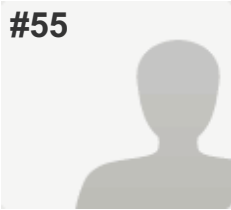


#55

**COMPLETE****Collector:** Web Link - Manual Entry 1 (Web Link)**Started:** Wednesday, September 07, 2016 9:27:20 AM**Last Modified:** Friday, September 30, 2016 1:56:49 PM**Time Spent:** Over a week**IP Address:** 64.251.53.226

PAGE 1

Q1: 1. Department Name	Stamford 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	Barbara Decker
Address	1299 Stillwater Road
City/Town	Stamford
State/Province	CT
ZIP/Postal Code	06902
Email Address	barbaradecker4@gmail.com
Q4: Board Function	Advisory
Q5: Number of Board Members	5

PAGE 2: Local Health Personnel (ES 8)

Q6: 1. Director of Health(ES 8)	
Director of Health Name	Jennifer Calder
Degree(s)	DVM, MPH, PhD, CHSV
Number of hours in Director of Health's average work week	60
Q7: Please list salary figures as whole dollars per year (DO NOT USE COMMAS, DOLLAR SIGNS (\$) OR DECIMALS)	
Minimum Salary	125126
Maximum Salary	150153
Actual Annual Salary	141811

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?	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 without a formal MOU/MOA
Q10: 3. Does your department include a Housing Department?	Yes
Q11: 4. Does your department include aSocial Services Department?	No
Q12: 5. Does yourdepartment include additional non-public health programs?	No
Q13: 6. Are there any collective bargaining units in your department?	Yes
Q14: 7. Has your department developed a community health assessment? (ES 1)	No
Q15: 8. Has your department developed a community health improvement plan? (ES 5)	No
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)	Yes
Q17: 10. Has your department developed a strategic plan? (ES 5)	Yes, within the last three (3) years
Q18: 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 11)
Q19: 12. In what calendar year does your department anticipate registering in e-PHAB in order to pursue accreditation?	Have not decided on a target year

PAGE 3: Local Health Personnel (ES 8)

Q20: 1. Assistant Deputy Director of Health	N/A
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Q21: Assistant or Deputy Director of Health	<i>Respondent skipped this question</i>
Q22: 2. Behavioral Health Professional	N/A
Q23: Behavioral Health Professional	<i>Respondent skipped this question</i>
Q24: 3. Bookkeeper	N/A
Q25: Bookkeeper	
Number of Full Time personnel	1
Number of Part Time personnel	1
Number of Contracted personnel	0
Total Full Time Equivalents	1
Minimum salary based on 1 FTE	41924
Maximum salary based on 1 FTE	49520
Q26: 4. Chief Sanitarian	<i>Respondent skipped this question</i>
Q27: Chief Sanitarian	
Number of Full Time Personnel	1
Total Full Time Equivalents	1
Minimum Salary Based on 1 FTE	92615
Maximum Salary Based on 1 FTE	109392
Q28: 5. Community Health Outreach Worker	N/A
Q29: Community Health Outreach Worker	<i>Respondent skipped this question</i>
Q30: 6. Dental Hygienist	<i>Respondent skipped this question</i>
Q31: Dental Hygienist	
Number of Full Time Personnel	4
Total Full Time Equivalents	4
Minimum Salary Based on 1 FTE	45021
Maximum Salary Based on 1 FTE	76210
Q32: 7. Dentist	<i>Respondent skipped this question</i>
Q33: Dentist	
Number of Contracted Personnel	2
Q34: 8. Director of Nursing	<i>Respondent skipped this question</i>

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Q35: Director of Nursing

Number of Full Time Personnel	1
Total Full Time Equivalents	1
Minimum Salary Based on 1 FTE	96136
Maximum Salary Based on 1 FTE	122580

Q36: 9. Emergency Preparedness Coordinator

Respondent skipped this question

Q37: Emergency Preparedness Coordinator

Number of Full Time Personnel	1
Total Full Time Equivalents	1
Minimum Salary Based on 1 FTE	74805
Maximum Salary Based on 1 FTE	96237

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	96136
Maximum Salary Based on 1 FTE	122580

Q40: 11. Epidemiologist

N/A

Q41: Epidemiologist

Respondent skipped this question

Q42: 12. Health Educator

Respondent skipped this question

Q43: Health Educator

Number of Part Time Personnel	1
Minimum Salary Based on 1 FTE	69931
Maximum Salary Based on 1 FTE	82598

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	65322
Maximum Salary Based on 1 FTE	77154

Q46: 14. Lab Technician

Respondent skipped this question

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Q47: Lab Technician

Number of Full Time Personnel	3
Total Full Time Equivalents	3
Minimum Salary Based on 1 FTE	65322
Maximum Salary Based on 1 FTE	77154

Q48: 15. Medical Advisor

Respondent skipped this question

Q49: Medical Advisor

Number of Contracted Personnel	1
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Q50: 16. Nurse Practitioner

N/A

Q51: Nurse Practitioner

Respondent skipped this question

Q52: 17. Nursing Supervisor

N/A

Q53: Nursing Supervisor

Respondent skipped this question

Q54: 18. Nutritionist

Respondent skipped this question

Q55: Nutritionist

Number of Full Time Personnel	4
Total Full Time Equivalents	4
Minimum Salary Based on 1 FTE	53620
Maximum Salary Based on 1 FTE	63334

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	62415
Maximum Salary Based on 1 FTE	80466

Q58: 20. Other RN

Respondent skipped this question

Q59: Other RN

Respondent skipped this question

Q60: 21. Outreach Worker

Respondent skipped this question

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Q61: Outreach Worker

Number of Full Time Personnel	1
Number of Part Time Personnel	1
Total Full Time Equivalents	1
Minimum Salary Based on 1 FTE	39544
Maximum Salary Based on 1 FTE	46707

Q62: 22. Physician

Respondent skipped this question

Q63: Physician

Number of Contracted Personnel	1
Total Full Time Equivalents	1
Minimum Salary Based on 1 FTE	125000
Maximum Salary Based on 1 FTE	125000

Q64: 23. Public Health Nurse

Respondent skipped this question

Q65: Public Health Nurse

Number of Full Time Personnel	6
Total Full Time Equivalents	6
Minimum Salary Based on 1 FTE	54272
Maximum Salary Based on 1 FTE	73856

Q66: 24. Public Information Officer

N/A

Q67: Public Information Officer

Respondent skipped this question

Q68: 25. Registered Dietician

Respondent skipped this question

Q69: Registered Dietician

Number of Full Time Personnel	2
Total Full Time Equivalents	2
Minimum Salary Based on 1 FTE	61085
Maximum Salary Based on 1 FTE	85242

Q70: 26. Registered Sanitarian

Respondent skipped this question

Q71: Registered Sanitarian

Number of Full Time Personnel	3
Total Full Time Equivalents	3
Minimum Salary Based on 1 FTE	65322
Maximum Salary Based on 1 FTE	77154

Q72: 27. Sanitary Inspector

Respondent skipped this question

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Q73: Sanitary Inspector

Number of Full Time Personnel	4
Total Full Time Equivalents	4
Minimum Salary Based on 1 FTE	65322
Maximum Salary Based on 1 FTE	77154

Q74: 28. School Nurse

Respondent skipped this question

Q75: School Nurse

Number of Full Time Personnel	35
Total Full Time Equivalents	35
Minimum Salary Based on 1 FTE	44461
Maximum Salary Based on 1 FTE	60505

Q76: 29. Secretary

Respondent skipped this question

Q77: Secretary

Number of Full Time Personnel	3
Number of Part Time Personnel	1
Total Full Time Equivalents	3
Minimum Salary Based on 1 FTE	44503
Maximum Salary Based on 1 FTE	52655

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

Respondent skipped this question

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

Environmental Health Personnel 1	Ronald Miller
Environmental Health Personnel 2	Deborah Miller
Environmental Health Personnel 3	Gail McRae
Environmental Health Personnel 4	Marjorie Beauchette
Environmental Health Personnel 5	Eden Huang
Environmental Health Personnel 6	Ebrima Jobe
Environmental Health Personnel 7	Tyrone Joseph
Environmental Health Personnel 8	Patricia Lamothe
Environmental Health Personnel 9	Timothy Noia
Environmental Health Personnel 10	Samuel Northrop
Environmental Health Personnel 11	Joshua Polur
Environmental Health Personnel 12	Renford Whynes

PAGE 5: Local Policies to Support Community Health

Q83: 1. Artificial Ice Plants (Select all that apply.)	N/A
Q84: Artificial Ice Plants	<i>Respondent skipped this question</i>
Q85: 2. Barber/Beauty Shops (Select all that apply.)	Ordinance/Regulation
Q86: Barber/Beauty Shops	<i>Respondent skipped this question</i>
Q87: 3. Body Piercing (Select all that apply.)	N/A
Q88: Body Piercing	<i>Respondent skipped this question</i>
Q89: 4. Child Day Care Centers (Select all that apply.)	N/A
Q90: Child Day Care Centers	<i>Respondent skipped this question</i>
Q91: 5. Deteriorated Paint - Residential (Select all that apply.)	N/A
Q92: Deteriorated Paint - Residential	<i>Respondent skipped this question</i>
Q93: 6. Housing/Property Maintenance/Blight (Select all that apply.)	Ordinance/Regulation
Q94: Housing/Property Maintenance/Blight	<i>Respondent skipped this question</i>
Q95: 7. Massage Establishments (Select all that apply.)	Ordinance/Regulation

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Q96: Massage Establishments	<i>Respondent skipped this question</i>
Q97: 8. Migrant Labor Camps (Select all that apply.)	N/A
Q98: Migrant Labor Camps	<i>Respondent skipped this question</i>
Q99: 9. Motel/Hotel (Select all that apply.)	Ordinance/Regulation
Q100: Motel/Hotel	<i>Respondent skipped this question</i>
Q101: 10. Nail Salons (Select all that apply.)	Ordinance/Regulation
Q102: Nail Salons	<i>Respondent skipped this question</i>
Q103: 11. Outing Facilities/Parks (Select all that apply.)	N/A
Q104: Outing Facilities/Parks	<i>Respondent skipped this question</i>
Q105: 12. Public Bathing Areas (Select all that apply.)	N/A
Q106: Public Bathing Areas	<i>Respondent skipped this question</i>
Q107: 13. Public Pools (Select all that apply.)	Ordinance/Regulation
Q108: Public Pools	<i>Respondent skipped this question</i>
Q109: 14. Public and Private Campgrounds (Select all that apply.)	N/A
Q110: Public and Private Campgrounds	<i>Respondent skipped this question</i>
Q111: 15. Refuse Haulers (Select all that apply.)	Ordinance/Regulation
Q112: Refuse Haulers	<i>Respondent skipped this question</i>
Q113: 16. Schools, Other Than Food Service (Select all that apply.)	N/A
Q114: Schools, Other Than Food Service	<i>Respondent skipped this question</i>
Q115: 17. Sewage Haulers (Select all that apply.)	Ordinance/Regulation
Q116: Sewage Haulers	<i>Respondent skipped this question</i>
Q117: 18. Smoke Free/Tobacco Free Policies (Select all that apply.)	N/A

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Q118: Smoke Free/Tobacco Free Policies	<i>Respondent skipped this question</i>
Q119: 19. Tattoo (Select all that apply.)	N/A
Q120: Tattoo	<i>Respondent skipped this question</i>
Q121: 20. Trailer Parks (Select all that apply.)	N/A
Q122: Trailer Parks	<i>Respondent skipped this question</i>

PAGE 6: Environmental Health ServicesFood Service

Q123: Class I (ES 1)	
Number of Establishments	20
Q124: Class II (ES 1)	
Number of Establishments	69
Q125: Class III (ES 1)	
Number of Establishments	282
Q126: Class IV (ES 1)	
Number of Establishments	262
Q127: 1. Provide, in full time equivalents, the total staff time designated for conducting inspections of food service establishments. (ES 6,8)	11
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)	128
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)	Yes
Q131: 5. Number of farmers licensed to operate at farmers' markets (Public Act No. 11-191). (ES 1)	24

PAGE 7: Environmental Health ServicesDrinking Water

Q132: 1. Private Wells

Number of new private well permits issued (ES 1)	7
Fee for a private well permit	50
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 SectionSubsurface Sewage Disposal

Q135: 1. Subsurface Sewage Disposal

Number of lots tested (ES 1)	135
Number of new permits issued (ES 6)	20
Number of repair permits issued (ES 6)	35
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) Yes

Q137: 3. Subsurface Sewage Disposal

Number of orders issued (ES 6)	2
Number of 19-13-B100a application reviews (ES 6)	45
Fee for a new permit (residential)	350
Fee for a repair permit (residential)	70
Fee for a new permit (commercial)	350
Fee for a repair permit (commercial)	350
Fee for a site plan review per lot (residential) - Professional Engineered Plan	140
Fee for a site plan review per lot (residential) - Non-engineered Plan	140
Fee for a site plan review per lot (subdivision) - Professional Engineered Plan	35
Fee for a site plan review per lot (subdivision) - Non-engineered Plan	35
Fee for a site plan review per lot (commercial) - Professional Engineered Plan	35
Fee for a site plan review per lot (commercial) - Non-engineered Plan	35
Fee for a site plan review 19-13-B100a	70
Fee for soil test new	70
Fee for soil test repair	70
Fee for soil test 19-13-B100a	70
Fee for ground water monitoring	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

Q141: 6. Does your department conduct any public education/outreach activities for subsurface sewage disposal systems to the general public? (ES 3)

No

Q142: If yes, what type of outreach? (Select all the apply.)

Respondent skipped this question

Q143: 7. Does your department maintain an electronic reporting or data management system for subsurface sewage disposal system information? (ES 1)

Yes

Q144: If yes, what data are collected? (Select all the apply.)

Permits

Q145: 8. Does your department work with municipal entities (Water Pollution Control Authority, Wetlands Commissions, etc.) to identify community needs/issues? (ES 1,2) Yes

Q146: 9. Does your department self assess to ensure proper utilization and completion of required forms? (ES 8,9) Yes

Q147: 10. Are registered sanitarians and/or local health officials participating in subsurface sewage disposal system continuing education? (ES 8) Yes

PAGE 9: Environmental Health Services Recreation/Public Pools

Q148: Recreation/Public Pools

Number of public pools in the local health jurisdiction (ES 1)	5
Number of public pool inspections conducted (include re-inspections) (ES 2,6)	5
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)	4
Number of public swimming areas/beaches monitored/tested (ES 2,6)	4
Number of public swimming area/beach inspections conducted (ES 2,6)	64

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

Q149: 1. Does your department monitor vacancy agreements? (ES 1) No

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) Provide technical assistance

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) Yes

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) Yes

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Q153: 5. Does your department conduct targeted lead inspections in areas of known high-risk?(ES 5,6)	Yes
Q154: 6. Who conducts (or would conduct) the lead inspections for childhood lead poisoning cases in your jurisdiction?	Both
Q155: 7. Does your department have a written plan for the relocation of families with lead poisoned children? (ES 5,6)	No, Number of families relocated due to lead issues in the past year (ES 1,2,6) 0
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)	Non-profit partners
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)	LAMPP Funds, CDBG Funds, HOME Funds
Q158: 10. Do you or your staff conduct site visits of active lead abatement or lead hazard remediation projects? (ES 6)	Yes

PAGE 11: Environmental Health ServicesRadon Program

Q159: 1. Does your department conduct any public education/outreach activities on radon to the general public?	Yes
Q160: 2. Does your department provide technical assistance to the public on radon?	No
Q161: 3. Would your department utilize radon tests and analysis services if they were provided through the DPH State Laboratory? (ES 3)	Yes
Q162: 4. Does your department test for radon in private homes?	No
Q163: If yes, what is the:	<i>Respondent skipped this question</i>

PAGE 12: Vector ControlZoonotic and Arthropod-borne Diseases

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

PAGE 13: Communicable Disease ControlSexually 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 provider, 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 ControlTuberculosis

Q173: 1. What clinical/treatment referralservices does your department provide?(Select all that apply.) (ES 7) Referral to local health clinic, Referral to local pulmonologist, Referral to local ID specialist, Referral to hospital clinic

Q174: What type of DOT servicesdoes your department arrange?(Select all that apply.) (ES 3) Public health nurse

Q175: 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

Q176: 4. Who conducts contact investigations of suspect and infectious TB patients? (Select all that apply.) (ES 2) Public health nurse

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) Local health department, Community clinic

Q178: 6. Who is responsible for signing/consultation for discharge planning from the hospital? (Select all that apply.) (ES 2) Public health nurse

PAGE 15: Communicable Disease ControlViral Hepatitis - Hepatitis A

Q179: 1. Does your department follow up with case (education and prevention) on all IgM anti-HAV reports? (ES 2) Yes

Q180: 2.Does your department provide appropriate referral of contacts for immunization (Immunoglobulin or vaccine)? (ES 7) Yes

Q181: 3.Does your department ask about recent food handling and day care employment history? (ES 3,7) Yes

Q182: 4.Does your department conduct risk factor interviews? (ES 3,7) Yes

Q183: 5.Does your department provide education about prevention? (ES 3) Yes

Q184: 6.Does your department follow up with physician (prevention recommendations) on all IgM anti-HAV reports? (ES 2) Yes

Q185: 7.Does your department complete Hepatitis A care reports and submit to DPH? (ES 1) Yes

Q186: 8. Does your department have educational materials available to the public? (ES 3) Yes

PAGE 16: Communicable Disease ControlViral Hepatitis - Hepatitis B

Q187: 1.Does your department report pregnant HBsAg-positives to DPH? (ES 1) Yes

Q188: 2.Does your department follow up with physician (prevention recommendations) on all HBsAg reports? (ES 2) Yes

Q189: 3.Does your department follow up with case (education and prevention) on all HBsAg reports? (ES 2) Yes

Q190: 4. Does your department provide referral of contacts for appropriate testing and vaccination? (ES 7) Yes

Q191: 5.Does your department provide referral of case for testing/evaluation for treatment (chronic cases)? (ES 7) Yes

Q192: 6.Does your department provide education about prevention, living with chronic infection?(ES 3) Yes

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Q193: 7.Does your department provide testing for high-risk adults and adolescents? (ES 3)	Yes
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Q194: 7.Does your department provide vaccination of high-risk adults? (ES 3,7)	Yes
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Q195: 8.Does your department have educational materials available to the public? (ES 3)	Yes
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PAGE 17: Communicable Disease ControlViral Hepatitis - Hepatitis C

Q196: 1.Does your department follow up with physician (prevention recommendations) on all anti-HCV reports? (ES 2)	Yes
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Q197: 2.Does your department follow up with case (education and prevention) on all anti-HCV reports? (ES 2)	Yes
--	-----

Q198: 3.Does your department provide referral of contacts for appropriate testing? (ES 7)	Yes
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Q199: 4.Does your department provide referral of case for care - testing/vaccination A and B/evaluation for treatment? (ES 7)	Yes
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Q200: 5.Does your department provide education about prevention, living with chronic condition?(ES 3)	Yes
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Q201: 6.Does your department integrate Hepatitis C education into HIV counseling and testing? (ES 3, 7)	Yes
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Q202: 7.Does your department provide testing for high-risk adults and adolescents? (ES 3,7)	Yes
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Q203: 8.Does your department have educational materials available to the public? (ES 3)	Yes
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PAGE 18: Access to Clinical Preventative ServicesVaccination Services (ES 7)

Q204: 1.Does your departmentprovide vaccination services for children (0-5 years of age)?	Yes, performed by the LHD directly
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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), Pneumococcal, 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, 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?	1200
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
Q215: If yes, select all that apply	Community health center, Hospital clinic, Private provider site, Walk-in clinic, Other (please list the agencies) CVS, Walmart, Walgreens, Costco, Shoprite, RiteAid

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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.	Yes - If YES, please continue to answer the questions below.
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.	No
Q218: 3. Are dental services provided for children? (ES 7)	Yes
Q219: If yes, which age group(s)? (Select all that apply)	Elementary, Middle School, High School
Q220: 4. Are dental services provided for seniors/older adults?	No
Q221: 5. Are any preventative oral health services provided? (Select all that apply.)	Screenings/Referrals, Cleanings/Prophylaxis, Dental sealants, Topical fluoride/fluoride varnish
Q222: 6. Are restorative dental services provided? (ES 7)	Yes
Q223: If yes, where are the services provided? (Select all that apply.)	On site at school
Q224: 7. Does your department bill for any of these services?	Yes
Q225: 8. Does your department retain staff to provide any of these dental services? (ES 8)	Yes
Q226: 9. Does your department contract for any of these dental services? (ES 7)	Yes
Q227: 10. Does the program provide oral health education/awareness? (Select all that apply.) (ES 3)	Nutrition as it relates to oral health , Benefits of community water fluoridation , Dental visits beginning at age 1

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)	Not applicable
Q229: If education is offered, what curriculum or resources are used to support current best practice recommendations? (ES 10)	<i>Respondent skipped this question</i>

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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)	No
Q231: 3. Does your department offer blood pressure screenings?	Yes
Q232: If yes, who conducts the blood pressure screening? (Select all that apply.)	Public health nurse
Q233: 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 PromotionSchool 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
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PAGE 22: Population-Based Prevention & Health PromotionHealthy 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)	Farmers markets
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PAGE 23: Population-Based Prevention & Health PromotionBreastfeeding

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)	WIC Program
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)	Yes

PAGE 24: Public Health RevenuePublic Health Department Revenue

Q239: 1. DPH funds - all regardless of source	
Amount	1549713

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Q240: Routing of funds	Goes to general fund
Q241: 2. State funds (other than DPH)	
Amount	403247
Q242: Routing of funds	Goes to general fund
Q243: 3. Federal sources (direct)	
Amount	215319
Q244: Routing of funds	Goes to general fund
Q245: 4. Licensure/Permit fees	
Amount	1424500
Q246: Routing of funds	Goes to general fund
Q247: 5. Local funds - city/town sources	
Amount	229000
Q248: Routing of funds	Goes to general fund
Q249: 6. Medicaid	
Amount	33501
Q250: Routing of funds	Goes to general fund
Q251: 7. Medicare	
Amount	5656
Q252: Routing of funds	Goes to general fund
Q253: 8. Other revenue	
Amount	0
Q254: Routing of funds	N/A
Q255: 9. Patient personal fees	
Amount	1140
Q256: Routing of funds	Goes to general fund
Q257: 10. Private foundations	
Amount	0
Q258: Routing of funds	N/A
Q259: 11. Private health insurance	
Amount	0
Q260: Routing of funds	N/A
Q261: What is your total operating budget?	9118102

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
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) , 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, Other (please specify) Ebola
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, Environmental public health issues, Other (please specify) Ebola
Q270: If yes, select all the partners that you worked with	DPH, DEEP, DEMHS
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	MAVEN

PAGE 27: 10 Essential Services - #3

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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
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	Farmers markets, Smoke free zones, Asthma
Q277: If yes, was implementation done in collaboration with partners and/or community?	Yes
Q278: If yes, select all that apply	Local governmental agencies
Q279: If yes, were any of them evidence-based or a promising practice?	No
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, Public health campaign (e.g. This is Public Health), Brochure
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, Television

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, Obesity, Anti-tobacco, Housing, Substance abuse, Other (please specify) Emergency Preparedness
Q286: If yes, what sectors of the community do the members of the partnership(s) or coalitions(s) represent?	Local governmental agencies, Health care entity

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

PAGE 29: 10 Essential Services - #5

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? No

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? Yes

Q290: If yes, select all the methods that you utilized Participation in an advisory or work group

Q291: 3. Has your department participated in preparedness meetings with other government agencies and other health departments within the past five (5) years? Yes

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? Yes

Q293: If yes, did you conduct a debriefing or After Action Report from the emergency or drill/exercise? Yes

Q294: 5. Has your department collaboratively revised an All Hazards EOP within the past five (5) years? Yes

Q295: 6. Does your department have a public health emergency response plan that is dated within the past five (5) years? Yes

Q296: 7. Has your department tested the plan within the past five (5) years through the use of drills and exercises? Yes

Q297: If yes, did your department complete an After Action Report after the emergency or exercise/drill? Yes

Q298: 8. Has your department revised the public health emergency response plan within the past two (2) years? Yes

PAGE 30: 10 Essential Services - #6

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

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Q300: If yes, select all that apply	Food certification, Lead certification, Other (please specify) Isolation/Quarantine Orders
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

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	Assister program, Co-location of services to optimize access (e.g., WIC, immunizations, and lead testing)

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
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, Tuition reimbursement
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 , Leadership institutes

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

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?

No

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

Respondent skipped this question

PAGE 35: 10 Essential Services Certification

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.

Yes