

#### **COMPLETE**

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#### PAGE 1

Q1: 1. Department Name	Old Lyme Health Department
Q2: 2. Do you have a Board of Health?	No
Q3: Please complete this section if you have a Board of Commission of Health	Respondent skipped this question
Q4: Board Function	Respondent skipped this question
Q5: Number of Board Members	Respondent skipped this question

#### PAGE 2: Local Health Personnel (ES 8)

Director of Health Name Vijay K. Sikand

Degree(s) M.D.

Active CT License(s) 026526

Number of hours in Director of Health's average work week 15

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

Minimum Salary 28200
Maximum Salary 28200
Actual Annual Salary 25600

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?

Yes.

If yes, please provide the name(s) of the Acting Director of Health

Michael E. Blefeld, M.D.

Q9: If no,how do you assure coverage when the Director of Health is absent?	Respondent skipped this question
Q10: 3. Does your department include a Housing Department?	No
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?	No
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)	No
Q17: 10. Has your department developed a strategic plan? (ES 5)	No
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 decided NOT 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
Q21: Assistant or Deputy Director of Health	Respondent skipped this question
Q22: 2. Behavioral Health Professional	N/A
Q23: Behavioral Health Professional	Respondent skipped this question
Q24: 3. Bookkeeper	N/A
Q25: Bookkeeper	Respondent skipped this question
Q26: 4. Chief Sanitarian	Respondent skipped this question

Q27: Chief Sanitarian	
Number of Full Time Personnel	1
Number of Part Time Personnel	0
Number of Contracted Personnel	0
Total Full Time Equivalents	1
Minimum Salary Based on 1 FTE	62275
Maximum Salary Based on 1 FTE	62275
Q28: 5. Community Health Outreach Worker	N/A
Q29: Community Health Outreach Worker	Respondent skipped this question
Q30: 6. Dental Hygienist	N/A
Q31: Dental Hygienist	Respondent skipped this question
Q32: 7. Dentist	N/A
Q33: Dentist	Respondent skipped this question
Q34: 8. Director of Nursing	N/A
Q35: Director of Nursing	Respondent skipped this question
Q36: 9. Emergency Preparedness Coordinator	N/A
Q37: Emergency Preparedness Coordinator	Respondent skipped this question
Q38: 10. Environmental Health Director	N/A
Q39: Environmental Health Director	Respondent skipped this question
Q40: 11. Epidemiologist	N/A
Q41: Epidemiologist	Respondent skipped this question
Q42: 12. Health Educator	N/A
Q43: Health Educator	Respondent skipped this question
Q44: 13. Housing Inspector	N/A
Q45: Housing Inspector	Respondent skipped this question
Q46: 14. Lab Technician	N/A

Q47: Lab Technician	Respondent skipped this question
Q48: 15. Medical Advisor	N/A
Q49: Medical Advisor	Respondent skipped this question
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	N/A
Q55: Nutritionist	Respondent skipped this question
Q56: 19. Office Manager	N/A
Q57: Office Manager	Respondent skipped this question
Q58: 20. Other RN	N/A
Q59: Other RN	Respondent skipped this question
Q60: 21. Outreach Worker	N/A
Q61: Outreach Worker	Respondent skipped this question
Q62: 22. Physician	N/A
Q63: Physician	Respondent skipped this question
Q64: 23. Public Health Nurse	N/A
Q65: Public Health Nurse	Respondent skipped this question
Q66: 24. Public Information Officer	N/A
Q67: Public Information Officer	Respondent skipped this question
Q68: 25. Registered Dietician	N/A
Q69: Registered Dietician	Respondent skipped this question

Number of Full Time Personnel  Number of Part Time Personnel  Number of Contracted Personnel  Total Full Time Equivalents  Minimum Salary Based on 1 FTE  Maximum Salary Based on 1 FTE  Q72: 27. Sanitary Inspector  Respondent skipped this question	
Number of Part Time Personnel0Number of Contracted Personnel1Total Full Time Equivalents1Minimum Salary Based on 1 FTE62275Maximum Salary Based on 1 FTE62275Q72: 27. Sanitary InspectorRespondent skipped this question	
Number of Contracted Personnel  Total Full Time Equivalents  Minimum Salary Based on 1 FTE  Maximum Salary Based on 1 FTE  62275  Maximum Salary Inspector  Respondent skipped this question	
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Maximum Salary Based on 1 FTE 62275  Q72: 27. Sanitary Inspector Respondent skipped this question	
Q72: 27. Sanitary Inspector  Respondent skipped this question	
question	
Q73: Sanitary Inspector	
Number of Full Time Personnel 1	
Number of Part Time Personnel 0	
Number of Contracted Personnel 1	
Total Full Time Equivalents 1	
Minimum Salary Based on 1 FTE 62275	
Maximum Salary Based on 1 FTE 62275	
Q74: 28. School Nurse N/A	
Q75: School Nurse  Respondent skipped this question	
Q76: 29. Secretary  Respondent skipped this question	
Q77: Secretary	
Number of Full Time Personnel 1	
Number of Part Time Personnel 0	
Number of Contracted Personnel 0	
Total Full Time Equivalents 1	
Minimum Salary Based on 1 FTE 35350	
Maximum Salary Based on 1 FTE 35350	
Q78: 30. Social Worker N/A	
Q79: Social Worker  Respondent skipped this question	
Q80: 31. Other Paid Worker N/A	
Q81: Other Paid Worker  Respondent skipped this question	

**PAGE 4: Environmental Health Personnel** 

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

Environmental Health Personnel 1	Vijay K. Sikand, M.D.
Environmental Health Personnel 2	George P. Calkins, R.S.
Environmental Health Personnel 3	Scott Martinson, R.S.
Environmental Health Personnel 4	Patricia Z. Myers

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

Q83: 1. Artificial Ice Plants (Select all that apply.)	N/A
Q84: Artificial Ice Plants	Respondent skipped this question
Q85: 2. Barber/Beauty Shops (Select all that apply.)	Licensing/Permitting/Registration Program
Q86: Barber/Beauty Shops	
Number of Sites	8
Number of Inspections	8
Minimum Inspection Fee	0
Maximum Inspection Fee	0
Minimum Permitting Fee	25
Maximum Permitting Fee	25
Q87: 3. Body Piercing (Select all that apply.)	N/A
Q88: Body Piercing	Respondent skipped this question
Q89: 4. Child Day Care Centers (Select all that apply.)	N/A
Q90: Child Day Care Centers	
Number of Sites	3
Number of Inspections	2
Minimum Inspection Fee	0
Maximum Inspection Fee	0
Minimum Permitting Fee	0
Maximum Permitting Fee	0
Q91: 5. Deteriorated Paint - Residential (Select all that apply.)	Ordinance/Regulation

Q92: Deteriorated Paint - Residential	
Number of Sites	0
Number of Inspections	0
Minimum Inspection Fee	0
Maximum Inspection Fee	0
Minimum Permitting Fee	0
Maximum Permitting Fee	0
Q93: 6. Housing/Property Maintenance/Blight (Select all that apply.)	N/A
Q94: Housing/Property Maintenance/Blight	
Number of Sites	21
Number of Inspections	21
Minimum Inspection Fee	0
Maximum Inspection Fee	0
Minimum Permitting Fee	0
Maximum Permitting Fee	0
Q95: 7. Massage Establishments (Select all that apply.)	N/A
Q96: Massage Establishments	
Number of Sites	1
Number of Inspections	1
Minimum Inspection Fee	1
Maximum Inspection Fee	1
Minimum Permitting Fee	25
Maximum Permitting Fee	25
Q97: 8. Migrant Labor Camps (Select all that apply.)	N/A
Q98: Migrant Labor Camps	Respondent skipped this question
Q99: 9. Motel/Hotel (Select all that apply.)	Ordinance/Regulation,
	Licensing/Permitting/Registration Program
Q100: Motel/Hotel	
Number of Sites	4
Number of Inspections	2
Minimum Inspection Fee	0
Maximum Inspection Fee	0
Minimum Permitting Fee	25
Maximum Permitting Fee	25
Q101: 10. Nail Salons (Select all that apply.)	Licensing/Permitting/Registration Program

Q102: Nail Salons	
Number of Sites	2
Number of Inspections	2
Minimum Inspection Fee	0
Maximum Inspection Fee	0
Minimum Permitting Fee	25
Maximum Permitting Fee	25
Q103: 11. Outing Facilities/Parks (Select all that apply.)	Ordinance/Regulation
Q104: Outing Facilities/Parks	
Number of Sites	1
Number of Inspections	0
Minimum Inspection Fee	0
Maximum Inspection Fee	0
Minimum Permitting Fee	0
Maximum Permitting Fee	0
Q105: 12. Public Bathing Areas (Select all that apply.)	Ordinance/Regulation
Q106: Public Bathing Areas	
Number of Sites	2
Number of Inspections	12
Minimum Inspection Fee	0
Maximum Inspection Fee	0
Minimum Permitting Fee	0
Maximum Permitting Fee	0
Q107: 13. Public Pools (Select all that apply.)	Licensing/Permitting/Registration Program
Q108: Public Pools	
Number of Sites	1
Number of Inspections	1
Minimum Inspection Fee	0
Maximum Inspection Fee	0
Minimum Permitting Fee	75
Maximum Permitting Fee	75
Q109: 14. Public and Private Campgrounds (Select all that apply.)	Ordinance/Regulation

Q110: Public and Private Campgrounds	
Number of Sites	1
Number of Inspections	1
Minimum Inspection Fee	0
Maximum Inspection Fee	0
Minimum Permitting Fee	0
Maximum Permitting Fee	0
Q111: 15. Refuse Haulers (Select all that apply.)	N/A
Q112: Refuse Haulers	Respondent skipped this question
Q113: 16. Schools, Other Than Food Service (Select all that apply.)	N/A
Q114: Schools, Other Than Food Service	Respondent skipped this question
Q115: 17. Sewage Haulers (Select all that apply.)	N/A
Q116: Sewage Haulers	Respondent skipped this question
Q117: 18. Smoke Free/Tobacco Free Policies (Select all that apply.)	N/A
Q118: Smoke Free/Tobacco Free Policies	Respondent skipped this question
Q119: 19. Tattoo (Select all that apply.)	N/A
Q120: Tattoo	Respondent skipped this question
Q121: 20. Trailer Parks (Select all that apply.)	N/A
Q122: Trailer Parks	Respondent skipped this question

#### P

Q123: Class I (ES 1)		
Number of Establishments	6	
Number of Inspections	4	
Number of Reinspections	0	
Minimum Inspection/Permit Fee	20	
Maximum Inspection/Permit Fee	20	
Minimum Reinspection Fee	0	
Maximum Reinspection Fee	0	

Q124: Class II (ES 1)	
Number of Establishments	7
Number of Inspections	8
Number of Reinspections	1
Minimum Inspection/Permit Fee	20
Maximum Inspection/Permit Fee	60
Minimum Reinspection Fee	0
Maximum Reinspection Fee	0
Q125: Class III (ES 1)	
Number of Establishments	20
Number of Inspections	44
Number of Reinspections	0
Number of Qualified Food Operators	20
Minimum Inspection/Permit Fee	20
Maximum Inspection/Permit Fee	100
Minimum Reinspection Fee	0
Maximum Reinspection Fee	0
Q126: Class IV (ES 1)	
Number of Establishments	13
Number of Inspections	41
Number of Reinspections	0
Number of Qualified Food Operators	13
Minimum Inspection/Permit Fee	20
Maximum Inspection/Permit Fee	100
Minimum Reinspection Fee	0
Maximum Reinspection Fee	0
Q127: 1. Provide, in full time equivalents, the total staff time designated for conducting inspections of food service establishments. (ES 6,8)	10
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)	No
Q130: 4. Hasyour 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)	1

PAGE 7: Environmental Health ServicesDrinking Water

Q132: 1. Private Wells  Number of new private well permits issued (ES 1)	30
Fee for a private well permit	35
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	20
Number of lots tested (ES 1)	32
Number of new permits issued (ES 6)	11
Number of repair permits issued (ES 6)	28
Number of complaints of failed systems (ES 6)	1
Q136: 2. Does your department have written procedures/protocols/policies in place for investigation of subsurface sewage disposal system complaints? (ES 6)	Yes

Number of orders issued (ES 6) Number of 19-13-B100a application reviews (ES 6) 150 Fee for a repair permit (residential) Fee for a repair permit (residential) Fee for a repair permit (commercial) Fee for a repair permit (commercial) Fee for a step plan review per lot (residential) - Professional Engineered Plan Fee for a site plan review per lot (residential) - Non-engineered Plan Fee for a site plan review per lot (subdivision) - Professional Engineered Plan Fee for a site plan review per lot (subdivision) - Non-engineered Plan Fee for a site plan review per lot (subdivision) - Non-engineered Plan Fee for a site plan review per lot (subdivision) - Non-engineered Plan Fee for a site plan review per lot (commercial) - Professional Engineered Plan Fee for a site plan review per lot (commercial) - Non-engineered Plan Fee for a site plan review per lot (commercial) - Non-engineered Plan Fee for a site plan review per lot (commercial) - Non-engineered Plan Fee for soil test plan review per lot (commercial) - Non-engineered Plan Fee for soil test plan review per lot (commercial) - Non-engineered Plan Fee for soil test plan review per lot (commercial) - Non-engineered Plan Fee for soil test repair Fee for soil test repair Fee for soil test repair Fee for soil test plan review per lot (commercial) - Non-engineered Plan Fee for soil test plan review per lot (commercial) - Non-engineered Plan Fee for soil test repair Fee for soil test plan review per lot (commercial) - Non-engineered Plan Fee for soil test plan review per lot (commercial) - Non-engineered Plan Fee for soil test plan review per lot (commercial) - Non-engineered Plan Fee for soil test plan review per lot (commercial) - Non-engineered Plan Fee for soil test plan review per lot (commercial) - Non-engineered Plan Fee for soil test plan review per lot (commercial) - Non-engineered Plan Fee for soil test plan review per lot (commercial) - Non-engineered Plan Fee for soil test plan review per lot (commercial) - Non-engineered Plan Fee for soil test plan review	Q137: 3. Subsurface Sewage Disposal	
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Fee for a site plan review per lot (residential) - Professional Engineered Plan Fee for a site plan review per lot (residential) - Non- engineered Plan Fee for a site plan review per lot (subdivision) - Professional Engineered Plan Fee for a site plan review per lot (subdivision) - Non- engineered Plan Fee for a site plan review per lot (subdivision) - Non- engineered Plan Fee for a site plan review per lot (commercial) - Foe for a site plan review per lot (commercial) - Professional Engineered Plan Fee for a site plan review per lot (commercial) - Non- engineered Plan Fee for a site plan review per lot (commercial) - Foe for a site plan review 19-13-B100a Fee for soil test repair Fee for soil test repair Fee for soil test repair 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)  Q140: If yes, how is participation mandated? (Select all that apply.)  Q141: 6. Does your department conduct any public deducation/outreach activities for subsurface sewage disposal systems to the general public? (ES 3)  Q142: If yes, what type of outreach? (Select all the apply.)  Q143: 7. Does your department maintain an electronic reporting or data management system for subsurface sewage disposal system information? (ES 1)  Q144: If yes, what data are collected? (Select all the apply.)  Q144: If yes, what data are collected? (Select all the apply.)  Q144: If yes, what data are collected? (Select all the apply.)  Q145: Type, what data are collected? (Select all the apply.)	Fee for a new permit (commercial)	175
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Connecticut Local Health A	annual Report SFY 2016
a 140. C. Bood your dopartmont work with maniopar	Yes,
entities (Water Pollution Control Authority, Wetlands Commissions, etc.) to identify community needs/issues? (ES 1,2)	If yes, what entities? Water Pollution Control Authority
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)	No
PAGE 9: Environmental Health ServicesRecreation/Public Po	pols
Q148: Recreation/Public Pools	
Number of public pool inspections conducted (include reinspections) (ES 2,6)	1
Number of family campgrounds in the local health jurisdiction (ES 1)	1
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)	0

PAGE 10: Environmental Health ServicesLead Poisoning Prevention and Control Program

Q149: 1. Does your departmentmonitor vacancy agreements? (ES 1)	No
Q150: 2. With regards to licensed child daycare	Conduct comprehensive inspections,
providers and facilities, which type of follow up do you pryour staff perform? (Select all that apply.) (ES 2,3,6)	Provide technical assistance,
	Review model lead hazard remediation plans,
	Conduct dust wipe clearance sampling,
	Issue letters of compliance
Q151: 3. Does your departmenthave 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

Q164: 1. Does your department arrange transportation of animal specimens for rabies testing?	No
PAGE 12: Vector ControlZoonotic and Arthropod-borne Disea	eses
Q163: If yes, what is the:	Respondent skipped this question
Q162: 4. Does your department test for radon in private homes?	No
Q161: 3. Would your department utilize radon tests and analysis services if they were provided through the DPH State Laboratory? (ES 3)	No
Q160: 2. Does your department provide technical assistance to the public on radon?	Yes
Q159: 1. Does your department conduct any public education/outreach activities on radon to the general public?	No
Q158: 10. Do you or your staff conduct site visits of active lead abatement or lead hazard remediation projects? (ES 6)  PAGE 11: Environmental Health ServicesRadon Program	Yes
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)	Other funds (please specify) Board of Selectmen
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)	N/A
Q155: 7. Does your departmenthave a written plan for the relocation of families with lead poisoned children? (ES 5,6)	Yes
Q154: 6. Who conducts (or would conduct) the lead inspections for childhood lead poisoning cases in your jurisdiction?	Department of Public Health licensed lead consultant
Q153: 5. Does your department conduct targeted lead inspections in areas of known high-risk?(ES 5,6)	No
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)	No

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

P	PAGE 13: Communicable Disease ControlSexually Transmitted Diseases		
	Q167: 1. Does your department provide clinical treatment services? (ES 7)	No	
	Q168: 2. Does your department follow up on case reports for gonorrhea, syphilis and chlamydia to ensure therapy of case-patient? (ES 3,7)	No	
	Q169: If yes, how are case-patients contacted? (Select all that apply.)	Respondent skipped this question	
	Q170: 3. Does your department follow up on case reports to ensure treatment of partners? (ES 3,7)	No	
	Q171: If yes, how are people contacted?(Select all that apply.)	Respondent skipped this question	
	Q172: 4. Does your department provide HIV testing? (ES 7)	No	
P	AGE 14: Communicable Disease ControlTuberculosis		
	Q173: 1. What clinical/treatment referralservices does	Referral to local health clinic,	
your department provide?(Select all that apply.) (ES 7)	Referral to local pulmonologist,		
		Defending to all December 1970	

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, VNA,  Local health department employee
Q175: 3. What type of case management of TB patients does your department provide? (Select all that apply.) (ES 3)	Other (please specify) Refer to the Old Lyme VNA
Q176: 4. Who conducts contact investigations of suspect and infectious TB patients? (Select all that apply.) (ES 2)	VNA
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)	Other (please specify) Private health care provider

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

Local health director, Public health nurse,
Other local health department employee

#### 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)	No
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)	No
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 HBsAgpositives 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

Q193: 7.Does your department provide testing for highrisk adults and adolescents? (ES 3)	No
Q194: 7.Does your department provide vaccination of high-risk adults? (ES 3,7)	No
Q195: 8.Does your department have educational materials available to the public? (ES 3)	Yes

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
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
Q199: 4.Does your department provide referral of case for care - testing/vaccination A and B/evaluation for treatment? (ES 7)	Yes
Q200: 5.Does your department provide education about prevention, living with chronic condition?(ES 3)	Yes
Q201: 6.Does your department integrate Hepatitis C education into HIV counseling and testing? (ES 3, 7)	No
Q202: 7.Does your department provide testing for high-risk adults and adolescents? (ES 3,7)	No
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 departmentprovide vaccination services for children (0-5 years of age)?	No, neither performed by LHD directly NOR contracted out by LHD
Q205: If yes, select all vaccine(s) provided	Respondent skipped this question
Q206: 2.Does your departmentconduct or sponsor a well-child clinic in your jurisdiction?	No, neither performed by LHD directly NOR contracted out by LHD
Q207: 3.Does your departmentprovide vaccination services for adolescents (12-18 years of age)?	No, neither performed by LHD directly NOR contracted out by LHD
Q208: If yes, select all vaccine(s) provided	Respondent skipped this question

Q209: 4.Does your departmentprovide vaccination services for adults (>18 years of age)?	No, neither performed by LHD directly NOR contracted out by LHD
Q210: If yes, select all vaccine(s) provided	Respondent skipped this question
Q211: 5. Does your department conduct an annual influenza clinic? (ES 7)	No, neither performed by LHD directly NOR contracted out by LHD
Q212: If yes, number of doses of flu vaccine purchased for the most recent season?	Respondent skipped this question
Q213: If yes, is Pneumococcal included in your flu clinic?	Respondent skipped this question
Q214: 6.Does any other agency in your jurisdiction provide these services for adults? (ES 7)	Yes
Q215: If yes, select all that apply	VNA

**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

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Respondent skipped this question	
Respondent skipped this question	
Diabetes/Chronic Diseases/Hypertension	
Not applicable	
Respondent skipped this question	
No	
No	

#### PAGE 21: Population-Based Prevention & Health PromotionSchool Health

Q232: If yes, who conducts the blood pressure

Q233: If yes, are those identified with high blood pressure readings referred to a physician or health care

screening? (Select all that apply.)

provider? (ES 7)

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)	Not applicable
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Respondent skipped this

Respondent skipped this

question

question

#### 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)	Not applicable
desert areas: (Defect all triat apply.) (20 4)	

#### 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)	Not applicable
Q237: 2.Does your department have a lactation accommodation policy and space for employees? (ES 6,8)	No
Q238: 3.ls your health staff involved with a hospital lactation committee? (ES 4)	No

PAGE 24: Public Health RevenuePublic Health Department Revenue

Q239: 1. DPH funds - all regardless of source Amount	0
Amount	
Q240: Routing of funds	N/A
Q241: 2. State funds (other than DPH)	
Amount	0
Q242: Routing of funds	N/A
Q243: 3. Federal sources (direct)	
Amount	0
Q244: Routing of funds	N/A
Q245: 4. Licensure/Permit fees	
Amount	10370
Q246: Routing of funds	Part of operating budget
Q247: 5. Local funds - city/town sources	
Amount	0
Q248: Routing of funds	N/A
Q249: 6. Medicaid	
Amount	0
Q250: Routing of funds	N/A
Q251: 7. Medicare	
Amount	0
Q252: Routing of funds	N/A
Q253: 8. Other revenue	
Amount	0

N/A
0
N/A
0
N/A
0
N/A
218506
No
Respondent skipped this question
No
Respondent skipped this question
No
Respondent skipped this question
No

	1
Q269: If yes, select all that apply	Respondent skipped this question
Q270: If yes, select all the partners that you worked with	Respondent skipped this question
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?	No
Q274: If yes, select all that apply	Respondent skipped this question
Q275: 2. Has your department developed and implemented or sustained health promotion strategies within the past five (5) years?	No
Q276: If yes, select all that apply	Respondent skipped this question
Q277: If yes, was implementation done in collaboration with partners and/or community?	Respondent skipped this question
Q278: If yes, select all that apply	Respondent skipped this question
Q279: If yes, were any of them evidence-based or a promising practice?	Respondent skipped this question
Q280: 3. Has your departmentdistributed 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
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?	No
Q283: If yes, select all that apply	Respondent skipped this question

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?	No
Q285: If yes, select the health issues(s) addressed within the community partnerships(s) or coalition(s)	Respondent skipped this question
Q286: If yes, what sectors of the community do the members of the partnership(s) or coalitions(s) represent?	Respondent skipped this question
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?	No
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?	No
Q290: If yes, select all the methods that you utilized	Respondent skipped this question
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 indrills, 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?	No
Q294: 5. Has your department collaboratively revised an All Hazards EOP within the past five (5) years?	No
Q295: 6. Does your department have a public health emergency response plan that is datedwithin the past five (5) years?	No
Q296: 7. Has your department tested the plan within the past five (5) years through the use of drills and exercises?	No
Q297: If yes, did your department complete an After Action Report after the emergency or exercise/drill?	No

No

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

AGE 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
Q300: If yes, select all that apply	Food certification, Lead certification
Q301: 2. How does your department ensure the consistent application of public health laws?	Internal audits, 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?	No
Q303: If yes, select all that apply	Respondent skipped this question
AGE 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?	No
Q305: If yes, select all that apply	Respondent skipped this question
AGE 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?	No
Q307: If yes, select all that apply	Respondent skipped this question
Q308: 2. Hasagency staff participated in professional development activities within the past two (2) years?	Yes
Q309: If yes, select all that apply	Training opportunities, Job shadowing,
	Leaning by teaching
Q310: 3. Has agency staff participated in leadership and/or management development training within the past two (2) years?	No
past two (2) years	

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Q311: If yes, select all that apply	Respondent skipped this question	
AGE 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?	No	
Q313: If yes, select all that apply	Respondent skipped this question	
Q314: If yes, have you used the information to improve department performance or community health outcomes?	Respondent skipped this question	
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	
AGE 35: 10 Essential ServicesCertification		
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	Yes	
information included in this report is accurate and true to the best of his/her knowledge.		