.

5.6. Opt-Out and Cash in Lieu Policy

5.6.1. The Department offers a Cash in Lieu option through First Concord Benefit Group for employees who choose not to enroll in the Department's health insurance plan. Employees electing to participate in the Cash in Lieu option shall be enrolled in another qualifying plan and shall attest annually to being enrolled in another qualifying plan.

5.6.2. Employees enrolled in the Cash in Leu policy will receive $300 per month, paid evenly each bimonthly pay period.

6. PROCEDURE

6.1. None.

7. ATTACHMENTS

7.1. None.

8. REVISIONS

Revision	Date Approved	Description
1	10/29/2025	New policy template. Added language regarding Department contributions to spouse, children, and family insurance plans. Added language regarding Cash in Lieu policy.
2	XX/XX/XXXX	Revised section 5.4 to reflect that the Department covers 100% of premium cost equivalent to employee-only coverage for spouse, children, and family insurance plans.

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POLICY SECTION	[SECTION NAME]		
POLICY TITLE	Technology Replacement		
POLICY NUMBER	XXX.XX	REVISION NUMBER	0
EFFECTIVE DATE	XX/XX/XXXX	DATE REVIEWED	XX/XX/XXXX
CROSS REFERENCE	None		

1. POLICY STATEMENT

    1.1. The Southeast District Health Department (SEDHD) will maintain technology equipment and systems that are reliable, secure, and capable of supporting Department operations. Technology equipment will be evaluated periodically to identify equipment that should be repaired, replaced, upgraded, or retired based on age, condition, functionality, security, manufacturer support, and operational needs.

2. PURPOSE

    2.1. To establish guidelines for evaluating and replacing technology equipment to support operational efficiency, information security, reliability, and cost-effective use of Department resources.

3. SCOPE

    3.1. This policy applies to technology equipment owned, leased, or otherwise utilized by SEDHD, including computer hardware, network equipment, mobile devices, telephones, and related equipment. Software and technology systems may also be evaluated for replacement or upgrade when necessary to maintain functionality, security, or manufacturer support.

4. DEFINITIONS

    4.1. Manufacturer-Specified End of Life – The date established by a manufacturer after which a device or product is no longer supported through software, firmware, security updates, or other manufacturer-provided support.

    4.2. Replacement Period – The anticipated period of use for a type of technology equipment before replacement is considered based on age and other relevant factors. A replacement period does not require automatic replacement when the equipment remains functional, secure, and appropriate for Department use.

5. POLICY

    5.1. Technology Equipment Evaluation

        5.1.1. SEDHD will periodically evaluate technology equipment to determine whether equipment remains appropriate for Department use. Evaluations will consider the

age, condition, functionality, security, manufacturer support, compatibility with current systems, anticipated future needs, and cost of continued use.

5.1.2. The Executive Director or designee will begin evaluating technology equipment two years after the purchase date and annually thereafter until the equipment is replaced or retired.

5.2. Replacement Periods

5.2.1. Table 1 establishes replacement periods and general guidelines for the expected useful life of technology equipment.

Table 1 – SEDHD Technology Replacement Periods and Guidelines

Equipment	Replacement Period
Computers	3–5 years or until the manufacturer-specified end of life, whichever occurs first.
Monitors and Docking Stations	Replace as needed based on condition, functionality, or compatibility.
Cell Phones	3–5 years or as needed based on condition, functionality, security, or compatibility.
Servers	5 years.
Desk Phones	5–7 years.
Modems	Department-owned: 3–5 years; Vendor-owned: according to the vendor's replacement policy.
Firewall	Replace as needed based on condition, functionality, security, or compatibility.

5.2.2. Replacement periods are intended as guidelines and do not require replacement solely because equipment has reached the stated period. Equipment may be replaced before or after the applicable replacement period based on operational, security, financial, or other relevant considerations.

5.3. Equipment Reaching Replacement Period

5.3.1. When equipment reaches the applicable replacement period, the Executive Director or designee will evaluate whether replacement is necessary. The evaluation may consider the equipment's current condition and performance, compatibility with Department systems, manufacturer support, security requirements, anticipated future needs, and the cost of continued maintenance or use.

5.3.2. Equipment may remain in service when it continues to meet Department needs and can be maintained in a secure and reliable manner.

5.4. Equipment Failure or Malfunction

5.4.1. When technology equipment becomes damaged, malfunctions, or is otherwise unusable before reaching its expected replacement period, the Executive Director or designee will evaluate whether the equipment should be repaired, replaced, or removed from service.

5.4.2. The evaluation may consider the nature and cost of the repair, remaining useful life, warranty or service coverage, security requirements, compatibility with current systems, availability of replacement equipment, and the cost-effectiveness of repair compared to replacement.

5.5. Replacement Authorization

5.5.1. Replacement of technology equipment will be subject to available budgeted funds and applicable Department purchasing requirements. The Executive Director or designee will determine when replacement is necessary and may prioritize replacements based on operational needs, security considerations, equipment condition, and available resources.

5.6. Disposal and Retirement

5.6.1. Technology equipment that is replaced or removed from service will be retired and disposed of in accordance with Department policy for asset management, information security, and disposal of electronic equipment.

5.6.2. Before disposal, equipment capable of storing Department information will be evaluated to ensure Department data and access credentials are appropriately removed or secured.

6. PROCEDURE

6.1. None.

7. ATTACHMENTS

7.1. None.

8. REVISIONS

Revision	Date Approved	Description
0	XX/XX/XXXX	New policy.

POLICY SECTION	[SECTION NAME]		
POLICY TITLE	Family Medical Leave Act		
POLICY NUMBER	XXX.XX	REVISION NUMBER	0
EFFECTIVE DATE	XX/XX/XXXX	DATE REVIEWED	XX/XX/XXXX
CROSS REFERENCE	None		

1. POLICY STATEMENT

   1.1. The Southeast District Health Department (SEDHD) will administer Family and Medical Leave Act (FMLA) leave in accordance with applicable federal law. Eligible employees may take job-protected leave for qualifying family and medical reasons, with continuation of group health insurance coverage and reinstatement rights as required by law.

2. PURPOSE

   2.1. To establish requirements for determining eligibility, requesting and approving FMLA leave, providing required notices, administering benefits during leave, and returning employees to work.

3. SCOPE

   3.1. This policy applies to all SEDHD employees. FMLA eligibility and entitlements will be determined in accordance with applicable federal law. Other leave available under Department policies may apply to employees who do not qualify for FMLA leave.

4. DEFINITIONS

   4.1. Family and Medical Leave Act (FMLA) – The federal law that provides eligible employees with job-protected leave for qualifying family and medical reasons.

   4.2. Eligible Employee – An employee who meets the applicable FMLA eligibility requirements, including requirements concerning length of service, hours worked, and worksite eligibility, as applicable.

   4.3. Serious Health Condition – An illness, injury, impairment, or physical or mental condition involving inpatient care or continuing treatment by a health care provider, as defined by the FMLA and its implementing regulations.

   4.4. Health Care Provider – A health care provider authorized under the FMLA to provide medical certification supporting a request for leave.

   4.5. Intermittent Leave – FMLA leave taken in separate periods of time for a single qualifying reason, rather than as one continuous period of leave.

4.6. Reduced Schedule Leave – FMLA leave that temporarily reduces an employee's usual number of working hours per workday or workweek.

4.7. Covered Service Member – A current member of the Armed Forces, including the National Guard or Reserves, or an eligible veteran, who meets the applicable FMLA requirements for military caregiver leave.

5. POLICY

5.1. Employee Eligibility

5.1.1. An employee may qualify for FMLA leave when the employee meets the applicable eligibility requirements under federal law. These generally include:

5.1.1.1. Having been employed by SEDHD for at least 12 months, subject to applicable rules for counting prior service;

5.1.1.2. Having worked at least 1,250 hours during the 12 months immediately preceding the start of leave; and

5.1.1.3. Meeting any applicable worksite eligibility requirements under federal law.

5.1.2. The Executive Director or designee will determine eligibility when an employee requests leave or SEDHD otherwise becomes aware that an absence may qualify for FMLA protection.

5.2. Qualifying Reasons for Leave

5.2.1. An eligible employee may take up to 12 work weeks of FMLA leave during the applicable 12-month period for the following reasons:

5.2.1.1. For the birth of a child and to care for and bond with the child during the first 12 months following birth.

5.2.1.2. For the placement of a child with the employee for adoption or foster care and to care for and bond with the child during the first 12 months following placement.

5.2.1.3. To care for the employee's spouse, son, daughter, or parent who has a serious health condition, as defined by the FMLA.

5.2.1.4. When the employee has a serious health condition that prevents the employee from performing one or more essential functions of the employee's position.

5.2.1.5. For incapacity due to pregnancy, prenatal care, childbirth, and related qualifying medical conditions.

5.2.1.6. For qualifying exigencies arising from the covered active duty or call to covered active duty of the employee's spouse, son, daughter, or parent, as defined by the FMLA.

5.3. Military Caregiver Leave

5.3.1. An eligible employee who is the spouse, son, daughter, parent, or next of kin of a covered service member may take up to 26 workweeks of leave during a single 12-month period to care for the service member's serious injury or illness, as defined by the FMLA.

5.3.2. The single 12-month period for military caregiver leave begins on the first day the employee takes leave for that reason. During that period, the employee's combined FMLA leave for all qualifying reasons may not exceed 26 workweeks.

5.4. Measurement of the 12-Month Period

5.4.1. SEDHD will measure the 12-month period for the standard 12-workweek FMLA entitlement using a rolling period measured forward from the date an employee first uses FMLA leave. The next 12-month period begins when the employee next uses FMLA leave after the previous period has ended.

5.4.2. Military caregiver leave will be measured separately in accordance with Section 5.3 and applicable federal law.

5.5. Paid Leave During FMLA Leave

5.5.1. FMLA leave is unpaid unless the employee uses available paid leave or another applicable benefit provides compensation, or as allowed by SEDHD policy.

5.5.2. Employees must use accrued paid leave concurrently with FMLA leave in accordance with applicable Department leave policies and federal law. When an employee receives workers' compensation or another wage-replacement benefit, the use of accrued paid leave will be administered in accordance with applicable law and Department policy.

5.5.3. SEDHD may designate qualifying absences as FMLA leave even when the employee uses paid leave or another form of leave. Paid leave and FMLA leave will run concurrently when permitted or required by law.

5.6. Notice and Certification

5.6.1. Employees must provide notice of the need for leave in accordance with applicable FMLA requirement using Attachment XXX.X A – SEDHD FMLA Request Form. When the need for leave is foreseeable, employees generally must

provide at least 30 days' notice. When 30 days' notice is not practicable, employees must notify SEDHD as soon as practicable.

5.6.2. SEDHD may require appropriate medical certification, qualifying exigency documentation, military caregiver certification, or other documentation permitted by the FMLA. Employees must provide requested certification within the time allowed by applicable law, generally at least 15 calendar days unless it is not practicable despite the employee's diligent, good-faith efforts.

5.6.3. SEDHD will provide required eligibility, rights and responsibilities, and designation notices within applicable deadlines.

5.7. Health Insurance and Other Benefits During Leave

5.7.1. SEDHD will maintain an eligible employee's group health insurance coverage during FMLA leave on the same terms and conditions that would apply if the employee continued working.

5.7.2. Employees remain responsible for their normal share of applicable insurance premiums. The Executive Director or designee will communicate payment arrangements to employees who are on unpaid leave.

5.7.3. The continuation of other benefits, including leave accrual and supplemental insurance, will be administered in accordance with applicable law and the Department policies governing those benefits.

5.7.4. SEDHD may seek reimbursement for employer-paid health insurance premiums when permitted by the FMLA if an employee fails to return to work after FMLA leave, subject to applicable exceptions.

5.8. Intermittent Leave and Reduced Schedules

5.8.1. Eligible employees may take intermittent or reduced schedule FMLA leave when medically necessary for a qualifying serious health condition or when otherwise permitted under the FMLA.

5.8.2. Intermittent or reduced schedule leave may also be used for qualifying military exigencies. Leave for bonding with a newborn or newly placed child may be taken intermittently or on a reduced schedule when SEDHD and the employee agree, as permitted by law.

5.8.3. Employees must make reasonable efforts to schedule planned medical treatment so it does not unduly disrupt Department operations, subject to the requirements of the FMLA. When permitted by law, SEDHD may temporarily transfer an employee taking foreseeable intermittent or reduced schedule leave to an

available alternative position for which the employee is qualified, with equivalent pay and benefits, to better accommodate recurring absences.

5.9. Reinstatement

5.9.1. Upon return from FMLA leave, an employee generally has the right to be restored to the same position held before leave or an equivalent position with equivalent pay, benefits, and other terms and conditions of employment, subject to applicable law.

5.9.2. FMLA leave does not provide an employee greater rights to employment than the employee would have had if leave had not been taken. Any exception to reinstatement rights, including those applicable to certain key employees, will be administered in accordance with federal law.

5.9.3. SEDHD will not interfere with, restrain, or deny an employee's exercise of FMLA rights or retaliate against an employee for exercising those rights.

5.10. Confidentiality and Records

5.10.1. SEDHD will maintain FMLA requests, medical certifications, and related medical information as confidential records separate from ordinary personnel files, with access limited as permitted or required by law.

6. PROCEDURE

6.1. None.

7. ATTACHMENTS

7.1. Attachment XXX.X A – SEDHD FMLA Request Form.

8. REVISIONS

Revision	Date Approved	Description
0	XX/XX/XXXX	New policy.

Attachment XXX.X A - SEDHD FMLA Request Form

SOUTHEAST DISTRICT HEALTH DEPARTMENT

EMPLOYEE REQUEST FOR FAMILY AND MEDICAL LEAVE (FMLA)

If you believe your absence may qualify for FMLA leave, notify your supervisor and submit this form to the Executive Director or designee as soon as practicable. When leave is foreseeable, provide at least 30 days' notice when practicable. SEDHD may designate an absence as FMLA leave when permitted by law, even if you have not specifically requested FMLA leave.

Employee Information

Employee Name: _____ Date Submitted: _____

Position/Department: _____ Supervisor: _____

Reason for Leave (check all that apply)

☐ Birth of a child and bonding during the first 12 months after birth

☐ Placement of a child for adoption or foster care and bonding during the first 12 months

☐ My own serious health condition, including pregnancy-related incapacity or prenatal care

☐ Care for my spouse with a serious health condition

☐ Care for my child with a serious health condition

☐ Care for my parent with a serious health condition

☐ Qualifying exigency related to the covered active duty of a family member

☐ Care for a covered service member with a serious injury or illness

☐ Other possible FMLA-qualifying reason (please describe): _____

Dates and Schedule Requested

Requested Start Date: _____ Expected End Date (if known): _____

☐ Continuous leave ☐ Intermittent or reduced schedule

Estimated frequency/duration, if intermittent: _____

Additional Information (optional):

_____

_____

Employee Acknowledgment

By signing below, I acknowledge that I have notified my supervisor of my need for leave. I understand that additional information or certification may be required to determine whether the leave qualifies for FMLA protection.

Employee Signature: _____ Date: _____

For SEDHD Use Only

☐ Potentially FMLA-eligible ☐ Not eligible ☐ Additional information needed

☐ Leave designated as FMLA ☐ Leave not designated as FMLA

Notes/notice provided: _____

_____

Executive Director/Designee: _____ Date: _____

Submit the completed form to the Executive Director or designee. Retain a copy for your records.

Southeast District Health Department

Proposed 2027 Meeting Dates

Quarterly Meetings

3rd Quarter – January 27, 2027

4th Quarter – May 26, 2027

1st Quarter – September 8, 2027

2nd Quarter – October 27, 2027

Special Meetings

None anticipated at this time. Additional meetings will be communicated to the Board.