



## DOUGLAS COUNTY BOARD OF HEALTH

THURSDAY, SEPTEMBER 11, 2025

### AGENDA

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Thursday, September 11, 2025

5:00 PM

Hearing Room

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**1. Call to Order**

- a. Pledge of Allegiance
- b. Attorney Certification of Agenda
- c. Member Disclosure for Items on This Agenda

**2. Consent Agenda**

- a. Review/Approve Minutes of March 13, 2025  
(Note that no action was taken in the June meeting due to lack of a quorum)

**Attachments:**    [03.13.25 BOH Minutes](#)

- b. Review/Approve Financial Report through 8/31/2025

**Attachments:**    [Financial Report through August 31, 2025](#)

**3. Regular Agenda**

- a. Executive Director Update Michael Hill – Executive Director

**Attachments:**    [Executive Director Report](#)

- b. EPR and Disease Surveillance Division Update Jon Surbeck – Division Manager (Written Report Only)

**Attachments:**    [EPR and Disease Surveillance Division Update](#)

- c. Environmental Health Division Update Skyler Sicard – Assistant Director (Written Report Only)

**Attachments:**     [Environmental Health Division Update](#)

- d. Community Health Division Update Laura Larson – Assistant Director (Written Report Only)

**Attachments:**     [Community Health Division Update \(1\)](#)

- e. Early Childhood Council Update (Updated Strategic Plan) Diane Smith – Early Childhood Council Executive Director (Written Report Only)

**Attachments:**     [Early Childhood Update \(Strategic Plan\)](#)

- f. Financial Update Richard Miura – Accounting Supervisor (Written Report Only)

**Attachments:**     [Financial Update](#)

#### Action Items

- g. Request to Accept Funding Received Since the March meeting  
Michael Hill – Executive Director

**Attachments:**     [Request to Approve DCHD funding allocations received after March 2025 Board Meeting](#)

- h. Request to Amend/Replace Regulation 22-02, Body Art Establishments  
Skyler Sicard – Assistant Director

**Attachments:**     [Request to Approve DCHD Body Art Regulation Amendments](#)

- i. Request for Input on Colorado Graywater Regulation  
Skyler Sicard – Assistant Director

**Attachments:**     [Request to Provide Input on Graywater Regulation](#)

- j. Request to Update Environmental Health Fee Schedule  
Skyler Sicard – Assistant Director

**Attachments:**     [Request to Approve Proposed DCHD Environmental Health Fee Schedule](#)

- k. Request to Approve DCHD's draft budget for fiscal year 2026  
Richard Miura – Accounting Supervisor

**Attachments:**     [Request to Approve DCHD Draft Budget for 2026](#)

- l. Request to change the date of the December Meeting  
Michael Hill – Executive Director

**Attachments:**     [Request to Change the Date of the December Meeting](#)

**4.     Citizen Comments**

**5.     Adjournment**

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**MEETING DATE:** September 11, 2025

**ATTACHMENTS:**  
03.13.25 BOH Minutes



## DOUGLAS COUNTY BOARD OF HEALTH

THURSDAY, MARCH 13, 2025

### MINUTES

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Thursday, March 13, 2025

5:00 PM

Hearing Room

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**1. Call to Order**

**PRESENT** Board Member Linda Fielding  
Board Member Douglas Benevento  
Commissioner Kevin Van Winkle  
George Teal  
Kim Muramoto

a. Pledge of Allegiance

b. Attorney Certification of Agenda

Chris Pratt, County Attorney's Office, said that all items on today's agenda have been reviewed by his office and meet legal approval.

c. Member Disclosure for Items on This Agenda  
None.

**2. Election of Officers**

President Benevento addressed the Board to present on this item.

Vice President Teal commented on this Item.

Secretary Van Winkle commented on this Item.

Kevin Van Winkle moved that George Teal be the Vice President. Vice President Teal moved that President Benevento remain the President. This is Motion No. 025-001.

**RESULT:** ACCEPTED

**MOVER:** Kevin Van Winkle

**SECONDER:** George Teal

**AYES:** Fielding, Benevento, Van Winkle, Teal, Muramoto

**3. Consent Agenda**

Vice President Teal moved that the Board approve the consent agenda items. This is Motion No. 025-002.

**RESULT:** ACCEPTED

**MOVER:** George Teal

**SECONDER:** Kevin Van Winkle

**AYES:** Fielding, Benevento, Van Winkle, Teal, Muramoto

- a. Review/Approve Minutes of December 19, 2024
- b. Review/Approve Final Financial Report for 2024
- c. Review/Approve Financial Report through 02/28/2025

#### **4. Regular Agenda**

##### **Information Only Items**

- a. Executive Director Update Michael Hill - Executive Director

Director Mike Hill, Health Department, addressed the Board to present on this Item.

President Benevento asked a clarifying question.

Director Hill answered the question.

President Benevento asked a clarifying question.

Elizabeth Walker-Short, epidemiologist, answered the question.

Linda Fielding, Board Member, asked a clarifying question,

Elizabeth answered the question.

President Benevento asked a clarifying question.

Director Hill, answered the question.

Linda commented on this Item.

Vice President Teal asked a clarifying question.

Laura Larson, Assistant Director of Community Health, addressed the Board to present on this Item.

Vice President Teal asked a clarifying question.

Laura answered the question.

Vice President Teal asked a clarifying question.

Laura answered the question.

Kim Muramoto, Board Member, asked a clarifying question.

Director Hill answered the question.

- c. Environmental Health Division Update Skyler Sicard - Assistant Director (Written Report Only)
- d. Community Health Division Update Laura Larson - Assistant Director (Written Report Only)
- e. Early Childhood Council Update Diane Smith - Early Childhood Council Executive Director (Written Report Only)
- f. Financial Update Richard Miura - Accounting Supervisor (Written Report Only)

- b. EPR and Disease Surveillance Division Update Jon Surbeck - Division Manager (Written Report Only)

### Action Items

- g. Request to Accept Funding Received from the State Since December Michael Hill - Executive Director

Director Hill, addressed the Board to present on this Item.

President Benevento asked a clarifying question.

Laura Larson, Assistant Director of Community Health and Jenny Fisher, Community Health Educator, answered the question.

Kevin Van Winkle asked a clarifying question.

Jon Surbeck, Assistant Director of Emergency Prep and Response, answered the question.

Vice President Teal moved that the Board accept funding received from the State since December. This is Motion

No.025-003.

**RESULT:** ACCEPTED

**MOVER:** George Teal

**SECONDER:** Kevin Van Winkle

**AYES:** Fielding, Benevento, Van Winkle, Teal, Muramoto

- h. DCHD Annual Report 2024 Richard Miura - Accounting Supervisor (Available to answer questions)

Director Hill addressed the Board to present on this Item.

Vice President Teal commented on this Item.

President Benevento commented on this Item.

Kevin Van Winkle moved that the Board approve the DCHD Annual Report. This is Motion

No.025-004.

**RESULT:** ACCEPTED

**MOVER:** Kevin Van Winkle

**SECONDER:** Kim Muramoto

**AYES:** Fielding, Benevento, Van Winkle, Teal, Muramoto

### 5. Citizen Comments

John Fielding, Pinery, addressed the Board to provide public comment.

Marcus Brooks, Highlands Ranch, addressed the Board to provide public comment.

Director Hill commented on this Item.

**6. Adjournment**

Vice President Teal moved that the Board adjourn. This is Motion No. 025-005.

**RESULT:** ACCEPTED

**MOVER:** George Teal

**SECONDER:** Linda Fielding

**AYES:** Fielding, Benevento, Van Winkle, Teal, Muramoto



**MEETING DATE:** September 11, 2025

**ATTACHMENTS:**

Financial Report through August 31  
2025

For the Eight Months Ending August 31, 2025

Description	Prior Year Actual	Prior Year Budget	Current Year Actual	Current Year Encumbrance	Adopted Budget	Amended Budget	Current Year Available	% Remaining
00217 DOUGLAS COUNTY HEALTH DEPT								
300000 REVENUES	.00	.00	.00	.00	.00	.00	.00	.0
330000 INTERGOVERNMENTAL	(4,099,647.74)	(7,007,842.00)	(1,827,372.24)	.00	(241,943.00)	(1,142,349.00)	685,023.24	(60.0)
340000 CHARGES FOR SERVICES	(936,464.72)	(818,947.00)	(561,589.55)	.00	(959,296.00)	(959,296.00)	(397,706.45)	41.5
380000 MISCELLANEOUS REVENUES	(114,870.29)	(138,357.00)	(11,834.16)	.00	.00	(27,537.00)	(15,702.84)	57.0
390000 OTHER FINANCING SOURCES	(2,123,247.00)	(2,123,247.00)	(1,404,290.00)	.00	(2,106,435.00)	(2,106,435.00)	(702,145.00)	33.3
300000 REVENUES	(7,274,229.75)	(10,088,393.00)	(3,805,085.95)	.00	(3,307,674.00)	(4,235,617.00)	(430,531.05)	10.2
400000 EXPENDITURES	.00	.00	.00	.00	.00	.00	.00	.0
410000 PERSONNEL SERVICES	4,424,672.49	7,706,062.00	3,007,194.35	.00	2,835,054.00	3,558,908.00	551,713.65	15.5
433000 SUPPLIES	45,685.91	67,461.00	22,164.44	.00	44,500.00	49,174.00	27,009.56	54.9
438000 CONTROLLABLE ASSETS (C.A.)	.00	35,000.00	.00	.00	.00	.00	.00	.0
439000 PURCHASED SERVICES	1,014,617.95	1,511,993.00	629,533.46	58,100.00	336,758.00	534,524.00	(153,109.46)	(28.6)
449000 FIXED CHARGES	38,175.21	49,506.00	25,246.83	.00	23,644.00	23,644.00	(1,602.83)	(6.8)
455000 GRANTS, CONTRIBUTIONS, INDEMN	132,190.44	125,000.00	.00	.00	.00	21,788.00	21,788.00	100.0
469000 INTERDEPARTMENTAL CHARGES	166,660.13	156,954.00	83,479.40	.00	.00	36,677.00	(46,802.40)	(127.6)
471000 CAPITAL OUTLAY	443,635.72	.00	297,814.00	.00	333,000.00	333,000.00	35,186.00	10.6
480000 CONTINGENCIES & RESERVES	.00	300,000.00	.00	.00	300,000.00	300,000.00	300,000.00	100.0
400000 EXPENDITURES	6,265,637.85	9,951,976.00	4,065,432.48	58,100.00	3,872,956.00	4,857,715.00	734,182.52	15.1
00217 DOUGLAS COUNTY HEALTH DEPT	(1,008,591.90)	(136,417.00)	260,346.53	58,100.00	565,282.00	622,098.00	303,651.47	48.8

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**MEETING DATE:** September 11, 2025

**ATTACHMENTS:**

Executive Director Report

## **Douglas County Health Department**

### **Executive Director's Report to the Board of Health**

Date: September 2025

Prepared by: Michael Hill

#### **1. Executive Summary**

The Health Department continues to deliver high-quality services to Douglas County residents. Key developments over the past quarter include expanded interagency collaboration, strategic health assessments, infectious disease monitoring, and operational enhancements as the department completed its relocation.

#### **2. Executive Director Activities**

- Regional Engagement
  - Participated in Region 12 Opioid Council meetings: awarded additional opioid mitigation funding and began 2025 planning.
  - Ongoing involvement with the Douglas County Homeless Initiative and Metro Denver Partnership for Health.
- Department Initiatives
  - Weekly planning meetings held for the departmental relocation completed in July.
  - Working with Omni consulting group to complete a new Public Health Improvement Plan based on the recent Community Health Needs Assessment
  - Working with Omni consulting group to complete a new Public Health Improvement Plan based on the recent Community Health Needs Assessment.
- Community Health Collaboration
  - Continued partnership with Human Services on the Healthy Families Partnership, focusing first on infant safe sleep education.
  - Joint Community Health Assessment completed with Advent Health hospitals to streamline data collection and foster collaboration at the executive level.

#### **3. Infectious Disease Update**

- Seasonal Respiratory Illnesses
  - Flu and RSV: Higher winter cases than previous year but summer numbers were low.
  - COVID-19: Data limited due to state-level reporting changes; national data suggests significantly reduced case levels.

- Pertussis (Whooping Cough)
  - Doubling of cases earlier this year compared to 2024's numbers, primarily in school-aged children.
  - Declining trend observed; cases are back to baseline.
- Measles Surveillance
  - We have monitored ongoing outbreaks in Texas, New Mexico, and sporadic cases around Colorado. The Texas outbreak seems to have ended.
  - No confirmed cases in Douglas County yet; coordination with metro health departments on messaging and vaccination access continues.
- Epidemiology
  - Team continues to enhance public health communication and disease surveillance; further updates scheduled later in this meeting.
  - Large numbers of potential animal exposures requiring staff work and veterinarian assistance to send samples of potentially rabid animals to the state laboratory.

#### 4. Strategic & Operational Planning

- Department Relocation
  - New central office opened July 7 for all DCHD functions.
  - New Address: 11045 E Lansing Circle, Suite 300, Englewood, CO 80112
  - Benefits: increased efficiency through centralization of staff, equipment, and materials.
- Professional Development
  - Staff attended:
    - National Association of County and City Health Officials Annual Meeting – July
    - National Environmental Health Association Annual Meeting – July
    - Public Health in the Rockies Conference – September
  - Staff to attend:
    - American Public Health Association Annual Conference – early November
- Future Initiatives
  - The department is beginning to include the use of Artificial Intelligence in our work, starting with instantaneous translation services using iPads.

#### 5. Health Administration Update

- Finance & Administration

- Continued progress in streamlining accounting procedures.
- Strengthened coordination with County Finance and Budget teams.
- Filling of three positions currently paused while we monitor the ongoing state/federal fiscal issues.
- Vital Records
  - June - August performance:
    - 3,686 Birth Certificates
    - 2,615 Death Certificates
    - \$106,522 in revenue
  - Enhanced revenue through direct delivery partnerships with funeral homes continues to improve with our new geographic location.

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**MEETING DATE:** September 11, 2025

**ATTACHMENTS:**

EPR and Disease Surveillance Division Update

**Emergency Preparedness and Response and Epidemiology  
September 2025 Board of Health Updates**

**Epidemiology:**

- Outbreaks since the last BOH meeting report:
  - We investigated 12 outbreaks in school, preschool, or child care settings, 7 outbreaks in long-term care facilities, and 1 outbreaks in other priority settings.
- Data:
  - We continue to update the Communicable Disease Dashboard available at <https://www.douglas.co.us/health-department/disease-surveillance/communicable-diseases/communicable-disease-data-dashboard/>.
  - The public facing [data website](#) is now live.
- Disease Updates:
  - Viral respiratory disease cases (flu, COVID, and RSV) have remained low since June. We anticipate the seasonal increase in respiratory illness and associated outbreaks in the next quarter.
  - Douglas County has not had any confirmed measles cases, but we have provided contact follow-up and monitoring for exposed residents due to exposures in other counties or on flights.
  - We have investigated more bat exposures this summer than in previous years, and we have investigated far fewer raccoon exposures than last summer.
- Training:
  - Epidemiologists continue to participate in training activities to increase our skill set and provide residents with the best possible service and education. Training topics this quarter have included the use of AI in public health and generations in the workplace (hosted by the county).
  - One epidemiologist participated in the annual NACCHO 360 conference in July, including a wastewater surveillance workshop sponsored by NACCHO.
  - One epidemiologist will attend the Public Health in the Rockies Conference in September.
  - We hosted a full-time summer intern for June and July.
- Outreach:
  - The Epi team joined the EH team on a few summer camp inspections to provide education to camp nurses and reporting and measles preparedness.



**EPR:**

- Training:
  - Developed an introductory training class for Department staff that will serve as an intro to EPR function as well as basic ICS concepts related to Department Operation Center (DOC) jobs.
  - Developing Job Action Sheets for key positions within Incident Command.
- Partnership Building:
  - Participated in planning committees for multiple Metro regional exercises for Bioterrorism, Point of Dispensing, Plague + Zoonotic Response, etc.
  - Developing strategies with other local public health agencies to fill gaps left by the dismantled Healthcare Coalition.
- Internal Plans:
  - Rewrote Continuity of Operations Plan (COOP) for the Health Department to accommodate the physical move to the Lansing building.

**EPR and Epi Joint Activities:**

- Training:
  - The EPR and Epi teams hosted an internal tabletop exercise in June to prepare for measles cases/outbreak.

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**MEETING DATE:** September 11, 2025

**ATTACHMENTS:**

Environmental Health Division Update

## Douglas County Health Department

### Environmental Health Division Update

Date: September 2025

Prepared by: Skyler Sicard

#### 1. Environmental Health Staffing and Training

During the last quarter, Environmental Health (EH) has hired the final member of the team and is fully staffed. We continued to train and upskill Environmental Health Specialists and will be working to further cross-train. The team is focused on training the newest hires in the various EH programs and expanding our depth and breadth of knowledge amongst our senior staff. We continue to collaborate with CDPHE for training and the official signoffs needed for new inspectors to conduct independent inspections.

- 1 EH Specialist has started their training in the OWTS Program.
- 1 EH Specialist has been signed off in the Recreational Water Program.
- 2 EH Specialists have been signed off in the Child Care Program.
- 1 EH Specialist has been signed off in the Retail Food Program.
- 1 EH Specialist will be starting their training in the Child Care Program.

#### 2. Environmental Health Water Team Updates

Douglas County Health Department was provided with an opportunity to comment on the Chatfield Basin Water Reclamation Facility Refurbishment Project. These efforts will expand wastewater treatment services to those that are currently on Onsite Wastewater Treatment Systems and address an existing wastewater lagoon located in Louviers. A process will need to be in place to ensure that OWTS systems are properly pumped by a licensed contractor, the septic tanks are crushed to prevent future safety concerns, and the proper documents are submitted to the health department to close out these permitted systems.

Our Water Team has reviewed the proposed Onsite Wastewater Treatment System regulations (Reg. 43) which set the minimum standards for how OWTS systems are regulated statewide. These updated regulations are anticipated to go into effect June 15, 2025. DCHD anticipates the need for adopting a local regulation and will have up to one year from the effective date to adopt local regulations. A proposed timeline for adoption of local regulations will be completed following the *Procedures to Adopt or Revise Regulations by the Local Board of Health* in the upcoming months.

House Bill 24-1362 Concerning Measures to Promote the Use of Grey Water has been monitored by the EH Division. Periodic check-ins are held with Building Department and Public Works regarding the installation and use of grey water in new construction in the county. Douglas County will automatically be opted-in on January 1, 2026 and will need to meet the full requirements of Reg. 86, unless the Board of County Commissioners or Municipalities choose to opt-out, in full or in part. Counties or Municipalities can choose to opt-in later if they so choose.

#### 3. Environmental Health Consumer Protection Team Updates

Senate Bill 25-285 was a collective effort regarding the retail food establishment inspection program across the state. It updated the annual fee schedule that is assessed to retail food establishments and supplements the inspection and new business implementation work that the Consumer Protection team provides.

House Bill 25-1295 Food Truck Operations also passed. This bill established a definition of what a mobile food establishment is and allows for reciprocity of various food truck licenses between jurisdictions across the state. The largest impact for local health departments will be the acceptance of Denver Licenses starting January 1, 2026.

## 4. Environmental Health Statistics

Since June, EH has:

- Conducted 403 inspections
  - 2 Body Art inspections
  - 50 Childcare facility inspections
  - 31 Recreational Water inspections
  - 311 Retail Food Establishment inspections
  - Licensed 43 Special Event Vendors
- Assisted restaurant owners and builders with 5 plan reviews
- Responded to 56 complaints
- Issued 211 permits
  - Issued 25 New Installation OWTS permits
  - Issued 12 Major Repair OWTS permits
  - Issued 30 Minor Repair OWTS permits
  - Issued 144 OWTS Use permits
- Reviewed 42 Land Use referrals

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**MEETING DATE:** September 11, 2025

**ATTACHMENTS:**

Community Health Division Update (1)

### Community Health Update – September 2025

#### Activities:


- **Clinical Services:** DCHD held its first vaccine clinic at Lansing Point in July with ColoVAX and administered 48 standard child and adult vaccines to 21 individuals. In August, a local food bank in Castle Rock hosted a health fair with DCHD where a variety of health screenings, immunizations, and resources were provided to food bank recipients in the county. Partner agencies in attendance included the Colorado Alliance for Health Equity and Practice (CAHEP), ColoVAX, and the Public Health Institute at Denver Health.
- **Behavioral Health:** DCHD's two certified Mental Health First Aid (MHFA) instructors provided MHFA training to the 23<sup>rd</sup> Judicial District's Probation Department on August 19<sup>th</sup>. This 8-hour course is the first of three training events scheduled with Probation, to ensure that all officers have the necessary tools to address emerging and urgent mental health challenges with probation clients. The Department also plans to roll out the training to AdventHealth, Douglas County Sheriff's Office, and other local agencies in the next 12 months. This opportunity is provided free of charge to partner agencies and was afforded through ARPA funding that was received by the Douglas County Mental Health Division.
- **Maternal Child Health:** In August, DCHD's Executive Director, Assistant Director for Community Health, and Maternal Child Health (MCH) Coordinator attended a special event with the Backcountry Wilderness Area's Sunshine & Storytime program. The MCH program recently awarded Sunshine & Storytime a \$5,000 sponsorship through the MCH grant to support the expansion of this free program





to serve more Douglas County residents. You can learn more about this special day and the positive impact of Sunshine & Storytime on page 5 of [HRCA's Fall Newsletter](#) as well as Douglas County's [website](#).

DCHD's Maternal Child Health program hosted a Community Open House on September 4<sup>th</sup>. The event, open to community members, provided car seat safety checks, immunizations, and oral health screening to families in need, in addition to resources from DCHD and other community partners.

### You're Invited!

## Community Open House





Thursday, September 4, 2025

📍 Location: Douglas County Health Department  
11045 E. Lansing Circle, Englewood, CO 80112

🕒 Time: 4:00 PM – 6:00 PM

📌 The event will take place outdoors in the DCHD parking lot.

#### Services & Resources Available

- Car Seat Safety Checks provided by South Metro Safety Foundation\*  
*\*pre-registration recommended*
- Dental Health Screenings for Children provided by DentaQuest
- Developmental Pathways
- Douglas County Early Childhood Council
- Douglas County Health Department
  - Community Health
  - Environmental Health
  - Epidemiology
  - Vital Records
  - WIC
- Douglas County Human Services
- Douglas County Libraries
- Immunizations for Children and Adults provided by the Public Health Institute at Denver Health\*  
*\*pre-registration recommended*
- YANA

#### Car Seat Safety Inspections

- First come, first served basis. 20 spots available.
- Please email [CH@douglas.co.us](mailto:CH@douglas.co.us) to reserve your spot.

#### Immunizations

- Bring insurance card if you have insurance
- You are welcome if you are uninsured
- Vaccines will be given on a first come, first served basis
- Fill out the form to register for the clinic
- Select location: DCHD



- **Healthy Families Partnership:** The Healthy Families Partnership celebrated its 1-year anniversary in July with the following highlights:



DOUGLAS COUNTY  
COLORADO

## Healthy Families Partnership Update

Summer 2025

Healthy Families  
PARTNERSHIP  
of Douglas County



### Hospital Partners

Since the inception of the Healthy Families Partnership,

**3,691 Families**

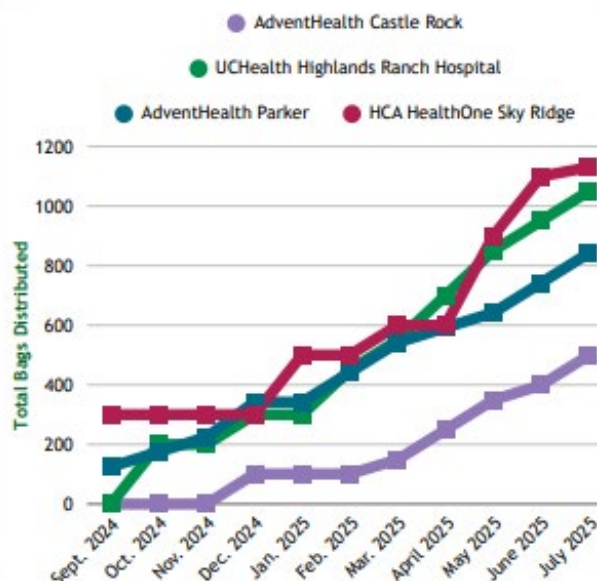
have received sleep sacks and resource booklets.



### New Flipbook Content

As the Partnership develops, new content is added to the flipbooks, based on what research and conversations tell us parents need. The flipbooks now include:

- Safe Sleep
- How to use a sleep sack
- All Babies Cry
- Car Seat Safety
- Developmental Milestones
- Perinatal Mental Health



### Online Presence

Since the start of the Healthy Families Partnership in July 2024, Yourhealthyfamily.org has seen:

**5,754**

Resources  
clicked

Unique  
visits

**1,807**

**49s**

Average  
engagement time

HCA  
HealthONE  
Sky Ridge  
**1,300  
bags**

AdventHealth  
Castle Rock  
**499  
bags**

AdventHealth  
Parker  
**842  
bags**

uchealth  
**1,050  
bags**



- **Tobacco and Vaping Prevention:** The Community Health Education team recently finalized the FY26 implementation plan for the State Tobacco Education and Prevention Partnership (STEPP) grant. Funding through CDPHE supports the following activities in Douglas and Elbert counties:
  - Cessation Education and Support
    - Quit Kits- Tools and resources to help the quit journey that are distributed to community partners and residents.
  - Development of a Tobacco/Vaping/Nicotine landing page on DCHD website with information and cessation resources.
  - Youth Education and Prevention efforts - Partnerships with the Douglas County Youth Initiative and the Douglas County Healthy Youth Coalition.

In addition to the work through STEPP, one of DCHD's Community Health Educators will be attending a 2-day virtual training to become a facilitator for the Baby & Me Tobacco Free Program (BMTFP). BMTFP is a national program that provides tobacco cessation counseling, biomonitoring devices, and incentives for pregnant and postpartum women who are interested in abstaining from tobacco use. This program comes at no cost to DCHD or participants and will allow for direct referrals through the MCH and WIC programs as well as from external partners.

- **WIC:** DCHD was awarded funding for the WIC program and was fully funded for the partnership with Northeast Colorado Health Department for a second year. With that stated, CDPHE made cuts of \$1 million dollars to WIC programs statewide, including a \$40,000 reduction of funds to Douglas County WIC. DCHD will be closely monitoring the program and looking at other potential revenue streams to help close the funding gap.
- **Community Partner Highlights:**

The Community Health team participated in the following community presentations and events from June 8 – September 6, 2025:

Date	Event	Location
6/10/25	Vaccine Clinic with Public Health Institute at Denver Health at DCHD's Park Meadows Center location	Lone Tree
7/9/25	MCH Listening Session at Lansing Point	Englewood
7/23/25	Vaccine Clinic with ColoVAX at DCHD	Englewood
7/29/25	Douglas County Strive to Thrive	Highlands Ranch
8/2/25	Elbert County Fair with Elbert County Public Health	Kiowa
8/7/25	Immunization Presentation to Highlands Ranch Senior Center	Highlands Ranch
8/7/25	Elbert School District Back to School Night	Elbert
8/9/25	CROPS Health Fair	Castle Rock
8/12/25	WIC at Manna Resource Center	Highlands Ranch
8/13/25	HCA HealthONE Sky Ridge Community Council Meeting	Lone Tree
8/14/25	YANA Strong Mamas Thriving Babies Networking Event	Centennial
8/15/25	YANA Strong Mamas Thriving Babies at AdventHealth Castle Rock	Castle Rock
8/19/25	MHFA training to 23 <sup>rd</sup> Judicial District Probation Department	Castle Rock
8/27/25	TESSA Ribbon Cutting	Castle Rock
9/4/25	DCHD Community Open House	Englewood
9/6/25	Bumps & Babies at HCA HealthONE Sky Ridge	Lone Tree



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**MEETING DATE:** September 11, 2025

**ATTACHMENTS:**

Early Childhood Update (Strategic Plan)



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## Douglas County Early Childhood Council Strategic Plan 2023-2028 (Updated September 2024)

### DCECC Vision

We strive to ensure all Douglas County families and early learning professionals have an awareness of and equitable access to high quality early childhood services, systems, and supports.

### DCECC Mission

The mission of Douglas County Early Childhood Council is to promote the development of the whole child, birth to five, by fostering collaboration with families and providers. We are dedicated to providing awareness and access to high quality resources and supports; and utilizing community partnerships to ensure every child has a nurturing and responsive early childhood experience.

### DCECC Values

- **Family and Provider Partnerships** - We actively seek to partner with families and providers to benefit young children.
- **Integrity** - We consistently hold ourselves accountable to our mission and vision.
- **Collaboration** - We collaborate with each other and our stakeholders to achieve shared goals.
- **Inclusion** - We embrace the inclusion of all families in early childhood care and education regardless of background, identity and circumstance.
- **Equity** - We believe in providing equitable access to early childhood opportunities and resources
- **Communication** - We communicate information and resources to increase families' understanding of child development and parenting.

### Strategic Focus Areas

DCECC's Board has identified three focus areas under which goals and activities have been developed:

1. Ongoing Support of Existing Programs and Services
2. Expanding Connections with Families and Community partners
3. Organizational Development and Performance.

**Goal 1: Strengthen existing programs and services in order to promote high quality programming for families and children with a focus on promoting school readiness.**

Activity	Measurement	Progress for FY 2024/2025 as of 6/30/25
<p>1.1 Monitor and support programs with an active MOU for CSQI (Colorado Shines Quality Improvement) Services</p> <p>Support and encourage Level 1 programs to move to Level 2</p> <p>Encourage programs at Level 2 to consider seeking an MOU to move to Level 3-5</p>	<ul style="list-style-type: none"> <li>• Communicate the benefits of moving from Level 1 to Level 2 and to Levels 3-5 programs 4 times per year</li> <li>• Report on the progress of programs who complete a Colorado Shines rating</li> </ul>	<ul style="list-style-type: none"> <li>• 62 programs with active MOUs</li> <li>• 24 programs applied for rating</li> <li>• 22 programs received a rating between 7/1/24 and 6/30/25 - all of these programs increased their ratings.</li> <li>• 17 programs began at a level 1 <ul style="list-style-type: none"> <li>○ 12 moved to level 2</li> <li>○ 1 moved to level 3</li> <li>○ 4 moved to level 4</li> </ul> </li> <li>• 7 programs began at a level 2 <ul style="list-style-type: none"> <li>○ 3 moved to level 3</li> <li>○ 3 moved to level 4</li> <li>○ 1 moved to level 5</li> </ul> </li> <li>• 1 program began at level 4 and moved to level 5</li> <li>• 8 programs moved down in their rating by allowing their current rating to expire. They were automatically changed to a level 1.</li> </ul>

		<ul style="list-style-type: none"> <li>Twenty programs closed during this time period and 24 programs opened.</li> </ul>
1.2 Support implementation of Universal Pre-Kindergarten (UPK) by sharing information on quality standards that will be implemented in 2025 and 2026.	<ul style="list-style-type: none"> <li>Continue to send out regular informational updates on an as needed basis</li> <li>Hold quarterly meetings focused on the three areas of the quality standards: <ul style="list-style-type: none"> <li>Instructional Practices</li> <li>Healthy Development</li> <li>Family &amp; Community Engagement</li> </ul> </li> <li>Form Sub-committees as needed to support quality standards implementation</li> </ul>	<ul style="list-style-type: none"> <li>First meetings on Quality standards held September 10th and 12th</li> <li>CDEC Rules Committee has decided to push back the implementation of quality standards by one more year, so they will not go into effect until July 2026</li> <li>Implementation of this activity will begin in FY 25/26</li> </ul>
1.3 Increase awareness and understanding of LENA (Language ENVironment Analysis) and maintain support to 16 classrooms per year. Seek opportunities to increase funding for LENA	<ul style="list-style-type: none"> <li>Provide information on LENA quarterly</li> <li>Share information on LENA at provider meetings</li> </ul>	<p>During the fiscal year 2024–2025, a total of 16 classrooms across 4 schools in Douglas County actively participated in and completed the LENA Grow 1 program cycle. These included approximately 8 infant/toddler classrooms, 8 preschool classrooms, 22 teachers, and 99 coaching hours—averaging 4.5 hours per teacher.</p> <p>The impact on children varied from classroom to classroom, but ranged from a 60–100% increase in five or more conversational turns (serve-and-return interactions), a 78–100% increase in fifteen or more conversational turns, and a 100% increase in twenty-five or more conversational turns.</p> <p>Individual teachers set initial goals at the beginning of the program and worked with their coach to interpret the data and establish new goals each week. These goals focused on utilizing positive</p>

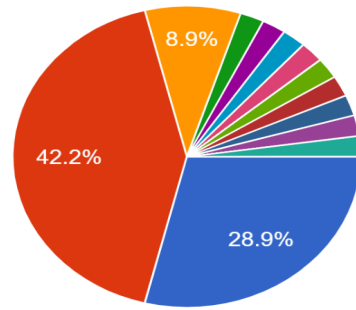
		<p>behavior strategies, increasing conversation during routines and outdoor play, and identifying individual needs or differences within the classroom.</p> <p>At the end of each cycle, all teachers were surveyed about the effectiveness of their coach and whether they felt they gained something from their LENA experience. Out of 22 teachers, 100% agreed that their coaching was effective and that there was a positive impact in their classroom during their LENA cycle.</p>
<p>1.4 Maintain understanding of working with Infants and Toddlers through EQIT (Expanding Quality for Infants and Toddlers) classes</p> <ul style="list-style-type: none"> <li>Support transfer of learning to classroom by participating in required coaching</li> </ul>	<ul style="list-style-type: none"> <li>Continue to offer 4 classes per year</li> <li>Maintain and/or increase number of graduates from baseline of 60</li> <li># of coaching hours</li> </ul>	<ul style="list-style-type: none"> <li>4 classes complete</li> <li>Coaching hours by class: <ul style="list-style-type: none"> <li>Class 1 - 43 hours</li> <li>Class 2 - 23 hours</li> <li>Class 3 - 41 hours</li> <li>Class 4 - 5</li> </ul> </li> <li>Participants by class: <ul style="list-style-type: none"> <li>Class 1 - 20</li> <li>Class 2 - 11</li> <li>Class 3 - 16</li> <li>Class 4 - 7</li> </ul> </li> </ul>
<p>1.5 Support programs with recruitment and retention efforts using</p>	<ul style="list-style-type: none"> <li>Share information from "<a href="#">Pathways to Success: Colorado's Comprehensive Early Childhood Workforce Plan</a>" developed by CDEC</li> <li>Offer class from Director's Tool Box</li> <li>Establish Director's Round Table</li> </ul>	<p>Provider meeting held October 23, 2024</p> <p>Hiring Fair - DCSD Legacy Campus - Feb. 28, 2025</p>

**Goal 2: Expand support for and connections with families and other community organizations in order to identify gaps in services, eliminate redundancies and ensure families have the opportunity to expand their understanding of effective parenting skills and resources**

Activity	Measurement	Progress for FY 2024/2025 as of 6/30/25
2.1 Continue to offer classes for parents virtually or in person	Calendar of classes with at least 2 classes offered per month	<p>Classes per month</p> <ul style="list-style-type: none"> <li>• July - 3</li> <li>• August - 1</li> <li>• September - 3</li> <li>• October - 3</li> <li>• November - 3</li> <li>• December - 1</li> <li>• January -1</li> <li>• February - 2</li> <li>• March - 3</li> <li>• April - 2</li> <li>• May - 2</li> <li>• June - 2</li> </ul> <p>A total of 658 people signed up for these classes. While they did not all attend, the information from the class was sent to everyone who signed up. We completed a survey of parents.</p> <p>See results in the next row.</p>

### I learned about the classes from:

45 responses

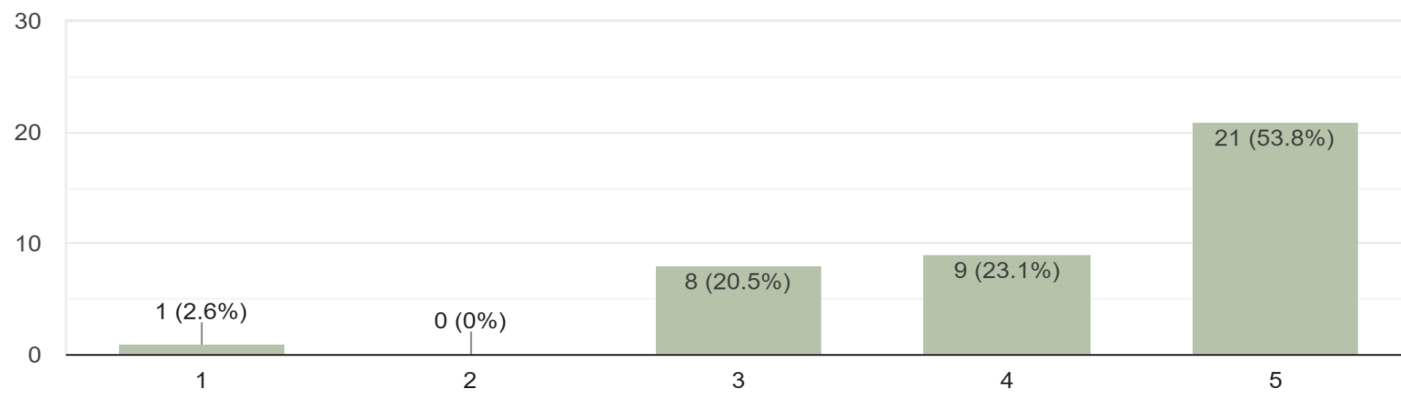


- DCECC website
- Flyer sent by my child's childcare/preschool
- Peach Jar email from my child's school
- N/A
- Development Pathways
- Received email!
- My daycare Parker Early Learning Academy

1/2 ▼

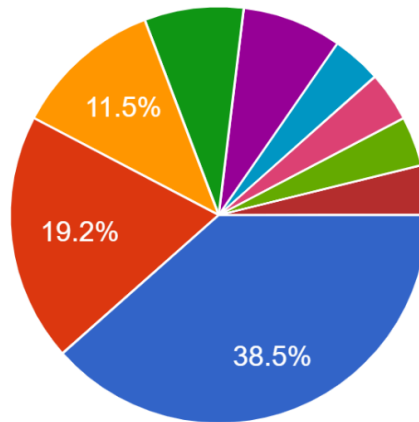
### I attended a class and found it to be...

39 responses



## I signed up for a class, but did not attend because:

26 responses



- I had a conflict arise.
- The time was not convenient.
- I forgot.
- I had trouble with the technology.
- N/A
- Not applicable
- I attended one class and had signed up for a few others hoping to attend but t...
- Children needs
- I attended but needed to leave early d...

2.2 Fold Advocates for Families into Child Maltreatment Prevention Program goals and Healthy Family Partnership as these two groups have all of the same participants and similar goals

Attendance at committee meetings

Goal completion

Implementation of Healthy Family Fun Fest

CMPP Meetings

Community Education Subcommittee:  
2/11, 3/18, 4/15, 5/20

[Learning Opportunities in Douglas County](#)



Healthy Family Fun Fest was held on September 14, 2024

2.3 Attend community events to share information about child development, Universal Pre-K and classes offered by DCECC and increase visibility of Council

Attend at least 3 community events per year

Strive to Thrive - July 30, 2024 and January 28, 2025  
Ready, Set, Read - Sept. 17, 2024 and May 15, 2025  
Older Adult Health and Resource Expo - Feb. 20, 2025  
DCSD Educator Advisory Board - Apr., 28, 2025



		Community Baby Shower - March 28, 2025 Strong Mommas, Thriving Babies - 24 events
2.4 Present at least one back-to-school presentation to prepare parents of children entering kindergarten	Date of meeting and number of parents participating	Class presented on November 6, 2024 45 parents signed up for class 10 parents attended class 22 views of recording of session (4/14/25)
2.5 Drive traffic to website by providing links to resources and supports for parents	Increase number of "hits" to website FY 23      FY 24 Unique Visitors 10,310      17,819 Total Visits      15,806      26,438	July 2024 - April 15, 2025 Unique Visitors - 19,188 Total Visits - 28, 434
2.6 Partner with Douglas County School District and Developmental Pathways to inform families of supports for early intervention needs by distributing information about screening events hosted by DCSD and including information about early intervention on the website	DCSD flyers distributed Gather data on attendance at screening events	 Early Intervention Information for Parents.pdf  ChildFind Free Developmental Screening flye...

### Goal 3: Improve organizational functioning by strengthening relationships and understanding within the Executive Council

Activity	Measurement	Progress for FY 2024/2025 as of 6/30/25
3.1 Examine current practices to identify areas of strength and need related to equity and inclusion as values of DCECC	Written policies related to equity and inclusion	Limited Progress Use some DCECC meetings as work sessions to focus on our goals

<p>3.2 Establish committees and encourage all members to participate in at least one committee</p> <p>Current committees:</p> <ul style="list-style-type: none"> <li>• Equity and Inclusion Committee</li> <li>• Stakeholder Meeting Planning Committee</li> <li>• Budget/Grant Committee</li> </ul>	<ul style="list-style-type: none"> <li>• Committees Established by September of each year</li> <li>• Agendas and Minutes</li> <li>• Membership recorded</li> </ul>	Limited Progress
<p>3.3 Investigate opportunities to increase funding to support Council priorities through outside grant funders and/or fund raising</p> <ul style="list-style-type: none"> <li>• Possible areas for funding: <ul style="list-style-type: none"> <li>○ Expand LENA</li> <li>○ Expand Pyramid Classes</li> <li>○ Additional Mental Health Consultant</li> <li>○ Funds to offer Director's Toolbox Classes</li> <li>○ Funds to offer coaching to programs who are not participating in Colorado Shines</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Committee formed by September 2024</li> <li>• At least 1 opportunity identified by May 2025</li> </ul>	<p>Determined that a focus on Pyramid classes provides the best learning for providers at the most reasonable cost.</p> <p>Possible funding sources:</p> <p>Use CSQI funds for Pyramid</p> <p>Use Property tax rebates for Pyramid</p> <p>Connect with AD Works to see if they have funding</p> <p>Health Department or County Commissioners for grant for Pyramid</p>
<p>3.4 Provide opportunities for team building and active engagement during DCECC executive council meetings in order to develop into a high functioning team.</p>	<p>Agenda/minutes of DCECC executive council meetings</p>	<p>Each meeting is started with an ice breaker that has allowed for conversations to build relationships.</p>

## School Readiness Quality Improvement Plan

The Colorado School Readiness Quality Improvement Program (SRQIP) is part of the Colorado Shines quality rating and improvement system. The purpose of the program is to improve the school readiness of children, five (5) years of age or younger, who are cared for at early childhood education programs pursuant to section 26.5-5-102, C.R.S. These rules are promulgated pursuant to section 26.5-5-102(6), C.R.S.

### Statement of Need

Douglas County is known for having high quality Pre-K-12 schools. It is crucial that children participating in early childhood education programs are also able to access high quality programming. The county currently has 226 licensed child care programs serving children aged 0-5. Of these programs, 67 have a Colorado

Shines Rating of 3 or above. That number represents only 30% of the programs. It is clear that there is a need to improve quality in Douglas County Early Childhood education programs.

Reviewing the 2023 ECC Shared Measures Report, Douglas County has 4,233 high quality seats for 20,107 children between the ages of 0 and 5, or enough high quality seats to support 21.1% of children. The general capacity to serve children is as follows:

- Infants (0-18 months) - 16.6%
- Toddlers (18-36 months) - 38%
- Preschool (36-60 months) - 120.6%

It is clear that there is a great need to increase capacity for infants and toddlers in Douglas County.

### **Strategies to Improve Quality in Douglas County**

Goal to improve equitable access to learning experiences and childcare environments that are high quality, developmentally appropriate, and affordable by increasing the programs that have a Colorado Shines rating at Level 2 or higher to 60% by the end of the project period from a baseline of 45%.

- Partner with the Douglas County Department of Human Services and childcare programs to increase the number of CCCAP fiscal agreements in Douglas County by sending informational emails to providers and sharing information at in-person meetings
- Increase the percentage of Level 2-5 programs to 60% or higher by promoting and implementing the Colorado Shines program by sending informational emails to providers and sharing information at in-person meetings
- Strategically manage CSQI funding to support the greatest number of programs within CDEC allocations
- Provide on-site or virtual coaching and consultation supports using a menu of evidence-based coaching services
- Promote family involvement by continuing to offer classes for parents virtually or in person

### **Memorandum of Understanding**

DCECC executes MOUs with as many providers who apply as possible within the CDEC funding allocation.

### **Funding Priorities**

When there are not enough funds for every interested program, DCECC prioritizes programs that support children with identified risk factors. All school district classrooms are supported to ensure children with IEPs are well served.

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[www.douglas.co.us](http://www.douglas.co.us)

**MEETING DATE:** September 11, 2025

**ATTACHMENTS:**

Financial Update



### **Finance Update June-August 2025**

Since July, our department has received multiple grants totaling over \$3.1 million, providing critical support for our programs. However, we continue to navigate some uncertainty around federal funding, particularly with two key grants, WIC and PHEP, that have experienced reductions. The PHEP grant has been reduced by 25% at this time, though there is potential for it to be restored up to 100% later in the year. The WIC grant has been reduced by approximately 10%, which affects funds that had been allocated for additional expenses throughout the year.

Despite these reductions, the department remains committed to maintaining a lean and sustainable approach to operations. By carefully monitoring expenditures and strategically planning our resources, we are ensuring that essential services continue without interruption. These funding adjustments highlight the importance of flexibility and fiscal stewardship in a changing financial landscape.

Looking forward, the department will continue to adapt to funding fluctuations while focusing on efficiency. Our goal remains to maximize the impact of available resources, support staff and program operations, and ensure the community benefits from the services we provide.

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**MEETING DATE:** September 11, 2025

**ATTACHMENTS:**

Request to Approve DCHD funding allocations received after March 2025 Board Meeting



**Request to Approve DCHD Acceptance of funding allocations received after the March 2025 Board Meeting**

Staff recommends that your board approve our acceptance of funding for programs beginning on June 1, July 1, and October 1, 2025. The total funding for this request is \$3,101,673.

**MEETING DATE:** June 12<sup>th</sup>, 2025

**STAFF PERSON RESPONSIBLE:** Michael Hill, Director, Public Health

**DESCRIPTION:** Child Fatality Prevention System

**Contract Number:** CT FHLA 2023\*3035

**Contract Period:** 7/1/25-6/30/26

**Funding amount:** \$15,500

**SUMMARY:** Project Description This project serves to support the Child Fatality Prevention Act (Article 20I 5 of Title 25, Colorado Revised Statutes), which is a statewide, multi-agency effort to prevent child deaths. Pursuant to CI RI S I § 25 -20I 5 -404-405, local public health agencies, or agencies designated by local public health agencies, are required to establish, and coordinate multidisciplinary, local child fatality prevention review teams (local teams). The purpose of the local team is to conduct systematic, comprehensive, multidisciplinary reviews of child deaths to better understand how and why children die. The child fatality review process uses a public health approach to identify trends and patterns, to take action, to improve systems, and to implement strategies that may prevent future deaths from occurring. This project benefits the State of Colorado by helping the people of Colorado understand the incidence and causes of child fatalities and therefore encourage public action to prevent further child fatalities. Additionally, the project benefits the State of Colorado by identifying services provided by public, private, and nonprofit agencies to children and their families that are designed to prevent, and that are effective in preventing, child fatalities identifying gaps or deficiencies that may exist in the delivery of services provided by public, private, and nonprofit agencies to children and their families that are designed to prevent child fatalities and making recommendations for, act as a catalyst for, and implement any changes to laws, rules, and policies that will support the safe and healthy development of the children in this state and prevent future child fatalities.

**RECOMMENDED ACTION:** Request that the Board approve acceptance of the SFY 2026 Child Fatality Prevention Funding Award.



**MEETING DATE:** June 12<sup>th</sup>, 2025

**STAFF PERSON RESPONSIBLE:** Michael Hill, Director, Public Health

**DESCRIPTION:** E470 Transportation Safety Grant

**Contract Number:** N/A

**Contract Period:** 7/1/25 - 6/30/26

**Funding amount:** \$2,500

**SUMMARY:**

The Douglas County Health Department (DCHD) has been awarded funding to support its Maternal and Child Health Program in addressing a growing community need for child car seats. The demand for car seats has increased significantly, highlighting a critical gap that directly affects the safety and well-being of infants, children, and their families throughout the County. With these funds, DCHD will purchase car seats to distribute to families in need, as identified through referrals from community partners and the Women, Infants, and Children (WIC) program. In addition to distributing car seats, DCHD will strengthen community outreach by providing Child Passenger Safety education and partnering to provide Car Seat Safety checks at a family-focused event in September. The goal is to improve child passenger safety, reduce preventable injuries, and support overall family health and well-being in Douglas County.

**RECOMMENDED ACTION:** Request that the Board approve acceptance of the FY 2026 E470 Transportation Safety Grant

**Review:**



**MEETING DATE:** June 12<sup>th</sup>, 2026

**STAFF PERSON RESPONSIBLE:** Michael Hill, Director, Public Health

**DESCRIPTION:** EHS Delegated Program

**Contract Number:** 2024\*0457 OL#2

**Contract Period:** 7/1/2025 - 6/30/2026

**Funding amount:** \$84,000

**SUMMARY:** Local public health agencies are essential to the provision of quality and comprehensive public health services throughout the state and are critical partners with the Colorado Department of Public Health and Environment in maintaining a strong public health system. Each local public health agency shall assure the provision of Core Public Health Services within their jurisdiction. The scope of the provision of each Core Public Health Service is determined at the local level, and may differ across agencies based on community needs, priorities, funding and capacity. This project will inspect and assure regulatory compliance in retail food establishments, child care facilities and schools. The activities and deliverables for this project cannot be delegated by the Contractor to third party(ies), i.e. subcontracted, without written approval from the State.

**RECOMMENDED ACTION:** Request that the Board approve acceptance of the FY 2026 EHS Delegated Program Award

**Review:**

**MEETING DATE:** June 12<sup>th</sup>, 2025

**STAFF PERSON RESPONSIBLE:** Michael Hill, Director, Public Health

**DESCRIPTION:** DCHD Firearm Storage Mini-Grant

**Contract Number:** N/A

**Contract Period:** 06/1/25-06/30/25

**Funding amount:** \$3,650

**SUMMARY:**

Douglas County has seen an increased risk and upward trend in the number of youth (typically males) and men in the County who die by suicide using a firearm. As part of larger suicide prevention efforts in the County (including the development of a new suicide prevention workgroup), Douglas County Health Department (DCHD) will purchase firearm storage devices and locking mechanisms to distribute to individuals and families in need at community events and at the Health Department's building upon request. DCHD will partner with law enforcement agencies and the Mental Health Division to share messaging around the availability of safe storage devices for residents. Items will be purchased by June 30, 2025 and will be distributed throughout the remainder of the year at scheduled events that DCHD is participating in.

**RECOMMENDED ACTION:** Request that the Board approve acceptance of the FY 2025 DCHD Firearm Storage Mini-Grant

**Review:**

**MEETING DATE:** June 12<sup>th</sup>, 2026

**STAFF PERSON  
RESPONSIBLE:** Michael Hill, Director, Public Health

**DESCRIPTION:** OPHP Local Workforce Award

**Contract Number: 2023 \*0367 Amendment #1**

**Contract Period: 7/1/25 - 6/30/26**

**Funding amount: \$900,476**

**SUMMARY:** The district public health agency shall participate in assessment and planning effort at the state, regional, and local level facilitated by the Office of Public Health Practice, Planning, and Local Partnerships. These efforts shall include maintaining and improving local capacity to provide services as established by the State Board of Health. This project serves to strengthen Colorado's public health system by ensuring core public health services are available statewide. This project will impact assessment and planning efforts at the state, regional, and local levels facilitated by the Office of Public Health Practice, Planning, and Local Partnerships. These efforts shall include maintaining and improving local capacity to provide services as established by the State Board of Health. Local public health agencies are essential to the provision of quality and comprehensive public health services throughout the state and are critical partners with the Colorado Department of Public Health and Environment (CDPHE) in maintaining a strong public health system. Each local public health agency (LPHA) shall provide Core Public Health Services, which include Maternal and Child Health (MCH). The scope of the provision of each Core Public Health Service is determined at the local level and may differ across agencies based on community needs, priorities, funding, and capacity. The Office of Public Health Practice, Planning, and Local Partnerships (OPHP) and the local public health agency are responsible for assuring state funds are effectively used to provide Core Public Health Services

**RECOMMENDED  
ACTION:** Request that the Board approve acceptance of the FY 2026 OPHP Local Workforce award

**Review:**



**MEETING DATE:** September 11th, 2025

**STAFF PERSON RESPONSIBLE:** Michael Hill, Director, Public Health

**DESCRIPTION:** CO Early Childhood Coaches Professional Development GAE Fund

**Contract Period:** 07/1/25-06/30/26

**Funding amount:** \$15,000

**SUMMARY:** This grant funds ongoing professional development for our early childhood coaches, including required training to renew their certificates, attendance at conferences, reflective supervision for both the coach and the supervisor, and any other training opportunities that arise that will increase their effectiveness in supporting early childhood programs.

**RECOMMENDED ACTION:** Request that the Board approve acceptance of the FY 2025 CO Early Childhood Coaches Professional Development GAE Fund

**Review:**

**MEETING DATE:** September 11th, 2025

**STAFF PERSON RESPONSIBLE:** Michael Hill, Director, Public Health

**DESCRIPTION:** The Cities Readiness Initiative Program (CRI)

**Contract Number: 2026\*0719 Amendment #1**

**Contract Period: 08/1/25-06/30/26**

**Funding amount: \$88,425**

**SUMMARY:** The Cities Readiness Initiative Program (CRI) supports public health departments across the state upgrade their ability to effectively respond to a range of public health threats, including infectious diseases, natural disasters, and biological, chemical, nuclear, and radiological events. This project serves to improve local community emergency response processes, plans and ability to efficiently respond, administer, and dispense Medical Countermeasures (MCM) during a public health emergency. The continual development, testing and planning to improve communication, tracking, and distribution of needed supplies to local communities from the state will allow local communities to quickly receive MCMs.

The Cities Readiness Initiative (CRI) is a Centers for Disease Control and Prevention (CDC) funded program to improve preparedness in large population centers to receive MCMs from the Strategic National Stockpile (SNS) for distribution to replenish depleted local supplies during large public health emergencies. The rapid response by local CRI jurisdictions is essential in preparing communities to respond to and recover from emergencies and threats which will protect the public health of all residents and visitors in Colorado

**RECOMMENDED ACTION:** Request that the Board approve acceptance of the SFY 2026 CRI Program

**Review:**

**MEETING DATE:** September 11th, 2025

**STAFF PERSON RESPONSIBLE:** Michael Hill, Director, Public Health

**DESCRIPTION:** Colorado Shines Quality Improvement (CSQI)

**Contract Number:** CT GG1 QAAA 2026-118 / GAE QAAA 2026-145

**Contract Period:** 07/1/25-06/30/26

**Funding amount:** \$124,579

**SUMMARY:** The E & E GAE (Emerging and Expanding General Assembly Expenditures) funding grant is designed to support initiatives that aim to expand access to services and enhance equity in various sectors, particularly for underserved populations. This grant program typically focuses on improving accessibility, equity, and the quality of services, such as childcare, education, health, or community services, by funding projects that address resource gaps and promote inclusive opportunities. The goal is to ensure that marginalized or at-risk communities have equal access to essential services and support systems, fostering long-term improvements in overall health, education, and social outcomes.

**RECOMMENDED ACTION:** Request that the Board approve acceptance of the SFY 2026 CSQI Grant

**Review:**



**MEETING DATE:** September 11th, 2025

**STAFF PERSON RESPONSIBLE:** Michael Hill, Director, Public Health

**DESCRIPTION:** Emerging and Expanding General Assembly Expenditures (E&E GAE) Amendment #1

**Contract Number:** CT GG1 2024-2648 A1 / 24QAAA 188760

**Contract Period:** 01/1/23-12/31/26

**Funding amount:** \$70,755

**SUMMARY:** The E & E GAE (Emerging and Expanding General Assembly Expenditures) funding grant is designed to support initiatives that aim to expand access to services and enhance equity in various sectors, particularly for underserved populations. This grant program typically focuses on improving accessibility, equity, and quality of services, such as childcare, education, health, or community services, by funding projects that address gaps in resources and promote inclusive opportunities. The goal is to ensure that marginalized or at-risk communities have equal access to essential services and support systems, fostering long-term improvements in overall health, education, and social outcomes.

**RECOMMENDED ACTION:** Request that the Board approve acceptance of the SFY 2026 E&E GAE Grant

**Review:**



**MEETING DATE:** September 11th, 2025

**STAFF PERSON RESPONSIBLE:** Michael Hill, Director, Public Health

**DESCRIPTION:** Epidemiology and Laboratory Capacity (ELC 2.3)

**Contract Number:** PO# 2024\*2277

**Contract Period:** 01/1/25-04/30/26

**Funding amount:** \$275,671

**SUMMARY:** The COVID-19 Epidemiology and Laboratory Capacity (ELC) grant is a federally funded program administered by the Centers for Disease Control and Prevention (CDC) to support state, local, and territorial health departments in detecting, preventing, and responding to COVID-19 and other infectious diseases. This grant provides funding for laboratory testing, disease surveillance, contact tracing, data modernization, and workforce expansion to enhance public health response efforts. The ELC grant helps strengthen public health infrastructure, improve outbreak preparedness, and ensure equitable access to testing and prevention resources.

**RECOMMENDED ACTION:** Request that the Board approve acceptance of the FFY ELC 2.3 Grant

**Review:**

**MEETING DATE:** September 11th, 2025

**STAFF PERSON RESPONSIBLE:** Michael Hill, Director, Public Health

**DESCRIPTION:** Early Childhood Systems Building (ECSB)

**Contract Number:** CT GG1 QAAA 2026-118 / GAE QAAA 2026-145

**Contract Period:** 07/1/25-06/30/26

**Funding amount:** \$63,474

**SUMMARY:** The Early Childhood Systems Building grant is a funding opportunity aimed at helping organizations or communities develop and strengthen systems that support long-term, sustainable improvements in services and outcomes. This grant typically focuses on building or enhancing infrastructure, capacity, and processes that improve service delivery in areas such as public health, education, social services, or early childhood development. The goal of the System Builder grant is to create and support integrated, collaborative systems that address community needs and promote equity, ensuring that services are accessible, efficient, and impactful over time. The grant supports efforts to enhance coordination across sectors and promote innovation in addressing systemic challenges.

**RECOMMENDED ACTION:** Request that the Board approve acceptance of the SFY 2026 ECSB Grant

**Review:**

**MEETING DATE:** September 11th, 2025

**STAFF PERSON RESPONSIBLE:** Michael Hill, Director, Public Health

**DESCRIPTION:** Core Immunization Services

**Contract Number:** 2026\*0099 OL#3

**Contract Period:** 07/1/25-06/30/26

**Funding amount:** \$210,883

**SUMMARY:** This project aims to maintain immunization awareness and increase vaccination rates across Colorado. Local Public Health Agencies (LPHAs) will ensure the delivery of core immunization services in accordance with established best practices and standards, with the goal of improving the health of individuals and communities. The Colorado Department of Public Health and Environment (CDPHE), funded by the Centers for Disease Control and Prevention (CDC), is working to address potentially life-threatening diseases and reduce associated risks. The project supports LPHAs through the Vaccines for Children (VFC) program and establishes a coordinated infrastructure aligned with national immunization standards.

Additionally, the project provides Section 317 vaccines at no cost to eliminate financial barriers for uninsured adults. It also combats anti-vaccination attitudes and beliefs by engaging communities and delivering targeted education within the service area. Healthcare providers and school-based settings are encouraged to utilize the Colorado Immunization Information System (CIIS) and contribute to this centralized system by entering immunization data. Ultimately, the project seeks to bring together the public and health professionals to reduce mortality and morbidity from vaccine-preventable diseases and to protect the health of all Coloradans.

**RECOMMENDED ACTION:** Request that the Board approve acceptance of the SFY 2026 Immunization Program

**Review:**

**MEETING DATE:** September 11th, 2025

**STAFF PERSON RESPONSIBLE:** Michael Hill, Director, Public Health

**DESCRIPTION:** Local Coordinating Organization for Universal Preschool  
(LCO UPK)

**Contract Number:** 26 QAAA 199069 / CT QAAA 2026-1027

**Contract Period:** 07/1/25-06/30/26

**Funding amount:** \$114,575

**SUMMARY:** The **LCO UPK (Local Coordinating Organization for Universal Preschool) grant** funds local agencies to coordinate Colorado’s Universal Preschool program. These organizations act as community hubs, helping families apply for and access preschool options, supporting providers with onboarding and compliance, and ensuring children are placed equitably in available slots. The grant also prioritizes children with qualifying factors—such as low income, special education needs, or foster care—for expanded preschool hours, while guaranteeing all families have access to at least part-time UPK.

Grant funds primarily cover the **infrastructure and administrative backbone** of the program rather than direct classroom costs. This includes staffing for outreach and coordination, technical assistance for providers, data reporting, and community engagement. LCOs also manage local oversight of the program, working closely with the Colorado Department of Early Childhood (CDEC) to ensure funds are distributed fairly, families are supported, and providers meet quality standards. In short, the grant enables a smooth, equitable, and community-based rollout of Universal Preschool across Colorado.

**RECOMMENDED ACTION:** Request that the Board approve acceptance of the SFY 2026 LCO Grant

**Review:**

**MEETING DATE:** September 11th, 2025

**STAFF PERSON RESPONSIBLE:** Michael Hill, Director, Public Health

**DESCRIPTION:** Public Health Emergency Preparedness (PHEP)

**Contract Number: 2026\*0020 Amendment #2**

**Contract Period: 08/1/25-06/30/26**

**Funding amount: \$246,915**

**SUMMARY:** The Public Health Emergency Preparedness (PHEP) grant is a federally funded program that supports state, local, tribal, and territorial public health agencies in building and strengthening their ability to prepare for, respond to, and recover from public health emergencies. Administered by the Centers for Disease Control and Prevention (CDC), the grant focuses on enhancing emergency response capabilities, such as disease surveillance, medical countermeasures, risk communication, and community resilience. PHEP funding helps public health agencies develop plans, conduct training and exercises, and coordinate with emergency management and healthcare partners to protect communities from health threats, including natural disasters, infectious disease outbreaks, and bioterrorism.

**RECOMMENDED ACTION:** Request that the Board approve acceptance of the SFY 2026 PHEP Program

**Review:**



**MEETING DATE:** September 11th, 2025

**STAFF PERSON RESPONSIBLE:** Michael Hill, Director, Public Health

**DESCRIPTION:** Women, Infants, and Children (WIC)

**Contract Number:** 2024\*2463 OL#4

**Contract Period:** 09/1/25-8/31/26

**Funding amount:** \$483,486

**SUMMARY:** The Women, Infants, and Children (WIC) program is a federally funded nutrition assistance program that provides healthy food, nutrition education, breastfeeding support, and referrals to healthcare and social services for low-income pregnant, postpartum, and breastfeeding women, as well as infants and children up to age five. Administered by the U.S. Department of Agriculture (USDA) and implemented through state and local agencies, WIC aims to improve maternal and child health outcomes by ensuring access to nutritious foods and promoting healthy behaviors.

**RECOMMENDED ACTION:** Request that the Board approve acceptance of the FFY 2026 WIC Program

**Review:**



**MEETING DATE:** September 11th, 2025

**STAFF PERSON RESPONSIBLE:** Michael Hill, Director, Public Health

**DESCRIPTION:** State Tobacco Education and Prevention Partnership (STEPP)

**Contract Number:** 2024\*0221 OL#3

**Contract Period:** 07/1/25-06/30/26

**Funding amount:** \$401,784

**SUMMARY:** The State Tobacco Education and Prevention Partnership (STEPP) grant is a funding initiative managed by the Colorado Department of Public Health and Environment (CDPHE) to support statewide efforts in tobacco prevention, education, and cessation. It focuses on reducing tobacco use, addressing health disparities, and promoting policies that protect communities from the harmful effects of tobacco and nicotine products. The grant provides financial and technical assistance to local public health agencies, community organizations, and other partners working to implement evidence-based strategies and programs.

**RECOMMENDED ACTION:** Request that the Board approve acceptance of the SFY 2026 STEPP Program

**Review:**

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**MEETING DATE:** September 11, 2025

**ATTACHMENTS:**

Request to Approve DCHD Body Art Regulation Amendments





## **Request to Approve DCHD Body Art Regulation Amendments**

Staff recommends that your board approve our attached DCHD Body Art Regulation Amendments by replacing Regulation 22-02 with Regulation 25-01. A discrepancy between DCHD Regulation 22-02 Body Art Establishments and 6 CCR 1010-22 CDPHE Body Art Establishments was identified.

### **Current DCHD Regulation 22-02 Body Art Establishments:**

- (kk) **PIERCE, PIERCED, PIERCING** means puncturing or penetration of the skin or mucosa of a person and the insertion of jewelry or other adornment in the opening. Ear Piercing shall be exempt from these Regulations.

### **Current 6 CCR 1010-22 CDPHE Body Art Establishments:**

- (r) **PIERCING** means puncturing or penetration of the skin or mucosa of a person and the insertion of jewelry or other adornment in the opening, except that puncturing of the outer perimeter or lobe of the ear with sterilized stud-and-clasp ear piercing system shall not be included.

HB 00-1246 allows local public health agencies to adopt regulations that are at least as stringent as the standards imposed by the rules adopted by the Department of Public Health and Environment. The proposed language will bring DCHD regulations into compliance with minimal standards set forth by the state.

### **Proposed language:**

- (kk) **PIERCE, PIERCED, PIERCING** means puncturing or penetration of the skin or mucosa of a person and the insertion of jewelry or other adornment in the opening. Ear Piercing of the outer perimeter or lobe of the ear with pre-sterilized, single-use stud-and-clasp ear piercing systems shall be exempt from these Regulations.

Following your approval, these regulations will be implemented and staff will be trained on the changes.



## REGULATION NO. 25-01

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### Body Art Establishments

**Douglas County Health Department Rules and Regulations for  
Body Art Establishments**

**ADOPTED BY THE BOARD OF HEALTH OF THE DOUGLAS  
COUNTY HEALTH DEPARTMENT ON JUNE 12, 2025**

**Effective Date July 1, 2025**

**Pursuant to Title 25-4-2101, et seq. Colorado Revised Statutes**

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**REGULATION 25-02**  
**RULES AND REGULATIONS FOR BODY ART ESTABLISHMENTS**  
**Effective Date: July 1, 2025**

**Section 1 PURPOSE, AUTHORITY, AND DEFINITIONS**

**1-101 Purpose.**

The purpose of these Regulations is to provide for the safe and sanitary practice of Body Art, the safe and sanitary physical environment where Body Art is performed, the safe and sanitary conditions of equipment utilized in Body Art procedures, and to outline the regulatory functions of the Douglas County Health Department (“DCHD”), in relation thereto.

**1-102 Authority.**

- (a) Pursuant to the authority granted in C.R.S. §25-4-2101, et. seq., (“Body Art Act”), the State Board of Health of the Colorado Department of Public Health and Environment has adopted Rules and Regulations for Body Art Establishments, 6 CCR 1010-22 (“CDPHE Regulations”), which establishes the standards for Body Art Establishments and the practice of Body Art.
- (b) Pursuant to the Body Art Act, as well as C.R.S. §25-1-506, C.R.S. §25-1-508 and C.R.S. §25-1-509, the Board of Health of DCHD is authorized and empowered to adopt rules and regulations which establish standards for Body Art Establishments and the practice of Body Art.

**1-103 Repeal.**

Douglas County Board of Health Regulation 22-02 is hereby repealed effective 11:59 pm on June 30, 2025; and replaced in its entirety by this Regulation 25-01, effective 12:01 am on July 1, 2025.

**1-104 Definitions.**

For the purposes of these Regulations the following terms are defined as follows:

- (a) **AFTERCARE INSTRUCTIONS** mean written instructions given to the client, specific to the Body Art procedure(s) rendered. These instructions shall include information regarding when to seek medical treatment, if necessary.
- (b) **ANTISEPTIC** means a substance that inhibits the growth of bacteria and other microorganisms when applied to the skin (e.g., chlorhexidine gluconate, alcohol, iodophor). It should not be used to decontaminate inanimate objects.
- (c) **APPROVED** means reasonably acceptable to DCHD.
- (d) **BOARD OF HEALTH** means the Board of Health of DCHD.

- (e) BLOODBORNE PATHOGEN means disease-causing microorganisms that are present in human blood. These pathogens include but are not limited to: hepatitis B virus (“HBV”), hepatitis C virus (“HCV”), and human immunodeficiency virus (“HIV”).
- (f) BLOODBORNE PATHOGEN COURSE means a course approved by DCHD that teaches the fundamentals of bloodborne pathogens, health and safety precautions, disinfection and sterilization techniques, and procedures for infection and exposure control.
- (g) BODY ART ESTABLISHMENT means any location, whether temporary, mobile, or permanent, where the practices of Body Art are performed.
- (h) BODY ART means the practice of physical body adornment by Body Art Establishments or Body Artists utilizing, but not limited to, the techniques of body piercing, tattooing, branding, sculpting, and scarification. This definition does not include practices conducted under the supervision of a physician licensed to practice medicine under Colorado law or Ear Piercing.
- (i) BODY ARTIST means any person who performs Body Art procedures.
- (j) BRANDING means a potentially invasive procedure in which a permanent mark is burned into or onto the skin using either temperature, mechanical, or chemical means.
- (k) CDPHE means the Colorado Department of Public Health and Environment.
- (l) CLIENT RECORDS means the records of each client of a Body Art Establishment, as more fully described in Section 4 herein.
- (m) COMPLICATION means an adverse medical response to a procedure.
- (n) CONTAMINATED means the presence or reasonably anticipated presence of blood, infectious materials, or other types of impure materials that have corrupted a surface or item through contact.
- (o) CONTAMINATION means to make unfit for use by the introduction or potential introduction of blood, infectious materials, or other types of impure materials.
- (p) CRITICAL ITEM VIOLATION means a provision of these Regulations that, if in noncompliance, has the potential for immediate impact on the public health by resulting in infection of either clients or staff of a Body Art Establishment, or disease transmission among clients or staff of a Body Art Establishment (i.e., immediate health risk; positive spore test).
- (q) C.R.S. means the Colorado Revised Statutes, as amended from time to time.
- (r) DCHD means the Douglas County Health Department.
- (s) DISINFECTANT means an EPA registered hospital-grade disinfectant that has effectiveness against *Salmonella Choleraesuis* (enterica), *Staphylococcus aureus*, and *Pseudomonas aeruginosa* or sodium hypochlorite (bleach) and water, ½ cup of 8.25% bleach and one-gallon water, or other ratios for disinfectant specified on the bleach container, made fresh daily, dispensed from a spray bottle, and used to decontaminate inanimate objects and surfaces.
- (t) DISINFECTION means to destroy or inhibit pathogenic microorganisms on inanimate objects or surfaces. Disinfection is less than sterilization.

- (u) EQUIPMENT means all machinery, including fixtures, containers, vessels, tools, devices, implements, furniture, display and storage areas, sinks, and all other apparatus and appurtenances used in connection with the operation of a permanent, mobile, or temporary Body Art Establishment.
- (v) EVENT COORDINATOR means the person responsible for obtaining DCHD approval for a temporary body art event held in Douglas County, and the person responsible for ensuring compliance with these regulations at temporary events.
- (w) EXPOSURE CONTROL PLAN means a written plan outlining the practices and procedures for the safe operation of a Body Art Establishment, as more fully set forth in Section 7, herein.
- (x) GLOVES mean those which are disposable, single-use, and are labeled for surgical or examination purposes. Gloves for instrument cleaning shall be heavy-duty, multi-use, and waterproof.
- (y) HEARING OFFICER means the Executive Director of DCHD, or his or her authorized designee.
- (z) HECTOGRAPHIC means a copy made from prepared gelatin or gelatin-like surface to which the original document has been transferred.
- (aa) INFECTIOUS WASTE or REGULATED WASTE means blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials; items caked with blood or other potentially infectious materials that can release these materials upon handling; contaminated sharps; and human pathological/anatomical waste.
- (bb) INSTRUMENTS means disposable and non-disposable tools used for Body Art procedures, including, but not limited to sharps, tubes, grips, forceps, jewelry tools, etc.
- (cc) INVASIVE means entry through the skin or mucosa either by incision or insertion of an instrument, body ornament, or any other means.
- (dd) JEWELRY means any ornament inserted into the body.
- (ee) LICENSE means a license to operate a Body Art Establishment located in Douglas County issued by DCHD pursuant to Section 10, herein. All permanent, mobile, and temporary Body Art Establishments located in Douglas County must be Licensed.
- (ff) LICENSEE means an owner or operator of a Body Art Establishment that has obtained a valid Body Art Establishment License from DCHD.
- (gg) MINOR means an individual who has not reached the age of eighteen (18) years.
- (hh) MOBILE BODY ART ESTABLISHMENT means a Licensed Body Art Establishment that is readily moveable, such as a motorized wheeled vehicle or a towed wheeled vehicle, designed and equipped to conduct Body Art procedures pursuant to the provisions of these Regulations.
- (ii) NEW FACILITY means a facility that (1) is making its initial application for Licensure as a Body Art Establishment, (2) a newly constructed facility, (3) an extensively remodeled facility, or (4) a facility that is changing its physical location.

- (jj) **PERSON IN CHARGE** means the owner, manager, or individual(s) present at the Body Art Establishment who is responsible for the operation at the time of an inspection. If no individual is responsible, then any employed person present is the Person in Charge. If multiple Body Artists share the operation of the Body Art Establishment, then each Body Artist shall be considered a Person in Charge and shall be accountable for all of the requirements of these Regulations with regard to common areas and practices in addition to his/her own separate areas and practices.
- (kk) **PIERCE, PIERCED, PIERCING** means puncturing or penetration of the skin or mucosa of a person and the insertion of jewelry or other adornment in the opening. Ear Piercing of the outer perimeter or lobe of the ear with pre-sterilized, single-use stud-and-clasp ear piercing systems shall be exempt from these Regulations.
- (ll) **PRE-STERILIZED INSTRUMENTS** mean those that are commercially sterilized by the manufacturer. Packaging shall bear a legible sterilization lot number and expiration date.
- (mm) **PROCEDURE AREA** means any surface of an inanimate object that contacts the client's skin during a Body Art procedure and all surfaces where instruments and supplies are placed during a procedure.
- (nn) **REGULATIONS** means these Rules and Regulations for Body Art Establishments.
- (oo) **REUSEABLE DEVICES** means instruments or other items of equipment that are approved by the manufacturer for reuse after appropriate cleaning, decontamination, and sterilization.
- (pp) **SCARIFICATION** means an invasive procedure in which the intended result is the production of scar tissue on the surface of the skin.
- (qq) **SCULPTING** means a modification of the skin, mucosa, cartilage, or tissue of the body for non-medical purposes.
- (rr) **SERVICE ANIMAL** means a dog or other animal that is individually trained to do work or perform tasks for a person with a disability, as it complies with the most recent version of the Americans with Disabilities Act ("ADA"). Pursuant to the ADA, emotional support animals do not meet the definition of service animals.
- (ss) **SHARPS CONTAINER** means a puncture-resistant, leak-proof, rigid container that can be closed for handling, storage, transportation, and disposal, and is labeled with the Universal Biological Hazard Symbol.
- (tt) **SHARPS** means all objects (sterile or contaminated) that may purposely or accidentally cut the skin or mucosa including, but not limited to, single-use needles, scalpel blades, and razor blades.
- (uu) **SIGNS OF INFECTION** include but are not limited to, redness, swelling, tenderness of the procedure site, red streaks going from the procedure site towards the heart, elevated body temperature, or purulent drainage from the procedure site.
- (vv) **STERILIZATION** means a process that results in the total destruction of all forms of microbial life, including highly resistant bacterial spores on reusable equipment and devices in direct contact with bodily fluids.
- (ww) **STERILIZER** means an autoclave that is designed and labeled by the manufacturer as a medical instrument sterilizer and is used for the destruction of microorganisms and their spores, resulting in complete sterilization.



- (xx) TATTOO, TATTOOED, TATTOOING means inserting pigment under the surface of the human skin or mucosa by pricking with a needle or other means, to permanently change the color or appearance of the human skin or to produce an indelible mark or figure visible through the human skin.
- (yy) TEMPORARY BODY ART ESTABLISHMENT or TEMPORARY EVENT means an industry trade show, convention, procedural/product demonstration, educational seminar, or other similar event, lasting no longer than fourteen (14) consecutive days, at which Body Artists perform Body Art services and procedures outside of a permanent Body Art Establishment.
- (zz) UNIVERSAL PRECAUTIONS mean a set of precautions designed to prevent transmission of human immunodeficiency virus (HIV), hepatitis B, and other bloodborne pathogens as defined by the Centers for Disease Control and Prevention (“CDC”). Under Universal Precautions, blood and certain body fluids of all individuals are considered infectious.
- (aaa) ULTRASONIC CLEANING UNIT means a piece of equipment approved by DCHD, that is physically large enough to fully submerge instruments in liquid, and which removes foreign matter from the instruments by means of heat and/or high-frequency oscillations transmitted through the contained liquid.
- (bbb) WATER, APPROVED SOURCE means adequate, uncontaminated water for the needs of the Body Art Establishment provided from a source constructed, maintained, and operated according to the Colorado Primary Drinking Water Regulations.

## **Section 2     MINIMUM REQUIREMENTS FOR BODY ARTISTS**

### **2-101 Body Artist Requirements.**

All Body Artists shall comply with the following requirements, and shall:

- (a) Within 90 days of initially being hired, or within 90 days of enactment of this Regulation, successfully complete an approved Bloodborne Pathogen Course in compliance with the provisions of these Regulations, and obtain a written Certificate of Completion for the course. The Certificate of Completion for each Body Artist shall be posted in a conspicuous place in the Body Art Establishment visible to patrons.
- (b) Obtain written re-certification of the Bloodborne Pathogen Course on a yearly basis.
- (c) Possess and demonstrate knowledge of the Exposure Control Plan and the procedures set forth therein, Universal Precautions, health and safety precautions, and disinfection and sterilization techniques.
- (d) Within 90 days of initially being hired, receive vaccination against hepatitis B (HBV) or provide a written statement to the manager or owner of the Body Art Establishment stating that he or she declines the vaccination.

## **2-102 Documentation.**

Body Artists shall have an ongoing obligation to provide the documentation described in Section 2-101 to the staff of DCHD upon request.

## **Section 3 MINIMUM REQUIREMENTS FOR BODY ART ESTABLISHMENTS**

### **3-101 License.**

As more fully set forth in Section 10, herein, all Body Art Establishments within Douglas County shall have a validly issued and in good standing License prior to performing Body Art procedures.

### **3-102 Person in Charge.**

Each Body Art Establishment must have a Person in Charge at all times who is responsible for the operation of the Body Art Establishment.

### **3-103 Employment Records.**

The following information on each employee of a Body Art Establishment shall be on file and available for inspection by DCHD at all times during operating hours:

- (a) Full legal name.
- (b) Artist identifier name (i.e., nickname), if applicable.
- (c) Home address.
- (d) Home phone number.
- (e) Written proof that all Body Artists, or other employees handling sharps and/or infectious waste, have successfully completed an approved Bloodborne Pathogen Course and that each certification is current.
- (f) Written proof that all Body Artists, or other employees handling sharps and/or infectious waste, have either completed or were offered and declined, in writing, the hepatitis B vaccination series. This offering shall be included as a pre-employment requirement and comply with 2-101(d).

### **3-104 Documentation.**

The Person in Charge shall have access to the following information and it shall be on the premises for review by DCHD at all times during operating hours:

- (a) Contract or agreement for sharps disposal and/or other infectious/regulated waste disposal.
- (b) Spore test log and test results.
- (c) Each client record for at least 3 years after last being seen by the Body Art Establishment.

- (d) Manufacturer's information on sterilization and ultrasonic cleaning equipment.
- (e) A written Exposure Control Plan, as set forth in Section 7, herein.
- (f) Current Body Art Establishment License.

### **3-105 Reporting.**

Each Body Art Establishment shall report to DCHD all infections, complications, or diseases resulting from any Body Art procedure within 24 hours of receipt of knowledge by the Person in Charge, or any other owner, manager, or employee.

## **Section 4 CLIENT RECORDS**

### **4-101 Client Records.**

The Person in Charge shall have access to and shall maintain records at the Body Art Establishment for all clients of the Body Art Establishment for a minimum of three (3) years after each client has last been seen. The Client Records shall contain the minimum information required to be documented by this and CDPHE Regulations and be available for review by DCHD staff at all times during operating hours.

### **4-102 Client Suitability.**

The following information shall be documented and used by each Body Artist to determine the client's suitability for receiving a Body Art procedure. In order to assure, insofar as possible, the proper healing of a client following a Body Art procedure, the client shall be asked to disclose if he/she has any of the following:

- (a) Diabetes.
- (b) Hemophilia.
- (c) Skin diseases or skin lesions.
- (d) Allergies or adverse reactions to latex, pigments, dyes, disinfectants, soaps, or metals.
- (e) Treatment with anticoagulants or other medications that thin the blood and/or interfere with blood clotting.
- (f) Any other information that would aid the Body Artist in the client's Body Art healing process evaluation.

### **4-103 Client Consent.**

A written client consent form for all procedures shall document the following:

- (a) Name, address, current phone number, age, and signature of the client.
- (b) Date of the procedure.
- (c) The type and location of the Body Art.

- (d) Identification of the sterilized instrument(s) (i.e., date and time) used during the procedure that corresponds with the autoclave load log for those instruments and/or package/lot number.
- (e) Documentation that information regarding risks and outcomes were discussed and written information was provided prior to the procedure including:
  - i. Advising the client that Tattoos should be considered permanent, that they can only be removed with a surgical or laser procedure, and that any effective removal may leave scarring;
  - ii. Explanation to the client of the healing process including the expected duration, possible side effects, abnormalities, and restrictions or limitations.
  - iii. Verification that written and verbal Aftercare Instructions were provided to the client.
  - iv. The name or identifier name of the Body Artist performing the Body Art procedure.

#### **4-104 Minor Client.**

In the case of a Minor client, the following additional information shall be recorded on the client consent form:

- (a) Name, address, current phone number, and signature of a parent or legal guardian giving consent to the Body Art procedure for their children under 18 years old. If a client is under 18 years old and provides proof of emancipation, a copy of this record must be kept with their file.
- (b) A description or copy of documentation shown to the Body Artist to indicate parentage or guardianship such as an original copy of a birth certificate, or original court order of guardianship.
- (c) A copy of a state or federal photo I.D. of the person attesting to their status as a custodial parent or legal guardian of the Minor client, and their signed written consent to allow a specific Body Art procedure to be performed on the Minor client.

#### **4-105 Aftercare Instructions.**

For each Body Art procedure written and verbal Aftercare Instructions shall be provided to the client including at a minimum the following information:

- (a) Name, address, and phone number of the Body Art Establishment and the name or identifier name of the Body Artist who performed the procedure.
- (b) Information on when the client should consult a physician for additional care, which shall include signs of infection, and allergic reaction.
- (c) The expected duration of healing.
- (d) Detailed description of how to care for the Body Art procedure site, including but not limited to, the following:
  - i. Proper handwashing prior to handling, cleaning, and caring for the procedure site.

- ii. Instructions to use clean bed linens and bath towels throughout the healing period.
- iii. Any restrictions on physical activity, swimming, bathing, sauna use, etc.
- iv. Possible side effects from the procedure.

## **Section 5 FACILITY AND OPERATIONAL REQUIREMENTS**

### **5-101 Procedure Areas.**

All Procedure Areas and instrument cleaning areas shall have floors, walls, and ceilings constructed of smooth, nonabsorbent, and easily cleanable material. Outer openings shall provide protection against contamination from dust and other contaminants (e.g., rodents, insects, etc.). In Body Art Establishments that conduct branding, adequate ventilation shall provide free and unrestricted circulation of fresh air throughout the facility and the expulsion of foul odors and stagnant air.

### **5-102 Restroom Facilities.**

Restroom facilities, including restroom facilities that are rented, shared, or owned by the Body Art Establishment, shall be provided, and shall be made available to both patrons and employees during all operating hours. Floors and walls within restroom facilities shall be constructed of smooth, nonabsorbent, and easily cleanable material. It shall be the responsibility of the Person in Charge to ensure that all restroom facilities are in good working order, specifically including all restroom hand sinks, which must have hot and cold water, and be stocked with soap and paper towels at all times.

### **5-103 Cleanliness.**

The premises shall be maintained in a clean manner and in good repair.

### **5-104 Lighting.**

At least fifty (50) foot candles of artificial light shall be provided at the level where the Body Art procedure is performed and in instrument cleaning and sterilization areas, and at least twenty (20) foot candles of artificial light shall be available in all other areas.

### **5-105 Surface Materials.**

All surfaces, including, but not limited to, counters, tables, equipment, chairs, recliners, shelving, and cabinets in the procedure area and instrument cleaning room shall be made of smooth, nonabsorbent materials to allow for easy cleaning and disinfection.

### **5-106 Hand Sinks.**

Hand sinks shall be supplied with hot and cold running water delivered through a mixing faucet and under pressure. Hot water must reach a minimum temperature of 90°F and may

not exceed a temperature of 120°F at each designated hand sink. Hand sinks shall be easily accessible to each procedure area and shall be located so that one Body Artist does not potentially contaminate another Body Artist's procedure area. Each hand sink shall be provided with soap and disposable towels or a hand-drying device providing heated air. In addition, a hand sink shall be provided in or adjacent to each restroom room.

#### **5-107 Working Areas.**

Distinct, separate areas shall be used for cleaning equipment, wrapping/packaging equipment, and for the handling and storage of sterilized equipment.

#### **5-108 Instrument Cleaning Sinks.**

Instrument cleaning sinks and utility sinks shall be supplied with hot and cold running water delivered through a mixing faucet and under pressure. Hot water temperature shall at all times be a minimum of 90° F. Utility sinks, instrument cleaning sinks and hand sinks shall be separate and must only be used for their designated purpose.

#### **5-109 Water.**

Water shall be supplied from a source approved by DCHD.

#### **5-110 Sewage.**

Sewage, including liquid wastes, shall be discharged to a sanitary sewer or to a sewage system constructed, operated, and maintained according to applicable law.

#### **5-111 Refuse.**

Refuse, excluding infectious wastes, shall be placed in a lined waste receptacle and disposed of at a frequency that does not create a health or sanitation hazard.

#### **5-112 Waiting Area.**

All facilities shall have a waiting area that is separate from the Body Art procedure area, and from the instrument cleaning, sterilization, and storage areas.

#### **5-113 Reusable Cloth.**

Reusable cloth items shall be mechanically washed with detergent in water at a minimum of 140° F unless an approved disinfectant is applied in the rinse cycle or the dryer uses heat above 140° F as specified by the manufacturer. Clean cloth items shall be stored in a clean, dry environment until used. Soiled laundry shall be stored in a nonabsorbent container until removed for laundering and shall be stored separately from clean cloths.

#### **5-114 Animals.**

Animals shall not be allowed in the Body Art Procedure Areas, or the instrument cleaning, sterilization, or storage areas. Fish aquariums and/or Service Animals shall be allowed in waiting rooms and non-procedural areas. Service Animals shall be allowed in the Procedure Areas, if necessary for the Client.

#### **5-115 Chemicals.**

All chemicals shall be labeled with contents, properly stored, and used according to label instructions.

#### **5-116 Human Habitation.**

All Body Art Establishments shall be completely separated from areas used for human habitation, food preparation, hair or fingernail care, or other such activities that may cause potential contamination of work surfaces.

#### **5-117 Utility Sinks.**

In any new facility, as defined in Section 1-103, herein, a conveniently located utility sink or curbed cleaning facility provided with hot and cold water shall be provided and used for the cleaning of mops or similar wet floor cleaning materials, and for the disposal of mop water or similar liquid wastes. Utility sinks with threaded faucets shall be equipped with backflow prevention devices approved by DCHD.

#### **5-118 Sharps and Infectious/Regulated Waste.**

Sharps and infectious/regulated waste must be handled in a manner consistent with C.R.S §25-15-401 thru 407.

- (a) Discarded sharps, including needles and/or needle bars, shall be disposed of in sharps containers. Sharps containers shall not be filled past the rim/overflowing.
- (b) Infectious/regulated waste other than sharps shall be placed in impervious, tear-resistant, plastic bags, which are red in color and marked with the Universal Biological Hazard Symbol.
- (c) Full bulk sharps containers must be disposed of within 48 hours, or as otherwise required by DCHD.
- (d) Sharps and infectious/regulated waste shall be disposed of by an approved, off-site treatment facility, or waste may be treated on-site if the treatment complies with all federal, state, and local laws and regulations.
- (e) On-site treatment requires a written plan outlining disposal as required in Section 7-102(j).

## **5-119 Building Codes.**

All Permanent or Temporary Body Art Establishments shall be constructed and operated in compliance with all applicable local building codes, rules, and regulations.

## **Section 6 TEMPORARY EVENTS AND MOBILE BODY ART REQUIREMENTS**

### **6-101 Temporary Events.**

- (a) Temporary Event Licenses are required and may be issued when:
  - i. The event coordinator has submitted a completed Temporary Event License application for the Temporary Event to DCHD at least thirty (30) days prior to the proposed start date of the Temporary Event.
  - ii. The event coordinator has paid all fees required by DCHD.
  - iii. The Temporary Event Body Artists are either:
    - A. Affiliated with a Body Art Establishment approved by the appropriate Body Art regulatory authority for their home jurisdiction or,
    - B. Sponsored by the Licensee of a Body Art Establishment licensed in Douglas County, provided a written sponsorship agreement is submitted to DCHD with the Temporary Event application. The Licensee shall be responsible for ensuring that each Body Artist understands the requirements of these Regulations.
  - iv. Each Body Artist has complied with the following:
    - A. Section 2-101(c); and
    - B. Has received vaccination against hepatitis B (HBV) or has provided a written statement to the Temporary Event Licensee stating that he or she declines the vaccination.
  - v. DCHD has determined that the Temporary Event facility is in compliance with Section 5 of these Regulations.
- (b) The following shall govern Temporary Event licenses:
  - i. Temporary Event licenses shall be valid for a period of not more than fourteen (14) consecutive days beginning on the first day of the Temporary Event.
  - ii. Temporary Event Licenses are valid for one location and are not transferable from one place to another.
  - iii. Temporary Event Licenses shall be posted in a prominent location and shall be conspicuously visible to patrons.



- iv. Temporary Event License will be issued to the coordinator after an onsite inspection has been completed by DCHD staff, and the Temporary Event meets all requirements of Section 5 of these regulations.
- v. Except for the following modifications, Temporary Events shall comply with all of the provisions of these Regulations:
  - A. When permanent handwashing stations are not readily accessible, Body Artists may utilize temporary handwashing stations that are capable of providing a hands-free, continuous flow of warm potable water. All water shall be from an approved source and the water supply must be of adequate volume and pressure to facilitate proper handwashing. If a temporary hand sink will be used, the event coordinator must contact DCHD prior to the Temporary Event for approval. Liquid soap or detergent and individual paper towels shall also be provided. Temporary handwashing stations shall be used only for handwashing, and shall be located in such a manner as to not potentially contaminate a Body Artist's workstation. The event coordinator must ensure that water supplies, liquid soap or detergent, and individual paper towels for temporary handwashing stations are replenished as needed.
  - B. Wastewater from temporary handwashing stations shall be collected in a sanitary container. The event coordinator is responsible for ensuring that wastewater containers are drained into an approved sanitary sewage system as frequently as needed.
  - C. Body Artists are only permitted to use instruments that have been sterilized at a Permanent Licensed Body Art Establishment (or other licensing jurisdiction approved by DCHD), with documentation showing a negative spore test result within the previous 30 days or less prior to the date of the event; or single-use, prepackaged, commercially sterilized instruments obtained from reputable suppliers and manufacturers. On-site cleaning and sterilization of instruments at Temporary Events is prohibited.
  - D. If at any time the Temporary Event violates any part of these Regulations and is presenting significant health hazards to the public, the Temporary Event will be required to cease all operations after receiving written notice from DCHD.

#### **6-102 Mobile Body Art Establishments.**

- (a) Mobile Body Art Establishments must receive a Licensing inspection at least annually at a location determined by the DCHD. Each Licensee of a Mobile Body Art Establishment must contact DCHD for the annual inspection before operating. Additional inspections may be performed at any event or location where the Mobile Body Art Establishment is scheduled to operate.
- (b) The onboard cleaning and sterilization of instruments within Mobile Body Art Establishments is prohibited. Mobile units must be associated with a Licensed permanent

Body Art Establishment (or other licensing jurisdiction approved by DCHD), to clean and sterilize instruments, with documentation showing a negative spore test result within the previous 30 days or less, or only use single-use, prepackaged, commercially sterilized instruments obtained from reputable suppliers and manufacturers. Mobile Body Art Establishments shall have sufficient instruments, equipment, and supplies onboard to perform Body Art procedures.

- (c) In order to obtain approval to operate during a Temporary Event, a mobile unit Licensee must work with the event coordinator to ensure that their mobile unit is included in the Temporary Event License application.
- (d) Mobile units must comply with the following:
  - i. All Sections of these Regulations in their entirety, except Section 5 as modified in this Section 6-102.
  - ii. A Mobile Body Art Establishment shall be used only for the purpose of performing Body Art procedures. No habitation or food preparation is permitted inside the mobile unit.
  - iii. Exterior doors shall be self-closing and tight-fitting. Operable windows shall have tight-fitting screens of at least 16 mesh per inch or greater. Inoperable windows shall be sealed shut.
  - iv. The Mobile Body Art Establishment shall be equipped with a hand sink for the exclusive use of the Body Artist for handwashing and preparing the client for the Body Art procedures. The hand sink shall be in compliance with Section 5-106. An adequate supply of potable water shall be maintained for the Mobile Body Art Establishment at all times during operation. The source of the water and storage (in gallons) of the tank(s) shall also be identified.
  - v. The water supply tank(s) shall be designed to be easily flushed with a drain that permits complete drainage of the tank. The potable water tank shall have no common interior partition with the wastewater tank(s) or with any other tank(s) holding any other liquids. The water tank overflow or vent shall terminate in a downward direction and shall be located and constructed so as to prevent the entrance of contaminants.
  - vi. All wastewater shall be drained to a retention tank at least 15% larger than the potable water storage capacity of the unit. Wastewater shall be delivered to the retention tank by means of one or more sinks or other approved plumbing fixtures, and a sealed drain pipe. Wastewater shall be discharged from the waste retention tank to an approved sewage disposal facility and flushed as often as necessary to maintain sanitary conditions.
  - vii. The potable water tank inlet and wastewater tank outlet shall be permanently fitted in a manner to preclude the connection of a potable water hose to the wastewater tank drain or a wastewater drain hose to the potable water tank inlet.
  - viii. Restroom facilities shall be located within 200 feet of the mobile unit and shall be accessible while the mobile unit is in operation.

- ix. During the operation of a mobile unit, all doors shall be kept closed to help prevent contamination of surfaces within the mobile unit.
- x. All Body Art procedures shall be performed only within the mobile unit.

## **Section 7 EXPOSURE CONTROL PLAN AND PROCEDURES**

### **7-101 Exposure Control Plan.**

Every mobile, temporary, or permanent Body Art Establishment shall have, and comply with, a written Exposure Control Plan. All Exposure Control Plans, and the procedures developed therein, shall be in compliance with Occupational Safety and Health Administration, Centers for Disease Control and Prevention standards, and all local and state regulations.

### **7-102 Written Procedures.**

The Exposure Control Plan shall have written procedures that address, at a minimum, the following:

- (e) Instrument cleaning and sterilization;
- (f) Cleaning and disinfection of the procedure area(s), as required in Section 9-102;
- (g) Storage and disposal of sharps;
- (h) Universal Precautions procedures;
- (i) Post-exposure procedures;
- (j) Use of personal protective equipment;
- (k) Handwashing procedures;
- (l) Chemical storage and safety;
- (m) Injury and illness prevention; and
- (n) Infectious Waste Management plan, consistent with C.R.S. §25-15-401 thru 407, including segregation, identification, packaging, storage, transport, treatment, disposal, and contingency planning for blood spills or loss of containment of infectious/regulate waste.

## **Section 8 INSTRUMENTS/STERILIZATION**

### **8-101 Instrument and Jewelry Cleaning.**

- (a) All non-disposable instruments and jewelry that penetrate body tissue, and all non-disposable tubes, grips, forceps, jewelry tools, etc., that can be sterilized, shall be properly cleaned prior to packaging and sterilized. All other instruments shall be cleaned and disinfected after each use.
- (b) All unused instruments placed in the procedure area shall be repackaged and re-sterilized.

- (c) All employees shall wear the following while cleaning instruments:
  - i. Heavy-duty, multi-use, and waterproof gloves.
  - ii. Face protection that covers the mouth, nose, and eyes.
  - iii. Garment protection in the form of aprons and sleeves.
- (d) Used instruments shall be soaked in a disinfectant manufactured for the specific purpose of treating blood-soaked instruments until cleaning can be performed. The solution shall be periodically changed in the time interval recommended by the solution manufacturer.
- (e) Instruments shall be disassembled for cleaning.
- (f) All instrument components shall be cleaned, either manually or in an ultrasonic cleaner, using the appropriate cleaning agent specific to the type of cleaning performed.
- (g) Instruments shall be rinsed clean of any detergents and cleaning residue and dried prior to packaging.
- (h) Cleaning tools shall be stored in a manner that minimizes contamination of work surfaces.

#### **8-102 Ultrasonic Cleaners.**

- (a) All ultrasonic cleaners shall be capable of heating the cleaning solution.
- (b) All ultrasonic cleaners shall have the capacity to adequately clean the volume of
- (c) dirty instruments generated by the Body Art Establishment.
- (d) The aerosolized particulates generated by the ultrasonic cleaner shall be contained by adequately covering the ultrasonic cleaner while in use.
- (e) In rooms where clean instrument handling is taking place, an ultrasonic cleaner shall not be in operation at the time that sterile packages are being handled.
- (f) The operation of ultrasonic cleaner in procedure areas is prohibited.

#### **8-103 Instrument Packaging/Wrapping.**

- (a) Employees shall change into a new pair of clean single-use gloves while packaging/wrapping instruments.
- (b) Instruments shall be wrapped or packaged with a sterilizer indicator on or in each package.
- (c) All packages shall be labeled with the time and date of sterilization.
- (d) Packages shall no longer be considered sterile six (6) months after the date of sterilization.

#### **8-104 Instrument Sterilization:**

- (a) The sterilizer shall be designed and labeled as a medical instrument sterilizer.
- (b) The operators' manual for the sterilizer shall be available on the premise and the sterilizer shall be operated according to the manufacturer's recommendations, with appropriate adjustments for altitude.

- (c) The sterilizer shall be cleaned and maintained according to the manufacturer's specifications.
- (d) A sterilizer load log shall be maintained for a minimum of three (3) years at the facility and made available for inspection. The log shall contain the following documentation for each load:
  - i. Name of the person who operated the sterilizer, and name or initials of the person who verified the color indicator change on each package.
  - ii. Description of instruments contained in the load;
  - iii. Date of sterilization load and time or other unique identifier if more than one load is processed during a single day;
  - iv. Sterilizer cycle time and temperature;
  - v. Indication of proper sterilization of instruments, as evidenced by the appropriate color indicator change on each package. The indicator used shall be compatible with the sterilization process being used; and
  - vi. Action taken when appropriate color indicator change did not occur.

#### **8-105 Sterilizer Monitoring:**

- (a) Sterilizer monitoring shall be performed at least every 30 days (unless more frequent monitoring is specified by the manufacturer) by using a commercial biological monitoring (spore) system.
- (b) All biological indicators shall be analyzed by a laboratory independent from the Body Art Establishment.
- (c) Biological indicator test results shall be maintained on the premises for a minimum of three (3) years and must be available for inspection at all times.
- (d) DCHD may require the Body Art Establishment to submit copies of the sterilizer monitoring results by mail, facsimile, or in person.

#### **8-106 Instrument Storage.**

- (a) Hands shall be washed in accordance with these Regulations, and gloved with single-use gloves, prior to handling sterilized instrument packages.
- (b) After Sterilization, the instruments shall be stored in a dry, clean area reserved for storage of sterile instruments, and in a manner that limits compromising the sterility of the packaging.

#### **8-107 Single-Use Items.**

- (a) Single-use items shall be stored in a dry, clean manner.
- (b) Single-use items shall be handled in such a manner that prevents any contamination.
- (c) Single-use items shall not be used on more than one client and shall be disposed of immediately after the Body Art procedure.

- (d) Contaminated single-use needles, bars, razors, and other sharps shall be disposed of immediately in approved sharps containers.

#### **8-108 Instrument Recall.**

- (a) In the event of a positive biological indicator result or mechanical failure, all items sterilized since the time of the last negative biological monitor result shall immediately be recalled and prohibited from use until the cause of the positive biological indicator test result is identified. Additionally, the sterilizer with the positive biological indicator result shall not be used to sterilize instruments until the cause of positive indicator testing is identified.
- (b) Biological monitor testing shall be repeated, and if negative, all recalled items may be used and sterilization may continue. If repeat testing is positive, sterilizer servicing shall be performed. The sterilizer may not be used until sterilizer service is complete and biological indicator testing is negative.
- (c) If a mechanical or procedural failure was identified as evidenced by a repeat positive biological indicator test, the facility shall re-sterilize all recalled instruments and assess if any items were used since the time of the last negative indicator test. DCHD shall immediately be notified of the mechanical failure.

### **Section 9 BODY ART PROCEDURE**

#### **9-101 Prohibitions.**

The following are prohibited in any Body Art procedure:

- (a) Body Art procedures performed anywhere, for any reason, except within a Licensed Body Art Establishment.
- (b) Procedures performed on any person who is noticeably impaired by drugs or alcohol.
- (c) Smoking, vaping, eating, and drinking in the procedure and/or instrument cleaning areas. This excludes dissolvable glucose tablets or hard candies for client use when determined by the Body Artist to be medically necessary.
- (d) Procedures performed on skin surfaces that have sunburn, rash, pimples, boils, infections, moles, or manifest any evidence of unhealthy conditions.
- (e) Any procedure that must be conducted under the supervision of a physician licensed to practice medicine under Colorado law, as required in 3 CCR 713-30 also known as the Department of Regulatory Agencies, Colorado Medical Board, Rule 800 – Delegation and Supervision of Medical Services to Unlicensed Health Care Providers Pursuant to C.R.S. §12-240- 107(3)(l).
- (f) Operations only conducting permanent makeup procedures are exempt from the licensing portion of this regulation. Permanent makeup is not regulated by DCHD; however, the operator must contact the Colorado Board of Cosmetology for their requirements and follow these regulations.

- (g) Performing Body Art Procedures on a Minor client without the express written consent from the Minor's custodial parent or legal guardian as described in Section 4- 103(J).
- (h) Performing Body Art Procedures without meeting the requirements of Section 2- 101(a) and 2-101(b) of these Regulations, except that a Body Artist who is not affiliated with a Licensed Body Art Establishment in DCHD's Jurisdiction may perform Body Art procedures at a Licensed Temporary Event subject to the provisions of Section 6- 101(a).

### **9-102 Standard Procedures.**

The following procedures shall be practiced by all Body Artists:

- (a) Thoroughly wash hands with soap and warm water for at least 15 seconds before and after serving each client. Following thorough washing, hands shall be dried using clean, disposable paper towels, or a hand-drying device providing heated air.
- (b) Wear new, clean single-use gloves for each procedure. If a glove is pierced, torn, or contaminated, both gloves must be properly removed and discarded. Hands shall be washed prior to donning a new pair of gloves.
- (c) Use barrier films when appropriate to cover all items gloved hands would normally come into contact with during a procedure. These items include, but are not limited to, machine heads, clip cords, spray bottles, seat adjustment controls, power control dials or buttons, and work lamps. Change barriers, drapes, lap cloths or aprons between each client. If multi-use, these items shall be washed according to Section 5-113 prior to reuse.
- (d) Any part of a tattooing machine that may be touched by the Body Artist during the procedure shall be covered with a disposable plastic sheath that is discarded upon completion of the procedure, and the machine shall be decontaminated upon completion of the procedure.
- (e) Wear new, clean single-use gloves while assembling instruments and supplies to be used in the procedure. All sterilized instruments shall remain in the sterile packages until opened in front of the client.
- (f) Dispense all substances used in the procedures from containers in a manner to prevent contamination of the unused portion. For example, substances from multi-use containers shall be dispensed into single-use portions and shall be applied to only one client.
- (g) Discard single-use ointment tubes, applicators, and supplies after the procedure.
- (h) All used sharps must be immediately placed in an approved sharps container. Sharps containers should be used, maintained, and stored in a manner to avoid possible client or employee exposure.
- (i) After each client, use a disinfectant according to label instructions, and a single-use paper towel to wipe all surfaces touched during the procedure. Surfaces include, but are not limited to, counters, tables, equipment, chairs, recliners, shelving, cabinets, and supplies.

### **9-103 Procedures Specific to Tattooing.**

- (a) The use of Hectographic or single-use stencils shall be required for applying a Tattoo outline to the skin, except that, when the design is drawn freehand, non-toxic single-use markers or other non-toxic single-use devices shall be used. Multi-use stencils are prohibited unless they can be properly disinfected between uses.
- (b) Before placing the design on the skin, the Body Artist shall clean the area with soap and, if necessary, shave off any hair with a disposable, single-use safety razor or a disinfected multi-use razor. The area shall be treated with an Antiseptic prior to stencil application.
- (c) Inks, dyes, or pigments in single-use containers shall be used for each client. Any remaining unused dye or pigment shall be discarded immediately following the Tattoo procedure.
- (d) If inks, dyes, or pigments are prepared by the Body Artist, a list of ingredients and the procedure used in the production must be on file for review by DCHD.
- (e) Excess ink, dye, or pigment applied to the skin during Tattooing shall be removed with a clean single-use product and properly disposed of.
- (f) After the tattooing procedure is completed the area Tattooed shall be covered with a clean and appropriate absorbent bandage and held in place with a suitable skin tape. Plastic wrap is not recommended.
- (g) Materials used for bandaging shall be stored and handled in a clean manner free from possible contamination.

#### **9-104 Procedures Specific to Body Piercing.**

- (a) The body area to be Pierced shall be cleansed, where appropriate, and treated with a medical antiseptic prior to beginning the piercing procedure. The use of medical antiseptics, whether topical or oral, shall comply with the manufacturer's recommendations.
- (b) All body piercing needles shall be sterile, single-use, and manufactured for either medical or body piercing purposes. All needles shall be disposed of immediately after use in a sharps container.
- (c) Only jewelry that has been sterilized as specified in Sections 8-101 through 8- 104, pre-sterilized jewelry packs, or new jewelry that has been Disinfected, is clean, and in good condition shall be used. Sterile jewelry packs shall be evaluated before use and, if the integrity of a pack is compromised, including, but not limited to, being torn, wet, or punctured, the pack shall be discarded or sterilized before use.
- (d) Only jewelry made of ASTM F138, ISO 5832-1, and AISI 316L or AISI 316LVM implant grade stainless steel, solid 14-karat through 18-karat yellow or white gold, niobium, ASTM F 136 6A4V titanium, platinum, or other materials found to be equally biocompatible, shall be placed in newly pierced skin.
- (e) Jewelry surfaces and ends must be smooth, free of nicks, scratches, burrs, polishing compounds, and metals, and must have a consistent mirror finish
- (f) Stud-and-clasp systems shall be used according to the manufacturer's instructions and shall only be used on the earlobe or the outer perimeter of the ear.
- (g) Any experimental piercing equipment must be approved by the CDPHE.



## **Section 10 BODYART ESTBLISHMENT LICENSING,INSPECTION, AND ENFORCEMENT**

### **10-101 Licensing.**

- (a) Existing Body Art Establishments in operation at the time of the enactment of this Regulation shall be required to obtain a Body Art Establishment License by January 1, 2023, following the enactment of this Regulation.
- (b) No person, firm, partnership, joint venture, association, business trust, corporation, or any organized group of persons may advertise Body Art services or operate a Body Art Establishment in Douglas County unless it has received a Body Art Establishment License from DCHD.
- (c) All individual Body Art Establishments must have a separate License.
- (d) The License will be valid for the calendar year in which the License was issued (January 1 through December 31), and must be renewed annually.
- (e) A License for a Body Art Establishment shall not be transferable from one Licensee or Licensed Body Art Establishment to another. If a Licensee is a corporation, partnership or other legal entity, and if at any time the person or persons who own a majority of either the outstanding voting interest or all outstanding ownership interests of the Licensee at the time of the issuance of the initial License cease to own a majority of such interest (except as a result of transfers by devise or descent), the loss of greater than a majority (50%) of such interest shall be deemed a transfer of the License. Upon any transfer, a new License and corresponding inspection shall be required.
- (f) A current Body Art Establishment License shall be posted in a prominent and conspicuous area within the facility where clients may readily observe it.

### **10-102 License and Inspection Fees.**

- (a) DCHD will establish an annual License fee, as modified from time to time, which shall be no greater than that required to offset the actual costs incurred by DCHD to provide the licensing services associated with regulating the practice of Body Art in DCHD's Jurisdiction.
- (b) DCHD will set inspection fees for pre-opening inspections and remodeling inspections, as modified from time to time, which shall be no greater than required to offset the actual costs incurred by DCHD in providing said inspections. Annual inspections shall be included in the cost of the annual License fee.
- (c) The cost of a Temporary Event License shall equal DCHD's actual cost to provide the inspection and Licensing services that are associated with the particular Temporary Event that the License covers.

### **10-103 Licensing Procedure.**

A Body Art Establishment License shall be issued by DCHD upon compliance with the following procedures:

- (a) Body Art Establishment Application. The prospective Licensee of a Body Art Establishment shall submit a Body Art Establishment License application to DCHD on a form established by DCHD, as amended from time to time, which shall include, but not be limited to, the following information:
  - i. Ownership information of prospective Licensee.
  - ii. Equipment specification sheets as requested by DCHD
  - iii. Information on the source of water supply.
  - iv. Information on wastewater disposal system.
  - v. Copies of required Exposure Control Plan, logs, and consent forms.
  - vi. Any other information reasonably requested by DCHD.
- (b) License Fee. Simultaneously with the submittal of the Application, the prospective Licensee shall pay the required Body Art Establishment License fee and the pre-opening inspection fee. The License fee shall not be prorated regardless of the time of year it is initially issued.
- (c) Pre-Opening Inspection. Upon receipt and review of the Body Art Establishment License application and receipt of the applicable fees, DCHD will conduct a pre-opening inspection to confirm that the Body Art Establishment complies with these Regulations. In the event any violations or deficiencies are found in the pre-opening inspection, the Body Art Establishment will correct said violations and/or deficiencies and request a re-inspection if required by DCHD, and pay any applicable fees.
- (d) Issuance of License. After the pre-opening inspection has been conducted and DCHD has determined that the Body Art Establishment is in compliance with these Regulations, a Body Art Establishment License will be issued to the Licensee of the Body Art Establishment.

#### **10-104 Inspections.**

- (a) DCHD staff, after proper identification, shall be permitted to enter any Body Art Establishment in DCHD's Jurisdiction during business hours for the purpose of making inspections and investigating complaints, and to determine compliance with these Regulations. DCHD staff shall only enter a Procedure Area with the client's consent.
- (b) In addition to the pre-opening inspection and any applicable remodeling inspection conducted by DCHD, Body Art Establishments will be inspected on an annual basis, and as may otherwise be warranted by complaints or previous violations, as determined by DCHD.
- (c) Any Body Art Establishment with an existing License shall be re-inspected upon the completion of any material remodeling of procedure areas in the facility. In such case, DCHD will conduct the re-inspection upon the request of the Licensee of the Body Art Establishment, and the pre-payment of the required inspection fee. The Licensee of the Body Art Establishment will provide any reasonably requested documentation regarding the remodeling of the facility that may be required by DCHD. DCHD approval is required prior to the use of any remodeled procedure area.
- (d) DCHD staff shall be permitted to examine documents or true copies of documents relative to requirements of these Regulations.

- (e) Whenever an inspection of a Body Art Establishment is made by DCHD staff, the findings shall be recorded in writing and shall describe any violations that may exist. A copy or an electronic copy of the completed report shall be furnished to the Person in Charge by the end of the next workday following the conclusion of the inspection.

### **10-105 Enforcement.**

Body Art Establishments in DCHD's Jurisdiction will be subject to the following enforcement provisions.

- (a) Immediate Closure. In accordance with the provisions of C.R.S. §§25-1-506, 25- 1-509, and 25-1-518, the DCHD has the power and duty to immediately close Body Art Establishments, to forbid gatherings of people therein, and to exercise other control over Body Art Establishments as it may find necessary to protect the public health, to eliminate sources of epidemic and communicable disease, and to investigate and abate nuisances so as to eliminate sources of disease and conditions affecting the public health. Immediate closure will be used when the situation requires emergency action, such as Critical Item Violations or other imminent health hazard, to protect public health. An immediate closure shall be followed by a hearing before the Hearing Officer within a reasonable time thereafter, where the Licensee shall have an opportunity to be heard.
- (b) Civil Penalty Assessments.
  - i. Notification of Non-Compliance. Unless otherwise provided in these Regulations, or as may be warranted by the applicable violation (i.e. a Critical Item Violation requiring immediate closure), upon completion of an inspection, DCHD shall notify the Licensee in writing of any violations observed in the Body Art Establishment, and provide the Body Art Establishment a reasonable period of time to achieve compliance.
  - ii. The Hearing Officer of DCHD, after the request by DCHD staff, and appropriate investigation and hearing in accordance with Section 10-105(f), may assess a civil penalty for violations of this Regulation, not to exceed \$250 for each day of violation, as specified in C.R.S. §25-4-2102. Each day of a violation shall be considered a separate offense. The Hearing Officer shall consider the degree of danger to the public caused by the violation, the duration of the violation, and whether such Body Art Establishment has committed any similar violations.
- (c) Failure to Pay License Fees or Civil Penalty. Failure to pay any license fees or civil penalties assessed by DCHD by the date required shall constitute a separate violation which shall be subject to the assessment of one or more additional civil penalties.
- (d) Suspension of License. Licenses issued under the provisions of this Regulation may be suspended temporarily by the Hearing Officer of DCHD for the failure of the Licensee to comply with the requirements of this Regulation.
  - i. Whenever DCHD seeks to suspend a License, the Licensee shall be notified in writing that an administrative hearing before the Hearing Officer has been scheduled to temporarily suspend the Licensee's License. The hearing shall

provide the Licensee with an opportunity to be heard. Following the hearing, the Hearing Officer shall have the discretion to temporarily suspend the License of the Licensee.

- ii. Any Licensee whose License has been temporarily suspended may, at any time, make an application for reinstatement of the License. Within ten (10) days following receipt of a written request, including a statement signed by the Licensee that specifies that the conditions leading to the suspension have been corrected, and upon payment of any re-inspection fees or outstanding civil penalties, DCHD shall re-inspect the Body Art Establishment or evaluate the documentation provided by the Licensee. If the Licensee is in compliance with the provisions of this Regulation, the License may be reinstated.
- (e) License Revocation. For repeated or serious violations of any of the requirements of this Regulation, or for interference with DCHD staff in the performance of their duties, Licenses may be permanently revoked after a hearing before the Hearing Officer. Before taking such action, the Licensee shall be notified in writing that an administrative hearing before the Hearing Officer has been scheduled to revoke the Licensee's License. The hearing shall provide the Licensee with an opportunity to be heard. Following the hearing, the Hearing Officer shall have the discretion to revoke the License of the Licensee.
  - (f) Administrative Hearings. The hearings provided for in this Section 10-105 shall be conducted by the Hearing Officer at a time and place designated in the notice provided by DCHD to the Licensee. A record of the hearing shall be made by the Hearing Officer. Any decision of the Hearing Officer may be oral or written, shall be included in the hearing record, and shall include the findings and conclusions upon the material issues of fact, law, or discretion presented by the hearing record, and the appropriate order, sanction, relief, or denial thereof. It is within the discretion of the Hearing Officer whether to make an immediate decision upon the conclusion of a hearing or to prepare written findings within a reasonable time after the hearing, not to exceed thirty (30) days. Each written decision by the Hearing Officer shall be served on the Licensee by personal service or by mailing by first-class mail to the last known address of the Licensee and shall be effective as to such party on the date mailed or such later date as is stated in the decision.
  - (g) Enforcement Costs. The actual costs incurred by DCHD for enforcement of these Regulations, including reasonable oversight and overhead costs, shall be charged to and payable by the Licensee of a non-compliant Body Art Establishment.
  - (h) Appeal. Pursuant to C.R.S. §25-1-515, any person aggrieved and affected by a decision of the Hearing Officer of DCHD is entitled to judicial review of the decision by filing, in the district court of any county within DCHD's Jurisdiction, an appropriate action requesting the review, to be filed within ninety (90) days after the date of the decision. Any person aggrieved or affected by a decision of the Hearing Officer is further entitled to inspect and copy DCHD's records concerning the matter.

## **Section 11 VARIANCE PROCEDURE**

### **11-101 Request for Variance.**

Any Body Art Establishment may request a variance from any requirement of these Regulations when such Body Art Establishment believes that the requirement results in an undue economic hardship or when it is believed a standard may not apply to the specific situation.

### **11-102 Request Submitted in Writing.**

Requests shall be submitted in writing to DCHD and shall include the name and location of the business, the name of the Owner, and the section of the Regulation for which a variance is being requested. Evidence of undue economic hardship should include professional estimates and costs for compliance. If it is believed that a standard may not apply to the specific situation, an explanation shall be included.

### **11-103 Burden of Information.**

Any person who requests a variance for the provisions of these regulations shall have the burden of supplying DCHD with information that demonstrates the conditions exist which warrants the granting of a variance. All doubts shall be resolved in favor of denial.

### **11-104 Conditions for granting a variance.**

DCHD may grant a variance if:

- (a) Such variance is consistent with the purpose and intent of the act and these Regulations; and
- (b) It is consistent with the protection of the public health; or
- (c) The circumstances of the Body Art Establishment are unique; or
- (d) The cost of compliance is so great that it would threaten the economic viability of the Body Art Establishment or the Body Art Establishment would be in grave jeopardy if compliance were enforced; or
- (e) The damage to the Body Art Establishment's economic viability is in fact caused by compliance.

### **11-105 Variance Expiration.**

A variance shall expire upon a change of circumstances from those supporting the variance or upon a transfer of ownership of the Body Art Establishment.

### **11-106 Appeal.**

Any Body Art Establishment for which a variance has been denied may appeal such denial by requesting a hearing conducted before the DCHD Hearing Officer.

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**MEETING DATE:** September 11, 2025

**ATTACHMENTS:**

Request to Provide Input on Graywater Regulation



**Request to Provide Input on Graywater Regulation**

Staff recommend that your board consider the following presentation on Graywater Regulation and express an opinion on how the county should proceed. It is the recommendation of DCHD staff that your board suggest that Douglas County should Opt-Out of Graywater Regulation at this time.

# Graywater Control Regulation 86 and HB 24-1362



# House Bill 24-1362:

## Measures to Incentivize Graywater Use

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Board of County Commissioners or Municipalities can choose to “opt out”, in-full or in-part by adopting a resolution. Was previously an “opt in” program.



Douglas County has the discretion to decide whether to adopt any of the graywater uses along with the minimum design criteria and control measures.



If no action is taken, then Douglas County will automatically be enrolled into standing up a graywater program and meeting the requirements outlined in Reg. 86 by January 1, 2026.



Board of County Commissioners or Municipalities can later choose to “opt in” if previously prohibited.

Regulation 86 adoption encourages the participation of Local Public Health Agencies and the Board of Health prior to adopting an ordinance or resolution.

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5 CCR 1002-86

# Graywater Introduction

## Graywater sources include water discharge from:

- Bathroom and laundry-room sinks
- Bathtubs
- Showers
- Laundry machines

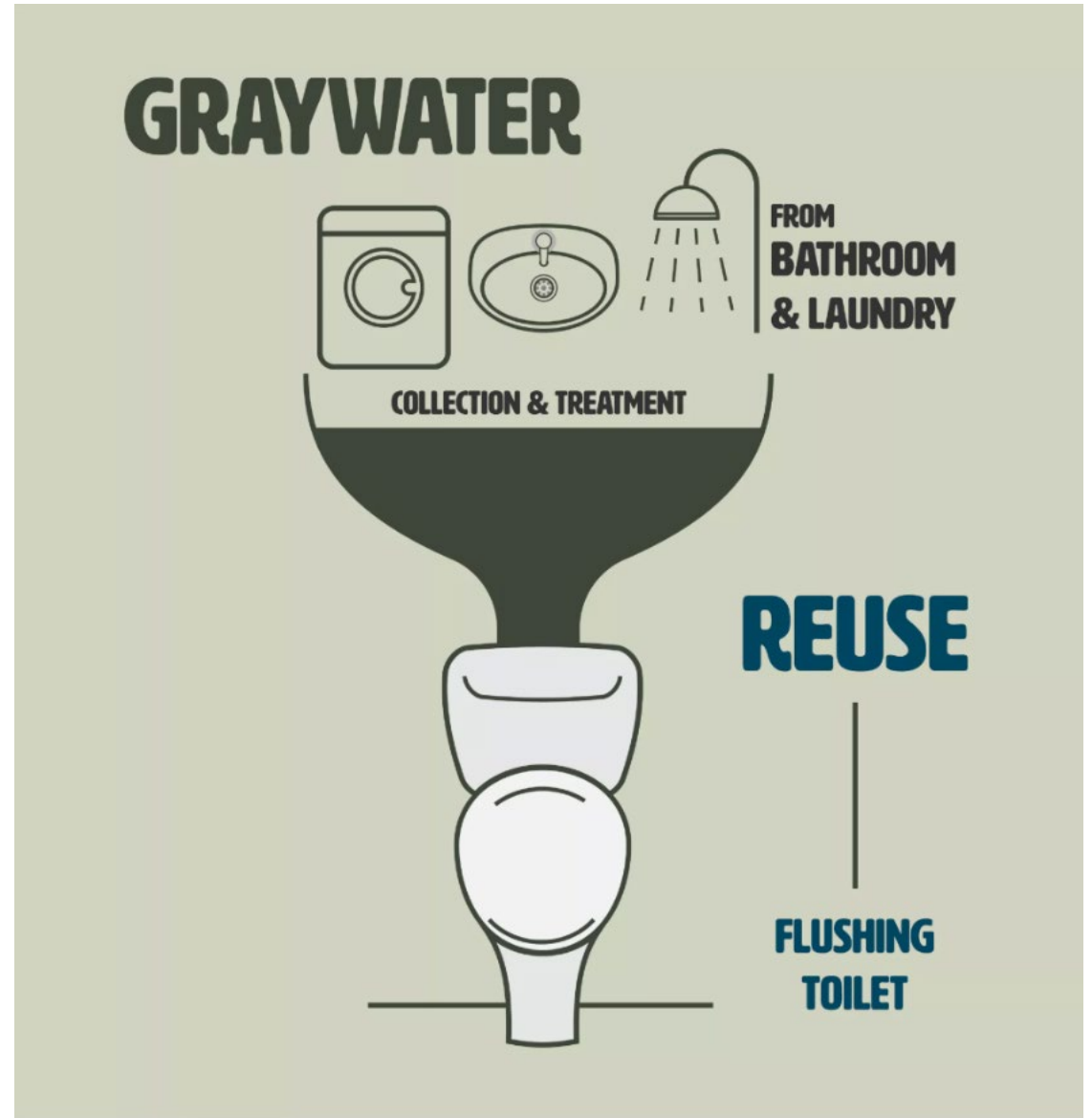
## Graywater sources do not include water discharge from:

- Toilets
- Urinals
- Kitchen Sinks
- Non-laundry utility sinks

## Two Methods for Re-use: *Flush Systems* (FS)

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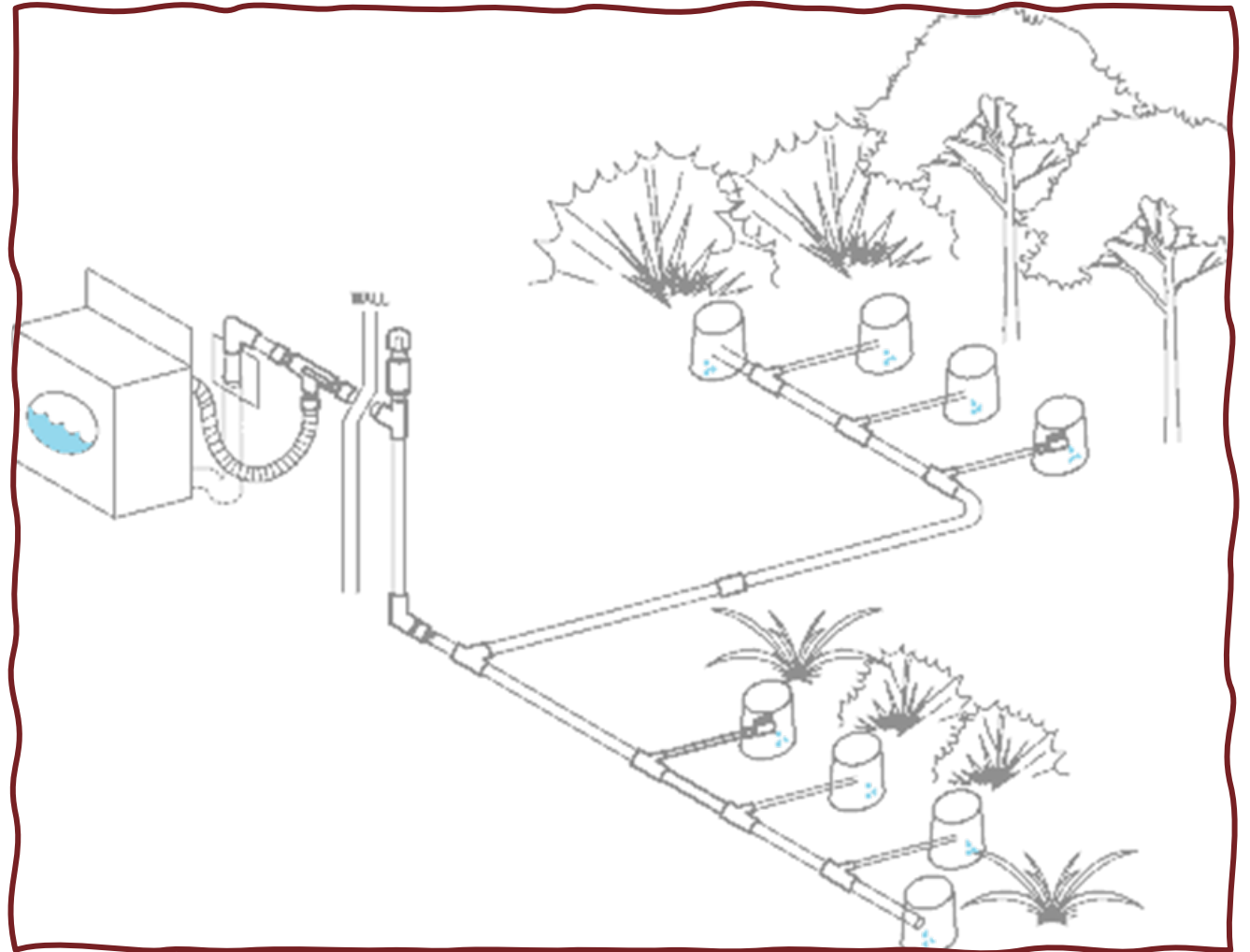
- Water is collected from bathroom sinks, bathtubs/showers, laundry sinks, and laundry machines into holding tanks and treated prior to re-use.
- Can be used to flush toilets which then goes to a septic system or to the water treatment plants.



## Two Methods for Re-Use: *Laundry to Landscape* (L2L)

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- Water collected from the laundry machine
- Can be used to water plants by pumping through a subsurface irrigation system



# Regulatory Framework

## Regulation 86

- Decision on creating a formal graywater program
- Meet minimum standards for design, permitting, and public health concerns

## Colorado Plumbing Code (3 CCR 720-I)

- Allows for graywater piping within structures

## International Building Code

- Building Department's Plumbing Code:
  - Chapter 13 (indoor reuse)
  - Chapter 14 (outdoor subsurface systems)

## Water Rights and the Department of Natural Resources

- Program must conform with Colorado Law

# Historical Use of Graywater in Douglas County

2015

- State adopted Reg 86 (previous opt-in model)
- Provided framework

2018

- Concept presented to the BOCC
- No regulations developed allowing for use at that time

2020

- Graywater system manufacturer contacted staff
- Research by staff on the current landscape of graywater in Colorado

# Historical Use of Graywater in Douglas County

- Pilot Program under R-022-073 in July 2022
- Allowed the Limited Use of Graywater in New Homes within the Boundaries of Canyons South Planned Development
- Allowed the use of graywater collected from bathtubs and showers for flushing toilets
- 29 re-use flushing systems permitted and installed in the Red Hawk subdivision (Town of Castle Rock)



# Pilot Program Homeowner Feedback

- Homeowners expressed concerns about the noise of the system, maintenance problems, space constraints and other issues.
- Some homeowners requested to have the system removed.
- Town of Castle Rock is looking more toward ultra low flow devices and other water saving considerations such as switching to native, low water landscaping and educating homeowners on watering practices.

# Kohler Study on Graywater Use in Toilets

SYSTEM ONE  
FILTRATION & CHLORINATION



Tank walls black when  
chlorine level was low.

Complaints about odor.

A 12-month study indicated that graywater use in toilets caused black tank walls when chlorine was low and produced complaints of odor.

# Other Counties and Municipalities: Permitted System Numbers

Jurisdiction	Flush System	Laundry to Landscape
Denver	27 (Pilot Program)	0
Pitkin County	0	0
Grand Junction	0	0
Fort Collins	0	-
Golden	-	0
Arapahoe	0	-

# Other Counties and Municipalities: Reported Challenges

- Design complexity, limited contractor familiarity, and unclear return on investment is a reported barrier to participation.
  - One agency estimates a 30-65 year R.O.I.
- Agencies have invested substantial time developing best management practices, hosting workshops, coordinating across departments, and conducting outreach
  - One agency estimated over \$100,000 in-kind staff time alone
  - Still experiencing lack of demand.

# Other Counties and Municipalities: Reported Challenges Continued

- Jurisdictions reporting some generalized interest in the program, but very few permitted systems installed statewide.
- Program start-up and implementation costs hard to quantify.
- Funding possible through grants, but fee recovery has been negligible.

Regulation 86 adoption encourages the participation of Local Public Health Agencies and the Board of Health prior to adopting an ordinance or resolution.

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5 CCR 1002-86

Graywater is expected to carry human pathogens with various risk levels and pathways that have the potential to be dangerous to public health and water quality.

Each local city, city and county, or county has the discretion to decide whether to adopt any of the graywater uses along with the associated minimum design criteria and control measures set forth in Reg. 86.

# Graywater Use Considerations

Population Exposed

Potential Health Exposures

Environmental Risk

Cross Connections and Other Operational Requirements



# Graywater and Health

- Exposure to human excreta
  - Washing cloth diapers, soiled garments, or infectious garments
  - Aerosolization when flushing
  - Maintenance and cleaning activities
  - Pets
- Underlying health conditions could have an increased risk
- Retention for less than 24 hours to prevent microbial growth
- Must take efforts to minimize exposures
- Outbreak Investigations



# Graywater and the Environment

- Introduction of hazardous or toxic chemicals to groundwater
  - Cleaning chemicals and other hazardous household products
  - Pharmaceuticals
  - Home maintenance activities such as rinsing paint brushes or cleaning car parts
  - Pesticides/herbicides
  - Home photo labs and other hobbyist activities
- Likely contains nitrogen, phosphorus, and total dissolved solids (TDS) which are regulated groundwater pollutants
- Odors and Disease Vectors (Mosquitoes)
  - Extended storage of graywater
  - Ponding or runoff on surface following discharge
- Onsite Wastewater Treatment Systems (OWTS)
  - Setbacks for soil treatment area and tank



# Graywater and People

- Understanding operation and maintenance of systems and due diligence.
  - Following all manufacturer recommended activities
  - Disinfection of Flush Systems with chlorine
  - Toilet water must be dyed blue or green to be visibly distinct from clean water
- Deferred maintenance on systems
- Creating unintentional cross connections between clean water and graywater.
- In L2L, implies constant monitoring of weather and ground conditions.
  - No pooling or runoff of water allowed.
  - No watering of agricultural plants or crops for eating.





# Graywater Summary

## Pros

- Is one tool to help conserve water, less water use overall
- Potential for less use of potable water for irrigation and less fertilizer needed
- May reduce water costs to consumers
- May ensure future water demands are met

## Cons

- Health and environment concerns
- Higher strength wastewater, diminished reclaimed water for municipal use
- Increases plumbing complexity
- Operation and Maintenance requirements
- High cost to benefit ratio
- Water rights

# Graywater Summary

Graywater re-use is still an evolving technology.

Education, maintenance and upkeep improvements may make these systems much safer and viable for widespread public use in the foreseeable future.

Demand for these systems continues to be low.

Staff believes that further research, programmatic development, and system improvements are necessary to properly ensure the health and safety of our citizens and their environments prior to implementing a graywater program.

## What's Next for the Board of Health?

Encourages collaboration with public health agencies and Board of Health by January 1, 2026

## Policy Option 1: Take No Action

- Becomes legal by default even if a formalized program is not in place
- All systems permitted
- Regulation 86 program still required
  - Permitting, inspections, staff training, and education programs
- Oversight must be assigned to a Department
  - Capacity and Technical Expertise Needed
- Significant costs and coordination needed

## What's Next for the Board of Health?

Encourages collaboration with public health agencies and Board of Health by January 1, 2026

## Policy Option 2: Prohibit Laundry to Landscape

- Maintain indoor allowance for toilet flush systems
- Avoid outdoor environmental concerns and complexity
  - Includes setbacks from property lines and well water
  - Soil conditions and absorption capacity
  - Water Rights and legal vulnerability
- Regulation 86 Program still required

## What's Next for the Board of Health?

Encourages collaboration with public health agencies and Board of Health by January 1, 2026

## Policy Option 3: Prohibit All Systems

- No Regulation 86 adoption
- Requires Plumbing Code amendments for Chapter 13 and 14
- Simplifies administration
- No new workload or liability
- Can opt back-in later as capacity or demand changes



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**MEETING DATE:** September 11, 2025

**ATTACHMENTS:**

Request to Approve Proposed DCHD Environmental Health Fee Schedule



### **Request to Approve Proposed DCHD Environmental Health Fee Schedule**

Staff recommend that your board approve our attached DCHD Proposed Environmental Health Fee Schedule. Some fees are set by the state and are provided for your Board's information. Fees that are controlled by the Local Board of Health are proposed to increase over the coming three years (like the fee update schedule for the state's retail food program). The goal of these changes is to bring the fees closer to offsetting the cost of the programs and to ensure that those who benefit from these programs are paying for them, rather than the public. Staff requests your board's approval of the updated local fees, to be effective November 1, 2025.

# Updating Environmental Health Fees - 2025



# Introduction to Environmental Health Fees

## Fees Set by Colorado State Legislation

- Retail Food Fees
  - School Cafeterias and Non-Profits
  - Limited Food Service
  - Restaurants
  - Grocery Stores
  - Mobile Food Units
  - Site Evaluations
  - Plan Reviews
  - HACCP Plans
  - Enforcement

## Fees Set by Douglas County Board of Health

- Body Art
- Child Care
- Land Use
- Environmental Records Reviews (ERRs)
- Plan Reviews, not Retail Food
- Site Assessments, not Retail Food
- Retail Food, Special Events
- Recreational Water
- OWTS

# Fees Set by State Legislation

# Fees Set By State Legislation

- Senate Bill 25-285 - Food Protection Act
- The act updates the ongoing schedule of annual fees imposed on retail food establishments, which fees are imposed to cover the cost of required health and safety inspections under current law.
- Decided during the triennial stakeholder process outlined in C.R.S. 25-4-1607.5
- CEO CRA Sonja Riggs discussed her experience with how Retail Food Program was conducted 10 years ago and how far we have come as a state towards a Unified Inspection Program.

# Fees Set By State Legislation

Fees Set By State Legislation					
Environmental Health Fee Type	Unit of Activity	Current	2026 Fee	2027 Fee	2028 Fee
No Fee License (K-12 Schools, Non-profit)	Annual	\$0.00	\$0.00	\$0.00	\$0.00
License, Limited Food Service (Convenience, Other)*	Annual	\$270.00	\$ 338.00	\$ 367.00	\$ 475.00
Restaurant (Seating 0-100)*	Annual	\$385.00	\$ 481.00	\$ 567.00	\$ 682.00
Restaurant (Seating 101-200)*	Annual	\$430.00	\$ 538.00	\$ 634.00	\$ 763.00
Restaurant (Seating >200)*	Annual	\$465.00	\$ 581.00	\$ 687.00	\$ 826.00
Grocery Store (0-15,000 sq. ft.)*	Annual	\$195.00	\$ 244.00	\$ 282.00	\$ 340.00
Grocery Store (>15,000 sq. ft.)*	Annual	\$353.00	\$ 441.00	\$ 519.00	\$ 624.00
Grocery Store with Deli (0-15,000 sq. ft.)*	Annual	\$375.00	\$ 469.00	\$ 552.00	\$ 664.00
Grocery Store with Deli (>15,000 sq. ft.)*	Annual	\$715.00	\$ 894.00	\$ 1,062.00	\$ 1,276.00
Mobile Unit (Prepackaged, Non-TCS)*	Annual	\$270.00	\$ 481.00	\$ 587.00	\$ 682.00
Mobile Unit (Full Service)*	Annual	\$385.00	\$ 338.00	\$ 394.00	\$ 475.00
Change of Ownership or Site Evaluation (Initial Inspection)	Per Assessment	\$75.00	\$ 120.00	\$ 120.00	\$ 120.00
Plan Review Application	Per Plan Review	\$100.00	\$ 155.00	\$ 155.00	\$ 155.00
HACCP Plan, Written	Hourly	Up to \$580	Up to \$620	Up to \$620	Up to \$620
HACCP Plan, Onsite Evaluation	Hourly	Up to \$580	Up to \$620	Up to \$620	Up to \$620
Penalty Assessment, Late License Renewal	Per Assessment	\$250.00 - \$1,000.00	\$250.00 - \$1,000.00	\$250.00 - \$1,000.00	\$250.00 - \$1,000.00
Penalty Assessment, Enforcement	Per Assessment	\$250.00 - \$1,000.00	\$250.00 - \$1,000.00	\$250.00 - \$1,000.00	\$250.00 - \$1,000.00

\*The Colorado Department of Public Health and Environment assesses a fee of \$55 of each retail food licensed.

# Fees Set by Board of Health



# Fees Set By Board of Health

- Why now?
  - Seeking to align fee schedule changes and updates with the Triannual Review period.
  - Have been a Health Department for 3 years and can benchmark against DCHD historical expenditures.
  - Original calculations did not include 'Fringe Benefits'.
- Methodology
  - Average change is 10-15% annually
  - Proposed fees will increase incrementally over a three-year period, as opposed to all at once.
  - Funding for state is being clawed back.
  - Without any adjustments, we will continue to rely on General Funds to subsidize our work.

# Proposed License Type Updates and Formatting Changes

- Childcare Program
  - Reduce 3 Fee Types down to 2 Fee Types
    - Eliminate “Twice a Year Inspection”
  - Re-name to align with how CDPHE classifies childcare inspections
    - “Part Day Program Inspection” and “Full Day or 24- Hour Care Program Inspections”
- Unit of Activity
  - Update any “Per Hour” to “Hourly” for consistency across programs

# Proposed Formatting and Layout Changes

- Environmental Health Fee Type:
  - Re-name Body Art “Temporary Event” to “Special Event Plan Review Application” to align with other programmatic nomenclature
  - Re-distributed “Plan Review Application - All Programs, Except Food” to their designated program types for clarity
  - Re-distributed “Site Assessment / Change of Owner - All Programs Except Food” to their designated program types for clarity
  - Re-examine Special Event Vendor Thresholds from 2-15 and 16+ vendors to 2-9 food vendors and 10+ vendors

# Current 2023 Fee Schedule

Fees Set By Douglas County Board of Health

Program	Environmental Health Fee Type	Unit of Activity	Current
Body Art	Annual Inspection	Annual	\$310.00
Body Art	Temporary Event Inspection	Per Hour	\$45.00
Child Care	Biennial Inspection	Biennial	\$155.00
Child Care	Annual Inspection	Annual	\$210.00
Child Care	Twice a Year Inspection	Annual	\$260.00
Land Use Plan Review	Land Use Plan Review (minimum one hour)	Per Hour	\$45.00
Environmental Records Review	Environmental Assessment File Review (minimum one hour)	Per Hour	\$45.00
All Programs, except food	Plan Review Application	Per Plan Review	\$90.00
All Programs, except food	Site Assessment / Change of Owner	Per Hour	\$45.00
Retail Food	Special Events License	Annual	\$120.00
Retail Food	Special Event Plan Review Application (2-15 vendors)	Per Event	\$100.00
Retail Food	Special Event Plan Review Application (16 + vendors)	Per Event	\$200.00
Retail Food	Special Event Plan Review Late Fee	Per Late Application	\$50.00
Retail Food	Special Event Inspection (per inspector)	Per Hour	\$45.00
Retail Food	Education, 2 Hour In-Service Training	Per Training	\$90.00
Recreational Water	Pool / Spa / Spray Pad (by filtration system)	Annual	\$160.00
Onsite Wastewater Treatment System	New Permit**	Per Permit**	\$925.00
Onsite Wastewater Treatment System	Major Repair or Expansion Permit**	Per Permit**	\$605.00
Onsite Wastewater Treatment System	Minor Repair**	Per Permit**	\$340.00
Onsite Wastewater Treatment System	Use Permit Application Fee	Per Permit	\$60.00
Onsite Wastewater Treatment System	Variance Request (New/Repair Permit)	Hourly	\$45.00
Onsite Wastewater Treatment System	New/Repair Permit Renewal	Per Permit	\$50.00
Onsite Wastewater Treatment System	Re-Inspection	Per Inspection	\$90.00
Onsite Wastewater Treatment System	Plan Review per additional hour (first hour free)	Per Plan Review	\$45.00
Onsite Wastewater Treatment System	Installers' & Cleaners' License - New/Renewal	Annual	\$35.00

Redistribute  
to each  
program  
type

# Proposed 2026 Fee Schedule: Body Art Program

Environmental Health Fee Type	Unit of Activity	Current	Proposed 2026 Fee	Proposed 2027 Fee	Proposed 2028 Fee
Body Art License	Annual	\$310.00	\$355.00	\$390.00	\$430.00
Special Event Plan Review Application	Per Event	\$45.00	\$60.00	\$60.00	\$60.00
Plan Review Application	Per Application	\$90.00	\$100.00	\$110.00	\$125.00
EHS Hourly (Plan Review per additional hour, Change of Owner, Site Assessment, etc.)	Hourly	\$45.00	\$60.00	\$60.00	\$60.00

# Proposed 2026 Fee Schedule: Child Care Program

Environmental Health Fee Type	Unit of Activity	Current	Proposed 2026 Fee	Proposed 2027 Fee	Proposed 2028 Fee
Part Day Program Inspection (Less than 4 hours in care)	Per Routine Inspection	\$155.00	\$175.00	\$195.00	\$215.00
Full Day or 24-Hour Care Program Inspection (4 hours or more in care)	Per Routine Inspection	\$210.00	\$240.00	\$265.00	\$290.00
Plan Review Application	Per Application	\$90.00	\$100.00	\$110.00	\$125.00
EHS Hourly (Plan Review per additional hour, Change of Owner, Site Assessment, etc.)	Hourly	\$45.00	\$60.00	\$60.00	\$60.00

# Proposed 2025 Fee Schedule: Local Retail Food Program

Environmental Health Fee Type	Unit of Activity	Current	Proposed 2026 Fee	Proposed 2027 Fee	Proposed 2028 Fee
Special Events License	Annual	\$120.00	\$135.00	\$150.00	\$165.00
Special Event Plan Review Application (2-5 Vendors)	Per Event	\$100.00	\$115.00	\$125.00	\$135.00
Special Event Plan Review Application (5+ Vendors)	Per Event	\$200.00	\$230.00	\$250.00	\$275.00
Special Event Plan Review Late Fee	Per Late Application	\$50.00	\$60.00	\$69.00	\$75.00
Education, 2 Hour In-Service Training	Per Training	\$90.00	\$100.00	\$110.00	\$125.00

# Proposed 2026 Fee Schedule: Land Use, ERRs, and Recreational Water

Environmental Health Fee Type`	Unit of Activity	Current	Proposed 2026 Fee	Proposed 2027 Fee	Proposed 2028 Fee
Land Use and ERRs, Consulting and Review	Hourly	\$45.00	\$60.00	\$60.00	\$60.00
Recreational Water, Pool/Spa/Spray Pad by filtration system	Annual	\$160.00	\$180.00	\$200.00	\$220.00
Recreational Water, Plan Review Application	Per Plan Review	\$90.00	\$100.00	\$110.00	\$125.00
EHS Hourly (Plan Review per additional hour, Change of Owner, Site Assessment, etc.)	Hourly	\$45.00	\$60.00	\$60.00	\$60.00



# Proposed 2026 Fee Schedule: Onsite Wastewater Treatment System

Environmental Health Fee Type	Unit of Activity	Current	Proposed 2026 Fee	Proposed 2027 Fee	Proposed 2028 Fee
New Permit**	Per Permit	\$925.00	\$1,060.00	\$1,170.00	\$1,285.00
Major Repair or Expansion Permit**	Per Permit	\$605.00	\$695.00	\$765.00	\$840.00
Minor Repair**	Per Permit	\$340.00	\$390.00	\$430.00	\$470.00
Use Permit Application Fee	Per Permit	\$60.00	\$65.00	\$75.00	\$80.00
New/Repair Permit Renewal	Per Permit	\$50.00	\$55.00	\$60.00	\$60.00

\*\*The CDPHE Water Quality Division assesses a fee of \$23 for each authorized new and repair permit for OWTs. \$20 is transmitted to CDPHE and \$3 is retained by LPHA for administrative costs.

# Proposed 2026 Fee Schedule: Onsite Wastewater Treatment System

Environmental Health Fee Type	Unit of Activity	Current	Proposed 2026 Fee	Proposed 2027 Fee	Proposed 2028 Fee
Variance Request (New/Repair Permit)	Hourly	\$45.00	\$60.00	\$60.00	\$60.00
Re-Inspection	Per Inspection	\$90.00	\$100.00	\$110.00	\$125.00
Installers License (New/Renewal)	Annual	\$35.00	\$40.00	\$40.00	\$50.00
Cleaners License (New/Renewal)	Annual	\$35.00	\$40.00	\$40.00	\$50.00



Proposed Effective Date  
November 1, 2025

# Any Questions?

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[www.douglas.co.us](http://www.douglas.co.us)

**MEETING DATE:** September 11, 2025

**ATTACHMENTS:**

Request to Approve DCHD Draft Budget for 2026



### **Request to Approve DCHD Draft Budget for 2026**

Staff recommend that your board approve the attached draft budget for DCHD for 2026. This budget includes funding allocations from the state that were approved by the Board of Health earlier this year, along with the revenues your committee was asked to accept in a previous agenda item.

Since county salaries for 2026, and benefit costs are not certain at this time, total personnel costs entered are estimates that we received from the county budget office. The bottom-line budget should remain the same unless the Board of County Commissioners approve salary increases that are substantially different from what the budget office estimated.

The funding request from the county remains about the same as last year. Of note is the fact that any continued salary increases by the county may result in our having to ask for more county funds in future budgets. Also, ongoing state and federal budget challenges may impact our budget at some point in mid to late 2026.

# Proposed 2026 Budget

Object	Account Description	Health Department Admin 46100	Emergency Prep / Disease Control 46200	Environmental Health Services 46300	Community Health 46400	DC Early Childhood 46500	FUND 217
<b>300000</b>	<b>Revenues</b>	-1258967.83	-226630.79	-524420.64	-113227.74		(2,123,247.00)
334600	Other State Grant/Indirect	-	-335340	-84000	-682711	-388383	(1,490,434.00)
336900	State Reimbursement/CDPHE	-900476	-	-	-	-	(900,476.00)
340000	CHARGES FOR SERVICES	-	-	-	-	-	-
345100	Vital Record Fees	-349000	-	-	-	-	(349,000.00)
380000	MISCELLANEOUS REVENUES	-	-	-	-	-	-
382900	Other Reimbursements	-	-	-	-	-23318.22	(23,318.22)
390000	OTHER FINANCING SOURCES	-	-	-	-	-45000	(45,000.00)
395100	Op Transfer-General Fund	-	-	-	-	-	-
330000	INTERGOVERNMENTAL	-	-	-	-	-	-
331900	Other Fed Gr/Indirect ELC	-	-275671	-	-621795	-	(897,466.00)
333900	Federal Reimbursement	-	-	-	-	-	-
334600	Other State Grants	-	-	-84000	-	-	(84,000.00)
345200	Restaurant Inspection Fees	-	-	-408696.72	-	-	(408,696.72)
345210	Childcare Inspection Fees	-	-	-15375	-	-	(15,375.00)
345220	Wastewater Fees	-	-	-192180	-	-	(192,180.00)
345230	Body Art Inspection Fees	-	-	-10235	-	-	(10,235.00)
345240	Land Use Fees	-	-	-3690	-	-	(3,690.00)
345260	Solid and Hazardous Waste Fees	-	-	-	-	-	-
345270	Recreational Water Fees	-	-	-14540	-	-	(14,540.00)
382900	Other Reimburse/Donations	-	-	-	-	-23318.22	(23,318.22)
<b>300000</b>	<b>REVENUES TOTAL</b>	<b>\$ (2,508,443.83)</b>	<b>\$ (837,641.79)</b>	<b>\$ (1,337,137.36)</b>	<b>\$ (1,417,733.74)</b>	<b>\$ (480,019.44)</b>	<b>(6,580,976.16)</b>
410000	<b>PERSONNEL SERVICES</b>						-
411100	Salaries & Wages-Regular (FT)	870,022.00	480,543.62	885,382.00	917,533.00	135,612.00	3,289,092.62
411110	Payroll Accrual	-	-	-	-	-	-
411225	Addtl Compensation	-	-	-	-	-	-
411230	Stipend	-	-	-	-	-	-
411300	Salaries & Wages-Temporary	-	-	-	-	-	-
411500	Salaries & Wages-P-T	-	-	-	-	-	-
411600	Merit Pool	-	-	-	-	-	-
412100	Overtime/Straight - Reg.	-	-	-	-	-	-
412200	Overtime/Straight - Accrued	-	-	-	-	-	-
412300	On-Call Pay	-	-	-	-	-	-
420100	Vacation Payout	-	-	-	-	-	-
430100	Cafeteria Plan Benefits	-	-	-	-	-	-
430150	Medical Benefit	178,479.00	131,756.00	226,774.00	245,630.00	-	782,639.00
430160	Dental Benefit	2,623.00	1,495.00	3,753.00	4,280.00	-	12,151.00
430170	Vision Benefit	-	-	-	-	-	-
430200	Social Security	63,322.00	51,403.00	67,732.00	83,610.00	-	266,067.00
430300	Retirement	96,472.00	73,912.00	97,393.00	120,224.00	-	388,001.00
430400	Fringe Benefits Pool	8,954.00	7,658.00	11,414.00	12,985.00	-	41,011.00
432100	Contract Work/Temporary Agency	-	-	-	-	173907.44	173,907.44
	<b>SUBTOTAL</b>	<b>\$ 1,219,872.00</b>	<b>\$ 746,767.62</b>	<b>\$ 1,292,448.00</b>	<b>\$ 1,384,262.00</b>	<b>\$ 309,519.44</b>	<b>4,952,869.06</b>

433000	SUPPLIES								-	
433200	Office Supplies	24,700.00		1,800.00		700.00		700.00	5000	32,900.00
433210	Computer Supplies	-		-		-		-	-	-
433220	Food & Beverage Supplies	500.00		-		-		-	-	500.00
433400	Operating Supplies	-		2,000.00		-		-	-	2,000.00
433410	Emergency Response Supplies	-		-		-		-	-	-
433420	Employee Recognition Supplies	5,000.00		-		-		-	-	5,000.00
433500	Clothing & Uniforms	2,300.00		-		-		-	-	2,300.00
	SUBTOTAL	\$ 32,500.00	\$ 3,800.00	\$ 700.00	\$ 700.00	\$ 5,000.00				42,700.00
438000	CONTROLLABLE ASSETS (C.A.)	-		-		-		-	-	-
438350	C.A.-Communication Equipment	-		-		-		-	-	-
438400	C.A.-Furniture/Office Systems	-		-		-		-	-	-
438500	C.A.-Computer-Related	-		-		-		-	-	-
438600	C.A.-Computer Software/License	-		-		-		-	-	-
438800	C.A.-Other Equipment	-		-		-		-	-	-
	SUBTOTAL	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-		-
439000	PURCHASED SERVICES									-
439200	Postage & Delivery Svc.	9,000.00		-		-		-		9,000.00
440100	Printing/Copying/Reports	3,750.00		-		-		-		3,750.00
440200	Newspaper Notices/Advertising	-		-		-		-		-
440300	Copier Charges	-		-		-		-		-
442350	Employee Phone Allowance	1,200.00		-		-		-		1,200.00
442400	Telephone/Communications	-		-		-		-		-
442420	Cell Phone Service	-		-		10,000.00		-		10,000.00
443100	Medical, Dental & Vet Services	-		5,000.00		800.00		820.00		6,620.00
443600	Other Professional Services	72,000.00		80,000.00		7,500.00		2,000.00		161,500.00
444700	Other Repair & Maint. Service	-		-		-		-		-
445200	Metro Area Meeting Expense	-		-		-		100.00		100.00
445300	Travel Expense	20,000.00		3,000.00		10,000.00		6,638.00		39,638.00
445500	Catered Meal Service	3,600.00		-		-		-		3,600.00
446100	Conference,Seminar, Train Fees	12,000.00		15,000.00		12,000.00		2,150.00	500	41,650.00
446300	Prof. Membership & Licenses	30,000.00		2,000.00		1,500.00		5,000.00		38,500.00
446400	Books & Subscription	1,500.00		-		100.00		100.00		1,700.00
447500	Other Purchased Services	-		8,000.00		-		-	165000	173,000.00
447570	Community Outreach	25,000.00		-		-		10,000.00		35,000.00
447900	Recruitment Costs	-		-		3,000.00		-		3,000.00
	SUBTOTAL	\$ 178,050.00	\$ 113,000.00	\$ 44,900.00	\$ 26,808.00	\$ 165,500.00				528,258.00
449000	FIXED CHARGES									-
449055	Fuel Charges	-		-		6,593.00		-		6,593.00
449056	Fleet Maintenance	-		-		13,094.00		-		13,094.00
449057	Fleet Outside Repairs	-		-		688.00		-		688.00
449058	Fleet Internal Labor	-		-		14,136.00		-		14,136.00
449400	ISF-Liability & Prop Insurance	10,700.00		-		-		-		10,700.00
	SUBTOTAL	10,700.00	0.00	34,511.00	0.00	0.00		0.00		45,211.00
455000	GRANTS, CONTRIBUTIONS, INDEMN	-		-		-		-		-
459100	Errors & Omissions	-		-		-		-		-
	SUBTOTAL	-		-		-		-		-
469000	INTERDEPARTMENTAL CHARGES	-		-		-		-		-
469210	Cost Allocation Plan	-		-		-		-		-
474300	Cars, Vans, Pickups	-		-		-		-		-
	SUBTOTAL	-		-		-		-		-
480000	CONTINGENCIES & RESERVES	-		-		-		-		-
483100	Miscellaneous Contingency	-		-		-		-		-
	SUBTOTAL	-		-		-		-		-
Total	Expenditures Total	\$ 1,430,422.00	\$ 863,567.62	\$ 1,338,048.00	\$ 1,411,770.00	\$ 480,019.44	\$			5,523,827.06
	DC Health Department	\$ (1,078,021.83)	\$ 25,925.83	\$ 910.64	\$ (5,963.74)	\$ -	\$			(1,057,149.10)



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**MEETING DATE:** September 11, 2025

**ATTACHMENTS:**

Request to Change the Date of the December Meeting



### **Request to Change the Date of the December Meeting**

Due to a county event that would cause a conflict for the Commissioners, staff recommends that your board approve changing the date of your Board's December meeting from Thursday, December 11 to Wednesday, December 10.