



# Board of Health

## Regular Meeting

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

### Agenda

Monday, November 13, 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 **November 13, 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 August 14, 2023 minutes
5. Resignation of Dr. Steve Stroman as Medical Advisor
6. Consideration and possible approval of Dr. Cassie Schandel as Medical Advisor as of 11-14-2023
7. Status of Wis. Admin. Code Chapter Department of Health Services 140 review completed on November 7, 2023, results pending.
8. Update on grants status as of 1-1-2024
9. Workforce Competency Development Plan for health department staff updated 2023
10. Update on De Pere Health Department Lead Program Efforts
11. Results of Immunization Survey sent to De Pere residents Fall 2023
12. Report on De Pere Health Department Outreach/ Prevention Activities for August through October 2023
13. Report on De Pere Health Department Trainings/Conferences for August through October 2023
14. Communicable Disease Report for August through October 2023
15. Update on COVID and RSV vaccine information for the older adult
16. Tour of the Renovated Health Department once meeting is adjourned

17. Future Agenda Items
18. 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:** November 13, 2023  
**DEPARTMENT:** Health Department  
**FROM:** Deborah Armbruster  
**SUBJECT:** Approval of August 14, 2023 minutes

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**ATTACHMENTS:**

- board of health draft minutes 8.14.23 (PDF)



# Board of Health

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

## Regular Meeting

### Draft Minutes

Monday, August 14, 2023

5:15 PM

Council Chambers and Virtual

5:15 PM Meeting called to order on August 14, 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
Pamela Gantz	Aldersperson	Present	
Teresa Gulyas	Board Member	Present	
Dennis Hibray	Board Member	Present	
Michael McHenry	Board Member	Present	
Devin Perock	Aldersperson	Present	
Steve Stroman	Medical Director	Present	
Kelly Burke	Health Secretary	Present	
Deborah Armbruster	Health Director	Present	
Trista Groth	Environmental Health Sanitarian	Present	

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

No comments were made.

4. Approval of May 1, 2023 Meeting Minutes

Dr. Michael McHenry made a motion to approve the May 1, 2023 meeting minutes as written. Pamela Ganz seconded the motion. After a vote, the motion passed.

5. Consideration and possible approval of Draft of Health Department Budget 2024

Deborah Armbruster included the proposed budget numbers in the meeting packet. Deborah Armbruster explained that the Health Department still has some Covid grants, but our 2025 budget will be much different as those grants will be gone. Teresa Gulyas made a motion to approve the proposed budget. Pamela Ganz seconded the motion. After a vote, the motion passed.

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

6. Consideration and possible approval of Draft of 2024 Board of Health Budget

Deborah Armbruster explained that there is some funding in the budget for the Board of Health. This funding was used in the past for Board of Health members to attend the WALHDAB meetings in Appleton with Debbie. This covers the registration lunch fee.

Deborah Armbruster asked the Board's opinion on the narrative of the Health Department.

Teresa Gulyas asked why the 2024 department goals seem narrow compared to what the Health Department all does. Deborah Armbruster responded that the goals the department set are measurable and some of our programs do not have measurable goals. Teresa

Gulyas asked what Bingocize was. Debbie explained that this class met twice a week for 10 weeks and was focused on falls prevention. It is an evidence-based program that incorporates Bingo, education and exercise. Deborah Armbruster reported that the Health Department will offer Bingocize again in Fall with a nutrition segment. Deborah Armbruster highlighted other fall prevention activities in the department. Danielle Jauquet will be attending the senior picnic with giveaways for fall prevention. She will also be at the Freedom From Falls session at the Kroc Center. Teresa Gulyas asked if the Health Department planned on offering "Stepping On". Deborah Armbruster responded that herself and Erin had been trained in the past (pre-Covid) but there was not much interest by the residents. Dennis Hibray commented that the narrative did a nice job of putting things in perspective.

Dr. Michael McHenry made a motion to accept the proposed budget as written. Devin Perock seconded the motion. Upon vote, the motion passed.

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

7. Consideration and possible approval of proposed license fee increases for Agent Program for 2024-2025 licensing year

Deborah Armbruster explained that during Covid in 2020, Trista was not able to complete as many inspections. The establishments still paid their annual license fees, so we had a surplus of \$24,000 which we kept to cover any deficits and for educational expenses. Our expenses in 2021 were \$50.71 more than our revenue, which is good as we are supposed to break even with this program. However, in 2022, our expenses were \$9,096.56 more than our revenue. We used the surplus money from 2020 to cover this difference.

It has been 5 years since we increased our fees, so it is time to increase the fees to prevent another large deficit. The projected fee schedule is in the packet. A 10% increase will have the Agent program break even. Deborah Armbruster asked the Board to consider a 12% increase. This increase will go in effect as of July 1, 2024. Re-inspections have been a source of revenue for us in the past. However, Trista puts a lot of effort into educating the establishments when she does her inspections. This leads to fewer re-inspections needed, thus less revenue. This additional education improves our relationship with the establishments.

Dennis asked if our number of licenses has increased or decreased. Trista Groth responded that we have seen a 19% increase in establishments in the last 2 years. Deborah Armbruster added that 80% of Trista Groth's salary is covered by the Agent program, as well as 15% of Kelly Burke's salary and 5% of her (Debbie's) salary.

Dennis Hibray made a motion to adopt a 12% fee increase for the Agent program and round the figures to the nearest dollar, effective July 1, 2024. Pamela Ganz seconded the motion. Upon vote, the motion passed.

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

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

Deborah Armbruster reported that Trista Groth and Sara Lornson put together a Lead toolkit for the healthcare providers. The De Pere Health Department starts following cases at a venous level of 3.5 or higher. Trista will go into the home and identify lead hazards as needed.

Lead in Water testing is a program we opted into in which we will test 10 childcare sites for lead in their water. We will collect first morning samples from all fixtures the children use for eating, drinking, cooking, cleaning and handwashing. The samples are sent to the state lab of hygiene. If lead is present, follow-up sampling will be done. If lead levels are still elevated, the state will pay a plumber for the fixtures to be replaced.

9. Updates on Falls Prevention Activities in progress including Bingocize through the LEAF grant and Mugs for Rugs for 2023

Deborah Armbruster explained that the department wanted to focus on injury prevention in 2023, so we offered the Bingocize program and Lead in Water testing initiative.

10. Health Department Renovation starting August 4 and completed by September 11, 2023

Deborah Armbruster reported that the Health Department staff is supposed to be back in our department September 11th. The department is ready to be painted. Debora Armbruster stated there will be a De Pere logo behind Kelly's desk. Per Deborah, the renovation is adding some square footage to our department as we are getting a conference room where the police front desk used to be. The nurses will have their own office now. The Health Department LTE employees will work in the conference room. Deborah informed the Board that our annual open house is September 23rd with the Fire Department.

11. Report on De Pere Health Department Outreach and Prevention Activities for May - July 2023

Deborah Armbruster asked if there were any questions about the outreach activities listed in the packet. No questions were asked.

The injury prevention activities the department has been doing include bike helmet fitting at Lambeau Field and car seat installations.

Deborah Armbruster, Sara Lornson and Danielle Jauquet attended the National night out in the new RV. The RV is being used for many events around the city.

12. Report on De Pere Health Department Trainings and Conferences for May - July 2023

Deborah Armbruster explained that the Health Department staff is able to do a lot of trainings due to the Covid funding we have. Covid funds were dispersed to help the Health Department get through Covid response and to reorganize what public health should be and where to go in the future after Covid. These conferences have been key in helping the health department determine our focus moving forward including training in health equity and diversity and inclusiveness. We (health department) anticipate that we will be able to continue attending conferences in 2024.

13. Communicable Disease Report for May - July 2023

Deborah Armbruster reported that another Covid vaccine will come out in Fall. It is commercialized, so the state will not provide it and the De Pere Health Department will not be able to offer it. The Vaccines for Children program will likely be able to give us vaccine, so we will be able to give it to children who qualify for the VFC program for

free. Adults without insurance should be able to get the new Covid vaccine through NEW Community Clinic.

Dennis Hibray asked about the RSV vaccine. Debbie responded that it is being promoted for age 65 and older. The health department will not carry it.

Dr. Stroman asked when the current Covid vaccine stock would end and when the Covid vaccine will transition to 3rd party payers. Deborah responded that the vaccine our department had from the state is expired, so we will not be receiving anymore vaccine from the old program. The vaccine is transitioning from the free to the commercialized vaccine now.

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

Deborah Armbruster reported that the health department staff had a virtual meeting with the state to inform us of the information we need to submit for the 140 review. Deborah is in the process of submitting this information.

The 140 review is necessary due to a state statute that requires this review every 5 years to stay open as a health department.

Deborah Armbruster explained that there are 3 levels of health departments. Level 1 is the lowest level and level 3 is the highest, with the most services. We are currently a level 2 department.

Dennis Hibray added that Board of Health members may attend this. Teresa Gulyas stated she plans to attend. Dennis Hibray explained that the review process is the health department staff explaining the services they provide, and it is a justification for their existence.

15. Future Agenda Items

Dennis Hibray would like to discuss the RSV and new Covid vaccine for older adults.

Deborah Armbruster would like to discuss our workforce development plan and what each staff member is working on. Deborah would possibly like to talk about the results of the Lead in Water program. Deborah Armbruster reported that the health department received 24 Narcan kits and we will be using them at the community event with Police and St. Norbert in October. Deborah plans to report on this at the next meeting.

16. Adjournment

Teresa Gulyas made a motion to adjourn the meeting. Dr. Michael McHenry seconded the motion. Upon vote, the meeting was adjourned at 6:15 pm.

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

Respectfully submitted,  
Kelly Burke



City of De Pere, Wisconsin

**Request For Board of Health Action**

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**MEETING DATE:** November 13, 2023  
**DEPARTMENT:** Health Department  
**FROM:** Deborah Armbruster  
**SUBJECT:** Resignation of Dr. Steve Stroman as Medical Advisor

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**ATTACHMENTS:**

- Board of Health signed Resignation 9-2023 (PDF)

September 18, 2023

CITY OF DE PERE BOARD OF HEALTH  
335 S. BROADWAY  
DE PERE, WI54115

Chairman Dennis Hibry,

It has been my esteemed pleasure to serve with you and the Board of Health for the last several years as your medical advisor. The dedication and enthusiasm of each member has been greatly appreciated and serves the community well. I am extremely grateful for the work of the staff of the De Pere Health Department and support of the Board, as we navigated the challenges of the most expansive pandemic in our lifetime.

It has been a great pleasure to work with Debbie Armbruster, the retiring Director. She has provided direction and leadership through very tough times, while doing so with great empathy for her clients and staff.

Please accept my letter of thanks as I end my tenure as your medical advisor on November 13, 2023.

SINCERELY,

A handwritten signature in black ink, consisting of a stylized 'S' followed by 'MD'.

STEVEN J. STROMAN, MD, FAEMS, CCEMT/P  
MEDICAL ADVISOR  
DE PERE BOARD OF HEALTH

September 18, 2023

CITY OF DE PERE BOARD OF HEALTH  
335 S. BROADWAY  
DE PERE, WI54115

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STEVEN J. STROMAN, MD, FAEMS, CCEMT/P  
MEDICAL ADVISOR  
DE PERE BOARD OF HEALTH



City of De Pere, Wisconsin

**Request For Board of Health Action**

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**MEETING DATE:** November 13, 2023

**DEPARTMENT:** Health Department

**FROM:** Deborah Armbruster

**SUBJECT:** Consideration and possible approval of Dr. Cassie Schandel as Medical Advisor as of 11-14-2023

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City of De Pere, Wisconsin

**Request For Board of Health Action**

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**MEETING DATE:** November 13, 2023

**DEPARTMENT:** Health Department

**FROM:** Deborah Armbruster

**SUBJECT:** Status of Wis. Admin. Code Chapter Department of Health Services  
140 review completed on November 7, 2023, results pending.

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The review went well from our perspective, lots of good dialogue between staff, DHS, Board of Health representatives, Mayor Boyd, City Administrator Larry Delo and Assistant City Administrator Shannon Metzler. A official report is expected by the end of the year, beginning of January at the latest.



City of De Pere, Wisconsin

**Request For Board of Health Action**

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**MEETING DATE:** November 13, 2023  
**DEPARTMENT:** Health Department  
**FROM:** Deborah Armbruster  
**SUBJECT:** Update on grants status as of 1-1-2024

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**ATTACHMENTS:**

- DPHD Grant status 1-1-2024 (PDF)

De Pere Health Department Grants as of 1/1/2024

Immunization	1/1/2024 - 12/31/2024	\$8,639 Increase of \$840
Maternal Child Health	1/1/2024 – 12/31/2024	\$9,147 Decrease of \$82
Childhood Lead	1/1/2024 – 12/31/2024	\$2,161 Same
Communicable Disease	7/1/2023 – 6/30/2024	\$3,570 Decrease of \$30
Lead-in-Water Testing & Remediation	5/15/2023 – 9/30/2024	\$1,200 per facility
Prevention	10/1/2023 – 9/30/2024	\$4,300 Same
Preparedness	7/1/2024 – 6/30/2024	\$34,417 Same
Public Health Infrastructure	12/01/2022 – 11/30/2027	\$105,800

COVID-19 grants

Immunization and Vaccine for Children	7/1/2021 – 6/30/2024	As of 10/1/2023	\$32,406
Public Health Workforce	7/1/2021 – 6/30/2024	" " "	\$24,796 ??????
ARPA	3/3/2021 – 12/31/2024	" " "	\$234,818

COVID Grants and their Objectives

Immunization and Vaccine for Children – Increase vaccination efforts especially for the underserved and disproportionately affected populations.

Public Health Workforce – Funding is intended to conduct activities necessary to expand, train, and sustain a response ready public health workforce at state, tribal, local and territorial levels and develop solutions that allow for a more sustained workforce.

ARPA – Funding is intended to support local and tribal health departments to meet their needs related to response and recovery for the COVID-19 pandemic i.e. COVID-19 mitigation and prevention, Public Health and Safety staff, improving the design and execution of public health programs, addressing disparities in public health outcomes, investments in infrastructure.



City of De Pere, Wisconsin

**Request For Board of Health Action**

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**MEETING DATE:** November 13, 2023

**DEPARTMENT:** Health Department

**FROM:** Deborah Armbruster

**SUBJECT:** Workforce Competency Development Plan for health department staff updated 2023

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Health department staff have identified the areas they need to work on and what it will take to achieve these.

**ATTACHMENTS:**

- Workforce Competency Development Plan-current2023 (PDF)
- DPHD Staff training plans 2023 (PDF)



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

De Pere Health Department

# De Pere Health Department

## Workforce Competency Development Plan Revised 2023

## **Introduction**

The issues De Pere Health Department (DPHD) faces mirror the national concern of a widening gap between the public health system's charge to improve the health of populations and the capacity of the public health workforce to meet that challenge. Critical challenges facing the public health system are an aging workforce, workforce shortages, deep funding cuts, and greater demands on the public health system to support its broad mission to prevent new and emerging disease, promote healthy lifestyle behaviors, and protect the environment from hazards. In order to meet these demands, it is imperative that local public health agencies have a comprehensive workforce competency development plan that provides a roadmap to address these challenges.

## **Plan Purpose**

The purpose of the DPHD Workforce Competency Development Plan (WCDP) is to ensure a systematic process is in place so that DPHD's professional staff can identify individual competency and training gaps as compared to national standards and institute corrective actions to fill those gaps. This will ultimately ensure that staff are using a continuous quality improvement (CQI) process to enhance their skill sets.

## **Plan Goal**

The goal of this workforce competency development plan is to assure a competent, skilled and dynamic professional public health workforce who systematically pursue opportunities to increase their skill sets so they can contribute to the goals of the DPHD's Strategic Plan, and ultimately, improve the quality of public health services and programs offered to the residents of the City of De Pere.

## **Background**

**Nationally Accepted Public Health Competencies:** The DPHD recognizes the Council on Linkages Core Competencies for Public Health Professionals (revised October 21, 2021) as the benchmark for basic skills required of all DPHD professional staff. The Core Competencies for Public Health Professionals are a set of skills desirable for the broad practice of public health. They reflect the characteristics that staff need to possess to protect and promote health in the community. The Core Competencies address the following key dimensions of public health practice:

- |   |   |
|---|---|
| 1. Data Analytics and Assessment Skills           | 5. Community Partnership Skills           |
| 2. Policy Development and Program Planning Skills | 6. Public Health Sciences Skills          |
| 3. Communication Skills                           | 7. Management and Finance Skills          |
| 4. Health Equity Skills                           | 8. Leadership and Systems Thinking Skills |

## **History of Workforce Competency Development Work within the DPHD**

- 2014-Current: DPHD staff are mandated to complete ICS trainings and as of April 2017 all staff have completed the mandatory trainings. Documentation of training on individual transcripts are on (TRAIN)
- 2014 - Agency Strategic Plan developed

- 2014-2016: DPHD staff working in the Maternal Child Health (MCH) Program annually completed a competency assessment based on the 12 MCH Early Childhood Systems - Core Competencies (2015) in the Secure Public Health Electronic Records Environment (SPHERE): trainings staff participated throughout the year to build their MCH competencies were entered into SPHERE.
- 2016: DPHD developed a strategic plan that included an objective dedicated to workforce development
- 2016: DPHD Workforce Competency Development Plan established
- 2017: DPHD Workforce Competency Development Plan reviewed
- 2020: DPHD updated the Strategic Plan for a 5 year period through 2025
- 2023: DPHD Workforce Competency Development Plan revised
- 2023: DPHD inserted an update in the Strategic Plan

**De Pere Health Department Workforce Demographics (Appendix A)**

Category	Number	Training Tier (See Appendix A)
Total number of employees:	10	NA
Number of full-time employees:	5	NA
Number of part-time employees:	0	NA
Number of LTE employees: grant funded	5	NA
Gender:	Female: 10 Male:	NA NA
Race:	Hispanic: 0 Non-Hispanic: 0 American Indian / Alaska Native: 0 Asian: 0 African American: 0 Hawaiian: 0 Caucasian: 10 More than One Race: 0 Other: 0	
Primary Professional Disciplines/Credentials:	Health Officer: 1 Administrative Assistant: 1 Public Health Nurse: 2 Registered Sanitarian/Environmental Health Specialist: 1	3 1 2 2
Estimated number of employees currently eligible for retirement (ages 62+):	Management: 1 Non-management: 0	
Employees < 5 years from retirement (age 55+):	Management: 1 Non-Management: 0	

### **Process**

The DPHD will use the 2021 Council on Linkages Core Competencies to:

1. The staff competency assessment will be administered every 3 years for positions with relevant job functions. This assessment is an electronic survey and will be conducted as needed in the first quarter of the year for professional staff. Results will be analyzed by the agency supervisory staff and staff member and an Individual Staff Development Training Plan (Appendix B) will be developed as part of his or her performance evaluation.

#### **Assessment Procedure**

- Complete the appropriate assessment tier
  - Click Download pdf.
  - Employee will email the pdf to his or her supervisor and keep one copy for self
2. The training plan will identify the top two training needs (of the General Public Health Domains) based on the results of the competency assessment and other performance indicators.
  3. Areas for improvement will be transferred to an Individual Staff Development Training Plan (Appendix B) to document the Plan of Action.
  4. The supervisor will assist the employee in identifying competency-based training content and curricula available from recognized institutions. If none are found, the agency may create trainings internally (Appendix C)
  5. The employee will document completion of all trainings attended on the individual training plan.
  6. The supervisor will document trainings attended in the Health Department Training Log (Appendix D)
  7. The completed training plan will be reviewed during the employee's performance review.

### **Supporting Professional Development**

The DPHD supports the continued growth and development of its workforce to ensure a competent staff who can meet the needs of its ever-changing work environment. Outlined below are opportunities for professional development:

- Membership in professional organizations (WPHA, APHA, WALHDAB, WEHA, APIC)
- Conferences sponsored by professional organizations (WPHA, WALHDAB, NACCHO, APHA, NEHA)
- Continuing education related to maintaining professional licensure/certification
- Training opportunities for staff related to nationally recognized core competencies (CDC)
- Educational financial assistance when funds are available
- Serving as a clinical site for higher education students

**Role of the Health Officer**

The DPHD Health Officer will assure that workforce development becomes imbedded within the agency operations by:

1. *The Health Officer will be responsible and empowered to make recommendations about training needs for their staff and will identify barriers to training.*

**Justification:** A diverse and empowered team can effectively move the agency to a culture of continued learning.

2. *The Health Officer will provide guidance and direction to agency employees at their performance check-ins..*

**Justification:** Competency related training remains a high priority in local health departments, and it is necessary for managers to be educated about the competencies in public health. Depending on employee job duties and responsibilities, a level of skill or proficiency in these competencies may also be required.

3. *Coordinating online training resources for staff to enhance linkages of training needs to existing opportunities (remove barriers to training).*

**Justification:** Individual training plans will emphasize online training sites whenever possible. This is done to utilize efficient, timely, and readily available training links for LPHD staff while minimizing the expenses associated with travel to offsite locations.

4. *Partnering with local, state, and national entities to accomplish training goals.*

**Justification:** Many resources currently exist to develop and provide training to individuals, occupational groups and agencies. In the spirit of collaboration, state and regional training opportunities will be utilized when possible and financially practical.

## Appendix A

# Training Tiers

**Tier 1 – Front Line and Program Support Responsibilities.** These may include responsibilities such as collecting and analyzing data, conducting restaurant inspections, assessing environmental hazards, providing health education, building community relationships, providing customer service, delivering services, coordinating meetings, organizing records, supporting programs, and providing technical expertise.

**Tier 2 – Program Management and Supervisory Responsibilities.** These may include responsibilities such as developing, implementing, evaluating, and improving programs; supervising and mentoring staff; establishing and maintaining community partnerships; recruiting a diverse workforce; managing timelines, work plans, and budgets; advocating for program resources; making policy recommendations; and providing subject matter expertise.

**Tier 3 – Senior Management and Executive Leadership Responsibilities.** These may include responsibilities such as overseeing major programs or operations of the organization, setting a strategy and vision for the organization, building an equitable and inclusive organization, creating a culture of quality within the organization, collaborating with policymakers and politicians, advocating for organizational resources, partnering with community leadership, and leading organizational efforts to achieve health equity and social and environmental justice.

Appendix B  
 De Pere Health Department  
 Individual Staff Developmental Training Plan  
 Plan of Action

Employee Name: \_\_\_\_\_ Tier: \_\_\_\_\_

Date Developed \_\_\_\_\_

1. Key Dimension of Practice Public Health Core Competencies	Check Top 3 Strengths	Check 2 Areas for Improvement
1. Data Analytics and Assessment Skills		
2. Policy Development and Program Planning Skills		
3. Communication Skills		
4. Health Equity Skills		
5. Community Partnership Skills		
6. Public Health Sciences Skills		
7. Management and Finance Skills		
8. Leadership and Systems Thinking Skills		

**Plan of Action**

What trainings, resources, or tools will you use/complete to strengthen your practice?  
 Only identify Plan of Action for top 2 areas for improvement

1. Identify first dimension of practice to be strengthened:

<b>Identify Plan of Action:</b>
<b>2. Identify second dimension of practice to be strengthened:</b>
<b>Identify Plan of Action:</b>

<b>2. Please list other trainings you plan to attend this training year and what key domain they link to (Ex-Communicable Disease Seminar-Domain 5 &amp; 6)</b>		
<b>Name of Meeting/Training and date</b>	<b>Dimension of Practice</b>	<b>Complete (check box)</b>

<b>3. Please list any boards, coalitions, or committees that you participate in as a De Pere employee</b>

## Appendix C

## Training Resources

1. TRAIN
  - a. <https://wi.train.org>
  - b. Search by competencies, titles, key words, subject, cost, location (webinar, on-site, local)
2. Centers for Disease Control and Prevention Public Health Training Network
  - a. <http://www.cdc.gov/learning/>
3. Public Health Foundation
  - a. <http://www.phf.org/Pages/default.aspx>
4. Wisconsin Center for Public Health Education and Training
  - a. <http://wicphet.org/>
5. Wisconsin Public Health Association
  - a. [http://www.wpha.org/events/event\\_list.asp](http://www.wpha.org/events/event_list.asp)
6. American Public Health Association
  - a. <http://apha.org/>
7. National Association for City and County Health Officials
  - a. <http://naccho.org/resources>
8. *Add others that you use*

Appendix D

**(T:)Health/Staff trainings and Outreach Activities**

Appendix B

De Pere Health Department

Individual Staff Developmental Training Plan

Plan of Action

Employee Name: Debbie Armbruster Tier: 3

Date Developed 9-5-2023

1. Key Dimension of Practice Public Health Core Competencies	Check Top 3 Strengths	Check 2 Areas for Improvement
1. Data Analytics and Assessment Skills		✓
2. Policy Development and Program Planning Skills		
3. Communication Skills	✓	
4. Health Equity Skills		
5. Community Partnership Skills	✓	
6. Public Health Sciences Skills		
7. Management and Finance Skills		
8. Leadership and Systems Thinking Skills	✓	

**Plan of Action**

What trainings, resources, or tools will you use/complete to strengthen your practice?  
Only identify Plan of Action for top 2 areas for improvement

1. Identify first dimension of practice to be strengthened:  
Retiring 1-5-2024. Work towards the transition of leadership.

Identify Plan of Action:

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2. Identify second dimension of practice to be strengthened:

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Identify Plan of Action:

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2. Please list other trainings you plan to attend this training year and what key domain they link to (Ex-Communicable Disease Seminar-Domain 5 & 6)

Name of Meeting/Training and date	Dimension of Practice	Complete (check box)

3. Please list any boards, coalitions, or committees that you participate in as a De Pere employee

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Appendix B

De Pere Health Department

Individual Staff Developmental Training Plan

Plan of Action

Employee Name: Kelly Burke Tier: 1  
Date Developed \_\_\_\_\_

1. Key Dimension of Practice Public Health Core Competencies	Check Top 3 Strengths	Check 2 Areas for Improvement
1. Data Analytics and Assessment Skills	X	
2. Policy Development and Program Planning Skills		
3. Communication Skills	X	
4. Health Equity Skills		
5. Community Partnership Skills		
6. Public Health Sciences Skills		
7. Management and Finance Skills	X	
8. Leadership and Systems Thinking Skills		

Plan of Action

What trainings, resources, or tools will you use/complete to strengthen your practice?  
Only identify Plan of Action for top 2 areas for improvement

1. Identify first dimension of practice to be strengthened:

Taking classes to obtain Health Literacy Certificate

Identify Plan of Action: Complete 7 online courses

2. Identify second dimension of practice to be strengthened:

Identify Plan of Action:

2. Please list other trainings you plan to attend this training year and what key domain they link to (Ex-Communicable Disease Seminar-Domain 5 & 6)

Name of Meeting/Training and date	Dimension of Practice	Complete (check box)
NA.		
Current courses will take a couple years		

3. Please list any boards, coalitions, or committees that you participate in as a De Pere employee

attend BOH meetings

Appendix B

De Pere Health Department

Individual Staff Developmental Training Plan

Plan of Action

Employee Name: Trista Groth Tier: \_\_\_\_\_

Date Developed 9-7-23

1. Key Dimension of Practice Public Health Core Competencies	Check Top 3 Strengths	Check 2 Areas for Improvement
1. Data Analytics and Assessment Skills		
2. Policy Development and Program Planning Skills	X	
3. Communication Skills	X	
4. Health Equity Skills		X
5. Community Partnership Skills		
6. Public Health Sciences Skills	X	
7. Management and Finance Skills		X
8. Leadership and Systems Thinking Skills		

**Plan of Action**

What trainings, resources, or tools will you use/complete to strengthen your practice?  
Only identify Plan of Action for top 2 areas for improvement

1. Identify first dimension of practice to be strengthened:  
Health Equity skills

Identify Plan of Action:

Utilize free, online training courses in health equity. TRAIN may also be used for training.

2. Identify second dimension of practice to be strengthened:

Management and Finance Skills

Identify Plan of Action:

Same as above.

2. Please list other trainings you plan to attend this training year and what key domain they link to (Ex-Communicable Disease Seminar-Domain 5 & 6)

Name of Meeting/Training and date	Dimension of Practice	Complete (check box)
NEHA Credential - CP-FS	Domain 1 & 6	

3. Please list any boards, coalitions, or committees that you participate in as a De Pere employee

- Brown County Lead Coalition

Appendix B

De Pere Health Department

Individual Staff Developmental Training Plan

Plan of Action

Employee Name: Danielle Jauguet Tier: \_\_\_\_\_

Date Developed 9/5/23

1. Key Dimension of Practice Public Health Core Competencies	Check Top 3 Strengths	Check 2 Areas for Improvement
1. Data Analytics and Assessment Skills		✓
2. Policy Development and Program Planning Skills		✓
3. Communication Skills	✓	
4. Health Equity Skills		
5. Community Partnership Skills	✓	
6. Public Health Sciences Skills	✓	
7. Management and Finance Skills		
8. Leadership and Systems Thinking Skills		

Plan of Action

What trainings, resources, or tools will you use/complete to strengthen your practice?  
Only identify Plan of Action for top 2 areas for improvement

1. Identify first dimension of practice to be strengthened:  
1. Data Analytics & Assessment Skills

Identify Plan of Action:  
 U of FL Graduate certificate  
 specific related course: Epidemiology (Summer 2024)

2. Identify second dimension of practice to be strengthened:  
 2. Policy Development : Program Planning

Identify Plan of Action:  
 U of FL Graduate certificate  
 Specific related course: Evidence-Based management & Public Health Programs (Fall 2024)

2. Please list other trainings you plan to attend this training year and what key domain they link to (Ex-Communicable Disease Seminar-Domain 5 & 6)

Name of Meeting/Training and date	Dimension of Practice	Complete (check box)
Oct 19-20 Mental Health & Substance use Recovery conference	2, 4, 5, 6	
Nov 8 TB lab conference	1, 6	
Nov 2 Mental Health First Aid	3, 4, 5, 6	

3. Please list any boards, coalitions, or committees that you participate in as a De Pere employee

wellness Team (internal)	NEW 12 coalition
NEW APIC <small>Association for professionals in infection control : epidemiology</small>	BC CD surveillance
BC Coalition for suicide Prevention	Falls Free w/ Data workgroup
BC Prevention coalition : Falls	BC <del>Task force</del> <sup>Overdose</sup> Task force - prevention
BC Alcohol : Drug Coalition for Change	CHIP - Beyond Health Strategy 2.1

**Deborah E. Armbruster**

---

**From:** Danielle M. Jauquet  
**Sent:** Tuesday, September 5, 2023 3:26 PM  
**To:** Deborah E. Armbruster  
**Subject:** Individual Staff Developmental Training Plan  
**Attachments:** 20230905160127569.pdf

Scanned in the hand written sheet but below are the specific courses highlighted as well!

Thank you,

Danielle Jauquet, BSN RN  
 Public Health Nurse  
 De Pere Health Department | 335 South Broadway | De Pere, WI 54115  
 Phone (920) 339-4054 | Fax (920) 339-2745 | [djauquet@deperewi.gov](mailto:djauquet@deperewi.gov)



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

**De Pere Health Department**



Genuine. Down to Earth. Forward Thinking. Rooted in Strong Values.

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**From:** Danielle M. Jauquet <[djauquet@deperewi.gov](mailto:djauquet@deperewi.gov)>  
**Sent:** Tuesday, July 11, 2023 12:48 PM  
**To:** Danielle Jauquet <[jauquedm@gmail.com](mailto:jauquedm@gmail.com)>  
**Cc:** Danielle M. Jauquet <[djauquet@deperewi.gov](mailto:djauquet@deperewi.gov)>  
**Subject:** RE: Online Certificate in Public Health - Community Health Management - Jauquet, Danielle

New Plan of Study from 7/11/23 Advisor Meeting:

**University of Florida School of Public Health**  
**Online Certificate in Public Health - Community Health Management Emphasis**  
 HSA 6114 US Health Care Systems

Summer 2023

PHC 6410 Psychological, Behavioral, and Social Issues in Public Health

Fall 2023

**Epidemiology (Foundation Course)**

Summer 2024

**PHC 6104 Evidence-based Management of Public Health Programs**

Fall 2024

PHC 6251 Assessment and Surveillance in Public Health (pre-requisite: PHC 6410)

Spring 2024

Appendix B

De Pere Health Department

Individual Staff Developmental Training Plan

Plan of Action

Employee Name: Sara Lornson Tier: 2  
Date Developed 9-5-2023

1. Key Dimension of Practice Public Health Core Competencies	Check Top 3 Strengths	Check 2 Areas for Improvement
1. Data Analytics and Assessment Skills		
2. Policy Development and Program Planning Skills		
3. Communication Skills	✓	
4. Health Equity Skills		
5. Community Partnership Skills	✓	
6. Public Health Sciences Skills	✓	
7. Management and Finance Skills		✓
8. Leadership and Systems Thinking Skills		✓

**Plan of Action**

What trainings, resources, or tools will you use/complete to strengthen your practice?  
Only identify Plan of Action for top 2 areas for improvement

1. Identify first dimension of practice to be strengthened:  
Leadership and systems thinking skills

Identify Plan of Action:

My plan is to successfully complete my supervisory leadership course through UWOB which begins on September 7<sup>th</sup>, 2023, and ends in November.

2. Identify second dimension of practice to be strengthened:

Management and Finance Skills

Identify Plan of Action:

Again, my plan is to successfully complete a supervisory leadership course to help build my strength, as a department leader and grow my skills in finance and management.

2. Please list other trainings you plan to attend this training year and what key domain they link to (Ex-Communicable Disease Seminar-Domain 5 & 6)

Name of Meeting/Training and date	Dimension of Practice	Complete (check box)
Supervisory Leadership course	7 and 8	

3. Please list any boards, coalitions, or committees that you participate in as a De Pere employee

Brown County Breastfeeding Coalition - chair  
 NEW HERC Board - Public Health rep  
 Early Childhood Developmental Screening Team - Co chair  
 Safe Kids Coalition  
 Brown County Lead Coalition  
 City of DePere Emergency Management team  
 City of DePere Event Planning Team  
 Student Nurse Preceptor  
 Member of the State AHEP plan Workgroup  
 Community Resource Team (member)



City of De Pere, Wisconsin

**Request For Board of Health Action**

**MEETING DATE:** November 13, 2023

**DEPARTMENT:** Health Department

**FROM:** Deborah Armbruster

**SUBJECT:** Update on De Pere Health Department Lead Program Efforts

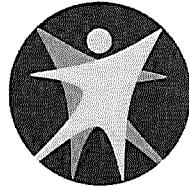
A postcard was sent to all families residing in homes built prior to 1978 on lead safety.

As part of our Lead grant objectives, the toolkit for De Pere healthcare providers was updated to reflect follow-up on a venous Pb level of 3.5 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:**

- WI Lead-in-Water Initiative (PDF)
- Red Black lead Postcard CMYK (8.5 5.45 in) (2) (PDF)
- HCP\_Toolkit\_Template.pptx - De Pere - updated for 2023 for De Pere Final for e-mail (PDF)



**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  
Grantee Unique Entity Identifier (UEI) Number: NETWXQK1LN95  
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


Authorized Representative

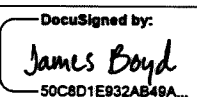
Name: Jonette Arms

Name: James Boyd

Title: Assistant Administrator

Title: Mayor

Signature:  2E6408EBD5E64C8...

Signature:  50C8D1E932AB48A...

Date: 6/5/2023

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%

# LEAD-SAFE DE PERE

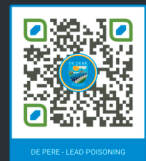
PROTECT YOURSELF  
PROTECT YOUR FAMILY



Was your house built before 1978?  
Do you have lead paint in your home?  
There are things you should know!



It only takes  
this much **lead**  
to **poison** a child.



SCAN HERE FOR MORE INFORMATION  
ABOUT LEAD TESTING, LEAD PAINT  
HAZARDS AND LEAD-SAFE HOME  
RENOVATION

The older the home, the more likely it is to have lead-based paint. If you are planning to remodel or replace old windows, you may create a lead hazard in your home! The EPA has rules for lead safe renovation. Scan the QR code for detailed information on how to renovate safely.

Exposure to lead can cause serious harm, especially for kids under age 6. Often, kids won't have any symptoms of lead poisoning, so testing is the best way to know. Get your child under age 6 tested for lead poisoning today.

**DE PERE HEALTH  
DEPARTMENT**

**335 S. Broadway**

De Pere, WI 54115

**Phone** 920-339-4054

**Email** [deperehealth@deperewi.gov](mailto:deperehealth@deperewi.gov)

**Office Hours**

M-TH 7:30am - 5pm,

F 7:30 am - 11:30 am



# "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 Depart

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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

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- [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

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- 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

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### ***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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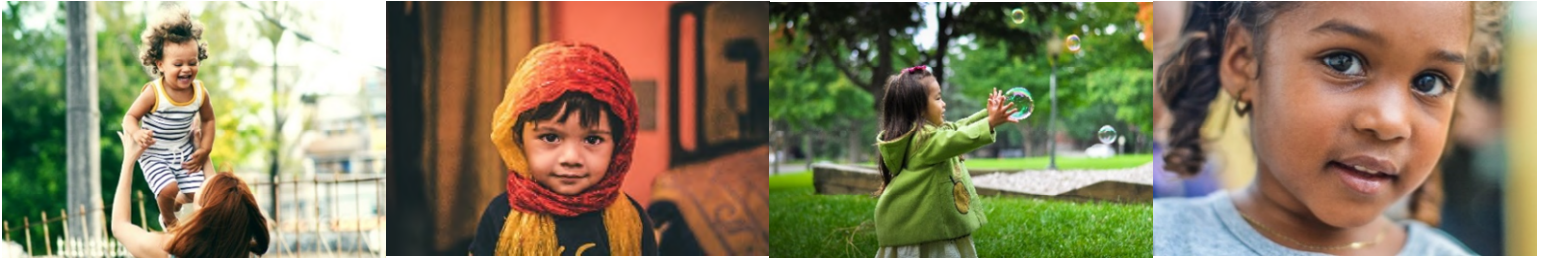
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## Role of Public Health

## 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.

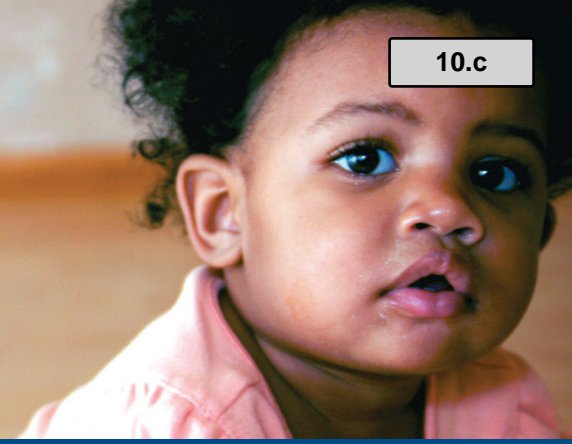
#### 3. Family of Child with Elevated Lead Level

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 µg/dL (micrograms of lead per deciliter of blood). If your child has a blood lead level of 3.5 µg/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 µg/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:** November 13, 2023

**DEPARTMENT:** Health Department

**FROM:** Deborah Armbruster

**SUBJECT:** Results of Immunization Survey sent to De Pere residents Fall 2023

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I have attached an initial report on the Immunization Survey that was sent out to residents in October. We will be analyzing the results more deliberately to not only address vaccine hesitancy but will help in other areas of programming and program development.

**ATTACHMENTS:**

- Immunization Survey Report 11.23 (PDF)

### Immunization Survey Report:

During the COVID pandemic the CDC developed a Rapid Community Assessment (RCA) tool to address vaccine hesitancy. The RCA offers a process for quickly collecting community insights about a Public Health issue in order to inform program change. It can be used for a variety of assessments.

Currently the CDC, WI DHS and medical organizations have raised increasing concerns about the rise of vaccine hesitancy. Public Health has been charged with addressing this. Vaccine rates are lower across the country with Flu and COVID boosters having a much lower uptake this season. The Health Department felt that to effectively address vaccine hesitancy it is vital to understand our community's thoughts on this topic. Only then can we effectively implement our programming to address this.

A postcard sent to all households in De Pere which had a QR code for a seven-question survey concerning vaccines. Most questions offered an "other" option with an opportunity for comments. There was also an area for general comments. We did include an optional section for demographic information. The survey was open for 3 weeks and was also available on our website.

We received 317 responses to our survey, which surpassed our goal of 300. This represents approximately 3% of our population. This is above what many other communities reported. For example, a Health Department in Ohio sent out 59,00 surveys and received 290 responses. Long Beach CA received 418. The response we received is deemed very positive.

While analysis of the results is just starting, we have realized that this will assist us in not only addressing vaccine hesitancy but will help us in other areas of programming and program development.

### Objectives of Survey:

1. Obtain an understanding of what De Pere residents think about immunizations for themselves and/or their families.
2. Learn about barriers to immunizations, actual and perceived.
3. Explore what influences families about immunizations, including what sources they use for information.

Please note that these results are still being analyzed and may change. This is an initial correlation/analysis. The percentages shown are rounded up. Responses will be applied to overall population, for example if a response is 6% on a question, we will assume approximately 660 households will hold this view (6% of 11,000 households). This is an assumption and not statistically verified.

### Summary of key responses: (specific numbers follow)

- Most of the responders believe they are up to date on their immunizations: 87%
- A lesser number of responders are up to date on their COVID immunizations: 50%
- 71% of the responders believe their child is up to date on their immunizations.
- Only 29% of responders believe their child is up to date on COVID immunizations.
- Concern over vaccine safety was expressed in 12% of the responses.

- A small number of responders expressed cost was a factor/no insurance: 1%
- 2% of responders do not believe in immunizations.
- While responders utilize a variety of sources for information on immunizations 91% use their healthcare provider. Also utilized at a higher number are friends/family, TV/internet, and friends and family.
- Responders reported hearing both positive and negative information about vaccines with positive occurring more.
- A large number report having questions about vaccines either occasionally or frequently: 46%
- 51% report that they have had difficulty finding vaccine information either occasionally or frequently.
- 80% report talking to family/friends about vaccine occasionally or frequently.
- A large majority strongly trust their healthcare provider guidance on vaccines and believe adults need immunizations throughout their lifespan.
- A lesser majority feel it is safe for children to get multiple vaccines at one time.
- 78% of responders feel confident about the safety/approval process for vaccines (rate 4 or 5 out of 5)
- Many respondents felt it was their responsibility to be immunized to protect the community.
- **There were hundreds of comments that we are currently looking at. The comments provide a great deal of insight into what the responders are thinking concerning vaccines.** Some themes already identified include:
  - Many responders were positive about the survey being done.
  - Misinformation was a common theme and concern.
  - Messaging is a need. While social media and websites are used widely, it is apparent that other modes of communication are needed. A quarterly newsletter from the Health Department is already being explored.
  - There were a few comments that were very negative and political.
  - COVID vaccine was commented on greater than others.
  - Cost was a concern for some responders. This is an area the Health Department can assist with, and we will address this in messaging.
  - Side effects were a large concern. Education needs to be done on what is an expected side effect (And shows an immune response) versus an adverse reaction.

**Survey Questions and Responses:**

**Are you up to date on Immunizations: (check all that apply):**

I am up to date on routine immunizations	277	87%
I am not up to date on routine immunizations	13	4%
I am unsure if I am up to date on routine immunizations.	6	2%
I am up to date on COVID immunizations	159	50%
I am not up to date on COVID immunizations	24	8%

Comments include Have allergies, not sure if needs COVID boosters, waiting to get booster, personal and religious reasons.

**Is your dependent child(ren) up to date on immunizations: (check all that apply):**

I do not have children/my children are 18+years old	240	78%
My child(ren) is up to date on routine immunizations	55	71%*
My child(ren) is up to date on COVID immunizations	22	29%*
I am not sure if my child(ren) is up to date on immunizations	1	1%*
My child(ren) is not up to date on routine immunizations	1	1%*
My child(ren) is not up to date on COVID immunizations	22	29%*
Some of my children are up to date and some are not	3	4%*

\*percentages based off number of responders reporting having children under 18

Comments include: No response, I don't know what up to date means, personal and religious reasons, vaccine not safe.

**Which factors are barriers to you/your child(ren) getting immunized? (Select all that apply)**

I do not believe in immunizing myself	6	2%
I do not believe in immunizing my child(ren)	3	1%
I am concerned about the safety of certain or all vaccines	39	12%
I am unsure how to check which vaccines have been received already and/or which are still needed	5	2%
I am concerned about the cost of vaccines/I do not have insurance	3	1%
I do not have transportation	0	0
I have difficulty scheduling/finding time for an appointment	13	4%
I am unsure where to go for vaccines	6	2%
I don't know where to find information about vaccines or who to go to with questions	2	0.006%
I have not experienced any barriers to vaccination	181	58%

Comments include bad side effects from COVID vaccine, ex doesn't allow, the government lies, waiting for new booster, child afraid of needles.

**Where do you obtain information about immunizations for you and your family? (Select all that apply)**

Friends/Family	78	25%
Doctor/Healthcare Provider	289	91%
Church/Faith Community	7	2%
TV or Print News	91	29%
Social Media (Facebook, Instagram, Twitter, TikTok, etc.)	31	10%
Podcasts/Radio	20	6%
Internet/Websites	123	39%

Comments: work in healthcare, pharmacy, De Pere Health Department, my own research, work, CDC and other websites.

**In the last MONTH, have you:**

Statement	Never	Once/Occ	Frequently
Heard negative information about vaccines	44 (14%)	192 (61%)	72 (23%)
Heard positive information about vaccines	24 (8%)	145 (46%)	136 (43%)
Had questions/concerns about vaccines	161 (51%)	120 (38%)	24 (8%)
Had difficulty finding vaccine information	246 (78%)	46 (15%)	5 (2%)
Talked to friends/family about vaccines	24 (8%)	188 (59%)	68 (21%)

Please rate how much you agree with the following statements (1 star = strongly disagree, 5 stars = strongly agree):

**I trust my doctor/healthcare provider's information and recommendations concerning vaccines:**

1 (lowest)	8
2	8
3	25
4	39
5 (highest)	235

**Adults need immunizations throughout their life:**

1 (lowest)	11
2	8
3	27
4	26
5 (highest)	243

**It is safe for children to receive multiple immunizations at one time:**

1 (lowest)	24
2	14
3	67
4	46
5 (highest)	154

**I feel confident about the vaccine approval process/the safety of vaccines:**

1 (lowest)	29
2	15
3	25
4	58
5 (highest)	186

I have a responsibility to get myself and my family vaccinated to help protect others:

1 (lowest)	28
2	9
3	18
4	30
5 (highest)	228

**COMMENTS:** Please note these are grouped loosely into sections and will be looked at more closely in the future. Overall, the comments were very positive and showed areas we can improve programming on including messaging and information.

**General Comments:** Comments were not edited

Positive:

- At my age it is very important to get all these and for all children 👍 over the many years always got all my vaccines, it gives protection to everyone! I just got my last flu, Covid! And Senior RSU! We do need to take care of ourselves! With our Doctors help 👍👍
- This survey is a good idea.
- I have none. have always been a strong believer in vaccinations.
- I appreciate my community reaching out for feedback. It's reassuring to know that the city is concerned with our health and well-being. I hope this helps generate beneficial policies and programs in the future.
- I have trust in vaccines. I trust my doctors and I trust the information I get from reading. Getting a disease, imo, is scarier than getting a vaccine. Way in the beginning it was harder to get shots just because of the emerging virus and the emergency of treating it. You had to have a computer and patience to sign up. Along the way it has gotten easier. Most people I know get vaccines; but there are a few that still do not. I'm not sure how to convince them otherwise.
- I would like to understand the need for a survey regarding vaccines...it's too bad that there are questions if vaccines are approved by the CDC.
- I hope this information helps keep everyone safe and healthy. Thank you.
- Thank you for helping keep our community safe and healthy.
- I strongly believe in vaccines. However, many of my students do not get vaccinated. It can turn negative very quickly as illness spreads through our classrooms.
- Get Vaccinated
- Thank you for providing safe and effective vaccines to our .community
- Thank you.
- I hope this information helps keep everyone safe and healthy. Thank you.
- Thank you for your dedication and positive perseverance.
- I have found the De Pere Health Dept. to be very helpful in answering my questions about Covid 19 vaccinations and supplying the vaccines. Thank you!

- I plan on getting covid vaccine.
- Thanks for all you do to keep the City of De Pere going strong.....
- Thanks—this was easy! Property taxes are insane but we like living in De Pere. Please keep helping ppl get the Covid vaccine so school attendance rates remain steady
- Good survey
- Thank you
- I've never seen a vaccination survey like this before but I appreciate that this is being done!
- was treated with respect when getting vaccines thru De Pere health department
- This is an important topic
- Bellin system is great!
- Thank you for the opportunity, our community is very special!
- Thank you for doing this survey. Hopefully you can get the results needed to get more people vaccinated
- Thank you

Negative:

- Fauci, CDC, FDA, Big Pharma etc. have no credibility. All should be tried for Crimes Against Humanity under the Nuremberg Codes. COVID was merely a rebranded cold/flu season, packaged with a pre-made “vax” that deliberately maims, sterilizes, and kills. Far, far more people died from the death-jab than the academic. And the ridiculous amount of childhood vaccines is obviously driving the autism explosion. Only the willfully blind cannot see these things
- The WHO and the CDC have shaken any confidence I once had in the validity of societal lockdowns for the control of disease. It will be very difficult for me to trust information dispersed in the future.
- The fact that my local health department includes non-binary as a gender choice in their survey tells me a lot. Very disappointing. Human healthcare has become a morass of untruths, coercion to follow the arbitrary rules, and disregard for the individual. I feel badly for people who can't or don't know how to advocate for themselves. On a brighter note, I see many younger people taking charge of their own health and wellness. And concierge medical professionals will be an option for those who wish to eschew the Aurora Health Services and their ilk. Independent practices will be the way out of this mess.
- The city should not even be getting involved in the vaccine question anymore. It is never going away and is the new common cold. I have known people with the vaccine catch the virus and spread it more than people I know without it. **PH NOTE: PH IS MANDATED TO PROVIDE VACCINE**
- I used to get an annual flu shot - last one was 2019. I no longer get the annual shot and have never received the COVID vaccine. I never had COVID or the flu - not even a cold - and only wore a mask at the doctor's office for routine exams! I no longer trust the CDC and its recommendations.

- We have learned from the Covid pandemic scare that it was a fraud and perpetrated by those who desired control and political gain. We would have been much better off not closing schools and businesses, and using useless masks. Unfortunately, it has impacted an entire generation of young people and its immense effects will not be fully known for many years to come.
- I am generally for immunization. However, each individual case requires a risk vs reward analysis. Each individual has to make that decision for him or herself based upon available trusted information. The government failed to provide timely updated accurate information concerning Covid and the public quickly lost faith in their recommendations. Granted nobody knew a lot about covid at the time, but then it's best to say we just don't know yet. That trust will need to be reestablished. Public health has lessons to be learned from the whole covid experience.
- I feel some vaccines are political.
- Please save De Pere tax Dollars and eliminate this bogus health department.

Demonstrated need for information/messaging:

- In recent my wife and I have gotten our routine shots in De Pere at the Community Center. For some reason we have not seen the availability schedule this year. So we got the shots from our Primary Care Person.
- Need Sr flu advertisements and availability
- I would like to see more positive information regarding vaccines and where to get them through various media as public service announcements.
- I know how to look up my vaccine registry and still wonder if I'm up to date, without this knowledge I would be behind on my vaccinations
- Not seeing anything really on vaccinations....children mimic parent's action/inaction...so need to go back a generation or two! I get vaccinated because I still remember "that is what you did", without question. Please highlight more of safety of vaccines and availability
- I wonder why the latest Covid & RSV vaccines are not available. I am in a high risk category and always get vaccinated yearly for flu, and covid.
- I had no problem getting an appointment for my flu shot but I wasn't sure where to get this year's Covid booster.

**What is your biggest concern about vaccines?** Comments are not grouped into categories nor edited:

At my age it is very important to get all these and for all children 👍 over the many years always got all my vaccines, it gives protection to everyone! I just got my last flu, Covid! And Senior RSU! We do need to take care of ourselves! With our Doctors help 👍👍

This survey is a good idea

I have none. have always been a strong believer in vaccinations

I appreciate my community reaching out for feedback. It's reassuring to know that the city is concerned with our health and well-being. I hope this helps generate beneficial policies and programs in the future.

In recent my wife and I have gotten our routine shots in De Pere at the Community Center. For some reason we have not seen the availability schedule this year. So we got the shots from our Primary Care Person.

Friend of ours lost sight in one eye, due to covid shot, that is the doctor's opinion, because the doctor had colleagues that had seen the same thing. Wife had appendix burst three weeks after, can't prove her second Pfizer shot had anything to do with it, just her 64 age and it burst in less than a day, odd. And who decided to go after doctors for just trying to keep people out of hospital in 2020.

Good luck battling the social media demons!

I have trust in vaccines. I trust my doctors and I trust the information I get from reading. Getting a disease, imo, is scarier than getting a vaccine. Way in the beginning it was harder to get shots just because of the emerging virus and the emergency of treating it. You had to have a computer and patience to sign up. Along the way it has gotten easier. Most people I know get vaccines; but there are a few that still do not. I'm not sure how to convince them otherwise.

Need Sr flu advertisements and availability

I feel some vaccines are political.

I would like to understand the need for a survey regarding vaccines...its too bad that there are questions if vaccines are approved by the CDC

I hope this information helps keep everyone safe and healthy. Thank you.

I wish the naysayers would just keep the comments a little more private. I was raised in that you don't talk about religion or politics, and now I have to be concerned about health care. Yikes!

Thank you for helping keep our community safe and healthy.

I strongly believe in vaccines. However, many of my students do not get vaccinated. It can turn negative very quickly as illness spreads through our classrooms.

I am generally for immunization. However, each individual case requires a risk vs reward analysis. Each individual has to make that decision for him or herself based upon available trusted information. The government failed to provide timely updated accurate information concerning Covid and the public quickly lost faith in their recommendations. Granted nobody knew a lot about covid at the time, but then it's best to say we just don't know yet. That trust will need to be reestablished. Public health has lessons to be learned from the whole covid experience.

Get Vaccinated

Thank you for providing safe and effective vaccines to our community

Thank you

I hope this information helps keep everyone safe and healthy. Thank you.

Thank you for your dedication and positive perseverance

I have found the De Pere Health Dept. to be very helpful in answering my questions about Covid 19 vaccinations and supplying the vaccines. Thank you!

I was advised by my health care provider not to get any more covid inoculations and I choose not to get vaccinated because of my age and sensitivity to vaccines. Thank you

I plan on getting covid vaccine.

We have learned from the Covid pandemic scare that it was a fraud and perpetrated by those who desired control and political gain. We would have been much better off not closing schools and businesses, and using useless masks. Unfortunately, it has impacted an entire generation of young people and its immense effects will not be fully known for many years to come.

Thanks for all you do to keep City of De Pere going strong.....

I used to get an annual flu shot - last one was 2019. I no longer get the annual shot and have never received the COVID vaccine. I never had COVID or the flu - not even a cold - and only wore a mask at the doctor's office for routine exams! I no longer trust the CDC and its recommendations.

The city should not even be getting involved in the vaccine question anymore. It is never going away and is the new common cold. I have known people with the vaccine catch the virus and spread it more than people I know without it.

The fact that my local health department includes non-binary as a gender choice in their survey tells me a lot. Very disappointing. Human healthcare has become a morass of untruths, coercion to follow the arbitrary rules, and disregard for the individual. I feel badly for people who can't or don't know how to advocate for themselves. On a brighter note, I see many younger people taking charge of their own health and wellness. And concierge medical professionals will be an option for those who wish to eschew the Aurora Health Services and their ilk. Independent practices will be the way out of this mess.

I would like to see more positive information regarding vaccines and where to get them through various media as public service announcements.

Thanks—this was easy! Property taxes are insane but we like living in De Pere. Please keep helping ppl get the Covid vaccine so school attendance rates remain steady.

Good survey

Please save De Pere tax Dollars and eliminate this bogus health department.

I know how to look up my vaccine registry and still wonder if I'm up to date, without this knowledge I would be behind on my vaccinations

Thank you

I've never seen a vaccination survey like this before but I appreciate that this is being done!

tried to go online to complete the survey, but didn't see it at the DP Health Dept section

was treated with respect when getting vaccines thru De Pere health department

Not seeing anything really on vaccinations....children mimic parent's action/inaction...so need to go back a generation or two! I get vaccinated because I still remember "that is what you did", without question. Please highlight more of safety of vaccines and availability

I wonder why the latest Covid & RSV vaccines are not available. I am in a high risk category and always get vaccinated yearly for flu, and covid.

The WHO and the CDC have shaken any confidence I once had in the validity of societal lockdowns for the control of disease. It will be very difficult for me to trust information dispersed in the future.

I had no problem getting an appointment for my flu shot but I wasn't sure where to get this year's Covid booster.

At least our taxes go to garbage trucks.

This is an important topic.

Bellin system is great!

Stop pushing unnecessary vaccines

Thank you for the opportunity, our community is very special!

Thank you for doing this survey. Hopefully you can get the results needed to get more people vaccinated

There is never just one solution to a problem. Freedom allows us to choose the solution we are able to accept from an educated risk analysis.

Thank you

Fauci, CDC, FDA, Big Pharma etc. have no credibility. All should be tried for Crimes Against Humanity under the Nuremberg Codes. COVID was merely a rebranded cold/flu season, packaged with a pre-made "vax" that deliberately maims, sterilizes, and kills. Far, far more people died from the death-jab than the academic. And the ridiculous amount of childhood vaccines is obviously driving the autism explosion. Only the willfully blind cannot see these things.

**Demographics:** This was an optional part of the survey

Gender:

Female	158
Male	58
Non-Binary	1
No Response	100
None of your business	1

Ethnicity:

Caucasian	2
German	1
Hispanic/Latino	2
Human	1
Non-Hispanic/Latino	199
None of your business	1
White	2
No Response	109

Race:

American Indian/Alaskan Tribe	1
Asian	2
Black/African American	1
Human	1
Native Hawaiian/Pacific Islander	1
None of your business	1
Unknown	2
White	208
No Response	100

Age:

18-24	1
25-34	17
35-44	27
45-54	30
55-64	46
65+	94
No Response	100

Income:

Unemployed/None	7
\$9,999 or under	1
\$10,000-\$24,999	10
\$25,000-\$49,999	24
\$50,000-\$74,999	57
\$75,000-\$99,999	94
\$100,000-\$249,999	55
\$250,000 and up	7
No Response	112

Highest Education Level:

High School/GED	22
Some College	22
Associate Degree	31
Bachelor Degree	79
Masters/Graduate Degree	53
Doctorate Degree	10
Cosmetology	1
None of your business	1
No Response	98

Note: Data is preliminary and will be reviewed

11/8/2023



City of De Pere, Wisconsin

**Request For Board of Health Action**

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**MEETING DATE:** November 13, 2023

**DEPARTMENT:** Health Department

**FROM:** Deborah Armbruster

**SUBJECT:** Report on De Pere Health Department Outreach/ Prevention Activities for August through October 2023

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**ATTACHMENTS:**

- OUTREACH AND PREVENTION ACTIVITIES August to Oct 2023 (DOCX)

## OUTREACH AND PREVENTION ACTIVITIES August, September and October 2023

<b>DE PERE HEALTH DEPARTMENT OUTREACH AND PREVENTION ACTIVITIES - August 2023</b>			
<b>Job/Activity</b>	<b>Name</b>	<b>Date</b>	<b>Notes</b>
National Night Out with Police/Fire in RV	Debbie A, Danielle, Sara	8/1/2023	
De Pere Farmer's Market - RV	Team	8/3/23, 8/17/23	
VFC Back to school Clinic	Team	8/8/2023	
Meeting with Nicolet Terrace	Debbie A, Danielle, Sara	8/14/2023	
Car Seat Clinic	Sara and Danielle	8/16/2023	
De Pere Beer Garden - RV	Team	8/22/2023	
Bingocize sharing session with Oconto Co	Danielle	8/30/2023	
Lead in Water Testing Initiative	Sara, Trista	8/9/2023, 8/18/23	
Kress Library Picnic and Play	Sara	8/10/2023	
PHN/ School RN Meeting	Debbie A, Danielle, Sara	8/21/2023	
School Food Service Safety Training - WDP	Trista	8/23/2023	
School Food Service Safety Training - Unified District	Trista	8/22/2023	

<b>DE PERE HEALTH DEPARTMENT OUTREACH AND PREVENTION ACTIVITIES - September 2023</b>			
<b>Job/Activity</b>	<b>Name</b>	<b>Date</b>	<b>Notes</b>
Freedom From Falls event @ Kroc Center (Prevention Coalition)	Jaimie, Danielle, Debbie S	9/6/2023	
Broadway Farmers Market- Suicide Prevention Coalition Booth	Danielle	9/6/2023	
Be the Light Walk Registration- Suicide Prevention Coalition	Danielle	9/8/2023	
Bingocize	Sara, Danielle, Jaimie, Debbie S	9/11, 9/13, 9/18, 9/20, 9/25/, 9/27	
VFC Clinic	Sara, Danielle, Debbie A	9/14/23, 9/26/23	
Car Seat Check Clinic w/ CCS @ Dorsch Ford	Sara, Danielle	9/19/2023	
Car Seat Clinic	Sara, Danielle	9/20/2023	
Falls Free WI Media Event	Team	9/25/2023	
Fire Open House- RV	Team	9/30/2023	
Home Visit- Latent TB Medications	Danielle and Sara	9/25/2023	
Farmers Market	Debbie A., Trista	9/7/2023	
Brown County Breastfeeding Coalition Return to Lambeau Event	Sara	9/27/2023	
Coverdall Program - Stroke Home Visit	Sara	9/26/2023	
UWGB Student Fall Practicum	Sara and Team	9/20/23, 9/26/23	

<b>DE PERE HEALTH DEPARTMENT OUTREACH AND PREVENTION ACTIVITIES - October 2023</b>			
<b>Job/Activity</b>	<b>Name</b>	<b>Date</b>	<b>Notes</b>
Bingocize	Debbie S, Jaimie, Danielle, Sara	10/2, 10/4, 10/9, 10/11,	
Drive Thru Mass Flu/VFC COVID Clinic @ St. Anne's	Team	10/7/2023	
Stay at Home Assistance Visit	Danielle	10/2/2023	
Home Visit - LTBI Medication	Danielle	10/2/2023	
Grapevine - Opioids @ CC for TOPS	Sara, Danielle	10/12/2023	
Mass Flu/VFC COVID Clinic @ Syble Hopp	Team	10/10/2023	
Mass Flu/VFC COVID Clinic @ DP High School	Team	10/11/2023	
Home Visit - LTBI Medication	Danielle	10/9/2023	
VFC Clinic	Danielle, Sara, Debbie A	10/12/23,	
Mass Influenza/VFC COVID Clinic	Team	10/17/2023	
Abbey Flu Clinic	Sara, Debbie S, Jaimie, Colleen	10/6/2023	
Kress Library Picnic and Play	Sara	10/12/2023	
Health & Safety/Harm Reduction Community Event at SNC	Sara, Danielle, Debbie A.	10/26/2023	
Grapevine presentation-Bone Health @Nicolet Terr.	Sara, Danielle	10/25/2023	
UWGB Student Nurse Practicum	Sara and Team	10/10, 10/17, 10/24	



City of De Pere, Wisconsin

**Request For Board of Health Action**

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**MEETING DATE:** November 13, 2023

**DEPARTMENT:** Health Department

**FROM:** Deborah Armbruster

**SUBJECT:** Report on De Pere Health Department Trainings/Conferences for August through October 2023

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**ATTACHMENTS:**

- TRAINING CONFERENCES AUG - OCT 2023 (DOCX)

## TRAININGS AND CONFERENCES August, September and October 2023

<b>DE PERE HEALTH DEPARTMENT TRAININGS/CONFERENCES/CE - AUGUST 2023</b>			
<b>Job/Activity</b>	<b>Name</b>	<b>Date</b>	<b>Notes</b>
BCD webinar	Debbie A., Sara, Danielle	8/2/2023	
VFC trainings	Debbie A.	8/2/2023	
COVID-19 vaccine program updates	Debbie A., Sara, Danielle	8/8/2023	
PHEP Q&A	Sara	8/22/2023	
CHDB Put Us on the Map Challenge Launch Webinar	Danielle, Sara, Debbie	8/10/2023	
Childhood Lead Poisoning Prevention Q&A Webinar	Sara	8/16/2023	
COCA: We Must Maintain Measles Elimination in the United States	Sara, Danielle	8/17/2023	
Outpatient Breastfeeding Ecourse	Sara	8/24/2023	
New RSV Vaccines for Adults: General Information and Clinical Guidance	Sara, Danielle	8/30/2023	

<b>DE PERE HEALTH DEPARTMENT TRAININGS/CONFERENCES/CE - SEPTEMBER 2023</b>			
<b>Job/Activity</b>	<b>Name</b>	<b>Date</b>	<b>Notes</b>
BCD webinar on Wastewater Surveillance	Debbie A., Sara	9/6/2023	
VFC program updates	Debbie A.	9/7/2023	
CD Surveillance group	Debbie A.	9/8/2023	
COVID-19 vaccine webinar	Debbie A.	9/12/2023	
Chronic Dx. Prevention Partner call	Debbie A.	9/26/2023	
Supervisory Leadership Course	Sara	9/7/23, 9/25/23	
COCA: Preparing for the Upcoming Respiratory Virus Season	Sara	9/19/2023	
Public Health Emergency Preparedness (PHEP) Quarterly Webinars	Sara	9/20/2023	
Algorithms for Diagnosing the Endemic Mycoses Blastomycosis, Coccidioidomycosis, and Histoplasmosis	Sara, Danielle	9/21/2023	
WEHA Education Conference	Trista	9/13-9/15/23	
ATCP 72 Rules Revision Advisory Committee Meeting	Trista	9/26/2023	

<b>DE PERE HEALTH DEPARTMENT TRAININGS/CONFERENCES/CE - OCTOBER 2023</b>			
<b>Job/Activity</b>	<b>Name</b>	<b>Date</b>	<b>Notes</b>
BCD webinar	Debbie A.	10/4/2023	
Communicable Dx. Webinar	Debbie A.	10/6/2023	
Xylazine training AHEC	Debbie A.	10/19/2023	
WEDSS Help Call	Sara, Danielle	10/2/2023	
Public Health Emergency Preparedness (PHEP) Roles and Responsibilities Webinar 3 Part Series	Sara	10/3/2023	
VFC Open Forum	Sara, Danielle	10/5/2023	
PHEP Q&A	Sara	10/10/2023	
COVID-19 Vaccine Program Updates	Sara, Danielle	10/10/2023	
Childhood Lead Poisoning Prevention Q&A Webinar	Sara, Trista	10/18/2023	
CHIP/SHIP Alignment Community of Practice	Sara, Debbie A.	10/19/2023	
CASPER JIT Training	Sara, Debbie A, Danielle	10/23/2023	
Health Literacy - Communication	Kelly	10/19/2023	
WALHDAB EH Quarterly Meeting	Trista	10/19/2023	
Cannabis Synthetics 101 Webinar	Trista	10/12/2023	
ATCP 72 Rule Revision Advisory Committee Meeting	Trista	10/31/2023	
Supervisory Leadership Course	Sara	10/3, 10/19	



City of De Pere, Wisconsin

**Request For Board of Health Action**

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**MEETING DATE:** November 13, 2023  
**DEPARTMENT:** Health Department  
**FROM:** Deborah Armbruster  
**SUBJECT:** Communicable Disease Report for August through October 2023

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**ATTACHMENTS:**

- 8.3.23 to 11.9.23 Disease Incident Count (PDF)
- 11.9.23 YTD 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
Arboviral Disease	<i>Group Total:</i>	1
Chlamydia Trachomatis Infection	<i>Group Total:</i>	14
Coronavirus	<i>Group Total:</i>	116
Cryptosporidiosis	<i>Group Total:</i>	1
Gonorrhea	<i>Group Total:</i>	1
Hepatitis C	<i>Group Total:</i>	2
Invasive Streptococcal Disease (Groups A And B)	<i>Group Total:</i>	1
Legionellosis	<i>Group Total:</i>	3
Lyme Disease	<i>Group Total:</i>	8
Mycobacterial Disease (Nontuberculous)	<i>Group Total:</i>	1
Pathogenic E.coli	<i>Group Total:</i>	3
Syphilis	<i>Group Total:</i>	1
Tuberculosis, Latent Infection (LTBI)	<i>Group Total:</i>	1
Vibriosis, Non Cholera	<i>Group Total:</i>	1
	<i>Period Total:</i>	154

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8/3/23 to 11/9/23

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
Arboviral Disease	<i>Group Total:</i>	1
Campylobacteriosis (Campylobacter Infection)	<i>Group Total:</i>	3
Chlamydia Trachomatis Infection	<i>Group Total:</i>	67
Coronavirus	<i>Group Total:</i>	398
Cryptosporidiosis	<i>Group Total:</i>	1
Cyclosporiasis	<i>Group Total:</i>	2
Ehrlichiosis / Anaplasmosis	<i>Group Total:</i>	1
Gonorrhea	<i>Group Total:</i>	9
Hepatitis C	<i>Group Total:</i>	2
Influenza	<i>Group Total:</i>	6
Invasive Streptococcal Disease (Groups A And B)	<i>Group Total:</i>	6
Legionellosis	<i>Group Total:</i>	3
Lyme Disease	<i>Group Total:</i>	13
Mycobacterial Disease (Nontuberculous)	<i>Group Total:</i>	2
Parapertussis	<i>Group Total:</i>	2
Pathogenic E.coli	<i>Group Total:</i>	8
Salmonellosis	<i>Group Total:</i>	3
Streptococcus Pneumoniae Invasive Disease	<i>Group Total:</i>	2
Syphilis	<i>Group Total:</i>	2
Tuberculosis, Latent Infection (LTBI)	<i>Group Total:</i>	3
Vibriosis, Non Cholera	<i>Group Total:</i>	1
Yersiniosis	<i>Group Total:</i>	1
	<i>Period Total:</i>	536

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1/1/23 to 11/9/23

Probable and Confirmed Cases



City of De Pere, Wisconsin

**Request For Board of Health Action**

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**MEETING DATE:** November 13, 2023

**DEPARTMENT:** Health Department

**FROM:** Deborah Armbruster

**SUBJECT:** Update on COVID and RSV vaccine information for the older adult

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Click on the title of the attachment listed below to be re-directed to the website containing this information:

**ATTACHMENTS:**

- RSV Vaccination for Older Adults 60 Years of Age and Over
- COVID-19 Risks and Information for Older Adults



City of De Pere, Wisconsin

**Request For Board of Health Action**

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**MEETING DATE:** November 13, 2023

**DEPARTMENT:** Health Department

**FROM:** Deborah Armbruster

**SUBJECT:** Tour of the Renovated Health Department once meeting is adjourned

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