

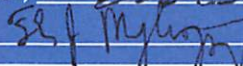


<b>Document #:</b> ADM-1270	<b>Revision:</b> 002
<b>Doc. Title:</b> Public Records Policy	<b>Date Effective:</b> 03/22/17
<b>Prepared By:</b> Kristofer J. Wilster, Director of Environmental Health, 	
<b>Reviewed By:</b> Daniel Bonacker, Accreditation Coordinator, 	
<b>Approved By:</b> Frank Migliozi, Health Commissioner, 	<b>Date Approved:</b> 01/04/24

**Purpose/Policy Statement:**

To ensure that TCCHD staff are knowledgeable & competent in responding to public record requests.

**Definitions/Acronyms:**

**Public Records** – Any document, device, or item, regardless of physical form or characteristic, including an electronic record as defined in ORC 1306.1, created or received by or coming under the jurisdiction of any public office of the state or its political subdivisions, which serves to document the organization, functions, policies, decisions, procedures, operations, or other activities of the office.

**TCCHD** – Trumbull County Combined Health District

**ORC** – Ohio Revised Code

**Procedure:**

## 1. Fulfilling a Public Records Request

- 1.1 All public records maintained by TCCHD shall be promptly prepared and made available for inspection to any person during regular business hours. Regular business hours are generally, Monday through Friday, 8:30 A.M. to 4:00 P.M., holidays excluded. The current retention schedule for TCCHD is available to any member of the public upon request.
- 1.2 TCCHD may request that a member of the public put their public records request in writing, in order to better comply with the request by increasing TCCHD's ability to identify, locate and deliver the public records to the requestor; however this is optional. TCCHD will notify the requestor that they are not required to submit their request in writing, nor will TCCHD deny the request if the requestor does not wish to put their request in writing or reveal their identity.
- 1.3 A request for public records must not be ambiguous or overly broad (please refer to the Ohio Sunshine Manual for definition or example) so as to prevent identification or retrieval of such record(s). To assist the requestor, the manner that TCCHD uses to retrieve a public record will be explained so that a revised request may be made.
- 1.4 Copy of public records will be promptly made available within a reasonable time, by a member of the TCCHD staff, at actual cost, plus any related postage costs, if the records are to be mailed. Generally, the actual cost of most records is five (5) cents per page for black and white copies, and ten (10) cents per page for color copies. Records provided on a CD, DVD or other electronic media will be charged the cost of said media. Upon the choice of the requester, copies of public records may be made on paper, verbally, or via e-mail. Public records requested to be transmitted by U.S. mail must include payment of postage, and payment must be received prior to copies being delivered.
- 1.5 "Prompt" and "Reasonable" takes into account the volume of records requested, the proximity of the location where the records are stored and the necessity of any legal review of the requested records.

- 1.6 Public record requests can be fulfilled by any TCCHD staff member; however, if the request is of a legal nature, regarding personnel records, records of a sensitive nature, or a staff member feels uncomfortable in fulfilling the request, those requests should be given to TCCHD's Records Custodian (i.e. Administrative Coordinator).

## 2. Exemptions

- 2.2. ORC and the Ohio General Assembly has identified records that either are removed from the definition of a public record or are otherwise required or permitted to be withheld.

- 2.2.1. Examples of health district records that may be exempt, or may need to have redactions (please note that there may be other records that may be exempt or need to have redactions made):

- 2.2.1.1. Medical Records

- 2.2.1.2. Trial Preparation Documents

- 2.2.1.3. Confidential Law Enforcement Investigatory Records

- 2.2.1.3.1. An open nuisance complaint is considered an investigatory record, and therefore not considered a public record until it has been closed (per Trumbull County Prosecutor's documentation/e-mail 8/17/21)

- 2.2.1.4. Intellectual Property Records

- 2.2.1.5. Child Fatality Review Board

- 2.2.1.6. Personal Information (i.e. social security numbers, financial institution's routing and account information on checks)

- 2.2.1.7. If a staff member receives a public records request, and has question as to whether the records being requested should be given, should consult with their supervisor and/or legal counsel.

## 3. Denial of a Public Record Request

- 3.1 If a denial of a public record request is due to the request being overly broad or vague, TCCHD, as stated above, will explain to the requester the manner of storage of the public record so that a new request may be made to match the manner of retrieval. If denial is due to the public record not being maintained by TCCHD, the requester will be directed to the office, if known, which may or does maintain the public record requested. Where the denial is due to disposal of a public record pursuant to TCCHD's Record Retention Schedule, TCCHD will make the district's retention schedule available to the requester for inspection.
- 3.2 If a request is ultimately denied, either in whole or in part, TCCHD shall provide the requester with an explanation, including legal authority, setting forth why the request was denied.
- 3.3 If the requested record provided has information redacted, an explanation for the redaction, including legal authority for the redaction, will be provided to the requester.

## 4. Failure to Respond

- 4.1 If a requester believes that there has been an improper denial of a public records request, the requester is to be directed to the Health Commissioner, Director of Environmental Health, or the Director of Nursing, dependent upon the nature of the request and/or is appropriate.



**Review:**

Procedure and forms will be reviewed at least every five (5) years, or as needed.

**Links, References, Legal Authority:**

- Ohio Sunshine Laws Manual – [www.ohioauditor.gov](http://www.ohioauditor.gov)
- ORC 149.011 Documents, reports, and records definitions.
- ORC 149.43 Availability of public records for inspection and copying.
- ADM-1050, Records – Box/Storing/Destroying
- ADM-1050, Attachment C: Records Retention Schedule
- August 2021 Prosecutor’s E-Mail

**Attachments:**

Attachment A: TCCHD Records Request Form

**Document History:**

Revision	Doc or Attach*?	Approval Date	Prepared By	Reviewed By	Approved By	Action/Change
Release	D	3/22/17	J. Ben	F.Migliozzi	R. Biery, Jr.	Release
001	D	7/20/23	J Ben	D. Bonacker	F. Migliozi	Updated header to include revision number 001. Updated banner to include current information. 1.5 Removed wording on archived records. 1.6 Changed “Secretary” to “Coordinator” to match job description. 2.0 Changed to “Exemptions” and renumbered other lines accordingly. 2.1 Added “ORC 149.43(B)(2) reference. Replaced under Review “As Needed” to at least every five years, or as needed. Links, References, Legal Authority added prosecutor’s e-mail from August 2021
001	A-A	7/20/23	J. Ben	D. Bonacker	F. Migliozi	Updated the attachment tag Changed logo to public health logo to match branding policy.
002	D	1/4/2024	K. Wilster	D. Bonacker	F. Migliozi	Updated header to reflect current information. Updated banner to reflect current information.
002	A-A	1/4/2024	K. Wilster	D. Bonacker	F. Migliozi	Updated mailing address on Attachment A.


\*Document or Attachment? – Was the document or an attachment changed? If an attachment was changed, write “A-A” to indicate Attachment A was changed or “A-B” to indicate that Attachment B was changed, etc. If the document itself was changed, just write “D”.

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**Public Health**  
Prevent. Promote. Protect.

**PUBLIC RECORDS REQUEST**

The Trumbull County Combined Health District is dedicated to providing the highest quality of customer service in accordance with Ohio's Public Records Act. **Your request is NOT required to be in writing, nor is it required that your name or intended use of the requested records be disclosed.**\* The information contained on this form is solely intended to enhance our ability to respond to your request in a timely and reasonable manner. ***To be completed by employee if not completed by the requester based on nature or form of the request.***

*Name of Requester		Today's Date
Street Address	City, State, ZIP	
Phone Numbers (please indicate type)	E-mail Address	

**INFORMATION REQUESTED: Please be specific.** Records sought must be identified with sufficient clarity in order to allow the health district to identify, retrieve and review the records.

*Please Print.*

Type of Record Requested \_\_\_\_\_ Relevant Date(s) \_\_\_\_\_

Description \_\_\_\_\_

I wish to:  View  Have Copies E-Mailed – If Possible  Have Copies Made \*If copies are to be made and mailed, payment will be required in advance and charges will include postage. Large requests will also be required to be prepaid.

For additional space, please use the reverse side of this form.

*This area to be completed by health district staff.*

**COMPLETED RESPONSE**

Date Requester Notified \_\_\_\_\_ by: \_\_\_\_\_ via: \_\_\_\_\_  
(Employee) (Phone #, mail, e-mail)

Date Response Mailed, Picked Up or Inspected (Circle one)

Total Cost \$ \_\_\_\_\_ including actual postage cost of \$ \_\_\_\_\_

Number of copies requested	@ \$.05/page B&W \$.10/page Color	Total fee \$
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Copies of other materials (Please list)	@	Total fee \$
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