



Connecticut Department of Public Health

Public Health Emergency Preparedness (PHEP)

Subcontractor Programmatic Progress Report

FY 2019-2024

Budget Period: \_\_\_\_\_ Quarter: \_\_\_\_\_

Region:	
Subcontractor Local Health Department/District:	
Subcontractor Director of Health:	
Director of Health Review Status:	<input type="checkbox"/> Reviewed
Date of Submission to Fiduciary:	
Name of Person Completing Form:	

## Administration and Planning

1. Indicate below if the subcontractor's local public health emergency response plan was updated and signed by the Chief Elected Official or Board Chair. Must be done at least once every other year.(4.E.5.c)

Budget Period	Reviewed for the Budget Period?	Signed by the CEO or Board Chair?	Plans/Sections Updated?
BP1			
BP2			
BP3			
BP4			
BP5			

2. Indicate the two capabilities and functions, from the latest CDC PHEP Capability Guidance, that the subcontractor identified to improve upon for each budget period. This should reflect what work the subcontractor is focusing on at a local level but may also align with the regional capabilities. (4.E.5.e)

### Budget Period 1

Capability 1	
Function	
Capability 2	
Function	

### Budget Period 2

Capability 1	
Function	
Capability 2	
Function	

### Budget Period 3

Capability 1	
Function	
Capability 2	
Function	

### Budget Period 4

Capability 1	
Function	
Capability 2	
Function	

### Budget Period 5

Capability 1	
Function	
Capability 2	
Function	

3. Please, submit an updated list of the Access and Functional Needs groups/organizations in your jurisdiction to the Contractor. There is no required format unless otherwise indicated by the Contractor. (4.E.5.h)

Local Access and Functional Needs List submitted with this report?: \_\_\_\_\_

4. Indicate the quarterly updates provided to the contractor for the Regional MCM Action Plan. Reference the contract for specific items that can be included in the updates. (4.E.5.h.i)

**Budget Period 1**

Quarter 1:

Quarter 2:

Quarter 3:

Quarter 4:

**Budget Period 2**

Quarter 1:

Quarter 2:

Quarter 3:

Quarter 4:

**Budget Period 3**

Quarter 1:

Quarter 2:

Quarter 3:

Quarter 4:

**Budget Period 4**

Quarter 1:

Quarter 2:

Quarter 3:

Quarter 4:

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**Budget Period 5**

Quarter 1:

Quarter 2:

Quarter 3:

Quarter 4:

5. Indicate if the relevant forms were submitted to the Contractor 30 days prior to a scheduled PHEP ORR or by June 1<sup>st</sup> on non-ORR years for each Budget Period. (4.E.5.i.)

Required Forms	Budget Period 1	Budget Period 2	Budget Period 3	Budget Period 4	Budget Period 5
Jurisdictional Data Sheet					
Distribution and Dispensing Planning Forms (RDS Only)					

6. Indicate the WebEOC profiles/user accounts for your jurisdiction for each Budget Period. (4.E.5.k)

	Budget Period 1	Budget Period 2	Budget Period 3	Budget Period 4	Budget Period 5
WebEOC Accounts (Staff Names)					
Date Accounts were Updated					
Date WebEOC was last Accessed					

## Drills and Exercises

### Call Down Drills (4.E.6.b.i)

- Please record the call down drills completed for each budget period and indicate if the call-down drill form was submitted to the Contractor.

Budget Period	Date Conducted	Form Submitted
1		
1		
2		
2		
3		
3		
4		
4		
5		
5		

### Site Activation, Staff Notification, and Facility Set Up POD/POV Drills (4.E.6.b.ii)

- Complete the sections below for each of the designated POD/POVs in your jurisdiction that were exercised with the three (3) required drills. Refer to guidance and the PHEP Contract for drill requirements. All subcontractors may host a different number of POD sites and may not complete all POD reporting sections provided below.

#### Point of Dispensing #1

	Staff Notification Drill	Site Activation Drill	Facility Set Up Drill
Date Completed			

POD Information	Drill Specific Outputs
<i>POD Name</i>	
<i>POD Location (Address)</i>	
<i>Select the Partners that were included in the drills:</i>	<input type="checkbox"/> Access and Functional Needs Groups (Vulnerable Populations) <input type="checkbox"/> Critical Workforce Groups <input type="checkbox"/> Healthcare Partners <input type="checkbox"/> Visiting Nurse Associations <input type="checkbox"/> Volunteer Organizations (MRC, ARC, CERC) <input type="checkbox"/> Local Emergency Services (Fire, Police, EMS) <input type="checkbox"/> Emergency Operations Personnel including local EMD <input type="checkbox"/> Other:
<i>Operational Forms for the 3 Drills reviewed and submitted to the Contractor</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No Date of Submission:

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**Point of Distribution #2**

	Staff Notification Drill	Site Activation Drill	Facility Set Up Drill
Date Completed			

  

POD Information	Drill Specific Outputs
POD Name	
POD Location (Address)	
Select the Partners that were included in the drills:	<input type="checkbox"/> Access and Functional Needs Groups (Vulnerable Populations) <input type="checkbox"/> Critical Workforce Groups <input type="checkbox"/> Healthcare Partners <input type="checkbox"/> Visiting Nurse Associations <input type="checkbox"/> Volunteer Organizations (MRC, ARC, CERC) <input type="checkbox"/> Local Emergency Services (Fire, Police, EMS) <input type="checkbox"/> Emergency Operations Personnel including local EMD <input type="checkbox"/> Other:
Operational Forms reviewed and submitted to the Contractor	<input type="checkbox"/> Yes <input type="checkbox"/> No Date of Submission:

**Point of Distribution #3**

	Staff Notification Drill	Site Activation Drill	Facility Set Up Drill
Date Completed			

  

POD Information	Drill Specific Outputs
POD Name	
POD Location (Address)	
Select the Partners that were included in the drills:	<input type="checkbox"/> Access and Functional Needs Groups (Vulnerable Populations) <input type="checkbox"/> Critical Workforce Groups <input type="checkbox"/> Healthcare Partners <input type="checkbox"/> Visiting Nurse Associations <input type="checkbox"/> Volunteer Organizations (MRC, ARC, CERC) <input type="checkbox"/> Local Emergency Services (Fire, Police, EMS) <input type="checkbox"/> Emergency Operations Personnel including local EMD <input type="checkbox"/> Other:
Operational Forms reviewed and submitted to the Contractor	<input type="checkbox"/> Yes <input type="checkbox"/> No Date of Submission:

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**Point of Distribution #4**

	Staff Notification Drill	Site Activation Drill	Facility Set Up Drill
Date Completed			

POD Information	Drill Specific Outputs
POD Name	
POD Location (Address)	
Select the Partners that were included in the drills:	<input type="checkbox"/> Access and Functional Needs Groups (Vulnerable Populations) <input type="checkbox"/> Critical Workforce Groups <input type="checkbox"/> Healthcare Partners <input type="checkbox"/> Visiting Nurse Associations <input type="checkbox"/> Volunteer Organizations (MRC, ARC, CERC) <input type="checkbox"/> Local Emergency Services (Fire, Police, EMS) <input type="checkbox"/> Emergency Operations Personnel including local EMD <input type="checkbox"/> Other:
Operational Forms reviewed and submitted to the Contractor	<input type="checkbox"/> Yes <input type="checkbox"/> No Date of Submission:

**Point of Distribution #5**

	Staff Notification Drill	Site Activation Drill	Facility Set Up Drill
Date Completed			

POD Information	Drill Specific Outputs
POD Name	
POD Location (Address)	
Select the Partners that were included in the drills:	<input type="checkbox"/> Access and Functional Needs Groups (Vulnerable Populations) <input type="checkbox"/> Critical Workforce Groups <input type="checkbox"/> Healthcare Partners <input type="checkbox"/> Visiting Nurse Associations <input type="checkbox"/> Volunteer Organizations (MRC, ARC, CERC) <input type="checkbox"/> Local Emergency Services (Fire, Police, EMS) <input type="checkbox"/> Emergency Operations Personnel including local EMD <input type="checkbox"/> Other:
Operational Forms reviewed and submitted to the Contractor	<input type="checkbox"/> Yes <input type="checkbox"/> No Date of Submission: