



# Board of Health

## Regular Meeting

335 South Broadway  
De Pere, WI 54115  
<https://www.deperewi.gov/>

### Agenda

**Monday, August 14, 2023**

**5:15 PM**

**Council Chambers and Virtual**

Pursuant to Wisconsin Statute 19.84, Notice is hereby given to the public that a meeting of the **Board of Health** of the City of De Pere will be held on **August 14, 2023** at **5:15 PM** in the **COUNCIL CHAMBERS, 2ND FLOOR CITY HALL, 335 S. BROADWAY STREET, DE PERE.**

**The public may attend the meeting either in person in the Council Chambers or electronically/telephonically. Electronic or telephonic access to the meeting is provided below:**

Computer/smart phone accessing <https://www.gotomeet.me/DePere>

OR

**You can also dial in using your phone.**  
United States (Toll Free): [1 866 899 4679](tel:18668994679)  
United States: [+1 \(312\) 757-3117](tel:+13127573117)  
Access Code: 154-883-285

1. Call to Order
2. Roll Call
3. Public Comment on Matters not on the Agenda. Comments made during the public comment period shall pertain only to matters under the jurisdiction of the Board of Health. §6-3(f) DPMC
4. Approval of May 1, 2023 Meeting Minutes
5. Consideration and possible approval of Draft of Health Department Budget 2024
6. Consideration and possible approval of Draft of 2024 Board of Health Budget
7. Consideration and possible approval of proposed license fee increases for Agent Program for 2024-2025 licensing year
8. Discussion and possible approval of Lead grant initiatives, including the Wisconsin Lead-in-Water Testing and Remediation Initiative for 2023
9. Updates on Falls Prevention Activities in progress including Bingocize through the LEAF grant and Mugs for Rugs for 2023
10. Health Department Renovation starting August 4 and completed by September 11, 2023
11. Report on De Pere Health Department Outreach and Prevention Activities for May - July 2023
12. Report on De Pere Health Department Trainings and Conferences for May - July 2023
13. Communicable Disease Report for May - July 2023
14. Status of Wis. Admin. Code Chapter Department of Health Services 140 Review for De Pere Health Department on November 7, 2023
15. Future Agenda Items

16. Adjournment

Any person wishing to attend this meeting who, because of disability, requires special accommodations should contact the Clerk's office at 339-4050 by Noon, the previous day so that arrangements can be made.

Agenda Sent To:

Alderspersons  
City Administrator  
Mayor  
Department Heads  
TV, Newspapers & Radio Stations  
Kress Family Library  
De Pere Chamber of Commerce



City of De Pere, Wisconsin

**Request For Board of Health Action**

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**MEETING DATE:** August 14, 2023  
**DEPARTMENT:** Health Department  
**FROM:** Deborah Armbruster  
**SUBJECT:** Approval of May 1, 2023 Meeting Minutes

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**ATTACHMENTS:**

- BOH draft minutes 5.1.2023 (PDF)



# Board of Health

## Regular Meeting

335 South Broadway  
De Pere, WI 54115  
<https://www.deperewi.gov/>

### Draft Minutes

Monday, May 1, 2023

5:15 PM

Council Chambers and Virtual

5:15 PM Meeting called to order on May 1, 2023 at Council Chambers and Virtual.

1. Call to Order

The meeting was called to order at 5:15 PM by Board Member Dennis Hibray

Attendee Name	Title	Status	Arrived
Deborah Armbruster	Health Director	Present	
Teresa Gulyas	Board Member	Present	
Devin Perock	Aldersperson	Present	
Dennis Hibray	Board Member	Present	
Michael McHenry	Board Member	Present	
Pamela Gantz	Aldersperson	Present	
Kelly Burke	Health Secretary	Present	
Eric Erdman	Assistant City Attorney	Present	
Sara Lornson	Public Health Nurse	Present	
Steve Stroman	Medical Director	Present	

Citizen attendees: Chrystal Estrada, Roberto Rodriguez, Ismael Trimble, Jamie Smits, Florence Timm, Randy Timm, Rubby Ocampo

3. Introduction of Pamela Gantz and Devin Perock to the Board of Health

Devin Perock and Pamela Gantz introduced themselves. Pamela works for 988 lifeline with family services and with the Bellin Health loss chain for suicide.

4. Public Comment on Matters not on the agenda. Comments made during the public comment period shall pertain only to matters under the jurisdiction of the Board of Health. §6-3(f) DPMC

none

5. Hearing on the City of De Pere Determination of Dangerous Animal Order - 803 Third Street issued by De Pere Health Director, Deborah Armbruster on 4-20-2023.

Eric Erdman, city attorney, explained that the Dangerous Dog Determination issued by Deborah Armbruster had the following two qualifications:

1. Animal without provocation, inflicts substantial bodily harm on person, domestic pet, or animal on public or private property
2. Animal chases or approaches a person in a menacing fashion or apparent attitude of attack without provocation on public or private property

Eric Erdman explained the hearing procedure. Deborah Armbruster explained that this dangerous dog determination was made in conjunction with the police chief. The incidents on 5/3/2022 and 4/14/2023 were reviewed as well as the injuries sustained in these incidents.

Crystal Estrada, the dog owner, stated that one incident was provoked, and the second incident was an accident. Her son is a witness to the first incident where the dog was provoked. Crystal stated her dog was on a chain outside and the victim was provoking

the dog by shooting it with nerf bullets. Her son asked the victim to leave the dog alone, but the victim continued to provoke the dog. The dog got loose and then bit.

Crystal stated that in the second incident the dog was locked in the upstairs, with her son and his friend in the basement. Her son opened the door and at that time the victim, who was behind the door tripped over a shoe and fell onto her son. This is when the dog, Chico, lunged and grabbed him by the wrist. Crystal looked at the bite but didn't see anything. She asked the victim if he wanted to call his mom, but he said no. The victim stayed overnight at her house after the incident.

Dr. McHenry questioned if the dog is currently attended when outside. Crystal replied that her son takes Chico outside with a muzzle, a harness and leash. They do not leave him outside alone. Dr. McHenry recommended establishing with a veterinarian. Deborah Armbruster explained that all dogs in the city must be licensed. Crystal responded that she will get him licensed after the determination. Pamela Gantz asked if Chico had his vaccinations prior to the first incident. Crystal explained that the previous owner told them Chico was vaccinated but didn't provide any records. The Humane Society gave him the rabies vaccine the first time he was sent there. Teresa Gulyas asked what the dog does for Crystals son as an emotional support dog. Crystal answered that when her son is angry or stressed, the dog lays by him and calms him down. Per Crystal, the dog is normally contained when visitors are over.

The owner's son, Roberto, explained that Chico helps him with his anger and when he is sad. Chico has never been aggressive toward him.

The owner's other son described the 2nd incident. The son opened his door and then Chico ran down the stairs where his friend and Chico were staring at each other. His friend fell over a shoe and Chico got startled and bit him.

Jamie Smits, the mother of the first victim, explained that she never knew her son was shooting at the dog with a nerf gun. She explained that there are a lot of kids in the neighborhood. She doesn't want this to happen again to another child, but she also doesn't want Roberto to lose his dog. Her son is now afraid of big dogs. He has scars where the dog bit. He did get stitches. He does not go outside if Chico is outside.

Crystal, the dog owner, has 2 other dogs. The City of De Pere has an ordinance limiting the number of dogs to two. She will need to rehome one dog. Crystal stated she will decide what to do after the Board makes its determination regarding Chico.

Florence Timm, Crystals mother, explained that Chico is very friendly towards her.

Ruby, the girlfriend of Roberto, stated that the dog plays around with her and is not dangerous.

A motion was made by Devin Perock to go into closed session. Pamela Gantz seconded the motion. Upon vote, the meeting went into closed session.

A motion was made by Teresa Gulyas to go back into open session. The motion was seconded by Michael McHenry. After a vote, open session was resumed.

Michael McHenry made a motion to uphold the determination that the dog is dangerous. Pamela Gantz seconded the motion. A roll call vote was taken. All voting members voted to uphold the dangerous dog determination.

Dennis Hibray explained that the dog will need to be removed from the city. Eric Erdman explained that the owner will be notified in writing of the determination. The animal must be removed from the city within 48 hours of receipt of the determination.

<b>RESULT:</b>	<b>ADOPTED [UNANIMOUS]</b>
<b>AYES:</b>	Gulyas, Perock, Hibray, McHenry, Gantz

6. Approval of February 13, 2023 Meeting Minutes

Teresa Gulyas made a motion to approve the meeting minutes from the February 13, 2023 meeting. Dr. Michael McHenry seconded the motion. Upon vote, the meeting minutes were approved.

<b>RESULT:</b>	<b>ADOPTED [UNANIMOUS]</b>
<b>AYES:</b>	Gulyas, Perock, Hibray, McHenry, Gantz

7. Approval of De Pere Health Department's 2023 Policies and Procedures

Deborah Armbruster stated the Policy and Procedure template was updated since we did the packet, so they look a little different now. Dr. Stroman and Dennis Hibray will need to sign them after tonight's meeting. Devin Perock made a motion to approve the 2023 Policies and Procedures. Teresa Gulyas seconded the motion. Upon vote, the motion passed.

<b>RESULT:</b>	<b>ADOPTED [UNANIMOUS]</b>
<b>AYES:</b>	Gulyas, Perock, Hibray, McHenry, Gantz

8. Presentation of 2022 De Pere Health Department's Annual Report

Deborah Armbruster explained that on page 13 the report states that all contract tracing ended at the end of 2022. The phone calls did end at this time, but we continued to send letters to the positive cases notifying them of their test results, the mitigation strategies they need to do, and asking them to contact us with and questions/concerns.

9. Status of De Pere Health Department's Strategic Plan 2020-2025

Deborah Armbruster reported that one of our goals was to be known in the community. Covid helped the health department become more visible. We reached out to establishments, schools and health systems. Deborah Armbruster stated that the health department is planning to do outreach at many events utilizing our RV this year.

10. WI Department of Health Services 140 Review of De Pere Health Department preparations

Deborah Armbruster reported that the last time the Health Department had a 140 review was 2017. The process has been streamlined now. The staff is meeting twice a month to prepare for this meeting. The review will be on November 7th at 9:00 AM. It will be 30 minutes long, virtual. The Board is welcome to attend.

11. Discussion regarding the implementation of the Narcan Direct Program  
Deborah Armbruster explained that Narcan Direct is a program run through the state. The Health Department has been approved to get 36, 2-dose Narcan kits. The Health Department staff may distribute these to individuals after educating them about it. There are also vending machines available that can distribute all types of harm reduction products. We (De Pere Health Department) may look into this next year.
12. Communicable Disease Report for February-April 2023  
Teresa Gulyas asked if there was Blastomycosis in our area? Debbie replied that we have not had any in De Pere.
13. Update on COVID-19 Response Activities for February - April 2023  
Deborah Armbruster asked the Board if Covid reporting updates may be discontinued since Covid activity is low in De Pere. Pamela Ganz asked what the Covid reporting involves. Debbie explained that we have been reporting to the Board all the activities and clinics we have been doing regarding Covid. At this point, the reporting is not as relevant with the ending of the Covid emergency. Dr. McHenry questioned if it was a state Public Health Emergency ending May 11, 2023? Deborah Armbruster replied that it was the federal emergency. Per Deborah, the state is complying with this as well. The vaccine and test kits are still free until the state inventory runs out. Dr. McHenry made a motion to cease the Covid activity reporting. Teresa Gulyas seconded the motion. Upon vote, the motion passed.
14. Report on De Pere Health Department Trainings and Conferences for February - April 2023  
Deborah Armbruster commented that we have been very fortunate to have Covid grant dollars to be able to attend the trainings listed in the packet.
15. Report on De Pere Health Department Outreach and Prevention Activities for February - April 2023  
Bingocize is a grant funded program which Danielle wrote for. This is an evidence-based program that incorporates bingo with exercise and fall prevention information. The prizes are items to prevent falls.
16. Tour and Update re: the De Pere Fire, Police and Health Department's Mobile Command Unit  
Deborah Armbruster stated that the RV is all set. The Health Department is stocking it with pamphlets. Fire and Police are looking at what they want to have in it.
17. Future Agenda Items  
Deborah Armbruster listed the following future agenda items: the lead program efforts the health department has been doing, the workforce development plan and project, falls prevention-mugs for rugs, and the possibility of getting a nurse to do foot care in De Pere.
18. Adjournment  
Teresa Gulyas made a motion to adjourn the meeting. Pamela Gantz seconded the motion. Upon vote, the motion passed.

Respectfully submitted,  
Kelly Burke



City of De Pere, Wisconsin

**Request For Board of Health Action**

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**MEETING DATE:** August 14, 2023

**DEPARTMENT:** Health Department

**FROM:** Deborah Armbruster

**SUBJECT:** Consideration and possible approval of Draft of Health Department Budget 2024

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**ATTACHMENTS:**

- #1 GENERAL GOVERNMENT final (XLSX)
- Copy of #6 GENERAL FUND REVENUES final (XLSX)
- #15 Health Department final (DOCX)

City of De Pere  
 2024 General Fund  
 Adopted Budget

EXPENDITURES

Account Title				2022 Year End Actual	2023 Adopted Budget	2023 6 mos Actual	2023 Year End Estimate	2024 Dept Head Proposed	2024 / 2023 Budget % Of Change
<b>BOARD OF HEALTH</b>									
Account Number PERSONAL SERVICES									
100	54110	124	Hourly Wages Board of Health	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	0.00%
100	54110	150	FICA	0	0	0	0	0	0.00%
100	54110	190	Training	20	100	0	40	100	0.00%
			<b>Subtotal</b>	<b>20</b>	<b>100</b>	<b>0</b>	<b>40</b>	<b>100</b>	<b>0.00%</b>
			<b>TOTAL</b>	<b>\$ 20</b>	<b>\$ 100</b>	<b>\$ 0</b>	<b>\$ 40</b>	<b>\$ 100</b>	<b>0.00%</b>

City of De Pere  
2024 General Fund  
Adopted Budget

REVENUES

Account Title		2022 Year End Actual	2023 Adopted Budget	2023 6 mos Actual	2023 Year End Estimate	2024 Dept Head Proposed	2024 / 2023 Budget % of Change
<b>TAXES</b>							
100	41110	General Property	\$ 8,615,155	\$ 9,216,557	\$ 9,216,564		0.00%
100	41130	Mobile Home Fees	5,315	6,600	2,628		0.00%
100	41150	Payments in Lieu of Taxes	1,395	10,000	1,358		0.00%
100	41200	Sales and Use	1037	0	0		0.00%
100	41210	Public Accommodations	9,850	12,500	6,679		0.00%
100	41220	Retained Sales Tax	120	120	0		0.00%
100	41310	From Municipal Water Utility	419,466	515,000	0		0.00%
100	41320	Housing Authority	33,922	34,000	37,103		0.00%
100	41800	Interest Penalties & Taxes	1,018	1,400	124		0.00%
100	41810	Interest Penalties Specials & Deeds	10,780	10,000	4,200		0.00%
		<b>Subtotal</b>	<b>9,098,057</b>	<b>9,806,177</b>	<b>9,268,656</b>	-	<b>0.00%</b>

INTERGOVERNMENTAL REVENUE

100	43220	Mass Transit Federal Aid	0	0	0		0.00%
100	43410	State Shared Revenue	1,205,515	1,202,342	0		0.00%
100	43411	State Shared Revenue - Expenditure Restraint	208,038	197,288	0		0.00%
100	43420	State Fire Insurance	103,800	103,800	0		0.00%
100	43430	Other State Shared Taxes - Exempt Computer Aid	176,973	77,852	101949		0.00%
100	43500	State Grants	12,000	120,683	0		0.00%
100	43505	Law Enforcement	2,887	0	(12,321)		0.00%
100	43507	K-9 Expenses and Donations	10,153	2,500	19,637		0.00%
100	43507 364	Police Misc Grants	0	0	1,880		0.00%
100	43510	Rescue EMS Act 102	47,618	15,000	47618		0.00%
100	43520	State Aid for Police Training	0	5,120	0		0.00%
100	43530	State Aid for Connecting Highways	74,595	72,426	36,213		0.00%
100	43531	General Transportation Aids	1,396,114	1,385,117	692,649		0.00%
100	43532	Mass Transit State Aid	274,790	274,790	0		0.00%
100	43540	State Recycling Grants	97,691	97,691	97,720		0.00%
100	43550	ACT 102 Ambulance Grant	0	0	0		0.00%
100	43551	Health Matching Grant	66,789	60,199	36,401	61,506	2.17%
100	43552	COVID 19 Grants	288,090	167,124	142,677	178,504	25.11%
100	43590	State Misc Grants	206,831	0	0	0	0.00%
100	43600	Other State Payments	14,605	0	0	0	0.00%
100	43605	Payment in Lieu of Tax - DNR	0	0	0	0	0.00%
		<b>Subtotal</b>	<b>4,186,487</b>	<b>3,781,932</b>	<b>1,164,422</b>	<b>240,010</b>	<b>-92.85%</b>

LICENSES AND PERMITS

100	44100	Business & Occupational Licenses	0	0	0	0	0.00%
100	44105	Liquor and Malt Beverage Licenses	29,295	39,800	27,124		0.00%
100	44110	Operator's Licenses	25,604	10,815	5,176		0.00%



City of De Pere  
 2024 General Fund  
 Adopted Budget

REVENUES

Account Title			2022 Year End Actual	2023 Adopted Budget	2023 6 mos Actual	2023 Year End Estimate	2024 Dept Head Proposed	2024 / 2023 Budget % of Change
100	44115	Cigarette Licenses	2,248	2,415	2,100			0.00%
100	44121	Food & Beverage Licenses	91,958	86,806	71,076	88,500	95,746	10.30%
100	44125	Cable Television Franchise License	113,673	112,200	26,220			0.00%
100	44130	Trailer Park	0	100	0			0.00%
100	44140	Other Permits and Fees	11,799	9,455	5,772			0.00%
100	44210	Dog License	4,363	4,672	3,498			0.00%
100	44300	Building Permits	304,729	393,750	87,485			0.00%
100	44301	Commercial Permit Review	8,700	11,025	8,400			0.00%
100	44303	Flood Plain/Zoning Letters	0	315	350			0.00%
100	44305	Construction	50	168	0			0.00%
100	44307	Sanitary Sewer Excavation	9,400	12,600	5,275			0.00%
100	44910	Electrical Permits	58,609	105,000	20,376			0.00%
100	44920	Plumbing Permits	30,597	57,750	18,062			0.00%
100	44925	HVAC Permits	129,350	147,000	24,862			0.00%
100	48902	Zoning Permits and Fees	1,383	3,150	650			0.00%
100	48903	CSM Reviews	22,064	21,000	5,292			0.00%
100	48905	Bid Deposits & Refunds	0	0	0	0	0	0.00%
100	48906	Excavation Permits	23,330	27,563	8,620			0.00%
		<b>Subtotal</b>	<b>867,152</b>	<b>1,045,584</b>	<b>320,337</b>	<b>88,500</b>	<b>95,746</b>	<b>-90.84%</b>

As of 7-1-202

**FINES AND FORFEITURES**

100	45100	City Share of Fines and Forfeitures	(4,297)	0	(1,267)	0	0	0.00%
100	45110	Court Penalties and Costs	216,442	300,000	119,808			0.00%
100	45120	Crime Prevention/Policing Share	0	0	0	0	0	0.00%
100	45130	Parking Violations	38,203	35,000	10,734			0.00%
100	45190	Other Law-Ordinance Violations	0	0	0	0	0	0.00%
		<b>Subtotal</b>	<b>250,348</b>	<b>335,000</b>	<b>129,275</b>	<b>-</b>	<b>-</b>	<b>0.00%</b>

**PUBLIC CHARGES FOR SERVICE**

100	46100	General Government	1,799	2,205	(400)			0.00%
100	46101	Clerk-Passports/Solicitors	4,157	6,825	2,164			0.00%
100	46102	Clerk's Office Admin Fees	2,479	2,100	549			0.00%
100	46110	Letters of No Specials	23,265	28,665	10,950			0.00%
100	46120	License Publication Fees	1,230	2,400	1,424			0.00%
100	46204	DMV Registration	0	0	0	0	0	0.00%
100	46205	Police CVR Fees	0	0	0	0	0	0.00%
100	46206	CVR Registrations	0	0	0	0	0	0.00%
100	46207	Police Alarm Monitoring	11,100	7,140	2,925			0.00%
100	46208	Police Department Fees	569	315	279			0.00%
100	46210	Background Checks	1,078	331	668			0.00%
100	46220	Police Finger Prints	457	551	315			0.00%

4 fees will be increased 12%

City of De Pere  
2024 General Fund  
Adopted Budget

REVENUES

Account Title			2022 Year End Actual	2023 Adopted Budget	2023 6 mos Actual	2023 Year End Estimate	2024 Dept Head Proposed	2024 / 2023 Budget % of Change
100	46225	Fire Hazmat	0	0	0	0	0	0.00%
100	46298	Ambulance Fees	1,028,163	1,025,000	405,743			0.00%
100	46340	Street Department Revenue	59,297	38,588	31,738			0.00%
100	46345	Garbage & Recycling Fees	0	12,600	18,639			0.00%
100	46350	Snow Removal Charges	4,842	7,276	3,554			0.00%
100	46360	Parking Permits	0	0	0	0	0	0.00%
100	46406	Weed & Nuisance Control	8,085	0	1,637	0	0	0.00%
100	46421	Recycling Containers	3,687	4,450	2,886			0.00%
100	46501	Public Health Revenue	1,379	315	17,725	17,800	1,400	344.44%
100	46510	Weights & Measures Fees	21,661	21,600	19,656	21,661	21,661	0.28%
100	46521	Animal Control	0	0	2	0	0	0.00%
100	46700	Recreation Programs	401,633	426,458	255,194			0.00%
100	46721	Recreation	17,380	17,850	(35)			0.00%
100	46722	Concessions	50,738	44,625	14,551			0.00%
100	46723	Swimming	255,548	227,850	141,725			0.00%
100	46724	Forestry	26,752	12,495	10,469			0.00%
100	46725	Community Center	65,899	53,550	37,233			0.00%
100	46727	Programs-Financial Assistance	5,629	5,250	3,237			0.00%
100	46747	Athletic Facility Fees	19,972	129,675	12,873			0.00%
100	46747 010	Daily Boat Fees	67,028	0	48,868	0	0	0.00%
100	46747 020	Season Boat Fees	28,243	0	4,300	0	0	0.00%
100	46800	Payment In Lieu of Parkland	0	0	0	0	0	0.00%
100	47306	Ambulance Fees From Townships	224,035	230,000	128,484			0.00%
100	47401	Engineering Fees	700,000	700,000	0			0.00%
100	48901	Copies Maps Blueprints	593	525	64			0.00%
100	48908	Building Permits & Voter Report (Clerk)	0	606	0			0.00%
100	48909	Sundry	0	607	0			0.00%
100	48910	Retiree Insurance Admin Fee	225	1,102	222			0.00%
		<b>Subtotal</b>	<b>3,036,925</b>	<b>3,010,954</b>	<b>1,177,639</b>	<b>39,461</b>	<b>23,061</b>	<b>-99.23%</b>

LEAF grant, T

INTERGOVERNMENTAL CHARGES FOR SERVICE

100	47311	Crossing Guard Hours	16,935	20,000	0			0.00%
100	47320	Payment for Liaison Officer	295,390	291,000	0			0.00%
100	47402	Data Processing Charges	16,096	16,580	0			0.00%
100	47405	TID 5 Admin Allocation	0	0	0			0.00%
100	47406	TID Admin Allocation	117,548	117,548	0			0.00%
100	47415	Equipment Rental	31,521	32,468	0			0.00%
100	47432	Space Rentals	54,587	49,300	9,993			0.00%
100	48208	Brown County Nutritionist	0	0	0	0	0	0.00%
		<b>Subtotal</b>	<b>532,077</b>	<b>526,896</b>	<b>9,993</b>	<b>-</b>	<b>-</b>	<b>0.00%</b>

FB reimbursement for a case follow-up, T-spot kits to SNC, Flu vaccine to SN Abbey noise variances

City of De Pere  
 2024 General Fund  
 Adopted Budget

REVENUES

Account Title			2022 Year End Actual	2023 Adopted Budget	2023 6 mos Actual	2023 Year End Estimate	2024 Dept Head Proposed	2024 / 2023 Budget % of Change
<b>MISCELLANEOUS REVENUES</b>								
100	48100	Interest On Investments	(131,792)	325,000	911,591	0		0.00%
100	48103	Notes Receivable Interest	66,203	0	0	0	0	0.00%
100	48113	Interest On Personal Property Taxes	0	0	0	0	0	0.00%
100	48121	Land Contract Interest	0	0	0	0	0	0.00%
100	48200	Rents & Leases	0	0	525	0	0	0.00%
100	48201	Farm Leases	7,642	4,678	1,815			0.00%
100	48202	Brown County Fairgrounds	0	0	0	0	0	0.00%
100	48203	Residential Lease	17,330	16,000	8,149			0.00%
100	48300	Property Sales	0	150,000	16,823			0.00%
100	48301	Refuse Garbage Equipment & Property	5,214	15,000	3,891			0.00%
100	48303	Note Receivable Principal	0	0	0	0	0	0.00%
100	48305	Real Property	0	0	0	0	0	0.00%
100	48306	Land Contract Principal	0	0	0	0	0	0.00%
100	48309	Other	298,918	5,000	278,512			0.00%
100	48500	Donations	0	0	0	0	0	0.00%
100	48510	Police Programs	0	0	0	0	0	0.00%
100	48515	Park and Rec	100,000	0	0	0	0	0.00%
100	48520	Fire & Rescue	5,260	5,750	(2,503)			0.00%
100	48800	Other	300	0	50			0.00%
		<b>Subtotal</b>	<b>369,074</b>	<b>521,428</b>	<b>1,218,853</b>	<b>-</b>	<b>-</b>	<b>0.00%</b>
<b>OTHER FINANCING SOURCES</b>								
100	49100	Proceeds From Long Term Notes	0	0	0	0	0	0.00%
100	49130	Installment Contracts	0	0	0	0	0	0.00%
100	49140	State Trust Fund Loans	0	0	0	0	0	0.00%
100	49200	Transfer From Special Fund	0	250,000	0			0.00%
100	49222	Transfer From TID #9	0	11,400	0			0.00%
100	49223	Transfer From TID #6-#17	0	0	0			0.00%
100	49240	Transfer From Capital Projects Fund	1,534,929	1,200,000	0			0.00%
100	49260	Transfer From Enterprise Fund (Water Utility)	0	0	0	0	0	0.00%
100	49261	Transfer From Enterprise Fund (Wastewater)	0	0	0	0	0	0.00%
100	49271	Transfer From Parkland Dedication Fund	0	0	0	0	0	0.00%
		<b>Subtotal</b>	<b>1,534,929</b>	<b>1,461,400</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00%</b>
		<b>TOTAL GENERAL FUND REVENUES</b>	<b>19,875,050</b>	<b>20,489,371</b>	<b>13,289,176</b>	<b>367,971</b>	<b>389,398</b>	<b>-98.10%</b>
100	49300	Fund Balances Applied	0	102,601	0	0	0	0.00%
		<b>TOTAL GENERAL FUND REVENUES</b>	<b>\$ 19,875,050</b>	<b>\$ 20,591,972</b>	<b>\$ 13,289,176</b>	<b>\$ 367,971</b>	<b>\$ 389,398</b>	<b>-98.11%</b>



## Health Department

***Program Full Time Equivalent: 5.0***

***Program Mission:***

The mission of the Health Department is to protect and promote public health across the lifespan through education, policy development and valued services.

***List of Program Service(s) Descriptions:***

- 1) *Public Health Nursing* – Promote and protect the health of populations using knowledge from nursing, social, and public health sciences. Apply nursing and public health principles to assess, develop, implement, and evaluate care plans and health programs related to health promotion, disease prevention, and health protection services for individuals, families, and the community.
- 2) *Public Health Sanitarian* – Provide environmental health services to ensure the health and safety of the community. Provide weights and measures inspection services as required of municipalities by state statute.

***Important Outputs:***

- 1) *Maternal child health programming/services* – Activity funded by tax levy and grant funding. Maternal child health programming is *required by state statute*. Services include but are not limited to: community planning for coordination of service delivery, education to groups and individuals regarding development and health issues, linking individuals to essential community resources and gap filling services to include home visitation when needed. Public Health Nurse home visits are completed based on medical provider referral, self-referral or need for lactation counselling.
- 2) *Community Health Assessment/Improvement Planning* – Time and effort is funded by tax levy and is *required by state statute*. Together with community partners, conduct assessment of leading health data indicators, choose priorities to focus efforts on and develop evidence-based community strategies to achieve measurable outcomes.
- 3) *Injury prevention education/assurance*: Activities funded by tax levy and grant funding. The assurance of injury prevention programming *required by state statute*. This includes child passenger safety and prevention programs for the older adult. Strengthens community infrastructure to provide a cross-section of services based on current data. For child passenger safety: an inspection and education are provided for families of children less than eight years of age to ensure child safety while transported in a motor vehicle. The benefit to the residents is to ensure the safety of individual children

- and prevent injuries and fatalities. The adult prevention programs are the Stay At Home Assistance to help the older adult be able to stay in their home safely and falls prevention programs such as Bingocize.
- 4) *Childhood and Adult Immunizations* – Activity funded by grant funding, Wisconsin Immunization Program, fee for service revenue, and property tax. Childhood immunization programming is *required by state statute*. Vaccines are available at no charge for all children through 18 years of age who do not have insurance coverage for immunizations through the Wisconsin Immunization Program or who are Medicaid eligible. Vaccine can also be provided to adults depending on the type of vaccine and eligibility. Increased vaccination of residents (children and adults) prevents the spread of vaccine preventable diseases. The health department also assures population health by monitoring vaccine compliance for children less than 24 months of age. Families are encouraged by several methods to complete the initial vaccination series. Completion of the initial vaccine series prevents the spread of vaccine preventable diseases.
  - 5) *Communicable Disease Investigation and Follow-up* – Activity funded by tax levy and grant funding. Communicable disease programming is *required by state statute*. There are over 100 diseases that are required to be reported to local health departments by statute. Various levels of investigation and follow-up are required for each of the diseases or outbreak by the local health department to prevent the spread in our community. This output also includes tuberculosis control and prevention. Local health departments are *required by state statute* to provide distribution of treatment for latent TB infection and follow-up for any active TB Infections to prevent the spread in the community.
  - 6) *Public Health Preparedness* – Activity funded by grant dollars. Programs and planning are completed each year to meet the requirements of the Department of Health Services Contract. This program benefits the community by ensuring the health department’s ability to respond to urgent public health matters and be a partner in the City’s Emergency Management.
  - 7) *Resident Complaint Investigation and Resolution* – Activity funded by tax levy. Human health hazards investigation and resolution *required by state statute and city ordinances*. Resident concerns/issues are received and follow-up is completed in a timely manner.
  - 8) *Weights and Measure Inspections* – Activity funded by program revenue. State statute requires municipalities to permit and inspect all businesses for compliance with weights and measures equipment ensuring consumer protection for weights and measures devices.
  - 9) *Establishment Licensing and Inspections (Department of Health Services and Department of Agriculture and Consumer Protection)* – Activity funded by program revenue. The agent contract for the City of De Pere provides licensing and inspections for all restaurants, temporary restaurants, hotel/motels, campgrounds, swimming pools, spas, tattoo & body piercing, school kitchens, recreational education camp establishments and temporary/permanent retail establishments. This program provides the community with establishments that are compliant with the Wisconsin state code ensuring the health and safety of those who patronize them.

- 10) *Rabies Control* – Activity funded by tax levy. Follow-up is completed on all reported animal bites and exposures as *required by state statute and city ordinance* for the victim of the bite and the animal who bit. Benefit to the community is the prevention of rabies infection.
- 11) *Childhood Lead Poisoning Prevention* – Activity funded by grant funding. Blood lead levels of children are monitored and follow-up is provided to all families of children with elevated levels as *required by state statute*. Public education on lead also provided.
- 12) *Public Health Education* – Activity funded by tax levy and grant funding. Education is provided to residents in a variety of ways including direct mailings to households, monthly articles, city-wide newsletter contributions, social media, up-to-date website, channel 4 contributions, educational presentations in the community, press releases, media interviews and individual education.
- 13) *Radon Testing Program* – Activity is funded by program revenue. Kits are provided to city residents at a nominal fee to allow residents access to test kits and education.

***Expected Outcomes:***

- 1) Avert vaccine preventable disease by assuring vaccine coverage rates are maintained and/or increased in select population cohorts.
- 2) Conduct surveillance, investigation and institute public health control measures for all suspect, probable and confirmed cases of communicable disease within the City of De Pere.
- 3) Prevent illness through the assurance of establishment compliance with food safety, environmental and hygiene standards.

***2024 Performance Measures:***

- 1) Conduct personalized reminder/recall activities for children that are behind schedule monthly provide to achieve an 80% city-wide immunization rate of 4 DtaP, 3 Polio, 1 MMR, 3 Hib, 3 Hepatitis B, 4 Pneumococcal and 1 varicella for De Pere children turning 24 months. Increased efforts are and will continue to be made in order to increase our city's immunization rates.
- 2) Health Department nursing staff will initiate the investigation of 100% of suspect, probable and confirmed cases of illness and disease within 72 hours in *accordance with state statute*.
- 3) Conduct education and follow-up to assure that food establishments are compliant with the state/local laws.
  - a. 100% of licensed establishments will be inspected at least once annually as required by the DATCP Agent Contract.
  - b. Re-inspections will be conducted as necessary to verify compliance.
  - c. Establishment complaint investigation will be initiated within 72 hours of receipt.

***2023 Performance Measurement Data (July 2022 – June 2023):***

- 1) Conduct personalized reminder/recall activities for children that are behind schedule monthly provide to achieve an 80% city-wide immunization rate of 4 DtaP, 3 Polio, 1 MMR, 3 Hib, 3 Hepatitis B and 1 varicella for De Pere children turning 24 months.
  - a. Result: The immunization rate for this age group is at **76%** by 24 months of age. This decreased rate is likely due to vaccine hesitancy by parents due to the COVID-19 vaccine efforts and perceived mistrust of these efforts. The health department continues to make significant efforts to emphasize the importance of and need for childhood immunizations.
- 2) Health Department nursing staff will initiate the investigation of 100% of reported suspect, probable and confirmed cases of illness and disease within 72 hours in *accordance with state statute*.
  - a. Result: Health department staff investigated all disease reports within 72 hours.
- 3) Conduct education and follow-up to assure 95% of the establishment's critical violations identified are corrected within the stated timeframe.
  - a. Result: Investigations for establishment complaints were all initiated within 72 hours.
  - b. Result: All establishments were inspected within the fiscal year.

***Significant Program Achievements:***

We have welcomed 2023 with open arms for many reasons. We have been able to get beyond the pressure of the pandemic and have made significant strides in a number of areas with the greatest efforts on injury prevention. For our youth we have continued our car seat installation clinics here which have been well attended. The nurses have been fitting bike helmets at bike rodeos at the schools and at the bike rodeo held at Lambeau field. Our team continues follow-up on all elevated blood lead levels. We are in the process of working on a WI Lead-in-Water Testing and Remediation Initiative to assess all interested daycare/childcare facilities' water outlets for lead. We are on committees addressing the drug and alcohol issues in Brown County as well as harm reduction efforts. This year we obtained a grant for localizing efforts to address falls from the WI Institute for Health Aging and used these funds to develop a Bingocize program to help reduce falls in our older population which has been a huge success. We continue with our Stay At Home Assistance program as well in conjunction with the De Pere Fire dept. The nurses conduct educational programming for women on many health related topics through the Grapevine program which is sponsored through the WI Well Woman Program.

There have been great efforts made to do outreach by going out to where our community is at. Through the Healthcare Infrastructure grant we were awarded, we purchased and renovated a recreational vehicle for the purpose of doing community outreach in conjunction with our fire and police departments. This is a great tool for doing outreach and for being recognized in the community.

We attend the farmers markets, beer gardens, National Night Out to name a few events with this vehicle. It is part of our drive through vaccination clinics as well.

We have continued to follow our Strategic Plan which is to increase De Pere Health Department visibility and awareness with the community and maintain current funding levels. Our outreach efforts are many. We have received a number of positive remarks from the community which we are more than pleased about as public health's reputation during the pandemic was in jeopardy. We continue to utilize social, digital, news, and print media to educate our community on various other topics i.e. lead toxicity, injury prevention, immunizations, family preparedness, health promotion, and wellness topics.

We have obtained not only COVID-19 related grants but have secured other grants which has allowed us to increase our abilities to develop more programming and address community health needs.

We have a Public Health Workforce Development grant for which we have used to update our Workforce Competency Development plan. Each staff person has identified and sought educational opportunities to build a stronger workforce for our health department.

We continue to respond to COVID-19 mitigation efforts such as continuing vaccination clinics for COVID-19 vaccine, offer test kits and masks to those who request them. We will give both Influenza and COVID-19 vaccines at our fall clinics. The health department continues to be a significant resource for our community members and for our businesses, long-term care and assisted care facilities and for our schools. We continue to make great efforts to ensure our community has access to the right information at the right time.

Our commitments to our committees and coalitions continued are in full swing with the addition of the Overdose Coalition in the recent months. The Communicable Disease Surveillance Committee for Brown County, the Breastfeeding Coalition, Safe Kids Initiative, the Coalition for Suicide Prevention, the Brown County Falls Prevention Committee, Alcohol and Drug Coalition for Change, Lead Coalition, Northeast WI Immunization Coalition we remain active in.

We continue to partner with the Medical College of WI and St. Norbert College on various projects as well as mentoring their students to public health. We continue to mentor nursing students from the various institutions of higher education. We are working with St. Norbert on an Annual Community Health and Safety events in conjunction with De Pere Police Dept. for situational awareness of active threats and on the opioid crisis.

The Public Health Emergency Preparedness coordination for the City of De Pere led by the De Pere Health Department has been an important partner in conjunction with Emergency Management to keep our community safe and healthy. The COVID-19 response has proven what vital role preparedness has in a crisis event. We continue to be a board member of the Northeast WI Healthcare Emergency Readiness Coalition (NEW HERC) and a board member of the Regional Northeast WI Regional Trauma Advisory Council (RTAC). We are also a member of the State of WI work group working on updating the Public Health Emergency Preparedness plan.

The Agent program continues to grow. In the last two years, there was a 19% increase in the total number of licensed establishments. The two areas where we are seeing the increase are retail food establishments (restaurants) and short-term rentals (tourist rooming houses). With continued development throughout the city, it is expected that the number of licensed establishments will increase as well. In addition to growth, we've seen improved compliance from the operators and a reduction in the number of re-inspections conducted which we attribute to the effective working relationships we have developed with our establishments.

Also in the last two years, there has been increased communication and coordination with other city departments when responding to environmental health and nuisance complaints. This has resulted in a more efficient and effective approach to resolving these situations. As a result, we continue to provide excellent customer service to the residents, businesses, and visitors of the City of De Pere while balancing an increased workload.

***Existing Program Standards Including Importance to Community:***

The health department's 10 essential services are the model program standards set forth by the U.S. Department of Health and Human Services and Centers for Disease Control and Prevention (CDC) for local public health departments. These essential services have been revised in 2020 and provide a framework for public health to protect and promote the health of all people in all communities thus creating a healthier place to live, work and play. The services are outlined below:

- 1) **Assess and monitor population health status, factors that influence health, and community needs and assets.** This includes: Maintaining an ongoing understanding of health in the jurisdiction by collecting, monitoring, and analyzing data on health and factors that influence health to identify threats, patterns, and emerging issues. Using data and information to determine the root causes of health disparities and inequities.
- 2) **Investigate, diagnose, and address health problems and hazards affecting the population.** This includes: Anticipating, preventing, and mitigating emerging health threats through epidemiologic identification. Using real-time data to identify and respond to acute outbreaks, emergencies, and other health hazards.
- 3) **Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it.** This includes: Developing and disseminating accessible health information and resources. Employing the principles of risk communication, health literacy, and health education.
- 4) **Strengthen, support, and mobilize communities and partnerships to improve health.** This includes:

Convening and facilitating multisector partnerships and coalitions that include sectors that influence health. Authentically engaging with community members and organizations to develop public health solutions.

- 5) **Create, champion, and implement policies, plans, and laws that impact health.** This includes: Developing and championing policies, plans, and laws that guide the practice of public health and achieve optimal health. Providing input and continuously monitoring and developing policies, plans, and laws that improve public health and preparedness and strengthen community resilience.
- 6) **Utilize legal and regulatory actions designed to improve and protect the public’s health.** This includes: Ensuring that applicable laws are equitably applied to protect the public’s health. Conducting enforcement activities including sanitary codes especially in the food industry; full protection of drinking water supplies; and timely follow-up on hazards, preventable injuries, and exposure-related diseases.
- 7) **Assure an effective system that enables equitable access to the individual services and care needed to be healthy.** This includes: Connecting the population to needed health and social services that support the whole person, including preventive services. Addressing and removing barriers to care.
- 8) **Build and support a diverse and skilled public health workforce.** This includes: Building a culturally competent public health workforce and leadership.
- 9) **Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement.** This includes: Building and fostering a culture of quality in public health organizations and activities. Using research, evidence, practice-based insights, and other forms of information to inform decision-making.
- 10) **Build and maintain a strong organizational infrastructure for public health.** This includes: Exhibiting effective and ethical leadership, decision-making, and governance. Being accountable, transparent, and inclusive with all partners and the community in all aspects of practice.

*Costs and Benefits of Program and Services:*

The adopted 2024 Health Department program cost is \$745,082 . Clinical and community preventive services provide important health benefits at a reasonable cost. Some preventive services are cost saving; others are cost-effective. (According to the Johns

Hopkins Bloomberg School of Public Health every dollar spent on immunizations is projected to save \$44.00. Every dollar spent on community prevention is cited to save \$5.60 according to the American Public Health Association.) Investing early and wisely in both clinical and community preventive services is essential if we are to successfully address the leading causes of death and disability, namely, chronic diseases and their risk factors. Essential services ensure the public’s safety. The investment in primary prevention programming and services decreases chronic disease and increases the quality of life for those who live, work and play in the City of De Pere.

**2024 Program Goals:**

- 1) Increase vaccination rates toward the long-term goal of 90% for all children completing primary vaccination series by two years of age.
- 2) Monitor, prevent, suppress and control communicable diseases in accordance with federal and state recommendations/guidelines.
- 3) Conduct timely inspections of licensed establishments to decrease environmental public health risks.

**2024 Budget Significant Expenditure Changes:**

- 1) Salaries increased \$25,361 due to step increases, performance awards and salary grade increase.
- 2) Hourly wages increased \$5,860 due to projected step increases.
- 3) Seasonal labor decreased to \$60,000 for ongoing COVID-19 response and funded by state grants.
- 4) Retirement increased \$8,199 due to projected increases.
- 5) Health, Dental, DIB, Life & Wks Cmp Ins increased due to projected increases.
- 6) Seminars and Conferences: Regional WALHDAB meetings \$120, WALC conference \$230; Public Health Operations Conference \$200. Lead Refresher Course \$300.  
Mental Health and Substance Use Conference \$491, Suicide Prevention Conference \$25 (paid for through MCH grant)  
APIC conference \$269 (paid for through Communicable Disease grant)  
Environmental Health Conferences \$1,930 (paid for through Agent Program)  
Governor’s Conference for Emergency Management \$931 and NACCHO Preparedness conference \$4,498 (paid for through Preparedness Grant)
- 7) Memberships/Subscriptions: Wisconsin Public Health Association \$200, Wisconsin Association of Local Health Departments and Boards (WALHDAB) \$410, Wisconsin Environmental Health Association \$40, and Wisconsin Association of Weights and Measures \$30, Wisconsin Certified Lactation Counselors Association (WALC) \$85, Association for Professionals in Infection Control \$220.

- 8) Mileage reimbursement has decreased \$500 due to several meetings now being held virtually.



City of De Pere, Wisconsin

**Request For Board of Health Action**

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**MEETING DATE:** August 14, 2023

**DEPARTMENT:** Health Department

**FROM:** Deborah Armbruster

**SUBJECT:** Consideration and possible approval of Draft of 2024 Board of Health Budget

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**ATTACHMENTS:**

- #16 Board of Health final (DOCX)
- #1 GENERAL GOVERNMENT (PDF)

## Board of Health

***Program Full Time Equivalent: 0***

***Program Mission:***

To act as a policy forming body for health department staff in efforts to protect and promote the health of City of De Pere residents.

***List of Program Service(s) Descriptions:***

- 1) *Medical Advisor* – Provides medical orders and advisement to the Health Officer and staff.
- 2) *Fiscal Approval* – Approve annual budget that meets the public health needs of the community at an amount acceptable to the community.
- 3) *Policy Development* – Review local policies and standards for public health services provided by health department staff.

***Important Outputs:***

- 1) *Approval of Health Department Policy and Procedures* – Activity funded by property tax. Policy and procedures provide for consistent services provided to the community.
- 2) *Approval of Annual Budget* – Activity funded by property tax. The annual budget provides for the operation of health department services. This allows the community to have input into the funding utilized to support public health programming.
- 3) *Advisement to Health Officer and Staff* – Activity funded by property tax. Required by state statute. Provides standing orders for medical services provided and program guidance for services to meet the community’s needs.

***Expected Outcomes:***

- 1) Maintain or increase the health of community members by assuring the provision of public health services according to Wisconsin State Statute, standing orders and established department policy and procedures.
- 2) Maintain or increase the number of public health services provided to the community at the lowest possible cost.

***2024 Performance Measures:***

- 1) Assure annual review of health department strategic plan and updates to the agency’s policy and procedures by May of each year.
- 2) Recommend at least 1 health policy to the City Council for consideration/adoption.

***2023 Performance Measurement Data (July 2022 – June 2023):***

- 1) Assure annual review of health department strategic plan and updates to the agency’s policy and procedures by May of each year.
  - a. Result: The board of health reviewed the agency’s policy/procedures on 5/1/2023.
- 2) Recommend at least (1) health policy to the City Council for consideration/adoption.
  - a. Result: The Board of Health gave their recommendation to use City ARPA funds to support mental health outreach and services. Elected officials on the Board of Health to present this recommendation to the City Council.

***Significant Program Achievements:***

The Board of Health has been very supportive of the COVID-19 response efforts and is in agreement that we will continue maintenance follow-up with COVID-19 no longer have COVID-19 as an agenda item going forward unless there is a significant change in this disease.

***Existing Program Standards Including Importance to Community:***

- 1) Conduct at least quarterly meetings of the Board of Health.
  - a. Community Importance.
    - i. Provides opportunity for required actions of the board.
    - ii. Allows opportunity for community involvement.
    - iii. Required by state statute for all local health departments.

***Costs and Benefits of Program and Services:***

The adopted 2024 Board of Health program cost is \$100. The program benefits the community by allowing for resident involvement of board members in the policy development and public health programming. In addition, the Board supports health department programming that promotes healthy lifestyles and protects health through health education, policy development and valued services.

***2024 Program Objectives:***

- 1) Develop policy and provide leadership that emphasizes public health needs and that advocates for equitable distribution of public health resources and/or environmental changes improving health and quality of life.
- 2) Regularly and systematically collect, assemble, analyze and make available information on the health of the community, including statistics on health status and community health needs.

***2023 Budget Significant Expenditure Changes:***

There are none.

City of De Pere  
 2024 General Fund  
 Adopted Budget

EXPENDITURES

Account Title				2022 Year End Actual	2023 Adopted Budget	2023 6 mos Actual	2023 Year End Estimate	2024 Dept Head Proposed	2024 / 2023 Budget % Of Change
<b>BOARD OF HEALTH</b>									
Account Number PERSONAL SERVICES									
100	54110	124	Hourly Wages Board of Health	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	0.00%
100	54110	150	FICA	0	0	0	0	0	0.00%
100	54110	190	Training	20	100	0		100	0.00%
			<b>Subtotal</b>	<b>20</b>	<b>100</b>	<b>0</b>	<b>0</b>	<b>100</b>	<b>0.00%</b>
			<b>TOTAL</b>	<b>\$ 20</b>	<b>\$ 100</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 100</b>	<b>0.00%</b>



City of De Pere, Wisconsin

**Request For Board of Health Action**

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**MEETING DATE:** August 14, 2023

**DEPARTMENT:** Health Department

**FROM:** Deborah Armbruster

**SUBJECT:** Consideration and possible approval of proposed license fee increases for Agent Program for 2024-2025 licensing year

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**ATTACHMENTS:**

- Health Department fee increase proposal 2024-2025 licensing year (PDF)

2024-2025 Projected Health Department Fee Schedule

City of De Pere Health Department  
Fee Schedule

2023-2024 License Year DATCP

Type of Licensing	De Pere 2022/2023 and 2023/2024 Fees	# facilities in De Pere	2024-2025 NEW fee 10% increase	Total 2024- 2025 projected revenue 10% increase	2024-2025 NEW fee 12% increase	Total 2024- 2025 projected revenue 12% increase	100
<b>Division of Food and Recreational Safety (DFRS)</b>							
<b>RETAIL FOOD- SERVING MEALS (restaurants, catering, mobiles)</b>							
Retail Food -Serving Meals, Prepackaged	\$125.00	1	\$137.50	\$137.50	\$140.00	\$140.00	
Retail Food-Serving Meals, Prepackaged w/ Tavern	\$243.00	5	\$267.30	\$1,336.50	\$272.16	\$1,360.80	
Retail Food- Serving Meals, Simple	\$444.00	3	\$488.40	\$1,465.20	\$497.28	\$1,491.84	
Retail Food- Serving Meals, Simple w/ Tavern	\$562.00	0	\$618.20	\$0.00	\$629.44	\$0.00	
Retail Food -Serving Meals, Moderate	\$574.00	34	\$631.40	\$21,467.60	\$642.88	\$21,857.92	
Retail Food -Serving Meals, Moderate w/ Tavern	\$692.00	12	\$761.20	\$9,134.40	\$775.04	\$9,300.48	
Retail Food- Serving Meals, Complex	\$708.00	8	\$778.80	\$6,230.40	\$792.96	\$6,343.68	
Retail Food - Serving Meals, Complex w/ Tavern	\$826.00	9	\$908.60	\$8,177.40	\$925.12	\$8,326.08	
Additional kitchen area	\$81.00	0	\$89.10	\$0.00	\$90.72	\$0.00	
Tavern	\$118.00	2	\$129.80	\$259.60	\$132.16	\$264.32	
Additional bar area-tavern	\$33.00	0	\$36.30	\$0.00	\$36.96	\$0.00	
<b>LODGING</b>							
Hotel / Motel 5-30 Rooms	\$302.00	1	\$332.20	\$332.20	\$338.24	\$338.24	
Hotel / Motel 31-99 Rooms	\$430.00	3	\$473.00	\$1,419.00	\$481.60	\$1,444.80	
Hotel / Motel 100-199 Rooms	\$532.00	0	\$585.20	\$0.00	\$595.84	\$0.00	

2024-2025 Projected Health Department Fee Schedule

Hotel / Motel 200+ Rooms	\$623.00	0	\$685.30	\$0.00	\$697.76	\$0.00
Bed & Breakfast	\$140.00	0	\$154.00	\$0.00	\$156.80	\$0.00
Tourist Rooming House	\$115.00	17	\$126.50	\$2,150.50	\$128.80	\$2,189.60
<b>SWIMMING POOLS</b>						
Pool	\$373.00	9	\$410.30	\$3,692.70	\$417.76	\$3,759.84
Additional Pool	\$183.00	4	\$201.30	\$805.20	\$204.96	\$819.84
Water Attraction with up to 2 slides per basi	\$183.00	1	\$201.30	\$201.30	\$204.96	\$204.96
Additional Pool Slide or Water Slide	\$92.00	0	\$101.20	\$0.00	\$103.04	\$0.00
			\$0.10	\$0.10	\$0.12	\$0.12
Annual Indoor pool sampling fee	\$90.00	8	\$99.00	\$792.00	\$100.80	\$806.40
Annual Outdoor pool sampling fee	\$75.00	5	\$82.50	\$412.50	\$84.00	\$420.00
<b>CAMPGROUNDS/SPECIAL EVENT CAMPGROUNDS</b>						
1-25 Sites	\$192.00	0	\$211.20	\$0.00	\$215.04	\$0.00
26-50 Sites	\$236.00	0	\$259.60	\$0.00	\$264.32	\$0.00
51-99 Sites	\$269.00	1	\$295.90	\$295.90	\$301.28	\$301.28
100-199 Sites	\$310.00	0	\$341.00	\$0.00	\$347.20	\$0.00
Over 200 Sites	\$347.00	0	\$381.70	\$0.00	\$388.64	\$0.00
Recreational / Educational Camp	\$216.00	1	\$237.60	\$237.60	\$241.92	\$241.92
<b>TATTOO / BODY PIERCING</b>						
Tattoo Establishment	\$191.00	3	\$210.10	\$630.30	\$213.92	\$641.76
Body-Piercing Establishment	\$191.00	0	\$210.10	\$0.00	\$213.92	\$0.00
Combined Tattoo & Body Piercing Establish	\$281.00	1	\$309.10	\$309.10	\$314.72	\$314.72
Temporary Tattoo Establishment	\$125.00	0	\$137.50	\$0.00	\$140.00	\$0.00
Temporary Body Piercing Establishment	\$125.00	0	\$137.50	\$0.00	\$140.00	\$0.00
Temporary Combined Tattoo/Body -Piercing	\$180.00	0	\$198.00	\$0.00	\$201.60	\$0.00
<b>SCHOOLS</b>						
Production Kitchen	\$262.00	11	\$288.20	\$3,170.20	\$293.44	\$3,227.84
Satellite kitchen	\$185.00	3	\$203.50	\$610.50	\$207.20	\$621.60
<b>TYPE OF LICENSING</b>						
<b>RETAIL FOOD - NOT SERVING MEALS</b> <i>(includes mobiles)</i>						

2024-2025 Projected Health Department Fee Schedule

Retail Food- Not Serving Meals, Prepackaged (TCS)	\$128.00	8	\$140.80	\$1,126.40	\$143.36	\$1,146.88	
Retail Food- Not Serving Meals, Simple (final product non-TCS)	\$198.00	12	\$217.80	\$2,613.60	\$221.76	\$2,661.12	
Retail Food- Not Serving Meals, Simple (TCS Food)	\$426.00	9	\$468.60	\$4,217.40	\$477.12	\$4,294.08	
Retail Food- Not Serving Meals, Moderate	\$625.00	16	\$687.50	\$11,000.00	\$700.00	\$11,200.00	
Retail Food- Not Serving Meals, Complex	\$1,154.00	4	\$1,269.40	\$5,077.60	\$1,292.48	\$5,169.92	
<b>Transient Retail Food Establishment</b>							
<i>Non-TCS Food**</i>	\$83.00	0	\$91.30	\$0.00	\$92.96	\$0.00	
<i>TCS Food</i>	\$168.00	7	\$184.80	\$1,293.60	\$188.16	\$1,317.12	
<i>Prepackaged TCS Food only**</i>	\$49.00	1	\$53.90	\$53.90	\$54.88	\$54.88	
				\$0.00	\$0.12	\$0.12	
Micromarket	\$40.00	17	\$44.00	\$748.00	\$44.80	\$761.60	
Micromarket 2+	\$60.00	0	\$66.00	\$0.00	\$67.20	\$0.00	
<b>FEES FOR DHS AND DATCP</b>							
Inspection Fee	\$44.00	0	\$48.40	\$0.00	\$49.28	\$0.00	Possible revenue of up to \$3000 from inspections
Operating without a License/Permit	\$162.00	0	\$178.20	\$0.00	\$181.44	\$0.00	
Operating without a Certified Food Manager	\$150.00	0	\$165.00	\$0.00	\$168.00	\$0.00	
Late Fee	\$162.00	0	\$178.20	\$0.00	\$181.44	\$0.00	
Level 1 Pre-inspection for Prepackaged, Tourist Rooming House, and Bed & Breakfast licenses	\$135.00	0	\$148.50	\$0.00	\$151.20	\$0.00	
Level 2 Pre-inspection for other license type	\$270.00	0	\$297.00	\$0.00	\$302.40	\$0.00	
1st Reinspection	\$126.00	0	\$138.60	\$0.00	\$141.12	\$0.00	
2nd Reinspection	\$251.00	0	\$276.10	\$0.00	\$281.12	\$0.00	
3rd Reinspection	\$376.00	0	\$413.60	\$0.00	\$421.12	\$0.00	
<b>WEIGHTS AND MEASURES PROGRAM</b>							





## City of De Pere, Wisconsin

### Request For Board of Health Action

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**MEETING DATE:** August 14, 2023

**DEPARTMENT:** Health Department

**FROM:** Deborah Armbruster

**SUBJECT:** Discussion and possible approval of Lead grant initiatives, including the Wisconsin Lead-in-Water Testing and Remediation Initiative for 2023

---

As part of our Lead grant initiatives, the toolkit for De Pere healthcare providers was updated to reflect follow-up on a venous Pb level of 3.5ug/ml. or greater is recommended. This toolkit will be given to the healthcare providers yet in 2023.

The Lead-in-Water Testing and Remediation Initiative grant from DHS is in progress by Sara and Trista. There are (10) sites that will have their water outlets tested for lead. These are sites are licensed group childcare and Head Start facilities.

#### ATTACHMENTS:

- DHS\_-\_City\_of\_De\_Pere\_HD-\_Lead-in-Water\_Testi (PDF)
- HCP\_Toolkit\_Template.pptx - De Pere - updated for 2023 for De Pere Final for e-mail (PDF)

### Wisconsin Department of Health Services Contract Centralization Legal Review

Agreement Number: **435100-G23-LeadTestRem-30**

Bureau of Procurement and Contracting (BPC) Review:

This agreement uses a BPC template with Office of Legal Counsel (OLC) approved language.

This agreement uses intergovernmental cooperative purchasing.

OLC Review Required:

This agreement does not use a BPC template with Office of Legal Counsel (OLC) approved language or uses a BPC template with requested language changes.

Description:

Please indicate any information that will help the OLC reviewer recall the result of the review of this document.

Office of Legal Counsel (OLC) Review and Approval:

This agreement has been reviewed for form and approved by the Wisconsin Department of Health Services Office of Legal Counsel.

DocuSigned by:

*Cody Wagner*

Name: Cody Wagner

Title: Office of Legal Counsel

6/2/2023

Date Signed

**Bureau of Procurement and Contracting**  
**Procurement Authority Review**  
(Not required for CARS/GEARS agreements)

**Submitting division:** DPH

**Division submitter:** Madelyn Reinagel

**Procurement authority:**

- Request for Bid (provide solicitation#):
- Request for Proposal (provide solicitation#):
- Request for Services
- Waiver (provide waiver#):
- Simplified Bid
- Interagency
- Grant exemption (provide GE#): 018
- Other (describe):

**Appropriation (if applicable):** 15000



**GRANT AGREEMENT**  
**between the**  
**State of Wisconsin Department of Health Services**  
**and**  
**City of De Pere Health Department**  
**for**  
**Lead-in-Water Testing and Remediation Initiative**

DHS Grant Agreement No.: 435100-G23-LeadTestRem-30

DPH Contract No.: 60688

Agreement Amount: \$12,000

Agreement Term Period: 5/15/2023 to 09/30/2023

DHS Division: Division of Public Health

DHS Grant Administrator: Madelyn Reinagel

DHS Telephone: 608-266-0381

DHS Email: madelyn.reinagel@dhs.wisconsin.gov

Grantee Grant Administrator: Deborah E. Armbruster

Grantee Telephone: 920-339-4054

Grantee Email: darmbruster@deperewi.gov

Grantee Unique Entity Identifier (UEI) Name: De Pere Health Department

NETWXQK1LN95

Grantee Unique Entity Identifier (UEI) Number:

Grantee Supplier ID: 39-6005431

DHS and the Grantee acknowledge that they have read the Agreement and the attached documents, understand them and agree to be bound by their terms and conditions. Further, DHS and the Grantee agree that the Agreement and the exhibits and documents incorporated herein by reference are the complete and exclusive statement of agreement between the parties relating to the subject matter of the Agreement and supersede all proposals, letters of intent or prior agreements, oral or written and all other communications and representations between the parties relating to the subject matter of the Agreement. DHS reserves the rights to reject or cancel Agreements based on documents that have been altered. This Agreement becomes null and void if the time between the earlier dated signature and the later dated signature exceeds sixty (60) days, unless waived by DHS.

**State of Wisconsin**  
**Department of Health Services**

**Grantee**  
Entity Name: De Pere Health Department

Authorized Representative

Name: Jonette Arms

Title: Assistant Administrator

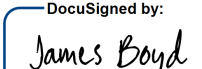
Signature:   
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Date: 6/5/2023

Authorized Representative

Name: James Boyd

Title: Mayor

Signature:   
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Date: 6/5/2023

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## 1. DEFINITIONS

Words and terms will be defined by their ordinary and usual meanings. Unless negotiated otherwise by the parties, where capitalized, the following words and terms will be defined by the meanings indicated. The meanings are applicable to the singular, plural, masculine, feminine and neuter of the words and terms.

**Agency:** an office, department, agency, institution of higher education, association, society or other body in State of Wisconsin government created or authorized to be created by the Wisconsin State Constitution or any law, which is entitled to expend monies appropriated by law, including the Legislature and the courts.

**Assistance Listing:** refers to the publicly available listing of Federal assistance programs managed and administered by the General Services Administration, formerly known as the Catalog of Federal Domestic Assistance (CFDA), pursuant to 2 C.F.R. § 200.1.

**Business Associate:** pursuant to 45 C.F.R. § 160.103, a business associate includes:

- (i) A health information organization, e-prescribing gateway, or other person that provides data transmission services with respect to protected health information to a covered entity and that requires access on a routine basis to such protected health information.
- (ii) A person that offers a personal health record to one or more individuals on behalf of a covered entity.
- (iii) A subcontractor that creates, receives, maintains, or transmits protected health information on behalf of the business associate.

**Business Day:** any day on which the State of Wisconsin is open for business, generally Monday through Friday unless otherwise specified in this Agreement.

**Confidential Information:** all tangible and intangible information and materials being disclosed in connection with this Agreement, in any form or medium without regard to whether the information is owned by the State of Wisconsin or by a third party, which satisfies at least one (1) of the following criteria: (i) Personally Identifiable Information; (ii) Protected Health Information under HIPAA, 45 C.F.R. § 160.103; (iii) non-public information related to DHS' employees, customers, technology (including databases, data processing and communications networking systems), schematics, specifications, and all information or materials derived therefrom or based thereon; or (iv) information expressly designated as confidential in writing by DHS. Confidential Information includes all information that is restricted or prohibited from disclosure by state or federal law.

**Day:** calendar day unless otherwise specified in this Agreement.

**DHS:** Department of Health Services.

**Grant Administrator:** individual(s) responsible for ensuring all steps in the grant administration process are completed, including drafting grant language, negotiating grant terms, and monitoring the granted entity's performance.

**Personally Identifiable Information:** an individual's last name and the individual's first name or first initial, in combination with and linked to any of the following elements, if that element is not publicly available information and is not encrypted, redacted, or altered in any manner that renders the element unreadable: (a) the individual's Social Security number; (b) the individual's driver's license number or state identification number; (c) the number of the individual's financial account, including a credit or debit card account number, or any security code, access code, or password that would permit access to the individual's financial account; (d) the individual's DNA profile; or (e) the individual's unique biometric data, including fingerprint, voice print, retina or iris image, or any other unique physical representation, and any other information protected by state or federal law.

**Protected Health Information (PHI):** health information, including demographic information, created, received, maintained, or transmitted in any form or media by the Business Associate, on behalf of the Covered Entity, where such information relates to the past, present, or future physical or mental health or condition of an individual, the

provision of health care to an individual, or the payment for the provision of health care to an individual, that identifies the individual or provides a reasonable basis to believe that it can be used to identify an individual.

**Publicly Available Information:** any information that an entity reasonably believes is one of the following: a) lawfully made widely available through any media; b) lawfully made available to the general public from federal, state, or local government records or disclosures to the general public that are required to be made by federal, state, or local law.

## 2. ORDER OF PRECEDENCE

This Agreement and the following documents incorporated by reference into the Agreement constitute the entire agreement of the parties and supersedes all prior communications, representations or agreements between the parties, whether oral or written. Any conflict or inconsistency will be resolved by giving precedence in the following descending order:

1. The Business Associate Agreement (BAA) if applicable.
2. The terms of this Agreement.
3. Any and all exhibits or appendices to this Agreement.

## 3. PARTIES

This is a grant agreement between the state agency responsible for overseeing the coordination and integration of social service programs and the Grantee listed below.

- A. The Wisconsin State Agency is: The State of Wisconsin Department of Health Services (DHS).  
DHS' principal business address is: 1 West Wilson Street, Room 139, Madison, Wisconsin 53703.
- B. The Grantee is: City of De Pere Health Department  
The Grantee's principal business address is: 335 S Broadway, De Pere, WI, 54115

## 4. PURPOSE AND SCOPE

This Grant Agreement (Agreement) and Exhibit(s) describe the terms and conditions under which the Grantee receives an award from DHS to carry out part of a state and/or federal program.

The Grantee agrees to provide goods and/or care and services consistent with the purposes and conditions of the objectives that it has agreed to attain within the Agreement period as referred to in the attached exhibit(s).

### 4.1 List of Exhibits

Exhibit 1: Scope of Work

## 5. CONTACT INFORMATION

DHS Grant Administrator  
Grant Administrator Name: **Madelyn Reinagel**  
Telephone: **608-266-0381**  
Email: **madelyn.reinagel@dhs.wisconsin.gov**

Grantee Grant Administrator  
Grant Administrator Name: **Deborah E. Armbruster**  
Telephone: **920-339-4054**  
Email: **darmbruster@deperewi.gov**

DHS will mail legal notices to the Grantee's Grant Administrator at the address identified in Section 3, unless otherwise notified by the Grantee.

## 6. PAYMENT FOR GRANT AWARD

Invoices presented for payment must be submitted in accordance with instructions contained on the purchase order including reference to purchase order number and submittal to the correct address for processing.

- A. *Prompt Payment Law*: DHS shall pay properly submitted Supplier invoices within thirty (30) days of receipt, providing that the services to be provided to DHS have been delivered, rendered, or installed (as the case may be), and accepted as specified in this Agreement and all documents incorporated herein by reference. A good faith dispute in regard to an invoice creates an exception to prompt payment pursuant to Wis. Stat. § 16.528
- B. *State Tax Exemption*: DHS is exempt from payment of Wisconsin sales or use tax on all purchases.
- C. *Payment Offsets for Grantee's Delinquency*: The State of Wisconsin may offset payments made to the Grantee under this Agreement in an amount necessary to satisfy a certified or verifiable delinquent payment owed to the State or any state or local unit of government. DHS reserves the right to cancel this Agreement as provided in Agreement Cancellation, if the delinquency is not satisfied by the offset or other means during the Agreement term.
- D. *Refund of Credits*: DHS may request a refund of credits owed at any time. Grantee agrees to refund credits owed within sixty (60) days of DHS's request.

## 7. REPORTING

- A. The Grantee shall comply with DHS' program reporting requirements as specified in the Scope of Work.
- B. The required reports shall be forwarded to DHS Grant Administrator according to the schedule established by DHS.

## 8. FEDERAL AND STATE RULES AND REGULATIONS

- A. The Grantee agrees to meet state and federal laws, rules, regulations, and program policies applicable to this Agreement.
- B. The Grantee will act solely in its independent capacity and not as an employee of DHS. The Grantee shall not be deemed or construed to be an employee of DHS for any purpose.
- C. The Grantee agrees to comply with Public Law 103-227, also known as the Pro-Children Act of 2001, which prohibits tobacco smoke in any portion of a facility owned, leased, or granted for or by an entity that receives federal funds, either directly or through the state, for the purpose of providing services to children under the age of 18.
- D. Pursuant to 2021 Wisconsin Executive Order 122, use of state funds for conversion therapy is expressly disallowed. 'Conversion therapy' does not include: any practice or treatment that provides acceptance, support, or understanding to an individual, or any practice or treatment that facilitates an individual's coping, social support, or identity exploration and development, so long as such practices or treatments do not seek to change sexual orientation or gender identity; any practice or treatment that is neutral with regard to sexual orientation or gender identity and that seeks to prevent or address unlawful conduct or unsafe practices, or any practice or treatment that assists an individual seeking to undergo a gender transition or who is in the process of undergoing a gender transition.
- E. Pursuant to 2023 Executive Order 184, grantee agrees it does not sell any products prohibited in the Order. In addition, grantee agrees that in fulfillment of its responsibilities under the Contract that no subcontractor relationship exists that would violate the prohibitions outlined in the Order.
- F. If federally funded, pursuant to 2 C.F.R. §200.322, the requirements of 2 C.F.R. §200.322 must be included in this award. The following clauses are hereby incorporated into this Contract and are enforceable as if restated herein in their entirety by reference to the following link: <https://www.govregs.com/regulations/2/200.322>

## 9. AFFIRMATIVE ACTION

Pursuant to 2019 Wisconsin Executive Order 1, contractor agrees it will hire only on the basis of merit and will not discriminate against any persons performing a contract, subcontract or grant because of military or veteran status, gender identity or expression, marital or familial status, genetic information or political affiliation.

As required by Wisconsin's Contract Compliance Law, Wis. Stat. § 16.765 and Wis. Admin. Code § Adm 50.04, the Grantee must agree to equal employment and affirmative action policies and practices in its employment programs:

The Grantee agrees to make every reasonable effort to develop a balance in either its total workforce or in the project-related workforce that is based on a ratio of work hours performed by handicapped persons, minorities, and women except that, if the department finds that the Grantee is allocating its workforce in a manner which circumvents the

intent of this chapter, the Department may require the Grantee to attempt to create a balance in its total workforce. The balance shall be at least proportional to the percentage of minorities and women present in the relevant labor markets based on data prepared by the Department of Industry, Labor and Human Relations, the Office of Federal Contract Compliance Programs or by another appropriate governmental entity. In the absence of any reliable data, the percentage for qualified handicapped persons shall be at least 2% for whom a Grantee must make a reasonable accommodation.

The Grantee must submit an Affirmative Action Plan within fifteen (15) working days of the signed Agreement. Exemptions exist, and are noted in the Instructions for Grantees posted on the following website under DOA-3021P: <https://doa.wi.gov/Pages/SBOPForms.aspx>.

The Grantee must submit its Affirmative Action Plan or request for exemption from filing an Affirmative Action Plan to:

Department of Health Services  
 Division of Enterprise Services  
 Bureau of Procurement and Contracting  
 Affirmative Action Plan/CRC Coordinator  
 1 West Wilson Street, Room 672  
 P.O. Box 7850  
 Madison, WI 53707  
[dhscontractcompliance@dhs.wisconsin.gov](mailto:dhscontractcompliance@dhs.wisconsin.gov)

## 10. CIVIL RIGHTS COMPLIANCE

As required by Wis. Stat. § 16.765, in connection with the performance of work under this Agreement, the Grantee agrees not to discriminate against any employee or applicant for employment because of age, race, religion, color, handicap, sex, physical condition, developmental disability as defined in Wis. Stat. § 51.01(5), sexual orientation or national origin. This provision shall include, but not be limited to, the following: employment, upgrading, demotion or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. Except with respect to sexual orientation, the Grantee further agrees to take affirmative action to ensure equal employment opportunities. The Grantee agrees to post in conspicuous places, available for employees and applicants for employment, notices to be provided by the contracting officer setting forth the provisions of the nondiscrimination clause.

The Grantee must file a Civil Rights Compliance Letter of Assurance (CRC LOA) for the current compliance period, within fifteen (15) working days of the effective date of the Agreement. If the Grantee employs fifty (50) or more employees and receives at least \$50,000 in funding, the Grantee must complete a Civil Rights Compliance Plan (CRC Plan) unless the grantee meets one of the limited exceptions. The current Civil Rights Compliance Requirements and all appendices are hereby incorporated by reference into this Agreement and are enforceable as if restated herein in their entirety. The Civil Rights Compliance Requirements, including the CRC LOA form and the template and instructions for the CRC Plan can be found at <https://www.dhs.wisconsin.gov/civil-rights/requirements.htm> or by contacting:

Department of Health Services  
 Civil Rights Compliance  
 Attn: Civil Rights Compliance Officer  
 1 West Wilson Street, Room 651  
 P.O. Box 7850  
 Madison, WI 53707-7850  
 Telephone: (608) 267-4955 (Voice)  
 711 or 1-800-947-3529 (TTY)  
 Fax: (608) 267-1434  
 Email: [DHSCRC@dhs.wisconsin.gov](mailto:DHSCRC@dhs.wisconsin.gov)

The CRC Plan must be kept on file by the Grantee and made available upon request to any representative of DHS. Civil Rights Compliance Letters of Assurances should be sent to:

Department of Health Services  
Division of Enterprise Services  
Bureau of Procurement and Contracting  
Affirmative Action Plan/CRC Coordinator  
1 West Wilson Street, Room 672  
P.O. Box 7850  
Madison, WI 53707  
[dhscontractcompliance@dhs.wisconsin.gov](mailto:dhscontractcompliance@dhs.wisconsin.gov)

The Grantee agrees to cooperate with DHS in any complaint investigations, monitoring or enforcement related to civil rights compliance of the Grantee or its Subgrantee(s) under this Agreement. DHS agrees to coordinate with the Grantee in its efforts to comply with the Grantee's responsibilities under these nondiscrimination provisions.

## 11. CONFIDENTIAL, PROPRIETARY, AND PERSONALLY IDENTIFIABLE INFORMATION

In connection with the performance of the work prescribed in this Agreement, it may be necessary for DHS to disclose to the Grantee certain information that is considered to be confidential, proprietary, or containing Personally Identifiable Information (Confidential Information). The Grantee shall not use such Confidential Information for any purpose other than the limited purposes set forth in this Agreement, and all related and necessary actions taken in fulfillment of the obligations herein. The Grantee shall hold all Confidential Information in confidence, and shall not disclose such Confidential Information to any persons other than those directors, officers, employees, and agents who have a business-related need to have access to such Confidential Information in furtherance of the limited purposes of this Agreement and who have been apprised of, and agree to maintain, the confidential nature of such information in accordance with the terms of this Agreement.

The Grantee shall institute and maintain such security procedures as are commercially reasonable to maintain the confidentiality of the Confidential Information while in its possession or control including transportation, whether physically or electronically. DHS may conduct a compliance review of the Grantee's security procedures to protect Confidential Information under Section 17 (Audits) of this Agreement.

The Grantee shall ensure that all indications of confidentiality contained on or included in any item of Confidential Information shall be reproduced by the Grantee on any reproduction, modification, or translation of such Confidential Information. If requested by DHS, the Grantee shall make a reasonable effort to add a proprietary notice or indication of confidentiality to any tangible materials within its possession that contain Confidential Information of DHS, as directed.

The Grantee or its employees and Subgrantees will not reuse, sell, make available, or make use in any format the data researched or compiled for this Agreement for any venture, profitable or not, outside this Agreement.

The restrictions herein shall survive the termination of this Agreement for any reason and shall continue in full force and effect and shall be binding upon the Grantee or its agents, employees, successors, assigns, Subgrantee, or any party claiming an interest in this Agreement on behalf of or under the rights of Grantee following any termination. Grantee shall advise all of their agents, employees, successors, assigns and Subgrantee which are engaged by the State of the restrictions, present and continuing, set forth herein. Grantee shall defend and incur all costs, if any, for actions that arise as a result of noncompliance by Grantee, its agents, employees, successors, assigns and Subgrantee regarding the restrictions herein.

A.

*Reporting to DHS:* Grantee shall immediately report within five (5) business days or less to DHS any use or disclosure of Confidential Information not provided for by this Agreement, of which it becomes aware, per state and federal requirements, as stated in any and all exhibits or appendices to this Agreement. Grantee shall cooperate with DHS' investigation, analysis, notification and mitigation activities, and shall be responsible for all costs incurred by DHS for those activities.

B. *Indemnification:* In the event of a breach of this section by Grantee, Grantee shall indemnify and hold harmless DHS and any of its officers, employees, or agents from any claims arising from the acts or omissions of the Grantee, and its Subgrantee, employees and agents, in violation of this section, including but not limited to, costs

of credit monitoring and identity theft restoration coverage for one (1) year of coverage from the date the individual enrolls, of all persons whose Confidential Information was disclosed, disallowances or penalties from federal oversight agencies, and any court costs, expenses, and reasonable attorney fees, incurred by DHS in the enforcement of this section.

- C. *Equitable Relief*: The Grantee acknowledges and agrees that the unauthorized use, disclosure, or loss of Confidential Information may cause immediate and irreparable injury to the individuals whose information is disclosed and to DHS, which injury will not be compensable by money damages and for which there is not an adequate remedy available by law. Accordingly, the parties specifically agree that DHS, in its own behalf or on behalf of the affected individuals, may seek injunctive or other equitable relief to prevent or curtail any such breach, threatened or actual, without posting security and without prejudice to such other rights as may be available under this Agreement or applicable law.
- D. *Liquidated Damages*: The Grantee agrees that an unauthorized use or disclosure of Confidential Information may result in damage to the State's reputation and ability to serve the public interest in its administration of programs affected by this Agreement. Such amounts of damages which will be sustained are not calculable with any degree of certainty and thus shall be set forth herein. Assessment under this provision is in addition to other remedies under this Agreement and as provided in law or equity. DHS shall assess reasonable damages as appropriate and notify the Grantee in writing of the assessment. The Grantee shall automatically deduct any assessed damages from the next appropriate monthly invoice, itemizing the assessment deductions on the invoice. Liquidated Damages shall not exceed the following:
1. \$1,000 for each individual whose Confidential Information was used or disclosed;
  2. \$2,500 per day for each day that the Grantee fails to substantially comply with the Corrective Action Plan under this Section
- E. *HIPAA*: The Grantee **IS NOT** a "Business Associate" pursuant to the definition under the Health Insurance Portability and Accountability Act (HIPAA) and the regulations promulgated thereunder specifically 45 C.F.R. § 160.103. If the parties are Business Associates, then the parties shall comply with DHS' Business Associate Agreement.

If the Grantee is a Business Associate, the Grantee agrees to comply with the Health Insurance Portability and Accountability Act, Public Law 104-191 and with the Standards for Privacy and Security of Individually Identifiable Health Information, 45 C.F.R. Parts 160 and 164 applicable to Business Associates. As defined herein, "Business Associate" shall mean the Grantee and Subgrantee and agents of the Grantee that receive, use or have access to protected health information under this Agreement and "Covered Entity" shall mean the State of Wisconsin, Department of Health Services.

In agreements for the provision of services, activities, or functions covered by the Health Insurance Portability and Accountability act of 1996 (HIPAA), the Grantee as a Business Associate must complete a Business Associate Agreement (BAA) [F-00759](#). This document must be fully executed before Agreement performance begins.

This Section shall survive the termination of the Agreement.

## 12. HIGH-RISK IT REVIEW

Pursuant to Wis. Stat. 16.973(13), Contractor is required to submit, via the contracting agency, to the Department of Administration for approval any order or amendment that would change the scope of the contract and have the effect of increasing the contract price. The Department of Administration shall be authorized to review the original contract and the order or amendment to determine whether the work proposed in the order or amendment is within the scope of the original contract and whether the work proposed in the order or amendment is necessary. The Department of Administration may assist the contracting agency in negotiations regarding any change to the original contract price.

## 13. SUBGRANT or SUBCONTRACT

- A. DHS reserves the right of approval of any Grantee's further contracts, grants, contractors, or grantees under this Agreement, and the Grantee shall report information relating to any further contract, grants,

contractors, or grantees to DHS. A change in any further contractor or grantee or a change from a direct service provision to a further contractor or grantee may only be executed with the prior written approval of DHS. In addition, DHS approval may be required regarding the terms and conditions of any further contracts or grants and the further contractor or grantee selected. Approval of any further contracts, grants, contractors, or grantees will be withheld if DHS reasonably believes that the intended further contractor or grantee will not be a responsible contractor or grantee in terms of services provided and costs billed.

- B. The Grantee retains responsibility for fulfillment of all terms and conditions of this Agreement when it enters into any further contract or grant and will be subject to enforcement of all the terms and conditions of this Agreement.

#### 14. GENERAL PROVISIONS

- A. Any payments of monies to the Grantee by DHS for goods and/or services provided under this Agreement shall be deposited in a Federal Deposit Insurance Corporation (the "FDIC") insured bank. Any balance exceeding FDIC coverage must be collaterally secured.
- B. The Grantee shall conduct all procurement transactions in a manner that provides maximum open and free competition.
- C. If a state public official (*see* Wis. Stat. § 19.42), a member of a state public official's immediate family, or any organization in which a state public official or a member of the official's immediate family owns or controls at least a 10 percent (10%) interest is a party to this Agreement and if this Agreement involves payment of more than \$3,000 within a 12-month period, this Agreement is void unless appropriate written disclosure is made, according to Wis. Stat. § 19.45(6), before signing the Agreement. Written disclosure, if required, must be made to the State of Wisconsin Ethics Commission at:

Wisconsin Ethics Commission  
 PO Box 7125  
 Madison, WI 53707-7125  
 Fax: (608) 264-9319

- D. If the Grantee or Subgrantee is a corporation other than a Wisconsin corporation, it must demonstrate, prior to providing services under this Agreement, that it possesses a *Certificate of Authority* from the State of Wisconsin Department of Financial Institutions, and must have and continuously maintain a registered agent, and otherwise conform to all requirements of Wis. Stat. chs. 180 and 181 relating to foreign corporations.
- E. The Grantee agrees that funds provided under this Agreement shall be used to supplement or expand the Grantee's efforts, not to replace or allow for the release of available Grantee funds for alternative uses.

#### 15. ACCOUNTING REQUIREMENTS

- A. The Grantee's accounting system shall allow for accounting for individual grants, permit timely preparation of expenditure reports required by DHS as contained in Section 6 of this Agreement, and support expenditure reports submitted to DHS.
- B. The Grantee shall reconcile costs reported to DHS for reimbursement or as match to expenses recorded in the Grantee's accounting or simplified bookkeeping system on an ongoing and periodic basis. The Grantee agrees to complete and document reconciliation at least quarterly and to provide a copy to DHS upon request. The Grantee shall retain the reconciliation documentation according to approved records retention requirements.
- C. Expenditures of funds from this Agreement must meet the Department's allowable cost definitions as defined in the Department's Allowable Cost Policy Manual (<https://www.dhs.wisconsin.gov/business/allow-cost-manual.htm>).

#### 16. CHANGES IN ACCOUNTING PERIOD

- A. The Grantee shall notify DHS of any change in its accounting period and provide proof of Internal Revenue Service (IRS) approval for the change.
- B. Proof of IRS approval shall be considered verification that the Grantee has a substantial business reason for changing its accounting period.

- C. A change in accounting period shall not relieve the Grantee of the reporting or audit requirements of this Agreement. An audit meeting the requirements of this Agreement shall be submitted within ninety (90) days after the first day of the start of the new accounting period for the short accounting period and within one hundred and eighty (180) days of the close of the new accounting period for the new period. For purposes of determining audit requirements, expenses and revenues incurred during the short accounting period shall be annualized.

## 17. PROPERTY MANAGEMENT REQUIREMENTS

- A. Property insurance coverage will be provided by the Grantee for fire and extended coverage of any equipment funded under this Agreement which DHS retains ownership of and which is in the care, custody, and control of the Grantee.
- B. DHS shall have all ownership rights in any computer hardware supplied by DHS as a result of this Agreement. DHS shall have all ownership rights in any software or modifications thereof and associated documentation that is designed and installed or developed and installed under this Agreement. The Grantee shall have all ownership rights in any computer hardware funded under this Agreement and will have a nonexclusive, nontransferable license to use for its purposes of the software or modifications and associated documentation that is designed and/or installed under this Agreement.
- C. The Grantee agrees that if any materials are developed under this Agreement, DHS shall have a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use and to authorize others to use such materials. Any discovery or invention arising out of, or developed in the course of, work aided by this Agreement shall be promptly and fully reported to DHS.

## 18. AUDITS

- A. *Requirement to Have an Audit:* Unless waived by DHS, the Grantee shall submit an annual audit to DHS if the total amount of annual funding provided by DHS (from any and all of its Divisions or subunits taken collectively) through this and other Grants is \$100,000 or more. In determining the amount of annual funding provided by DHS, the Grantee shall consider both: (a) funds provided through direct Grants with DHS; and (b) funds from DHS passed through another agency which has one or more Grants with the Grantee.
- B. *Audit Requirements:* The audit shall be performed in accordance with generally accepted auditing standards, Wis. Stat. § 46.036, Government Auditing Standards as issued by the U.S. Government Accountability Office, and other provisions specified in this agreement. In addition, the Grantee is responsible for ensuring that the audit complies with other standards and guidelines that may be applicable depending on the type of services provided and the amount of pass-through dollars received. Please reference the following audit documents for complete audit requirements:
- 2 Code of Federal Regulations (C.F.R.), Part 200 - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, Subpart F - Audits. The guidance also includes an Annual Compliance Supplement that details specific federal agency rules for accepting federal subawards.
  - The State Single Audit Guidelines (SSAG) expand on the requirements of 2 C.F.R. Part 200 Subpart F by identifying additional conditions that require a state single audit. Section 1.3 of the SSAG lists the required conditions.
  - DHS Audit Guide is an appendix to the SSAG and contains additional DHS-specific audit guidance for those entities who meet the SSAG requirements. It also provides guidance for those entities that are not required to have a Single Audit but need to comply with DHS subrecipient/contractor audit requirements. An audit report is due to DHS if a subrecipient/contractor receives more than \$100,000 in pass-through money from DHS as determined by Wis. Stat. § 46.036.
- C. *Source of Funding:* DHS shall provide funding information to all subrecipient/contractors for audit purposes, including the name of the program, the federal agency where the program originated, the Assistance Listing number and the percentages of federal, state and local funds constituting the agreement.
- D. *Reporting Package:* The subrecipient/contractor that is required to have a Single Audit based on 2 C.F.R. Part 200 Subpart F and the State Single Audit Guide is required to submit to DHS a reporting package which includes all of the following:
1. General-purpose financial statements of the overall agency and a schedule of expenditures of federal and state awards, including the independent auditor's opinion on the statements and schedule.
  2. Schedule of findings and questioned costs, schedule of prior audit findings, corrective action plan and the management letter (if issued).

3. Report on compliance and on internal control over financial reporting based on an audit performed in accordance with government auditing standards.
4. Report on compliance for each major program and a report on internal control over compliance.
5. Report on compliance with requirements applicable to the federal and state program and on internal control over compliance in accordance with the program-specific audit option.
6. \* DHS Cost Reimbursement Award Schedule. This schedule is required by DHS if the subrecipient/contractor is a non-profit, for-profit, a governmental unit other than a tribe, county, Chapter 51 board or school district; if the subrecipient/contractor receives funding directly from DHS; if payment is based on or limited to an actual allowable cost basis; and if the auditee reported expenses or other activity resulting in payments totaling \$100,000 or more for all of its grant(s) or contract(s) with DHS.
7. \*Reserve Schedule is only required if the subrecipient/contractor is a non-profit and paid on a prospectively set rate.
8. \*Allowable Profit Schedule is only required if the subrecipient/contractor is a for-profit entity.
9. \*Additional Supplemental Schedule(s) required by funding agency may be required. Check with the funding agency.

\*NOTE: These schedules are only required for certain types of entities or specific financial conditions.

For subrecipient/contractors that do not meet the federal audit requirements of 2 C.F.R. Part 200 and SSAG, the audit reporting package to DHS shall include all of the above items except items 4 and 5.

- E. *Audit Due Date:* Audits that must comply with 2 C.F.R. Part 200 and the State Single Audit Guidelines are due to the granting agencies nine months from the end of the fiscal period or thirty (30) days from completion of the audit, whichever is sooner. For all other audits, the due date is six months from the end of the fiscal period unless a different date is specified within the contract or grant agreement.
- F. *Sending the Reporting Package:* Audit reports shall be sent by the auditor via email to [DHSAuditors@Wisconsin.gov](mailto:DHSAuditors@Wisconsin.gov) with "cc" to the subrecipient/auditee. The audit reports shall be electronically created pdf files that are text searchable, unlocked, and unencrypted. (Note: To ensure that pdf files are unlocked and text-searchable, do not scan a physical copy of the audit report and do not change the default security settings in your pdf creator.)
- G. *Access to Subrecipient Records:* The auditee must provide the auditor with access to personnel, accounts, books, records, supporting documentation, and other information as needed for the auditor to perform the required audit. The auditee shall permit appropriate representatives of DHS to have access to the auditee's records and financial statements as necessary to review the auditee's compliance with federal and state requirements for the use of the funding. Having an independent audit does not limit the authority of DHS to conduct or arrange for other audits or review of federal or state programs. DHS shall use information from the audit to conduct their own reviews without duplication of the independent auditor's work.
- H. *Access to Auditor's Work Papers:* The auditor shall make audit work papers available upon request to the auditee, DHS or their designee as part of performing a quality review, resolving audit findings, or carrying out oversight responsibilities. Access to working papers includes the right to obtain copies of working papers.
- I. *Failure to Comply with the Audit Requirements:* DHS may impose sanctions when needed to ensure that auditees have complied with the requirements to provide DHS with an audit that meets the applicable standards and to administer state and federal programs in accordance with the applicable requirements. Examples of situations when sanctions may be warranted include:
  1. The auditee did not have an audit.
  2. The auditee did not send the audit to DHS or another granting agency within the original or extended audit deadline.
  3. The auditor did not perform the audit in accordance with applicable standards, including the standards described in the SSAG.
  4. The audit reporting package is not complete; for example, the reporting package is missing the corrective action plan or other required elements.
  5. The auditee does not cooperate with DHS or another granting agency's audit resolution efforts; for example, the auditee does not take corrective action or does not repay disallowed costs to the granting agency.
- J. *Sanctions:* DHS will choose sanctions that suit the particular circumstances and also promote compliance and/or corrective action. Possible sanctions may include:
  1. Requiring modified monitoring and/or reporting provisions;
  2. Delaying payments, withholding a percentage of payments, withholding or disallowing overhead costs, or suspending the award until the auditee is in compliance;
  3. Disallowing the cost of audits that do not meet these standards;

4. Conducting an audit or arranging for an independent audit of the auditee and charging the cost of completing the audit to the auditee;
  5. Charging the auditee for all loss of federal or state aid or for penalties assessed to DHS because the auditee did not comply with audit requirements;
  6. Assessing financial sanctions or penalties;
  7. Discontinuing contracting with the auditee; and/or
  8. Taking other action that DHS determines is necessary to protect federal or state pass-through funding.
- K. *Closeout Audits*: An agreement specific audit of an accounting period of less than 12 months is required when an agreement is terminated for cause, when the auditee ceases operations or changes its accounting period (fiscal year). The purpose of the audit is to close-out the short accounting period. The required close-out agreement specific audit may be waived by DHS upon written request from the subrecipient/contractor, except when the agreement is terminated for cause. The required close-out audit may not be waived when an agreement is terminated for cause.

The auditee shall ensure that its auditor contacts DHS prior to beginning the audit. DHS, or its representative, shall have the opportunity to review the planned audit program, request additional compliance or internal control testing and attend any conference between the auditee and the auditor. Payment of increased audit costs, as a result of the additional testing requested by DHS, is the responsibility of the auditee.

DHS may require a close-out audit that meets the audit requirements specified in 2 C.F.R. Part 200 Subpart F. In addition, DHS may require that the auditor annualize revenues and expenditures for the purposes of applying 2 C.F.R. Part 200 Subpart F and determining major federal financial assistance programs. This information shall be disclosed in a note within the schedule of federal awards. All other provisions in 2 C.F.R. Part 200 Subpart F- Audit Requirements apply to close-out audits unless in conflict with the specific close-out audit requirements.

## 19. OTHER ASSURANCES

- A. The Grantee shall notify DHS in writing, within thirty (30) days of the date payment was due, of any past due liabilities to the federal government, state government, or their agents for income tax withholding, Federal Insurance Contributions Act (FICA) tax, worker's compensation, unemployment compensation, garnishments or other employee related liabilities, sales tax, income tax of the Grantee, or other monies owed. The written notice shall include the amount owed, the reason the monies are owed, the due date, the amount of any penalties or interest (known or estimated), the unit of government to which the monies are owed, the expected payment date, and other related information.
- B. The Grantee shall notify DHS in writing, within thirty (30) days of the date payment was due, of any past due payment in excess of \$500 or when total past due liabilities to any one or more vendors exceed \$1,000 related to the operation of this Agreement for which DHS has reimbursed or will reimburse the Grantee. The written notice shall include the amount owed, the reason the monies are owed, the due date, the amount of any penalties or interest (known or estimated), the vendor to which the monies are owed, the expected payment date, and other related information. If the liability is in dispute, the written notice shall contain a discussion of facts related to the dispute and the information on steps being taken by the Grantee to resolve the dispute.
- C. DHS may require written assurance at the time of entering into this Agreement that the Grantee has in force, and will maintain for the course of this Agreement, employee dishonesty bonding in a reasonable amount to be determined by DHS up to \$500,000.

## 20. RECORDS

- A. The Grantee shall maintain written and electronic records as required by state and federal law and required by program policies.
- B. The Grantee and its Subgrantee(s) or Subcontractor(s) shall comply with all state and federal confidentiality laws concerning the information in both the records it maintains and in any of DHS' records that the Grantee accesses to provide services under this Agreement.
- C. The Grantee and its Subgrantee(s) or Subcontractor(s) will allow inspection of records and programs, insofar as is permitted by state and federal law, by representatives of DHS, its authorized agents, and federal agencies, in order to confirm the Grantee's compliance with the specifications of this Agreement.
- D. The Grantee agrees to retain and make available to DHS all program and fiscal records for six (6) years after the end of the Agreement period.

- E. The use or disclosure by any party of any information concerning eligible individuals who receive services from the Grantee for any purpose not connected with the administration of the Grantee's or DHS' responsibilities under this Agreement is prohibited except with the informed, written consent of the eligible individual or the individual's legal guardian.

## 21. CONTRACT REVISIONS AND/OR TERMINATION

- A. The Grantee agrees to renegotiate with DHS the terms and conditions of this Agreement or any part thereof in such circumstances as:
1. Increased or decreased volume of services.
  2. Changes required by state and federal law or regulations or court action.
  3. Increase or reduction in the monies available affecting the substance of this Agreement.
- B. Failure to agree to a renegotiated Agreement under these circumstances is cause for DHS to terminate this Agreement.
- C. *Non-Appropriation*: DHS reserves the right to cancel this Agreement in whole or in part without penalty if the Wisconsin Legislature, United States Congress, or any other direct funding entity contributing to the financial support of this contract fails to appropriate funds necessary to complete the contract.
- D. *Termination for Cause*: DHS may terminate this Agreement after providing the Grantee with thirty (30) calendar days written notice of the Grantee's right to cure a failure of the Grantee to perform under the terms of this Agreement, if the Grantee fails to so cure or commence to cure.  
The Grantee may terminate the Agreement after providing DHS a written notice, within one hundred and twenty (120) calendar days, of DHS' right to cure a failure to perform under the terms of this Agreement.  
Upon the termination of this Agreement for any reason, or upon Agreement expiration, each party shall be released from all obligations to the other party arising after the date of termination or expiration, except for those that by their terms survive such termination or expiration.  
Upon termination for cause, the Grantee shall be entitled to receive compensation for any deliverables' payments owed under the Agreement only for deliverables that have been approved and accepted by DHS.
- E. *Termination for Convenience*: Either party may terminate this Agreement at any time, without cause, by providing a written notice. DHS must notify the Grantee at least forty-five (45) calendar days prior to the desired date of termination for convenience. The Grantee must notify DHS at least one hundred and twenty (120) calendar days prior to the desired date of termination for convenience- during this notification period, the Grantee will continue providing services in accordance with the Agreement requirements.  
In the event of termination for convenience, the Grantee shall be entitled to receive compensation for any fees owed under the Agreement and shall also be compensated for partially completed services. In this event, compensation for such partially completed services shall be no more than the percentage of completion of the services requested, at the sole discretion of DHS, multiplied by the corresponding payment for completion of such services as set forth in the Agreement. Alternatively, at the sole discretion of DHS, the Grantee may be compensated for the actual service hours provided. DHS shall be entitled to a refund for goods or services paid for but not received or implemented, such refund to be paid within thirty (30) days of written notice to the Grantee requesting the refund.
- F. *Cancellation*: DHS reserves the right to immediately cancel this Agreement, in whole or in part, without penalty and without an opportunity for Grantee to cure if the Grantee:
1. Files a petition in bankruptcy, becomes insolvent, or otherwise takes action to dissolve as a legal entity;
  2. Allows any final judgment not to be satisfied or a lien not to be disputed after a legally-imposed, thirty (30)-day notice;
  3. Makes an assignment for the benefit of creditors;
  4. Fails to follow the sales and use tax certification requirements of Wis. Stat. § 77.66;
  5. Incurs a delinquent Wisconsin tax liability;
  6. Fails to submit a non-discrimination or affirmative action plan as required herein;
  7. Fails to follow the non-discrimination or affirmative action requirements of subch. II, Chapter 111 of the Wisconsin Statutes (Wisconsin's Fair Employment Law);
  8. Becomes a federally debarred Grantee;
  9. Is excluded from federal procurement and non-procurement Agreements;
  10. Fails to maintain and keep in force all required insurance, permits and licenses as provided in this Agreement;

11. Fails to maintain the confidentiality of DHS' information that is considered to be Confidential Information, proprietary, or containing Personally Identifiable Information; or
12. Grantee performance threatens the health or safety of a state employee or state customer.

## 22. NONCOMPLIANCE AND REMEDIAL MEASURES

- A. Failure to comply with any part of this Agreement may be considered cause for revision, suspension, or termination of this Agreement. Suspension includes withholding part or all of the payments that otherwise would be paid to the Grantee under this Agreement, temporarily having others perform and receive reimbursement for the services to be provided under this Agreement, and any other measure DHS determines is necessary to protect the interests of the State.
- B. The Grantee shall provide written notice to DHS of all instances of noncompliance with the terms of this Agreement by the Grantee or any of its Subgrantees or Subcontractors, including noncompliance with allowable cost provisions. Notice shall be given as soon as practicable but in no case later than thirty (30) days after the Grantee became aware of the noncompliance. The written notice shall include information on the reason for and effect of the noncompliance. The Grantee shall provide DHS with a plan to correct the noncompliance.
- C. If DHS determines that noncompliance with this Agreement has occurred or continues to occur, it shall demand immediate correction of continuing noncompliance and seek remedial measures it deems necessary to protect the interests of the State up to and including termination of the Agreement, the imposing of additional reporting requirements and monitoring of Subgrantee or Subcontractors, and any other measures it deems appropriate and necessary.
- D. If required statistical data, reports, and other required information are not submitted when due, DHS may withhold all payments that otherwise would be paid the Grantee under this Agreement until such time as the reports and information are submitted.

## 23. DISPUTE RESOLUTION

If any dispute arises between DHS and Grantee under this Agreement, including DHS' finding of noncompliance and imposition of remedial measures, the following process will be the exclusive administrative review:

- A. *Informal Review*: DHS' and Grantee's Grant Administrators will attempt to resolve the dispute. If a dispute is not resolved at this step, then a written statement to this effect must be signed and dated by both Grant Administrators. The written statement must include all of the following:
  1. A brief statement of the issue.
  2. The steps that have been taken to resolve the dispute.
  3. Any suggested resolution by either party.
- B. *Division Administrator's Review*: If the dispute cannot be resolved by the Grant Administrators, the Grantee may request a review by the Administrator of the division in which DHS Grant Administrator is employed, or if the Grant Administrator is the Administrator of the division, by the Deputy Secretary of DHS. The Division Administrator (or Deputy Secretary) must receive a request under this step within fourteen (14) days after the date of the signed unresolved dispute letter in Step A. The Division Administrator or Deputy Secretary will review the matter and issue a written determination within thirty (30) days after receiving the review request.
- C. *Secretary's Review*: If the dispute is unresolved at Step B, the Grantee may request a final review by the Secretary of DHS. The Office of the Secretary must receive a request under this step within fourteen (14) days after the date of the written determination under Step B. The Secretary will issue a final determination on the matter within thirty (30) days after receiving the Step B review request.

## 24. FINAL REPORT DATE

- A. Expenses incurred during the Agreement period but reported later than **60 days** after the period ending date will not be recognized, allowed, or reimbursed under the terms of this Agreement unless determined as allowable by DHS. In the event this occurs, an alternate payment process as determined by DHS would occur.
- B. Expenses incurred outside of the Agreement period would be considered not allowable.

## 25. INDEMNITY

To the extent authorized under state and federal laws, DHS and the Grantee agree they shall be responsible for any losses or expenses (including costs, damages, and attorney's fees) attributable to the acts or omissions of their employees, officers, or agents.

## 26. CONDITIONS OF THE PARTIES' OBLIGATIONS

- A. This Agreement is contingent upon authority granted under the laws of the State of Wisconsin and the United States of America, and any material amendment or repeal of the same affecting relevant funding or authority of DHS shall serve to revise or terminate this Agreement, except as further agreed to by the parties.
- B. DHS and the Grantee understand and agree that no clause, term, or condition of this Agreement shall be construed to supersede the lawful powers or duties of either party.
- C. It is understood and agreed that the entire Agreement between the parties is contained herein, except for those matters incorporated herein by reference, and that this Agreement supersedes all oral agreements and negotiations between the parties relating to the subject matter thereof.

## 27. GOVERNING LAW

This Agreement shall be governed by the laws of the State of Wisconsin. The venue for any actions brought under this Agreement shall be the Circuit Court of Dane County, Wisconsin or the U.S. District Court for the Western District of Wisconsin, as applicable.

## 28. SEVERABILITY

The invalidity, illegality, or unenforceability of any provision of this Agreement or the occurrence of any event rendering any portion or provision of this Agreement void shall in no way affect the validity or enforceability of any other portion or provision of this Agreement. Any void provision shall be deemed severed from this Agreement, and the balance of this Agreement shall be construed and enforced as if it did not contain the particular portion or provision held to be void. The parties further agree to amend this Agreement to replace any stricken provision with a valid provision that comes as close as possible to the intent of the stricken provision. The provisions of this Article shall not prevent this entire Agreement from being void should a provision, which is of the essence of this Agreement, be determined void.

## 29. ASSIGNMENT

Neither party shall assign any rights or duties under this Agreement without the prior written consent of the other party.

## 30. ANTI-LOBBYING ACT

The Grantee shall certify to DHS that it will not and has not used federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any federal contract, grant or any other award covered by 31 U.S.C. 1352. The Grantee shall also disclose any lobbying with non-federal funds that takes place in connection with obtaining any federal award.

The Grantee shall use Standard Form LLL for Disclosure of Lobbying Activities available at: <https://www.gsa.gov/portal/forms/download/116430>. A completed disclosure must be provided upon Department request.

## 31. DEBARMENT OR SUSPENSION

The Grantee certifies that neither the Grantee organization nor any of its principals are debarred, suspended, or proposed for debarment for federal financial assistance (including, but not limited to, General Services Administration's list of parties excluded from federal procurement and non-procurement programs). The Grantee

further certifies that potential Subgrantees or Subcontractors and any of their principals are not debarred, suspended, or proposed for debarment.

**32. DRUG FREE WORKPLACE**

The Grantee, agents, employees, Subgrantees or Subcontractors under this Agreement shall follow the guidelines established by the Drug Free Workplace Act of 1988.

**33. MULTIPLE ORIGINALS**

This Agreement may be executed in multiple originals, each of which together shall constitute a single Agreement.

**34. CAPTIONS**

The parties agree that in this Agreement, captions are used for convenience only and shall not be used in interpreting or construing this Agreement.

**35. SPECIAL PROVISIONS, IF APPLICABLE**

The following special provisions are required:

None

Match Requirements:

Funding percentages:

- a. Federal:
- b. State:
- c. Local/Other:

### **36. NULL AND VOID**

This Agreement becomes null and void if the time between the earlier dated signature and the later dated signature of DHS' and Grantee's Authorized Representatives on this Agreement exceeds sixty (60) days inclusive of the two signature dates.

**37. FEDERAL AWARD INFORMATION**

FAIN (Federal Award Identification Number)	00E02760
Federal Award Date	12/12/2019; Amended 08/17/2020
Subaward period of Performance Start Date	10/01/2019
Subaward period of Performance End Date	09/30/2023
Amount of Federal Funds obligated (committed) by this action	\$12,000
Total Amount of Federal Funds obligated (committed)	\$12,000
Federal Award Project Description	Testing Water at Childcare Centers and Head Start Facilities
Federal Awarding Agency Name (Department)	U.S. Environmental Protection Agency
DHS Awarding Official Name	DHS Deputy Secretary, Debra K. Standridge
DHS Awarding Official Contact Information	DHSContractCentral@dhs.wisconsin.gov
Assistance Listing (formerly CFDA) Number	66.444
Assistance Listing (formerly CFDA) Name	Lead Testing in School and Child Care Programs Drinking Water Grant Program
Total made available under each Federal award at the time of disbursement	\$1,372,000
R&D?	No
Indirect Cost Rate	7%

**Exhibit 1: Scope of Work**  
**Wisconsin Lead-in-Water Testing and Remediation Initiative**

05/15/2023 – 09/30/2023

For Grant Agreement between

City of De Pere Health Department (Grantee)

and

Wisconsin Childcare Lead-in-Water Testing and Remediation Initiative, Division of Public Health

Wisconsin Department of Health Services (DHS) (Grantor)

1 West Wilson Street, Rm. 145, Madison WI 53703

**Workflow, Grantor and Grantee responsibilities:**

Grantor (DHS) will reimburse the Grantee for expenses incurred related to implementing a water sampling program and coordinating remediation measures for the Wisconsin Lead-in-Water Testing and Remediation (Lead-in-WTR) Initiative. The Grantee will serve as the primary point of contact for the licensed group childcare and Head Start facilities (hereafter referred to collectively as “childcare facilities”) enrolled in the initiative, and will:

- ✓ Ensure that all water outlets at each enrolled childcare facility are tested;
- ✓ Ensure childcare facilities receive sample results and understand what those results mean;
- ✓ Work with childcare facilities on any follow-up testing or immediate actions to reduce lead-in-water hazard exposure at the childcare facility;
- ✓ Maintain timely and effective communication with the childcare facilities throughout the grant period; and
- ✓ Report to DHS on grant activity progress throughout.

Specifically, the Grantee will:

1. Work to enroll priority childcare facilities identified by DHS, as well as other previously determined licensed group childcare facilities interested in participating in the Wisconsin Lead-in-WTR Initiative. All participating childcare facilities must be from a list provided by DHS. The grantee will prioritize the enrollment and testing at priority facilities. All enrolled childcare facilities must be licensed group childcare facilities and early Head Starts within the grantee’s jurisdiction.
  - 1.1. Provide childcare facilities with DHS informational materials to inform staff and families of the facility’s participation in the program.
  - 1.2. Complete training from DHS on water sampling protocols.
  - 1.3. Get all necessary information from the childcare facility prior to water testing, including:
    - 1.3.1. An approximate number of water outlets serving the location.
    - 1.3.2. A floorplan of the childcare facility, including locations of the water outlets (interior and exterior), as well as where the water line comes in from the street.
2. Contact Kathleen Dax-Klister, Data Management Supervisor, at the Wisconsin State Laboratory of Hygiene (WSLH) (608-263-6575 or kathleen.daxklister@slh.wisc.edu) and relay to her the approximate number of samples needed to complete water testing at the enrolled facilities.
  - 2.1. Place an order for the necessary supplies.
3. Work with childcare facility personnel to complete initial water sampling of childcare facilities following DHS’s guidance and water sampling checklist, making sure to keep thorough documentation of the sampling process.

- 3.1. Complete documentation of the assessment and sampling efforts using the coding and recordkeeping guidance provided by DHS.
- 3.2. Ship all water samples to the WSLH for analysis. DHS will receive and compile testing results from WSLH.
- 3.3. Receive all water sampling results from DHS, including which outlets require follow-up testing and immediate remediation actions within the childcare facilities.
4. Notify childcare facilities of all preliminary sampling results within one week of receipt, using the results documentation provided by DHS. Inform the facilities of the water outlets that require a second round of testing and/or short-term action steps.
  - 4.1. Notify childcare facility personnel of all outlets tested that produced results of  $\geq 15$  ppb lead-in-water as shown by the initial sampling.
5. Conduct follow-up water sampling, as needed, in accordance with DHS's guidance for this program.
  - 5.1. Request, as needed, additional sample kits from SLH.
  - 5.2. Coordinate with the facility to complete the follow-up sampling.
  - 5.3. Complete documentation on the assessment and sampling efforts using the coding and recordkeeping guidance provided by DHS.
  - 5.4. Ship all water samples to the WSLH for analysis. DHS will receive and compile testing results from WSLH.
6. Receive second round sample results from DHS and, within one week, notify childcare facilities of the results and the options of long-term remediation and/or replacement actions using the provided results documentation from DHS within a week of receiving the sample results.
7. Maintain communication with facilities and plumbers to ensure required remediation and/or replacement actions within childcare facilities is completed.
8. Coordinate final testing of all replaced water outlets to confirm that the replaced outlet is not elevated for lead in water, and the replacement was effective, following the 3Ts water testing protocol. Coordinate all sample bottles and shipping to lab as in previous sampling rounds. Receive final test results from DHS.
9. For each childcare facility, send out final report of all testing results, remediation, and replacements using DHS's report template within 2 weeks of receipt of final sampling results from DHS.

**Budget: \$12,000**

## Facility Delivery Cost

10 facilities @ up to \$1,200 per facility. This amount includes any costs incurred for programmatic outreach and coordination with childcare facilities and plumbers, site assessment, sampling plan development and implementation, shipping costs, travel, sharing results with facilities, generation of a final facility report, and quarterly reporting to DHS.

**Payment procedure:**

Grantee will submit invoices to Madelyn Reinagel by email to [madelyn.reinagel@dhs.wisconsin.gov](mailto:madelyn.reinagel@dhs.wisconsin.gov). DHS will process requests for payment monthly.

**CERTIFICATION REGARDING LOBBYING**

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal Contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal Contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal Contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. [Disclosure of Lobbying Activities \(Standard Form-LLL\)](#)

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including Subcontracts, subgrants, and Contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

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James Boyd  
(Print Name)  
De Pere Health Department  
(Agency / Contractor Name)

6/5/2023  
(Date)  
Mayor  
(Title)  
Lead-In-Water Testing and Remediation Initiative  
(Title of Program)

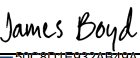
**DEPARTMENT OF HEALTH SERVICES**  
 Division of Enterprise Services  
 F-01788 (03/2022)

STATE OF WISCONSIN

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Federal Executive Order (E.O.) 12549 "Debarment" requires that all contractors receiving individual awards, using Federal funds, and all subrecipients certify that the organization and its principals are not debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency from doing business with the Federal Government. By signing this document you certify that your organization and its principals are not debarred. Failure to comply or attempts to edit this language may disqualify your bid. Information on debarment is available at [www.sam.gov](http://www.sam.gov).

Your signature certifies that neither you nor your principal is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

<b>SIGNATURE</b> – Official Authorized to Sign Application		Date Signed
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For (Name of Vendor)	Unique Entity Identifier (UEI), <i>if applicable</i>	
De Pere Health Department	NETWXQK1LN95	

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Contract #:	
Contract Description:	
<p>The Office/Division of _____ has searched the above named Vendor against the System for Award Management system (SAM) and has confirmed as of Date _____ the Vendor is not debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency from doing business with the Federal Government.</p>	
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Document Pages: 24	Signatures: 5
Certificate Pages: 5	Initials: 0
AutoNav: Enabled	Envelope Originator:
Envelopeld Stamping: Enabled	Yvette Smith
Time Zone: (UTC-06:00) Central Time (US & Canada)	1 West Wilson St.
	Madison, WI 53703
	yvettea.smith@dhs.wisconsin.gov
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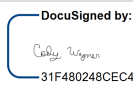
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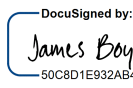
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# “Protecting Our Kids from Lead” Education for our De Pere Health Care Providers



City of De Pere Health Department  
(920)339-4054  
[www.deperewi.gov](http://www.deperewi.gov)



**Public Health**  
Prevent. Promote. Protect.

De Pere Health Department

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## Asking Parents About Their Child's Risk for Lead Poisoning

### Have the conversation

Health care providers need to have a conversation with parents about their child's risk for lead poisoning. Sometimes parents are distracted or don't understand the questions the provider is asking. Stressing to the parents that they should know what year their home was built is very important. For example, it may be more useful if they know when their home was built instead of asking "was it built before 1978?" from the Four Easy Questions.

### Emerging Sources of Lead

While lead-based paint hazards account for the vast majority of childhood lead exposures in Wisconsin, some children have been exposed to non-paint sources of lead. Lead in garden soil, bare areas in the yard and in water cannot be ruled out as potential sources. Formula-fed infants are at greatest risk if there is lead in drinking water because of their relatively small size

and the volume of water they drink. Parents can contact the local water agency to ask whether their home has a lead service line and what the levels of lead are in the city drinking water.

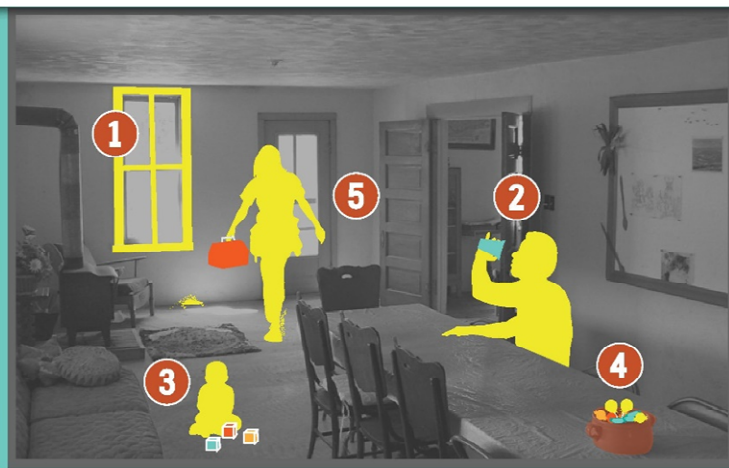
### Consumer Products that Contain Lead

Ask parents about lead in consumer products they or their children may use. For example, cultural products like make-up, ceremonial powders, spices, candies, and products that come from a foreign country may contain lead.

### Pediatric Environmental Health Specialty Units (PEHSU) Guidance

PEHSU has additional guidance on follow-up blood lead testing depending on the level of the first blood lead test, increasingly sooner as levels rise to higher and higher levels.

### Lead can be found throughout a child's environment.



**1** Homes built before 1978 (when lead-based paints were banned) probably contain lead-based paint.



When the paint peels and cracks, it makes lead dust. Children can be poisoned when they swallow or breathe in lead dust.



**2** Certain water pipes may contain lead.



**3** Lead can be found in some products such as toys and toy jewelry.



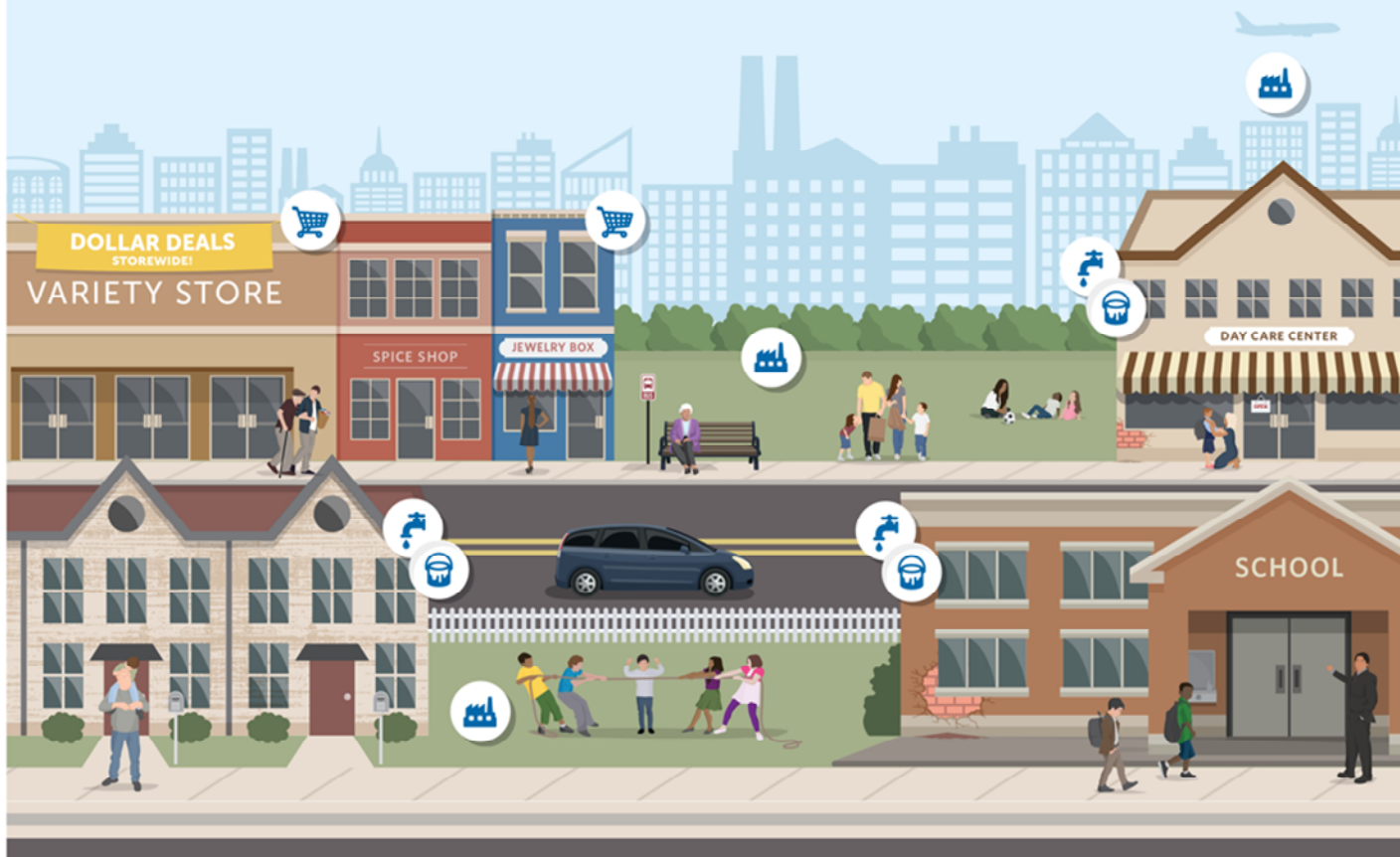
**4** Lead is sometimes in candies imported from other countries or traditional home remedies.



**5** Certain jobs and hobbies involve working with lead-based products, like stain glass work, and may cause parents to bring lead into the home.

# Asking Parents About Their Child's Risk for Lead Poisoning

Children Can Come Into Contact With Lead Almost Anywhere  
Homes, everyday items, even drinking water, can pose exposure risks



## Water

Though the exact number is unknown, millions of pipes made with lead, called lead service lines, carry drinking water to residences. Fixtures and solder used in homes and other buildings, such as schools, can also be a source of contamination.

## Lead paint hazards

Peeling and cracking paint creates flakes and dust in homes, schools, and child care facilities, where it can be ingested by children, and deteriorating exterior paint on buildings can contaminate soil.

## Consumer products and food

Lead paint is still used commercially for some hobbies and in consumer products such as adult novelty jewelry. Certain foods, spices, health remedies, and candies contain trace amounts of lead, as do some progressive hair dyes.

## Air emissions

Fuel used by smaller aircraft releases lead into the air and the environment. Smelting—the process for extracting lead from batteries and electronic devices—can cause widespread contamination of air, soil, and groundwater in surrounding communities.

Source: Centers for Disease Control and Prevention, "Sources of Lead," <https://www.cdc.gov/nceh/lead/tips/sources.htm>

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## Resources for the Pediatric Health Care Provider

# CDC Recommended Interventions Based on Blood Lead Level



Centers for Disease Control and Prevention  
CDC 24/7: Saving Lives, Protecting People™

## The CDC has long recognized that there is no safe level of lead in the body.

- In October 2021, CDC updated its recommendations on children's blood lead levels. They reduced the reference blood lead level from 5 micrograms per deciliter (mcg/dL) to 3.5 mcg/dL.
- They based their decision on the recommendations of its advisory committee, who pointed to a large body of research showing deleterious effects of lead, even at low levels, on every system of the body.
- They recommend that when a child's blood lead level is 3.5 mcg/dL or higher: (1) parents will be notified, (2) a physician will get a confirmation of the result through a venous blood draw, and (3) if the venous test is also elevated, the local health department will follow-up with the family.
- [Update of the Blood Lead Reference Value — United States, 2021 | MMWR \(cdc.gov\)](#)

## CDC Recommended Actions for Follow-Up and Case Management of Children Based on Confirmed Blood Lead Levels

Blood Lead Level (Venous)	Recommended Actions				
<3.5 µg/dL*	Anticipatory guidance about common sources of lead exposure and how to prevent exposure.	Routine assessment of developmental milestones and nutritional status with a focus on iron and calcium intake.	Follow up blood lead testing at recommended intervals based on child's age.		
3.5–19 µg/dL	Follow recommendations for BLL <3.5 µg/dL as described above.	Environmental exposure history to identify potential sources of lead. Environmental investigation** of the home to identify potential sources of lead exposure.	Ensure iron sufficiency via testing and treatment. Nutritional counseling related to calcium and iron intake, assess development and refer to supportive services, as needed.	Follow-up blood lead monitoring at recommended intervals.	
20–44 µg/dL	Follow recommendations for BLL 3.5–19 µg/dL as described above.	Complete history and physical exam assessing for signs and symptoms related to lead.	Consider obtaining an abdominal X-ray to evaluate for lead-based paint chips and other radiopaque foreign bodies, especially in children in whom pica or mouthing of lead-contaminated surfaces is a concern; initiate bowel decontamination if indicated.	Environmental investigation of the home and lead hazard reduction.	Contact a Pediatric Environmental Health Specialty Unit (PEHSU) or poison control center for guidance.
≥45µg/dL	Follow recommendations for BLL 20–40 µg/dL as described above.	Complete history and physical exam including detailed neurological exam.	If a lead-safe environment cannot be assured or if chelation therapy is being considered in consultation with a PEHSU or poison control center, admit the patient to a hospital.	Obtain abdominal X-ray and initiate bowel decontamination if indicated	If the patient exhibits signs or symptoms of lead poisoning, emergently admit them to a hospital.

\*While no level of lead is safe in the body, the reference value, 3.5 µg/dL, was selected to identify the children whose BLLs are in the top 2.5 percent of the U.S. population of children under age 6.

\*\*Environmental investigations at BLLs of 3.5 to 19 vary according to local conditions based on jurisdictional requirements and available resources.

## Recommendations on Management of Childhood Lead Exposure

### *A Resource for Health Professionals*

#### Summary of Key Points

- There is no safe level of lead in the blood.
- The ultimate goal is removal of the lead source before exposure (primary prevention).
- “Screening” is a risk assessment conducted via questionnaire; “testing” is performed via blood test (either venous or capillary).
- Screening is recommended for all children at 6, 9, 12, 18, and 24 months, and 3, 4, 5, and 6 years of age.
- Testing is required at 12 and 24 months for children on Medicaid and/or in high-risk areas or risk factors requiring universal blood tests as defined by state health departments.
- Test all children in the same household if there is an elevated blood lead level (BLL) for one of the children.
- Lead exposure can be viewed as a lifelong exposure, even after BLL decline.

*Lead exposure continues to be a significant public health concern in the United States. While primary prevention is the optimal approach to addressing this important health issue, the identification of lead-exposed children occurs through screening and testing. This fact sheet is intended for use by health care providers to provide guidance on the prevention, diagnosis, and management of childhood lead exposure.*

#### Prevention and Risk Reduction Communication

- The prevention of lead toxicity in children remains a major public health concern, especially for children already at high risk for poor health outcomes.
- The removal of lead sources before exposure occurs should be the focus of lead exposure prevention efforts.
- Follow [\*Bright Futures Guidelines, 4<sup>th</sup> Edition\*](#) anticipatory guidance to identify families and patients who could be at risk. This includes advising families to identify lead hazards before moving into a home.
- Discuss potential sources of lead with families, as well as common child behaviors that can increase risk, to raise their awareness. Potential sources include (but are not limited to) lead paint, soil, imported cookware, water, nutritional supplements, folk medicines, imported food (including spices), cosmetics, toys, ceramic dishware, and cultural/religious powders. Healthcare providers should keep in mind that cultural/religious powders and cosmetics, such as kajal or khol, may contain lead and be more prevalent among certain South Asian or Middle Eastern populations.

- In addition to common hand-to-mouth behaviors in young children, special attention should be given to children and adolescents with pica.

## Lead Exposure and Risk Factors

- The ultimate key to prevention and treatment is removal of the source. If a child's blood lead level (BLL) is elevated (see below), hospitalization may be necessary until the source is identified. Families should be counseled about potential sources. If the source is still not identified, referral to local services for in-home assessments may be necessary.
- A child's BLL depends on his/her environment, habits, parental occupations, and nutritional status. Each of these can influence lead exposure and absorption. Therefore, in a household with multiple children, not all children will have the same lead exposure. Be aware that when families move, lead exposure risk may vary.
- Any detectable blood lead levels, even below 3.5 µg/dL, are associated with subclinical effects such as inattention and hyperactivity, as well as decreased cognitive function on a population level. Clinically evident effects such as anemia, abdominal pain, nephropathy, and encephalopathy can be seen at levels >40 µg/dL. Levels above 100 µg/dL may result in fatal seizures and cerebral edema.
- Lead exposure can be viewed as a lifelong body burden, even after a decline in the BLL. For instance, bone acts as a reservoir for lead over an individual's lifetime. Childhood lead exposure has potential consequences for adult and prenatal health, and is linked to hypertension, renal insufficiency, and increased cardiovascular-related mortality.
- Since lead shares common absorptive mechanisms with iron, calcium, magnesium, and zinc, nutritional deficiencies in these minerals promote lead absorption. Acting synergistically with lead, deficiencies in these minerals can increase lead absorption and lead-related neurotoxicity.
- Provide anticipatory guidance on common sources of environmental lead exposure: leaded paint and dust in homes built prior to 1978, lead in drinking water (see bullet below), lead in soil (usually legacy contamination from leaded gasoline, but possibly from previous exterior home renovations), take-home exposures related to adult occupations, imported food, spices, cosmetics, jewelry, folk remedies, toys, and cookware.
- Although less common than lead from paint and dust, lead may arise in drinking water from water mains, service lines, or plumbing within individual buildings. EPA sets standards for drinking water; municipalities can provide further information on local water quality and filtration.
- Additionally, there are hobbies and occupations that are associated with lead "take-home"
- exposure (i.e., lead-containing dust contaminating work clothes worn home after work), including (not a comprehensive list): construction, welding, metal work/recycling and those involving boatyards, firearms, and art materials (especially those who work with metals). Contact your local health department for specific screening and testing recommendations for your area.

## Lead Screening & Testing

- [Bright Futures](#) Guidelines recommend that all children should be screened—at well-child exams and as appropriate—with a questionnaire to assess for lead hazards and possible exposures. A positive screen informs the risk for lead hazards in the home and an opportunity for primary prevention. Those who are found to have lead hazards in their environment should receive a blood lead test.
- Children should have blood lead testing at 12 and 24 months. Screening with a questionnaire should not take the place of testing (called “screening by blood test” by CDC and state statutes) of children at 12 and 24 months who are on Medicaid or in high-risk areas requiring universal blood tests as defined by state health departments. Lead testing can be performed with a capillary specimen obtained by a finger prick with blood blotted onto a testing paper. Testing in this manner requires that the skin surface be carefully cleaned. Elevated capillary BLL should have repeat testing by venipuncture to confirm the BLL.
- In cases where the capillary specimen demonstrates an elevated BLL but the follow-up venipuncture does not, it is important to recognize that the child may live in a lead-contaminated environment that resulted in contamination of the fingertip. Work with the family to identify and eliminate potential sources of lead in these cases.
- Where feasible, perform lead testing by venipuncture. Test all children in the same household if there is an elevated BLL.
- Children at high risk for lead exposure include those who are low income, recent immigrants, international adoptees, children of immigrants, those with oral behaviors (or pica), those living in housing built before 1978 (when lead in residential paint was banned), but particularly in those built before 1950.

## Iron Deficiency Screening

- Iron deficiency enhances absorption of ingested lead.
- Hemoglobin is a lagging indicator of iron deficiency, and only 40% of children with anemia are iron deficient.
- Lead-exposed children should be screened for iron-deficiency anemia.
- Evidence suggests consuming regular, iron-rich, nutritious meals provides the most benefit for children. This should be considered before recommending nutritional supplementation to parents.

## Medical Management

### ***Lead Level <3.5 µg/dL***

1. The limit of detection for lead can vary by lab and is typically between 1 and 3.3 µg/dL.
2. Review laboratory results with the family. For reference, the geometric mean blood lead level for children 1-5 years old in the United States is less than 1 µg/dL. Emphasize with the family the dangers of lead and the need for vigilance.
3. Repeat the blood lead level (BLL) in 6-12 months if the child is at high risk or if the environmental risk changes during the timeframe. Ensure lead testing is done at 1 and 2 years of age and thereafter, based on local and state guidelines.



4. For children tested at age <12 months, consider retesting in 3-6 months, as lead exposure may increase as mobility increases. Consider lead-contaminated tap water used daily for infant formula as a possible significant source that may be missed in later assessments of BLL.
5. Perform routine health maintenance including assessment of nutrition, physical and mental development, as well as iron deficiency risk factors as per the recommendations in the American Academy of Pediatrics' (AAP) [Bright Futures](#) Guidelines.
6. Provide preliminary advice about reducing/eliminating exposures (e.g., wash children's hands/toys frequently; damp-mop floors, windows and windowsills; leave shoes at the home's threshold; place duct-tape or contact paper over chipping/peeling paint; avoid renovations that may create a dust hazard).

#### **Lead Level 3.5-14 µg/dL**

1. Perform steps as described above for levels <3.5 µg/dL.
2. Re-test venous BLL within 1-3 months to ensure the lead level is not rising. If it is stable or decreasing, retest the BLL in 3 months. Refer patient to local health authorities if services are available. Most states require elevated BLL be reported to the state health department. Contact the CDC at 800-CDC-INFO (800-232-4636), the National Lead Information Center at 800-424-LEAD (5323), or the national PEHSU network ([pehsu@aap.org](mailto:pehsu@aap.org)) for resources regarding lead-poisoning prevention and local childhood lead-poisoning prevention programs.
3. Take a careful environmental history to identify potential sources of exposure (see #6 above). Consider young siblings and other children who may be exposed. If lead paint in older homes is the exposure concern, advise that lead paint abatement is the best solution, and refer the family to local health department for resources and information.
4. Provide nutritional counseling related to calcium, vitamin D, and iron. In addition, recommend having fruit at every meal, as iron absorption quadruples when taken with vitamin C-containing foods. Encourage the consumption of iron-enriched foods (e.g., cereals, meats). Some children may be eligible for Special Supplemental Nutrition Program for Women, Infants and Child (WIC) or other nutritional resources.
5. Ensure iron sufficiency with adequate laboratory testing (complete blood count (CBC), ferritin, and reticulocyte count) and treatment per [AAP guidelines](#). Consider starting a multivitamin with iron or iron supplementation as indicated.
6. Perform structured developmental screening evaluations at child health maintenance visits per recommendations in Bright Futures Guidelines, and, if indicated, refer to therapeutic and special educational programs (e.g., Early Intervention Program (EIP), a CORE evaluation and Individualized Education Plan (IEP)), as lead's effect on development may manifest over years.

#### **Lead Level 15-44 µg/dL**

1. Perform steps listed above for levels 5-14 µg/dL. Report results to state/local health authorities.
2. Determine if there are any symptoms, which may be subtle and can include anorexia and abdominal discomfort.



3. Confirm BLL with venous sample within 1 to 2 weeks, or more rapidly for higher levels.
4. Work with the family to identify and remove potential lead sources. Refer to local health department to conduct home investigation to assess for the lead source, if available. If not available, consult with a regional Pediatric Environmental Health Specialty Unit (PESHU) regarding other options.
5. Additional, specific evaluation of the child, such as an abdominal x-ray, should be considered based on the environmental investigation and history (e.g., pica for paint chips, mouthing behaviors). Gastrointestinal decontamination may be considered if radio-opaque foreign bodies consistent with ingested lead are visualized on x-ray. Any treatment for BLL in this range should be done in consultation with an expert.
6. Contact your regional PEHSU or Poison Control Center (PCC) for guidance; see resources on back for contact information.

#### **Lead Level >44 µg/dL**

1. Follow above guidance for BLL 15-44 µg/dL. Report results to state and local health authorities.
2. Confirm the BLL with repeat venous lead level within 48 hours or more rapidly for higher levels.
3. Obtain a complete blood count, electrolytes, blood urea nitrogen, creatinine, liver transaminase enzyme levels, and urinalysis in anticipation of chelation therapy.
4. Abdominal X-ray should be done to look for radio-opaque foreign bodies suggestive of recent ingestion, as this may change management. Consider gastrointestinal decontamination if radio-opaque foreign bodies consistent with ingested lead are visualized on x-ray.
5. Emergently admit all symptomatic children to a hospital; if there is evidence of significant central nervous system pathology, consider pediatric intensive care unit admission. If asymptomatic, consider hospitalization and/or chelation therapy (managed with the assistance of an experienced provider). Chelation in the context of ongoing exposure is ineffective and may result in increasing lead levels in the central nervous system. Factors that may influence management include the status of the home with respect to lead hazards, ability to isolate the lead source, family social situation, and chronicity of the exposure. An elevated blood zinc-chelated protoporphyrin level (ZPP) can confirm either an iron-deficiency anemia as a comorbidity in the lead-poisoned child or, if there is no iron deficiency present, a more chronic lead exposure. Contact your regional PEHSU or Poison Control Center (PCC) (1-800-222-1222) for assistance.
6. Prior to initiating chelation therapy for outpatient therapy, it is critical that the home environment is inspected, temporary mitigation measures applied, and preferably demonstration of stable or down trending lead levels indicating the primary of lead exposure has been removed prior to starting chelation therapy. There is a risk of worsening lead exposure if chelation therapy continues in a residence with persistent lead hazards. It is expected, after a course of chelation therapy, that the blood lead level will rebound as the lead re-equilibrates. After chelation is completed, continue to follow the child until the BLL declines steadily; consider re-exposure if the BLL remains stable or rebounds above pre-chelation levels.



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## About PEHSU

The Pediatric Environmental Health Specialty Units (PEHSUs) are a source of medical information and guidance on prevention, diagnosis, management, and treatment of environmental conditions that influence reproductive and children's health. PEHSUs work with health care professionals, parents, schools, community groups, as well as federal, state, and local agencies to address reproductive and children's environmental health issues where families live, learn, play, and congregate. For more information on PEHSUs and available resources, please visit: [www.pehsu.net](http://www.pehsu.net).

For additional resources and information on reproductive and children's environmental health topics that offer continuing education for health professionals, visit: <https://www.pehsu.net/nationalclassroom.html>

Reviewed by: Carl Baum, MD, FAAP, FACMT, Marissa Hauptman, MD, MPH, FAAP, Nick Newman, DO, FAAP, and Alan Woolf, MD, MPH, FAAP, FACMT, FAACT

*Updated September 2021*

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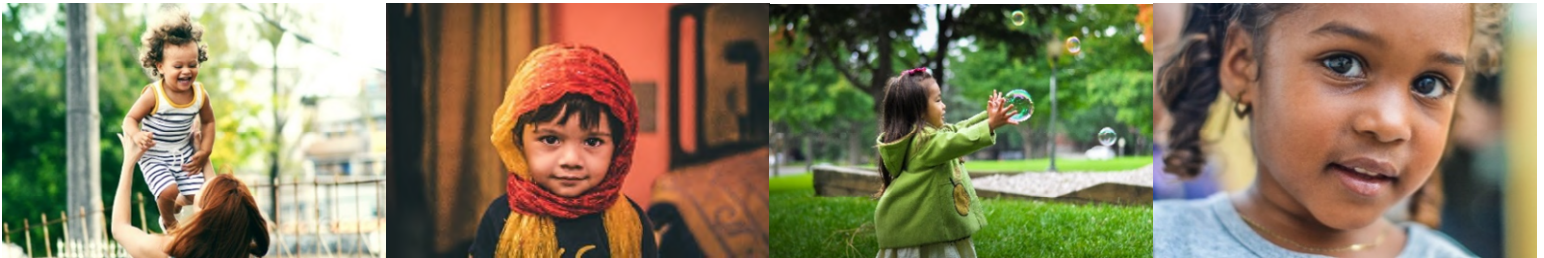
*Acknowledgement: The U.S. Environmental Protection Agency (EPA) supports the PEHSU by providing partial funding to ATSDR under Inter-Agency Agreement number DW-75-95877701. The content in this fact sheet represents the views of the authors. It does not represent the views of CDC/ATSDR nor EPA and does not represent endorsement by CDC/ATSDR nor EPA of the purchase of any commercial products or services that are mentioned.*

## Role of Public Health

## Partnership between public health and healthcare providers helps protect our community's children from the detrimental effects of lead poisoning.

### What does public health do for children with lead poisoning?

- A public health nurse is assigned to a family when a nursing lead referral is received (any child under the age of 6 with a venous blood lead level of 3.5 mcg/dL or greater). This nurse will act as a lead case manager for both the family and the provider offices (ex. making sure the child goes back in for venous lead testing). The nurse will offer a home visit to provide lead education. These home visits are free and voluntarily for the family. If requested, an environmental sanitarian will offer a home visit as well and provide education on sources of lead along with lead mitigation resources.
- If the result of the child's venous lead test is over 20 mcg/dL or if the child has 2 venous lead tests of 15 mcg/dL at least 3 months apart, then not only will a public health nurse be assigned to the family, but an environmental sanitarian will also work on the case. The environmental sanitarian will perform a lead property investigation (looking for possible sources of lead within the family's home). After which, they can write orders for lead abatement.
- Public health is a resource for provider offices when they have questions or concerns pertaining to childhood lead poisoning.



### Where does a referral for a lead poisoned child come from?

#### 1. State WCLPPP Program Reports

A public health nurse receives reports from the Wisconsin Childhood Lead Poisoning Prevention Program (WCLPPP) via The Healthy Homes and Lead Poisoning Surveillance System (HHLPSS). This report contains all the blood lead results (capillary and venous) from all children who were tested in the City of De Pere.

#### 2. Providers Office

A provider's office can call public health to make a lead referral on any child with an elevated venous lead level of 3.5 mcg/dL or greater (phone 920-339-4054). Providers offices may also fax the lead results with provider notes to public health (fax: 920-339-2745). If the child has a result of 20 mcg/dL or greater, public health nurses would prefer a phone call from provider office to discuss plan of care.

#### 3. Family of Child with Elevated Lead Level

A family that has a child with an elevated lead level may call public health right after receiving the results. A public health nurse will do education with family over the phone. The public health nurse will call the provider's office to verify elevated level.

#### 4. WIC Program (Women, Infants, and Children Program)

WIC will fax any elevated capillary results to public health so that a public health nurse can follow up with family and provider for confirmatory venous lead blood test.

# National Center for HEALTHY HOUSING



## Childhood Lead Poisoning What You Should Know About Your Child's Blood Lead Test Result

### What is childhood lead poisoning?

Childhood lead poisoning is caused by too much exposure to lead dust, lead paint, lead-contaminated soil and drinking water, and other sources. Lead poisoning can hurt a child's brain and nervous system and affect growth, development, school performance, and success in later life. Exposure to lead can affect almost every organ and system in a child's body. Children whose bodies have too much lead will have problems with learning and behaving well. They may be cranky or too active, and they may have trouble paying attention. These problems may not show up until a child is in school.

### Where does lead come from?

Lead is a metal found in the earth. Lead was used in household paint (until 1978), in gasoline (until the early 1980s), and in some pipes for drinking water (until 1986). Children come into contact with lead in different ways. The most common sources of lead are paint in homes built before 1978 and the lead dust and soil that comes from the lead paint. Some other sources of lead include (but are not limited to) drinking water, certain commercial products, and dust that adults bring home from hobbies or jobs that use lead.

### How do I know if my child is lead poisoned?

A blood test is the only way to find out whether your child is lead poisoned. Your healthcare provider may take blood from your child to test for lead. Blood lead testing is covered by Medicaid and many private insurers. You can also determine if your child is at risk by getting your home inspected for lead-paint hazards and lead in water.

### What do my child's test results mean?

No safe amount of lead has yet been found. According to the Centers for Disease Control and Prevention (CDC), most U.S. children ages one through five years have blood lead levels below 3.5  $\mu\text{g}/\text{dL}$  (micrograms of lead per deciliter of blood). If your child has a blood lead level of 3.5  $\mu\text{g}/\text{dL}$  or more or if your child is at risk, your family needs a plan to lower your child's exposure to lead. If you are planning to renovate or repaint your older home, be sure that the contractor is properly trained in lead-safe work practices.

### Can my child be treated for lead poisoning?

At very high levels (above 45  $\mu\text{g}/\text{dL}$ ), healthcare providers may treat children with medicine to help remove lead from their bodies. The medicine cannot reverse the injury to the brain caused by lead; however, it can reduce other serious and even life-threatening dangers of lead, such as coma and convulsions. Finding and removing the sources of lead is the most important way to prevent additional exposure and reduce levels in the blood. The next section tells you how to make a plan to reduce your child's blood lead level.

***You may need help to reduce your child's blood lead levels and prevent exposure.***

Keep reading to learn how to:

- Work with your healthcare provider to follow up on your child's lead test.
- Seek help from other professionals to find the sources of lead and to fix the problems.

# Make a Plan to Reduce Your Child's Blood Lead Level and Prevent It from Increasing

## 1. Work with your child's healthcare provider.

- Ask for the blood lead level of your child's blood lead test (for example, 2, 5, or 10 micrograms of lead per deciliter of blood). Keep a record so that you can show the test results to schools, WIC, or early intervention programs later and track changes over time.
  - Ask whether your child needs more follow-up, such as more blood tests, nutrition services, or screening.
  - Tell the healthcare provider about possible sources of lead in your child's environment, such as peeling paint in your home or child care, recent painting or repairs, or work, hobbies, or consumer products that may involve lead.
- Be sure that all of your children younger than six years old are tested.
- Ask your healthcare provider for a list of local programs that help children with high blood lead levels.
  - Contact your local Pediatric Environmental Health Specialty Unit for more information on lead poisoning and medical advice: <https://www.pehsu.net/findhelp.html>.

## 2. Find and fix the sources of your child's lead exposure.

**FIND:** Paint that is in bad condition (peeling, flaking, chipping, or cracking), inside or outside your home, especially in places where your child spends time.

- Put a temporary barrier over the area to keep it out of your children's reach. You can use metal, duct tape, or cardboard.
- If you see paint chips or dust on windowsills or floors, clean these areas regularly with detergent and a damp rag or mop. Do not sweep paint chips. If you vacuum paint chips and dust be sure to use a vacuum equipped with a high-efficiency particulate air (HEPA) filter. For detailed cleaning directions, see [https://www.hud.gov/sites/documents/DOC\\_11878.PDF](https://www.hud.gov/sites/documents/DOC_11878.PDF).
- Frequently wash your child's hands, toys, bottles, pacifiers, and other items that your child may put in his or her mouth.
- If you are a tenant, tell your property manager and landlord about chipping and peeling paint. It is management's responsibility to fix the problem. If you're worried about reporting the problem, you can contact Legal Aid at [www.lsc.gov/find-legal-aid](http://www.lsc.gov/find-legal-aid).

**FIND:** A certified lead risk assessor to look for all the sources of lead in your home and help you decide which repairs need to be done.

**FIX:** Contact your local health or housing department to see if they offer lead risk assessments. For a list of risk assessors in your state, call the **National Lead Information Center** at 800-424-5323.

**FIND:** Bare soil.

- Cover bare soil with mulch, wood shavings, or grass.

**FIX:** Remove your shoes or wipe your feet carefully on a mat before you enter your home.

**FIND:** Items that may contain lead.

- Avoid imported products that may have high levels of lead such as health remedies, eye cosmetics (such as kohl, kajal, and surma), candies, spices, foods, clay pots and dishes, painted toys, and children's jewelry.

**FIX:** Read about other sources of lead: <https://www.epa.gov/protect-your-family-sources-lead>.

- Find out about lead in consumer products. Visit [www.saferproducts.gov](http://www.saferproducts.gov).

**FIND:** Renovation, repair, or painting work in a home built before 1978.

- Keep your child away from any repair work that disturbs paint. It can create a lot of lead dust.
- If you hire a contractor to renovate, repair, or paint your home, hire someone who is certified in lead-safe work practices by EPA. See <https://cfpub.epa.gov/flpp/pub/index.cfm?do=main.firmSearch>.

**FIX:** If you need to fix lead paint hazards, hire a certified abatement professional. You can find a firm by calling the **National Lead Information Center** at 800-424-5323.

- If you are working on your own home, learn how to work lead-safe. See <https://www.epa.gov/lead/renovation-repair-and-painting-program-do-it-yourselfers>.
- If you come into contact with lead, take a shower and wash your hair before being around children.

**FIND:** Lead in drinking water.

- You cannot see, taste, or smell lead in water. To find a certified laboratory to test your water, see <https://www.epa.gov/dwlabcert>.

- To learn whether your pitcher or faucet filter device does a good job removing lead from your water, see [www.nsf.org/Certified/DWTU/](http://www.nsf.org/Certified/DWTU/).

**FIX:** Use cold tap water for making baby formula, drinking, and cooking. Always run the cold water for a few minutes before using. Boiling water does not remove lead.

- To learn more, call the **Safe Drinking Water Hotline for Lead** at 800-426-4791.

**FIND:** Work or hobbies that may involve lead.

- Remove work clothes and shoes before entering the home. Wash these clothes separately from other family laundry.

**FIX:** Do hobby activities away from your home and away from children.

### REFERENCES

Centers for Disease Control and Prevention - Childhood Lead Poisoning Prevention Program.  
<https://www.cdc.gov/nceh/lead/about/program.htm>

Pediatric Environmental Health Specialty Unit. [Home - Pediatric Environmental Health Specialty Units - PEHSU](#)

### OTHER RESOURCES

Lead-Safe Wisconsin. <https://dhs.wisconsin.gov/lead>

Environmental Public Health Tracking. <https://dhs.wisconsin.gov/epht/index.htm>

### LOCAL RESOURCES

City of De Pere. [www.deperewi.gov](http://www.deperewi.gov)

Find the De Pere Health Department on Facebook



**Public Health**  
Prevent. Promote. Protect.

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**De Pere Health Department**



City of De Pere, Wisconsin

**Request For Board of Health Action**

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**MEETING DATE:** August 14, 2023

**DEPARTMENT:** Health Department

**FROM:** Deborah Armbruster

**SUBJECT:** Updates on Falls Prevention Activities in progress including  
Bingocize through the LEAF grant and Mugs for Rugs for 2023

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**ATTACHMENTS:**

- Bingocize Brochure Customizable fall 2023 nutrition (PDF)

## What the participants are saying:

“I’ve seen improvements in my strength and flexibility. Bingocize includes exercising every part of your body, otherwise you can find yourself sitting at a table every day and not really using anything but your hands.”

“I like to play Bingo. I like to be with people. You got to stay active and keep your mind open. You can’t just sit down and brood.”

“I love to play Bingo. I feel like I’m doing something to help me mentally and physically.”

“As I grow older, I try to do everything I can to be active. I’m 87 years old and I’m still getting there.”

“I love my water bottle I won at Bingocize! I am definitely drinking more water.”

“There is a lot of laughing, it’s fun and engaging.”

Program developed by:



Brought to you by:

This FREE program is being facilitated and sponsored by the De Pere Health Department through a state grant from the Wisconsin Institute for Healthy Aging (WIHA).



**Public Health**  
Prevent. Promote. Protect.

De Pere Health Department



**Combine  
Bingo,  
Education,  
and  
Exercise  
to  
Improve  
YOUR  
HEALTH**

## Would you like to have

- Improved lower/upper body strength, way of walking, balance, and range of motion?
- Improved mental abilities?
- Increased social engagement?
- Improved knowledge of falls risk reduction and other important health topics?

If so, join one of our free Bingocize classes, where you'll participate twice a week for 10 weeks in 45-60 minute sessions of bingo, exercises, and health education.



## Did you know exercise can help prevent chronic diseases and falls in older adults?

Unfortunately, less than 15% of older adults exercise regularly, which leads to inactivity and related health issues.

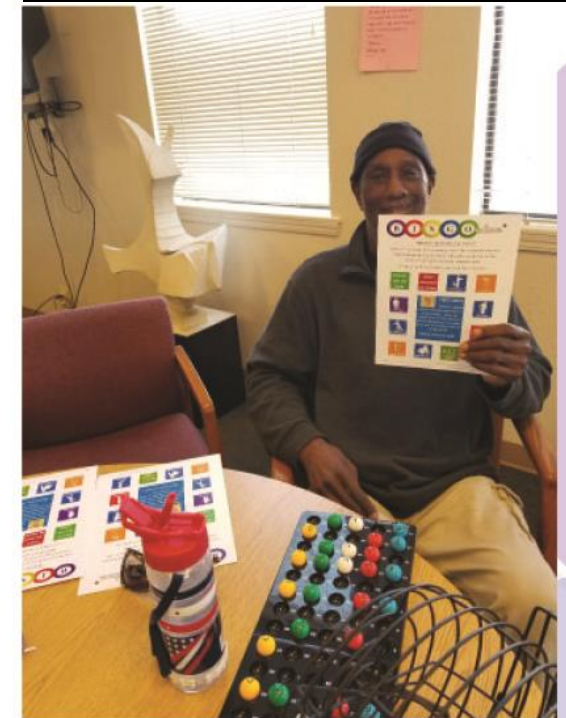
Bingocize® offers a unique solution that mixes exercise, health education, and bingo to help overcome health problems in participants. Evidence shows social, cognitive, and physical improvements from doing Bingocize®, and the best part is that it's fun and provided at no-cost.

## Where can I play Bingocize®?

Every Monday & Wednesday  
at De Pere Community  
Center from 10am-11am

September 11th, 2023 to  
November 22nd, 2023 (no  
class on 10/25 or 11/8)

Call 920-339-4054 to  
register!





City of De Pere, Wisconsin

**Request For Board of Health Action**

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**MEETING DATE:** August 14, 2023

**DEPARTMENT:** Health Department

**FROM:** Deborah Armbruster

**SUBJECT:** Health Department Renovation starting August 4 and completed by September 11, 2023

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Starting Friday August 4 the health department space will be closed for renovation and will re-open Monday September 11, 2023. Kelly, admin. assistant, will be located on the 2nd floor in the City Hall Admin. area. The rest of the staff will work remote primarily but will have the Administrative conference room for a landing area for meetings, etc.



City of De Pere, Wisconsin

**Request For Board of Health Action**

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**MEETING DATE:** August 14, 2023

**DEPARTMENT:** Health Department

**FROM:** Deborah Armbruster

**SUBJECT:** Report on De Pere Health Department Outreach and Prevention Activities for May - July 2023

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**ATTACHMENTS:**

- outreach May to July 2023 BOH (PDF)

## DE PERE HEALTH DEPARTMENT OUTREACH AND PREVENTION ACTIVITIES

DE PERE HEALTH DEPARTMENT OUTREACH AND PREVENTION ACTIVITIES - May 2023			
Job/Activity	Name	Date	Notes
Lactation Home Visit	Sara	5/2/2023	
Bingocize	Danielle, Sara, Debbie A, Debbie S, Jaimie	5/3, 5/8, 5/10, 5/15, 5/17, 5/22, 5/24, 5/31	
RN Team Meeting	Danielle, Sara, Debbie A, Debbie S	5/3, 5/10, 5/31	
DPHD RN and School RN Huddle	Danielle, Sara, Debbie A.	5/4/2023	
COVID Booster Clinic	Team	5/9/2023	
Bike Rodeo	Sara and Danielle	5/15, 5/16, 5/17, 5/18, 5/24, 5/25	
Walkthrough of RV for Common Council	Sara and Danielle	5/16/2023	
Student RN	Sara	5/17, 5/31	
Car Seat Clinic	Sara and Danielle	5/17/2023	
Picnic and Play	Jaimie	5/18/2023	
VFC Monthly Clinic	Danielle, Sara, Debbie A	5/11, 5/23	
Cellcom Marathon	Sara and Danielle	5/21/2023	
New Parent Welcome Letters	Sara	5/16/2023	
BCCFSP Wellness Resource Fair	Danielle	5/3/2023	

DE PERE HEALTH DEPARTMENT OUTREACH AND PREVENTION ACTIVITIES - June 2023			
Job/Activity	Name	Date	Notes
Picnic and Play	Sara	6/1/2023	
Bingocize	Danielle, Debbie A, Sara, Debbie S, Jaimie	6/5, 6/7, 6/12, 6/14, 6/19	
RN Team Meeting	Danielle, Debbie A, Debbie S, Sara	6/7, 6/21	
VFC Monthly Clinic	Danielle, Debbie A, Sara	6/8,	
Farmer's Market	Sara, Debbie S, Jaimie	6/8, 6/22	
Car Seat Clinic	Danielle and Sara	6/21/2023	
Student RN	Team	6/7, 6/14, 6/21	
COVID Booster Clinic	Team	6/13/2023	
DOA Site Visit for RV	Sara	6/22/2023	
Stay at Home Assistance Visit	Danielle	6/2, 6/16, 6/29	
Badges and Bobbers	Danielle	6/28/2023	
New Parent Welcome Letters	Sara	6/19/2023	
Concessions Training at VFW Pool	Trista	6/5/2023	

DE PERE HEALTH DEPARTMENT OUTREACH AND PREVENTION ACTIVITIES - July 2023			
Job/Activity	Name	Date	Notes
Beer Garden	Debbie A., Debbie S., Marcia	7/25/2023	
Medical College of WI Community Partner event	Debbie A.	7/27/2023	
Lambeau Field Bike Rodeo	Sara and Danielle	7/27/2023	
Door County Public Health PHEP Mentoring	Sara	7/11/2023	
VFC Monthly Clinic	Danielle, Debbie, Sara	7/13/2023	
Lead In Water Testing Meeting w/ Childcare Centers (Angels of Hope and Encompass)	Sara	7/18, 7/19	
Carseat Clinic	Sara and Danielle	7/19/2023	
Picnic and Play at Kress Library	Sara and Jaimie	7/20/2023	
Farmer's Market	Team	7/6, 7/20	
Student RN	Team	7/5, 7/12, 7/20	
Stay at Home Assistance Visit	Danielle	7/6/2023	
New Parent Welcome Letters	Sara	7/17/2023	



City of De Pere, Wisconsin

**Request For Board of Health Action**

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**MEETING DATE:** August 14, 2023

**DEPARTMENT:** Health Department

**FROM:** Deborah Armbruster

**SUBJECT:** Report on De Pere Health Department Trainings and Conferences  
for May - July 2023

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**ATTACHMENTS:**

- TRAININGS May to July 2023 BOH (PDF)

## DE PERE HEALTH DEPARTMENT TRAINING / CONFERENCES

DE PERE HEALTH DEPARTMENT TRAININGS/CONFERENCES/CE -MAY 2023			
Job/Activity	Name	Date	Notes
Turning Health Equity from a Dream to Reality	Debbie A.	4-May-23	
WPHA WALHDAB Annual Conference	Debbie A.	May 23-25, 2023	virtually
Communicable Diseases Webinar for Health Care Providers	Debbie A.	5-May-23	
Wisconsin TB Summit	Sara and Danielle	5/2,	
BCD Webinar	Sara, Danielle, Debbie A, Debbie S	5/3/2023	
Childcare Water Testing Overview	Sara and Trista	5/9/2023	
Vectorborne Disease Open House	Sara and Danielle	5/11/2023	
PHEP Q&A	Sara	5/16,	
COCA- Mpx Update: Stay Up to Date on Testing, Treatment, and Vaccination	Sara	5/18/2023	
Public Health Workforce Development Grant REDCap Survey Training	Sara, Danielle, Debbie S	5/30/2023	
2022-2023 NINR Director's Lecture Series: Prevention and Health Promotion	Danielle	5/3/2023	
APIC Wisconsin Seminar	Danielle	5/4/2023	
Opioid Settlements, Harm Reduction, and Leveraging Local Health Department Expertise	Danielle	5/9/2023	
Food Safety Summit	Trista	5/9-5/11/23	
6th Annual Older Adult Mental Health Awareness Day Symposium	Danielle	5/11/2023	
Immunize Wisconsin Spring conference	Danielle and Debbie S.	5/18-5/19/23	
Addressing the C in ACEs: Building Community Resilience	Danielle	5/24/2023	
Improving the Vaccination Experience: Reducing Pain and Anxiety for Children and Adults	Danielle	5/30/2023	
Heat Stress Webinar	Trista	5/30/2023	
Health Literacy	Kelly	5/1-5/25	

DE PERE HEALTH DEPARTMENT TRAININGS/CONFERENCES/CE - JUNE 2023			
Job/Activity	Name	Date	Notes
CDC:COLA webinar on Long COVID Challenges	Debbie A.	6/15/2023	
Grapevine training on Advanced Care Planning	Debbie A.	6/1/2023	
BCD webinar	Debbie A, Sara, Danielle, Debbie S	6/7/2023	
PHEP Q&A	Sara	6/6, 6/20	
MHFA Pre training and training	Sara	6/6, 6/15	
COCA: Recommendations for Diagnosing and Managing Suspected Fungal Meningitis	Sara	6/8/2023	
COVID-19 Vaccine Program Updates	Sara, Danielle, Debbie S	6/13/2023	
FPHS Capacity and Cost Assessment Tool launch	Sara, Kelly	6/14/2023	
HAB illness and investigation webinar	Sara, Trista	6/14/2023	
COCA: What Providers Need to Know about Zoonotic Influenza	Sara, Danielle, Debbie A.	6/20/2023	
Lead Poisoning Prevention Q&A - Developmental Screening Training	Sara	6/21/2023	
Respiratory Outbreaks in LTC Facilities - webinar	Sara, Danielle	6/22/2023	
Critical Public Health Issues in Cannabis Legalization	Sara, Danielle	6/22/2023	
MCH Adolescent Well-Being Learning Community Call	Debbie A., Danielle	6/26/2023	
Vaccine Community Outreach Education Summit	Debbie A.	6/8/2023	
Chronic Disease Prevention Partner call re' State Health Improvement Plan	Debbie A.	6/27/2023	
Harm Reduction Conference	Debbie A.	6/28-6/29/2023	
Get Ready for Falls Prevention Awareness Week 2023 - Get Ready for Falls Prevention Awareness Week 2023	Danielle	6/1/2023	
Part Two: Opioid Settlements, Harm Reduction, and Leveraging Local Health Department Expertise	Danielle	6/6/2023	
Vaccine Community Outreach Educational Summit	Danielle	6/8/2023	
GrapeVine Conference in Madison	Danielle	6/27/2023	
New Pool Code Training Webinar	Trista	6/29/2023	

DE PERE HEALTH DEPARTMENT TRAININGS/CONFERENCES/CE - JULY 2023			
Job/Activity	Name	Date	Notes
What's Trending: Center for Forensic Science Research and Education	Debbie A.	7/7/2023	
NACCHO conference virtually	Debbie A.	7/10-7/13/2023	
Communicable Disease webinar for Healthcare Providers	Debbie A., Danielle	7/7/2023	
COCA Call: Malaria in the US	Debbie A., Danielle, Sara	7/20/2023	
Chronic Disease Prevention Partner call regarding Breastfeeding	Debbie A.	7/25/2023	
De Pere Lead In Water Testing Overview and Q&A	Sara, Debbie A.	7/5/2023	
PHEP Q&A	Sara, Debbie S.	7/11, 7/25	
COVID Vaccine Program Updates	Sara, Danielle	7/11/2023	
BCD Webinar	Sara, Danielle	7/12/2023	
EOC Toolkit Webinar (FEMA)	Sara	7/18/2023	
Childhood Lead Poisoning Prevention Q&A	Sara	7/19/2023	
PREVCON Injury Prevention Conference in Washington DC	Sara and Danielle	7/22-7/26/23	
Merck Vaccine Review	Danielle, Debbie, Kelly	7/6/2023	
Part Three: Opioid Settlements, Harm Reduction, and Leveraging Local Health Department Expertise	Danielle	7/6/2023	
022-2023 NINR Director's Lecture Series: Population and Community Health	Danielle	7/12/2023	
Webinar: How to Help Older Adults Avoid Common Scams - Guiding Older Adults to Avoid Online Scams	Danielle	7/13/2023	
"Hears" to Workplace Safety Webinar	Trista	7/18/2023	
Webinar: Public Safety Approaches to Falls Prevention in Wisconsin Communities	Danielle	7/27/2023	
Smoking Supplies: The Local Public Health Perspective on an Emerging Harm Reduction Strategy	Danielle	7/31/2023	



City of De Pere, Wisconsin

**Request For Board of Health Action**

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**MEETING DATE:** August 14, 2023  
**DEPARTMENT:** Health Department  
**FROM:** Deborah Armbruster  
**SUBJECT:** Communicable Disease Report for May - July 2023

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**ATTACHMENTS:**

- 4.22.23 to 8.3.23 Disease Incident Count (PDF)
- YTD August 2023 Disease Incident Count (PDF)



**Wisconsin Department of Health Services**  
**Division of Public Health**  
**PHAVR - WEDSS**

## Disease Incidents by Episode Date

### Jurisdiction: De Pere

		2023
Disease Group	Disease	Total
Campylobacteriosis (Campylobacter Infection)	<i>Group Total:</i>	2
Chlamydia Trachomatis Infection	<i>Group Total:</i>	22
Coronavirus	<i>Group Total:</i>	24
Cyclosporiasis	<i>Group Total:</i>	2
Ehrlichiosis / Anaplasmosis	<i>Group Total:</i>	1
Gonorrhea	<i>Group Total:</i>	5
Invasive Streptococcal Disease (Groups A And B)	<i>Group Total:</i>	2
Lyme Disease	<i>Group Total:</i>	2
Mycobacterial Disease (Nontuberculous)	<i>Group Total:</i>	1
Parapertussis	<i>Group Total:</i>	1
Pathogenic E.coli	<i>Group Total:</i>	4
Salmonellosis	<i>Group Total:</i>	1
Streptococcus Pneumoniae Invasive Disease	<i>Group Total:</i>	1
Syphilis	<i>Group Total:</i>	1
Tuberculosis, Latent Infection (LTBI)	<i>Group Total:</i>	1
	<i>Period Total:</i>	70

Default Filters: 'State' EQUAL TO 'WI'

4/22/23 to 8/3/23

Probable and Confirmed Cases



**Wisconsin Department of Health Services**  
**Division of Public Health**  
**PHAVR - WEDSS**

## Disease Incidents by Episode Date

### Jurisdiction: De Pere

		2023
Disease Group	Disease	Total
Blastomycosis	<i>Group Total:</i>	1
Campylobacteriosis (Campylobacter Infection)	<i>Group Total:</i>	3
Chlamydia Trachomatis Infection	<i>Group Total:</i>	53
Coronavirus	<i>Group Total:</i>	280
Cyclosporiasis	<i>Group Total:</i>	2
Ehrlichiosis / Anaplasmosis	<i>Group Total:</i>	1
Gonorrhea	<i>Group Total:</i>	7
Influenza	<i>Group Total:</i>	1
Invasive Streptococcal Disease (Groups A And B)	<i>Group Total:</i>	5
Lyme Disease	<i>Group Total:</i>	2
Mycobacterial Disease (Nontuberculous)	<i>Group Total:</i>	1
Parapertussis	<i>Group Total:</i>	2
Pathogenic E.coli	<i>Group Total:</i>	5
Salmonellosis	<i>Group Total:</i>	3
Streptococcus Pneumoniae Invasive Disease	<i>Group Total:</i>	2
Syphilis	<i>Group Total:</i>	1
Tuberculosis, Latent Infection (LTBI)	<i>Group Total:</i>	2
Yersiniosis	<i>Group Total:</i>	1
	<i>Period Total:</i>	372

Default Filters: 'State' EQUAL TO 'WI'

1/1/23 to 8/3/23

Probable and Confirmed cases



City of De Pere, Wisconsin

**Request For Board of Health Action**

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**MEETING DATE:** August 14, 2023

**DEPARTMENT:** Health Department

**FROM:** Deborah Armbruster

**SUBJECT:** Status of Wis. Admin. Code Chapter Department of Health Services  
140 Review for De Pere Health Department on November 7, 2023

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Wisconsin Stat. ch. 251, Wis. Admin. Code ch. DHS 140, in conjunction with other applicable Wisconsin state statutes and administrative code constitute the knowledge, expertise, and services required of LHD's to operate in the state. The DHS 140 review is done every 5 years with our previous review being in 2018. Therefore the DHS 140 review of De Pere Health Department will take place on Tuesday November 7, 2023 from 1:00-4:00 pm.