

## **BYLAWS of the Whiteside County Board of Health 12/2021**

### **ARTICLE I – INTRODUCTION**

#### **A. PURPOSE**

1. Inception. The Whiteside County Board of Health (referred to as the "Board of Health") was duly created by resolution of the Whiteside County Board of Supervisors pursuant to "An act in relation to the establishment and maintenance of county and multiple-county health departments commonly known as the County Health Department Act. Its original purpose, as stated in the authorizing resolution, was the provision of home health care services.
2. Certification. The Board of Health shall ensure the Whiteside County Health Department provides those core public health services and programs required by certification mandates prescribed by the Illinois Department of Public Health and other necessary programs to protect the public health of Whiteside County residents.
3. Jurisdiction. The Board of Health has jurisdiction for the purpose of this Act throughout the entire County of Whiteside, State of Illinois, as provided by law.

**B. BYLAW REVISIONS.** These Bylaws may be amended by a majority of the full membership of the Board of Health, provided the amendments were considered as business items at one (1) meeting.

**C. FISCAL YEAR.** The fiscal year of the Board of Health shall be December 1 through November 30.

### **ARTICLE II – MEMBERS**

#### **A. APPOINTMENTS.**

- Appointments to the Board of Health are made by the chairperson of the County Board, in conformance with 55 ILCS 5/5-25012 and amendments thereto. The Board of Health may make recommendations for appointments/reappointment, to the Chair of the Whiteside County Board.
- The term of the member appointed from the Whiteside County Board shall be one year and shall continue pursuant to Statute.
- Other issues related to appointments are prescribed by state statute. (See Appendix 1.)

#### **B. TERM.**

- Appointment. Appointments shall be for a three (3) year term, beginning July 1.
- Reappointment. Upon completion of a term, reappointments shall be reviewed by the Board of Health.
- Unfulfilled Terms. Any vacancies to a term shall be filled as in the case of appointment for a full term.

**C. COMPENSATION/REIMBURSEMENT.** Members of the Board of Health shall serve without compensation, but may be reimbursed for expenses incurred in the performance of their duties.

**D. REMOVAL.** The Board of Health may recommend, to the County Board Chairman, that a member be replaced for misconduct or neglect of duty by a majority vote.

**E.** All member must complete the electronic Open Meetings Act (OMA) training at least once during their term of appointment as follows:

- Any Member who is presently on the Board of Health and who has not yet taken the electronic Open Meetings Act training and provided their certificate must complete the electronic training and provide their certificate of completion to the Public Health Administrator as soon as possible.

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- Any Member who joins the Board of Health and who has not yet taken the electronic Open Meetings Act training and provided their certificate to the Public Health Administrator (PHA) must complete the electronic training and provide their certificate within 90 days after appointment.
- Board Members are not required to complete the electronic Open Meetings Act training on an annual basis thereafter.  
The Public Access Counselor's Office's OMA electronic training is available free of charge at: [http://foia.ilattorneygeneral.net/electronic\\_foia\\_training.aspx](http://foia.ilattorneygeneral.net/electronic_foia_training.aspx) Each FOIA/OMA Officer will be asked to create an account. That way, you can access the FOIA/OMA Portal any time after you complete the training to review your training records, look for information or print another training certificate. In the security section, you will be asked to provide a security question and answer. This information will be used to help you recover your password, in case you forget it. Please complete each field listed below.

### **ARTICLE III – OFFICERS**

- A. TYPE.** The officers shall be a President, a Vice President, a Secretary, and a Treasurer. The County Treasurer shall be Treasurer for the Board of Health.
- B. TERM.** Officers shall be elected for a 12 month term, beginning July 1, at a Board of Health meeting held prior to July 1st.
- C. DUTIES**
1. The President shall supervise all activities of the Board of Health, except election of officers and shall make appointments to standing and special committees, execute all instruments in its behalf, preside at all meetings, call such special meetings of the Board of Health as shall be deemed necessary and as herein provided, and perform such other duties as are inherent in such office. The President is an *ex officio* member of all standing and special committees.
  2. The Vice President and Secretary shall perform such acts as the President may direct and shall preside at all meetings in the absence of President.
  3. The Treasurer shall supervise all funds; make authorized payments of all obligations incurred, supervise the maintenance of all bank accounts and depositories, and render such periodic financial reports as may be necessary for the competent management of the affairs of the Board of Health. The Treasurer shall assist the Administrator to prepare periodic financial reports for the filing to federal, state, and local governmental agencies when required.

### **ARTICLE IV – MEETINGS**

- A. GOVERNANCE OF MEETINGS.** Robert's Rules of Order, revised and the Open Meetings Act, shall govern all meetings of the Board of Health.
- B. REGULAR MEETINGS.** The Board of Health shall meet at least quarterly. At the beginning of each fiscal year, the Board of Health shall prepare and make available a schedule of its regular meetings for such fiscal year, listing the times and places of such meetings. If a change is made in regular meeting dates, at least ten (10) days' notice of the change shall be given by publication in a newspaper of general circulation in the area.
- C. SPECIAL MEETINGS.** The Board of Health shall hold special meetings upon a written request signed by the President or two (2) members and filed with the Vice President/Secretary or on request of the Public Health Administrator, and notification at least forty eight hours prior to meeting date.
- D. CLOSED SESSIONS.** All regular and special meetings shall be open meetings *except* those special cases exempted by law. (See Appendix 2.)

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**E. NOTICE.** Public notice of all regular and special meetings or meetings closed to the public shall be given by posting a copy of the notice at the Health Department's facilities and website. Copies of the notice shall also be supplied to any news medium that has filed an annual request for such notice.

**F. QUORUM.** A quorum is a majority of the number of members of the Board of Health. No meeting shall be accounted as official unless a quorum is present.

**G. VOTING.**

1. The presiding officer will vote on all matters.
2. A tie vote is considered to be defeated.
3. Members in attendance or present by means of video or audio conference, telephone call, electronic means (such as, without limitation, electronic mail, electronic chat, and instant messaging), or other means of contemporaneous interactive communication may vote. A majority of the votes cast, ignoring abstentions, is sufficient for the adoption of any motion, except revisions to these Bylaws which requires a majority of the full membership of the Board of Health.
4. Board of Health Members may not vote via absentee ballot.
5. Board of Health members may not designate or appoint someone to attend or vote on their behalf.
6. Board Members who are unable to physically attend a meeting due to one of the reason listed below may participate and vote by any other available means conducive to active participation as long as their identity and vote can be verified by the other members. A quorum, excluding that member, must be present at the meeting to count such vote.  
The member must assert one of the following three reasons why he or she is unable to physically attend the meeting
  - That the Member cannot attend because of personal illness or disability or
  - The member cannot attend because of employment purposes or the business of the Whiteside County Board of Health; or
  - The member cannot attend because of a family or other emergency.

If a member wishes to attend a meeting by other means, the member should notify the Administrator in advance unless advance notice is impractical. Upon notification, the Administrator or their designee shall work with the Board Member to Ensure:

That a quorum will be physically present excluding that member;

- That the Member will be able to hear all of the conversation taking place in the meeting room;
- That others in the room will be able to hear the comments of the member calling in; and
- That the Member calling in has access to handouts, visuals and other background information which may be needed in order to make an informed decision.

The presiding officer of the Board of Health shall declare the members requesting to attend the meeting electronically, present and the rights of said members will be the same as those members that are physically present, subject to all rules and guidelines previously adopted.

7. To ensure conformance with the Open Meetings Act, all meetings in which a quorum of the members are anticipated to be present should be adequately made known to the public. To ensure conformance with the Open Meetings Act, all committee meetings in which a quorum of the members are anticipated to be present should be adequately made publicly known. The Health Department will meet Open Meetings Act requirements by making meeting information available either at the health departments physical location or on its website.

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### **H. Remote meetings during a Public Health Emergency**

In June of 2020, the Open Meetings Act was amended to allow for remote meetings without a physical quorum if the statutory guidelines under 5 ILCS120/7(see Appendix 3) are met.

### **I. MEMBER CONDUCT**

1. Board of Health member shall, have an affirmative obligation to disclose any potential or actual conflicts of interest in writing.
2. No Board of Health member shall, in the exercise of any function of the Board, vote on any matter respecting any individual or entity with which such member has, or within the twelve months preceding the vote has any ownership, employment, medical staff, fiduciary, contractual, creditor or consultative relationship which exceeds the amounts listed in state statutes requiring a statement of economic interest.
3. Any member may raise the question of conflict of interest with respect to another member, and the question so raised shall be decided by a majority vote of those members present excluding the member in question and those members who have already been disqualified from voting on the matter because of their own conflict of interest. However, the Board of Health member, after disclosure of his/her conflict of interest, may participate in the discussion of the matter before the Board on which he/she may have a conflict of interest. Advice from legal counsel may be obtained to clarify any potential conflict of interest.
4. Board of Health members will refrain from recommending products or services supplied by any vendor which is owned or operated by a family member, or in which they have an economic interest. If such vendors will be considered by the board, members should disclose any familial or economic interest and refrain from discussion of or voting upon related subjects.
5. Each member of the Board of Health has an affirmative duty to report potential conflicts of interest to the Board of Health prior to any vote on the issue at hand.
6. No Board of Health member shall be an employee of the Health Center or of the Whiteside County Health Department, or the spouse, child, parent, sibling by blood, adoption or marriage of an employee, and any other relationship determined by the Board of Health to be a conflict.
7. Board members shall abstain from acting on any matter that comes before the Board that will directly or indirectly benefit any public or private entity or institution when the Board of Health member is an officer of or if it sits on the governing body of such entity or institution.
8. Each member of the Board of Health present is expected to vote on each motion, unless a conflict of interest exists.
9. No member of the Board of Health shall accept any gift based upon any understanding, either explicit or implicit, that a judgment or decision would be influenced or in return for advice or assistance on any manner concerning the operation or business or the Health Department.
10. Nor may any member vote on an issue where he has taken or received, or offered to take or receive either directly or indirectly, any money or other thing of value as a gift or bribe or means of influencing his vote or action in his official character.
11. No member of the Board of Health member shall advocate for employment by the Health Department or as a contracting party with the Health Department any person who is a relative, defined as spouse, parent, child, brother or sister, aunt, or uncle, niece or nephew, grandparent or grandchild, and a Board of Health shall excuse her or himself from any portion of a meeting in which any such employment or contract involving such a relative is being deliberated.
12. No member or the Board of Health shall disclose confidential information or use confidential information gained in the course of his or her position for financial gain.
13. No member of the board shall engage in or permit unauthorized use of department owned property.

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### **ARTICLE V – COMMITTEES**

#### **A. APPOINTMENTS.**

1. Standing Committees. Before July of every year, the President shall appoint three (3) members to finance and personnel committees, and (2) members to the Bylaws Committee.
  - i. Finance Committee (Note: One member must be the County Board's representative.) will meet one hour prior to the regular Board of Health Meeting and as needed.
  - ii. Personnel Committee will meet the first Thursday of April and October at 5:30 pm and as needed for special meetings.
  - iii. Bylaws/Nominating Committee
2. Terms. Standing committee appointments have a 12 month term, beginning July 1.
3. Special Committees. Special committees may be appointed by the President, as necessary.
4. Two members from the Board of Health shall also act as Whiteside County Community Health Center Governing Council Directors. These two members shall be recommended by the President of the Board of Health and be approved by the Whiteside County Community Health Center Governing Council. The Board of Health member acting as a Whiteside County Community Health Center Governing Council Director will hold the term for the duration of his/her term on the Board of Health, or until he/she requests to be replaced.

#### **B. DUTIES.**

1. Finance Committee. The Finance Committee shall report to the Board of Health, as matters of regular business, the actions described below:
  - i. Committee review of a preliminary budget, prepared by the Public Health Administrator, during a regular meeting in August or October.
  - ii. Committee review of claims at monthly.
  - iii. Committee review at each regular meeting, and year-end, of the fiscal status of the Public Health Fund, and other funds, if any, managed by the Public Health Administrator.
  - iv. Make purchases authorized by the committee and make recommendations for purchases to be made by the Whiteside County Board of Health, pursuant to the Health Department's Purchasing Policies (Appendix 3).
  - v. Committee review of all financial contracts.
  - vi. Recommend changes to the Health Department's Equipment Purchasing and Disposal Policies.
  - vii. Other duties as assigned by the President.
2. Personnel Committee: The Personnel Committee shall report to the Board of Health, as matters of regular business, the actions described below:
  - i. The Personnel Committee shall grant the authority to the PHA/CEO to appoint such other officers and employees as may be necessary from time to time, and in such actions the PHA/CEO may establish new positions, job titles, responsibilities, compensation and job classification. PHA/CEO shall report any updates to the Personnel Committee at the regularly scheduled meetings of the Committee. The Personnel Committee shall then report these updates to the full Board of Health.

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- ii. Recommendations regarding the annual pay plan.
  - iii. Make findings regarding employee grievances, as provided by policy.
  - iv. Committee evaluation of the performance of the Public Health Administrator and solicit additional input from the entire Board of Health.
  - v. Other duties as assigned by the President.
3. Bylaws/Nominating Committee. The Bylaws Committee shall report to the Board of Health, as matters of regular business, the actions described below:
  - i. Recommended changes from any Board of Health member or from the Public Health Administrator to the Bylaws.
  - ii. The results of their review of the Bylaws, which shall take place at least annually or as requested by the Board of Health.
  - iii. Recommended potential candidates for appointment and reappointment to the Board of Health.
  - iv. Prepare the slate for election of officers.
  - v. Other duties as assigned by the President.

### **ARTICLE VI – BOARD OF HEALTH RESPONSIBILITIES**

#### **A. ASSESSMENTS.**

1. Organizational Capacity. The Board of Health shall ensure the Health Departments organizational capacity is formally assessed as required by the Illinois Department of Public Health.
2. Needs Assessment.
  - i. County-Wide Assessments. The Board of Health shall ensure the Health Department conducts a formal needs-assessment for all of Whiteside County that ultimately identifies at least three (3) priority health needs that can be improved through appropriate public health interventions.
  - ii. Community-Wide Assessments. The Board of Health shall consider the occurrence of high incident preventable morbidity and mortality, in a community, when high-incident morbidity and mortality is suspected.

#### **B. POLICY DEVELOPMENT.** The Board of Health shall...

1. Submit recommendations for appointment and reappointment to the Board of Health to the Chair of the County Board, pursuant to policies established by the Whiteside County Board.
2. Submit an approved budget to the Chair of the County Board, pursuant to policies established by the Whiteside County Board.
3. Make purchases, pursuant to the Health Department's Equipment Purchasing and Disposal Policies.
4. Consider and act on policies for the government of the Health Department.
5. Consider and act on resolutions to improve the health status of Whiteside County.
6. Approve an annual pay plan for the Health Department.

#### **C. QUALITY ASSURANCE.** The Board of Health shall...

1. Employ a credentialed executive officer, pursuant to the Certified Local Health Department Code.
2. Provide and support the following core programs: infectious diseases control, food protection, potable water, and private sewage disposal programs.
3. Maintain a current set of Bylaws.

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4. Participate in the Property, General Liability; Vehicle Liability, Public Officials Errors and Omissions, Crime, and Excess Liability insurance Programs administered through the Whiteside County Administrator's Office.
5. Cause an annual audit to be made of all Health Department accounts. The audit shall be made by the auditing firm employed by the County Board to do the annual audit of all county accounts.
6. Publish annually, pursuant to statutory mandates, a financial and activity report regarding the Health Department and such other statistics and information in regard to the work of the Health Department as the Board of Health may deem of general interest to be approved 90 days after end of County fiscal year.

### **ARTICLE VII – PUBLIC COMMENT POLICY**

Any individual or spokesperson for a group shall be permitted to address the Whiteside County Board of Health on any matter during the public forum portion of the meeting. Members of the public must fill out the sign-in sheet at the start of the meeting and will wait to be recognized by the Chair. If someone did not have the opportunity to sign in prior to the meeting, the Chair will ask at the end of the public forum if there are any other speakers. The speaker shall raise his/her hand to be recognized by the Chair.

All meetings of the Board of Health are open to the public, and public comment is accepted for a maximum of 30 minutes at each meeting. At the beginning of the comment, the speaker shall state his/her name. There is a three (3) minute time limit for each speaker. Please be aware that the Board of Health is not required to respond to any remarks during the time of its meeting.

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Approved by the Whiteside County Board of Health on September 12, 2000

By: Mark Mench, MD, President      Michael P. Zurn Public Health Administrator  
Whiteside County Board of Health      Whiteside County Health Department

Updated by the Whiteside County Board of Health on October 26, 2009

By: Cindy Schott, President      Beth Fiorini, Public Health Administrator  
Whiteside County Board of Health      Whiteside County Health Department

Revised by the Whiteside County Board of Health on January 27, 2015

By: Cindy Schott, President      Beth Fiorini, Public Health Administrator  
Whiteside County Board of Health      Whiteside County Health Department

Revised by the Whiteside County Board of Health on October 27, 2020

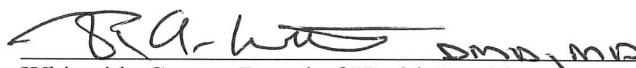
By: Howard Melchi, President      Cheryl Lee, Public Health Administrator  
Whiteside County Board of Health      Whiteside County Health Department

Revised by the Whiteside County Board of Health on June 1, 2021

By: Dr. Robert Whittaker, President      Cheryl Lee, Public Health Administrator  
Whiteside County Board of Health      Whiteside County Health Department

Revised by the Whiteside County Board of Health on December 15, 2021

By: Dr. Robert Whittaker, President      Cheryl Lee, Public Health Administrator  
Whiteside County Board of Health      Whiteside County Health Department

 Date: 12/16/2021  
Whiteside County Board of Health President

 Date: 12-16-2021  
Public Health Administrator/CEO

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Appendix 1: Statutory Powers & Duties of a local Board of Health

Appendix 2: Statutory Exceptions from the Open Meetings Act and Guidelines to Closed Meetings

Appendix 3: Public Act 101-0640 Illinois Open Meetings Act Amended to Alter Meetings without A  
Physical Quorum

Appendix 4: Equipment Purchasing and Disposal Policy



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### **Appendix 1:**

#### **Statutory Powers and Duties of a Local Board of Health (excerpts)**

Updated: 1/27/2015; 10/27/2020; 03/03/2021

#### **1. 55 ILCS 5/5-25012**

Sec. 5-25012. Board of health. Except in those cases where a board of 10 or 12 members is provided for as authorized in this Section, each county health department shall be managed by a board of health consisting of 8 members appointed by the president or chairman of the county board, with the approval of the county board, for a 3 year term, except that of the first appointees 2 shall serve for one year, 2 for 2 years, 3 for 3 years and the term of the member appointed from the county board, as provided in this Section, shall be one year and shall continue until reappointment or until a successor is appointed. Each board of health which has 8 members, may have one additional member appointed by the president or chairman of the county board, with the approval of the county board. The additional member shall first be appointed within 90 days after the effective date of this amendatory Act for a term ending July 1, 2002

When a county board of health consisting of 8 members assumes the responsibilities of a municipal department of public health, and both the county board and the city council adopt resolutions or ordinances to that effect, the county board may, by resolution or ordinance, increase the membership of the county board of health to 10 members. The additional 2 members shall initially be appointed by the mayor of the municipality, with the approval of the city council, each such member to serve for a term of 2 years; thereafter the successors shall be appointed by the president or chairman of the county board, with the approval of the county board, for terms of 2 years.

The term of office of original appointees shall begin on July 1 following their appointment, and the term of all members shall continue until their successors are appointed. All members shall serve without compensation but may be reimbursed for actual necessary expenses incurred in the performance of their duties. At least 2 members of each county board of health shall be physicians licensed in Illinois to practice medicine in all of its branches and at least one member shall be a dentist licensed in Illinois. In counties with a population under 500,000, one member shall be chosen from the county board or the board of county commissioners as the case may be. In counties with a population over 500,000, two members shall be chosen from the county board or the board of county commissioners as the case may be. At least one member from each county on each multiple-county board of health shall be a physician licensed in Illinois to practice medicine in all of its branches, one member from each county on each multiple-county board of health shall be chosen from the county board or the board of county commissioners, as the case may be, and at least one member of the board of health shall be a dentist licensed in Illinois. Whenever possible, at least one member shall have experience in the field of mental health. All members shall be chosen for their special fitness for membership on the board.

Any member may be removed for misconduct or neglect of duty by the chairman or president of the county board, with the approval of the county board, of the county which appointed him.

Vacancies shall be filled as in the case of appointment for a full term.

All members of a board established under this Section must be residents of the county, except that a member who is required to be a physician, dentist, or nurse may reside outside the county if no physician, dentist, or nurse, as applicable, who resides in the county is willing and able to serve.

#### **2. 55 ILCS 5/5-25013**

The board of health of each county or multiple-county health department shall, immediately after appointment, meet and organize, by the election of one of its number as president and one as secretary, and either from its number or otherwise, and such other officers as it may deem necessary. A board of health may make and adopt such rules for its own guidance and for the government of the health department as may be deemed necessary to protect and improve public health not inconsistent with this Division. It shall:

1. Hold a meeting prior to the end of each operating fiscal year, at which meeting officers shall be elected for the ensuing operating fiscal year.
2. Hold meetings at least quarterly.
3. Hold special meetings upon a written request signed by two members and filed with the Secretary or on request of the public health administrator.
4. Provide, equip and maintain suitable offices, facilities and appliances for the health department.

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5. Publish annually, within 90 days after the end of the county's operating fiscal year, in pamphlet form, for free distribution, an annual report.
6. Enforce and observe all State laws pertaining to the preservation of health, and all county and municipal ordinances except as otherwise provided in this Division.
7. Investigate the existence of any contagious or infectious disease and adopt measures, not inconsistent with the regulations of the State Department of Public Health, to arrest the progress of the same.
8. Within its jurisdiction, and professional and technical competence, make all necessary sanitary and health investigations and inspections.
9. Upon request, give professional advice and information to all city, village, incorporated town and school authorities, within its jurisdiction, in all matters pertaining to sanitation and public health.
10. Appoint a medical health officer as the executive officer for the department, who shall be a citizen of the United States and shall possess such qualifications as may be prescribed by the State Department of Public Health; or appoint a public health administrator who shall possess such qualifications as may be prescribed by the State Department of Public Health as the executive officer for the department, provided that the board of health shall make available medical supervision which is adequate by the Director of Public Health.
- 10.5 Appoint such professional employees as may be approved by the executive officer who meet the qualification requirements of the State Department of Public Health for their respective positions provided, that in those health departments temporarily without a medical health officer or public health administrator approval by the State Department of Public Health shall suffice.
11. Appoint such other officers and employees as may be necessary.
12. Prescribe the powers and duties of all officers and employees, fix their compensation, and authorize payment of the same and all other department expenses from the County Health Fund.
13. Submit an annual budget to the county board or boards.
14. Submit an annual report to the county board explaining all of its activities and expenditures.
15. Establish and carry out programs and services in mental health, including intellectual disabilities and alcoholism and substance abuse, not inconsistent with the regulations of the Department of Human Services.
16. Consult with all other private and public health agencies in the county in the development of local plans for the most efficient delivery of health services.

The board of Health of each county or multiple-county health department may:

1. Initiate and carry out programs and activities of all kinds. Not inconsistent with law, that may be deemed necessary or desirable in the promotion and protection of health and in the control of disease including tuberculosis;
2. Receive contributions of real and personal property;
3. Recommend to the county board or boards the adoption of such ordinances and of such rules and regulations as may be deemed necessary or desirable for the promotion and protection of health and control of disease;
4. Appoint a medical and dental advisory committee and a non-medical advisory committee to the health department;
5. Enter into contracts with the State, municipalities, other political subdivisions and no-official agencies for the purchase, sale or exchange of health services;
6. Set fees it deems reasonable and necessary
  - i. To provide services or perform regulatory activities,
  - ii. When required by State or federal grant award conditions,
  - iii. To support activities delegated to the board of health by the Illinois Department of Public Health, or
  - iv. When required by an agreement between the board of health and other private or governmental organization, unless the fee has been established as a part of a regulatory

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ordinance adopted by the county board, in which case the board of health shall make recommendations to the county board concerning those fees.

Revenue generated under this Section shall be deposited into the County Health fund or to the account of the multiple-county health department;

7. Enter into multiple year employment contracts with the medial health officer or public health administrator as may be necessary for the recruitment and retention of personnel and the proper functioning of the health department.
8. Enter into contracts with municipal health departments, county health departments, other boards of health, private or public hospitals, and not for profit entities to provide public health services outside of a board of health's own jurisdiction in order to protect the public health in an effective manner.

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### Appendix 2:

#### Statutory Exceptions from the Open Meetings Act and Guidelines to Closed Meetings (excerpts)

Updated: 1/27/2015; 10/27/2020; 03/03/2021

#### 2.1 – Open and Closed Meetings Statutory Reference:

##### Open Meetings Act 5 ILCS 120/2

- a) **Openness required.** All meetings of public bodies shall be open to the public unless excepted in subsection (c) and closed in accordance with Section 2a.
- b) **Construction of exceptions.** The exceptions contained in subsection (c) are in derogation of the requirement that public bodies meet in the open, and therefore, the exceptions are to be strictly construed, extending only to subjects clearly within their scope. The exceptions authorize but do not require the holding of a closed meeting to discuss a subject included within an enumerated exception.
- c) **Exceptions.** A public body may hold closed meetings to consider the following subjects:
  - 1) The appointment, employment, compensation, discipline, performance, or dismissal of specific employees of the public body, including hearing testimony on a complaint lodged against an employee to determine its validity. However, a meeting to consider an increase in compensation to a specific employee of public body that is subject to the Local Government wage Increase Transparency Act may not be closed and shall be open to the public and posted and held in accordance with this Act.
  - 2) Collective negotiating matters between the public body and its employees or their representatives, or deliberations concerning salary schedules for one or more classes of employees.
  - 3) The selection of a person to fill a public office, as defined in this Act, including a vacancy in a public office, when the public body is given power to appoint under law or ordinance, or the discipline, performance or removal of the occupant of a public office, when the public body is given power to remove the occupant under law or ordinance.
  - 4) Evidence or testimony presented in open hearing, or in closed hearing where specifically authorized by law, to a quasi-adjudicative body, as defined in this Act, provided that the body prepares and makes available for public inspection a written decision setting forth its determinative reasoning.
  - 5) The purchase or lease of real property for the use of the public body, including meetings held for the purpose of discussing whether a particular parcel should be acquired.
  - 6) The setting of a price for sale or lease of property owned by the public body.
  - 7) The sale or purchase of securities, investments, or investment contracts.
  - 8) Security procedures, school building safety and security, and the use of personnel and equipment to respond to an actual, a threatened, or a reasonably potential danger to the safety of employees, students, staff, the public or public property.
  - 9) Not Applicable to a local Board of Health.
  - 10) Not Applicable to a local Board of Health.
  - 11) Litigation, when an action against, affecting or on behalf of the particular public body has been filed and is pending before a court or administrative tribunal, or when the public body finds that an action is probably or imminent, in which case the basis for the finding shall be recorded and entered into the minutes of the closed meeting.
  - 12) Not Applicable to a local Board of Health.
  - 13) Not Applicable to a local Board of Health.
  - 14) Informant sources, the hiring or assignment of undercover personnel or equipment, or ongoing, prior or future criminal investigations, when discussed by a public body with criminal investigatory responsibilities.

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- 15) Professional ethics or performance when considered by an advisory body appointed to advise a licensing or regulatory agency on matters germane to the advisory body's field of competence.
  - 16) Self-evaluation, practices and procedures or professional ethics, when meeting with a representative of a statewide association of which the public body is a member.
  - 17) The recruitment, credentialing, discipline or formal peer review of physicians or other health care professionals or for the discussion of matters protected under the federal Patient Safety and Quality Improvement Act of 2005, and the regulations promulgated thereunder, including 42 C.F.R. Part 3 (73 FR 70732), or the federal Health Insurance Portability and Accountability Act of 1996, and the regulations promulgated thereunder, including 45C.F.R. Parts 160, 162, and 164, by a hospital, or other institution, providing medical care, that is operated by the public body.
  - 18) Not Applicable to a local Board of Health.
  - 19) Not Applicable to a local Board of Health.
  - 20) Not Applicable to a local Board of Health.
  - 21) Discussion of minutes of meetings lawfully closed under this Act, whether for purposes of approval by the body of the minutes or semi-annual review of the minutes as mandated by Section 2.06.
  - (22-36) Not Applicable to a local Board of Health.
- d) **Definitions.** For the purposes of this Section:
- “Employee” means a person employed by a public body whose relationship with the public body constitutes an employer-employee relationship under the usual common law rules, and who is not an independent contractor.
- “Public Office” means a position created by or under the Constitution or laws of this State, the occupant of which is charged with the exercise of some portion of the sovereign power of this State. The term “public office” shall include members of the public body, but it shall not include organizational positions filled by members thereof, whether established by law or by a public body itself, that exist to assist the body in the conduct of its business.
- “Quasi-adjudicative body” means an administrative body charged by law or ordinance with the responsibility to conduct hearings, receive evidence or testimony and make determinations based thereon, but does not include local electoral boards when such bodies are considering petition challenges.
- e) **Final action.** No final action may be taken at a closed meeting. Final action shall be preceded by a public recital of the nature of the matter being considered and other information that will inform the public of the business being conducted. (Source: P.A. 100-201, eff. 8-8-17; 100-165, eff. 8-31-17; 100-646, eff. 7-27-18; 101-31, eff. 6-28-19.)

### 2.2 – Guidelines for Managing a Closed Session

- A) A motion and a second, followed by a roll call vote are required. The motion must refer to the statute (Act, Section, Paragraph) for the reason which authorizes the closed session. A simple majority is required to go into closed session. The start time for the closed session must be recorded in the minutes of the open session.
- B) Minutes of the Closed Session must be recorded and maintained, including those physically present, or present by means of video or audio conference, time started, a narrative of the discussion(s) and the roll call vote to return to open session, including ending time. Therefore, a recording secretary should be selected once closed session begins.
- C) No business item can be acted on that is not acted on, afterwards, in open session.
- D) The start time is recorded in the minutes once open session resumes.
- E) The closed session minutes are placed in a binder, which is labeled “Closed Session.”

## BYLAWS of the Whiteside County Board of Health

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### Appendix 3:

#### Public Act 101-0640 Illinois Open Meetings Act Amended to Alter Meetings without A Physical Quorum

Updated: June 12, 2020

##### 5 ILCS 120/7 (e)

(e) Subject to the requirements of Section 2.06 but notwithstanding any other provision of law, an open or closed meeting subject to this Act may be conducted by audio or video conference, without the physical presence of a quorum of the members, so long as the following conditions are met:

- 1) The Governor or the Director of the Illinois Department of Public Health has issued a disaster declaration related to public health concerns because of a disaster as defined in Section 4 of the Illinois Emergency Management Agency Act, and all or part of the jurisdiction of the public body is covered by the disaster area;
- 2) The head of the public body as defined in subsection (e) of Section 2 of the Freedom of Information Act determines that an in-person meeting or a meeting conducted under this Act is not practical or prudent because of a disaster;
- 3) All members of the body participating in the meeting, wherever their physical location, shall be verified and can hear one another and can hear all discussion and testimony;
- 4) For open meetings, members of the public present at the regular meeting location of the body can hear all discussion and testimony and all votes of the members of the body, unless attendance at the regular meeting location is not feasible due to disaster, including the issued disaster declaration, in which case the public body must make alternative arrangements and provide notice pursuant to this Section of such alternative arrangements in a manner to allow any interested member of the public access to contemporaneously hear all discussion, testimony, and roll call votes, such as by offering a telephone number or a web-base link;
- 5) At least one member of the body, chief legal counsel, or chief administrative officer is physically present at the regular meeting location, unless unfeasible due to the disaster, including the issued disaster declaration; and
- 6) All votes are conducted by roll call, so each member's vote on each issue can be identified and recorded.
- 7) Except in the event of a bona fide emergency, 48 hour' notice shall be given of a meeting to be held pursuant to this Section. Notice shall be given to all members of the public body, shall be posted on the website of the public body, and shall also be provided to any news media who has requested notice of meetings pursuant to subsection (a) of Section 2.02 of this Act. If the public body declares a bona fide emergency:
  - A. Notice shall be given pursuant to subsection (a) of Section 2.02 of this Act, and the presiding officer shall state the nature of the emergency at the beginning of the meeting.
  - B. The public body must comply with the verbatim recording requirements set forth in Section 2.06 of this Act.
- 8) Each member of the body participating in a meeting by audio or video conference for a meeting held pursuant to this Section is considered present at the meeting for purposes of determining a quorum and participating in all proceedings.
- 9) In addition to the requirements for open meetings under Section 2.06, public bodies holding open meetings under this subsection (e) must also keep a verbatim record of all their meetings in the form of an audio or video recording. Verbatim records made under this paragraph (9) shall be made available to the public under, and are otherwise subject to, the provisions of Section 2.06.
- 10) The public body shall bear all costs associated with compliance with this subsection (e).

(Source: P.A. 100-477, eff. 9-8-17.)

## BYLAWS of the Whiteside County Board of Health

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### Appendix 4:

### Equipment Purchasing and Disposal Policy

Updated: 3/05/2021; 04/05/21

- A) **PURPOSE.** To establish a uniform purchasing policy for equipment, furnishings, and other non-consumables necessary to efficiently and professionally fulfill the mission of the Health Department.
- B) **PURCHASING THRESHOLDS Federal Award Funding**  
**Federal acquisition Regulation 48 CFR Subpart 2.1**
- Micro-purchases less than \$10,000 – Price quotes not required
  - Small purchases >\$10,000 up to \$250,000 quotes from - 2 or more sources
  - Sealed Bids >\$250,000 preferred for construction contracts - 2 or more publicly solicited bids
  - Competitive proposals >\$250,000 used when conditions are not appropriate for sealed bids - 2 or more solicited proposals.
  - Sole Source all dollar amounts. Item is only available from a single source, public emergency does not permit delay, or authorized by agency or PTE.
- C) **PURCHASING THRESHOLDS Non-Federal Award Funding.**
- 1) **It is assumed that any equipment approved in that year's budget has already obtained Board approval and may be purchased at the discretion of the Public Health Administrator using the appropriate purchasing thresholds related to obtaining quotes and bids as outlined below.**
  - 2) Purchases of \$10,000 or less, assuming funds are available for that purpose, may be made solely by the Public Health Administrator.
  - 3) Purchases costing between \$10,000 to \$30,000, assuming funds available for that purpose, may be made by the Public Health Administrator, with consent of the Board of Health's Finance Committee.
    - a) For purchases between \$10,000 and \$30,000, the Public Health Administrator shall endeavor to obtain at least two (2) written quotes of like or similar equipment and present the results of that endeavor to the Board of Health's Finance Committee.
    - b) When requesting quotes, the same written specifications shall be provided to each vendor.
    - c) Purchases shall be made from the lowest reasonable offer in the best interest of the County.
  - 4) Purchases costing over \$30,000 must be approved by the Board of Health.
  - 5) Purchases for new equipment over \$30,000, assuming funds are available for that purpose, shall be made following a uniform bid letting process.
- D) **PROCESS.**
- 1) **Purchase Orders.** Once an authorized purchase is made, a purchase order shall be prepared for the Business Office.
  - 2) **Inventory Maintenance.** When the purchased item arrives, it must first be issues an inventory number by the Business Office before it can be used. Warranty information, if any, should be left with the Business Office for filing.

## BYLAWS of the Whiteside County Board of Health

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### **E) OBSOLETE EQUIPMENT.**

- 1) Declaration. In the event Health Department equipment becomes obsolete or is damaged beyond its cost-to-repair, the equipment may be declared obsolete, and removed from inventory, by the following:
  - a) The Public Health Administrator is authorized to declare the following items "obsolete":
    - i) Equipment with a replacement value of \$5,000 or less.
    - ii) Vehicles/Equipment which have been declared "totaled" by the County or their agent.
  - b) The Finance Committee is authorized to declare items with a replacement value between \$5,000 to \$30,000 as "obsolete".
  - c) The Board of Health is authorized to declare all other items as "obsolete."
- 2) Disposal. Disposal of obsolete equipment shall be attempted in the following sequence:
  - a) Trading in for replacement or similar equipment.
  - b) Reassigning the equipment to another Whiteside County unit/entity of government through a process, determined by the Public Health Administrator, employing sealed bids.
  - c) Obsolete items that are not redeemable shall be discarded by any method as determined by the Public Health Administrator.