Wednesday, November 5, 2025

The Van Buren/Cass District Board of Health will hold their regularly scheduled meeting on **Wednesday, November 12, 2025, at 3:00pm. at the Community Center, 302 So Front Street, Dowagiac MI 49047.**

AGENDA

1. Roll call
2. Minutes of Previous Meeting
3. Finance Director's Report
4. Administrator/Health Officer's Report
5. Nursing Report
6. Medical Director
7. Dental Report
8. Environmental Health Report
9. Health Promotions Report
10. Other Business
11. Public Comment
12. Adjournment

Van Buren/Cass District Health Department Minutes
10/08/2025

Chairperson Leary called the meeting to order at 3:02pm at the Van Buren ISD Conference Center at 490 S Paw Paw St. Lawrence, MI in the Loring Room on Wednesday, October 8, 2025. Roll call taken.

Board members present: Jeremiah Jones, Tina Leary, Robert Linderman, Randall Peat, Roseann Marchetti

Board members absent: Priscilla Gatties

Employees present: Nancy Desai, Lauren Jaramillo, Danielle Persky in-person and Kelly Adkins, Alisha Bartlett, Dr. Larry Wile, Holly Young, Jennifer Zordan virtually

Others: Jerry Marchetti in-person and Roger Boyer, Karen Tan virtually

September meeting minutes were reviewed. Motioned by Peat and second by Jones to approve the meeting minutes as written. All voting yes, motion carried.

Finance Director's Report

Desai started by reviewing two months of disbursements for August and September. Noted item includes the prepayment of Patagonia annual subscription for electronic medical records. Linderman asked about line 20 to Paw Paw Collision. Desai noted it was the fees due after the administrative vehicle was damaged by a deer. Linderman asked if raising fees has been looked at. Persky is reviewing Environmental Health fees for the next month. Other local health department fees are being used as references. The disinterment and reinterment permitting process is discussed. Linderman asked about the budget item for the building space. Desai responded that it was noted twice and has been corrected.

Discussed and reviewed. Motioned by Peat, second by Jones to accept the August and September expenditures reports. All voting yes, motion carried.

Expenditures Report

Desai goes on to discuss the state audit of the unattributed COVID-19 immunization funds from 2021. The state auditors requested a corrective action plan along with the payment of $80,000. Peat asked if the health department agrees with the findings. Desai stated yes, which was the intention of the audit ad hoc committee from last year and previous discussions going back to earlier this year. Leary asked where the payment would come from. Desai stated it will be paid through fund balance, but a payment plan is being requested. Desai provided the State a corrective action plan to revise the chart of accounts so that it can better identify expenses to proper grants. Desai implemented a revised chart of accounts beginning fiscal year 2023-2024.

Linderman asked how the state knows how reporting occurs. EGrAMS is the state grant management system. Persky noted that a shortcoming of this system is that quarterly reporting can be done without bank reconciliation. From there, it looks like all money was expended, but the audit did not show this due to a lack of cost coding. Linderman noted the data is interesting with a total of $106,000 misallocated, but credit was given by the state to pay less. Persky added that the cost benefit has not been analyzed, but the state did note litigation against the previous auditors whose role was to catch incidences such as these is an option. Marchetti asked who our previous auditors were. Persky agreed to update board members as more details become available.

Administrator/Health Officer's Report

Persky began with a state budget update. Hearing and vision along with the Kindergarten Oral Health Assessment (KOHA) came out unscathed. A major update is for dental. Originally removed from the budget, adult Medicaid for dental treatment was reinstated in the final budget. In addition, there is a new one-time funding line item called the dental safety net payments. An effort to have this line item created was done in collaboration with other similarly modeled dental clinics that provide Medicaid dental care without being federally qualified health centers (FQHCs). This group got together as all are suffering due to the 2023 removal of the state plan amendment in favor of increased Medicaid reimbursement rates, which is not enough to recoup costs.

This coalition came together with lobbyists from the law firm KJL. A health department can't lobby but registering as a coalition does provide this resource. $4 million were secured through the dental safety net payments line item. Because it's a one-time budget item, it does not dictate how it will be paid out. A meeting will be held with lawmakers and MDHHS to determine the best way to receive these funds. The question remains about what that will look like, but funding may become available as early as February. The next steps are to make this a permanent funding item through the executive budget through continued lobbying and advocacy as a coalition. Linderman asked how many adult patients there are. Persky responded that 47 percent are 50 and older with only 15 percent being youth. Linderman asked about the attorney and lobbyist fees. Persky responded that the health department's fees are 250 dollars a month. The cost is based on the size of the clinics. Linderman agreed it was well worth the effort. Linderman also noted appreciation for the updated board packet page numbering.

Persky moved to discuss a proposal for a pilot to strengthen workplace culture, improve employee satisfaction through burn out, and enhance productivity. Jones notes that it can be difficult to schedule time off, and Persky agreed. The proposal requests a review for future approval of a reduced hour work week pilot. The request also asks for recommendations on how to best split the hours between five or four days, the impact on our clients, measuring impact, and more. With this being a pilot program, ideally it would run 12 months as all divisions have different busy seasons. Studies were discussed showing that there is no productivity loss associated with this type of schedule change and improved employee satisfaction that sustains the workforce. Persky discussed which day might be best and proposed Fridays as phone and foot traffic is often low this day. The board reviewed other day's recommendations. Linderman asked what holidays the health department closes for. Persky noted it would work in the health department's favor, but Linderman asked for this to be confirmed. Linderman asked what this would look like for Environmental Health. Schedules are currently slowing down, but that is why the 12-month pilot is important to look at how this would affect this team during that time. Leadership meetings are held weekly to review future challenges that arise such as putting in the policy that staff may be asked to work 40 hours during busy periods. Overtime is not paid until staff work over 40 hours.

Jones asked if there are other similar organizations with this schedule that can be compared to. Persky agreed to bring more information to the next meeting. Initial findings show it is often private businesses that have this schedule rather than those in government sectors. Marchetti requested more information on the burnout being seen as that is concerning. Jones noted that he has seen similar staff burn out within law enforcement. Persky elaborated on the burn out with overwork, supply/demand, and dealing with challenging public matters. The budget concerns of this past year have produced fears of job loss or other

cuts, too. There is much outside the scope of control. This is one thing that can be done while also committing to the value of health department staff. Linderman confirmed 13 holidays, which would mean several three-day work weeks. Holidays that land on specific days versus changing dates are reviewed. Persky reiterated the importance of expectations, which would mean staff are in-person during the specific hours noted. This is important to keep items moving quickly and eliminate communication barriers with different schedules. Remote work has its place, but it would need to be approved ahead of time. Marchetti asked if there are any cost savings with this move. Desai stated the PTO accrual would be reduced. Persky added that building use like electricity would also be lowered. Leary asked about wages, specifically for hourly employees. Persky responded that this has been reviewed with leadership, but the details are still being fleshed out. There would need to be hourly rate adjustments. The intention is to benefit the team, not devalue with lower wages.

Peat commented on his experience in the private sector and examples such as summer hours. Another option is not reducing business hours and having each department decide what they would cover. Peat continued by noting his support as it is allowed for employee retention in his experience. Desai agreed with the sentiment of a recruitment tool to find qualified candidates. Peat also added the benefit of the flexibility of this schedule. Persky reviewed the importance of accountability with this rollout. Linderman asked about the holiday and weather closing pattern. Desai responded that we are not closing unless Van Buren and Cass Counties approve of an unexpected closure. Peat added that it's important to remember that the health department is a service to the community and favors crafting the schedule around departments for accessibility. Linderman commented on the phone tree as a barrier to communication at the moment. Persky agreed with it being difficult and reception has been pulled to help clinical at times. Along with the phone tree being updated, the entire phone system will need to be replaced in the future. Linderman asked for updates on the phone system, which Persky agreed to provide with IT.

Persky moved to discuss a performance management project as an element of public health. Metrics around the work being done are necessary to quantify impact and provide evaluation. A mini grant was received to improve this. VMSG, a public health performance management system, is being implemented with training for ten staff. Although it is not required currently for Michigan accreditation, it is being reviewed as a possibility for the future.

Nursing and Medical Director Report

Dr. Wile reminded everyone to continue to wear mosquito bug spray and asked for any questions from the board. Linderman asked how long a COVID-19 shot lasts for. Dr. Wile stated it depends on variables such as immune systems or how infectious a person is. It might not give you protection from getting it, but it will give you protection from getting hospitalized, serious infections, or death.

Persky noted a request from Nursing Director Beeching to point out the monthly board report's rabies data. The health department reported that 15 individuals within the district received post exposure prophylactic (PEP) for rabies following a potential exposure. In each case, the bat was unavailable or not suitable for testing.

Dental Report

Persky moved to discuss updates on proposed dental program options in consideration of the significant deficit. Ad hoc committee members met in September. During this meeting, public health law, current

and proposed budgets, dental fees, current staffing, and the landscape of dental providers in the area. After this review, three options were discussed. The most viable option is to sell to Cass Family Clinics as they showed interest in buying. On the following Friday, the leadership team met with Cass Family Clinics and Gatties to review interest and answer preliminary questions. Staff were then told of this option, and the discussion was brought to Cass Family Clinics board. From this meeting came further questions on length of the lease, a reconsideration of the purchase price, and an understanding that both clinics would spend 30 days doing due diligence. At the start of October, Cass Family Clinic dental leadership team toured the health department dental clinic. The focus is now to work collaboratively with the Northern Health Foundation, who is the non-profit on our behalf that works with the bank on the Dowagiac mortgage. The lease indicates subleasing, but there are certain requirements that include being vetted by PNC. Persky is also working with the City of Dowagiac to coordinate leasing options.

To balance costs in Van Buren County, two operatories would need to be built out. Architects were brought in with costs and proposals for how to add these to the second level in Lawrence. The purchase price was set in the letter of intent as $425,000, but the request is to be closer to $400,000, which is feasible. The sticking point is the lease. Peat asked if any staff will be left on the second level. Persky responded that Environmental Health staff and Nursing staff will still be in the building. They would be moved to the first level. The health department would then be in a traditional tenant lease on the first level. Peat asked if Cass Family Clinics considers the health department as competition and if that is the motivation. Persky responded that Cass Family Clinics is modelled as a FQHC, so services are all under one roof from a holistic health approach. The clinic already had started exploring adding dental to their recently built Dowagiac pharmacy and primary care facility, so this would be a turnkey solution. Peat asked for an update on if the Dowagiac facility is running a deficit. Persky responded that it was not just one clinic issue. No matter what changes were made, a revenue ceiling of $2.5 million became apparent. One clinic without the need to pay for the dedicated fiber optic line that runs $3,000 a month. Subsidies are available but are not always guaranteed. The focus being moved to Van Buren County with additional operatories would increase production without the added costs of having two facilities.

Peat commented that from the buyer's perspective, there are no startup costs. Desai noted that the concession is the lease, which Peat and Persky agreed with. Persky added that a year ago Cass Family Clinics looked at moving into the Dowagiac first level, which the health department welcomed. Peat asked what dental services would look like for veterans in Cass County. Desai responded that their grant is much smaller comparatively. Reimbursement was $1,900 in Cass County compared to $54,000 in Van Buren County. Peat asked what the hold is up if this is mutually beneficial. Persky responded that it is the lease. The goal is to have updates on the lease within the next month.

Environmental Health Report

Updates are discussed in the written report.

Health Promotions Report

Updates are discussed in the written report.

For public comment, Boyer commented on the proposed reduced hour work week. His concern is in his experience, working ten hours a day, four days a week did not improve his efficiency as part of his own study. Concern was also given about the pay increase that comes with reducing hours without reducing

salaries. Boyer asked who would approve this proposal. Persky responded that the Board of Health would approve.

Linderman asked if a recognition event will take place for Don Hanson's term on the Board of Health. Persky responded yes, she has been working to contact the Hansons to attend a board meeting. Leary noted she will see the Hansons soon. Linderman noted he will not be present for next month's meeting.

Peat updated on the schedule for the Holtec Palisades nuclear power plant reopening. Everything at this time is on schedule. There are 2,000 contractors and 600 full-time employees. They have been a great partner to Van Buren County. Linderman asked where they would be living. Peat noted this will be an issue, but it is being addressed. Jones added that nuclear waste was requested to be placed in Cass County, but that was not desired.

There were no other business and no public comment.

Motion to adjourn at 4:25pm by Peat, second by Jones. The next regular District Board of Health meeting is scheduled for Wednesday, November 12, 2025, at 3:00pm at the Van Buren/Cass District Health Department at 302 So Front Street, Dowagiac MI in the Community Center.

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Tina Leary, Board of Health Chairperson

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Danielle Persky, Health Officer

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Lauren Jaramillo, Board of Health Secretary

FEE SCHEDULE FOR ENVIRONMENTAL HEALTH (current)

SANITATION PERMITS	
SINGLE FAMILY	$250.00
RENEWEL (within 6 months)	$125.00
COMMERCIAL <2,000 GALLONS	$250.00
COMMERCIAL >2,000 GALLONS	$200.00
COMMUNITY SHARED	$400.00
APPEALS	$400.00

WELL PERMITS (SINGLE FAMILY)	$250.00
WELL PERMITS (TYPE III)	$250.00
RENEWEL (within 6 months)	$125.00
TYPE II	$400.00
Level --II Assessment	$100.00
WELL DRILLED PRIOR TO APPLICATION	**$250.00**

HOME LOAN INSPECTIONS (BOTH)	$200.00
HOME LOANS (WELL/WATER ONLY)	$150.00
HOME LOANS (SEWAGE ONLY)	$125.00
LEAD WATER TEST	$30.00

DHS INSPECTIONS (Water & Sewage & Full Inspection)	
	$250.00
DHS (Water & Septic)	$200.00
DHS (Inspection -No Sewage or Water)	$150.00
DHS (Sewage Only)	$150.00
DHS (Water Only)	$180.00
DHS (Full Inspection with Sewage w/o H20)	$150.00
DHS (Full Inspection with H20 w/o Sewage)	$180.00

FOOD SERVICE	
FIXED	$425
LIMITED (Based on plan review)	$150
SEASONAL	$240
MOBILE	$175
STFU	$154
STFU INSPECTIONS	$90 X 2
SCHOOLS	$100
NON PROFIT CLUBS, etc.	$100
LATE FEES	**$15 per week**

TEMPORARY	$140
TEMPORARY (non-profit)	$90
LATE FEE FOR TEMPS	**X2 licenses**
PLAN REVIEW	$600
LIMITED PLAN REVIEW	$300
CONST. PRIOR REVIEW	**$600**

TEMPORARY CAMPGROUNDS	
5-25 SITES	$109.00
26-50 SITES	$146.00
51-75 SITES	$184.00
76-100 SITES	$221.00
101-500 SITES	$330.00
501 OR MORE	$734.00
Plus Local Campground Fees	**$125.00**

POOL INSPECTIONS	$125.00
CAMPGROUND INSPECTION	$125.00

SUBDIVISIONS/SITE CONDO	
PLAN REVIEW	$500.00
PLUS PER SITE	$25.00
BODY ART INSPECTIONS	$100.00
BODY ART PLAN REVIEW	$200.00
RADON TEST KITS	$10.00
COPIES PER PAGE	.10
TIME (every 15 minutes)	$4.50

Proposed Service Fee Changes

Type	Average Of the 4 surrounding counties (Dollars)	VB Current (Dollars)	Proposed Changes (Dollars)	Cost Increase (Dollars)	Yearly projected increase in revenue with proposed changes (Dollars)
Sewage Single Family - new	348	250	300	50	**15,150**
Sewage Single Family-replacement	348	250	300	50	**16,550**
Sewage tank only	229	250	300	50	
Renewal	110	125	150	25	
Commercial ≤2,000 gal	403	250	300	50	**1,950**
Commercial ≥2,000 gal	440	250	300	50	
Community Shared	325	400	400	0	**0**
Appeals	640	400	400	0	**0**
Septic installed w/o permit	Not listed	Double fee	300	50	
Well Single Family/new	264	250	300	50	**12,200**
Well single family repair/replace	264	250	300	50	**22,150**
Type II	408	400	500	100	**2100**
Renewal	110	125	150	25	
Level II Assessment		100	150	50	
Well Drilled w/o app		Double fee	300	50	
Home Loan both	274	200	250	50	**2,400**
Home loan well only	226	150	225	75	
Home loan well & lead		180	255	75	
Home loan sewage only	170	125	175	50	
DSS Full insp.		250	300	50	**250**
DSS inspection only		150	175	25	
DSS sewage only		150	175	25	**125**
DSS water only		180	225	45	**90**
DSS Full with sewage only		150	175	25	**125**
DSS Full with water only		180	200	20	
Body Art – Plan Review	131	200	200	0	**0**
Body Art - Inspection	145	100	175	75	**300**
Pool inspection	198	125	175	50	**2,900**
Campground inspection (temp)	249	125 + site fee	175	50	**200**
Campground inspection (perm)	278	125	175	50	**2,750**
Fixed food	503	425	460	35	**6,580**
Seasonal	230	240	240	0	**0**
Mobile	240	175	225	50	**300**
Stfu	219	154	200	46	**2,898**
Schools – cafeteria (2 required)		100	200	100	**5,600**
Projected yearly revenue:					**$94,618**

Projected amount based on activity from 10/1/24 thru 9/31/25. Services with no increase are services that vary each year and increase in revenue would be minimal.

FEE SCHEDULE FOR ENVIRONMENTAL HEALTH (proposed)

SANITATION PERMITS	
SINGLE FAMILY	$300.00
RENEWEL (within 6 months)	$150.00
COMMERCIAL <2,000 GALLONS	$300.00
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FOOD SERVICE	
FIXED	$460
LIMITED (Based on plan review)	$150
SEASONAL	$240
MOBILE	$225
STFU	$200
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Van Buren/Cass District Health Department

MONTHLY REPORT
November 2025

Hours of Operation:
Monday - Thursday 8am - 5pm
Friday 8am - 2pm

Cass County
Immunizations
1st & 3rd Wednesdays

STI Testing & Treatment
Thursdays

Dental
Monday - Friday

Van Buren County
Immunizations
Thursdays

STI testing & treatment
Wednesdays

Dental
Monday - Friday

Newsworthy
Visit **vbcassdhd.org/news**

Preparing for Potential SNAP Benefit Delays in November 2025

Medical Director and Nursing

Throughout the district, the VBCDHD public health nursing team has been actively engaged in flu and COVID-19 vaccination outreach efforts, serving Cass County Council on Aging (COA), Dowagiac COA, Decatur Veteran's Stand Down, Midwest Energy Corporation, and Van Buren Intermediate School District (VBISD).

In this spirit, public health nursing would like to highlight **Alana's Foundation**[1], established in memory of Alana Yaksich, who tragically passed away at just five years old from influenza. Founded in 2009, the foundation's mission is "to prevent deaths caused by influenza, a vaccine-preventable disease, and provide support for families whose child has died from any illness."

Photo courtesy of Alana's Foundation

VBCDHD continues to support community health by offering accessible flu and COVID-19 vaccinations for both children and adults. For children, most health insurance plans cover flu vaccinations at no cost, and those who qualify may receive vaccines through the CDC's Vaccines for Children (VFC) Program. VBCDHD participates in this program, which serves children ages 0–18 who are uninsured, underinsured, Medicaid-eligible, or identify as Alaskan Native or American Indian.

Adults with insurance typically receive flu vaccines at no cost, but for those who are uninsured or underinsured, VBCDHD offers support through the Adult Vaccine Program (AVP). Additional low-cost or no-cost options may be available through health providers, pharmacies, HRSA-supported health centers, and some employers.
COVID-19 vaccines for the 2025–2026 season are also available for children and adults through both insurance and VFC/AVP programs. For more information or to check eligibility, community members are encouraged to contact VBCDHD at (269) 621-3143 or visit **Vaccines.gov**[2].

VBCDHD is preparing to launch the MIWAIV Project in 2026. MIWAIV is a hybrid educational waiver program designed for parents or guardians seeking vaccine waivers for school entry. The hybrid option allows participants to complete an online educational session covering vaccine risks and benefits through a series of videos. Upon completion, they will receive a certificate to present at the health department. A public health nurse will then provide additional resources, answer questions, and witness the signing of the official waiver.

Van Buren/Cass District Health Department

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Thursdays

Dental
Monday - Friday

Van Buren County
Immunizations
Thursdays

STI testing & treatment
Wednesdays

Dental
Monday - Friday

Newsworthy
Visit **vbcassdhd.org/news**

Preparing for Potential SNAP Benefit Delays in November 2025

Environmental Health

- 70 septic permits
- 97 well permits
- 62 restaurant inspections
- 08 temporary food inspections
- 47 septic final inspections
- 49 well final inspections
- 13 restaurant reinspections

Health Promotions

The Health Promotions team is proud to announce that VBCDHD has been awarded $123,813 through the Michigan Firearm Safety Grant. This will support the implementation of a comprehensive, community-driven initiative focused on strengthening firearm safety efforts. Through a structured, multi-step approach, VBCDHD will establish a Firearm Safety Committee, launch a public service campaign, and distribute safety kits and lock boxes via events, clinics, and even innovative vending machines. The program also includes educational workshops for families and ongoing engagement with community partners. Long-term sustainability is a key focus, with plans to integrate firearm safety into broader health and injury prevention strategies.

Dental Clinic and Outreach

Both clinics have been very busy. In Dowagiac, we welcomed 22 new patients and saw a total of 382 patients. Meanwhile, Lawrence had 16 new patients and saw 637 patients overall.

Currently, Lawrence has a “short call” list of over 300 individuals waiting to be established as patients, and Dowagiac is not far behind. Despite the high demand, staff continue to provide triage and emergency care in Lawrence to the best of our ability. Dowagiac is managing new patients through the doctor’s schedule, though hygiene services remain very limited at both locations and are being triaged based on patient needs.

Dr. Chipman, who has been a valued part of our Lawrence and Hartford offices for over eight years, will be leaving next year for an opportunity closer to home. She has been an integral part of our clinic, and she will be greatly missed!

[1] **https://www.alanasfoundation.org**
[2] **https://www.vaccines.gov/en/**

BOARD OF HEALTH – STAFF REPORT

TO: Board of Health
FROM: Danielle Persky, Health Officer
DATE: November 12, 2025
SUBJECT: Strategic Adjustment to Business Hours

Background

At the Board of Health (BOH) meeting in October 2025, I outlined the beginnings of a plan to move towards a reduced-hour workweek (enclosed). BOH feedback was open and amenable to the idea but challenged leadership to consider a way to maintain Fridays by staff rotation or other means. In response to the feedback, I held a strategy workshop to involve the entire team in identifying how we could meet the goals of improving employee well-being and reducing burnout, while also maintaining a Friday schedule. The staff were excited about the idea and motivated to work together to find a solution. They were grouped into 10 cross-division teams and given a set of instructions and guidelines to create their plan. After brainstorming as a team, they were asked to present their proposal to the entire group. Following the presentations, we identified common themes across plans and team members were asked to vote on which proposal and elements of the proposals they liked best.

The result & primary takeaways:

- *Monday – Thursday was the preferred option. Team members felt that Fridays were quiet and staff who already work in the field or on flex schedules would continue to do so regardless of open office hours.*
- *If we had to be open on Fridays, implement some kind of rotation*
    - *By at least 2 staff*
    - *By all divisions*
    - *By only some divisions*
    - *By senior leadership*
- *Extending the workday to make up for Fridays off would be a hardship for staff who are caretakers outside of work*
- *Safety needs to be considered*
- *Dowagiac should be closed on Fridays regardless (because of already low staffing numbers)*
- *Some felt it unnecessary to have people on-site and favored a monitored phone line*
- *All identified that we're already equipped to be responsive outside of office hours*

Vision & Rationale

This proposal reflects our commitment to enhancing employee well-being, strengthening workplace culture, and community and fiscal responsibility. By reducing Friday hours and maintaining paid lunch breaks, we create a schedule that supports work-life balance and productivity without compromising service quality.

While I remain committed to identifying and implementing innovative work models and believe a four-day workweek is feasible, current financial realities – including a projected 25% increase in salary and benefits for seven part-time staff under the four-day option – require a solution that aligns with my commitment to fiscal responsibility. This adjusted approach allows us to adapt thoughtfully, protect our resources, and position our organization for sustainable success.

As the fiscal year progresses and our budget stabilizes, I look forward to evaluating the workweek adjustments and readdressing our vision of a four-day workweek in 6-12 months' time.

Recommendation:

The Board of Health authorizes a strategic adjustment to business hours, effective the first week of January, as follows:

- *Monday – Thursday: 8:00 a.m. – 5:00 p.m. with a paid lunch break*
- *Friday: 8:00 a.m. – 12:00 p.m.*

*This adjustment maintains a 40-hour workweek for full-time employees

Implementation & Evaluation:

- Begin implementation in the first week of January
- Monitor Friday operations and customer service impact over the next 12 months, providing quarterly reports to the board.
    - *Evaluation goals:*
        - *Enhance employee well-being and job satisfaction*
        - *Maintain or improve organizational performance and productivity*
        - *Ensure continued access and satisfaction for the public*
        - *Evaluate cost efficiency and sustainability*
- Improve our phone system and web-based tools for residents
- Facilitate ongoing engagement with the Board to strengthen collective understanding of our current service delivery model and its impact on community outcomes.

Strategic Evaluation Plan:

Four-Day Work Week Pilot

Purpose

To assess the impacts, benefits, and challenges of transitioning to a four-day (36-hour) workweek for the Van Buren/Cass District Health Department (VBCDHD). The evaluation will measure employee wellbeing, productivity, public accessibility, and overall organizational efficiency to determine whether a permanent implementation is recommended.

Goals & Objectives

Goal 1: Enhance employee well-being and job satisfaction.

Objective 1: Measure changes in stress, morale, and work-life balance.

Activity: Quarterly survey staff to gather data on work-life balance.

Activity: Quarterly track PTO usage and accruals

Objective 2: Track retention, absenteeism, and use of leave.

Activity: Quarterly assess retention, absenteeism and use of PTO

Objective 3: Evaluate participation in wellness initiatives.

Activity: Track participation in wellness initiatives offered by VBCDHD as well as a survey question regarding employee well-being.

Goal 2: Maintain or improve organizational performance and productivity.

Objective 1: Compare baseline vs. post-implementation deliverables and turnaround times.

Activity: Collect baseline data on productivity, turnaround times and deliverables met.

Activity: Collect quarterly data on productivity, turnaround times and deliverables met.

Objective 2: Assess quality of services and internal responsiveness.

Activity: Leadership will be tasked with assessing the quality of services and internal response by staff.

Activity: Community Health Team will create quarterly reports on overall quality of service reports and staff feedback.

Goal 3: Ensure continued access and satisfaction for the public.

Objective 1: Monitor community feedback and service utilization trends.

Activity: Create an online and paper survey for community input. This will be ongoing and summarized quarterly. Suggestions and improvements will be a topic of Leadership discussion.

Activity: Monitor metrics of our website and social media.

Objective 2: Ensure minimal disruption to client services.

Activity: Emergency services will respond to incidents immediately.

Activity: Leadership will continually assess staff workload and make necessary changes to ensure a minimal disruption to client services. This will mainly affect Environmental Health (~1 walk in client on Fridays) and Dental (~25 patients currently scheduled on Friday, 12 hygiene and 12 Dental work).

Activity: Front desk will track the number of voice messages left on Friday.

Activity: Develop alternative engagement methods to ensure services are not disrupted, such as online scheduling or messaging, online forms/payments, improved phone system to help streamline phone calls. Our phone system currently has the ability to forward to a cell phone and voicemail messages can be accessed through our email system.

Goal 4: Evaluate cost efficiency and sustainability.

Objective 1: Assess potential savings in overtime, utilities, and operational expenses.

Activity: Quarterly report of expenses for utilities, and other operational expenses. This data to be compared to the previous quarter as well as the previous year is possible.

Activity: Quarterly report PTO accrual and usage.

Activity: Combine all costs/expenses/savings into a digestible document for review.

Evaluation Design

Data Type	Data Source	Methodology
Employee Experience	Staff surveys, focus groups, HR metrics	Quarterly surveys; qualitative feedback
Productivity	Department output logs, internal performance tracking tool	Quantitative tracking of key deliverables
Public Accessibility & Satisfaction	Client surveys, website analytics, call center logs	Quantitative and qualitative
Fiscal Analysis	Payroll, energy usage, administrative expenses	Cost-benefit analysis
Community Impact	Partner & stakeholder feedback	Interviews and satisfaction surveys

Timeline

Stage	Timeline	Key Activities
Stage 1: Planning & Baseline Assessment	Nov–Dec 2025	- Present plan to Board of Health - Develop survey tools and metrics dashboard - Conduct baseline staff and client surveys - Establish evaluation subcommittee
Stage 2: Pilot Launch	Jan 2026	- Implement 4-day schedule - Begin continuous data collection - Communicate expectations and adjustments to community
Stage 3: Midpoint Review	June–July 2026	- Conduct midpoint surveys - Review metrics and address operational challenges - Present progress report to Board
Stage 4: Year-End Evaluation	Dec 2026	- Collect final data - Conduct fiscal analysis - Host staff and partner feedback sessions
Stage 5: Reporting & Recommendations	Jan–Feb 2027	- Prepare final evaluation report - Present findings and recommendations to Board of Health - Determine continuation, modification, or discontinuation of 4-day workweek

Sustainability Considerations

- Use evaluation findings to guide long-term workforce policy.
- Integrate successful measures (e.g., flex scheduling, wellness supports) across programs.
- Develop cross-training to ensure coverage on off-days.
- Explore cost savings for reinvestment in staff development and community outreach.

Governance and Roles

- Health Officer: Manage scheduling, fiscal tracking, and communication
- Evaluation Committee: Oversees data collection, analysis, and reporting
- Directors: Track department-level performance and staff experience

Proposal for Reduced Workweek Pilot

Amid ongoing changes and uncertainty, our leadership team has been actively exploring ways to strengthen our workplace culture, improve employee satisfaction, and enhance productivity. Over the past four years, we've made significant strides introducing wellness activities, improving internal communication, reviewing salary structures, and encouraging time off. Despite these efforts and more, employee burnout and low morale remain persistent challenges. What we hoped would subside post-pandemic has instead become a daily reality. We understand this is not unique to the health department and our workforce, but we are unaccepting of this new "normal."

Research and Rationale

In response, our leadership team has conducted extensive research into alternative workweek models, including studies on the reduced work week. Answering questions such as[1]:

- Should we work four eight-hour days, a staggered schedule or reduced hours on five days?
- Which days or hours should we take off?
- How can we keep the change from negatively impacting our clients, community, and other stakeholders?
- What steps can we take to increase our productivity and accountability?
- How will we measure the impact?
- What support will employees need to make this pilot a success?
- How long should we run the pilot?
- Are there any legal concerns we should be aware of?

We've weighed the pros and cons, assessed community impact, and evaluated cost-benefit scenarios. Our conclusion: a reduced workweek has the potential to significantly improve employee satisfaction, reduce burnout, sustain our workforce, reduce and streamline overhead costs, and enhance focus and workflow – while maintaining or even improving service to the community.

Among multiple research trials we reviewed, the findings continually show no productivity loss associated with four-day work week pilot programs with some companies reporting significant improvements.

Psychological research[2] suggests that most of us are "medium maximizers"; we tend to focus on objective, easily quantifiable success metrics such as hours worked, rather than qualitative

[1] Whillans, A., & Lockhart, C. (2021, September 28). *A Guide to Implementing the 4-Day workweek*. Harvard Business Review. Retrieved October 1, 2025, from https://hbr.org/2021/09/a-guide-to-implementing-the-4-day-workweek

[2] Yes! Maximizers Maximize Almost Everything: The Decision-Making Style Is Consistent in Different Decision Domains - PMC

metrics such as productivity or well-being. As a result, many organizations use immediate responsiveness and time at the office as proxies for employees' commitment levels, even when those measures seldom correspond to actual value added to the organization.[3]

Anticipated Concerns and Mitigation

We recognize that change can bring concern. One anticipated concern is public access on Fridays. To address this, we've been tracking Friday traffic – in person and via phone & email – and will present those findings in November. Initial data suggests minimal disruption to public services. As public health practitioners and emergency responders, our team already functions within a flexible as-needed framework. It is common practice for our team members to work outside of standard business hours. They respond to emerging threats, conduct inspections, and participate in community events in the evenings and on Saturdays and Sundays as needed. Public health responsiveness is a core tenant of our organization, and this will not change.

Proposed Pilot

4-Day, 36-Hour Workweek

- Monday – Thursday: 8:00 a.m. - 5:00 p.m.
- Friday: Closed to the public
- Staff may work on Fridays for make-up/flex time or emerging threats
- Employee annual wage remains the same
- PTO accruals will be prorated to reduced hours worked
- All staff are expected to work in-office Monday-Thursday. Remote work will only be available on an as-needed basis.
- All employees must work 36 hours/week or part-time, no benefits at 29 hours a week
- Pilot Period: 12 months. January 2, 2026 – January 31, 2027. Review findings at January 2027 Board of Heath Meeting.

Plan-Do-Study-Act

A systematic, iterative method used for continuous improvement in processes. A standard review method for public health initiatives. Our team will be using the evaluation process, collecting and analyzing data during the pilot period. Based on the findings from the study phase, together we'll decide whether to adopt the change, modify it, or abandon it.

[3] A Guide to Implementing the 4-Day Workweek

Why We're the Best Suited for This Pilot

In a time where we have limited control over the external factors impacting our work, we must identify what is within our control and hold ourselves accountable and responsible to public health, including a commitment to supporting our employees and their health and well-being.

Southwest Michigan is well known for its innovation – whether that's being on the cutting edge of incorporating AI into the government workplace, investing in economic development (Market One), piloting new programs between community organizations and hospitals like the Area Agency on Aging, earning awards for innovation like Flowers Early Learning (Tri-County Head Start), advancing new ideas to build community connection and trust like our organization in partnership with the National Association of County & City Health Officials, developing a shared space and education opportunities between a tech school and public health department, or our latest effort to create a community-shared and invested data hub – Southwest Michigan and our public health department, pride ourselves on not being afraid to take risks or dip our toes into the water of new. As public health practitioners, we are trained to evaluate the impact of initiatives. Using theories to guide us and quality improvement methodologies to assess our effectiveness, we are the right local organization to lead the way in strategically planning, implementing and studying the impact of a 4-day workweek.

Next Steps

In November, we'll present a detailed timeline, additional research – including Friday traffic data, our evaluation plan and request a formal decision. The leadership team at VBCDHD strongly believes this pilot is a strategic step forward for our department and our community.

Additional research insight used[4][5]

[4] Ashton, J. R. (2019). The public health case for the four-day working week. *Journal of the Royal Society of Medicine*, *112*(2), 81-82. https://doi.org/10.1177/0141076819826782

[5] Rae, C. L. (2025). How can a 4-day working week increase wellbeing at no cost to performance? *Trends in Cognitive Sciences*, *29*(1), 5-7.

Cass County 2025 Reportable Diseases

Date Reported: 11/12/2025

Presented to: Appointed Membrs of the Board of Health
Presented by: Julie Beeching RN, BSN Director of Nursing

Oct-2025 Reporting Period	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD 2025	YTD 2024	2024 total	2023 total	2022 total	2021 total	2020 total
acute flaccid myelitis													0	0	0	0	0	0	0
anaplasmosis					1								1	0	0	0	0	0	0
animal bites	4	4	8	5	5	7	9	8	7	7			64	55	66	73	66	63	61
anthrax													0	0	0	0	0	0	0
arboviral encephalitides													0	0	0	0	0	0	0
eastern equine													0	0	0	0	0	0	0
west nile													0	0	0	0	0	0	0
zika													0	0	0	0	0	0	0
babesiosis													0	0	0	0	0	0	0
blastomycosis													0	1	1	0	1	0	0
botulism													0	0	0	0	0	0	0
brucellosis													0	0	0	0	0	0	0
campylobacteriosis						2	2	1					5	6	6	5	3	4	5
candidiasis								1					1	0	0	0	0	0	0
chancroid													0	0	0	0	0	0	0
chickenpox/varicella													0	0	0	0	1	0	1
cholera													0	0	0	0	0	0	0
coccioioidomycosis						1							1	0	0	0	0	0	0
CPO (CP-CRE)				1									1	0	0	1	0	1	0
cryptosporidiosis													0	1	1	1	1	2	4
cyclosporidiosis													0	0	0	0	0	0	0
dengue fever													0	0	0	0	0	0	0
diptheria													0	0	0	0	0	0	0
E-coli 0157:H7													0	0	0	0	0	0	0
ehrlichiosis													0	0	0	0	0	0	0
encephalitis													0	0	0	0	0	0	0
giardiasis			1					1					2	3	3	1	3	0	6
glanders													0	0	0	0	0	0	0
guillain-barre syndrome													0	0	0	0	0	0	0
haemopholis influenzae	1							1					2	2	2	4	0	0	1
hantavirus													0	0	0	0	0	0	0
hemolytic uremic syndrome													0	0	0	0	0	0	0
hemorrhagic fever virus													0	0	0	0	0	0	0
hepatitis A													0	0	0	0	0	0	0
hepatitis B		1				2							3	2	2	2	2	2	5
hepatitis C acute	3		1			1							5	7	9	8	0	2	2
hepatitis C chronic	1	3	2	1	1	1	3	4		1			17	7	8	17	6	3	9
hepatitis non A non B													0	3	0	0	0	0	0
histoplasmosis	1	1	1		1								4	0	2	1	0	0	0
influenza virus ILI and confirmed	186	411	141	75	67	7	0	3	98	150			1138	838	1049	933	267	0	677
kawasaki disease													0	0	0	1	0	0	0
legionellosis	1												1	0	0	1	2	2	3
leprosy													0	0	0	0	0	0	0

Cass County 2025 Reportable Diseases

Date Reported: 11/12/2025

Presented to: Appointed Membrs of the Board of Health
Presented by: Julie Beeching RN, BSN Director of Nursing

Oct-2025 Reporting Period	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD 2025	YTD 2024	2024 total	2023 total	2022 total	2021 total	2020 total
leptospiriosis													0	0	0	0	0	0	0
listeriosis													0	0	0	2	0	0	1
lyme disease						2	2		1	2			7	4	5	10	4	16	3
malaria													0	0	0	0	1	0	0
measles													0	0	0	0	0	0	0
melioidosis													0	0	0	0	0	0	0
meningitis - aseptic								2					2	0	0	2	2	1	2
meningitis - bacterial													0	0	0	2	0	0	0
meningococcal disease													0	0	0	0	0	0	0
MERS-CoV													0	0	0	0	0	0	0
mumps													0	0	0	0	1	0	0
orthopox virsu													0	0	0	0	0	0	0
pertussis	1			2	3			2					8	2	2	0	0	0	0
plague													0	0	0	0	0	0	0
polio													0	0	0	0	0	0	0
prion disease													0	0	0	0	0	0	0
psittacosis													0	0	0	0	0	0	0
Q fever													0	0	0	0	0	0	0
rabies													0	0	0	0	0	0	0
rubella													0	0	0	0	0	0	0
salmonellosis							1						1	3	4	3	1	3	4
SARS													0	0	0	0	0	0	0
shigellosis													0	1	1	0	0	0	0
spotted fever													0	0	0	0	0	0	0
STEC - shiga toxin e-coli							1						1	0	0	0	1	0	0
staphylococcus aureus MRSA													0	0	0	0	0	0	0
streptococcus pneumonia,Invasive			1	1				1		1			4	3	5	2	5	0	4
streptococcus pyogenes grp A		1		1									2	4	5	10	0	2	3
tetanus													0	0	0	0	0	0	0
toxic shock syndrome													0	0	0	0	0	0	0
trichinellosis													0	0	0	0	0	0	0
tuberculosis													0	0	0	0	0	0	0
tularemia													0	0	0	0	0	0	0
typhoid fever													0	0	0	0	0	0	0
vibriosis													0	0	0	0	0	0	0
VISA(5)/VERSA(4)													0	0	0	0	0	0	0
yellow fever													0	0	0	0	0	0	0
yersiniosis				1									1	1	1	0	0	2	0
COVID-19	68	46	17	13	4	7	2	10	47	10			224	426	480	729	3748	5253	2895
RSV pediatric mortality (< 5 yrs of age)													0	0	0	na	na	na	na

Van Buren County 2025
Reportable Diseases

Date Reported: 11/12/2025

Presented to: Appointed Membrs of the Board of Health
Presented by: Julie Beeching RN, BSN Director of Nursing

Oct-2025 Reporting Period	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD 2025	YTD 2024	2024 total	2023 total	2022 total	2021 total	2020 total
acute flaccid myelitis													0	0	0	0	0	0	0
anaplasmosis													0	0	0	0	0	0	0
animal bites	11	12	21	17	18	23	17	25	21	14			179	129	150	117	185	131	151
anthrax													0	0	0	0	0	0	0
arboviral encephalitides													0	0	0	0	0	0	0
eastern equine													0	0	0	0	0	0	0
west nile													0	0	0	0	0	0	0
zika													0	0	0	0	0	0	0
babesiosis													0	0	0	0	0	0	0
blastomycosis				1									1	1	1	1	0	0	0
botulism													0	0	0	0	0	0	0
brucellosis													0	0	0	0	0	0	0
campylobacteriosis	1		1	1	3	1	9	4		2			22	13	18	12	13	16	7
candidiasis													0	0	0	0	0	0	0
chancroid													0	0	0	0	0	0	0
chickenpox/varicella			1	1									2	5	5	0	0	0	1
cholera													0	0	0	0	0	0	0
coccioioidomycosis													0	0	0	1	0	0	0
CPO (CP-CRE)													0	0	0	0	1	0	1
cryptosporidiosis							1	1					2	1	1	2	4	4	5
cyclosporidiosis													0	0	0	0	0	3	1
dengue fever													0	0	0	0	0	0	0
diptheria													0	0	0	0	0	0	0
E-coli 0157:H7													0	0	0	0	0	0	0
ehrlichiosis													0	0	0	0	0	0	0
encephalitis													0	0	0	0	0	0	2
giardiasis					1			1	1	1			4	1	1	4	3	3	9
glanders													0	0	0	0	0	0	0
guillain-barre syndrome													0	0	0	0	1	0	0
haemopholis influenzae				1	1			2					4	0	0	4	2	1	2
hantavirus													0	0	0	0	0	0	0
hemolytic uremic syndrome													0	0	0	0	0	0	0
hemorrhagic fever virus													0	0	0	0	0	0	0
hepatitis A	1												1	0	0	0	0	0	1
hepatitis B													0	1	1	2	2	5	2
hepatitis C acute		1						1		1			3	9	11	3	1	4	6
hepatitis C chronic		1			2	1	2			1			7	18	20	18	12	13	17
hepatitis non A non B													0	0	0	0	0	0	0
histoplasmosis		3								1			4	0	0	3	8	3	0
influenza virus ILI & Confirmed	710	1460	714	365	184	29	2	12	277	315			4068	2977	3547	3070	1739	5	1699
kawasaki disease													0	0	0	0	1	0	0
legionellosis													0	3	4	0	1	3	3
leprosy													0	0	0	0	0	0	0

Van Buren County 2025 Reportable Diseases

Date Reported: 11/12/2025

Presented to: Appointed Membrs of the Board of Health
Presented by: Julie Beeching RN, BSN Director of Nursing

Oct-2025 Reporting Period	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD 2025	YTD 2024	2024 total	2023 total	2022 total	2021 total	2020 total
leptospiriosis													0	0	0	0	0	0	0
listeriosis													0	0	0	0	1	0	0
lyme disease			1		1	5	10	5	4				26	18	20	23	11	16	3
malaria													0	0	0	0	0	0	0
measles													0	0	0	0	0	0	0
melioidosis													0	0	0	0	0	0	0
meningitis - aseptic					1	1	1		1	1			5	1	1	2	6	2	4
meningitis - bacterial					1		1						2	3	5	3	2	0	0
meningococcal disease													0	0	0	0	0	0	0
MERS-CoV													0	0	0	0	0	0	0
mumps													0	0	0	1	0	0	0
orthopox virsus										1			1	0	0	0	0	0	0
pertussis	1					1	1	1					4	5	5	0	0	0	4
plague													0	0	0	0	0	0	0
polio													0	0	0	0	0	0	0
prion disease													0	0	0	0	0	1	0
psittacosis													0	0	0	0	0	0	0
Q fever													0	0	0	0	0	1	0
rabies													0	0	0	1	0	0	0
rubella													0	0	0	0	0	0	0
salmonellosis	2						1	1		1			5	3	6	13	4	7	5
SARS													0	0	0	0	0	0	0
shigellosis													0	2	3	5	2	1	1
spotted fever													0	0	0	0	0	0	1
STEC - shiga toxin e-coli				1						1			2	3	3	4	1	1	2
staphylococcus aureus MRSA	1				1					1			3	11	11	1	2	0	0
streptococcus pneumonia Inv.	2	2	1	1	1		1		1				9	9	11	11	7	11	5
streptococcus pyogenes grp A	1	2		1						1			5	4	5	19	3	0	2
tetanus													0	0	0	0	0	0	0
Strep toxic shock syndrome													0	0	0	0	0	0	1
trichinellosis													0	0	0	0	0	0	0
tuberculosis	1												1	0	0	0	0	0	0
tularemia													0	0	0	0	0	0	0
typhoid fever													0	0	0	0	0	0	0
vibriosis													0	0	0	0	1	0	0
VISA(5)/VERSA(4)													0	0	0	0	0	0	0
yellow fever													0	0	0	0	0	0	0
yersiniosis					1					1			2	3	3	2	1	0	4
COVID-19	118	104	42	18	5	2	12	25	60	15			401	767	879	1254	7475	8410	3877
RSV pediatric mortality (< 5 yrs of age)													0	0	0	na	na	na	na

Monthly

BOARD OF HEALTH – STAFF REPORT

TO: Board of Health
FROM: Emily Flowers RDH, Dental Outreach Coordinator
CC: Danielle Persky, Health Officer
DATE: November 3rd, 2025
SUBJECT: Portable Dental Unit

BACKGROUND

The dental outreach program is seeking to purchase a portable dental unit (Go Ultra-Portable Dental Unit Delivery System AEU-350) for the SEAL MI! Program. Our current portable dental unit is six years old and needs to be replaced (purchased FY 2019) and lacks the latest technology for mobile dentistry sealant applications. The proposed unit includes improvements with provider ergonomics and improved suction/pressure for application of sealants. Recommendations from the MDHHS Oral Health Consultant, Andrea Whittaker, are that the unit be replaced every 5 years by SEAL MI! standards.

FISCAL IMPACT

Made possible by CDC funding, MDHHS has granted additional funds to VBCDHD's SEAL program in the sum of $12,291 for the purpose of purchasing a portable dental unit to be exclusively used by the SEAL Program. The preferred model is quoted at $7,125.

RECOMMENDATION

The Board of Health authorizes the Health Department to purchase a portable dental unit for the SEAL Program not to exceed $12,291.

ATTACHMENT

Two quotes for portable dental units from Aseptico ranging in size, model, and technology.

Aseptico

Billing | P.O. Box 1548
Woodinville, WA 98072-1548
Shipping | 8333 216th St SE
Woodinville, WA 98072-8060
Telephone | 425.487.3157
Fax | 360.668.8722
www.aseptico.com

Quote

Quote Number: 17853
Date: 11/3/2025
Expires: 12/3/2025
Customer ID: 75832

Quote To:
Van Buren Cass District Health Dept
ATTN: Debra Shaffer
260 South St
Lawrence, MI 49064-9325
USA

Phone: 269-621-3143
Fax:
Email:

Ship To:
Van Buren Cass District Health Dept
ATTN: Debra Shaffer
260 South St
Lawrence, MI 49064-9325
USA

Phone: 2696213143
Fax:

Sales Representative	Ship Via	Payment Terms
GOV	UPS Ground	Net 30 Days

gov@aseptico.com Reference: Currency: USD
Fax:

Line	Part/Description	Rev	Lead Time	Quantity	Unit Price	Ext. Price
1	AEU-350 GO ULTRA PORTABLE DENTAL SYSTEM HTS: 9018410000	B COO: USA		1 Each	7,065.00/1	7,065.00

Freight Charges 60.00

Order Total 7,125.00

DOMESTIC/INTERNATIONAL

1. All prices are quoted and payable in U.S. funds and are EXW factory.
2. Shipping costs will be added if appropriate. (Freight estimate included for international shipments unless C.O.D. shipping requested; importation costs not included.)
3. Payments to be made by wire transfer (paid by customer to bank), U.S. Check, valid US credit card or Letter of Credit.
4. Wire Transfer must add $25.00 transaction fee, as listed in the quote. Payments made by LC must add $250.00 administrative fee.
5. This quote is valid for 30 days, unless otherwise specified.
6. See "Warranty and Policies" at Aseptico.com for equipment, handpiece, and accessory coverages and other buying/return policies
7. Please provide a signed and dated Sales Tax exemption certificate if applicable.

I have confirmed all relevant details of this order with the customer to ensure that Aseptico is able to satisfy these contract requirements.

Signed:_____ Date:_____

Aseptico

Billing | P.O. Box 1548
Woodinville, WA 98072-1548
Shipping | 8333 216th St SE
Woodinville, WA 98072-8060
Telephone | 425.487.3157
Fax | 360.668.8722
www.aseptico.com

Quote

Quote Number: 17854
Date: 11/3/2025
Expires: 12/3/2025
Customer ID: 75832

Quote To:
Van Buren Cass District Health Dept
ATTN: Debra Shaffer
260 South St
Lawrence, MI 49064-9325
USA

Phone: 269-621-3143
Fax:
Email:

Ship To:
Van Buren Cass District Health Dept
ATTN: Debra Shaffer
260 South St
Lawrence, MI 49064-9325
USA

Phone: 2696213143
Fax:

Sales Representative	Ship Via	Payment Terms
GOV	UPS Ground	Net 30 Days

gov@aseptico.com Reference: Currency: USD
Fax:

Line	Part/Description	Rev	Lead Time	Quantity	Unit Price	Ext. Price
1	ADU-17X EXPRESS II PORTABLE UNIT HTS: 9018410000	E COO: USA		1 Each	5,265.00/1	5,265.00

Freight Charges 60.00

Order Total 5,325.00

DOMESTIC/INTERNATIONAL

1. All prices are quoted and payable in U.S. funds and are EXW factory.
2. Shipping costs will be added if appropriate. (Freight estimate included for international shipments unless C.O.D. shipping requested; importation costs not included.)
3. Payments to be made by wire transfer (paid by customer to bank), U.S. Check, valid US credit card or Letter of Credit.
4. Wire Transfer must add $25.00 transaction fee, as listed in the quote. Payments made by LC must add $250.00 administrative fee.
5. This quote is valid for 30 days, unless otherwise specified.
6. See "Warranty and Policies" at Aseptico.com for equipment, handpiece, and accessory coverages and other buying/return policies
7. Please provide a signed and dated Sales Tax exemption certificate if applicable.

I have confirmed all relevant details of this order with the customer to ensure that Aseptico is able to satisfy these contract requirements.

Signed:_____ Date:_____