# Galion City Board of Health Galion City Health Department, 113 Harding Way East, Galion Wednesday, May 22, 2019 7:30 am Emergency Meeting



Present: Ms. Brittany Craft, President ProTempore Member; Ms. Zabrina Spillman, Board Member; Ms. Nadia

Oehler, Board Member; Ms. Trish Factor, Health Commissioner

Guests: N/A

Absent: Mr. Tom O'Leary, President; Mr. Wade Cramer, Board; Ms. Kara Ault, Board Member

#### 1. Call to Order

Ms. Factor called the meeting to order at 7:30 am.

#### 2. Approval of Agenda

Motion to approve the Emergency Meeting Agenda for May 22, 2019 by: Ms. Craft Second by: Ms. Spillman Abstentions: N/A

A Roll Call Vote was taken.

Craft-Y Oehler-Y Spillman-Y

Motion carried.

#### 3. Approval of Minutes

Motion to approve the April 9, 2019 Galion City Board of Health meeting minutes as presented by: Ms. Oehler Second by: Ms. Craft Abstentions: Ms. Spillman

A Roll Call Vote was taken.

Craft-Y Oehler-Y Spillman-A

Motion carried.

#### 4. Stop Payment

Motion to approve the request of a stop payment on the check issued to GoDaddy and to reissue payment by ACH as presented by: Ms. Craft Second by: Ms. Oehler Abstentions: N/A

A Roll Call Vote was taken.

Craft-Y Oehler-Y Spillman-Y

Motion carried.

### 5. Out of State Travel

Motion to approve out of state travel for the Disease Intervention Specialist to attend the National Sexual Health Conference, pending the receipt of a corrected travel request with an agenda as presented by: Ms. Spillman Second by: Ms. Oehler Abstentions: N/A

A Roll Call Vote was taken.

Craft-Y Oehler-Y Spillman-Y

Motion carried.

Motion to approve out of state travel for Health Commissioner to attend the NACCHO Annual Conference as presented by: Ms. Oehler Second by: Ms. Spillman Abstentions: N/A

A Roll Call Vote was taken.

Craft-Y Oehler-Y Spillman-Y

Motion carried.

## 6. Adjournment

Motion to adjourn was made at 7:50 am by: Ms. Craft Second by: Ms. Oehler Abstentions: N/A

A Roll Call Vote was taken.

Craft-Y Oehler-Y

Spillman-Y

Motion carried.

Respectfully Submitted,

Trish Factor, Health Commissioner

**Board of Health Approval Signature** 

Board of Health Approving Name and Title