



Connecticut Department of Public Health
Public Health Emergency Preparedness (PHEP)
Contractor Programmatic Progress Report
FY 2024-2029

:

Budget Period _____ Quarter: _____

Region:	
Fiduciary Local HealthDepartment/ District:	
Fiduciary Director of Health:	
DOH Signature:	
Date of Submission:	
Name of Person Completing Form:	

Subcontractor Reports Included:

Subcontractor	Date

Administration and Planning

1. List the local health departments that have executed subcontracts within the CRI Region for each budget period.(E.1.a)

BP1	BP2	BP3	BP4	BP5

2. Please list the meeting series that are conducted for the region, their frequency, a description of purpose, and partners that are in attendance. Update as needed. Refer to the contract for meeting requirements. Do not list one-time trainings or meetings not directly related to PHEP, exercises, or planning.(E.1.b)

1. Meeting Title		Frequency
Description of Purpose		
Partners Included		
<input type="checkbox"/> Local Health Departments/Districts	<input type="checkbox"/> Emergency Medical Services (EMS)	
<input type="checkbox"/> Access and Functional Needs Groups (Vulnerable Populations)	<input type="checkbox"/> Volunteer Organizations (MRC, ARC, CERC)	
<input type="checkbox"/> Healthcare Partners (Hospitals, FQHCs, Pharmacies, Urgent Cares, etc.)	<input type="checkbox"/> Behavioral Health Services	
<input type="checkbox"/> Visiting Nurse Associations/Homecare Agencies	<input type="checkbox"/> Department of Public Health (DPH)	
<input type="checkbox"/> Long Term Care Facilities	<input type="checkbox"/> Division of Emergency Management and Homeland Security (DEMHS)	
<input type="checkbox"/> Local Emergency Services (Fire, Police, etc.)		
<input type="checkbox"/> Other		

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2. Meeting Title		Frequency
Description of Purpose		
Partners Included		
<input type="checkbox"/> Local Health Departments/Districts <input type="checkbox"/> Access and Functional Needs Groups (Vulnerable Populations) <input type="checkbox"/> Healthcare Partners (Hospitals, FQHCs, Pharmacies, Urgent Cares, etc.) <input type="checkbox"/> Visiting Nurse Associations/Homecare Agencies <input type="checkbox"/> Long Term Care Facilities <input type="checkbox"/> Local Emergency Services (Fire, Police, etc.)	<input type="checkbox"/> Emergency Medical Services (EMS) <input type="checkbox"/> Volunteer Organizations (MRC, ARC, CERC) <input type="checkbox"/> Behavioral Health Services <input type="checkbox"/> Department of Public Health (DPH) <input type="checkbox"/> Division of Emergency Management and Homeland Security (DEMHS)	
<input type="checkbox"/> Other		

3. Meeting Title		Frequency
Description of Purpose		
Partners Included		
<input type="checkbox"/> Local Health Departments/Districts <input type="checkbox"/> Access and Functional Needs Groups (Vulnerable Populations) <input type="checkbox"/> Healthcare Partners (Hospitals, FQHCs, Pharmacies, Urgent Cares, etc.) <input type="checkbox"/> Visiting Nurse Associations/Homecare Agencies <input type="checkbox"/> Long Term Care Facilities <input type="checkbox"/> Local Emergency Services (Fire, Police, etc.)	<input type="checkbox"/> Emergency Medical Services (EMS) <input type="checkbox"/> Volunteer Organizations (MRC, ARC, CERC) <input type="checkbox"/> Behavioral Health Services <input type="checkbox"/> Department of Public Health (DPH) <input type="checkbox"/> Division of Emergency Management and Homeland Security (DEMHS)	
<input type="checkbox"/> Other		

4. Meeting Title		Frequency
Description of Purpose		
Partners Included		
<input type="checkbox"/> Local Health Departments/Districts <input type="checkbox"/> Access and Functional Needs Groups (Vulnerable Populations) <input type="checkbox"/> Healthcare Partners (Hospitals, FQHCs, Pharmacies, Urgent Cares, etc.) <input type="checkbox"/> Visiting Nurse Associations/Homecare Agencies <input type="checkbox"/> Long Term Care Facilities <input type="checkbox"/> Local Emergency Services (Fire, Police, etc.)	<input type="checkbox"/> Emergency Medical Services (EMS) <input type="checkbox"/> Volunteer Organizations (MRC, ARC, CERC) <input type="checkbox"/> Behavioral Health Services <input type="checkbox"/> Department of Public Health (DPH) <input type="checkbox"/> Division of Emergency Management and Homeland Security (DEMHS)	
<input type="checkbox"/> Other		

(Complete the "Additional Meetings Form", located on the CRI Share Point site, to add additional meetings series to this list and attach at the end of this form.)

3. List the two (2) prioritized PHEP Capabilities for each budget period. (E.1.b.ii)

BP1	BP2	BP3	BP4	BP5

4. Regional Plan Updates: At a minimum, the contractor shall submit the following plans at least one time during the 5-year contract period. (E.1.d)

Plans Updates	Submission Date
PHERP	
MCM Plan to include RDS and POD/POV Plan	
High Consequence Disease Plan	
Pandemic Influenza - Mass Vaccination Plan	
Anthrax – Mass Prophylaxis Plan	

5. Date of last AFN File Review or Updates: Regional cumulative list (combining all subcontractors submitted lists) of the engaged Access & Functional Needs (AFN) Groups in the Region. (E.3.d.v)

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

Budget Period 5

Quarter 1	Quarter 2	Quarter 3	Quarter 4

6. Date of MRC documentation received from Regional MRC Coordinator (E.1.h.iv):

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

Budget Period 5

Quarter 1	Quarter 2	Quarter 3	Quarter 4



THIS IS A TEST



POD EDITION



Call Down Drills (4.E.2.b)

1. Please record the 2 regional call down drills completed for each budget period and indicate if the call-down drill form was submitted to DPH (DPH.PHEP@ct.gov) (E.2.b).
- Per contract (E.2.c), “Follow up, via telephone or email, with non-responsive CRI Regional partners identified during the Call-Down Drill no later than sixty (60) working days of completion of the drill, to confirm contact information”

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

2. Complete the section below for the designated RDS in your Region. (E.1.f)

Regional Distribution Site #1

RDS Information	Drill Specific Outputs
POD Name	
POD Location (Address)	
Regional MCM Plan Additions:	<div><input type="checkbox"/> Access and Functional Needs Groups (Vulnerable Populations)</div> <div><input type="checkbox"/> Staff roles at RDS locations</div> <div><input type="checkbox"/> RDS Security and Transport plans</div> <div><input type="checkbox"/> Chain of Custody / Cold Chain Management</div> <div><input type="checkbox"/> Delivery Locations</div> <div><input type="checkbox"/> Transportation methods</div> <div><input type="checkbox"/> Transport routes</div> <div><input type="checkbox"/> Volunteer Participation (MRC, ARC, CERC)</div>
Operational Forms for the 3 Drills reviewed and submitted to the Contractor	<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div>Date of Submission:</div>

3. Date of last POD form review/update.

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

Budget Period 5

Quarter 1	Quarter 2	Quarter 3	Quarter 4

4. Date of last RDS form review/update.

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

Budget Period 5

Quarter 1	Quarter 2	Quarter 3	Quarter 4

****Exercises and Training section will be added upon receipt of CDC Training metrics and IPPW Scheduling.****

**** If you decide to perform additional exercises, outside of the IPPW Schedule, please attach documents****