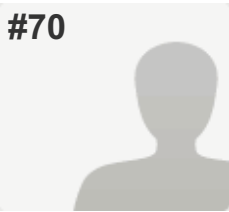


#70



**COMPLETE**

**Collector:** Web Link - Manual Entry 1 (Web Link)  
**Started:** Friday, October 14, 2016 11:24:20 AM  
**Last Modified:** Friday, December 02, 2016 4:31:42 PM  
**Time Spent:** Over a month  
**IP Address:** 151.181.44.126

PAGE 1

**Q1: 1. Department Name** City of New Haven Health Department

**Q2: 2. Do you have a Board of Health?** Yes

**Q3: Please complete this section if you have a Board of Commission of Health**

|                 |                           |
|-----------------|---------------------------|
| Chairperson     | Katrina Clark             |
| Address         | 44 Hubringer Street       |
| City/Town       | New Haven                 |
| State/Province  | CT                        |
| ZIP/Postal Code | 06511                     |
| Email Address   | katrinaclark823@gmail.com |

**Q4: Board Function** Advisory & Policy Making

**Q5: Number of Board Members** 8

PAGE 2: Local Health Personnel (ES 8)

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

|                         |  |
|-------------------------|--|
| Director of Health Name | Dr. Byron Kennedy                      |
| Degree(s)               | MD, PhD, MPH                           |
| Active CT License(s)    | Physician/Surgeon Controlled Substance |

**Q7: Please list salary figures as whole dollars per year (DO NOT USE COMMAS, DOLLAR SIGNS (\$) OR DECIMALS)**

|                      |        |
|----------------------|--------|
| Minimum Salary       | 109000 |
| Maximum Salary       | 145000 |
| Actual Annual Salary | 145000 |

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|   |   |
|---|---|
| <b>Q8: An Acting Director of Health is defined as an individual who "acts;" or stands in for the appointed Director of Health when he/she is absent (vacation, conference, medical leave, etc.). In order to be an Acting Director of Health, the individual must meet the qualifications for Director of Health as per CGS 19a-200 or 19a-244 and be approved by the Commissioner of Public Health. The Acting Director of Health may be a staff person or a current Director of Health of another municipality or health district.2. Do you have a staff person(s) that has been approved by the Commissioner of Public Health to be the Acting Director of Health in your absence?</b> | No  |
| <b>Q9: If no, how do you assure coverage when the Director of Health is absent?</b>   | Other (please specify)<br>Paul Kowalski is the most senior program director with an MPH degree. |
| <b>Q10: 3. Does your department include a Housing Department?</b>   | No  |
| <b>Q11: 4. Does your department include a Social Services Department?</b>   | No  |
| <b>Q12: 5. Does your department include additional non-public health programs?</b>  | No  |
| <b>Q13: 6. Are there any collective bargaining units in your department?</b>  | Yes   |
| <b>Q14: 7. Has your department developed a community health assessment? (ES 1)</b>  | Yes, within the last three (3) years  |
| <b>Q15: 8. Has your department developed a community health improvement plan? (ES 5)</b>  | Yes, within the last three (3) years  |
| <b>Q16: 9. Has/Is your department collaborating with a hospital or hospital system to develop a community health assessment and/or community health improvement plan? (ES 4)</b>  | Yes   |
| <b>Q17: 10. Has your department developed a strategic plan? (ES 5)</b>  | Yes, within the last three (3) years  |
| <b>Q18: 11. Which of the following best describes your department with respect to participation in the Public Health Accreditation Board's national accreditation program?</b>  | My department plans to apply for accreditation, but has not yet registered in e-PHAB            |
| <b>Q19: 12. In what calendar year does your department anticipate registering in e-PHAB in order to pursue accreditation?</b>   | 2017  |

PAGE 3: Local Health Personnel (ES 8)

|  |     |
|--|-----|
| <b>Q20: 1. Assistant Deputy Director of Health</b> | N/A |
|--|-----|

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|  |   |
|--|---|
| <b>Q21: Assistant or Deputy Director of Health</b> | <i>Respondent skipped this question</i> |
| <b>Q22: 2. Behavioral Health Professional</b>      | N/A                                     |
| <b>Q23: Behavioral Health Professional</b>         | <i>Respondent skipped this question</i> |
| <b>Q24: 3. Bookkeeper</b>                          | <i>Respondent skipped this question</i> |
| <b>Q25: Bookkeeper</b>                             | <i>Respondent skipped this question</i> |
| <b>Q26: 4. Chief Sanitarian</b>                    | N/A                                     |
| <b>Q27: Chief Sanitarian</b>                       | <i>Respondent skipped this question</i> |
| <b>Q28: 5. Community Health Outreach Worker</b>    | <i>Respondent skipped this question</i> |
| <b>Q29: Community Health Outreach Worker</b>       |   |
| Number of Full Time Personnel                      | 2                                       |
| Total Full Time Equivalents                        | 2                                       |
| Minimum Salary Based on 1 FTE                      | 49186                                   |
| Maximum Salary Based on 1 FTE                      | 49186                                   |
| <b>Q30: 6. Dental Hygienist</b>                    | N/A                                     |
| <b>Q31: Dental Hygienist</b>                       | <i>Respondent skipped this question</i> |
| <b>Q32: 7. Dentist</b>                             | N/A                                     |
| <b>Q33: Dentist</b>                                | <i>Respondent skipped this question</i> |
| <b>Q34: 8. Director of Nursing</b>                 | <i>Respondent skipped this question</i> |
| <b>Q35: Director of Nursing</b>                    |   |
| Number of Full Time Personnel                      | 1                                       |
| Total Full Time Equivalents                        | 1                                       |
| Minimum Salary Based on 1 FTE                      | 75936                                   |
| Maximum Salary Based on 1 FTE                      | 75936                                   |
| <b>Q36: 9. Emergency Preparedness Coordinator</b>  | <i>Respondent skipped this question</i> |
| <b>Q37: Emergency Preparedness Coordinator</b>     |   |
| Number of Full Time Personnel                      | 1                                       |
| Total Full Time Equivalents                        | 1                                       |
| Minimum Salary Based on 1 FTE                      | 56692                                   |
| Maximum Salary Based on 1 FTE                      | 56692                                   |

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**Q38: 10. Environmental Health Director**

*Respondent skipped this question*

**Q39: Environmental Health Director**

|                               |       |
|-------------------------------|-------|
| Number of Full Time Personnel | 1     |
| Total Full Time Equivalents   | 1     |
| Minimum Salary Based on 1 FTE | 96946 |
| Maximum Salary Based on 1 FTE | 96946 |

**Q40: 11. Epidemiologist**

*Respondent skipped this question*

**Q41: Epidemiologist**

|                               |        |
|-------------------------------|--------|
| Number of Full Time Personnel | vacant |
| Total Full Time Equivalents   | 1      |
| Minimum Salary Based on 1 FTE | 69478  |
| Maximum Salary Based on 1 FTE | 84352  |

**Q42: 12. Health Educator**

*Respondent skipped this question*

**Q43: Health Educator**

|                               |       |
|-------------------------------|-------|
| Number of Full Time Personnel | 1     |
| Total Full Time Equivalents   | 1     |
| Minimum Salary Based on 1 FTE | 54538 |
| Maximum Salary Based on 1 FTE | 54538 |

**Q44: 13. Housing Inspector**

*Respondent skipped this question*

**Q45: Housing Inspector**

|                               |       |
|-------------------------------|-------|
| Number of Full Time Personnel | 4     |
| Total Full Time Equivalents   | 4     |
| Minimum Salary Based on 1 FTE | 48286 |
| Maximum Salary Based on 1 FTE | 50391 |

**Q46: 14. Lab Technician**

N/A

**Q47: Lab Technician**

*Respondent skipped this question*

**Q48: 15. Medical Advisor**

*Respondent skipped this question*

**Q49: Medical Advisor**

|                                |        |
|--------------------------------|--------|
| Number of Contracted Personnel | 2      |
| Total Full Time Equivalents    | .70    |
| Minimum Salary Based on 1 FTE  | 127400 |
| Maximum Salary Based on 1 FTE  | 136500 |

**Q50: 16. Nurse Practitioner**

*Respondent skipped this question*

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**Q51: Nurse Practitioner**

|                               |       |
|-------------------------------|-------|
| Number of Full Time Personnel | 1     |
| Total Full Time Equivalents   | 1     |
| Minimum Salary Based on 1 FTE | 65623 |
| Maximum Salary Based on 1 FTE | 65623 |

**Q52: 17. Nursing Supervisor**

*Respondent skipped this question*

**Q53: Nursing Supervisor**

|                               |       |
|-------------------------------|-------|
| Number of Full Time Personnel | 1     |
| Total Full Time Equivalents   | 1     |
| Minimum Salary Based on 1 FTE | 65953 |
| Maximum Salary Based on 1 FTE | 65953 |

**Q54: 18. Nutritionist**

N/A

**Q55: Nutritionist**

*Respondent skipped this question*

**Q56: 19. Office Manager**

*Respondent skipped this question*

**Q57: Office Manager**

|                               |       |
|-------------------------------|-------|
| Number of Full Time Personnel | 1     |
| Total Full Time Equivalents   | 1     |
| Minimum Salary Based on 1 FTE | 45275 |
| Maximum Salary Based on 1 FTE | 45275 |

**Q58: 20. Other RN**

*Respondent skipped this question*

**Q59: Other RN**

|                               |       |
|-------------------------------|-------|
| Number of Full Time Personnel | 1     |
| Total Full Time Equivalents   | 1     |
| Minimum Salary Based on 1 FTE | 70270 |
| Maximum Salary Based on 1 FTE | 70270 |

**Q60: 21. Outreach Worker**

*Respondent skipped this question*

**Q61: Outreach Worker**

|                               |       |
|-------------------------------|-------|
| Number of Full Time Personnel | 13    |
| Total Full Time Equivalents   | 13    |
| Minimum Salary Based on 1 FTE | 37883 |
| Maximum Salary Based on 1 FTE | 44623 |

**Q62: 22. Physician**

*Respondent skipped this question*

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|  |   |
|--|---|
| <b>Q63: Physician</b>                      |   |
| Number of Contracted Personnel             | 1                                       |
| Total Full Time Equivalents                | .35                                     |
| Minimum Salary Based on 1 FTE              | 127400                                  |
| Maximum Salary Based on 1 FTE              | 127400                                  |
| <b>Q64: 23. Public Health Nurse</b>        |   |
|  | N/A                                     |
| <b>Q65: Public Health Nurse</b>            |   |
|  | <i>Respondent skipped this question</i> |
| <b>Q66: 24. Public Information Officer</b> |   |
|  | N/A                                     |
| <b>Q67: Public Information Officer</b>     |   |
|  | <i>Respondent skipped this question</i> |
| <b>Q68: 25. Registered Dietician</b>       |   |
|  | N/A                                     |
| <b>Q69: Registered Dietician</b>           |   |
|  | <i>Respondent skipped this question</i> |
| <b>Q70: 26. Registered Sanitarian</b>      |   |
|  | <i>Respondent skipped this question</i> |
| <b>Q71: Registered Sanitarian</b>          |   |
| Number of Full Time Personnel              | 4                                       |
| Total Full Time Equivalents                | 4                                       |
| Minimum Salary Based on 1 FTE              | 55403                                   |
| Maximum Salary Based on 1 FTE              | 55403                                   |
| <b>Q72: 27. Sanitary Inspector</b>         |   |
|  | N/A                                     |
| <b>Q73: Sanitary Inspector</b>             |   |
|  | <i>Respondent skipped this question</i> |
| <b>Q74: 28. School Nurse</b>               |   |
|  | <i>Respondent skipped this question</i> |
| <b>Q75: School Nurse</b>                   |   |
| Number of Full Time Personnel              | 42                                      |
| Total Full Time Equivalents                | 42                                      |
| Minimum Salary Based on 1 FTE              | 48286                                   |
| Maximum Salary Based on 1 FTE              | 48286                                   |
| <b>Q76: 29. Secretary</b>                  |   |
|  | <i>Respondent skipped this question</i> |
| <b>Q77: Secretary</b>                      |   |
| Number of Full Time Personnel              | 1                                       |
| Total Full Time Equivalents                | 1                                       |
| Minimum Salary Based on 1 FTE              | 49517                                   |
| Maximum Salary Based on 1 FTE              | 51927                                   |

**Q78: 30. Social Worker**

N/A

**Q79: Social Worker**

*Respondent skipped this question*

**Q80: 31. Other Paid Worker**

*Respondent skipped this question*

**Q81: Other Paid Worker**

|                               |       |
|-------------------------------|-------|
| Number of Full Time Personnel | 19    |
| Number of Part Time Personnel | 1     |
| Total Full Time Equivalents   | 19.65 |
| Minimum Salary Based on 1 FTE | 37883 |
| Maximum Salary Based on 1 FTE | 84352 |

**PAGE 4: Environmental Health Personnel**

**Q82: Provide the name of each environmental health staff in your department**

|                                   |                   |
|-----------------------------------|-------------------|
| Environmental Health Personnel 1  | Dr. Byron Kennedy |
| Environmental Health Personnel 2  | Paul Kowalski     |
| Environmental Health Personnel 3  | Brian Wnek        |
| Environmental Health Personnel 4  | Andrew Carnevale  |
| Environmental Health Personnel 5  | Derek Grant       |
| Environmental Health Personnel 6  | Glenda Wolfe      |
| Environmental Health Personnel 7  | Jomika Bogan      |
| Environmental Health Personnel 8  | Jovan Williams    |
| Environmental Health Personnel 9  | Rosalyn Hamilton  |
| Environmental Health Personnel 10 | Shellie Longo     |
| Environmental Health Personnel 11 | Andrew Kozlowski  |
| Environmental Health Personnel 12 | Jennifer Sanjurjo |
| Environmental Health Personnel 13 | Kristen Bayer     |
| Environmental Health Personnel 14 | Trusha Patel      |
| Environmental Health Personnel 15 | Lorraine Reed     |

**PAGE 5: Local Policies to Support Community Health**

**Q83: 1. Artificial Ice Plants (Select all that apply.)**

Licensing/Permitting/Registration Program

**Q84: Artificial Ice Plants**

|                        |     |
|------------------------|-----|
| Number of Sites        | 1   |
| Number of Inspections  | 1   |
| Minimum Permitting Fee | 150 |
| Maximum Permitting Fee | 475 |

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|   |   |
|---|---|
| <b>Q85: 2. Barber/Beauty Shops (Select all that apply.)</b>                 | N/A                                       |
| <b>Q86: Barber/Beauty Shops</b>   |   |
| Number of Sites   | 100                                       |
| Number of Inspections   | 1   |
| <b>Q87: 3. Body Piercing (Select all that apply.)</b>                       | N/A                                       |
| <b>Q88: Body Piercing</b>   | <i>Respondent skipped this question</i>   |
| <b>Q89: 4. Child Day Care Centers (Select all that apply.)</b>              | Licensing/Permitting/Registration Program |
| <b>Q90: Child Day Care Centers</b>  |   |
| Number of Sites   | 55  |
| Number of Inspections   | 26  |
| Minimum Inspection Fee  | 110                                       |
| Maximum Inspection Fee  | 110                                       |
| <b>Q91: 5. Deteriorated Paint - Residential (Select all that apply.)</b>    | N/A                                       |
| <b>Q92: Deteriorated Paint - Residential</b>                                | <i>Respondent skipped this question</i>   |
| <b>Q93: 6. Housing/Property Maintenance/Blight (Select all that apply.)</b> | N/A                                       |
| <b>Q94: Housing/Property Maintenance/Blight</b>                             | <i>Respondent skipped this question</i>   |
| <b>Q95: 7. Massage Establishments (Select all that apply.)</b>              | N/A                                       |
| <b>Q96: Massage Establishments</b>  | <i>Respondent skipped this question</i>   |
| <b>Q97: 8. Migrant Labor Camps (Select all that apply.)</b>                 | N/A                                       |
| <b>Q98: Migrant Labor Camps</b>   | <i>Respondent skipped this question</i>   |
| <b>Q99: 9. Motel/Hotel (Select all that apply.)</b>                         | N/A                                       |
| <b>Q100: Motel/Hotel</b>  | <i>Respondent skipped this question</i>   |
| <b>Q101: 10. Nail Salons (Select all that apply.)</b>                       | N/A                                       |
| <b>Q102: Nail Salons</b>  |   |
| Number of Sites   | 17  |
| <b>Q103: 11. Outing Facilities/Parks (Select all that apply.)</b>           | N/A                                       |
| <b>Q104: Outing Facilities/Parks</b>  |   |
| Number of Sites   | 7   |



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|  |  |
|--|--|
| <b>Q105: 12. Public Bathing Areas (Select all that apply.)</b>             | N/A  |
| <b>Q106: Public Bathing Areas</b>  |  |
| Number of Sites  | 2  |
| Number of Inspections  | 229  |
| <b>Q107: 13. Public Pools (Select all that apply.)</b>                     | Ordinance/Regulation,<br>Licensing/Permitting/Registration Program |
| <b>Q108: Public Pools</b>  |  |
| Number of Sites  | 26   |
| Number of Inspections  | 90   |
| Minimum Permitting Fee   | 350  |
| Maximum Permitting Fee   | 350  |
| <b>Q109: 14. Public and Private Campgrounds (Select all that apply.)</b>   | N/A  |
| <b>Q110: Public and Private Campgrounds</b>                                | <i>Respondent skipped this question</i>                            |
| <b>Q111: 15. Refuse Haulers (Select all that apply.)</b>                   | N/A  |
| <b>Q112: Refuse Haulers</b>  | <i>Respondent skipped this question</i>                            |
| <b>Q113: 16. Schools, Other Than Food Service (Select all that apply.)</b> | N/A  |
| <b>Q114: Schools, Other Than Food Service</b>                              |  |
| Number of Sites  | 51   |
| <b>Q115: 17. Sewage Haulers (Select all that apply.)</b>                   | N/A  |
| <b>Q116: Sewage Haulers</b>  | <i>Respondent skipped this question</i>                            |
| <b>Q117: 18. Smoke Free/Tobacco Free Policies (Select all that apply.)</b> | Ordinance/Regulation   |
| <b>Q118: Smoke Free/Tobacco Free Policies</b>                              | <i>Respondent skipped this question</i>                            |
| <b>Q119: 19. Tattoo (Select all that apply.)</b>                           | N/A  |
| <b>Q120: Tattoo</b>  |  |
| Number of Sites  | 5  |
| <b>Q121: 20. Trailer Parks (Select all that apply.)</b>                    | N/A  |
| <b>Q122: Trailer Parks</b>   | <i>Respondent skipped this question</i>                            |

**Q123: Class I (ES 1)**

|                               |     |
|-------------------------------|-----|
| Number of Establishments      | 86  |
| Number of Inspections         | 94  |
| Number of Reinspections       | 3   |
| Minimum Inspection/Permit Fee | 150 |
| Maximum Inspection/Permit Fee | 475 |
| Minimum Reinspection Fee      | 100 |
| Maximum Reinspection Fee      | 100 |

**Q124: Class II (ES 1)**

|                               |     |
|-------------------------------|-----|
| Number of Establishments      | 194 |
| Number of Inspections         | 257 |
| Number of Reinspections       | 7   |
| Minimum Inspection/Permit Fee | 150 |
| Maximum Inspection/Permit Fee | 475 |
| Minimum Reinspection Fee      | 100 |
| Maximum Reinspection Fee      | 100 |

**Q125: Class III (ES 1)**

|                                    |     |
|------------------------------------|-----|
| Number of Establishments           | 574 |
| Number of Inspections              | 912 |
| Number of Reinspections            | 41  |
| Number of Qualified Food Operators | 569 |
| Minimum Inspection/Permit Fee      | 150 |
| Maximum Inspection/Permit Fee      | 550 |
| Minimum Reinspection Fee           | 100 |
| Maximum Reinspection Fee           | 100 |

**Q126: Class IV (ES 1)**

|                                    |     |
|------------------------------------|-----|
| Number of Establishments           | 260 |
| Number of Inspections              | 381 |
| Number of Reinspections            | 17  |
| Number of Qualified Food Operators | 259 |
| Minimum Inspection/Permit Fee      | 150 |
| Maximum Inspection/Permit Fee      | 550 |
| Minimum Reinspection Fee           | 100 |
| Maximum Reinspection Fee           | 100 |

**Q127: 1. Provide, in full time equivalents, the total staff time designated for conducting inspections of food service establishments. (ES 6,8)** 4

**Q128: 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)** 0

**Q129: 3. Does your department conduct internal self-assessments/audits of routine inspection reports? (ES 8,9)** Yes

**Q130: 4. Has your department calculated any risk-factor frequency data from routine inspection reports? (ES 1,3)** No

**Q131: 5. Number of farmers licensed to operate at farmers' markets (Public Act No. 11-191). (ES 1)** 0

**PAGE 7: Environmental Health Services** Drinking Water

**Q132: 1. Private Wells**

Number of new private well permits issued (ES 1) 0

Fee for a private well permit 0

Number of permits issued for private well repairs (ES 2) 0

**Q133: 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

**Q134: Does your department provide follow-up technical assistance or education materials on water quality test results that do not meet standards? (ES 3)** Yes

**PAGE 8: Environmental Health Section** Subsurface Sewage Disposal

**Q135: 1. Subsurface Sewage Disposal**

Number of lots tested (ES 1) 0

Number of new permits issued (ES 6) 0

Number of repair permits issued (ES 6) 0

Number of complaints of failed systems (ES 6) 0

**Q136: 2. Does your department have written procedures/protocols/policies in place for investigation of subsurface sewage disposal system complaints? (ES 6)** No

**Q137: 3. Subsurface Sewage Disposal**

Number of orders issued (ES 6) 0

**Q138: 4. Does your department or member town(s) receive money for or participate in a subsurface sewage disposal repair funding program? (ES 2)** No

**Q139: 5. Does your department or member town(s) participate in a subsurface sewage disposal system management or pump out program? (ES 2)** No

**Q140: If yes, how is participation mandated? (Select all that apply.)** Respondent skipped this question

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|  |   |
|--|---|
| <b>Q141: 6. Does your department conduct any public education/outreach activities for subsurface sewage disposal systems to the general public? (ES 3)</b>                     | No  |
| <b>Q142: If yes, what type of outreach? (Select all the apply.)</b>  | <i>Respondent skipped this question</i>                     |
| <b>Q143: 7. Does your department maintain an electronic reporting or data management system for subsurface sewage disposal system information? (ES 1)</b>                      | No  |
| <b>Q144: If yes, what data are collected? (Select all the apply.)</b>  | <i>Respondent skipped this question</i>                     |
| <b>Q145: 8. Does your department work with municipal entities (Water Pollution Control Authority, Wetlands Commissions, etc.) to identify community needs/issues? (ES 1,2)</b> | Yes   |
| <b>Q146: 9. Does your department self assess to ensure proper utilization and completion of required forms? (ES 8,9)</b>   | No  |
| <b>Q147: 10. Are registered sanitarians and/or local health officials participating in subsurface sewage disposal system continuing education? (ES 8)</b>                      | Yes,<br>If yes, what training(s)? State sponsored trainings |

**PAGE 9: Environmental Health Services Recreation/Public Pools**

**Q148: Recreation/Public Pools**

|   |     |
|---|-----|
| Number of public pools in the local health jurisdiction (ES 1)                  | 26  |
| Number of public pool inspections conducted (include re-inspections) (ES 2,6)   | 90  |
| 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) | 2   |
| Number of public swimming areas/beaches monitored/tested (ES 2,6)               | 2   |
| Number of public swimming area/beach inspections conducted (ES 2,6)             | 229 |

**PAGE 10: Environmental Health Services Lead Poisoning Prevention and Control Program**

|   |                                      |
|---|--------------------------------------|
| <b>Q149: 1. Does your department monitor vacancy agreements? (ES 1)</b> | Yes,<br>If yes, how often? As needed |
|---|--------------------------------------|

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|  |  |
|--|--|
| <b>Q150: 2. With regards to licensed child daycare providers and facilities, which type of follow up do you or your staff perform? (Select all that apply.) (ES 2,3,6)</b>   | Conduct comprehensive inspections  |
| <b>Q151: 3. Does your department have a written and established uniform policy for the fair and equitable treatment of persons who must be relocated because of housing-related hazards (e.g., lead paint hazards and abatement) cited by your staff? (ES 5,6)</b> | Yes  |
| <b>Q152: 4. Does your department have a data sharing agreement with the public housing authority in your municipality or municipalities in your health district? (ES 2)</b>  | Yes  |
| <b>Q153: 5. Does your department conduct targeted lead inspections in areas of known high-risk? (ES 5,6)</b>   | Yes  |
| <b>Q154: 6. Who conducts (or would conduct) the lead inspections for childhood lead poisoning cases in your jurisdiction?</b>  | Local health department trained staff  |
| <b>Q155: 7. Does your department have a written plan for the relocation of families with lead poisoned children? (ES 5,6)</b>  | No,<br>Number of families relocated due to lead issues in the past year (ES 1,2,6)<br>31 |
| <b>Q156: 8. Have you met with any of the following to determine if funds can be allocated to your department for assisting property owners with lead abatement? (ES 4)</b>   | N/A  |
| <b>Q157: 9. What local funds and resources have been allocated to your department or utilized by local homeowners (through a referral made by you) to assist in lead abatement expenses? (Select all that apply.) (ES 4)</b>                                       | Local HUD Lead Hazard Control Funds,<br>CDBG Funds, HOME Funds                           |
| <b>Q158: 10. Do you or your staff conduct site visits of active lead abatement or lead hazard remediation projects? (ES 6)</b>   | Yes  |

PAGE 11: Environmental Health ServicesRadon Program

|  |     |
|--|-----|
| <b>Q159: 1. Does your department conduct any public education/outreach activities on radon to the general public?</b>                          | Yes |
| <b>Q160: 2. Does your department provide technical assistance to the public on radon?</b>  | Yes |
| <b>Q161: 3. Would your department utilize radon tests and analysis services if they were provided through the DPH State Laboratory? (ES 3)</b> | Yes |

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**Q162: 4. Does your department test for radon in private homes?** Yes

**Q163: If yes, what is the:**

Number of homes tested? (ES 2,3) 27

Number of homes with reported radon levels in air above 4 pCi/l? (ES 2,3) 0

Number of homes with reported radon levels in water above 5,000 pCi/l? (ES 2,3) 0

**PAGE 12: Vector Control Zoonotic and Arthropod-borne Diseases**

**Q164: 1. Does your department arrange transportation of animal specimens for rabies testing?** Yes

**Q165: 2. Does your department perform seasonal application of larvicide community-wide and/or complaint generated to control mosquitos?** Yes

**Q166: 3. Does your department perform seasonal application of adulticide to control mosquitos in parks or recreation areas?** No

**PAGE 13: Communicable Disease Control Sexually Transmitted Diseases**

**Q167: 1. Does your department provide clinical treatment services? (ES 7)** Yes

**Q168: 2. Does your department follow up on case reports for gonorrhea, syphilis and chlamydia to ensure therapy of case-patient? (ES 3,7)** Yes

**Q169: If yes, how are case-patients contacted? (Select all that apply.)** Contact state STD program,  
Contact person testing positive

**Q170: 3. Does your department follow up on case reports to ensure treatment of partners? (ES 3,7)** Yes

**Q171: If yes, how are people contacted? (Select all that apply.)** Local health department interview,  
Referral to state STD program

**Q172: 4. Does your department provide HIV testing? (ES 7)** Yes

**PAGE 14: Communicable Disease Control Tuberculosis**

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|   |   |
|---|---|
| <b>Q173: 1. What clinical/treatment referral services does your department provide? (Select all that apply.) (ES 7)</b>   | Referral to local health clinic,<br>Referral to local pulmonologist,<br>Referral to local ID specialist,<br>Referral to hospital clinic |
| <b>Q174: What type of DOT services does your department arrange? (Select all that apply.) (ES 3)</b>  | Public health nurse   |
| <b>Q175: 3. What type of case management of TB patients does your department provide? (Select all that apply.) (ES 3)</b>   | Monthly call to treating provider,<br>Form faxed/mailed to provider,<br>Other (please specify) Home visits                              |
| <b>Q176: 4. Who conducts contact investigations of suspect and infectious TB patients? (Select all that apply.) (ES 2)</b>  | Public health nurse   |
| <b>Q177: 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)</b> | Local health department, Community clinic   |
| <b>Q178: 6. Who is responsible for signing/consultation for discharge planning from the hospital? (Select all that apply.) (ES 2)</b>   | Local health director   |

PAGE 15: Communicable Disease Control/Viral Hepatitis - Hepatitis A

|  |     |
|--|-----|
| <b>Q179: 1. Does your department follow up with case (education and prevention) on all IgM anti-HAV reports? (ES 2)</b>            | Yes |
| <b>Q180: 2. Does your department provide appropriate referral of contacts for immunization (Immunoglobulin or vaccine)? (ES 7)</b> | Yes |
| <b>Q181: 3. Does your department ask about recent food handling and day care employment history? (ES 3,7)</b>                      | Yes |
| <b>Q182: 4. Does your department conduct risk factor interviews? (ES 3,7)</b>  | Yes |
| <b>Q183: 5. Does your department provide education about prevention? (ES 3)</b>  | Yes |
| <b>Q184: 6. Does your department follow up with physician (prevention recommendations) on all IgM anti-HAV reports? (ES 2)</b>     | Yes |
| <b>Q185: 7. Does your department complete Hepatitis A care reports and submit to DPH? (ES 1)</b>                                   | Yes |
| <b>Q186: 8. Does your department have educational materials available to the public? (ES 3)</b>                                    | Yes |

## PAGE 16: Communicable Disease Control/Viral Hepatitis - Hepatitis B

|  |     |
|--|-----|
| <b>Q187: 1. Does your department report pregnant HBsAg-positives to DPH? (ES 1)</b>  | No  |
| <b>Q188: 2. Does your department follow up with physician (prevention recommendations) on all HBsAg reports? (ES 2)</b>    | Yes |
| <b>Q189: 3. Does your department follow up with case (education and prevention) on all HBsAg reports? (ES 2)</b>           | Yes |
| <b>Q190: 4. Does your department provide referral of contacts for appropriate testing and vaccination? (ES 7)</b>          | Yes |
| <b>Q191: 5. Does your department provide referral of case for testing/evaluation for treatment (chronic cases)? (ES 7)</b> | Yes |
| <b>Q192: 6. Does your department provide education about prevention, living with chronic infection?(ES 3)</b>              | Yes |
| <b>Q193: 7. Does your department provide testing for high-risk adults and adolescents? (ES 3)</b>                          | Yes |
| <b>Q194: 7. Does your department provide vaccination of high-risk adults? (ES 3,7)</b>                                     | Yes |
| <b>Q195: 8. Does your department have educational materials available to the public? (ES 3)</b>                            | Yes |

## PAGE 17: Communicable Disease Control/Viral Hepatitis - Hepatitis C

|   |     |
|---|-----|
| <b>Q196: 1. Does your department follow up with physician (prevention recommendations) on all anti-HCV reports? (ES 2)</b>            | Yes |
| <b>Q197: 2. Does your department follow up with case (education and prevention) on all anti-HCV reports? (ES 2)</b>                   | Yes |
| <b>Q198: 3. Does your department provide referral of contacts for appropriate testing? (ES 7)</b>                                     | Yes |
| <b>Q199: 4. Does your department provide referral of case for care - testing/vaccination A and B/evaluation for treatment? (ES 7)</b> | Yes |
| <b>Q200: 5. Does your department provide education about prevention, living with chronic condition?(ES 3)</b>                         | Yes |
| <b>Q201: 6. Does your department integrate Hepatitis C education into HIV counseling and testing? (ES 3, 7)</b>                       | Yes |



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**Q202: 7. Does your department provide testing for high-risk adults and adolescents? (ES 3,7)** Yes

**Q203: 8. Does your department have educational materials available to the public? (ES 3)** Yes

**PAGE 18: Access to Clinical Preventative Services Vaccination Services (ES 7)**

**Q204: 1. Does your department provide vaccination services for children (0-5 years of age)?** Yes, performed by the LHD directly

**Q205: If yes, select all vaccine(s) provided** DTaP (Diphtheria, Tetanus, Acellular Pertussis) ,  
Hepatitis A,  
Hepatitis B, Hib (Hermophilus Influenza Type B) ,  
Influenza, Meningococcal,  
MMR (Measles, Mumps, Rubella),  
Polio (IPV - Inactive Polio Vaccine) , Rotavirus,  
Varicella

**Q206: 2. Does your department conduct or sponsor a well-child clinic in your jurisdiction?** Yes, performed by the LHD directly

**Q207: 3. Does your department provide vaccination services for adolescents (12-18 years of age)?** Yes, performed by LHD directly

**Q208: If yes, select all vaccine(s) provided** Hepatitis A, Hepatitis B, HPV male, HPV female,  
Influenza, Meningococcal,  
MMR (Measles, Mumps, Rubella), Tdap, Varicella

**Q209: 4. Does your department provide vaccination services for adults (>18 years of age)?** Yes, performed by LHD directly

**Q210: If yes, select all vaccine(s) provided** Hepatitis A, Hepatitis B, Influenza, Meningococcal,  
MMR (Measles, Mumps, Rubella), Tdap/Td,  
Varicella

**Q211: 5. Does your department conduct an annual influenza clinic? (ES 7)** Yes, performed by LHD directly

**Q212: If yes, number of doses of flu vaccine purchased for the most recent season?** 2200 doses

**Q213: If yes, is Pneumococcal included in your flu clinic?** No

**Q214: 6. Does any other agency in your jurisdiction provide these services for adults? (ES 7)** Yes

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**Q215: If yes, select all that apply**

Community health center, Hospital clinic,  
Private provider site, VNA, Walk-in clinic,  
Other (please list the agencies) Drug stores

PAGE 19: Oral Health Services

**Q216: 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.

**Q217: 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*

**Q218: 3. Are dental services provided for children? (ES 7)**

*Respondent skipped this question*

**Q219: If yes, which age group(s)? (Select all that apply)**

*Respondent skipped this question*

**Q220: 4. Are dental services provided for seniors/older adults?**

*Respondent skipped this question*

**Q221: 5. Are any preventative oral health services provided? (Select all that apply.)**

*Respondent skipped this question*

**Q222: 6. Are restorative dental services provided? (ES 7)**

*Respondent skipped this question*

**Q223: If yes, where are the services provided? (Select all that apply.)**

*Respondent skipped this question*

**Q224: 7. Does your department bill for any of these services?**

*Respondent skipped this question*

**Q225: 8. Does your department retain staff to provide any of these dental services? (ES 8)**

*Respondent skipped this question*

**Q226: 9. Does your department contract for any of these dental services? (ES 7)**

*Respondent skipped this question*

**Q227: 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

**Q228: 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,  
Health fairs/Health screenings

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**Q229: If education is offered, what curriculum or resources are used to support current best practice recommendations? (ES 10)**

*Respondent skipped this question*

**Q230: 2. Do you have staff trained to lead chronic diseases or diabetes self-management programs (CDSMP or DSMP) that is delivered in a culturally competent manner for the populations served in your jurisdiction? (ES 7)**

Yes

**Q231: 3. Does your department offer blood pressure screenings?**

No

**Q232: If yes, who conducts the blood pressure screening? (Select all that apply.)**

*Respondent skipped this question*

**Q233: If yes, are those identified with high blood pressure readings referred to a physician or health care provider? (ES 7)**

No

**PAGE 21: Population-Based Prevention & Health Promotion School Health**

**Q234: 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,  
Advisor, Subject matter expert,  
Technical assistance (e.g., Tools for Schools)

**PAGE 22: Population-Based Prevention & Health Promotion Healthy Food**

**Q235: 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)**

Not applicable

**PAGE 23: Population-Based Prevention & Health Promotion Breastfeeding**

**Q236: 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

**Q237: 2. Does your department have a lactation accommodation policy and space for employees? (ES 6,8)**

Yes

**Q238: 3. Is your health staff involved with a hospital lactation committee? (ES 4)**

No

**PAGE 24: Public Health Revenue Public Health Department Revenue**

|  |                          |
|--|--------------------------|
| <b>Q239: 1. DPH funds - all regardless of source</b> |                          |
| Amount   | 704382                   |
| <b>Q240: Routing of funds</b>                        | Part of operating budget |
| <b>Q241: 2. State funds (other than DPH)</b>         |                          |
| Amount   | 550984                   |
| <b>Q242: Routing of funds</b>                        | Part of operating budget |
| <b>Q243: 3. Federal sources (direct)</b>             |                          |
| Amount   | 5668022                  |
| <b>Q244: Routing of funds</b>                        | Part of operating budget |
| <b>Q245: 4. Licensure/Permit fees</b>                |                          |
| Amount   | 980203                   |
| <b>Q246: Routing of funds</b>                        | Goes to general fund     |
| <b>Q247: 5. Local funds - city/town sources</b>      |                          |
| Amount   | 3527820                  |
| <b>Q248: Routing of funds</b>                        | Part of operating budget |
| <b>Q249: 6. Medicaid</b>                             |                          |
| Amount   | 252658                   |
| <b>Q250: Routing of funds</b>                        | Part of operating budget |
| <b>Q251: 7. Medicare</b>                             |                          |
| Amount   | 3000                     |
| <b>Q252: Routing of funds</b>                        | Part of operating budget |
| <b>Q253: 8. Other revenue</b>                        |                          |
| Amount   | 6000                     |
| <b>Q254: Routing of funds</b>                        | Part of operating budget |
| <b>Q255: 9. Patient personal fees</b>                |                          |
| Amount   | 3498                     |
| <b>Q256: Routing of funds</b>                        | Part of operating budget |
| <b>Q257: 10. Private foundations</b>                 |                          |
| Amount   | 104667                   |
| <b>Q258: Routing of funds</b>                        | Part of operating budget |
| <b>Q259: 11. Private health insurance</b>            |                          |
| Amount   | 20019                    |

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**Q260: Routing of funds** Part of operating budget

**Q261: What is your total operating budget?** 11821253

PAGE 25: 10 Essential Services - #1

**Q262: 1. Has your department been involved with the collection of primary quantitative data within the past three (3) years?** Yes

**Q263: If yes, select all that apply** Inspection data,  
Data collected for a community health assessment,  
Surveillance data

**Q264: 2. Has your department provided data on the health of your local population to DPH within the past year?** Yes

**Q265: If yes, select all that apply** Data submitted for registries (e.g., immunization, cancer),  
Vital records data, Environmental public health,  
Data in MAVEN, such as infectious disease cases and lead cases

PAGE 26: 10 Essential Services - #2

**Q266: 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

**Q267: If yes, select all that apply** Lead, Water, Chronic disease, Injuries,  
Occupational hazard

**Q268: 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

**Q269: If yes, select all that apply** Reportable diseases, Disease outbreaks,  
Chronic disease, Environmental public health issues

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**Q270: If yes, select all the partners that you worked with** DPH, Health care entity, Police, EMS, Fire, Housing, Community organizations, Schools, Other (please specify) Homeless shelters

**Q271: 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

**Q272: If yes, select all that apply** Tracking log, MAVEN

PAGE 27: 10 Essential Services - #3

**Q273: 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

**Q274: If yes, select all that apply** Public presentation, Press release, Media communication, Brochure/Pamphlet, Social media

**Q275: 2. Has your department developed and implemented or sustained health promotion strategies within the past five (5) years?** Yes

**Q276: If yes, select all that apply** Smoke free zones, Biking pathways, Immunizations, Asthma, Healthy homes, CIRTS

**Q277: If yes, was implementation done in collaboration with partners and/or community?** Yes

**Q278: If yes, select all that apply** Public schools, Local governmental agencies, Non-profits, Health care entity, Community members

**Q279: If yes, were any of them evidence-based or a promising practice?** Yes

**Q280: 3. Has your department distributed information to the public about public health and/or about your department's mission, programs, and services with the past five (5) years?** Yes

**Q281: If yes, select all that apply** Web posting, Services directory, Public health campaign (e.g. This is Public Health), Social media, Program flyer, Brochure

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**Q282: 4. Have you communicated with the media to ensure their understanding of public health and that they cover important public health issues within the past two (2) years?**

Yes

**Q283: If yes, select all that apply**

Print media, Radio, Television

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PAGE 28: 10 Essential Services - #4

**Q284: 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

**Q285: If yes, select the health issues(s) addressed within the community partnerships(s) or coalition(s)**

Maternal and child health , HIV/AIDS,  
Childhood injury prevention,  
Chronic disease prevention , Obesity, Anti-tobacco,  
Health equity, Substance abuse,  
Other (please specify)  
Asthma Camp with the City of New Haven Parks &  
Recreation Department

**Q286: 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

**Q287: 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,

If yes, describe  
The City of New Haven Health Department is governed by the Board of Public Health Commissioners a committee of six members. The Board meets every 2nd Wednesday of the month with a recess month during the summer. The Board provides oversight of the Health Department through its relationship with the Health Director. Each month the Board reviews the activities and staffing of the Health Department at the meeting. The Board was instrumental in assisting the Health Department with a retention strategy for school public health nurses over the last year.

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PAGE 29: 10 Essential Services - #5

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|   |   |
|---|---|
| <b>Q288: 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?</b> | Yes,<br><br>If yes, describe how. Policies can be state, local or tribal and tracking can be done by your department or another organization (e.g. CAHD, CEHA)<br>Dr. Byron Kennedy, the Director of Health will be the president elect of CADH next year. He is active on many committees that influence policy in the region. |
| <b>Q289: 2. Has your department contributed to deliberations concerning public policy and practice and its impact on public health within the past two (2) years?</b>   | Yes   |
| <b>Q290: If yes, select all the methods that you utilized</b>   | Media statements, Fact sheets,<br><br>Official public testimony,<br><br>Participation in an advisory or work group  |
| <b>Q291: 3. Has your department participated in preparedness meetings with other government agencies and other health departments within the past five (5) years?</b>   | Yes   |
| <b>Q292: 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?</b>                       | Yes   |
| <b>Q293: If yes, did you conduct a debriefing or After Action Report from the emergency or drill/exercise?</b>  | Yes   |
| <b>Q294: 5. Has your department collaboratively revised an All Hazards EOP within the past five (5) years?</b>  | Yes   |
| <b>Q295: 6. Does your department have a public health emergency response plan that is dated within the past five (5) years?</b>   | Yes   |
| <b>Q296: 7. Has your department tested the plan within the past five (5) years through the use of drills and exercises?</b>   | Yes   |
| <b>Q297: If yes, did your department complete an After Action Report after the emergency or exercise/drill?</b>   | Yes   |
| <b>Q298: 8. Has your department revised the public health emergency response plan within the past two (2) years?</b>  | Yes   |

PAGE 30: 10 Essential Services - #6

|  |     |
|--|-----|
| <b>Q299: 1. Has your department staff participated in training on public health law related to job responsibilities within the past two (2) years?</b> | Yes |
|--|-----|



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**Q300: If yes, select all that apply**

Food certification, Lead certification,  
Infectious disease reporting, Vaccination laws

**Q301: 2. How does your department ensure the consistent application of public health laws?**

Written review of case reports,  
Communications with other agencies

**Q302: 3. Does your department make information concerning public health laws and permit/license applications available to members of the public?**

Yes

**Q303: If yes, select all that apply**

Website, Brochures/Pamphlets, Information session

PAGE 31: 10 Essential Services - #7

**Q304: 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

**Q305: If yes, select all that apply**

Coordination of service programs,  
Cooperative system of referrals between partners,  
Case management,  
Assistance to eligible beneficiaries with application in Medicaid, workers' compensation, or other medical assistance programs  
,  
Subcontracts in the community to deliver health care services in convenient and accessible locations

PAGE 32: 10 Essential Services - #8

**Q306: 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

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

Collaboration with a school or college of public health to host  
,  
Guest lecturing at a college,  
Making presentations to students about public health  
,  
Participating in student career fairs,  
Other (please specify)  
Utilizing public health student interns in the completion of our work.

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**Q308: 2. Has agency staff participated in professional development activities within the past two (2) years?**

Yes

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

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

**Q310: 3. Has agency staff participated in leadership and/or management development training within the past two (2) years?**

Yes

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

Executive management seminars or programs ,  
Attending relevant meetings and conferences ,  
Other (please specify)  
CRE work-related training on a regular basis.

PAGE 33: 10 Essential Services - #9

**Q312: 1. Has your department evaluated the effectiveness, efficiency or quality of programs and services within the past five (5) years?**

Yes

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

Program evaluation,  
Analysis of performance measures,  
Quality improvement project, Training evaluation,  
Other (please specify)  
Staff retreat and strategic plan development.

**Q314: If yes, have you used the information to improve department performance or community health outcomes?**

Yes

PAGE 34: 10 Essential Services - #10

**Q315: 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  
NHHD participates in the annual Community Needs Assessment of the Greater New Haven area prepared by Data Haven.

**Q316: If yes, select who you communicated the research findings with**

Governing entity, Elected/Appointed officials,  
Local agencies/departments,  
Community organizations, Health care providers,  
General public

**Q317: 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.**

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Yes