

# #35

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Thursday, September 28, 2017 10:04:03 AM  
**Last Modified:** Thursday, September 28, 2017 11:02:01 AM  
**Time Spent:** 00:57:58  
**IP Address:** 72.10.106.130

Page 1

**Q1 1. Department Name**

Windsor

**Q2 2. Do you have a Board of Health?** **No**

Page 2: Board of Health

**Q3 Please complete this section if you have a Board of Health** **Respondent skipped this question**

**Q4 Board Function** **Respondent skipped this question**

**Q5 Number of Board Members** **Respondent skipped this question**

Page 3: Director of Health/PHAB (ES 8)

**Q6 1. Director of Health (ES 8)**

|   |   |
|---|---|
| Director of Health Name                                   | <b>Michael A. Pepe</b>  |
| Degree(s)   | <b>Ph.d Public Health, MPH, BS</b>                                      |
| Active CT License(s)                                      | <b>RS, CT Food Inspector, Phase 1 and 2 Subsurface wastewater, Lead</b> |
| Number of hours in Director of Health's average work week | <b>50</b>   |

|  |                       |               |
|--|-----------------------|---------------|
| <b>Q7 Please list salary figures as whole dollars per year (DO NOT USE DOLLAR SIGNS (\$), COMMAS, OR DECIMALS)</b> | Minimum Annual Salary | <b>77560</b>  |
|  | Maximum Annual Salary | <b>127660</b> |
|  | Actual Annual Salary  | <b>98000</b>  |

**Q8** An Acting Director of Health is defined as an individual covering for a director health when he or she is absent, for example, due to a vacation, medical issue, conference, or position vacancy. See Connecticut General Statute 19a-200 or 19a-244.2. Do you have a staff person(s) who is the Acting Director of Health in your absence? **No**

**Q9** If no, how do you assure coverage when the Director of Health is absent? **A Director of Health in a neighboring municipality/health district through a formal MOU/MOA.**

**Q10** 3. Does your department include a Housing Department? **Yes**

**Q11** 4. Does your department include a Social Services Department? **No**

**Q12** 5. Does your department include additional non-public health programs? **Yes,**  
If yes, what other types of programs?:  
Code enforcement, blight ordinance

**Q13** 6. Are there any collective bargaining units in your department? **No**

Page 4: Health Assessments, Accreditation and Culturally and Linguistically Appropriate Services

**Q14** 7. Has your department developed its own (i.e. not in collaboration with a hospital/hospital system) departmental Community Health Assessment? (ES 1) **No**

**Q15** 8. Has your department developed its own (i.e. not in collaboration with a hospital/hospital system) departmental Community Health Improvement Plan? (ES 5) **No, but plan to next year**

**Q16** 9. Has/Is your department collaborating with a hospital or hospital system to develop a hospital Community Health Needs Assessment and/or hospital Community Health Improvement Plan? (ES 4) **Yes**

**Q17** If yes, does your department consider the hospital Community Health Needs Assessment/Community Health Improvement Plan to be the department's Community Health Assessment/Community Health Improvement Plan? **Yes**

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**Q18** 10. Has your department developed a strategic plan? (ES 5) **Yes, five (5) or more years ago**

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**Q19** 11. Which of the following best describes your department with respect to participation in the Public Health Accreditation Board's national accreditation program? **My department has not decided whether to apply for accreditation (if selected skip question 12)**

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**Q20** 12. In what calendar year does your department anticipate registering in e-PHAB in order to pursue accreditation? **Respondent skipped this question**

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**Q21** 13. My department has taken actions to promote one or more of the National Standards for Culturally and Linguistically Appropriate Services (CLAS Standards) in its every day work. **Agree**

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**Q22** 14. My department adopted the CLAS Standards. **Not sure**

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**Q23** 15. Have you or your department staff used the Health Equity Toolkit for LHDs on the DPH Office of Health Equity webpage? **Yes**

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**Q24** 16. How can DPH support your department's efforts to improve social, culturally and linguistically appropriate services (select al that apply): **Training on how to use CLAS Standards**

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Page 5: Local Health Personnel (ES 8)

**Q25** 1. Assistant or Deputy Director of Health **N/A**

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**Q26** Assistant or Deputy Director of Health **Respondent skipped this question**

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**Q27** XXX **Respondent skipped this question**

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**Q28** 2. Behavioral Health Professional

**N/A**

**Q29** Behavioral Health Professional

**Respondent skipped this question**

**Q30** XXX

**Respondent skipped this question**

**Q31** 3. Bookkeeper

**N/A**

**Q32** Bookkeeper

**Respondent skipped this question**

**Q33** XXX

**Respondent skipped this question**

**Q34** 4. Chief Sanitarian

**N/A**

**Q35** Chief Sanitarian

**Respondent skipped this question**

**Q36** XXX

**Respondent skipped this question**

**Q37** 5. Community Health Outreach Worker

**N/A**

**Q38** Community Health Outreach Worker

**Respondent skipped this question**

**Q39** XXX

**Respondent skipped this question**

**Q40** 6. Dental Hygienist

**N/A**

**Q41** Dental Hygienist

**Respondent skipped this question**

**Q42** XXX

**Respondent skipped this question**

**Q43** 7. Dentist

**N/A**

**Q44** Dentist

**Respondent skipped this question**

**Q45** XXX

**Respondent skipped this question**

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|  |  |                               |          |                               |          |                                |          |
|--|--|-------------------------------|----------|-------------------------------|----------|--------------------------------|----------|
| <b>Q46</b> 8. Director of Nursing                | <b>N/A</b>   |                               |          |                               |          |                                |          |
| <b>Q47</b> Director of Nursing                   | <b>Respondent skipped this question</b>  |                               |          |                               |          |                                |          |
| <b>Q48</b> XXX                                   | <b>Respondent skipped this question</b>  |                               |          |                               |          |                                |          |
| <b>Q49</b> 9. Emergency Preparedness Coordinator | <b>Respondent skipped this question</b>  |                               |          |                               |          |                                |          |
| <b>Q50</b> Emergency Preparedness Coordinator    | <table border="0"> <tr> <td>Number of Full Time Personnel</td> <td><b>0</b></td> </tr> <tr> <td>Number of Part Time Personnel</td> <td><b>0</b></td> </tr> <tr> <td>Number of Contracted Personnel</td> <td><b>1</b></td> </tr> </table> | Number of Full Time Personnel | <b>0</b> | Number of Part Time Personnel | <b>0</b> | Number of Contracted Personnel | <b>1</b> |
| Number of Full Time Personnel                    | <b>0</b>   |                               |          |                               |          |                                |          |
| Number of Part Time Personnel                    | <b>0</b>   |                               |          |                               |          |                                |          |
| Number of Contracted Personnel                   | <b>1</b>   |                               |          |                               |          |                                |          |
| <b>Q51</b> XXX                                   |  |                               |          |                               |          |                                |          |
| Minimum Hourly Salary                            | <b>85</b>  |                               |          |                               |          |                                |          |
| Maximum Hourly Salary                            | <b>85</b>  |                               |          |                               |          |                                |          |
| <b>Q52</b> 10. Environmental Health Director     | <b>N/A</b>   |                               |          |                               |          |                                |          |
| <b>Q53</b> Environmental Health Director         | <b>Respondent skipped this question</b>  |                               |          |                               |          |                                |          |
| <b>Q54</b> XXX                                   | <b>Respondent skipped this question</b>  |                               |          |                               |          |                                |          |
| <b>Q55</b> 11. Epidemiologist                    | <b>N/A</b>   |                               |          |                               |          |                                |          |
| <b>Q56</b> Epidemiologist                        | <b>Respondent skipped this question</b>  |                               |          |                               |          |                                |          |
| <b>Q57</b> XXX                                   | <b>Respondent skipped this question</b>  |                               |          |                               |          |                                |          |
| <b>Q58</b> 12. Health Educator                   | <b>N/A</b>   |                               |          |                               |          |                                |          |
| <b>Q59</b> Health Educator                       | <b>Respondent skipped this question</b>  |                               |          |                               |          |                                |          |
| <b>Q60</b> XXX                                   | <b>Respondent skipped this question</b>  |                               |          |                               |          |                                |          |

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**Q61** 13. Housing Inspector

**N/A**

**Q62** Housing Inspector

**Respondent skipped this question**

**Q63** XXX

**Respondent skipped this question**

**Q64** 14. Lab Technician

**N/A**

**Q65** Lab Technician

**Respondent skipped this question**

**Q66** XXX

**Respondent skipped this question**

**Q67** 15. Medical Advisor

**Respondent skipped this question**

**Q68** Medical Advisor

|                                |          |
|--------------------------------|----------|
| Number of Full Time Personnel  | <b>0</b> |
| Number of Part Time Personnel  | <b>0</b> |
| Number of Contracted Personnel | <b>1</b> |

**Q69** XXX

Minimum Hourly Salary

**100**

Maximum Hourly Salary

**100**

**Q70** 16. Nurse Practitioner

**N/A**

**Q71** Nurse Practitioner

**Respondent skipped this question**

**Q72** XXX

**Respondent skipped this question**

**Q73** 17. Nursing Supervisor

**N/A**

**Q74** Nursing Supervisor

**Respondent skipped this question**

**Q75** XXX

**Respondent skipped this question**

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|                                    |   |
|------------------------------------|---|
| <b>Q76</b> 18. Nutritionist        | <b>N/A</b>                              |
| <b>Q77</b> Nutritionist            | <b>Respondent skipped this question</b> |
| <b>Q78</b> XXX                     | <b>Respondent skipped this question</b> |
| <b>Q79</b> 19. Office Manager      | <b>N/A</b>                              |
| <b>Q80</b> Office Manager          | <b>Respondent skipped this question</b> |
| <b>Q81</b> XXX                     | <b>Respondent skipped this question</b> |
| <b>Q82</b> 20. Other RN            | <b>N/A</b>                              |
| <b>Q83</b> Other RN                | <b>Respondent skipped this question</b> |
| <b>Q84</b> XXX                     | <b>Respondent skipped this question</b> |
| <b>Q85</b> 21. Outreach Worker     | <b>N/A</b>                              |
| <b>Q86</b> Outreach Worker         | <b>Respondent skipped this question</b> |
| <b>Q87</b> XXX                     | <b>Respondent skipped this question</b> |
| <b>Q88</b> 22. Physician           | <b>N/A</b>                              |
| <b>Q89</b> Physician               | <b>Respondent skipped this question</b> |
| <b>Q90</b> XXX                     | <b>Respondent skipped this question</b> |
| <b>Q91</b> 23. Public Health Nurse | <b>Respondent skipped this question</b> |

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|                                |                                |          |
|--------------------------------|--------------------------------|----------|
| <b>Q92</b> Public Health Nurse | Number of Full Time Personnel  | <b>1</b> |
|                                | Number of Part Time Personnel  | <b>0</b> |
|                                | Number of Contracted Personnel | <b>0</b> |
|                                |                                |          |

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**Q93** XXX

|                       |           |
|-----------------------|-----------|
| Minimum Hourly Salary | <b>28</b> |
| Maximum Hourly Salary | <b>40</b> |

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**Q94** 24. Public Information Officer **N/A**

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**Q95** Public Information Officer **Respondent skipped this question**

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**Q96** XXX **Respondent skipped this question**

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**Q97** 25. Registered Dietician **Respondent skipped this question**

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**Q98** Registered Dietician **Respondent skipped this question**

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**Q99** XXX **Respondent skipped this question**

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**Q100** 26. Registered Sanitarian **Respondent skipped this question**

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|                                   |                                |          |
|-----------------------------------|--------------------------------|----------|
| <b>Q101</b> Registered Sanitarian | Number of Full Time Personnel  | <b>2</b> |
|                                   | Number of Part Time Personnel  | <b>0</b> |
|                                   | Number of Contracted Personnel | <b>0</b> |
|                                   |                                |          |

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**Q102** XXX

|                       |           |
|-----------------------|-----------|
| Minimum Hourly Salary | <b>28</b> |
| Maximum Hourly Salary | <b>40</b> |

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**Q103** 27. Sanitary Inspector **Respondent skipped this question**

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|                                |                                |          |
|--------------------------------|--------------------------------|----------|
| <b>Q104</b> Sanitary Inspector | Number of Full Time Personnel  | <b>0</b> |
|                                | Number of Part Time Personnel  | <b>1</b> |
|                                | Number of Contracted Personnel | <b>0</b> |
|                                |                                |          |

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**Q105** XXX

|                       |           |
|-----------------------|-----------|
| Minimum Hourly Salary | <b>18</b> |
| Maximum Hourly Salary | <b>18</b> |

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**Q106** 28. School Nurse **N/A**

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**Q107** School Nurse **Respondent skipped this question**

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**Q108** XXX **Respondent skipped this question**

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**Q109** 29. Secretary **Respondent skipped this question**

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|                       |                               |          |
|-----------------------|-------------------------------|----------|
| <b>Q110</b> Secretary | Number of Part Time Personnel | <b>1</b> |
|                       |                               |          |

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**Q111** XXX

|                       |           |
|-----------------------|-----------|
| Minimum Hourly Salary | <b>14</b> |
| Maximum Hourly Salary | <b>14</b> |

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**Q112** 30. Social Worker **N/A**

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**Q113** Social Worker **Respondent skipped this question**

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**Q114** XXX **Respondent skipped this question**

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**Q115** 31. Other Paid Worker **N/A**

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**Q116** Other Paid Worker **Respondent skipped this question**

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**Q117 XXX**

**Respondent skipped this question**

Page 6: Local Policies to Support Community Health

**Q118 1. Artificial Ice Plants (Select all that apply.)**

**N/A**

**Q119 Artificial Ice Plants**

**Respondent skipped this question**

**Q120 2. Barber/Beauty Shops (Select all that apply.)**

**Ordinance/Regulation**

**Q121 Barber/Beauty Shops**

|                        |          |
|------------------------|----------|
| Number of Sites        | <b>7</b> |
| Number of Inspections  | <b>7</b> |
| Minimum Inspection Fee | <b>0</b> |
| Maximum Inspection Fee | <b>0</b> |
| Minimum Permitting Fee | <b>0</b> |
| Maximum Permitting Fee | <b>0</b> |

**Q122 3. Body Piercing (Select all that apply.)**

**Ordinance/Regulation**

**Q123 Body Piercing**

|                        |          |
|------------------------|----------|
| Number of Sites        | <b>0</b> |
| Number of Inspections  | <b>0</b> |
| Minimum Inspection Fee | <b>0</b> |
| Maximum Inspection Fee | <b>0</b> |
| Minimum Permitting Fee | <b>0</b> |
| Maximum Permitting Fee | <b>0</b> |

**Q124 4. Child Day Care Centers (Select all that apply.)**

**Licensing/Permitting/Registration Program**

**Q125 Child Day Care Centers**

|                        |            |
|------------------------|------------|
| Number of Sites        | <b>10</b>  |
| Number of Inspections  | <b>20</b>  |
| Minimum Inspection Fee | <b>0</b>   |
| Maximum Inspection Fee | <b>0</b>   |
| Minimum Permitting Fee | <b>200</b> |
| Maximum Permitting Fee | <b>200</b> |

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**Q126** 5. Deteriorated Paint - Residential (Select all that apply.)

**Ordinance/Regulation**

**Q127** Deteriorated Paint - Residential

|                        |           |
|------------------------|-----------|
| Number of Sites        | <b>7</b>  |
| Number of Inspections  | <b>16</b> |
| Minimum Inspection Fee | <b>0</b>  |
| Maximum Inspection Fee | <b>0</b>  |
| Minimum Permitting Fee | <b>0</b>  |
| Maximum Permitting Fee | <b>0</b>  |

**Q128** 6. Housing/Property Maintenance/Blight (Select all that apply.)

**Ordinance/Regulation**

**Q129** Housing/Property Maintenance/Blight

|                        |            |
|------------------------|------------|
| Number of Sites        | <b>352</b> |
| Number of Inspections  | <b>800</b> |
| Minimum Inspection Fee | <b>0</b>   |
| Maximum Inspection Fee | <b>0</b>   |
| Minimum Permitting Fee | <b>0</b>   |
| Maximum Permitting Fee | <b>0</b>   |

**Q130** 7. Massage Establishments (Select all that apply.)

**Ordinance/Regulation,  
Licensing/Permitting/Registration  
Program**

**Q131** Massage Establishments

|                        |          |
|------------------------|----------|
| Number of Sites        | <b>4</b> |
| Number of Inspections  | <b>4</b> |
| Minimum Inspection Fee | <b>0</b> |
| Maximum Inspection Fee | <b>0</b> |
| Minimum Permitting Fee | <b>0</b> |
| Maximum Permitting Fee | <b>0</b> |

**Q132** 8. Migrant Labor Camps (Select all that apply.)

**N/A**

**Q133** Migrant Labor Camps

**Respondent skipped this question**

**Q134** 9. Motel/Hotel (Select all that apply.)

**Ordinance/Regulation**

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|                         |                        |           |
|-------------------------|------------------------|-----------|
| <b>Q135</b> Motel/Hotel | Number of Sites        | <b>7</b>  |
|                         | Number of Inspections  | <b>35</b> |
|                         | Minimum Inspection Fee | <b>0</b>  |
|                         | Maximum Inspection Fee | <b>0</b>  |
|                         | Minimum Permitting Fee | <b>0</b>  |
|                         | Maximum Permitting Fee | <b>0</b>  |

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**Q136** 10. Nail Salons (Select all that apply.) **Ordinance/Regulation**

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|                         |                        |          |
|-------------------------|------------------------|----------|
| <b>Q137</b> Nail Salons | Number of Sites        | <b>6</b> |
|                         | Number of Inspections  | <b>6</b> |
|                         | Minimum Inspection Fee | <b>0</b> |
|                         | Maximum Inspection Fee | <b>0</b> |
|                         | Minimum Permitting Fee | <b>0</b> |
|                         | Maximum Permitting Fee | <b>0</b> |

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**Q138** 11. Outing Facilities/Parks (Select all that apply.) **N/A**

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**Q139** Outing Facilities/Parks **Respondent skipped this question**

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**Q140** 12. Public Bathing Areas (Select all that apply.) **N/A**

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**Q141** Public Bathing Areas **Respondent skipped this question**

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**Q142** 13. Public Pools (Select all that apply.) **Ordinance/Regulation,  
Licensing/Permitting/Registration  
Program**

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|                          |                        |          |
|--------------------------|------------------------|----------|
| <b>Q143</b> Public Pools | Number of Sites        | <b>3</b> |
|                          | Number of Inspections  | <b>6</b> |
|                          | Minimum Inspection Fee | <b>0</b> |
|                          | Maximum Inspection Fee | <b>0</b> |
|                          | Minimum Permitting Fee | <b>0</b> |
|                          | Maximum Permitting Fee | <b>0</b> |

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**Q144** 14. Public and Private Campgrounds (Select all that apply.) **N/A**

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**Q145** Public and Private Campgrounds **Respondent skipped this question**

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**Q146** 15. Refuse Haulers (Select all that apply.)

**N/A**

**Q147** Refuse Haulers

**Respondent skipped this question**

**Q148** 16. Schools, Other Than Food Service (Select all that apply.)

**Licensing/Permitting/Registration Program**

**Q149** Schools, Other Than Food Service

|                        |          |
|------------------------|----------|
| Number of Sites        | <b>1</b> |
| Number of Inspections  | <b>1</b> |
| Minimum Inspection Fee | <b>0</b> |
| Maximum Inspection Fee | <b>0</b> |
| Minimum Permitting Fee | <b>0</b> |
| Maximum Permitting Fee | <b>0</b> |

**Q150** 17. Sewage Haulers (Select all that apply.)

**N/A**

**Q151** Sewage Haulers

**Respondent skipped this question**

**Q152** 18. Smoke Free/Tobacco Free Policies (Select all that apply.)

**Ordinance/Regulation**

**Q153** Smoke Free/Tobacco Free Policies

**Respondent skipped this question**

**Q154** 19. Tattoo (Select all that apply.)

**Ordinance/Regulation**

**Q155** Tattoo

|                        |          |
|------------------------|----------|
| Number of Sites        | <b>1</b> |
| Number of Inspections  | <b>1</b> |
| Minimum Inspection Fee | <b>0</b> |
| Maximum Inspection Fee | <b>0</b> |
| Minimum Permitting Fee | <b>0</b> |
| Maximum Permitting Fee | <b>0</b> |

**Q156** 20. Trailer Parks (Select all that apply.)

**N/A**

**Q157** Trailer Parks

**Respondent skipped this question**

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|                            |                               |            |
|----------------------------|-------------------------------|------------|
| <b>Q158</b> Class I (ES 1) | Number of Establishments      | <b>17</b>  |
|                            | Number of Inspections         | <b>17</b>  |
|                            | Number of Reinspections       | <b>0</b>   |
|                            | Minimum Inspection/Permit Fee | <b>100</b> |
|                            | Maximum Inspection/Permit Fee | <b>100</b> |
|                            | Minimum Reinspection Fee      | <b>150</b> |
|                            | Maximum Reinspection Fee      | <b>150</b> |

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|                             |                               |            |
|-----------------------------|-------------------------------|------------|
| <b>Q159</b> Class II (ES 1) | Number of Establishments      | <b>25</b>  |
|                             | Number of Inspections         | <b>50</b>  |
|                             | Number of Reinspections       | <b>0</b>   |
|                             | Minimum Inspection/Permit Fee | <b>100</b> |
|                             | Maximum Inspection/Permit Fee | <b>200</b> |
|                             | Minimum Reinspection Fee      | <b>150</b> |
|                             | Maximum Reinspection Fee      | <b>150</b> |

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|                              |                                    |            |
|------------------------------|------------------------------------|------------|
| <b>Q160</b> Class III (ES 1) | Number of Establishments           | <b>59</b>  |
|                              | Number of Inspections              | <b>177</b> |
|                              | Number of Reinspections            | <b>19</b>  |
|                              | Number of Qualified Food Operators | <b>59</b>  |
|                              | Minimum Inspection/Permit Fee      | <b>200</b> |
|                              | Maximum Inspection/Permit Fee      | <b>300</b> |
|                              | Minimum Reinspection Fee           | <b>150</b> |
|                              | Maximum Reinspection Fee           | <b>150</b> |

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|                             |                                    |            |
|-----------------------------|------------------------------------|------------|
| <b>Q161</b> Class IV (ES 1) | Number of Establishments           | <b>58</b>  |
|                             | Number of Inspections              | <b>224</b> |
|                             | Number of Reinspections            | <b>23</b>  |
|                             | Number of Qualified Food Operators | <b>58</b>  |
|                             | Minimum Inspection/Permit Fee      | <b>300</b> |
|                             | Maximum Inspection/Permit Fee      | <b>300</b> |
|                             | Minimum Reinspection Fee           | <b>150</b> |
|                             | Maximum Reinspection Fee           | <b>150</b> |

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**Q162** 1. Provide, in full time equivalents, the total staff time designated for conducting inspections of food service establishments. (ES 6,8)

1.25

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**Q163** 2. Number of orders issued\*\* to food service establishments. \*\*An order is a written order by the director of health issued to a food establishment. (ES 2,3,6)

4

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**Q164** 3. Does your department conduct internal self-assessments/audits of routine inspection reports? (ES 8,9) **Yes**

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**Q165** 4. Has your department calculated any risk-factor frequency data from routine inspection reports? (ES 1,3) **Yes**

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**Q166** 5. Number of farmers licensed to operate at farmers' markets (Public Act No. 11-191). (ES 1)

1

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Page 8: Environmental Health Services Drinking Water

|                              |   |
|------------------------------|---|
| <b>Q167</b> 1. Private Wells | Number of new private well permits issued (ES 1) <b>5</b>         |
|                              | Fee for a private well permit <b>100</b>                          |
|                              | Number of permits issued for private well repairs (ES 2) <b>0</b> |

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**Q168** 2. Does your department receive water quality test results within six (6) months of real estate transactions (CGS 19a-27(b)1)? (ES 2) **Yes**

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**Q169** 3. Does your department provide follow-up technical assistance or education materials on water quality test results that do not meet standards? (ES 3) **Yes**

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Page 9: Environmental Health Section Subsurface Sewage Disposal

**Q170 1. Personnel**

Number of employees currently approved as an Agent of the Director of Health, certified in Phase I Subsurface Sewage Disposal? **3**

Number of employees currently approved as an Agent of the Director of Health, certified in Phase I and Phase II Subsurface Sewage Disposal? **3**

Name of Registered Sanitarian responsible for issuing subsurface sewage disposal permits and overseeing Phase I and Phase II certified non-RS staff? **Matthew Brattoli**

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**Q171 2. Subsurface Sewage Disposal**

Number of lots tested (ES 1) **35**

Number of new permits issued (ES 6) **5**

Number of repair permits issued (ES 6) **30**

Number of complaints of failed systems (ES 6) **4**

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**Q172 3. Does your department have written procedures/protocols/policies in place for investigation of subsurface sewage disposal system complaints? (ES 6)** **No**

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**Q173** 4. Subsurface Sewage Disposal

|   |            |
|---|------------|
| Number of orders issued (ES 6)  | <b>2</b>   |
| Number of 19-13-B100a application reviews (ES 6)                                | <b>12</b>  |
| Fee for a new permit (residential)  | <b>175</b> |
| Fee for a repair permit (residential)   | <b>125</b> |
| Fee for a new permit (commercial)   | <b>175</b> |
| Fee for a repair permit (commercial)  | <b>125</b> |
| Fee for a site plan review per lot (residential) - Professional Engineered Plan | <b>175</b> |
| Fee for a site plan review per lot (residential) - Non-engineered Plan          | <b>175</b> |
| Fee for a site plan review per lot (subdivision) - Professional Engineered Plan | <b>175</b> |
| Fee for a site plan review per lot (subdivision) - Non-engineered Plan          | <b>175</b> |
| Fee for a site plan review per lot (commercial) - Professional Engineered Plan  | <b>175</b> |
| Fee for a site plan review per lot (commercial) - Non-engineered Plan           | <b>175</b> |
| Fee for a site plan review 19-13-B100a  | <b>65</b>  |
| Fee for soil test new   | <b>175</b> |
| Fee for soil test repair  | <b>175</b> |
| Fee for soil test 19-13-B100a   | <b>175</b> |
| Fee for ground water monitoring   | <b>175</b> |

**Q174** 5. Does your department or member town(s) receive money for or participate in a subsurface sewage disposal repair funding program? (ES 2)

**No**

**Q175** 6. Does your department or member town(s) participate in a subsurface sewage disposal system management or pump out program? (ES 2)

**Yes**

**Q176** If yes, how is participation mandated? (Select all that apply.)

**Policy**

**Q177** 7. Does your department conduct any public education/outreach activities for subsurface sewage disposal systems to the general public? (ES 3)

**Yes**

**Q178** If yes, what type of outreach? (Select all the apply.)

**Brochures/Pamphlets,  
One on one**

**Q179** 8. Does your department maintain an electronic reporting or data management system for subsurface sewage disposal system information? (ES 1)

**Yes**

**Q180** If yes, what data are collected? (Select all the apply.)

**Location,  
Size,  
Inspections,  
Permits**

**Q181** 9. Does your department work with municipal entities (Water Pollution Control Authority, Wetlands Commissions, etc.) to identify community needs/issues? (ES 1,2)

**No**

**Q182** 10. Does your department self assess to ensure proper utilization and completion of required forms? (ES 8,9)

**Yes**

**Q183** 11. Are registered sanitarians and/or local health officials participating in subsurface sewage disposal system continuing education? (ES 8)

**Yes**

**Q184** 1. Recreation/Public Pools

Number of public pools in the local health jurisdiction (ES 1) **3**  
 Number of public pool inspections conducted (include re-inspections) (ES 2,6) **3**  
 Number of family campgrounds in the local health jurisdiction (ES 1) **0**  
 Number of family campground inspections conducted (ES 2,6) **0**  
 Number of public swimming areas/beaches in the local health jurisdiction (ES 1) **0**  
 Number of public swimming areas/beaches monitored/tested (ES 2,6) **0**  
 Number of public swimming area/beach inspections conducted (ES 2,6) **0**

Page 11: Environmental Health Services Lead Poisoning Prevention and Control Program

**Q185** 1. Does your department have a written response plan for a child who is lead poisoned at  $\geq 20 \mu\text{g/dL}$ ? **No**

**Q186** If yes, please attach. **Respondent skipped this question**

**Q187** 2. Do you collaborate with your local WIC program to promote lead screening? **No**

**Q188** 3. How does your department monitor vacancy agreements between your department and the property owner of a residence where a lead abatement order has been issued?

visits and phone

**Q189** 4. Total number of lead inspections which include comprehensive lead inspection and risk assessments:

1

**Q190** 5. Total number of orders issued to abate lead hazards:

1

**Q191** 6. Total number of lead abatements completed:

1

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**Q192** 7. Total number of orders issued to remediate lead hazards:

0

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**Q193** 8. Total number of lead hazard remediation projects completed:

0

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**Q194** 9. Do you or your staff conduct site visits of active lead abatement or lead hazard remediation projects? **Yes**

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**Q195** 10. Does your department have a written and established plan for the relocation of families with lead poisoned children? **No**

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**Q196** If yes, please attach. **Respondent skipped this question**

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**Q197** 11. Number of families relocated due to lead issues in the past year:

0

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**Q198** 12. What funds are available to assist in lead abatement and lead hazard remediation? Select all that apply. **CDBG Funds**

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**Q199** 13. Who have you met with to determine if funding can be allocated to your department for assisting property owners with lead abatement?

Community Development

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Page 12: Environmental Health Services Radon Program

**Q200** 1. Does your department offer radon tests for residents to purchase? **No**

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**Q201** 2. Does your department partner with the CT DPH Radon Program to distribute free CT DPH Laboratory radon test vials? **Yes**

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**Q202** 3. Does your department conduct radon testing for radon in air and/or water in private homes? **No**

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**Q203** If yes, what is the: **Respondent skipped this question**

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**Q204** 4. Does your department collaborate with the building official on Radon Resistant New Construction (included in the CT State Building Code since Oct. 1, 2016)? **No**

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Page 13: Environmental Health ServicesHoarding

**Q205** 1. How many hoarding cases has your department responded to this year?

5

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**Q206** 2. How many times have you been out to the same home(s) for hoarding issues?

0

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**Q207** 3. What services does your town/district provide to a person with a hoarding disorder? Please list.

Social Services

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**Q208** 4. Does your department have a plan to address persons with hoarding issues? **No**

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**Q209** If yes, please attach. **Respondent skipped this question**

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Page 14: Vector ControlZoonotic and Arthropod-borne Diseases

**Q210** 1. Does your department arrange transportation of animal specimens for rabies testing? **Yes**

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**Q211** 2. Does your department perform seasonal application of larvicide community-wide and/or complaint generated to control mosquitos? **Yes**

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**Q212** 3. Does your department perform seasonal application of adulticide to control mosquitos in parks or recreation areas? **Yes**

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Page 15: Communicable Disease ControlSexually Transmitted Diseases

**Q213** 1. Does your department provide clinical treatment services for STDs? (ES 7) **No**

**Q214** 2. Does your department follow up on case reports for gonorrhea, syphilis or chlamydia to ensure therapy of case-patient? (ES 3,7) **Yes**

**Q215** If yes, how are case-patients contacted? (Select all that apply.) **Contact state STD program**

**Q216** 3. Does your department follow up on case reports to ensure treatment of partners? (ES 3,7) **Yes**

**Q217** If yes, how are people contacted? (Select all that apply.) **Referral to state STD program**

**Q218** 4. Does your department provide HIV testing? (ES 7) **No**

Page 16: Communicable Disease Control/Tuberculosis

**Q219** 1. What TB clinical/treatment referral services does your department provide? (Select all that apply.) (ES 7) **Referral to local health clinic**, **Referral to hospital clinic**

**Q220** 2. What type of Direct Observed Therapy (DOT) services does your department arrange? (Select all that apply.) (ES 3) **Public health nurse**

**Q221** 3. What type of case management of TB patients does your department provide? (Select all that apply.) (ES 3) **Monthly call to treating provider**, **Form faxed/mailed to provider**

**Q222** 4. Who conducts contact investigations of suspect and infectious TB patients? (Select all that apply.) (ES 2) **Public health nurse**

**Q223** 5. Who is responsible for TB testing and follow up of high risk residents (such as refugees and immigrants classified as TB-B1 or B2)? (Select all that apply.) (ES 2) **Private provider**, **Community clinic**

**Q224** 6. Who is responsible for signing/consultation for discharge planning from the hospital? (Select all that apply.) (ES 2) **Public health nurse**

Page 17: Communicable Disease Control/Viral Hepatitis

**Q225** 1. Does your department conduct risk factor interviews of confirmed Hepatitis A cases? **Yes**

**Q226** 2. Does your department ask about recent food handling and health care employment history in Hepatitis A cases? **Yes**

**Q227** 3. Does your department complete Hepatitis A case reports and submit to DPH? **Yes**

**Q228** 4. DPH has an epidemiologist who can interview confirmed Hepatitis A case-patients in your jurisdiction. Would your department like to defer interviews of confirmed Hepatitis A cases to DPH? **Yes**

**Q229** 5. Does your department provide referrals to care for the identified contacts of Hepatitis A cases to ensure that Hepatitis A vaccine or Immunoglobulin is administered when it is recommended? **Yes**

**Q230** 6. Does your department directly provide/administer the identified contacts of Hepatitis A cases with the Hepatitis A vaccine when it is recommended? **No**

**Q231** 7. Does your department provide/administer the identified contacts of Hepatitis A case with Immunoglobulin when it is recommended? **No**

**Q232** 8. Does your department provide education about the prevention of Hepatitis A? **No**

**Q233** 9. Does your department provide referral of case for testing/evaluation for treatment of Hepatitis B (chronic cases)? (ES 7) **Yes**

**Q234** 10. Does your department provide Hepatitis B testing for high-risk adults and adolescents? (ES 3) **No**

|  |  |
|--|--|
| <b>Q235</b> 11. Does your department provide Hepatitis B vaccination of high-risk adults? (ES 3, 7)  | <b>No</b>  |
| <b>Q236</b> 12. Does your department follow up with the physician (prevention recommendations) on Hepatitis C laboratory and provider reports? (ES 2)  | <b>Yes</b>   |
| <b>Q237</b> 13. When your department receives a Hepatitis C Antibody positive test result, how do you follow up? (Select all that apply.)  | <b>File the paperwork,<br/>Enter data into local database<br/>If confirmation test result is not available, call the lab or provider</b> |
| <b>Q238</b> 14. Does your department provide referral of contacts for appropriate Hepatitis C testing? (ES7)   | <b>No</b>  |
| <b>Q239</b> 15. Does your department provide referral of Hepatitis C case for care - linkage to care and treatment? (ES 7)   | <b>No</b>  |
| <b>Q240</b> 16. Does your department provide education about prevention activities (e.g., community awareness about the CT Baby Boomer testing law, injection drug use as a primary risk factor for Hepatitis C - especially targeting youth) to people living with chronic conditions? (ES 3) | <b>Yes</b>   |
| <b>Q241</b> 17. Does your department integrate Hepatitis C education into HIV counseling and testing? (ES 3, 7)  | <b>No</b>  |
| <b>Q242</b> 18. Does your department provide Hepatitis C testing for high-risk adults and adolescents? (ES 3, 7)   | <b>No</b>  |
| <b>Q243</b> 19. Does your department maintain a separate Hepatitis C surveillance database?  | <b>No</b>  |
| <b>Q244</b> 20. Does your department use the CTEDSS Hepatitis C Local Health Department report?  | <b>Yes</b>   |
| <b>Q245</b> 15. Does your department have educational materials available to the public? (Select all that apply.) (ES 3)   | <b>Hepatitis A,<br/>Hepatitis B,<br/>Hepatitis C</b>   |



**Q246** 1. Does your department provide vaccination services for children (0-5 years of age)? **No, neither performed by LHD directly NOR contracted out by LHD**

**Q247** If yes, select all vaccine(s) provided **Respondent skipped this question**

**Q248** 2. Does your department conduct or sponsor a well-child clinic in your jurisdiction? **No, neither performed by LHD directly NOR contracted out by LHD**

**Q249** 3. Does your department provide vaccination services for adolescents (12-18 years of age)? **No, neither performed by LHD directly NOR contracted out by LHD**

**Q250** If yes, select all vaccine(s) provided **Respondent skipped this question**

**Q251** 4. Does your department provide vaccination services for adults (>18 years of age)? **Yes, performed by LHD directly**

**Q252** If yes, select all vaccine(s) provided **Influenza,  
Pneumococcal**

**Q253** 5. Does your department conduct an annual influenza clinic? (ES 7) **Yes, performed by LHD directly**

**Q254** If yes, number of doses of flu vaccine purchased for the most recent season?

700

**Q255** If yes, is Pneumococcal included in your flu clinic? **No**

**Q256** 6. Does any other agency in your jurisdiction provide these services for adults? (ES 7) **Yes**

**Q257** If yes, select all that apply **Community health center ,  
Private provider site,  
Walk-in clinic**

**Q258** 1. Does your department have an oral health program? If YES, please continue to answer the questions below. If NO, skip to the Diabetes/Chronic Diseases/Hypertension section.

**No - If NO, skip to the Diabetes/Chronic Diseases/Hypertension section**

**Q259** 2. Does this program only provide oral health education/awareness? If YES, skip to the Diabetes/Chronic Diseases/Hypertension section. If NO, please continue to answer the questions below.

**Respondent skipped this question**

**Q260** 3. Are dental services provided for children? (ES 7)

**Respondent skipped this question**

**Q261** If yes, which age group(s)? (Select all that apply.)

**Respondent skipped this question**

**Q262** 4. Are dental services provided for seniors/older adults?

**Respondent skipped this question**

**Q263** 5. Are any preventative oral health services provided?

**Respondent skipped this question**

**Q264** If yes, please select all that apply.

**Respondent skipped this question**

**Q265** If yes, where are the services provided? (Select all that apply.)

**Respondent skipped this question**

**Q266** 6. Are restorative dental services provided? (ES 7)

**Respondent skipped this question**

**Q267** If yes, where are the services provided? (Select all that apply.)

**Respondent skipped this question**

**Q268** 7. Does your department bill for any of these services?

**Respondent skipped this question**

**Q269** 8. Does your department retain staff to provide any of these dental services? (ES 8)

**Respondent skipped this question**

**Q270** 9. Does your department contract for any of these dental services? (ES 7)

**Respondent skipped this question**

**Q271** 10. Does the program provide oral health education/awareness? (Select all that apply.) (ES 3)

**Respondent skipped this question**

Page 20: Population-Based Prevention & Health Promotion Diabetes/Chronic Diseases/Hypertension

**Q272** 1. What education is offered by your department in the community for chronic disease management, diabetes management and/or diabetes prevention? (Select all that apply.) (ES 4)

**Fact sheets,**  
**Brochures/Pamphlets,**  
**Workshops,**  
**Health fairs/Health screenings**

**Q273** If education is offered, what curriculum or resources are used to support current best practice recommendations? (ES 10)

**Respondent skipped this question**

**Q274** 2. Do you have staff trained to lead chronic diseases or diabetes self-management programs (CDSMP or DSMP) that are delivered in a culturally competent manner for the populations served in your jurisdiction? (ES 7)

**Yes**

**Q275** 3. Does your department offer blood pressure screenings?

**Yes**

**Q276** If yes, who conducts the blood pressure screening? (Select all that apply.)

**Public health nurse**

**Q277** If yes, are those identified with high blood pressure readings referred to a physician or health care provider? (ES 7)

**Yes**

Page 21: Population-Based Prevention & Health Promotion School Health

**Q278** 1. How is your department engaged with the Board of Education, school administration and/or school wellness committees to provide guidance and support? (Select all that apply.) (ES 4)

**School/District wellness advisory council member,**  
**Subject matter expert,**  
**Technical assistance (e.g., Tools for Schools)**

Page 22: Population-Based Prevention & Health Promotion Healthy Food

**Q279** 1. How is your department engaged with promoting access to healthy food in low income or food desert areas? (Select all that apply.) (ES 4)

**Local food policy council member**

Page 23: Population-Based Prevention & Health Promotion Breastfeeding

**Q280** 1. How is your department engaged with promoting breastfeeding initiatives (i.e. improving maternity care practices, breastfeeding training and/or ensuring compliance with federal and state lactation accommodation laws)? (Select all that apply.) (ES 4)

**Not applicable**

**Q281** 2. Does your department have a lactation accommodation policy and space for employees? (ES 6,8)

**Yes**

**Q282** 3. Is your health staff involved with a hospital lactation committee? (ES 4)

**No**

Page 24: Public Health Revenue Public Health Department Revenue

**Q283** 1. DPH funds - all regardless of source

Amount **9000**

**Q284** Routing of funds

**Part of operating budget**

**Q285** 2. State funds (other than DPH)

Amount **39995**

**Q286** Routing of funds

**Part of operating budget**

**Q287** 3. Federal sources (direct)

Amount **0**

**Q288** Routing of funds

**N/A**

**Q289** 4. Licensure/Permit fees

Amount **18000**

**Q290** Routing of funds

**Goes to general fund**

**Q291** 5. Local funds - city/town sources

Amount **471410**

**Q292** Routing of funds

**Part of operating budget**

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**Q293** 6. Medicaid Amount 7000

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**Q294** Routing of funds Part of operating budget

---

**Q295** 7. Medicare Amount 2000

---

**Q296** Routing of funds Part of operating budget

---

**Q297** 8. Other revenue Amount 0

---

**Q298** Routing of funds N/A

---

**Q299** 9. Patient personal fees Amount 0

---

**Q300** Routing of funds N/A

---

**Q301** 10. Private foundations Amount 0

---

**Q302** Routing of funds N/A

---

**Q303** 11. Private health insurance Amount 5000

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**Q304** Routing of funds Part of operating budget

---

**Q305** What is your total operating budget?

552080

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Page 25: 10 Essential Services - #1

**Q306** 1. Has your department been involved with the collection of primary quantitative data within the past three (3) years? Yes

---

**Q307** If yes, select all that apply

**Inspection data,**  
**Data collected for a community health assessment** ,  
**Surveillance data**

**Q308 2.** Has your department provided data on the health of your local population to DPH within the past year?

**Yes**

**Q309** If yes, select all that apply

**Vital records data,**  
**Environmental public health** ,  
**Data in MAVEN, such as infectious disease cases and lead cases**

Page 26: 10 Essential Services - #2

**Q310 1.** Has your department completed an investigation of a non-infectious health problem, environmental, and/or occupational public health hazard within the past five (5) years?

**Yes**

**Q311** If yes, select all that apply

**Lead,**  
**Water,**  
**Chronic disease**

**Q312 2.** Has your department worked with other governmental agencies/departments and key community stakeholders to conduct investigations of reportable diseases, disease outbreaks, chronic disease, environmental public health issues, and/or injuries within the past five (5) years?

**Yes**

**Q313** If yes, select all that apply

**Reportable diseases,**  
**Disease outbreaks** ,  
**Environmental public health issues**

**Q314** If yes, select all the partners that you worked with

**DPH,**  
**DEEP,**  
**DEMHS,**  
**Health care entity,**  
**Police,**  
**EMS,**  
**Fire,**  
**Housing,**  
**Community organizations,**  
**Schools**

---

**Q315** 3. Does your department have a current tracking log or audit of reports of disease reporting, laboratory test reports, and/or investigations with timelines?

**Yes**

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**Q316** If yes, select all that apply

**Tracking log,**  
**MAVEN**

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Page 27: 10 Essential Services - #3

**Q317** 1. Has your department provided information to the public on health risks, health behaviors, disease prevention, or wellness within the past five (5) years?

**Yes**

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**Q318** If yes, select all that apply

**Public presentation,**  
**Press release,**  
**Brochure/Pamphlet**

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**Q319** 2. Has your department developed and implemented or sustained health promotion strategies within the past five (5) years?

**Yes**

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**Q320** If yes, select all that apply

**Farmers markets,**  
**Smoke free zones,**  
**Asthma,**  
**Healthy homes**

---

**Q321** If yes, was implementation done in collaboration with partners and/or community? **Yes**

**Q322** If yes, select all that apply

**Public schools** ,

**Local governmental agencies** ,

**Non-profits,**

**Health care entity,**

**Community members**

**Q323** If yes, were any of them evidence-based or a promising practice? **Yes**

**Q324** 3. Has your department distributed information to the public about public health and/or about your department's mission, programs, and services within the past five (5) years? **Yes**

**Q325** If yes, select all that apply

**Web posting** ,

**Public health campaign (e.g. This is Public Health)** ,

**Program flyer** ,

**Brochure**

**Q326** 4. Have you communicated with the media within the past two (2) years to ensure their understanding of public health and that they cover important public health issues? **Yes**

**Q327** If yes, select all that apply

**Print media,**

**Free community newspapers**



**Q328** 1. Has your department been an active member of a community partnership(s) or coalition(s) to address public health issues within the past two (2) years? **Yes**

**Q329** If yes, select the health issues(s) addressed within the community partnerships(s) or coalition(s)

**Chronic disease prevention** ,  
**Obesity,**  
**Anti-tobacco,**  
**Health equity** ,  
**Parks and recreation** ,  
**Substance abuse**

**Q330** If yes, what sectors of the community do the members of the partnership(s) or coalitions(s) represent?

**Public schools** ,  
**Local governmental agencies** ,  
**Non-profits,**  
**Health care entity,**  
**Community members**

**Q331** 2. Has your department communicated and collaborated with your governing entity, advisory board, and/or elected officials concerning public health policy or strategy within the past five (5) years? **Yes**

Page 29: 10 Essential Services - #5

**Q332** 1. Has your department monitored and tracked public health issues being discussed by individuals and entities that set policies and practices that impact public health within the past two (2) years? **Yes,**

If yes, describe how. Policies can be state, local or tribal and tracking can be done by your department or another organization (e.g. CADH, CEHA, CPHA):  
 CADH,  
 CPHA

**Q333** 2. Has your department contributed to deliberations concerning public policy and practice and its impact on public health within the past two (2) years? **Yes**

**Q334** If yes, select all the methods that you utilized **Issue briefs,**  
**Fact sheets,**  
**Participation in an advisory or work group**

**Q335** 3. Has your department participated in preparedness meetings with other government agencies and other health departments within the past five (5) years? **Yes**

**Q336** 4. Has your department participated in drills, exercises or a real emergency to test components of an All Hazards Emergency Operation Plan (EOP) within the past five (5) years? **Yes**

**Q337** If yes, did you conduct a debriefing or After Action Report from the emergency or drill/exercise? **Yes**

**Q338** 5. Has your department collaboratively revised an All Hazards EOP within the past five (5) years? **Yes**

**Q339** 6. Does your department have a public health emergency response plan that is dated within the past five (5) years? **Yes**

**Q340** 7. Has your department tested the plan within the past five (5) years through the use of drills and exercises? **Yes**

**Q341** If yes, did your department complete an After Action Report after the emergency or exercise/drill? **Yes**

**Q342** 8. Has your department revised the public health emergency response plan within the past two (2) years? **Yes**

Page 30: 10 Essential Services - #6

**Q343** 1. Has your department staff participated in training on public health law related to job responsibilities within the past two (2) years? **Yes**

**Q344** If yes, select all that apply

**Food certification,**  
**Lead certification,**  
**Infectious disease reporting**

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**Q345** 2. How does your department ensure the consistent application of public health laws?

**Internal audits** ,  
**Enforcement log,**  
**Written review of case reports**

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**Q346** 3. Does your department make information concerning public health laws and permit/license applications available to members of the public?

**Yes**

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**Q347** If yes, select all that apply

**Website**

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Page 31: 10 Essential Services - #7

**Q348** 1. Has your department collaboratively implemented strategies to improve access to health care services for those who experience barriers within the past five (5) years?

**Yes**

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**Q349** If yes, select all that apply

**Cooperative system of referrals between partners** ,  
**Co-location of services to optimize access (e.g., WIC, immunizations, and lead testing)**

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Page 32: 10 Essential Services - #8

**Q350** 1. Has your department had a partnership or ongoing collaboration that promotes public health as a career choice within the past five (5) years?

**Yes**

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**Q351** If yes, select all that apply

**Collaboration with a school or college of public health to host**

---

**Q352** 2. Has agency staff participated in professional development activities within the past two (2) years?

**Yes**

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**Q353** If yes, select all that apply

Continuing education for certifications/licenses ,  
 Training opportunities,  
 Mentoring,  
 Job shadowing,  
 Learning by teaching ,  
 Tuition reimbursement

**Q354** 3. Has agency staff participated in leadership and/or management development training within the past two (2) years?

Yes

**Q355** If yes, select all that apply

Graduate programs in leadership/management ,  
 Attending relevant meetings and conferences

Page 33: 10 Essential Services - #9

**Q356** 1. Has your department evaluated the effectiveness, efficiency or quality of programs and services within the past five (5) years?

Yes

**Q357** If yes, select all that apply

Analysis of performance measures ,  
 Training evaluation ,  
 Time study

**Q358** If yes, have you used the information to improve department performance or community health outcomes?

Yes

Page 34: 10 Essential Services - #10

**Q359** 1. Has your department communicated research findings and their public health implications to stakeholders, other health departments, other organizations, and/or the public within the past five (5) years?

Yes,  
 If yes, describe the research:  
 Food borne illness incidence, opioid incidence

**Q360** If yes, select who you communicated the research findings with

**Governing entity,**  
**Elected/Appointed officials** ,  
**Local agencies/departments**

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Page 35: 10 Essential Services Certification

**Q361** The Director of Health ensures that the provisions of a basic health program, as per CGS Section 19a-207a, are being provided to the community and that the information included in this report is accurate and true to the best of his/her knowledge.

**Yes**

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