

Floyd County Board of Health Meeting Minutes

December 10, 2025

In attendance in person: Seth Hyden, Thursa Sloan, Robbie Williams, Dr. Mark Greene, Dr. Jeremy Parsons, Travis Tackett, Jennifer Bishop, Daniel Branson, Martha Ellis and Bethany Pigman

In attendance virtually: Robbie Williams and Dr. Angela O'Quinn

Absent with notification: Charla Burgett, Meredith Reed, and Kate Shutts

The Board of Health (BOH) Meeting was called to order at 6:00 PM. A quorum was recognized, and the meeting preceded. Martha introduced Dr. Jeremy Parsons as and Dr. Angela O'Quinn as new Board of Health Members to replace Dr. Terry Wright and Dr. Blake Burchett.

Old Business

Meeting Minutes

Martha Ellis asked for a motion to approve the BOH meeting minutes dated September 09, 2025. A motion was made by Thursa Sloan to approve the minutes as written. Mark Greene seconded the motion with all in favor. Motion carried.

Legal

Martha updated the board on the ongoing legal issue with HANDS motor vehicle accident and discussed the deposition completed on September 18, 2025. She also explained that she sent an email to FCHD's legal counsel, KKHB Law Office for an update on November 10th, 2025. The email response stated no action has been taken since deposition date.

New Business

Vice Chair

Martha informed the board that since Dr. Terry Wright was Vice Chair and resigned, a new chair needed to be filled. Danny Branson made a motion to nominate Thursa Sloan as board vice chair, Mark Greene seconded the motion with all in favor. Motion carried.

Financial Update

Martha provided RFH Financial Statements and letters provided to the Board of Health from RFH. She stated that there were no significant difficulties, no disagreements with management and no discrepancies noted. Martha informed the group that Karen with Lynette's Office is still working with DPH for FY25 close out. Once that is completed RFH can complete those financial statements.

The following financial report for taxing district and health department was presented for review:

Floyd County Board of Health Financial December 2025 Update

Taxing District

Savings Account Balance to date: 10,808,399.47

Interest to date: 3,427.16

CDs Balance

CD #3146 (now 0632)-renewal	\$894,787.06
CD #3064 (now 9253) -renewal	\$571,735.35
CD #4113 (changed to #5349)	\$681,062.68
CD #4532 (now 0717-renewal)	\$571,718.52
CD # 5493(changed to #3885)	\$138,080.83
CD #8507(changed to #3973)	\$182,004.17
CD #9971 (changed to #2591)	\$509,305.52
CD #1608 (Citizens)	\$258,578.30
CD #8462 (Citizens)	\$376,019.11

Floyd County Health Department Financials

Bank Account (as of 11/25/25)	\$1,060,769.29
CD # 3368	\$275,212.62
CD # 6200	\$477,981.95

Lump Sum

Martha asked the board to approve a 2% discretionary lump for retention purposes for all qualified employees. She informed the board that 2% lump was added to the FY26 budget that was approved in June 2025 board meeting. Thursa Sloan made a motion to approve the lump sum with Mark Greene seconded the motion, motion carried.

IT Policy

Martha presented the following IT Policy for review and approval. Dr. Jeremy Parsons made a motion to approve the policy as written; Travis Tackett seconded the motion with all in favor. Motion carried.

IT RESOURCES ACCEPTABLE USE POLICY

1. POLICY STATEMENT

This policy establishes controls related to acceptable use of the Floyd County Health Department's IT resources. The policy provides guidance in decision-making and practices that optimize those resources, mitigate risk, and maximize return on investment.

2. DEFINITIONS

"Floyd County Health Department (FCHD) IT Resources" – means services, assets, and access that include but are not limited to e-mail, network access, internet access, text messaging, wireless devices, voicemail, software, and devices such as phones, mobile phones, desktops, laptops/notebooks, tablets, monitors, storage (like network drives, USB, and external hard drives), scanners, printers, plotters, projectors, servers, routers, and switches.

3. APPLICABILITY

All employees, staff, visitors, vendors, and the public using agency managed infrastructure or services shall adhere to this policy. This includes contractors, consultants, temporaries, and volunteers.

4. POLICY

The Floyd County Health Department (FCHD) provides agency IT services, assets, and access to staff, visitors, vendors, and the public. These services, assets, and access (collectively known as IT resources) are under the FCHD's authority, and all users of agency IT resources shall comply with all agency policies.

This policy is subject to all terms and provisions of the Acceptable Use and Social Media Guidelines, all of which are, by this reference, made a part of and incorporated in this policy.

Staff shall:

- Read and acknowledge their responsibility for appropriate use of agency IT resources. Users of agency IT resources shall protect the resources and associated content appropriately.
- Use agency IT resources to accomplish their job responsibilities. Staff may also use agency IT resources to maintain and develop professional skills.
- Comply with all applicable laws and regulations related to computer use, including but not limited to copyright laws, data protection laws, and regulations governing electronic communications.
- Respect the privacy and confidentiality of data stored on the agencies' IT resources.
- Use strong passwords and safeguard their login credentials to prevent unauthorized access to their accounts.
- Report to their supervisor or agency Information systems manager immediately of any loss, abuse, or suspected abuse of agency IT resources.
- Have no expectation of privacy associated with the information they publish, store, or access using FCHD resources. Tools are available to monitor the use of agency IT resources, and management may review potential abuse claims or inappropriate conduct. Incidental personal use is permissible, though not encouraged, and shall:
 - Be infrequent, brief, ethical, and responsible.

- Have no negative impact on the staff members' overall productivity.
- Not interfere with the normal operations of the agency or department.
- Not compromise the agency in any manner.
- Not cause any additional expenses to the agency.
- Reimburse the agency for prints/copies, personal telephone or mobile phone use on agency devices if the agency incurs any additional expenses.

5. UNACCEPTABLE USES

Staff shall **not** use agency IT resources to/while:

- Engage in inappropriate or unprofessional conduct;
- Engage in unapproved activities that may cause congestion or disruption of networks or systems, to include but not be limited to:
 - Attempting to bypass security measures or gain unauthorized access to restricted areas of the agencies computer systems or networks.
 - Intentionally spreading malware or viruses, or engaging in any other activity that may harm or disrupt the agencies computer systems or networks.
 - Sending unsolicited or unauthorized emails, including spam or phishing emails.
 - Engaging in any form of harassment, discrimination, or bullying through the agencies computer systems or networks.
 - Using the agencies computer systems or networks for illegal activities or activities that violate the agencies policies or procedures;
- Access to or use of another user's account, data, or files;
- Access applications or otherwise access the Social Media site owned by the Chinese company ByteDance Limited or its successors commonly known as "Tik Tok," other than for a law enforcement purpose;
- Achieve personal gain or profit and should avoid endorsing or promoting a specific product or company on agency websites; however, the placement of acknowledgements, accessibility, and certifications is acceptable;
- Access for personal use, or operate personal Social Media accounts on agency IT resources, including, but not limited to, agency owned mobile devices such as cellular phones or tablets, desktop or laptop/notebook computers;
- Connect unauthorized personal or agency devices to the FCHD network;
- Falsify agency resources or content;
- Solicit money for religious or political causes or for illegal purposes;
- Operating an agency vehicle, to include any IT device (e.g., mobile phone or laptop), whether agency owned or personal.

Staff may need to be exempt from some of these prohibitions in the course of completing their job requirements and for legitimate agency business. Users/Departments requesting an exemption from or an exception to any parts of this policy shall submit an exception request to the Public Health Director.

6. AUTHORITY

The Floyd County Board of Health authorizes the Floyd County Health Department to develop policies and compliance processes to support and promote the effective applications of information technology within the Floyd County Health Department.

SAFETY CONSULTATION REPORT

Prepared for the Worksite Location:

Floyd County Health Department
283 Goble Street
Prestonsburg, KY 41653

Submitted By:

**Kentucky Education and Labor Cabinet
Department of Workplace Standards
Division of OSH Education and Training**

500 Mero Street, 3rd Floor
Frankfort, KY 40601
(502) 564-3070 - Fax (502) 779-8326
kysafe.ky.gov



Safety Survey Report for Floyd County Health Department

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Introduction

The Kentucky Occupational Safety and Health Program (KY OSH) is tasked with protecting and improving occupational safety and health in workplaces throughout the Commonwealth of Kentucky. KY OSH adopts and enforces safety and health regulations through KRS 338 and 803 KAR Chapter 2.

The Division of OSH Education and Training is pleased to present you with this Safety Survey report. As agreed, all "Serious" hazards identified in this report are required and must be corrected on a timely basis to safeguard your employees. Your obligations and other details are discussed below. Please review this report carefully.

Summary of the Visit

Ms. Martha Ellis of Floyd County Health Department requested a Full-Service Safety survey from the KY OSH Division of Education and Training on March 20, 2024. An opening conference was held with Ms. Ellis, Public Health Director, on October 30, 2025, at the 283 Goble Street, Prestonsburg, KY worksite. The KY OSH Division of Education and Training was represented by David Schweighardt, Safety Consultant. The following individual(s) were also in attendance: Ms. Brittany Weddington, Director of Nursing, Mr. Brian Holbrook, Tech Consultant, Mr. Brandon Sloan, Info Systems Manager, Ms. Tammie Ratliff, Prepared Coordinator.

During the opening conference, employer representatives were informed of the KY OSH Division of Education and Training consultation guidelines, employer rights and responsibilities, Consultant responsibilities, and the procedures of the consultation visit. The company has agreed to correct any "Imminent Danger" hazards without delay and any "Serious" hazards identified as quickly as possible.

The hazard survey, conducted after the opening conference, was to identify safety hazards found at the facility. Mr. Holbrook, Mr. Sloan, Ms. Weddington and Ms. Ratliff accompanied the Education and Training consultant through the facility, actively participating in the hazard identification process. The activities of the survey focused on the equipment, materials, and work processes associated with Floyd County Health Department's operation. Discussions were held with employees to determine their concerns and level of knowledge about safety and health issues. A preliminary closing conference was conducted before leaving the facility, where the major findings and recommendations of the survey were discussed.

Conditions during the visit were considered normal. The identification of hazards and their classifications was based on the observations and conditions present during a brief period of time relative to the entire scope of your job duties and work descriptions. Hazard classification may change due to changes in work practices, production, employees, and chemicals in use. Therefore, we cannot guarantee that every hazard at Floyd County Health Department was identified or listed in this report.

Attachment Information

The latter part of this report contains several attachments with important information in each.

Attachment A - Report of Hazards Found

Hazards identified by this survey are itemized in this attachment, including references to the specific KY OSH standards and due dates by which the hazards must be corrected. Potential methods for correcting the hazard and implementation of management practices to prevent its recurrence are also presented. You must correct the hazards classified as "Serious". You are required to correct "Other-Than-Serious" hazards in the shortest time possible, although there are no correction dates assigned to these.

Attachment B - Corrective Actions Forms

Use these forms to report the corrective actions taken to correct each "Serious" hazard. Please sign, date, and return these forms to our office before the correction due date. It is imperative that you provide interim protective measures while corrections are underway.

Attachment C - List of Hazards for Posting

This attachment provides a list of "Serious" hazards found during this visit. This list must be posted where it is readily observable by all employees for 3 working days, or until the hazards have been corrected. Please encourage your employees to review this list so they will be aware of these hazards.

Attachment D - Safety and Health Program Assessment (Form 33)

This validated tool is used to evaluate safety and health program management at your establishment. The tool consists of three components (Operational, Managerial, and Cultural) to assess hazard detection and control activities, management program support, employee participation, and culture within your organization. The Assessment was conducted to help guide you toward the development and continuous improvement of a safety and health management system within your organization.

Attachment E - Client Feedback and Evaluation Form

This attachment contains a survey to evaluate our services. We request that you complete and return this survey to us. Your feedback can help us improve the quality of our services.

Attachment F - Forms and References

Forms and references are included in this attachment. Links to the forms and documents discussed during the survey, such as the extension request form and protective action plan, can be found in this section.

Classification of Hazards

The hazards found during the survey of your workplace are included in **Attachment A – Report of Hazards Found**. Each hazard has been categorized and described in detail. In addition, our consultant's recommendations are given, or additional references are provided to assist you in correcting the hazard. Hazards identified are listed in order of item number, not in order of importance.

The identification of hazards and their classifications were based on the observations and conditions present during a very limited period of time relative to the entire scope of the activities carried out at your worksite. Hazards and their classifications may change due to changes in work practices, production, number of employees, or chemicals in use. Therefore, we cannot guarantee that every hazard at this worksite was identified or listed in this report.

Floyd County Health Department Hazards Found

Hazards are determined to be in any of the following classes:

- **IMMINENT DANGER** hazards can reasonably be expected to cause death or serious physical harm immediately or before this written report is received. All such hazards would have to have been corrected immediately, and no correction dates or space for correction method will appear in Attachment A – Report of Hazards Found.
- **SERIOUS HAZARDS** can cause an accident or health hazard exposure resulting in death or serious physical harm. Each such hazard has been assigned a mutually agreed-upon date by which correction is to be completed.
- **OTHER-THAN-SERIOUS HAZARDS** may lack the potential to cause serious physical harm but could have a direct impact on employee safety and health. Accordingly, no correction dates have been set for these items. However, these hazards are based on regulation and must be corrected in the shortest timeframe possible. Note that your company could be subject to citations for them in the event of an inspection by the KY OSH Division of OSH Compliance.
- **RECOMMENDATIONS** do not reflect violations of KY OSH regulations. However, these items normally refer to accepted best practices or national consensus standards such as those developed by the American National Standards Institute (ANSI), National Fire Protection Association (NFPA), and others. It is important to consider that KY OSH regulations are designed to provide a minimal margin of protection and may not necessarily reflect best safety practices. Our Consultant's recommendations are provided as guidelines to further improve your safety and health program. We encourage you to implement the recommendations; however, a response to us is not required for any recommendations.

Notice of Obligation

The Division of OSH Education and Training is required by 29 CFR 1908 to notify the Division of OSH Compliance if you do not correct any "Serious" hazards within the agreed-upon time. To avoid this, we will make every effort to assist you in abating the hazards identified in this report.

Abatement of Hazards

You have agreed to ensure that all "Serious" hazards identified herein are abated as soon as possible. To assure the proper abatement of these hazards, you must complete and return the forms from **Attachment B – Corrective Action Forms**.

- For each Item, please include:
- Corrective actions taken
- Actions taken to prevent reoccurrence
- Signature
- Date corrected

Extension of Abatement Due Date

You may request an abatement extension if you encounter difficulties meeting the established due date. Interim protection must be provided to employees in the meantime.

For shorter time extensions, an Abatement Extension Request Form must be completed. Abatement extensions over 90 days require that you submit a Protection Action Plan Form. Links to electronic versions of these forms are found below, in **Attachment F - Forms and References**.

Attachment C - List of Hazards for Posting

This list must be posted at a location where it is readily observable by all employees for 3 working days, or until the hazards have been corrected, whichever is later. Also, you must update the listed Due Dates for Items that have been granted Extensions.

Compliance Inspections

During the time that you are working on correcting the identified hazards, the KY OSH Division of OSH Compliance may not conduct a general schedule inspection at your worksite, provided that you are within the correction due dates, interim protection is in place (when required), and the List of Hazards is posted.

In the event of an inspection by the Division of OSH Compliance, it is important to remember that the Compliance Officer is not legally bound by our Consultant's advice or by his or her failure to point out a specific hazard. You may, but are not required to, furnish a copy of this report to the Compliance Officer, who may use it to determine your good faith efforts toward safety and health program management and reduce any proposed penalties accordingly.

Estimated Cash Value of Services

The consultative services provided to your company/organization have been provided free of charge. However, we have provided here an estimate of the cash value of these services to indicate their value.

Compliance Fines

If the hazards identified in the course of this Safety Survey were instead issued as citations by the Division of OSH Compliance, your costs are estimated to be as follows:

	<u>Compliance Fines (max.)</u>	<u>Items Identified</u>	<u>Value</u>
Serious hazards	\$7,000	05	\$ 35,000
Other hazards	\$2,000	01	<u>\$ 2,000</u>
		Total	\$ 37,000

Recordable Incidents Data

This section provides data regarding recordable incidents for your industry (nationally) and by state for the year listed. Recordable incidents are those injuries, illnesses, and fatalities that must be recorded on OSHA 300 Logs. These data, if available, allow you to compare your establishment's rates against those listed below.

NAICS uses a six-digit hierarchical coding system to classify all economic activity into twenty industry sectors. For information on NAICS, please visit the U.S. Census Bureau, here: <https://www.census.gov/naics/http://www.census.gov/eos/www/naics/>. The SIC system has been replaced by NAICS, but several OSHA data sets are still available with SIC-based data.

DART = Days Away Restricted/Transferred injuries, per 100 full-time employees.

TRCR = Total Recordable Injury Rate, per 100 full-time employees.

SIC = Standard Industrial Classification System

NAICS = North American Industrial Classification System

Floyd County Health Department's NAICS/SIC - 923120/9431

	Industry	State	Establishment
Log Year	2023	2023	2024
TRC	4.0	3.0	0.0
DART	1.7	1.3	0.0

Health and Safety Program Management

Compliance with KY OSH regulations alone will not prevent injuries and illnesses at Floyd County Health Department or any other company. Floyd County Health Department acknowledges this fact and has gone the extra mile to develop a comprehensive safety and health system with provisions to recognize hazardous conditions and unsafe acts, as well as implement solutions for their control. However, as with most safety and health programs, there is always room for improvement.

The Form 33, Safety and Health Program Assessment is used for the evaluation of the safety and health management programs of our clients to help identify areas for possible improvement. The form is divided into the following seven categories with a total of 58 elements.

- Hazard Anticipation and Detection
- Hazard Prevention and Control
- Planning and Evaluation
- Administration and Supervision
- Safety and Health Training
- Management Leadership
- Employee Participation

A Form 33 is enclosed in Attachment D. This form was used to evaluate your company under each one of these program elements. The form has been subjectively scored based on observation and evaluation of company operations, personnel, and administrative programs. Scores of "2" and "3" are indicative of strong program elements, while scores of "0" or "1" identify areas where improvement is necessary. Please refer to this form for detailed comments on each program element.

The Safety and Health Achievement Recognition Program

KY OSH offers a recognition program for employers who demonstrate excellence in workplace safety and health, called the Safety and Health Achievement Recognition Program (SHARP). Recognition by the KY OSH qualifies your business for KY OSH general schedule inspection exemption and is an excellent marketing tool and positive image maker for your company. To qualify for SHARP status, the following minimum requirements must be met:

- Correction of all the hazards identified by Consultants in the course of a Full-Service Safety and Health Consultation visit.
- Establishment of an effective safety and health program as judged by scores on the Form 33.
- Reduction of your injury rates below the national average for employers within your classification under the North American Industry Classification System (NAICS).

If you would like more information about this program and the special companies in Kentucky that have achieved SHARP recognition, contact your KY OSH Consultant.

Governor's Safety and Health Award

The Governor's Safety and Health Award provides special recognition for outstanding safety and health performance and encourages the development of programs designed to reduce and even eliminate occupational injuries and illnesses. The award is given to employers and their employees, who together have achieved the minimum required number of hours worked without experiencing a lost-time injury or illness at their establishment.

An establishment may qualify for the award if it achieved the required number of hours worked without experiencing a lost-time injury or illness. The required number of hours is dependent upon the number of employees and is shown in the following table.

Number of Employees	Man-Hours Worked
Up to 125	250,000
From 126 to 250	500,000
From 251 to 375	750,000
From 376 to 500	1,000,000
501 or more	1,000,000

If your organization has multiple facilities (multi-establishment), your establishment may qualify as a separate element. To do so, your establishment or operation must be organizationally distinct and geographically distinct from other establishments of the organization.

To be organizationally distinct, your establishment of a multi-operations organization must be under separate operating management, reporting directly to the head of the organization.

To be geographically distinct, your establishment must be physically separated from other elements by distance or a definable boundary. Establishments in different cities and counties cannot be combined to create more hours earned for the award. Each individual establishment must stand on its own record.

Client Feedback and Evaluation Form

Thank you for utilizing the Consultative services of the Division of OSH Education and Training. We hope your experience with us was both educational and beneficial. While each state has a similar consultation program, it is our goal to maintain the best program in the country. To that end, we are continually looking for opportunities to improve the service we provide. This is where we need your assistance.

Included in **Attachment E** is the *Client Feedback and Evaluation Form* to allow you the opportunity to evaluate our services. A link to this form is also available in **Attachment F - Forms and References**.

We request you complete and return this Form to us. We realize your time is valuable and do not want to burden you with a lengthy survey. This single-page form, while short and simple, will provide us with valuable feedback. Comments are optional but are certainly appreciated. Please be assured that the information you provide will be kept confidential. If preferred, your feedback survey can be sent directly to our Safety Program Manager, John Clabaugh, MS, CSP, CHST.

Your consultant for this Survey was:
David Schweighardt, MS, CSP, ASP, OHST
502-370-1465
david.schweighardt@ky.gov

Attachment A - Report of Hazards Found Floyd County Health Department

Item: 0001

Instance: A

Due Date: 12/22/2025

Standard: 29 CFR 1910.106(d)(2)(iii)

Type: Serious

CONDITION: Flammable and combustible liquid containers were not used in accordance with Table H-12.

DESCRIPTION: Unapproved portable gas containers were found in the garage area of the facility.

POTENTIAL EFFECTS: POTENTIAL EFFECTS: Burns and smoke-related injuries, from fire precipitated or aggravated by container failure.

RECOMMENDED ACTION: Ensure that all flammable storage containers in the facility are used in accordance with 29 CFR 1910.106, OSHA's standard for flammable and combustible materials.

Table H-12-Maximum Allowable Size of Containers and Portable Tanks

Note: Container exemptions: (a) Medicines, beverages, foodstuffs, cosmetics, and other common consumer items, when packaged according to commonly accepted practices, shall be exempt from the requirements of 29 CFR 1910.106(d)(2)(i) and (ii).

Containers or portable tanks must be approved for storage of flammable or combustible liquids by a nationally recognized testing laboratory as specified in 29 CFR 1910.7 or must meet Department of Transportation (DOT) regulations in Chapter I of 49 CFR. If it is impossible or impractical to use containers that have been shipped under DOT regulations, you should purchase containers marked as approved for the liquids to be stored.

For details, see this standard; the DOT regulations mentioned above; National Fire Protection Association (NFPA) 386, Standard for Portable Shipping Tanks; and American National Standards Institute (ANSI)/American Society for Testing and Materials (ASTM) standard D3435-80, Plastic Containers (Jerry Cans) for Petroleum Products.



Item: **0002**
Standard: **29 CFR 1910.303(f)(2)**

Instance: **A**

Due Date: **12/22/2025**
Type: **Serious**

CONDITION: Each service, feeder or branch circuit, at its disconnecting means or overcurrent device, was not legibly marked to indicate its purpose (nor located and arranged such that the purpose was evident).

DESCRIPTION: Circuit breaker panel EM in the electrical room on the second floor was not properly labeled.

POTENTIAL EFFECTS: Lack of proper labeling could result in a delay in disconnecting power to equipment in the event of an emergency. Ultimately, employees could suffer burns and smoke-related injuries, from a fire, electric shock, burns, and electrocution, from contact with live parts.

RECOMMENDED ACTION: Markings must be provided which clearly indicate the purpose of the disconnect switch unless made evident by its location and arrangement.

Markings must be legible, easily understood, and capable of withstanding the environment.

The markings should be located on each electrical disconnecting means (e.g., on the outside door of disconnect boxes, or the circuit breaker directory cards typically located on the inside of breaker panel doors).

Also, disconnecting means must be readily accessible, capable of being locked in the open position, and plainly show whether the circuit is open or closed.



Item: **0003** Instance: **A**
Standard: **29 CFR 1910.303(g)(1)(ii)**

Due Date: **Abated Onsite**
Type: **Serious**

CONDITION: Working space about electrical equipment was used for storage and was not kept clear.

DESCRIPTION: The working space in front of the circuit breaker panel in the custodian closet was used for storage. Once notified, management removed the storage and hazard was immediately abated.

POTENTIAL EFFECTS: Employees could suffer burns and smoke-related injuries, from fire; electric shock, burns, and electrocution, from contact with live parts.

RECOMMENDED ACTION: Provide a minimum safe working clearance of at least three feet for equipment with voltages from 0-150 volts. Equipment operating from 151-600 volts requires between 3 and 4 feet of clearance depending on conditions as specified in Table S-1 of this standard. This clearance depth is measured from the front of the equipment and must be at least 30 inches wide.

To help prevent storage around the equipment, post signage with "Keep Clear" messages or something similar. To be effective, this space should be monitored and the clear space enforced. Adequate space will permit a person to safely stand beside the unit to actuate it, such that no part of the body is in front of the unit.



Item: **0004** Instance: **A**
Standard: **29 CFR 1910.305(g)(1)(iv)(A)**

Due Date: **Abated Onsite**
Type: **Serious**

CONDITION: Flexible electrical cords or cables were used as a substitute for the fixed wiring of the structure.

DESCRIPTION: An extension cord was used to provide permanent power to a refrigerator located in the garage area of the facility. Once notified, management removed the extension cord from service and hazard was immediately abated.

POTENTIAL EFFECTS: Employees could suffer burns and smoke-related injuries, from fire; electric shock, burns, and electrocution, from contact with live parts.

RECOMMENDED ACTION: Replace the flexible electrical cord or cable with permanent wiring. Generally, metal raceways are used in industrial settings; however, other methods may be allowed or required, depending upon location and usage. Have a qualified electrician perform work on electrical wiring.



Item: **0005**
Standard: **29 CFR 1910.334(a)(3)(i)**

Instance: **A**

Due Date: **Abated Onsite**
Type: **Serious**

CONDITION: A flexible cord used with grounding-type equipment did not contain an electric equipment grounding conductor.

DESCRIPTION: An extension cord in the garage area of the facility did not have a grounding prong. Once notified, management removed the extension cord from service and hazard was immediately abated.

POTENTIAL EFFECTS: Employees could suffer electric shock, burns, and electrocution, from contact with live parts.

RECOMMENDED ACTION: Use only heavy-duty three-wire extension cords for equipment with three-wire cords and three-prong plugs.



Item: **0006**
Standard: **29 CFR 1910.157(c)(1)**

Instance: **A**

Due Date: **N/A**
Type: **Other**

CONDITION: The employer did not provide portable fire extinguishers and/or mount, locate, and identify them so that they were readily accessible to employees without subjecting the employees to possible injury.

DESCRIPTION: A fire extinguisher located in the data closet was not properly mounted.

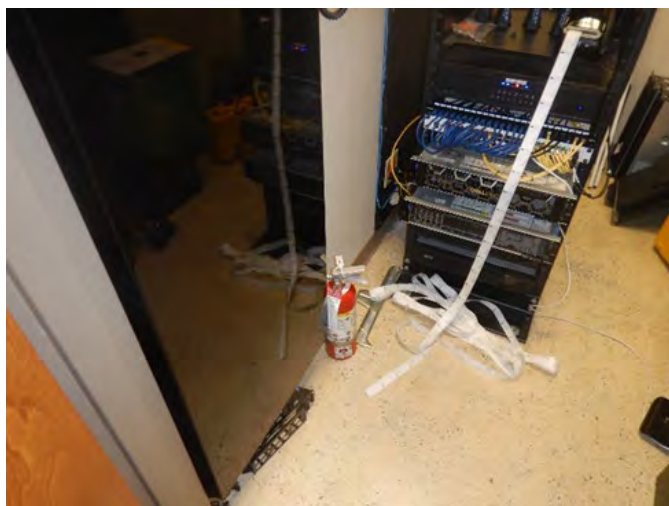
POTENTIAL EFFECTS: Burns and smoke-related injuries from an uncontrolled fire.

RECOMMENDED ACTION:

- Properly install/mount the extinguisher. The National Fire Protection Association in its standard NFPA 10 Chapter 6.1.3.8.2 requires that any portable fire extinguisher weighing less than 40 pounds be mounted so that the top of the extinguisher is not more than five (5) feet above the floor.
- Provide appropriate fire extinguishers for the work environment; provide them in sufficient numbers and appropriate locations. The local fire department should be able to assist in determining the type and number of extinguishers that are required.

NFPA 10 Chapter 6.1.3 requires fire extinguishers to be conspicuously located where they are readily accessible and immediately available in the event of a fire. Signs shall be near the extinguisher and visible from the normal path of travel. In addition, 29 CFR 29 CFR 1910.144(a)(1) state, "Red shall be the basic color for identification of fire protection equipment and apparatus".

- Do not allow materials or equipment to be stored around or in front of extinguishers in any way that would prevent immediate use in an emergency. Marking the floor area around each extinguisher with a notation such as "Keep This Area Clear" may help in this effort. Consider the use of three-dimensional signage and placarding to ensure extinguisher locations are visible from all points of approach.



Item: **0007**
Standard: **N/A**

Instance: **A**

Due Date: **N/A**
Type: **Recommendation**

RECOMMENDED ACTION: Contact your electrical contractor about preventive maintenance for your electrical equipment as suggested by the manufacturer. If the manufacturer is no longer in business or if they have no suggested preventive maintenance program for your equipment, purchase a copy of National Fire Protection Association (NFPA) 70B for your reference and have your contractor use it as a basis for establishing an electrical equipment preventive maintenance program.

Attachment B - Corrective Action Forms
Floyd County Health Department

The Following Forms Must Be Completed and Returned by:

12/22/2025

From: Floyd County Health Department
Request Number: 806269395

Visit Date: 10/30/2025
Consultant: David Schweighardt

Please use this form to inform us of the actions you have taken to correct the identified hazards. Please remember, that we are required to notify the KY OSH Division of Compliance for enforcement action if "**Serious**" hazards are not corrected by the correction date listed.

Please contact us to request an extension if you encounter difficulties correcting the hazards. It is very important to include any interim measures you have taken to protect your employees. Remember, you are required to correct "Other-Than-Serious" hazards even though there are no forms for those. This section will only list the serious hazards.

Please complete and return this form to:

David Schweighardt

david.schweighardt@ky.gov

or

John Clabaugh, MS, CSP, CHST

john.clabaugh@ky.gov

Kentucky Education and Labor Cabinet

Division of OSH Education and Training

500 Mero Street, 3rd Floor

Frankfort, Kentucky 40601

FAX: (502) 779-8326

Attachment B - Report of Action Taken

Floyd County Health Department
Visit Number: 506982636

Consultant: David Schweighardt
Date of Survey: 10/30/2025

Item: **0001** Instance: **A**
Standard: **29 CFR 1910.106(d)(2)(iii)**

Due Date: **12/22/2025**
Type: **Serious**

Describe the Corrective Action Taken:

Describe Actions Taken to Prevent Recurrence:

Authorized Signature
Floyd County Health Department
Item: 0001A

Title

Date Corrected

Attachment B - Report of Action Taken

Floyd County Health Department
Visit Number: 506982636

Consultant: David Schweighardt
Date of Survey: 10/30/2025

Item: **0002** Instance: **A**
Standard: **29 CFR 1910.303(f)(2)**

Due Date: **12/22/2025**
Type: **Serious**

Describe the Corrective Action Taken:

Describe Actions Taken to Prevent Recurrence:

Authorized Signature
Floyd County Health Department
Item: 0002A

Title

Date Corrected

Attachment C - List of Hazards for Posting

Floyd County Health Department

This Form Must Be Posted

This List of Hazards must be posted in a prominent place where it is readily observable by all affected employees for three (3) working days, or until the hazards are corrected, whichever is later. We encourage everyone to review this list at their convenience so that collectively, we can prevent the recurrence of these types of hazards.

Floyd County Health Department

VISIT NUMBER: 506982636

VISIT DATE: 10/30/2025

This is a notification of "Serious" hazards identified during the recent KY OSH Division of OSH Education and Training Consultation visit.

This notification is **not** a citation.

Your employer is a voluntary participant in the consultation program and has agreed to correct the hazards on this list by the correction due date specified. Extensions of the correction due dates may be granted when the employer demonstrates a justified need. If an extension is granted, the correction due date on the List of Hazards will be revised by the employer to reflect the new correction date. Your employer has also agreed to make information on our findings, as well as corrective action(s) proposed by the Consultant, available to you upon request.

If you have any questions regarding this List of Hazards, please contact Ms. Martha Ellis, Public Health Director at your facility, or David Schweighardt at the Kentucky Education and Labor Cabinet, Division of OSH Education and Training by calling 502-370-1465 or send an email to david.schweighardt@ky.gov.

Item: **0001** Instance: **A**
Standard: **29 CFR 1910.106(d)(2)(iii)**

Due Date: **12/22/2025**
Type: **Serious**

CONDITION: Flammable and combustible liquid containers were not used in accordance with Table H-12.

DESCRIPTION: Unapproved portable gas containers were found in the garage area of the facility.

POTENTIAL EFFECTS: POTENTIAL EFFECTS: Burns and smoke-related injuries, from fire precipitated or aggravated by container failure.

RECOMMENDED ACTION: Ensure that all flammable storage containers in the facility are used in accordance with 29 CFR 1910.106, OSHA's standard for flammable and combustible materials.

Table H-12-Maximum Allowable Size of Containers and Portable Tanks

Note: Container exemptions: (a) Medicines, beverages, foodstuffs, cosmetics, and other common consumer items, when packaged according to commonly accepted practices, shall be exempt from the requirements of 29 CFR 1910.106(d)(2)(i) and (ii).

Containers or portable tanks must be approved for storage of flammable or combustible liquids by a nationally recognized testing laboratory as specified in 29 CFR 1910.7 or must meet Department of Transportation (DOT) regulations in Chapter I of 49 CFR. If it is impossible or impractical to use containers that have been shipped under DOT regulations, you should purchase containers marked as approved for the liquids to be stored.

For details, see this standard; the DOT regulations mentioned above; National Fire Protection Association (NFPA) 386, Standard for Portable Shipping Tanks; and American National Standards Institute (ANSI)/American Society for Testing and Materials (ASTM) standard D3435-80, Plastic Containers (Jerry Cans) for Petroleum Products.



Item: **0002**
KYSAFE.KY.GOV

Instance: **A**

Due Date: **12/22/2025**

CONDITION: Each service, feeder or branch circuit, at its disconnecting means or overcurrent device, was not legibly marked to indicate its purpose (nor located and arranged such that the purpose was evident).

DESCRIPTION: Circuit breaker panel EM in the electrical room on the second floor was not properly labeled.

POTENTIAL EFFECTS: Lack of proper labeling could result in a delay in disconnecting power to equipment in the event of an emergency. Ultimately, employees could suffer burns and smoke-related injuries, from a fire, electric shock, burns, and electrocution, from contact with live parts.

RECOMMENDED ACTION: Markings must be provided which clearly indicate the purpose of the disconnect switch unless made evident by its location and arrangement.

Markings must be legible, easily understood, and capable of withstanding the environment.

The markings should be located on each electrical disconnecting means (e.g., on the outside door of disconnect boxes, or the circuit breaker directory cards typically located on the inside of breaker panel doors).

Also, disconnecting means must be readily accessible, capable of being locked in the open position, and plainly show whether the circuit is open or closed.



Item: **0003** Instance: **A**
Standard: **29 CFR 1910.303(g)(1)(ii)**

Due Date: **Abated Onsite**
Type: **Serious**

CONDITION: Working space about electrical equipment was used for storage and was not kept clear.

DESCRIPTION: The working space in front of the circuit breaker panel in the custodian closet was used for storage. Once notified, management removed the storage and hazard was immediately abated.

POTENTIAL EFFECTS: Employees could suffer burns and smoke-related injuries, from fire; electric shock, burns, and electrocution, from contact with live parts.

RECOMMENDED ACTION: Provide a minimum safe working clearance of at least three feet for equipment with voltages from 0-150 volts. Equipment operating from 151-600 volts requires between 3 and 4 feet of clearance depending on conditions as specified in Table S-1 of this standard. This clearance depth is measured from the front of the equipment and must be at least 30 inches wide.

To help prevent storage around the equipment, post signage with "Keep Clear" messages or something similar. To be effective, this space should be monitored and the clear space enforced. Adequate space will permit a person to safely stand beside the unit to actuate it, such that no part of the body is in front of the unit.



Item: **0004** Instance: **A**
Standard: **29 CFR 1910.305(g)(1)(iv)(A)**

Due Date: **Abated Onsite**
Type: **Serious**

CONDITION: Flexible electrical cords or cables were used as a substitute for the fixed wiring of the structure.

DESCRIPTION: An extension cord was used to provide permanent power to a refrigerator located in the garage area of the facility. Once notified, management removed the extension cord from service and hazard was immediately abated.

POTENTIAL EFFECTS: Employees could suffer burns and smoke-related injuries, from fire; electric shock, burns, and electrocution, from contact with live parts.

RECOMMENDED ACTION: Replace the flexible electrical cord or cable with permanent wiring. Generally, metal raceways are used in industrial settings; however, other methods may be allowed or required, depending upon location and usage. Have a qualified electrician perform work on electrical wiring.



Item: **0005**
Standard: **29 CFR 1910.334(a)(3)(i)**

Instance: **A**

Due Date: **Abated Onsite**
Type: **Serious**

CONDITION: A flexible cord used with grounding-type equipment did not contain an electric equipment grounding conductor.

DESCRIPTION: An extension cord in the garage area of the facility did not have a grounding prong. Once notified, management removed the extension cord from service and hazard was immediately abated.

POTENTIAL EFFECTS: Employees could suffer electric shock, burns, and electrocution, from contact with live parts.

RECOMMENDED ACTION: Use only heavy-duty three-wire extension cords for equipment with three-wire cords and three-prong plugs.



Attachment D - Safety and Health Program Assessment **(Form 33)**

Note: Your *Assessment* was emailed as a separate file with this Survey Report.

Compliance with KY OSH regulations alone will not prevent 100% of workplace injuries and illnesses. A comprehensive safety and health management program with provisions to recognize hazardous conditions and unsafe acts, as well as implement solutions for their control, is essential.

The *Form 33* is an evaluation system used by all consultation projects nationwide to assess the effectiveness of safety and health management programs. This system was extensively tested and validated, and high scores do correlate to reductions in injuries. Your Assessment reflects an objective snapshot by our Consultant based on observations, interviews, and record reviews at the time of your survey.

The Form 33 is divided into three main components:

- **Operational** - Items 1 to 19 measure the actual activities that are taking place in your business to “find and fix” hazards. These questions relate to the detection, prevention, and control of hazards on the job site.
- **Managerial** - Items 20 to 39 measure the ability of your organization to support and maintain the operational component of your program. These attributes address Planning and Evaluation, Administration and Supervision, and Training and correlate to why hazards exist in your workplace.
- **Cultural** - Items 40 to 58 measure the organizational values and principles mutually held by management and employees that relate to safety and health. There are two sub-components based on Management Leadership and Employee Participation. Management leadership is needed to initiate change and create a company safety culture. Employee participation is needed to communicate and support this culture.

The following scale is used for scoring items:

- 0 No indication that the item is even partially in place
- 1 Some portion or aspect is present, but major improvement is needed
- 2 Item is largely in place with only minor improvements needed
- 3 Item is completely in place
- NE Not Evaluated
- NA Not Applicable

Findings from the *Form 33* should be used to help set priorities and goals for improving your S&H program. Changes you make in Managerial and Cultural components will have the biggest impact on your safety program and the bottom line of your company through injury and accident reduction. Items scored as “0” and “1” call for management’s attention to make significant changes and improvements.

Attachment E - Client Feedback and Evaluation Form

Kentucky Education and Labor Cabinet,

Division of OSH Education and Training

Client: Floyd County Health Department
Survey Visit Number: 506982636

Please evaluate your Consultant, David Schweighardt (D6499), on the five attributes below. Directions: Place an "X" in the box that most closely matches your impressions or experience with regard to this individual for each attribute. In addition, to help us better understand and make improvements, please provide comments or examples you feel support your rating.

1. Professionalism

- Reliable / Dependable / Responsive Needs Improvement
- Good Interpersonal Skills / Courteous Met Expectations
- Good Communication Skills Exceeded Expectations
- Well Organized

Comments/Examples to Support Rating:

2. Motivation / Enthusiasm

- Enjoys their work Needs Improvement
- Provided assistance / Wants to help Met Expectations
- Portrays a Positive Attitude Exceeded Expectations
- Shows Initiative / Energetic

Comments/Examples to Support Rating:

3. Quality of work

- Useful Written Reports / Supporting Info Needs Improvement
- Provides clear and accurate work Met Expectations
- Helpful with follow-up questions or requests Exceeded Expectations
- Delivers effective training (if provided)

Comments/Examples to Support Rating:

4. Technical Knowledge/Expertise

- Knowledgeable of your industry/processes Needs Improvement
- Knew applicable regulatory standards Met Expectations
- Logically analyzes data Exceeded Expectations
- Offers practical and creative solutions

Comments/Examples to Support Rating:

5. Ability to Influence Positive Change

- Elimination of workplace hazards Needs Improvement
- Attainment of OSHA compliance Met Expectations
- Improved Safety Culture / Employee Motivation Exceeded Expectations
- Reduction in injuries & illnesses or related costs

Comments/Examples to Support Rating:

Attachment F - Forms and References

Survey Forms

Abatement Extension Request Form:

https://kysafe.ky.gov/Documents/2025ExtensionRequest_Safety.pdf

Protective Action Plan Form:

https://kysafe.ky.gov/Documents/2025ProtectionActionPlan_Safety.pdf

Client Feedback and Evaluation Form:

<https://kysafe.ky.gov/Documents/2023ClientFeedbackForm.pdf>

Cost-free Training

KYSAFE Classroom-style Onsite Training:

<http://kysafe.ky.gov/programs/training/Pages/requested.aspx>

KYSAFE Population Center Training:

<http://kysafe.ky.gov/programs/training/Population-Center-Training/Pages/default.aspx>

KYSAFE eTrain online Training:

<https://kysafe.ky.gov/programs/training/Pages/etrain.aspx>

Regulatory Information

Safety & Health Regulations

<https://elc.ky.gov/workplace-standards/Pages/State-and-Federal-Regulations.aspx>

OSHA 300 Recordkeeping Forms:

www.osha.gov/recordkeeping/RKforms.html

Partnership Programs

KYSAFE Partnerships

<https://kysafe.ky.gov/programs/partnerships/Pages/default.aspx>

Mandatory Poster

"Safety & Health on the Job" - English and Spanish

<https://labor.ky.gov/Documents/KY%20OSH%20Poster%20English.pdf>

<https://labor.ky.gov/Documents/KY%20OSH%20Poster%20Spanish.pdf>

Other OS&H Resources

KY Safety and Health Network:

<https://www.kshn.net>

Governor's Safety and Health Award

<https://kysafe.ky.gov/awards/Pages/default.aspx>

She stated that there were five serious hazards identified and 1 minor hazard. Martha stated that if the visit was from OSHA, the finding could have resulted in a \$37,000.00 fine. She stated that the action plan must be submitted by December 17, 2025. The following actions have been taken or are in the process:

Serious Findings

- Plastic gas containers have been replaced with metal ones.
- Brandon is currently working on labeling the Circuit Breaker panel on second floor.
- The janitorial supplies that were stored in front of circuit breakers were removed while surveyors were present
- The extension cord used for refrigerator in the garage was being used for permanent power and was removed while surveyor was here.
- The extension cord in the garage that did not have a grounding prong was removed while surveyor was here.

Other finding:

- The fire extinguisher located in data closet will be mounted.

Employee Satisfaction Survey

Martha shared the Employee Satisfaction Survey via the following power point presentation:

Employee Satisfaction Survey Results-QI Project

11-3-2025

3. Align with FCHD –Values

- F-focused on quality of life
- C-Caring, concerned, compassionate about the health of the area
- H-Helpful- sharing information and providing education
- D-Dependable-Always available to our community
 - 7% (2) Neutral (neither agree or disagree)
 - 57% (16) Strongly Agree
 - 36% (10) Agree

1

2

4. Enough Resources to do Job Well

- 11% (3) Disagree
- 14% (4) Neither Disagree or Agree
- 50% (14) Agree
- 25% (7) Strongly Agree

5. Feel My Work is Meaningful

- 3.6% (1)- Neutral (neither agree or disagree)
- 53.6 % (15)-Agree
- 42.9% (12) Strongly Agree

3

4

6. My Job Requirements are Clear

- 14.3% (4)- Neutral
- 53.6% (15) -Agree
- 32.1% (9)- Strongly Agree

7. Thoughts and Opinions are heard by Direct Supervisor

- 14.3% (4)-Disagree
- 10.7% (3) –Neutral
- 39.3% (11)-Agree
- 35.7% (10)-Strongly Agree

5

6

8. Direct Supervisor Provides Necessary Support and Guidance

- 17.9% (5)- Neutral
- 14.3% (4)- Disagree
- 28.6% (8)- Agree
- 39.3%(11) -Strongly Agree

7

11. Trust between upper management team and employee

- 39.3% (11) –Neutral
- 32.1% (9)-Trustful
- 28.6% (8)-Strongly Trust

8

12. Employees are Encouraged to Voice Opinions and Ideas

- 10.7% (3)-Slightly Encouraged
- 46.4% (13)-Moderately Encouraged
- 28.6% (8) –Very Encouraged
- 14.3% (4) –Extremely Encouraged

9

13. Proper Safety Training

- 7.1% (2)-NO
- 92.9% (26)-Yes

10

14. Agency Shows Concern for the Safety of Employee

- 7.1% (2)-Neutral
- 42.9% (12) –Agree
- 50% (14)-Strongly Agree

11

15. When You Make A Mistake, is the Response Fair and Constructive

- 32.1% (9)-No
- 67.9% (19) -Yes

12

16. Are you able to Bring up Problems and Tough Issues with Management.

- 7.1% (2)-No
- 91.9% (26)-Yes

13

17. Difficult to Ask Team for Help

- 75% (21)-No
- 25% (7)-Yes

14

18. Plans to leave Agency Within Next Year

- 7.1% (2)-Yes
- 92.9% (26)-No

15

19. What Keeps You Working Here?

- Giving Back to Community
- The People and Work I do
- The Hours, Loyalty "Family Comes First" Mentality, Security of Job
- The Families I Impact
- Bills/Insurance/Retirement
- Helping Community/ Works Well to be with my Family
- Work Life Balance, Family Comes First, Boss that is disciplined but Fair, Wonderful group of coworkers, peers, admin and retirement

16

What Keeps Me Working Here, Cont..

- Because I care about the agency and health of the community
- Friendly Atmosphere, nurturing environment
- Work Life Balance, Family Comes First, Boss that is disciplined but Fair, Wonderful group of coworkers, peers, admin and retirement

17

3 things to do better cont.

- Written standard procedures
- Encouragement towards others
- Direct guidance when an issue arises
- 4 day work week-close Fridays
- More opportunities to team build
- Quarterly Staff Meetings with all staff on updates

18

3 things to do better cont..

- Tension-clinic staff walk on egg shells-pulled into meetings that are defeating instead of uplifting or constructive
- Be respectful of privacy
- Better Communication Among Staff
- Let Everyone Participate in Community Activities
- Stronger Training Program For New Managers

19

21. Some Comments

- Love Flexibility, Family First, Everyone willing to help
- Strong Support from Director is Key Strength-work on leadership style and not micromanage (not admin) –thoughts and ideas are dismissed or degraded-can discourage and prevent from contributing

20

Comments cont..

- Love working with community and patients; making a difference in their lives
- Support from co workers and management
- Check in –check out person in clinic
- Job is important to me, helping community and uplifting those around me-grateful for opportunity and have respect for everyone here

21

Comments cont..

- Love the people we work with and work we do, have supportive and fair management team- facilitate an environment where problematic attitudes are not tolerated-handful of employees create tension and chaos no matter who they are working with-standard training for managers- mentor program or training check list

22

She informed the board that the following interventions have been put in place due to the results.

- Began prescheduled quarterly staff meetings to keep all staff informed of any updates
- Revamping onboarding training program to include competency check off sheets, department head rounding, additional leadership trainings.

SAFE initiative: Posters will be hung in community room and in supervisor offices. Each meeting will begin with SAFE.

S – Show Respect

A – Act Professionally

F – Focus on Solutions

E – Empower Others

Christmas Eve

Martha informed the board that the observed paid holiday dates are December 25th and 26th. She asked for a motion to approve closure on December 24, 2025, as well. Martha informed the board that she vetted other health departments and out of those that responded only three would be open for half a day and two would remain open. All others that responded would be closed. Mark Green made a motion to approve December 24, 2025, closure, Jennifer Bishop seconded the motion, motion carried.

HUB Update

Martha informed the board that the health department was awarded the KHDA KY Opioid Abatement Grant totaling \$166,666.00. She stated that a plan to create a Recovery Community Center (HUB) must be implemented by June 2026. In addition, Martha stated that she is currently working on a 350,000.00 grant to furnish basic need vouchers for food, childcare, hotel stays and transportation, salary and operations to be awarded approx. around April of 2026. Moreover, she explained Denzil Hall and Doug Hall had agreed to renovate the Annex building in McDowell KY for the HUB location and had begun the renovation last week. The agreed lease would be around \$3750 for 12 months, then adjusted to approx. \$2500.00 afterwards if a contract is still agreed upon.

Family Planning and KWCSF

Martha presented the following comparisons for family planning and KY Women's Cancer Program:

NUMBERS FOR 7/1/2024-11/1/2024:

FP TOTAL SERVICES: 495

FP UNDUPLICATED PTS: 50

CANCER TOTAL SERVICES: 27

CANCER UNDUPLICATED PTS: 21

NUMBERS FOR 7/1/2025-11/1/2025:

FP UNDUPLICATED PTS: 52

CANCER TOTAL SERVICES: 16

CANCER UNDUPLICATED PTS: 16

Martha did explain that the total services for FP in 2025 were unavailable due to an issue with the EMR. She stated a ticket was made to have it fixed. Martha stated she would continue to monitor clinic services closely to determine if respective services are still needed.

Personnel Updates

Martha informed of the following personnel updates:

- Savannah Burke resigned as Family Support Worker in HANDS
- Posted two Family Support Worker positions
- Brooklyn Lemaster hired December 8, 2025, as Support Services Associate
- Jordan Bishop passed RS Exam

With no other business to discuss, Travis Tackett made a motion to adjourn the meeting. Mark Greene seconded the motion; none opposed. Motion carried. The meeting adjourned at 7:08 PM.

Seth Hyden, Chairperson Date

Martha Ellis, Secretary of BOH Date

