KENT CITY HEALTH BOARD MEETING
Kent City Health Department
201 E. Erie Street
5:30 – 7:00 PM
August 11th, 2026

**MISSION:** Healthy people, Thriving Community, and a Safe Environment.

## AGENDA

1. ROLL CALL (1 minute)

2. MINUTES APPROVAL (5 minutes)

3. OPEN COMMENTS/GUEST COMMENTS (3 minutes per guest)

    A. Bob Walker OPHCS Response
    B. Dr. Angela DeJulius

4. REPORTS (20 minutes)
    A. Statistical Report for June and July
    B. Health Department Report for June and July

5. DISCUSSION ITEMS
    A. Epi Services comparison table

6. ACTION ITEMS (15 minutes)
    A. Expenditures and Encumbrances June and July 2026
    B. Kent Mart Inc. Tobacco Retail License Denial

7. EXECUTIVE SESSION

8. ADJOURN MEETING

If you require assistance to attend this meeting, please contact the Health Department at (330) 678-8109.

cc: Health Board, City Manager, Clerk of Council, Health Staff, File, News Media, Post

Kent City Health Department
201 E Erie St. 2nd Floor
Kent, Ohio 44240
BOARD OF HEALTH MEETING MINUTES
June 9, 2026

| **Board Members Present** | **Absent** | **Staff Present** |
|---|---|---|
| Louise Frederick, President | | Jalessa Caples |
| Melissa Zullo, Vice-President | | Ashley Beavers |
| Evan Howe | **Guests** | |
| Lyndsay Nowak | | |
| Chris Hook | | |
| Michelle Frederick | | |

Louise Frederick called to order the Kent City Health Board Meeting of June 9, 2026, at 1734 pm. Louise Frederick called the roll*: Melissa Zullo "here", Chris Hook "here", Evan Howe "here," Lyndsay Nowak "here", Michelle Frederick "here".*

**Motion:** A motion to approve the minutes from the May 12, 2026, meeting as read was made by Chris Hook and seconded by Lyndsay Nowak. The motion passed.

**Open Comments:** N/A

**Reports:**

A. Statistical Reports for May 2026 – questions on why Vital Statistics revenue is down, Jalessa Caples explained that the probable cause is that records can now be issues statewide so people have the option to go to other Health Departments that are more convenient for them.

B. Health Dept. Report for May 2026 given by Jalessa Caples

1. Nursing Report
    a. Communicable Disease – no vaccines given for the month of May
2. Community Outreach –
    a. Lanika has secured diapers from the Heart of Ohio Diaper Bank in Canton. We have started to distribute them to the community; Lanika has even had one referral from the Diaper Bank for someone in our community.
    b. 5/30/26 two VISTAs attended PMHA resource fair
    c. 6/20/26 plan on attending Historic Southend Juneteenth Block Party

a. Looking at options to offer blood pressure checks.

d. 5/27/26 food pantry occurred

a. Waiting to hear back from KSU in July to discuss continuing into the fall

e. Not planning on tabling the Heritage Fest this year

3. Environmental

a. Summer is the business time of year for Environmental Health Staff (Swimming Pool Inspections, Festivals, Increased Housing Inspections, Dog Bites, Mosquito Control, Trash Complaints, Solid Waste Hauler Inspections)

b. EH has been short staffed since November (33% of staff),

- Chris Hook offered to reach out to city about mosquito program. Board believes this is a concern and needs to be a priority.
- Short staffing updates:
  - Mosquito control will have to be scaled back significantly
  - More standardized and reduced-scope inspections
  - Less quantity of inspections
    a. 38 less FSO inspections in March 2026 compared to 2025
    b. 31 less FSO inspections in April 2026 compared to 2025
  - Complaint response time has been delayed
  - Cancelled Servsafe Class
    a. Loss of about $2,000 annual revenue
    b. This in-person service better educates restaurant staff and is still available in an online option. This education leads to fewer foodborne illnesses and outbreaks.
  - Delay in roll out of CPU inspection program (Tyler)
  - Exploring options for short staffing dilemma
    a. Attempted to hire a part time summer REHS through OPHA
    b. Didn't work out due to contractor not communicating with OPHA staff
  - Concerns about EH staff being able to support PHAB efforts and documentation collection/creation due to short staffing – staff is trying to delegate tasks between everyone to help.

4. Smoke Free Workplace – Looking at pausing the program due to lack of EH staff and time to complete complaint inspections, along with low revenue brought in by the program
   - About 4 complaints per year yielding around $400
   - Temporarily give back to the state, can retake program at any time once staffing is stable

5. Solid Waste and Water Quality – House on Sunnybrook has a failing septic system will work with PCHD through established contact.
6. Vector Control – No spraying will be happening this year due to lack of larvicide, decrease the number of traps to 1/3 of previous years
    - Lack of funding & staffing to complete tasks
    - Counting and sorting of specimens will be completed by a Walsh PhD student
7. Nuisance complaints- no updates.
8. Vital Statistics – Looking to get a QR code to put on fliers in the public.
9. Grants –
    a. Looking at applying for the Portage Foundation Grant to be able to purchase more carts for the community. Influx of people coming to the health department just for carts, looking at new ways of distribution.
10. Accreditation –
    a. 5/21/26 attended a PHAB webinar: Preparing Accredited Health Departments for the PHAB Refreshed Standards & Measures (2026) Transition. Discussed additional training and tools available to help with transition to new standards and measures
    b. 6/23/26 will be attending PHAB webinar: Refreshed Standards & Measures Informational Webinar
11. Other –
    a. Current AOHC fees: $1,370

Discussion:

A. Epi Services
    a. Planning to continue the contract with KSU, will explore further needs once a new Health Commissioner is hired.
B. MOU with Axcess Pointe
    a. Dr. Angela DeJulius explained the minor changes to the MOU

Action Items:

A. May 2026 Expenditures and Encumbrances

| Expenditures - May 2026 | | | |
|---|---|---|---|
| 5/1/2026 | Ohio Division of Real Estate | Burial Permit Fees April 2026 | $817.00 |
| 5/12/2026 | Jalessa Caples | Travel for Bike Helmets | $198.80 |
| 5/12/2026 | Jalessa Caples | Travel for AOHC | $194.97 |
| 5/13/2026 | Treasurer, State of Ohio/Dept of Health | FSO Transmittal April 2026 | $108.00 |
| 5/14/2026 | Minuteman Press | Sara Slanina Business Cards | $48.33 |
| 5/28/2026 | Amazon | Swiffer, Clipboards | $36.03 |

**Motion:** A motion to approve the Authorization of Interim Health Commissioner to sign the Renewal of MOU with Axcess Pointe was made by Chris Hook and a second by Michelle Frederick. The motion passed.

**Motion:** A motion to approve the expenditures for May 2026 was made by Melissa Zullo and a second by Evan Howe. The motion passed.

**Executive Session: For Matters Relating to Personnel**

Entering Executive Session - 1845 Motion made by Chris Hook, seconded by Melissa Zullo.

Exiting Executive Session, Resuming Regular Meeting - 1914 Motion made by Chris Hook, seconded by Lyndsay Nowak.

Adjourn Regular Meeting - 1915 Motion made by Chris Hook, seconded by Melissa Zullo. Meeting adjourned.

Approved:

_____ _____

Louise Frederick, President Date Jalessa Caples, Secretary Date

Kent City Health Department
201 E Erie St. 2nd Floor
Kent, Ohio 44240
BOARD OF HEALTH SPECIAL MEETING MINUTES
July 21, 2026

**Board Members Present**
Louise Frederick, President
Melissa Zullo, Vice-President
Evan Howe
Lyndsay Nowak
Chris Hook

**Absent**
Michelle Frederick

**Staff Present**
Suzanne Stemnock

**Guests**

Meeting called to order the Kent City Health Board Meeting of July 21, 2026, at 1731 pm.
Roll call taken.

**Motion:** A motion to enter executive session was made by Chris hook, seconded by Melissa Zullo, all in favor. Motion approved at 1732 pm.

**Motion:** A motion to exit executive session was made by Chris Hook, seconded by Melissa Zullo, all in favor. Exit executive session at 1948 pm. Roll call taken.

**Motion:** A motion to adjourn regular session was made by Chris Hook, seconded by Melissa Zullo, all in favor. Meeting adjourned at 1948 pm.

Approved:

_____ _____

Louise Frederick, President Date Jalessa Caples, Secretary Date

# KENT CITY HEALTH DEPARTMENT
# STATISTICAL REPORT 2026

| HEALTH DEPT. $ COLLECTED | | Jun-26 | YTD 2026 | Jun-25 | YTD 2025 |
|---|---|---|---|---|---|
| Vital Statistics | | $ 16,985.28 | $ 104,911.11 | $ 28,137.00 | $ 166,338.00 |
| Retail Food Establishments | | $ - | $ 16,720.00 | $ - | $ 20,323.50 |
| Food Service Operations | | $ 780.00 | $ 99,483.03 | $ 1,970.00 | $ 92,068.06 |
| Recreational Water- Pools & Spas | | $ - | $ 11,497.50 | $ - | $ 11,890.00 |
| Housing | | $ 8,319.00 | $ 43,919.00 | $ 15,047.50 | $ 51,557.00 |
| Body Art Establishments | | $ 600.00 | $ 600.00 | $ 800.00 | $ 2,300.00 |
| Solid Waste Haulers | | $ 1,250.00 | $ 1,600.00 | $ 225.00 | $ 1,175.00 |
| Tobacco Retail Establishments | | $ - | $ 7,400.00 | $ - | $ 13,340.00 |
| Trash Ticketing | | $ 40.00 | $ 470.00 | $ - | $ 90.00 |
| Smoke-Free Investigation | | $ - | $ - | $ - | $ 525.00 |
| Nat'l Env. Health Assoc.- FDA Grant | | $ - | $ - | $ - | $ 19,000.00 |
| Tobacco Use Grant | | $ - | $ - | $ 9,900.00 | $ 31,300.00 |
| EPA Grant for Vector Control | | $ - | $ - | $ - | $ - |
| Workforce Development Grant | | $ - | $ - | $ - | $ - |
| Healthy Eating & Active Living (HEAL) Grant | | $ - | $ 3,750.00 | $ - | $ 3,750.00 |
| Americorps (VISTA) Grant | | $ - | $ - | $ 3,729.11 | $ 31,216.28 |
| State Subsidies | | $ - | $ 15,412.99 | $ - | $ 17,781.31 |
| Medicaid Administrative Claiming | | $ - | $ - | $ - | $ 16,002.96 |
| Nurse Clinic | | $ 37.20 | $ 2,195.02 | $ - | $ 3,408.92 |
| Miscellaneous: | Other | $ - | $ 20.00 | $ - | $ - |
| | Copy Fees | $ - | $ 1.00 | $ 4.50 | $ 35.50 |
| | Mailing Fees | $ 284.00 | $ 1,098.95 | $ 394.00 | $ 4,297.00 |
| | Overpayment/NSF Fees | $ - | $ 33.67 | $ - | $ - |
| **TOTAL COLLECTED** | | **$ 28,295.48** | **$ 309,112.27** | **$ 60,207.11** | **$ 561,398.53** |

| TO STATE | | | | | |
|---|---|---|---|---|---|
| Vital Statistics | | $ 4,091.22 | $ 73,855.22 | $ - | $ 62,498.08 |
| Burial Permit Fees | | $ 997.50 | $ 6,023.00 | $ 107.50 | $ 610.00 |
| Retail Food Establishments | | $ - | $ 896.00 | $ - | $ 1,092.00 |
| Food Service Operations | | $ - | $ 4,146.00 | $ 28.00 | $ 4,040.00 |
| Recreational Water- Pools & Spas | | $ - | $ 1,260.00 | $ - | $ 1,340.00 |
| *TOTAL* | | *$ 5,088.72* | *$ 86,180.22* | *$ 135.50* | *$ 69,580.08* |

| **TOTAL ASSETS** | **$ 23,206.76** | **$ 222,932.05** | **$ 60,071.61** | **$ 491,818.45** |
|---|---|---|---|---|

**KENT CITY HEALTH DEPARTMENT STATISTICAL REPORT Continued**

| | Jun-26 | YTD 2026 | Jun-25 | YTD 2025 |
|---|---|---|---|---|
| PERMIT/License | | | | |
| Retail Food Establishments | 0 | 31 | 0 | 40 |
| Food Service Operations | 3 | 137 | 10 | 161 |

| | | | | | |
|---|---|---|---|---|---|
| **Food Service Operations- Vending** | | 0 | 5 | 0 | 6 |
| **Recreational Water- Pools & Spas** | | 0 | 31 | 0 | 17 |
| **Housing** | | 30 | 146 | 47 | 158 |
| **Body Art Establishments** | | 1 | 1 | 1 | 3 |
| **Solid Waste Haulers** | | 25 | 26 | 4 | 23 |
| **Tobacco Retail Establishments** | | 0 | 16 | 0 | 24 |
| **TOTAL** | | **59** | **393** | **62** | **432** |

**MOSQUITO CONTROL**

| | Intern | Staff | Total | | |
|---|---|---|---|---|---|
| **Surveillance Hours** | 0.0 | 4.0 | **4.0** | 63.5 | 113.5 |
| **Larvicide Hours** | 0.0 | 5.0 | **5.0** | 17.5 | 52.5 |
| **Adulticide Hours** | 0.0 | 0.00 | **0.00** | 12.50 | 15.50 |
| **Office Hours** | 0.0 | 1.0 | **1.0** | 0.0 | 39.3 |
| **Sites Visited** | | 40 | **40** | 91 | 127 |

**COMPLAINTS**

| | | | | | |
|---|---|---|---|---|---|
| | **Received** | 12 | 62 | 5 | 60 |
| | **Abated** | 12 | 62 | 5 | 60 |
| **COMMUNICABLE DISEASE** | | 14 | 69 | 11 | 187 |
| **IMMUNIZATIONS- COVID** | | **0** | **0** | **0** | **0** |
| | **Child** | 0 | 0 | 0 | 0 |
| | **Adult** | 0 | 0 | 0 | 0 |
| **IMMUNIZATIONS- INFLUENZA** | | **0** | **5** | **0** | **3** |
| | **Child** | 0 | 0 | 0 | 3 |
| | **Adult** | 0 | 5 | 0 | 0 |
| **IMMUNIZATIONS- OTHER** | | **0** | **5** | **0** | **0** |
| | **Child** | 0 | 0 | 0 | 0 |
| | **Adult** | 0 | 5 | 0 | 0 |

**VITAL STATISTICS- Certified Copies Issued**

| | | | | |
|---|---|---|---|---|
| **Birth Certificates** | 399 | 2335 | 697 | 3471 |
| **Death Certificates** | 477 | 2508 | 470 | 3281 |

# KENT CITY HEALTH DEPARTMENT
# STATISTICAL REPORT 2026

| HEALTH DEPT. $ COLLECTED | | Jul-26 | YTD 2026 | Jul-25 | YTD 2025 |
|---|---|---|---|---|---|
| Vital Statistics | | $ 20,060.59 | $ 124,971.70 | $ 22,980.00 | $ 189,318.00 |
| Retail Food Establishments | | $ - | $ 16,720.00 | $ 189.00 | $ 20,512.50 |
| Food Service Operations | | $ 1,700.00 | $ 101,183.03 | $ 1,420.00 | $ 93,488.06 |
| Recreational Water- Pools & Spas | | $ - | $ 11,497.50 | $ - | $ 11,890.00 |
| Housing | | $ 28,352.50 | $ 72,271.50 | $ 27,266.25 | $ 78,823.25 |
| Body Art Establishments | | $ - | $ 600.00 | $ - | $ 2,300.00 |
| Solid Waste Haulers | | $ - | $ 1,600.00 | $ - | $ 1,175.00 |
| Tobacco Retail Establishments | | $ 400.00 | $ 7,800.00 | $ 440.00 | $ 13,780.00 |
| Trash Ticketing | | $ 30.00 | $ 500.00 | $ 280.00 | $ 370.00 |
| Smoke-Free Investigation | | $ - | $ - | $ - | $ 525.00 |
| Nat'l Env. Health Assoc.- FDA Grant | | $ - | $ - | $ - | $ 19,000.00 |
| Tobacco Use Grant | | $ - | $ - | $ 20,225.00 | $ 51,525.00 |
| EPA Grant for Vector Control | | $ - | $ - | $ - | $ - |
| Workforce Development Grant | | $ - | $ - | $ - | $ - |
| Healthy Eating & Active Living (HEAL) Grant | | $ - | $ 3,750.00 | $ 3,750.00 | $ 7,500.00 |
| Americorps (VISTA) Grant | | $ - | $ - | $ 5,202.37 | $ 36,418.65 |
| State Subsidies | | $ - | $ 15,412.99 | $ 8,000.00 | $ 25,781.31 |
| Medicaid Administrative Claiming | | $ - | $ - | $ - | $ 16,002.96 |
| Nurse Clinic | | $ - | $ 2,195.02 | $ 36.82 | $ 3,445.74 |
| Miscellaneous: | Other | $ - | $ 20.00 | $ - | $ - |
| | Copy Fees | $ - | $ 1.00 | $ 6.30 | $ 41.80 |
| | Mailing Fees | $ 226.78 | $ 1,325.73 | $ 192.00 | $ 4,489.00 |
| | Overpayment/NSF Fees | $ 61.00 | $ 94.67 | $ - | $ - |
| **TOTAL COLLECTED** | | **$ 50,830.87** | **$ 359,943.14** | **$ 89,987.74** | **$ 651,386.27** |

| TO STATE | | | | | |
|---|---|---|---|---|---|
| Vital Statistics | | $ 35,366.35 | $ 109,221.57 | $ 56,846.80 | $ 119,344.88 |
| Burial Permit Fees | | $ 912.00 | $ 6,935.00 | $ 90.00 | $ 700.00 |
| Retail Food Establishments | | $ - | $ 896.00 | $ 28.00 | $ 1,120.00 |
| Food Service Operations | | $ - | $ 4,146.00 | $ 28.00 | $ 4,068.00 |
| Recreational Water- Pools & Spas | | $ - | $ 1,260.00 | $ - | $ 1,340.00 |
| *TOTAL* | | ***$ 36,278.35*** | ***$ 122,458.57*** | ***$ 56,992.80*** | ***$ 126,572.88*** |

| **TOTAL ASSETS** | **$ 14,552.52** | **$ 237,484.57** | **$ 32,994.94** | **$ 524,813.39** |
|---|---|---|---|---|

**KENT CITY HEALTH DEPARTMENT STATISTICAL REPORT Continued**

| | Jul-26 | YTD 2026 | Jul-25 | YTD 2025 |
|---|---|---|---|---|
| **PERMIT/License** | | | | |
| Retail Food Establishments | 0 | 31 | 1 | 41 |
| Food Service Operations | 5 | 142 | 4 | 165 |

| | | | | | |
|---|---|---|---|---|---|
| **Food Service Operations- Vending** | | 0 | 5 | 0 | 6 |
| **Recreational Water- Pools & Spas** | | 0 | 31 | 0 | 17 |
| **Housing** | | 60 | 206 | 39 | 197 |
| **Body Art Establishments** | | 0 | 1 | 0 | 3 |
| **Solid Waste Haulers** | | 0 | 26 | 0 | 23 |
| **Tobacco Retail Establishments** | | 1 | 17 | 1 | 25 |
| **TOTAL** | | **66** | **459** | **45** | **477** |

**MOSQUITO CONTROL**

| | Intern | Staff | Total | | |
|---|---|---|---|---|---|
| **Surveillance Hours** | 0.0 | 4.0 | **8.0** | 67.8 | 181.3 |
| **Larvicide Hours** | 0.0 | 6.0 | **11.0** | 24.5 | 77.0 |
| **Adulticide Hours** | 0.0 | 0.0 | **0.00** | 24.0 | 39.5 |
| **Office Hours** | 0.0 | 0.0 | **1.0** | 0.0 | 39.3 |
| **Sites Visited** | | 45 | **85** | 127 | 254 |

**COMPLAINTS**

| | | | | | |
|---|---|---|---|---|---|
| | **Received** | 20 | 82 | 13 | 73 |
| | **Abated** | 20 | 82 | 13 | 73 |
| **COMMUNICABLE DISEASE** | | 48 | 117 | 16 | 203 |
| **IMMUNIZATIONS- COVID** | | **0** | **0** | **0** | **0** |
| | **Child** | 0 | 0 | 0 | 0 |
| | **Adult** | 0 | 0 | 0 | 0 |
| **IMMUNIZATIONS- INFLUENZA** | | **0** | **5** | **0** | **3** |
| | **Child** | 0 | 0 | 0 | 3 |
| | **Adult** | 0 | 5 | 0 | 0 |
| **IMMUNIZATIONS- OTHER** | | **0** | **5** | **0** | **0** |
| | **Child** | 0 | 0 | 0 | 0 |
| | **Adult** | 0 | 5 | 0 | 0 |

**VITAL STATISTICS- Certified Copies Issued**

| | | | | |
|---|---|---|---|---|
| **Birth Certificates** | 431 | 2766 | 498 | 3969 |
| **Death Certificates** | 508 | 3016 | 455 | 3736 |

**Mission:** Healthy people, Thriving Community, and a Safe Environment.

Month(s) Health Commissioner Report

8.11.26

1. Nursing Report

    a. Communicable Disease –

    - The Kent Health Department investigated 34 cyclosporiasis cases during July 2026. A majority of the cases all ate lettuce at Taco Bell or bagged lettuce from Walmart. While most infectious disease cases only require a 5–10-minute phone call, these cases required a 20–30-minute phone call. And they required a second form filled out for the state on top of the one in ODRS. Since July 13, Sara has put in 57.5 hours for the health department and 24.5 for the fire department due to the outbreak, doing investigations during my time at the fire department to be able to complete them in a timely manner. This also took time and collaboration with Kyle who did the restaurant investigations.
    - Sara also completed an Ebola investigation in July.

2. Community Outreach –

    - Pop up pantry will no longer be held. KSU has low inventory and low capacity to continue. They want us to reroute residents to Dix stadium. They will be sending over SM posts about Dix Stadium pantry. Looking at possibly offering a fueling station in the health department.

3. Environmental

    - EH has concerns about the Go Live Tyler product launch date. This program will encompass all EH programs. Tyler program currently has some fundamental issues, which is causing concern from EH staff.

    3. Food Service Organizations –

- Taco Bell inspection due to suspected cyclospora outbreak. 4 residents had confirmed cases. Each resident ate at the Kent Taco Bell between 6/29/26 and 7/6/26. Each resident ate lettuce as a portion of their meal at Taco Bell. Taylor Farms lettuce grown in Mexico has been recalled. On 7/21/26, the Kent Taco Bell was still selling lettuce from Talyor Farms, but it was prepared in KY. CA lettuce was stored in the cold holding walk-in unit. KCHD recommended stopping selling lettuce until additional information can be obtained. The PIC voluntarily discarded all lettuce from the preparation cold holding unit and sanitized the equipment. The PIC stated that he would voluntarily stop selling lettuce for the remainder of the day. The PIC stated that he would obtain shipping information to determine where lettuce had originated over the last month. This additional information will help determine the next course of action. The KCHD was able to confirm the plan of action with ODH.

b. Housing –

    - Failing Septic System on Sunnybrook, handed over to the county in June, due to us not having a septic system program we contract out to the county. They are currently working with the owner to schedule a dye test and inspection. We will continue to monitor.

c. Recreational Water and Campgrounds –

d. Body Art –

e. Smoke Free Workplace –

f. Solid Waste and Water Quality –

g. Vector Control –

    - in Kent we have 3 times the number of cases of Lyme Disease in comparison to previous years at this time

    - Eric gave a somewhat informal talk to KSU's Child Development Center staff last week and provided them with tick ID cards and removal devices they invited him to do another presentation for parents in August.

    - West Nile virus has been detected in two of our mosquito trapping sites as of over two weeks ago, one in NW Kent the other in SW Kent.

    - 8.3.26 sprayed Artemis Park for City of Kent Summer Movie Nights

- Waiting to hear back from supplier so that we can start spraying on a regular schedule

h. Nuisance complaints-

4. Vital Statistics –
    - Got QR codes for VitalChek , looking to pass out a flyer/brochure to closest birthing facilities/pediatrician offices, bmvs, post offices, city hall, JFS, PCHD, etc., any opinions on other places to be included?
    - Ashley applied for Indigent Reimbursement through the state and it was approved for a total of $1,900
5. Grants –
    - WFD grant- applied for additional $90,000 to put towards personnel expenses
        1. Looking at moving other funds around as well from other areas and contracts to cover personnel expenses.
6. Accreditation –
    - Work began under the new standards and measures, which were made available in late June.
7. Other –

**Kent City Health Department**

**Communicable Disease Report: June 2026**

Trend Period: January 2026 through June 2026 | Data Source: ODH Ohio Disease Reporting System

## Executive Summary

- A total of 14 reportable communicable disease records were reported for Kent City in June 2026.
- From January through June 2026, 102 records were reported. Monthly counts were highest in January (25) and February (22), declined in March and April, increased in May (18), and then decreased to 14 in June.
- June 2026 had 4 fewer records than May 2026, a 22.2% decrease. June was also below the January-June monthly average of 17.0 records.
- Chlamydia infection remained the leading condition in June 2026, accounting for 7 of 14 records (50.0%). Across January-June, chlamydia accounted for 49 of 102 records (48.0%).
- Sexually transmitted infections, including chlamydia and gonococcal infection, accounted for 8 of 14 June records (57.1%) and 67 of 102 January-June records (65.7%).
- Lyme disease increased in June, with 4 suspected records. June accounted for 4 of the 6 Lyme disease records reported during January-June 2026.

## Data Source and Methods

This report summarizes reportable communicable disease records from the ODH Ohio Disease Reporting System. The analysis uses records with Date Reported to Local Health Department (LHD) from January 1, 2026 through June 30, 2026. The June 2026 section uses records reported to the LHD during June 2026 only. Confirmed, probable, and suspected records are included. Counts represent reported records, not population-based rates.

**Table 1. Reportable Conditions, June 2026**

| Reportable condition | June 2026 | Share of June cases |
|---|---|---|
| Chlamydia infection | 7 | 50.0% |
| Lyme Disease | 4 | 28.6% |
| Amebiasis | 1 | 7.1% |
| Gonococcal infection | 1 | 7.1% |
| Hepatitis C - chronic | 1 | 7.1% |
| Total | 14 | 100.0% |

**Interpretation:** June 2026 reporting was concentrated in a small number of conditions. Chlamydia infection accounted for one-half of June records, while Lyme disease accounted for more than one-fourth of June records. The June Lyme disease records were all classified as suspected in the source file.

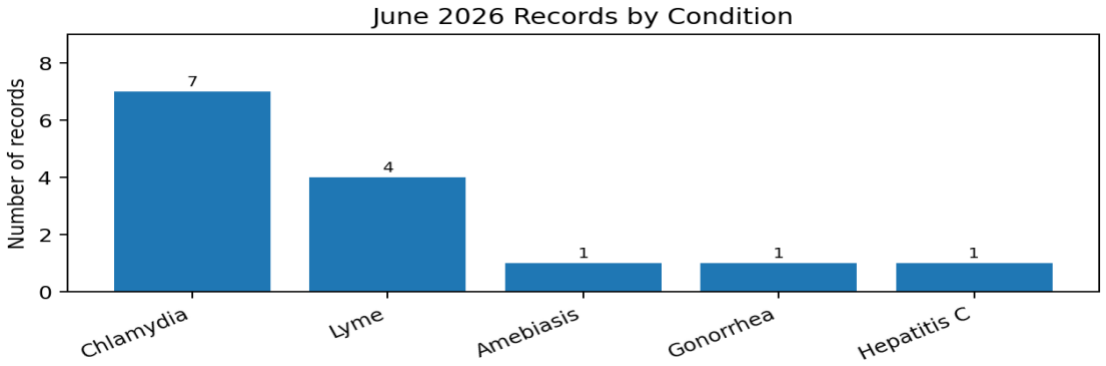


*Figure 1. Reported communicable disease records by condition, June 2026.*

## Monthly Trend, January-June 2026

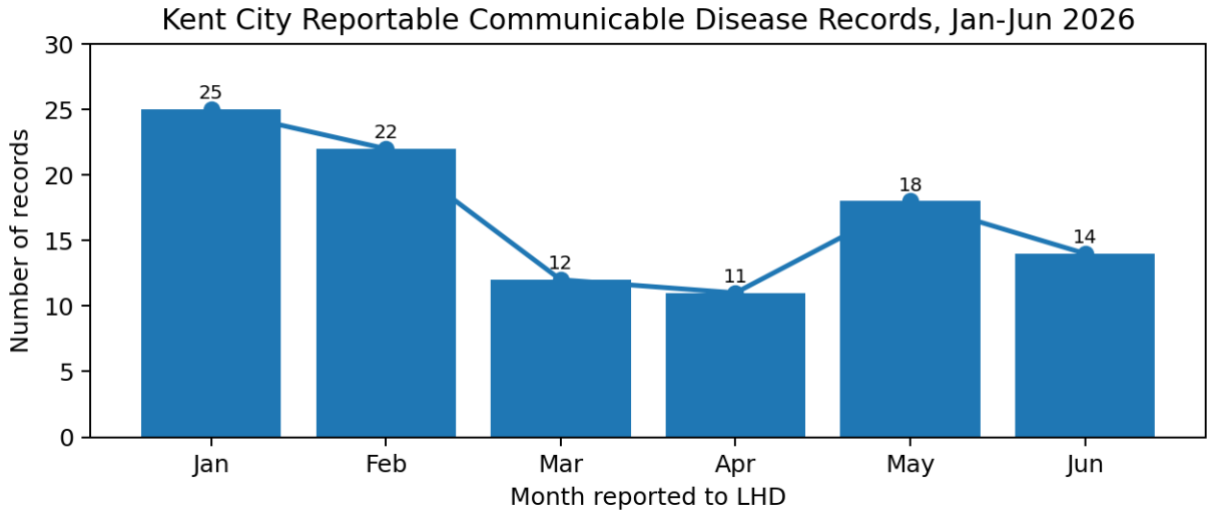


*Figure 2. Monthly trend in reportable communicable disease records, January-June 2026.*

## Reportable Condition Trend

**Table 2. Reportable Condition Trend by Month, January-June 2026**

| Reportable condition | Jan | Feb | Mar | Apr | May | Jun | Jan-Jun total | Share |
|---|---|---|---|---|---|---|---|---|
| Chlamydia infection | 9 | 8 | 5 | 8 | 12 | 7 | 49 | 48.0% |
| Gonococcal infection | 5 | 7 | 2 | 1 | 2 | 1 | 18 | 17.6% |
| Influenza-associated hospitalization | 4 | 2 | 1 | 0 | 0 | 0 | 7 | 6.9% |
| Lyme Disease | 0 | 1 | 0 | 1 | 0 | 4 | 6 | 5.9% |
| Hepatitis C - chronic | 1 | 0 | 1 | 1 | 1 | 1 | 5 | 4.9% |
| Hepatitis B (including delta) - chronic | 1 | 1 | 0 | 0 | 2 | 0 | 4 | 3.9% |
| Varicella | 1 | 1 | 0 | 0 | 0 | 0 | 2 | 2.0% |
| CPO | 1 | 0 | 1 | 0 | 0 | 0 | 2 | 2.0% |
| Amebiasis | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1.0% |
| Coccidioidomycosis | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 1.0% |
| E. coli, Shiga Toxin-Producing (O157:H7, Not O157, Unknown Serotype) | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 1.0% |
| C. auris - Colonization Screening | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 1.0% |
| Campylobacteriosis | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 1.0% |
| Influenza - ODH Lab Results | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 1.0% |
| Immigrant Investigation | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 1.0% |
| Meningococcal disease - Neisseria meningitidis (call health department immediately) | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 1.0% |
| Streptococcal - Group A -invasive | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 1.0% |
| Total | 25 | 22 | 12 | 11 | 18 | 14 | 102 | 100.0% |

**Interpretation:** Chlamydia infection was the leading reportable condition during January-June 2026. Gonococcal infection was the second leading condition. Lyme disease was uncommon in the early months but increased in June.

## Disease Group Trend

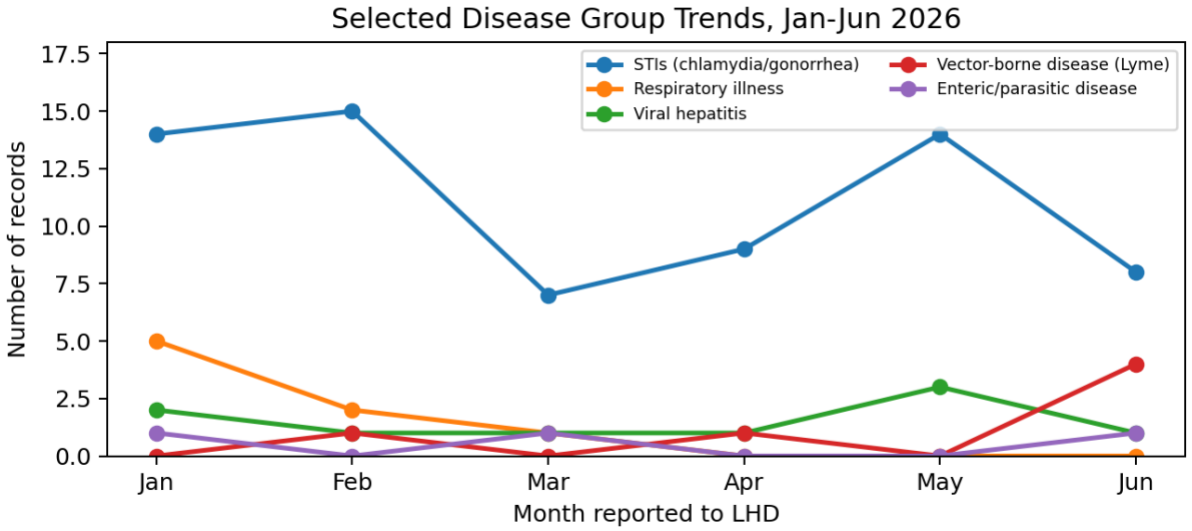


*Figure 3. Selected disease group trends, January-June 2026.*

**Table 3. Disease Group Summary, January-June 2026**

| Disease group | Jan | Feb | Mar | Apr | May | Jun | Jan-Jun total | Share |
|---|---|---|---|---|---|---|---|---|
| STIs (chlamydia/gonorrhea) | 14 | 15 | 7 | 9 | 14 | 8 | 67 | 65.7% |
| Viral hepatitis | 2 | 1 | 1 | 1 | 3 | 1 | 9 | 8.8% |
| Respiratory illness | 5 | 2 | 1 | 0 | 0 | 0 | 8 | 7.8% |
| Vector-borne disease (Lyme) | 0 | 1 | 0 | 1 | 0 | 4 | 6 | 5.9% |
| Healthcare-associated/MDRO | 2 | 0 | 1 | 0 | 0 | 0 | 3 | 2.9% |
| Enteric/parasitic disease | 1 | 0 | 1 | 0 | 0 | 1 | 3 | 2.9% |
| Vaccine-preventable disease (varicella) | 1 | 1 | 0 | 0 | 0 | 0 | 2 | 2.0% |
| Invasive bacterial disease | 0 | 1 | 0 | 0 | 1 | 0 | 2 | 2.0% |
| Fungal disease | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 1.0% |
| Immigrant investigation | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 1.0% |
| Total | 25 | 22 | 12 | 11 | 18 | 14 | 102 | 100.0% |

## Epidemiologic Interpretation

**Overall communicable disease activity:** Kent City recorded 102 reportable communicable disease records from January through June 2026. The first two months of the year had the highest counts, the spring months were lower, May increased again, and June declined relative to May. This pattern should be interpreted as reported records rather than true community incidence because it can be influenced by testing, reporting, and data-entry timing.

**Sexually transmitted infections:** STIs were the dominant disease group across the six-month period, accounting for 67 of 102 records (65.7%). Chlamydia infection was the single most frequently reported condition, followed by gonococcal infection. Continued attention to testing, timely treatment, partner notification, and prevention education remains warranted.

**Vector-borne disease:** Lyme disease reporting increased in June, with 4 suspected June records. These June records should be followed through investigation and classification updates as appropriate. Seasonal tick-bite prevention messaging may be useful as the summer reporting period continues.

## Case Classification Status

**Table 4. Case Classification Status by Month, January-June 2026**

| Classification status | Jan | Feb | Mar | Apr | May | Jun | Jan-Jun total | Share |
|---|---|---|---|---|---|---|---|---|
| Confirmed | 21 | 18 | 10 | 9 | 16 | 8 | 82 | 80.4% |
| Probable | 2 | 2 | 0 | 1 | 1 | 1 | 7 | 6.9% |
| Suspected | 2 | 2 | 2 | 1 | 1 | 5 | 13 | 12.7% |
| Total | 25 | 22 | 12 | 11 | 18 | 14 | 102 | 100.0% |

**Interpretation:** Most January-June records were confirmed (82 of 102, 80.4%). June had a higher suspected share than earlier months, with 5 suspected records. This was driven mainly by suspected Lyme disease records and one suspected amebiasis record in June.

## Additional Epidemiologic Notes

**Respiratory disease reporting:** Respiratory illness records were concentrated early in the year, with influenza-related records in January, February, and March. No COVID-19 records appeared in the January-June 2026 source file. A zero count in this file should not be interpreted as proof of no community transmission; it may reflect disease activity, testing patterns, reporting practices, or case ascertainment.

**Viral hepatitis:** Viral hepatitis accounted for 9 January-June records. Chronic hepatitis reports often represent newly identified or newly reported existing infections rather than infections acquired during the reporting month; follow-up should emphasize documentation completion, counseling, and linkage to care as applicable.

**Other reportable conditions:** The source file also included sporadic records for healthcare-associated or multidrug-resistant organism conditions, enteric/parasitic disease, varicella, invasive bacterial disease, fungal disease, and immigrant investigation. These low counts should be monitored, but isolated monthly records should be interpreted cautiously.

## Recommended Public Health Actions

1. Continue STI surveillance, case follow-up, treatment verification, partner services, and prevention messaging, with emphasis on chlamydia and gonorrhea.
2. Complete follow-up for June Lyme disease records, including classification updates, exposure assessment as applicable, and seasonal tick-prevention messaging.
3. Continue monitoring respiratory disease and COVID-19 reporting trends even though no COVID-19 records appeared in the January-June source file.
4. Ensure appropriate follow-up for chronic hepatitis B and chronic hepatitis C records, including confirmatory documentation, counseling, and linkage to care as applicable.
5. Review monthly trends again when July data become available to determine whether the June Lyme increase continues and whether STI counts remain stable or change.

## Limitations

- This report uses records reported to the LHD from January through June 2026 only; it does not include a prior-year comparison.
- Counts are small; therefore, percentage changes can appear large and should be interpreted cautiously.
- The report does not include population denominators, so case rates were not calculated.
- Reported records may be affected by testing access, reporting delays, case definition changes, provider reporting practices, and data entry timing.
- Suspected records may change classification after investigation or additional laboratory information.

**Kent City Health Department**
**Communicable Disease Report: July 2026**
Year-over-Year Comparison: July 2025 vs July 2026

## Executive Summary

A total of 52 reportable communicable disease records were reported for Kent City in July 2026, compared with 20 in July 2025, an increase of 32 records, or 160.0%. The increase was driven primarily by cyclosporiasis, with 36 records in July 2026, accounting for 69.2% of all records reported during the month, compared with no cyclosporiasis records in July 2025. This local concentration occurred during a rapidly expanding statewide outbreak. The Ohio Department of Health initially reported 177 cases and 28 hospitalizations statewide as of July 2, 2026, and subsequent state surveillance updates indicated that Ohio's cumulative case count had surpassed 4,000 by early August. The 36 Kent City records therefore occurred during substantial statewide activity, although the local extract alone cannot establish that all records shared a common exposure or were epidemiologically linked.

Excluding cyclosporiasis, Kent City had 16 records in July 2026, four fewer than the 20 records reported in July 2025. Sexually transmitted infections decreased from 13 records to 10, with chlamydia increasing from 8 to 9 and gonococcal infection decreasing from 5 to 1. Lyme disease remained unchanged at two records in each year. COVID-19 decreased from three records in July 2025 to none in the July 2026 extract, and measles decreased from one record to none.

## Data Source and Methods

This report compares records in the supplied ODH Ohio Disease Reporting System extracts with Date Reported to Local Health Department (LHD) during July 2025 and July 2026. Confirmed, probable, and suspected records are included. Counts represent reported records, not population-based rates. The analysis is limited to a year-over-year comparison of the two July periods. External outbreak sources are used only to provide statewide context and do not alter the Kent City counts derived from the ODH extracts. Statewide figures reported in early August are presented as contextual surveillance updates and should not be interpreted as July-only Kent City counts.

## Reportable Condition Comparison

**Table 1. Reportable Conditions, July 2025 vs July 2026**

| Reportable condition | July 2025 | July 2026 | Change | 2026 share |
|---|---|---|---|---|
| Cyclosporiasis | 0 | 36 | 36 | 69.2% |
| Chlamydia infection | 8 | 9 | 1 | 17.3% |
| Lyme Disease | 2 | 2 | 0 | 3.8% |
| Hepatitis C - chronic | 0 | 2 | 2 | 3.8% |
| Gonococcal infection | 5 | 1 | -4 | 1.9% |
| Legionellosis | 0 | 1 | 1 | 1.9% |
| Varicella | 0 | 1 | 1 | 1.9% |
| COVID-19 | 3 | 0 | -3 | 0.0% |
| Measles - indigenous to Ohio | 1 | 0 | -1 | 0.0% |
| Streptococcal - Group A -invasive | 1 | 0 | -1 | 0.0% |
| **Total** | **20** | **52** | **32** | **100.0%** |

**Disease Group Comparison**

**Table 2. Disease Group Summary, July 2025 vs July 2026**

| Disease group | July 2025 | July 2026 | Change | 2026 share |
|---|---|---|---|---|
| STIs (chlamydia/gonorrhea) | 13 | 10 | -3 | 19.2% |
| Enteric/parasitic disease | 0 | 36 | 36 | 69.2% |
| Respiratory illness | 3 | 1 | -2 | 1.9% |
| Vector-borne disease (Lyme) | 2 | 2 | 0 | 3.8% |
| Vaccine-preventable disease | 1 | 1 | 0 | 1.9% |
| Invasive bacterial disease | 1 | 0 | -1 | 0.0% |
| Viral hepatitis | 0 | 2 | 2 | 3.8% |
| **Total** | **20** | **52** | **32** | **100.0%** |

**Case Classification Status**

**Table 3. Case Classification Status, July 2025 vs July 2026**

| Classification status | July 2025 | 2025 share | July 2026 | 2026 share | Change |
|---|---|---|---|---|---|
| Confirmed | 17 | 85.0% | 41 | 78.8% | 24 |
| Probable | 1 | 5.0% | 1 | 1.9% | 0 |
| Suspected | 2 | 10.0% | 10 | 19.2% | 8 |
| **Total** | **20** | **100.0%** | **52** | **100.0%** | **32** |

**Epidemiologic Interpretation**

**Overall communicable disease activity:** July 2026 had substantially more reported records than July 2025. However, 36 of the 52 July 2026 records were cyclosporiasis. Without those records, the July 2026 total would have been lower than the July 2025 total. The year-over-year increase should therefore be interpreted as a condition-specific concentration rather than a generalized increase across all disease categories.

**Enteric/parasitic disease**: Cyclosporiasis was not present in the July 2025 extract but accounted for 36 July 2026 records, including 28 confirmed and 8 suspected records. The concentration warrants rapid completion of case investigations, verification of illness-onset dates and classification status, detailed food and restaurant exposure histories for the 14 days before illness onset, and review for shared products, vendors, restaurants, grocery locations, events, or other epidemiologic linkages.

**Statewide outbreak context:** The 36 July 2026 Kent City cyclosporiasis records occurred during a large and rapidly expanding outbreak affecting Ohio. In a July 8, 2026 news release, ODH reported 177 statewide cases as of July 2, including 171 occurring in June, and 28 hospitalizations. ODH stated that state, local, neighboring-state, and federal partners were conducting interviews and traceback investigations and that no common source had yet been identified (ODH, 2026a). Subsequent state surveillance showed substantial growth: by early August, Ohio had surpassed 4,000 cumulative cases, as reported by Journal-News using state health data (Journal-News, n.d.; ODH, 2026b). Ohio State University CFAES also provided outbreak-support guidance concerning symptoms, testing, produce handling, and source-identification challenges (The Ohio State University College of Food, Agricultural, and Environmental Sciences [CFAES], n.d.). The rapid increase between the early-July ODH release and the early-August surveillance update underscores the need for timely local interviewing, exposure clustering, and coordination with state investigators. These external sources provide context for the local

increase but do not, by themselves, establish that all Kent City records shared one exposure or were epidemiologically linked.

**Sexually transmitted infections:** The combined number of chlamydia and gonococcal infection records decreased from 13 to 10. Chlamydia remained common and increased by one record, while gonococcal infection decreased by four records. Continued case follow-up, treatment verification, partner services, and prevention messaging remain appropriate.

## Recommended Public Health Actions

Cyclosporiasis investigation and outbreak coordination should be the immediate priority. The health department should complete interviews for all 36 July 2026 records, verify onset dates and case classifications, obtain detailed food histories covering the 14 days before illness onset, and systematically compare exposures involving fresh produce, leafy greens, herbs, berries, restaurants, grocery stores, catered events, and shared vendors. Common exposures or clusters should be communicated promptly to ODH, and epidemiology, communicable-disease, environmental-health, and food-safety staff should coordinate on traceback information, receipts or loyalty-card records when available, and any necessary inspections or regulatory follow-up (ODH, 2026a, 2026b; CFAES, n.d.).

Community prevention messaging should emphasize handwashing before and after handling raw produce, thorough rinsing of fruits and vegetables under running water, scrubbing firm produce with a clean brush, removal of damaged areas, and prompt refrigeration of cut or peeled produce. Messaging should also clarify that safe handling can reduce foodborne risk but cannot guarantee removal of Cyclospora from contaminated produce. Residents with persistent watery diarrhea, loss of appetite, cramping, bloating, nausea, weight loss, or fatigue should be encouraged to contact a healthcare provider and mention possible Cyclospora exposure. The health department should continue monitoring ODH updates and revise public guidance if a specific product, establishment, or exposure is identified (CDC, 2024b; ODH, 2026a; CFAES, n.d.).

## Limitations

This report compares only July 2025 and July 2026 and does not assess trends during the intervening months. Counts are small for many conditions, so percentage changes can appear large and should be interpreted cautiously. Population denominators were not included; therefore, incidence rates were not calculated. Reported records may be affected by testing access, reporting delays, case-definition changes, provider reporting practices, and data-entry timing. Suspected and probable records may change classification after investigation or receipt of additional laboratory information. A zero count in a monthly extract should not be interpreted as proof that no community transmission occurred. Statewide outbreak information was current as of the cited publication or retrieval dates and may be revised. The early-August statewide cyclosporiasis total is a cumulative Ohio surveillance figure used for context; it is not a July-only Kent City count and does not establish a direct epidemiologic link among the 36 local records.

**References**


Centers for Disease Control and Prevention. (2024a). *Clinical guidance for cyclosporiasis*. https://www.cdc.gov/cyclosporiasis/hcp/clinical-guidance/index.html

Centers for Disease Control and Prevention. (2024b). *Preventing cyclosporiasis*. https://www.cdc.gov/cyclosporiasis/prevention/index.html

Journal-News. (n.d.). *Ohio cyclosporiasis cases top 4,000 as health officials urge caution with produce*. Retrieved August 5, 2026, from https://www.journal-news.com/local/ohio/ohio-cyclosporiasis-cases-top-4-000-as-health-officials-urge-caution-with-produce/article_b56d77fc-0446-5326-9122-bbe88069027c.html

Ohio Department of Health. (2026a). *ODH director Dr. Vanderhoff: Take precautions, as cyclosporiasis can be a serious illness*. https://odh.ohio.gov/media-center/odh-news-releases/cyclosporiasis-news-release-070826

Ohio Department of Health. (2026b). *Summary of infectious diseases in Ohio* [Data dashboard]. Retrieved August 5, 2026, from https://data.ohio.gov/wps/portal/gov/data/view/summary-of-infectious-diseases-in-ohio

Ohio Department of Health. (2026c). *Measles news release*. https://odh.ohio.gov/media-center/ODH-News-Releases/measles-news-release-073026

The Ohio State University College of Food, Agricultural, and Environmental Sciences. (n.d.). *Cyclosporiasis outbreak support*. Retrieved August 5, 2026, from https://cfaes.osu.edu/report/cyclosporiasis-outbreak-support

| | PCHD | KSU |
|---|---|---|
| Communicable Disease Surveillance and Investigation | 1. Receive, review, and investigate reportable communicable diseases reported through the Ohio Disease Reporting System (ODRS).<br>2. Conduct case investigations and contact tracing activities in accordance with Ohio Department of Health requirements.<br>3. Conduct investigations of Class A, Class B, and Class C reportable diseases as required by Ohio Administrative Code Chapter 3701-3.<br>4. Coordinate with healthcare providers, laboratories, schools, long-term care facilities, childcare centers, correctional facilities, and other entities as necessary.<br>5. Implement disease control measures as directed by applicable Ohio law and Ohio Department of Health guidance. | **Not addressed** |
| Outbreak Investigation and Response | 1. Investigate suspected and confirmed outbreaks of communicable disease. | **Not addressed** |

| | | |
|---|---|---|
| | 2. Conduct epidemiologic analysis and develop outbreak summaries and recommendations.<br><br>3. Coordinate response efforts with Kent City Health Department, Ohio Department of Health, healthcare providers, and community partners.<br><br>4. Provide technical assistance regarding infection prevention and control measures. | |
| Surveillance and Reporting | 1. Maintain surveillance activities utilizing ODRS, OPHCS, and other state-approved systems.<br><br>2. Monitor disease trends and emerging public health threats affecting Kent residents.<br><br>3. Provide quarterly written reports summarizing:<br>a. Reportable disease activity;<br>b. Outbreak investigations;<br>c. Significant disease trends; Public health concerns requiring attention.<br><br>4. Immediately notify the Kent Health Commissioner of any significant outbreak, public health emergency, or event requiring urgent action. | 1. generation of monthly communicable disease reports and other data-driven public health reports. |
| Epidemiological Analysis | 1. Conduct data analysis to identify trends, clusters, disparities, and emerging public health concerns.<br><br>2. Develop reports, summaries, dashboards, and presentations upon request. | 1. Ensure timely and accurate completion of data analysis and visualizations. |

| | | |
|---|---|---|
| | 3. Provide epidemiologic support for community health assessment, community health improvement planning, and grant-related activities as mutually agreed upon. | |
| Consultation and Technical Assistance | 1. Provide consultation to Kent City Health Department staff regarding communicable disease control and epidemiologic issues.<br><br>2. Provide technical assistance regarding disease surveillance systems, reporting requirements, and public health investigations.<br><br>3. Assist with interpretation of communicable disease regulations and Ohio Department of Health guidance. | **Not addressed** |
| Emergency Preparedness and Response | 1. Provide epidemiologic support during public health emergencies, outbreaks, and other incidents requiring disease surveillance or investigation.<br><br>2. Participate in response coordination activities as requested by Kent City Health Department. | **Not addressed** |
| Time Frame | Annual Contract | Annual Contract |
| Price | $30,000/annually | 10 hrs./per week x $30 per/hr.<br><br>Currently not to exceed $6,000/annually |

**Expenditures - June 2026**

| | | | |
|---|---|---|---|
| 6/2/2026 | Ohio Division of Real Estate | Burial Permit Fees May 2026 | $845.50 |
| 6/2/2026 | NACCHO | Membership Dues Renewal 2026-2027 | $295.00 |
| 6/3/2026 | Treasurer, State of Ohio | Swimming pools/spas Transmittal fees April-May 2026 | $1,260.00 |
| 6/8/2026 | Amazon | Stamp for Jalessa Caples | $9.49 |
| 6/9/2026 | Amazon | Office and Cleaning Supplies | $70.63 |
| 6/10/2026 | Shorts Spicer Crislip Funeral Home | Indigent Cremation 2026-2 | $900.00 |
| 6/10/2026 | Treasurer, State of Ohio | May FSO Transmittals | $130.00 |
| 6/11/2026 | Billow Company/Bissler & Sons Funeral | Indigent Cremation 2026-3 | $1,000.00 |

**Expenditures - July 2026**

| | | | |
|---|---|---|---|
| 7/1/2026 | Ohio Division of Real Estate | Burial Permit Fees June 2026 | $997.50 |
| 7/6/2026 | Treasurer, State of Ohio | Vital Statistics Fees Apr-June 2026 | $33,253.04 |

# KENT CITY HEALTH DEPARTMENT

201-G E. ERIE STREET, KENT OHIO 44240 (330) 678-8109 FAX (330) 678-2082


06.23.2026

Dear Taqi Ibrahim/Kent Mart,

The Kent City Health Department has completed its review of your application for authorization to sell tobacco, electronic smoking devices, and alternative nicotine products within city limits at the following address: 1108 S. Water St. Kent, Ohio 44266. After evaluating the application under the requirements of Kent Codified Ordinance Chapter 771 and 773, the City must issue a denial at this time. The denial is due to the following factors:

- **773.03 PROXIMITY OF TOBACCO RETAIL ESTABLISHMENTS TO YOUTH-ORIENTED FACILITIES.**

  No license shall be granted to any person or entity for a tobacco retail establishment location that is within 1,000 feet of a youth-oriented facility, as measured by the shortest line from the property line of the space to be occupied by the proposed tobacco retail licensee to the nearest property line of a youth-oriented facility. This restriction does not apply to an existing tobacco retailer holding a current state tax license for the sale of tobacco products in that same location for at least one year before the date this section was enacted into law.

  - The youth facing facilities that are within the 1,000 ft distance are
    - Holden Elementary School 436 feet away
    - Kent Recreation Center approximately 528 feet away

Per **771.08 APPEALS.**

- **If the Kent Health Commissioner denies the issuance of a license, or suspends or revokes a license, or issues a citation with or without civil penalty for violating this Chapter, the Health Commissioner shall send to the applicant, or licensee, by certified mail, return receipt requested, written notice of the action and the right to an appeal. Upon receipt of written notice of the denial, suspension, or revocation, the licensee subject to license denial or revocation or citation and civil fine shall have the right to appeal to the Board of Health. An appeal must be filed within thirty (30) days after the receipt of notice of the decision. The appellant shall bear the burden of proof.**

Should you decide to appeal, the Kent City Health Department Tobacco License Division will call you with information about the Board of Health meeting in which your appeals form, will be reviewed. An Appeals Form has been provided with this letter and must be returned within 30 days of when the notice is received.

If you have any questions or concerns, you can call us at 330-676-7351 or email at jalessa.caples@kentohio.gov . Thank you.

Kent City Health Department Health Commissioner

*(For Denials Issued Under Kent Codified Ordinance Chapter 771 and 773)*

# KENT CITY HEALTH DEPARTMENT

201-G E. ERIE STREET, KENT OHIO 44240 (330) 678-8109 FAX (330) 678-2082

**Kent City Health Department – Tobacco Retail License Appeals Form**

**Instructions:** This form must be completed and submitted to the Kent Health City Department – Tobacco Retail Licensing Division **within thirty (30) days after the receipt of notice** of the decision. Incomplete forms may delay processing.

**1. Applicant Information**

**Business Name:** Kent Mart Inc.

**Applicant/Owner Name:** Taqi Ibrahim/Kent Mart

**Business Address:** 1108 S. Water Street

**City:** Kent **State:** OH **ZIP:** 44266

**Phone Number:** 614.619.4438

**Email Address:** Mohamad.migdadi90@gmail.com

**2. License Application Details**

**Type of Application:** ☑ New Tobacco Retail License ☐ Renewal Tobacco Retail License

**Date of Original Application:** May 14, 2026

**Date of Denial Notice:** June 23, 2026

**3. Grounds for Appeal**

Please indicate the reason(s) you are requesting an appeal (check all that apply):

☐ The denial was based on incorrect or incomplete information.
☐ The business is in compliance with **KCO Chapter 771 & 773** requirements.
☐ The cited violations have been corrected.
☐ The denial was issued in error.
☑ Other (explain below): **you can add more information on the back of the form**

**Explanation:**
The predecessor of Kent Mart operated with a tobacco license. Kent Mart should have been grandfathered in to allow the new owners to transfer the tobacco license.

*(For Denials Issued Under Kent Codified Ordinance Chapter 771 and 773)*

**4. Supporting Documentation**

Attach any documents that support your appeal, such as:

- Proof of compliance
- Corrected records or forms
- Photos, invoices, or receipts
- Correspondence with the City
- Any other relevant materials

☐ Supporting documents attached

☑ No supporting documents attached

**5. Requested Action**

Please indicate what action you are requesting from the Board of Health:

☑ Reversal of denial if not then administrative hearing
☐ Reconsideration after review of new information
☐ Administrative hearing
☐ Other (specify): _____

**6. Certification**

I certify that the information provided in this appeal is accurate and complete to the best of my knowledge.

**Signature:** Michael J. Shaheen, Attorney at Law Date: 7/31/26

**Printed Name:** Michael J. Shaheen, Attorney at Law

**Submission Instructions**

Submit this completed form and all supporting documents to:

**Kent Health Department – Tobacco Retail Licensing Division** at 201-G E. Erie St. Kent, Ohio 44240

*(For Denials Issued Under Kent Codified Ordinance Chapter 771 and 773)*