# Jefferson County Board of Health Agenda

**\*Courthouse, 311 S. Center Avenue, Rm 205, Jefferson, WI 53549**

**920-674-7275**

**July 21, 2021**

**1 p.m.**

**Zoom Meeting:** https://zoom.us/j/94887246710?pwd=WFUrZkoxTXNsQzlrT1lqR2tKOElHUT09

Meeting ID: 948 8724 6710     Passcode: 585413

One tap mobile     +13126266799, 94887246710# US (Chicago)

## Board Members

**Kirk Lund, Chair; Dick Schultz, Vice-Chair; Maria Dabel, Secretary; Samantha LaMuro, R.T.; Don Williams, MD**

1. **Call to Order**
2. **Roll Call (establish a quorum)**
3. **Certification of Compliance with the Open Meetings Law**
4. **Approval of the Agenda**
5. **Approval of Board of Health Minutes for April 21, 2021 Meeting**
6. **Communications**
7. **Public Comment** (Members of the Public who wish to address the Board on specific agenda items must register their request at this time)
8. **Review of Health Department Financial Report**
   a. *Discussion and Possible Action on Public Health Fees
9. **Health Department Strategic Plan Discussion**
10. **Update on COVID-19 Pandemic**
    a. Statistics
    b. Discussion and Possible Action on COVID-19 Special Projects Funding for Wisconsin Association of Local Health Departments and Boards (WALHDAB)
    c. Staffing
    d. Disease Investigation and Contact Tracing
    e. Vaccine Distribution
    f. Testing Plans
    g. After Action Report/Improvement Plan for Testing and Vaccine Task Force
11. **Discussion of the Public Health Program**
    a. Review of Statistics
    b. Review of Communicable Disease Cases Reported
    c. Staffing Update Health Department
       i. New positions – Epidemiologist and Drug Free Coalition Assistant
       ii. Expanding Mental Health Nursing Hours
12. **Operational Update of the Environmental Health Program**
    a. Discussion and Possible Action on Proposed Department of Agriculture, Trade and Consumer Protection (DATCP) Agent Facility Fees
    b. Manganese in Water Discussion
13. **Discussion of the Public Health Preparedness Program**
    a. New Public Health Emergency Preparedness Grant (Budget Period 3)
    b. Vaccine Clinic After Action Report/Improvement Plan
14. **Future Agenda Items**
15. **Adjourn**

**Next Scheduled Meetings:  Wednesday – October 20, 2021**

*A Quorum of any Jefferson County Committee, Board, Commission or other body, including the Jefferson County Board of Supervisors, may be present at this meeting.*

*Individuals requiring special accommodations for attendance at the meeting should contact the County Administrator at 920-674-7101 24 hours prior to the meeting so appropriate arrangements can be made.*

# Jefferson County Health Department

1541 Annex Road ♦ Jefferson, WI 53549
920-674-7275 (Phone) ♦ 920-674-7477 (FAX)
www.jeffersoncountywi.gov

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WISCONSIN HEALTHY COMMUNITY
2018-2021

## JEFFERSON COUNTY BOARD OF HEALTH COMMITTEE MINUTES
### April 21, 2021
### Zoom Meeting or Room 205 at Jefferson County Courthouse

#### Board Members
**Kirk Lund, Chair; Dick Schultz, Vice-Chair; Maria Dabel, Secretary; Samantha LaMuro, R.T.; Don Williams, M.D.**

1. **Call to Order:** Meeting was called to order by Lund at 1:00 p.m.
2. **Roll Call (establish a quorum):**
   Board of Health Members Present: Kirk Lund, Chair (via Zoom); Dick Schultz, Vice-Chair; Maria Dabel, Secretary; Samantha LaMuro (via Zoom); Dr. Donald Williams (via Zoom)
   Others Present: Gail Scott Director; Elizabeth Chilsen, Public Health Program Manager (via Zoom); Sandee Schunk, Recorder; Samroz Jakvani, Epidemiologist; Tyler Kubicek, Environmental Health Specialist (via Zoom); Ben Wehmeier, County Administrator; Pam Streich, COVID Vaccine Clinic Volunteer Coordinator (via Zoom); Supervisor Anita Martin
3. **Certification of Compliance with the Open Meetings Law:** Scott certified compliance with the Open Meetings Law.
4. **Approval of the Agenda:** No changes to the agenda requested.
5. **Approval of the Board of Health Minutes for October 21, 2020 Meeting:** *Motion by Williams/Dabel to approve the Board of Health minutes from October 21, 2020 as printed.* Motion passed 5-0.
6. **Communications:** None
7. **Public Comment:** Anita Martin spoke regarding concerns of drinking/ground water safety as Manganese was reported as higher than expected > 300 mg/L per 2017 DNR reporting. Elevated levels can reportedly cause Parkinson Disease in the elderly and decreased motor skills in youth. This is a natural occurring metal in the soil and is more prevalent in Dane County and some northern counties with reported levels of 306 – 310 by the U.W. Stevens Point lab. Dr. Williams asked that a water testing report be requested from municipalities to find out if testing for Manganese is done. Scott will request the reports for the next committee meeting and have this item listed on the meeting agenda.
8. **Review of Health Department Financial Report:** Schunk reviewed the following reports included in the meeting packet: 2020 Summary of Revenue & Expenses; February 2021 Statement of Revenue & Expenses; 2020 – 2021 Grant Summary Report. No questions followed.
9. **Review and Possible Action on 2021-2023 State Biennial Budget:** Scott reviewed the handouts included in the meeting packet provided by Wisconsin Public Health Association (WPHA), Wisconsin Association of Local Health Departments and Boards (WALHDAB) and the "Badger Bounce Back" summary of Governor Evers' 2021-23 Biennial Budget. Scott reviewed highlights: Medicaid Expansion; Funding for Communicable Disease Response; Investments in State Public Health; Protecting Kids; Community Health; Healthy Women, Health Babies; Health Equity and Minority Health Grants; Improving Access to Behavioral Health Services; Supporting Caregivers and Long Term Care Providers.
   *Motion by Williams/Dabel for the Jefferson County Board of Health to make a recommendation to the Executive Committee to support Governor Evers proposed 2021-2023 State Biennial Budget for Public Health funding including Medicaid Expansion, funding for Public Health, as well as programs that address climate change that may affect air and water quality.* Motion passed 5 – 0.
10. **Update on COVID-19 Pandemic:**
    a. **Statistics:** Scott introduced Samroz Jakvani, contracted Epidemiologist, and reported he is tracking statistics, handling Public Information Officer duties, press releases and contacting media with COVID updates. Samroz reviewed a handout that is included in the meeting packet regarding COVID-19 statistics ranging from number of cases, number of tests performed, cases by location and age groups, vaccine administration data and disease investigation information. Jakvani reported that the statistics are updated on the Health Department's Dashboard on the website. Compliments have been received on how smoothly the COVID vaccine clinics run with staff and a large pool of volunteers. Some clinics at the County Fair Park provided 1,100 vaccinations on some days and average 600+ a day at the clinic site now

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set up at the Johnson Creek Outlet Mall. Jefferson County COVID related deaths = 112 as of this date. Jakvani stated that there may be a challenge in the next few months to get folks vaccinated and it needs to be promoted as much as possible. All confirmed COVID positive results are reached within 24 hours by contact tracing staff. There will be a "walk-in clinic" held on Saturday, May 8th at the Johnson Creek Outlet Mall clinic site.

b. **Funding:** Scott reviewed the Department of Health Services grant funding "Enhancing Detection – COVID" for dates 10/01/2020 – 10/31/2022 included in the meeting packet. The initial funding was in the amount of $371,400 with the supplemental award added in the amount of $605,200 for a total of $976,600. The funding has been used beginning in December 2020 and continues monthly with expenses submitted to the State via the "Community Aids Reporting System" (CARS). This grant provides critical resources in support of a broad range of COVID-19 testing, epidemiologic surveillance related activities, increasing workforce capacity, vaccination, testing, laboratory capacity, infection control and contact tracing. Scott reported meetings with the State, CDC, community partners and Health Department staff are ongoing. She thanked Ben Wehmeier for his support during the COVID19 pandemic.

c. **Staffing and Organization Chart:** Scott reviewed the staffing handout included in the meeting packet. Staff highlighted in yellow signifies they were hired specifically to work on COVID related duties. Some staff was hired through Maxim Staffing Agency and some were added to County payroll as a Limited Term Employee (LTE).

d. **Disease Investigation and Contact Tracing:** Covered previously under 10a – Statistics.

e. **Vaccine and Clinics:** Covered previously under 10a – Statistics. Scott reported that every vaccination administration form needs to be entered into the Wisconsin Immunization Registry (WIR). The recent change to client registration for appointments via the State electronic registration system allows direct auto-entry of the COVID vaccinations into the WIR system – cutting down on the need for massive amounts of clerical data entry.

f. **Future Plans:** Scott announced her plan to retire in early 2022 and has begun succession planning with Elizabeth Chilsen, Public Health Program Manager. Committee members thanked Scott for her many years of service to Jefferson County residents and asked that she thank the entire staff on behalf of the Board of Health for their dedication during the pandemic. Scott showed a photo of a commissioned piece of artwork (red cardinals) that will be displayed at a service memorializing the pandemic and recognizing community partnerships and sacrifices made by everyone.

11. **Discussion of the Public Health Program:**
    a. **Review of Statistics:** None available.
    b. **Review of Communicable Disease Cases Reported:** Scott reviewed the handout included in the meeting packet of "Confirmed Disease Cases". Scott reviewed the "CDC – COVID-19 Year-End Progress Report included in the meeting packet. Scott explained that the Health Department was active in all areas, participated in huddle meetings with partners in the community 2 times per week to assure a "best practice model".
    c. **Staffing Update Health Department and Jail:** Scott reported that some of the Health Department programs have continued during the COVID19 pandemic such as: Mental Health Nursing for Human Services; Lead case follow-up; car seat and pack 'n play crib distribution and Communicable Disease follow-up. Scott reported the Health Department is no longer involved in jail nursing as it has been taken over by an outside company.

12. **Operational Update of the Environmental Health Program:** Kubicek reported the staff have been helping with COVID vaccine response at the Watertown Health Department, conducting DNR water testing and will begin to increase inspections in a few weeks. Kubicek reported on a few hoarding/unsafe environment cases during COVID with one home being allowed to be re-occupied after cleaning. Kubicek reported that Manganese is not included in their annual water samplings.

13. **Future Agenda Items:** Follow-up on information regarding water testing for Manganese; updates on the Governor's 2021 – 2023 Biennial Budget; future plans for the Health Department to get back to "somewhat normal" including parenting programs; track changes/updates at Federal level.

14. **Adjourn:** *Motion by Schultz/Dabel to adjourn meeting at 2:30 p.m.* Motion carried 5 – 0.

**Next Scheduled Meetings:** Wednesdays – to be determined on a quarterly basis or if a special need arises.

Minutes recorded and prepared by: Sandee Schunk, Accountant II, Jefferson County Health Department and reviewed by Gail Scott, Director/Health Officer.

# Jefferson County Health Department - Statement of Revenues & Expenditures:

| 01/01/2021 - 05/31/2021 | YTD Actual | Prorated Budget | Annual Budget | YTD Budget Variance |
|---|---|---|---|---|
| **REVENUE:** | | | | |
| **Total WIC** | $ 141,201.88 | $ 141,664.32 | $ 337,296.00 | $ (462.44) |
| Public Health Fee for Service | $ 15,006.33 | $ 55,492.92 | $ 132,126.00 | $ (40,486.59) |
| Public Health Grant Income | $ 698,109.01 | $ 95,089.26 | $ 226,403.00 | $ 603,019.75 |
| **Total Public Health** | $ 713,115.34 | $ 150,582.18 | $ 358,529.00 | $ 562,533.16 |
| **Total Income** | $ 854,317.22 | $ 292,246.50 | $ 695,825.00 | $ 562,070.72 |
| | | | | |
| **EXPENSE:** | | | | |
| WIC 4201 - 420109 | $ 131,211.15 | $ 128,926.14 | $ 306,967.00 | $ 2,285.01 |
| WIC Fit Family 4202 | $ 5,778.79 | $ 7,542.36 | $ 17,958.00 | $ (1,763.57) |
| WIC Peer Counselor 4203-420309 | $ 4,211.94 | $ 5,195.82 | $ 12,371.00 | $ (983.88) |
| **Total WIC** | $ 141,201.88 | $ 141,664.32 | $ 337,296.00 | $ (462.44) |
| Public Health = Tax Levy Supported Expenses | $ 279,073.42 | $ - | | $ 279,073.42 |
| Public Health Grants | $ 711,512.24 | $ 69,679.68 | $ 165,904.00 | $ 641,832.56 |
| Public Health Fee-for-Service | $ 12,269.61 | $ 22,723.26 | $ 54,103.00 | $ (10,453.65) |
| **Total Public Health** | $ 1,002,855.27 | $ 92,402.94 | $ 220,007.00 | $ 910,452.33 |
| **Total Expense** | $ 1,144,057.15 | $ 234,067.26 | $ 557,303.00 | $ 909,989.89 |
| **2021 SUMMARY** | | | | |
| Total 2020 Income YTD: | $ 854,317.22 | $ 292,246.50 | $ 695,825.00 | $ 562,070.72 |
| 2021 County Tax Levy Applied - ORG 4115: | $ 364,102.92 | $ 364,102.92 | $ 873,847.00 | $ - |
| **Total 2021 Revenue:** | $ 1,218,420.14 | $ 656,349.42 | $ 1,569,672.00 | $ 562,070.72 |
| **Total 2021 Expense:** | $ 1,144,057.15 | $ 234,067.26 | $ 557,303.00 | $ 909,989.89 |
| **2021 Annual Activity (Revenue vs. Expenses) as of 05/31/2021** | $ 74,362.99 | | $ 1,012,369.00 | $ |

# COVID Project Summary

**Background**

Our state's local and tribal health departments have risen to the challenges presented by the pandemic over past 12+ months. Years of preparedness planning were put into action and helped protect our communities. The unprecedented response required countless hours from staff throughout each department.

But the local health department response and role has only just begun. Local health departments will be managing the impact of the pandemic for years. We will need to increase our focus on health disparities caused by a variety of social and economic factors made worse over the past year.

The WALHDAB COVID Committee has led the Association's management of COVID related issues impacting our members since the start of the Pandemic in March 2020. The Association has addressed a variety of policy issues, communication and messaging, and funding for local health department response. Over the past month, we have taken time to evaluate this work, set new priorities and update our plans.

The next few months are an important next step forward for all of us. The work is dependent on a combination of time, expertise and organization. And although much of this is available amongst our membership, the collective nature of the work could be accelerated by a solid, sustainable and reliable structure and operation.

**Plans**

The WALHDAB **COVID Committee** would continue to meet twice per week to review current and emerging issues. The Committee consists of WALHDAB leadership and representation from each region. The Committee is staffed by Badger Bay who manages and facilities the committee meetings and related activities. Estimated time for this work ranges from 4-6 hours per week depending on the amount of preparation, discussion and follow-up.

WALHDAB also plans to continue holding **weekly Forums**. The 1-hour events are held each week and feature a combination of WALHDAB association updates and discussion of COVID response plans. Forums will occasionally feature guest speakers and presentations by members. The Forums are prepared, hosted and facilitated by Badger Bay staff. Estimated time for this work ranges from 4-6 hours per week, depending on the Forum topics.

A monthly **Board of Health Forum** members will also be hosted. The 1-hour virtual meetings will be open to all board of health members across the state. Forums will present current topics, and feature peers as much as possible. Forums will provide information sharing and peer-to-peer learning for board of health members to support them in their local role as either elected or appointed officials in discussions with other local leaders.

The WALHDAB Committee has also identified a variety of **projects**. WALHDAB will prioritize project based on those which have a statewide impact, and available resources (volunteers, staff support and consulting). Projects would be scheduled on a quarterly basis, with most projects being completed within the 3-month period.

Staff support would include: recruiting, recommending and managing consultants, coordinating project committee meetings and managing completion and distribution of project deliverables. Additional consulting services may be required based on the project.

Examples of proposed projects include:
- Return to School Planning
- Statewide Evaluation/After-Action Report
- Review, recommend and monitor use of ARPA funding
- Review legal authority
- Assess public health modernization (public health functions, readiness for public health 3.0)

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**WALHDAB**

*Public Health In Action*

Wisconsin Association of Local Health Departments and Boards

Sign In

# COVID Projects

Over the past year+, WALHDAB (via the COVID committee and supported by Badger Bay) has undertaken a variety of activities to support departments through the COVID-19 Pandemic. Not unlike all of you, WALHDAB's work is far from complete. As local and tribal health departments start to manage recovery efforts, WALHDAB will be there to support them. However, recognizing that we, LHOs are WALHDAB, and our individual and organizational bandwidth is spread thin, after COVID committee recommendation and assessment of LHOs, we have determined that additional resources are needed to continue and grow a coordinated WALHDAB response. Efforts include:

- Hosting of health officer and board of health forums
- Convening of workgroups to address new and emerging issues
- Guidelines for return to school policies
- Statewide After Action Report
- Additional projects will be determined as needed, and as funding is available

In order to have the opportunity to support these projects as the health departments have requested, we have organized a recommended contribution amount based on population size (same as how current dues are structured). You also may contribute more if possible.

Annual membership dues are required, COVID project contributions are recommended.

Please click on the link for your contribution.

Recommended Contributions based on population size:

Level 1 Population Health Departments (Less than 25,000): Click here. $725

Level 2 Population Health Departments (25,000-49,999): Click here. $825

Level 3 Population Health Departments (50,000-99,999): Click here. $900

Level 4 Population Health Departments (100,000-149,999): Click here. $1100

Level 5 Population Health Departments (150,000-199,999): Click here. $1200

Level 6 Population Health Departments (Over 200,000): Click here. $1250

Tribal Health Departments: Click here. $350

If you have ANY questions regarding the Statewide COVID project, please contact Jamie Michael (jamie@badgerbay.co). In addition, if you need anything updated, or for fiscal changes, please reach out.

## Sign In

jeffersoncounty

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2022 Operations Conference

5/24/2022 » 5/26/2022
2022 Annual Public Health Conference

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7/8/2021
WALHDAB Legislative News - Budget Highlights

7/1/2021
Wisconsin Council on Immunization Practices - June Meeting Notes

6/22/2021
WALHDAB Legislative News - June 2021

6/16/2021
WALHDAB News - JFC Action on Department of Health Services Funding

**Resources for Improving Community Health**
*Visit the website*

## Contact Us

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WALHDAB@Badgerbay.co

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# Jefferson County, Wisconsin

# COVID-19 Testing and Vaccine Task Force

# After Action Report

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# Member List

- Advocate Aurora Health

- Fort HealthCare

- Forward Pharmacy

- Hometown Pharmacy

- Jefferson County

- Jefferson County Health Department

- Jefferson County Office of Emergency Management

- Mueller Drug Store

- ProHealth Care

- Rock River Community Clinic

- SSM Health

- Three Oaks HealthCare

- University of Wisconsin – Whitewater

- UW Fort Atkinson Family Medicine Clinic

- Walworth County Health & Human Services

- Watertown Department of Public Health

- Watertown Regional Medical Center

# Executive Summary

As the COVID-19 pandemic spread across the globe and infections began to rise in Wisconsin, Jefferson County acted quickly and convened an Executive Operations Center (EOC). Through the EOC, a working sub-group was chartered by County Administrator Benjamin Wehmeier as the COVID-19 Testing Task Force (hereafter referred to as the Task Force) to respond to the pandemic and coordinate county-wide strategy. The issues related to COVID-19 addressed by the Task Force include testing, education, vaccine, access to services, inequity and other elements of the COVID-19 pandemic response. Initially, the Task Force was referred to as the Testing Task Force and was later referred to as the Testing and Vaccine Task Force as priorities and strategies evolved to meet the needs of the community and state of the pandemic.

Members of the Jefferson County COVID-19 Testing and Vaccine Task Force met every week on Thursdays at 7:45AM for one hour. Through most of 2020, the Task Force was led and facilitated by Chris Barron of Fort HealthCare. Subsequently, the Jefferson County Health Department led and facilitated Task Force meetings and updates. Each meeting was generally structured in the following manner:

1. Data Update – JCHD Epidemiologist provided current data on COVID-19 case rates, hospital capacity and related analyses of patient demographics (age, occupation, geography, etc.)
2. Testing Updates – Member updates on testing availability and utilization; emerging issues
3. Vaccine Updates – Member updates on vaccine availability and access; emerging issues
4. Other Updates – Public health guidance updates; partner updates, requests and collaborations
5. Discussion – Members discussed additional emerging issues and sought consultation

Participation from agencies involved a broad range of staff including agency leadership, frontline and departmental staff. Members of the Task Force regularly communicated outside of scheduled meetings regarding collaborations and consultations. Examples of such collaborations include partnership in staffing vaccination sites, redistributing or sharing vaccine supply to avoid appointment cancellations or vaccine wastage, and school-related prevention or disease investigation activities. Weekly Task Force meetings concluded in June of 2021 when average daily case rates fell to 0 and vaccination uptake decelerated significantly.

# Value Statement

Serve the people of our communities by ensuring equity, access, transparency, and evidence-based information to empower residents to make the best decision for their health.

# Mission Statements

Serve the people of our communities by testing, tracing, and tracking for COVID-19 infection in accordance with appropriate state and federal guidance.

Serve the people of our communities by ensuring adequate and equitable access to COVID-19 vaccine in accordance with appropriate state and federal guidance.

# Objectives & Strategies

**Objectives**

❖ General
  ➢ Convene stakeholders with an interest in COVID-19 testing, vaccine, and other pandemic-related efforts across multiple sectors.
  ➢ Increase program and outreach efficiency and efficacy; foster opportunities for collaboration; and improve partner relationships
❖ Testing - the Task Force utilized as guiding principles the 4 goals described by the Office of Governor Tony Evers in the Badger Bounce Back plan:
  ➢ Respond to every community outbreak
  ➢ Test every nursing home resident and staff member
  ➢ Establish community testing programs for symptomatic individuals in target communities
  ➢ Ensure everyone who is experiencing COVID-19 symptoms gets a test
❖ Vaccine
  ➢ Coordinate vaccination sites to ensure equitable access to anyone interested when they become eligible
  ➢ Communicate consistent messaging regarding the benefits of vaccination to increase uptake within the community
  ➢ Communicate information regarding vaccine availability

**Strategies**

- Convene public- and private-sector partners and stakeholders every week for a one-hour virtual meeting. Convene smaller workgroups as appropriate to address emerging issues or develop solutions.

- Actively recruit additional Task Force partners to broaden impact, diversify strategies, and increase collaborations.

- Develop solutions to emerging issues ground in equity and cross-sector collaboration.

- Share SARS-CoV-2 / COVID-19 information and resources with a large number of partners to ensure broad reach within and around the community. Topics of information include: federal, state, and local public health guidance; scientific evidence; local case data; emerging issues; testing availability; vaccination eligibility and access; best practices regarding preventing the spread of COVID-19 in various settings; and additional resources for partners and members of the public.

- Engage with broad array of partners to gain 'on-the-ground' insight into community behaviors, perceptions and attitudes related to COVID-19 to better inform strategies and activities in accordance with best practices for community engagement.

- Develop COVID-19 testing framework inclusive of access, availability, and communications.

- Develop COVID-19 vaccination framework to ensure efficient delivery and broad uptake, inclusive of a dynamic state of vaccine eligibility and supply.

# Evaluation

Task Force members were asked to complete an evaluation to inform this after-action report. All respondents (9) indicated high scores (4-5) when asked to score the following statements:

- The Task Force helped to coordinate an ideal public health response to the pandemic.
- The Task Force was a productive use of my time.
- The Task Force provided me with information that was useful to my work/position.
- The Task Force provided me with information that was useful to my agency.
- My agency contributed effectively to the Task Force's impact.

Open-ended assessment questions uncovered strengths and opportunities addressed in the subsequent sections. Strengths that were identified by all respondents include strong communication and collaboration elements.

# Strengths

- Broad membership with representation from public and private agencies within and around Jefferson County from multiple sectors (public health, health care delivery, education, pharmacies, County administrations, neighboring jurisdictions)
- Prompt communications to partners with updates on emerging issues or changes in guidance.
- Agile and cohesive responsiveness to emerging issues via consultation with local and state partners
- Strong culture of collaboration to foster efficiency, inhibit redundancy, and maximize impact
- Broad communication network of partners from various cross-sector agencies with varying organizational capacities to maximize reach and convey information to community residents, employees and students
- Collaborations and pooling of resources led to reduced sense of competition among partners

# Opportunities

- Increase in membership by volume and breadth of sector representation
- Increased planning capacity by creating sustained work-groups with specific directives
- Increased member participation

# Future Directions

- Task Force may reconvene if the need arises based on case rates, vaccine eligibility or booster shots.
- Communication among partners will occur as appropriate related to the evolving landscape and increasing scientific evidence base.
- Partnerships strengthened throughout the pandemic should be sustainably fostered and leveraged in times of duress and otherwise.
- Lessons learned through Task Force success and challenges will inform future strategic planning efforts, or those that may parallel the COVID-19 pandemic response.

# References

**Federal**

- U.S Centers for Disease Control and Prevention (CDC) – COVID-19
- U.S Food and Drug Administration (FDA) – Coronavirus Disease 2019 (COVID-19)
- Advisory Council on Immunization Practices (ACIP) – COVID-19 Vaccine

**State**

- Wisconsin Department of Health Services (DHS) – COVID-19 (Coronavirus Disease)
- Wisconsin DHS - COVID-19 Case and Vaccine Administration Summary Data
- State Disaster Medical Advisory Committee (SDMAC)

**Local**

- JCHD COVID-19 Dashboard
- JCHD COVID-19 Dashboard - Vaccine
- JCHD COVID-19 Dashboard – Resources
- Jefferson County – Information about COVID-19

# Drug Free Coalition Program Assistant
## (Part-Time)

The Jefferson County Health Department engages and empowers the community to practice healthy lifestyles so they are able to create a thriving community where all residents will have a fair and just opportunity to be healthy. The Health Department values teamwork, collaboration, family community, accountability and integrity, creativity, striving for excellence, acceptance, and respect while carrying out their variety of programs offered. JCDFC is a community coalition working to prevent and reduce substance misuse among the youth and the greater community through county wide collaboration.

In order to keep the JCDFC program operating smoothly, the Health Department is looking to hire a Part-time Drug Free Coalition Program Assistant to serve as a coordinator for a small group of middle school and/or high school students who are learning to be leaders, community advocates and peer educators around alcohol, tobacco and other drugs.

As a motivated, assertive, energetic professional, you will be successful in this role by completing the below key tasks and responsibilities:
- Assists in the development of JCDFC's youth advocacy program, including but not limited to scheduling weekly meetings with students, liaising with school advisors and coordination relevant trainings, activities, and recruitment.
- Works with the Coalition Coordinator to record and disseminate meeting minutes and other communication with coalition members.
- Assists in maintaining current and relevant information on coalition website and social media sites.
- Works to prevent and reduce substance misuse among youth and the greater community through county wide collaboration.
- Performs other duties as assigned or that may develop.

Hours: 19 hours/week; flexible days.

Qualifications Needed:
- Associate degree
- Two to three years of experience
- OR and equivalent combination of education and experience

Qualifications Preferred:
- Bachelor's degree from a college or university and one to two years related experience.

Applications will be accepted as long as this position is posted. However, initial screening of applicants will begin: **July 26th, 2021.**

Application and position details are available at www.jeffersoncountywi.gov or
Jefferson County Human Resources: 311 S. Center Ave. Room 111, Jefferson, WI  53549.

*Jefferson County is an Equal Opportunity Employer*

Wisconsin
Department of Agriculture, Trade and Consumer Protection
**Division of Food and Recreational Safety**

**October 2020**

# Significant Administrative Rule Changes to ATCP 75

## 75.01(3) Authority and Purpose

Existing facilities or equipment in use before the effective date of this chapter and Appendix must be assessed based on compliance with 4-101 and the requirements for cooling, heating and holding temperatures capability under 4-301.11.

## 75.04 Definitions

Many definitions were changed or added. Below are a few:

**"Additional area."** A non-contiguous, separately located area that is on the same premises, but not part of the primary food processing or warewashing operation, contributing to the overall food operation. It may include banquet staging, bakery preparation, produce preparation or outdoor cooking areas.

**"Meal."** food that is ordered, prepared for, or served to a customer with or without a beverage and is obtained from the retail food establishment in a ready-to-eat form with the expectation of immediate consumption, although consumption may occur at a different location. "Meal" includes:

- Food that is ordered, prepared or served with the expectation for immediate consumption. This includes food and food service normally found in a restaurant setting.
- Continental breakfast (buffet style set-up with TCS foods such as eggs, sausage, bacon and waffles. This does not include non-meal items)
- Bakery items where additional preparation occurs before service.

**NOT ALL CHANGES ARE INCLUDED IN THIS FACT SHEET. PLEASE REVIEW THE ENTIRE UPDATED WISCONSIN FOOD CODE FOUND HERE.**

"Meal" **does not** include:

- Beverages such as soft drinks, coffee, juices
- Ice cream
- Milk and milk drinks
- Ices
- Confections
- Grab-and-go packaged foods whether cold or from a hot case
- Deli case items sold by weight or volume
- Bakery items (breads, cakes, pastry, donuts, cookies, pie)
- Single-bite sized free food samples or an equivalent portion given away to demonstrate the characteristics of food.

**"Micro market."** Any indoor, unstaffed, self-service area that is accessible only to persons authorized by the person in control of the premises and not accessible to the general public, where a customer may obtain unit serving of food or beverage, either in bulk or in package before payment at an automatic kiosk or by other automated method without the necessity of replenishing the area between each transaction.

**"Mobile or transient retail food establishment—not serving meals."** A mobile or transient retail food establishment where food processing is conducted primarily for the direct sale of TCS foods

to consumers at the mobile or transient facility and that does not prepare, serve or sell any meals.

**"Mobile or transient retail food establishment—serving meals."** A mobile or transient retail food establishment that prepares, serves or sells meals.

**"Retail"** means selling food or food products directly to any consumer only for consumption by the consumer or the consumer's immediate family or non-paying guests.

**"Retail food establishment"** includes a retail food establishment-not serving meals, a retail food establishment-serving meals, vending machines, micro markets, a mobile or transient retail food establishment-not serving meals, a mobile or transient retail food establishment-serving meals and a retail food establishment serving prepackaged meals.

**"Retail food establishment—not serving meals."** A permanent retail food establishment where food processing is conducted primarily for direct retail sale of TCS food to consumers at the facility and the total non-meal sales exceeds 50% of all retail sales (e.g., grocery and convenience stores).

**"Retail food establishment—serving meals."** A permanent retail food establishment operating as a restaurant where the total meal sales exceeds 50% of all retail food sales.

**"Retail food establishment—serving prepackaged meals."** Only serves individually wrapped single food servings that are prepared and packaged off-premises by a food processing plant or retail food establishment, with preparation at retail food establishment limited to heating and serving by the establishment personnel.

**"Special event."** A department-recognized event that is sponsored, planned, organized and publicly advertised by an organization that includes the following: neighborhood associations, religious and cultural groups, political parties, churches, schools, sports teams, fraternal and non-profit organizations and city, county, state or federal governments. Special events include gatherings of people for concerts, sports, trade shows, flea or farmers markets, public exhibitions, fairs, carnivals, circuses, holidays, anniversaries or any other event approved by the regulatory authority. A "potluck" is not a special event.

**"Transient retail food establishment."** A temporary retail food establishment that operates in a fixed location in conjunction with a special event for no more than 14 consecutive days.

**"Wholesale."** Sale of any food to a person or commercial entity who will ether re-sell, distribute it for

re-sale or use it as an ingredient in a product that will be offered for sale. It does not include the movement of food between two food processing plants or retail food establishments licensed to the same licensee, except for the movement of dairy products.

## 75.06(5) Pre-Licensing Inspection

The department or its agent may not issue a license for a new retail food establishment until it conducts a pre-licensing inspection of the new retail food establishment for compliance with ATCP 75 and all fees have been paid in full. A pre-licensing inspection is not required for a transient retail food establishment, vending machine, or vending machine operator. A pre-licensing inspection shall not be conducted or a pre-inspection fee charged for an immediate family transfer, when at least one individual who had an ownership interest in the business entity retains ownership in a newly formed business entity, a mobile retail food establishment license transfers from an agent issued license to a state issued license. For an initial inspection of a micro market, a pre-inspection fee shall not be charged and the license may be issued without an initial pre-licensing inspection.

# 75.063 Retail Food Establishments—License Exemptions

Exemption for meat establishments has been removed.

Retail sales from a food processing plant location that comprise no more than 25% dollar value of all food sales from that location (75.063 (2) (c)) and are not engaged in the activity of a retail food establishment—serving meals.

Operator of a dairy plant that is not engaged in the activity of a retail food establishment -serving meals or have non-dairy retail sales that comprise no more than 25% dollar value of all food sales from that location (75.063 (3) (c)).

Religious, charitable or non-profit organization occasionally (12-days per calendar year) operating a retail food establishment-not serving meals (75.063 (6)).

Church, religious, fraternal, youth, patriotic or civic organizations or service clubs that occasionally (3-days per calendar year) prepares, serves or sells meals to transients or the general public (75.063 (7)).

# 75.065 Retail Food Establishments—License Exemption for Food Processing

A license holder may wholesale up to 25% of the gross annual sales of food that is manufactured and used in the retail food establishment without obtaining an additional food processing plant license. This exemption does not allow the manufacturing for wholesale or distribution of any of the following:

- Food that must be processed, in compliance with 21 CFR 108, 113, 114, in hermetically sealed containers.
- Dairy products or amenable meat and poultry products, except as allowed in ch. ATCP 55.
- Food processed at a mobile or transient retail food establishment.

The following items may be processed for wholesale in a retail food establishment under the 25% wholesale exemption:

- Juice processed in compliance with 21 CFR 120
- Fish and fishery products processed in compliance with 21 CFR 123

# 75.20(7) Inspections—Posting of Inspection Report

Inspection reports must be made available to the public on the internet.

# Subchapter VI – Micro Markets

New subchapter has been added to address micro markets.

Wisconsin
Department of Agriculture, Trade and Consumer Protection
**Division of Food and Recreational Safety**

**October 2020**

# Administrative Rule Changes to ATCP 75 — Fee Structure

## 75.08 Retail Food and Establishment Fees

The new food code utilizes a risk-based licensing approach. A hazard assessment will be completed for each type of establishment. Refer to **Table A on page 2** for the questions asked during an assessment.

Exceptions to the hazard assessment include a retail establishment serving only prepackaged foods or meals, a transient retail food establishment, a vending machine, a micro market, or a mobile retail food establishment base with no food preparation.

A retail food establishment shall be assigned to a license category by evaluating the complexity of the retail food establishment based on the criteria specified in Table A. License assignment by point value:

- 0 to/including 2.5         Simple
- Above 2.5 to/including 4.5    Moderate
- Above 4.5              Complex

## Types of Retail Food Establishments

### Retail food establishment—not serving meals.
This includes mobile retail food establishment—not serving meals:

- Prepackaged TCS food
- Simple (final food product is Non-TCS)
- Simple (TCS)
- Moderate
- Complex

**NOT ALL CHANGES ARE INCLUDED IN THIS FACT SHEET. PLEASE REVIEW THE ENTIRE UPDATED WISCONSIN FOOD CODE FOUND HERE.**

### Retail food establishment—serving meals.
This includes retail food establishment serving prepackaged meals and mobile retail food establishments—serving meals:

- Prepackaged TCS
- Simple
- Moderate
- Complex

### Transient retail food establishment:

- Non-TCS food
- TCS food
- Prepackaged TCS food only

### Mobile retail food establishment base:

No food preparation or processing activities. All other base license fees are calculated on the risk category assessment in **Table A** on page 2 for the activity conducted at the base

### Vending:

- Vending machine operator
- Vending machine license

### Micro markets:

- Single location
- Multiple location (on the same premises)

**TABLE A**

| Determining Factors for Assigning License Categories | Points |
|---|---|
| A retail food establishment that only sells pre-packaged food or meal items, regardless if the food items are time/temperature controlled for safety food. | 0 |
| The retail food establishment does not serve meals and has annual gross food sale receipts less than $25,000. | 0.25 |
| The retail food establishment does not serve meals and has annual gross food sale receipts more than $25,000 but not more than $1,000,000. | 0.5 |
| The retail food establishment does not serve meals and has annual gross food sale receipts more than $1,000,000 but not more than $5,000,000. | 1 |
| The retail food establishment does not serve meals and has annual gross food sale receipts more than $5,000,000. | 2 |
| The retail food establishment contains a self-service salad or food bar.* | 1 |
| The retail food establishment handles raw poultry, meat, eggs or seafood. | 1 |
| The retail food establishment has a variance under 3-502.11 (special processing methods**) or a required HACCP plan under 3-502.12 (reduced oxygen packaging) of ATCP 75 Appendix, Wisconsin Food Code. | 1 |
| The retail food establishment has approval under 3-301.11 (bare hand contact plan) or 3-501.19 (time as a public health control plan) of ATCP 75 Appendix, Wisconsin Food Code. | 1 |
| The retail food establishment has a catering operation or processes, packages, or holds customer preordered meals or food items. | 1 |
| The retail food establishment does cold holding, hot holding, or reheating of time/temperature control for safety foods. | 1 |
| The retail food establishment does cooling of cooked or reheated time/temperature control for safety foods. | 1 |
| The retail food establishment prepares TCS food at its location and transports it to be sold, under the wholesale exemption for retail food establishments. | 1 |
| The retail food establishment serves or sells food that requires food processing activities including chopping, dicing, mixing, slicing, blanching, boiling, cooking, packaging, and assembly in order for that product to be served or sold. | 1 |
| The retail food establishment has one or more additional areas where food preparation activities occur. | 1 |
| The retail food establishment specifically prepares or serves food to a population identified as highly susceptible, such as a nursing home or day care. | 1 |
| The retail food establishment has a customer seating capacity greater than 75, or operates a motor vehicle drive-thru window for food purchase and service. | 1 |

\* If only "condiments" or other non-meal, ready-to-eat, non-TCS foods are offered or displayed for customer self-service, that display does not qualify as a salad or food bar, such as, but not limited to, pickles, onions, non-TCS dessert topping, relishes, garnishes, and bakery items.

\*\* Smoking, curing, using food additives or components for preservation rather than flavor, reduced oxygen packaging, operating a molluscan shellfish life-support system, custom processing, sprouting seeds or beans, or any other method as determined by the department to require a variance.

Jefferson County Environmental Health Consortium Fee Schedule

| Facility License Type | Fee Amount |
|---|---|
| **Restaurants/Meals Food Service** | |
| | |
| ~~Limited Food Service Restaurant~~ Retail Food – Serving Meals **(Prepackaged)** | |
| *License Fee* | $121.00 |
| *Pre-inspection Fee for New Buildings or Change of Use* | $134.00 |
| *Pre-inspection Fee for Change of Owner* | $100.00 |
| *Re-inspection Fee* | $175.00 |
| *Re-inspection 2 Fee* | $175.00 |
| | |
| ~~Simple Complexity Restaurant~~ Retail Food – Serving Meals **(~~Low~~)** | |
| *License Fee* | $264.00 |
| *Pre-inspection Fee for New Buildings or Change of Use* | $332.00 |
| *Pre-inspection Fee for Change of Owner* | $249.00 |
| *Re-inspection Fee* | $175.00 |
| *Re-inspection 2 Fee* | $326.00 |
| | |
| Retail Food – Serving Meals **Moderate** ~~Complexity Restaurant~~ | |
| *License Fee* | $379.00 |
| *Pre-inspection Fee for New Buildings or Change of Use* | $488.00 |
| *Pre-inspection Fee for Change of Owner* | $366.00 |
| *Re-inspection Fee* | $175.00 |
| *Re-inspection 2 Fee* | $479.00 |
| | |
| Retail Food – Serving Meals **High** ~~Complexity Restaurant~~ | |
| *License Fee* | $620.00 |
| *Pre-inspection Fee for New Buildings or Change of Use* | $798.00 |
| *Pre-inspection Fee for Change of Owner* | $598.00 |
| *Re-inspection Fee* | $175.00 |
| *Re-inspection 2 Fee* | $785.00 |
| | |
| ~~Temporary Restaurants~~ Transient Retail Food – Serving Meals ~~Transient~~ TCS | |
| License Fee | $195.00 |
| | |
| **Transient Retail Food – Non-TCS** | |
| **License Fee** | $80.00 |
| | |
| **Transient Retail Food – Prepackaged TCS** | |
| **License Fee** | $50.00 |
| **Bed and Breakfast** | |
| | |
| **Bed and Breakfast** | |
| *License Fee* | $126.00 |
| *Pre-inspection Fee for New Buildings or Change of Use* | $306.00 |
| *Pre-inspection Fee for Change of Owner* | $229.00 |

| | |
|---|---|
| *Re-inspection Fee* | $200.00 |
| *Re-inspection 2 Fee* | $200.00 |
| | |
| **Hotel/Motel** | |
| | |
| **05-30 Sleeping Rooms** | |
| *License Fee* | $236.00 |
| *Pre-inspection Fee* | $489.00 |
| *Pre-inspection Fee for Change of Owner* | $366.00 |
| *Re-inspection Fee* | $200.00 |
| *Re-inspection 2 Fee* | $295.00 |
| | |
| **31-99 Sleeping Rooms** | |
| *License Fee* | $322.00 |
| *Pre-inspection Fee* | $678.00 |
| *Pre-inspection Fee for Change of Owner* | $508.00 |
| *Re-inspection Fee* | $200.00 |
| *Re-inspection 2 Fee* | $408.00 |
| | |
| **100 – 199 Sleeping Rooms** | |
| *License Fee* | $409.00 |
| *Pre-inspection Fee* | $810.00 |
| *Pre-inspection Fee for Change of Owner* | $607.00 |
| *Re-inspection Fee* | $200.00 |
| *Re-inspection 2 Fee* | $515.00 |
| | |
| **200 or more Sleeping Rooms** | |
| *License Fee* | $563.00 |
| *Pre-inspection Fee* | $1,208.00 |
| *Pre-inspection Fee for Change of Owner* | $906.00 |
| *Re-inspection Fee* | $200.00 |
| *Re-inspection Fee* | $714.00 |
| | |
| **Tourist Rooming House (1-4 rooms)** | |
| *License Fee* | $126.00 |
| *Pre-inspection Fee* | $306.00 |
| *Pre-inspection Fee for Change of Owner* | $229.00 |
| *Re-inspection Fee* | $200.00 |
| *Re-inspection 2 Fee* | $200.00 |
| | |
| **Campground** | |
| | |
| **Campgrounds (1-25 sites)** | |
| *License Fee* | $201.00 |
| *Pre-inspection Fee* | $387.00 |

# Jefferson County Environmental Health Consortium Fee Schedule

| | |
|---|---|
| *Pre-inspection Fee for Change of Owner* | $290.00 |
| *Re-inspection Fee* | $200.00 |
| *Re-inspection 2 Fee* | $244.00 |
| | |
| **Campground (26-50 sites)** | |
| *License Fee* | $288.00 |
| *Pre-inspection Fee for New Buildings or Change of Use* | $576.00 |
| *Pre-inspection Fee for Change of Owner* | $432.00 |
| *Re-inspection Fee* | $200.00 |
| *Re-inspection 2 Fee* | $357.00 |
| | |
| **Campground (51-99 sites)** | |
| *License Fee* | $350.00 |
| *Pre-inspection Fee for New Buildings or Change of Use* | $714.00 |
| *Pre-inspection Fee for Change of Owner* | $535.00 |
| *Re-inspection Fee* | $200.00 |
| *Re-inspection 2 Fee* | $433.00 |
| | |
| **Campground (100 - 199 sites)** | |
| *License Fee* | $409.00 |
| *Pre-inspection Fee for New Buildings or Change of Use* | $846.00 |
| *Pre-inspection Fee for Change of Owner* | $634.00 |
| *Re-inspection Fee* | $200.00 |
| *Re-inspection 2 Fee* | $510.00 |
| | |
| **Campground (200 or more sites)** | |
| *License Fee* | $471.00 |
| *Pre-inspection Fee for New Buildings or Change of Use* | $984.00 |
| *Pre-inspection Fee for Change of Owner* | $738.00 |
| *Re-inspection Fee* | $200.00 |
| *Re-inspection 2 Fee* | $591.00 |
| | |
| **Recreational/Educational Camps** | |
| *License Fee* | $580.00 |
| *Pre-inspection Fee for New Buildings or Change of Use* | $1,224.00 |
| *Pre-inspection Fee for Change of Owner* | $918.00 |
| *Re-inspection Fee* | $200.00 |
| *Re-inspection 2 Fee* | $734.00 |
| | |
| ***Swimming Pools*** | |
| **Public Swimming Pools** | |
| *License Fee* | $338.00 |
| *Pre-inspection fee for New Buildings or Change of Use* | $156.00 |
| *Pre-inspection Fee for Change of Owner* | $117.00 |
| *Re-inspection fee* | $100.00 |

| | |
|---|---|
| *Re-inspection 2 fee* | $100.00 |
| | |
| **Swimming Pools with Water Attraction** | |
| *License Fee* | $338.00 |
| *Pre-inspection fee for New Buildings or Change of Use* | $182.00 |
| *Pre-inspection Fee for Change of Owner* | $136.00 |
| *Re-inspection fee* | $100.00 |
| *Re-inspection 2 fee* | $100.00 |
| | |
| **Swimming Pools with Water Attraction, up to 2 slides** | |
| *License Fee* | $198.00 |
| *Pre-inspection fee for New Buildings or Change of Use* | $260.00 |
| *Pre-inspection Fee for Change of Owner* | $195.00 |
| *Re-inspection fee* | $100.00 |
| *Re-inspection 2 fee* | $100.00 |
| | |
| **Swimming Pools with Additional Pool Slides** | |
| *License Fee* | $187.00 |
| *Pre-inspection fee for New Buildings or Change of Use* | $150.00 |
| *Pre-inspection Fee for Change of Owner* | $112.00 |
| *Re-inspection fee* | $100.00 |
| *Re-inspection 2 fee* | $100.00 |
| | |
| **Swimming Pools with Additional Waterslides** | |
| *License Fee* | $187.00 |
| *Pre-inspection fee for New Buildings or Change of Use* | $150.00 |
| *Pre-inspection Fee for Change of Owner* | $112.00 |
| *Re-inspection fee* | $100.00 |
| *Re-inspection 2 fee* | $100.00 |
| | |
| ***School Inspections*** | |
| | |
| *Full Service Kitchen* | $460.00 |
| *Full Service Pre-Inspection Fee* | $448.00 |
| *Satellite Kitchen* | $157.00 |
| *Satellite Kitchen pre-Inspection* | $153.00 |
| | |
| ***Tattoo and Body-Piercing*** | |
| **Tattoo or body-piercing establishment** | |
| *License Fee* | $155.00 |
| *Pre-inspection Fee for New Buildings or Change of Use* | $260.00 |
| *Pre-inspection Fee for Change of Owner* | $195.00 |
| *Re-inspection Fee* | $100.00 |
| *Re-inspection 2 Fee* | $100.00 |
| | |

## Jefferson County Environmental Health Consortium Fee Schedule

| Combined tattoo and body-piercing establishment | |
|---|---|
| *License Fee* | $253.00 |
| *Pre-inspection Fee for New Buildings or Change of Use* | $408.00 |
| *Pre-inspection Fee for Change of Owner* | $306.00 |
| *Re-inspection Fee* | $100.00 |
| *Re-inspection 2 Fee* | $100.00 |
| | |
| **Temporary License** | $115.00 |
| | |

### *Retail Food Establishments*

| | |
|---|---|
| | |
| ~~Food sales of at least $1,000,000.00 and retail food establishment processes potentially hazardous food. (Large Potentially Hazardous)~~ Retail Food – Not Serving Meals, Complex | |
| *License Fee* | $1,103.00 |
| *Pre-inspection Fee for New Buildings or Change of Use* | $1,020.00 |
| *Pre-inspection Fee for Change of Owner* | $765.00 |
| *Re-inspection Fee* | $175.00 |
| *Re-inspection 2 Fee* | $459.00 |
| | |
| ~~Food sales of at least 25,000.00, but less than $1,000,000.00 and retail food establishment processes potentially hazardous food. (Small Potentially Hazardous)~~ Retail Food – Not Serving Meals, Moderate | |
| *License Fee* | $426.00 |
| *Pre-inspection Fee for New Buildings or Change of Use* | $408.00 |
| *Pre-inspection Fee for Change of Owner* | $306.00 |
| *Re-inspection Fee* | $175.00 |
| *Re-inspection 2 Fee* | $193.00 |
| | |
| ~~Food sales of at least $25,000.00 and retail food establishment is engaged in food processing, but does not process potentially hazardous food. (Large Non-Potentially Hazardous)~~ Retail Food – Not Serving Meals, Simple TCS | |
| *License Fee* | $305.00 |
| *Pre-inspection Fee for New Buildings or Change of Use* | $306.00 |
| *Pre-inspection Fee for Change of Owner* | $229.00 |
| *Re-inspection Fee* | $175.00 |
| *Re-inspection 2 Fee* | $193.00 |
| | |
| ~~Food sales of less than $25,000.00 and retail food establishment is engaged in food processing, but does not process potentially hazardous food. (Very Small Non-Potentially Hazardous & Very Small Potentially Hazardous)~~ Retail Food – Not Serving Meals, Simple Non-TCS | |
| *License Fee* | $96.00 |
| *Pre-inspection Fee for New Buildings or Change of Use* | $91.00 |
| *Pre-inspection Fee for Change of Owner* | $68.00 |
| *Re-inspection Fee* | $175.00 |
| *Re-inspection 2 Fee* | $175.00 |

# Jefferson County Environmental Health Consortium Fee Schedule

| | |
|---|---|
| ~~Retail food establishment does not engage in food processing. (Not Engaged in Food Processing)~~ <br> Retail Food – Not Serving Meals, Pre-packaged | |
| *License Fee* | $51.00 |
| *Pre-inspection Fee for New Buildings or Change of Use* | $0.00 |
| *Pre-inspection Fee for Change of Owner* | $0.00 |
| *Re-inspection Fee* | $175.00 |
| *Re-inspection 2 Fee* | $175.00 |
| | |
| **Inspection fee for mobile retail food stands** | $50.00 |
| **Additional Department Fees** | **Fee Amount** |
| | |
| **Operating without a Wisconsin certified food manager** | $150.00 |
| **Operating without a license** | $500.00 |

# Local and Tribal Preparedness Budget Form

Cooperative Agreement/Budget Period: PHEP BP3 1901 (CARS #155015/65596; 7/1/21 - 6

| Jurisdiction: Jefferson County Health Department | | Attach Worksheet (Initial Budget Only) Copy of Jefferson County Health Department BP3 1901 PHEP Budget (2).xlsx | |
|---|---|---|---|
| | Initial Budget | Mid-year Expenditures | Final Expenditures |
| Personnel Salary | $35,323.94 | | |
| Fringe | $13,423.1 | | |
| FTE | 0.36 | N/A | |
| Travel | $645 | | |
| Equipment | $0 | | |
| Supplies | $660 | | |
| Contractual | $120 | | |
| Consultant | $0 | | |
| Other Allowable Expenses | $5,528.96 | | |
| Indirect Costs | $0 | | |
| **Total**(calculated after submission) | **$55,701.00** | **$0.00** | **$0.00** |
| Indirect Rate (enter 0.05 for 5%) | 0   - - - - - - This value applies to all reporting periods - - - - - - - | | |
| Comments, Initial: | Comments, Mid-year: | Comments, Final: | |
| | | Last submitted: 6/16/2021 | |

**LPHA BP-1901-03 Contract Objectives and Deliverables**
This document will be updated with due dates for each deliverable.

The Wisconsin Department of Health Services (DHS) has established the following objectives and deliverables for completion by local and tribal public health agencies (LPHAs) during the budget period from July 1, 2021 to June 30, 2022 with the goal of moving Wisconsin local public health emergency preparedness efforts forward.

During this budget period, DHS anticipates that LPHAs will continue to create or modify plans, coordinate trainings and exercises, and obtain resources to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management responders using a "whole community" approach as defined by FEMA. Planning for a whole community will address health equity issues by considering individuals with access and functional needs such as: children, pregnant people, senior citizens, people with disabilities, and people with pre-existing behavioral health needs, among others.

The CDC has established a work group to review evidence on COVID-19 epidemiology and burden as well as COVID-19 vaccine safety, vaccine efficacy, evidence quality, and implementation issues to inform recommendations for COVID-19 vaccination policy. A key policy goal is to determine ***critical populations*** for COVID-19 vaccination. Critical populations include but are not limited to:

• People at increased risk for severe COVID-19 illness
    o Long term care facility (LTCF) residents (i.e., residents of nursing homes and assisted living facilities)
    o People with underlying medical conditions that are risk factors for severe COVID-19 illness
    o People 65 years of age and older

• People at increased risk of acquiring or transmitting COVID-19
    o People from racial and ethnic minority groups
    o People from tribal communities
    o People who are incarcerated/detained in correctional facilities
    o People experiencing homelessness/living in shelters
    o People attending colleges/universities
    o People who work in educational settings (e.g., early learning centers, schools, and colleges/universities)
    o People living and working in other congregate settings

• People with limited access to routine vaccination services
    o People living in rural communities
    o People with disabilities

o People who are under- or uninsured

**During this budget period, July 1, 2021 to June 30, 2022, and due to the COVID-19 response activities, the Wisconsin Department of Health Services is prioritizing the following capabilities:**

- Capability 1: Community Preparedness
- Capability 2: Community Recovery
- Capability 3: Emergency Operations Coordination
- Capability 6: Information Sharing
- Capability 8: Medical Countermeasure Dispensing and Administration
- Capability 13: Public Health Surveillance and Epidemiologic Investigation
- Capability 14: Responder Safety and Health
- Capability 15: Volunteer Management

**Objectives and Deliverables**

- LPHAs will submit a proposed budget, a mid-year budget, and a year-end budget by completing and uploading the PHEP Budget Template for BP3 to the Partner Communication and Alerting (PCA) Portal budget page. Updates for the mid-year and year-end budgets can be made by editing the agency's original submitted budget on the PCA Portal Budget Management page.

  To request access to the PCA Portal, please send an email to: DHSPCAPortal@wi.gov

## Capability 1: Community Preparedness

- All LPHAs may send at least one representative to an emergency preparedness conference (virtual or in-person) to gather and contribute to public health emergency response operation best practices.

- All LPHAs will continue to play an active role in their regional Wisconsin Healthcare Emergency Readiness Coalition (HERC), including participation in strategic planning, relevant trainings, exercises, and other activities.

- All LPHAs will conduct a hazard vulnerability assessment (HVA), update their current HVA, or participate in their regional HERC HVA process to provide input and feedback. LPHAs that do not complete an HVA with the HERC must share the results with their regional HERC coordinator.

## Capability 2: Community Recovery

- All LPHAs will identify the roles of local public health in community recovery.

- All LPHAs will collaborate with regional HERC and Wisconsin Emergency Management (WEM) representatives in the development of a regional or agency-specific continuity of operations (COOP) plan.

- All LPHAs will demonstrate evidence of emergency preparedness planning, training, and/or exercising using a whole community approach that addresses health equity issues by considering individuals with access and functional needs such as: children, pregnant people, senior citizens, people with disabilities, and people with pre-existing behavioral health needs, among others.

## Capability 3: Emergency Operations Coordination

- All LPHAs will maintain emergency contacts for staff assigned to preparedness and/or response roles on the PCA Portal and will update contact information annually.

- All LPHA staff assigned to preparedness and/or response roles will complete at minimum Incident Command Structure (ICS) 100, ICS 200 and National Incident Management System (NIMS) 700 training within six months of hire or assignment.

- By June 30, 2022, all LPHAs will complete a Homeland Security Exercise and Evaluation Program (HSEEP) consistent After Action Report/Improvement Plan on the COVID-19 response and post it to the PCA Portal. **Note: LPHAs can participate with their regional HERC in the development of an AAR.**

## Capability 6: Information Sharing

- All LPHAs will update existing communication plans to refine information sharing needs and capabilities of jurisdictional stakeholders.

## Capability 8: Medical Countermeasures Dispensing and Administration

- All LPHAs will identify strategies and approaches for addressing health equity issues in dispensing/administering medical countermeasures to critical populations. Critical populations may include but are not limited to, people that are homebound, people with developmental or other disabilities, and people with other access and functional needs who may face barriers to accessing vaccination sites.

- All LPHAs will communicate and manage population prioritization across communities with an emphasis on health equity.

- All LPHAs will collaborate with health systems, as appropriate, to assure administration of COVID-19 vaccine safely and swiftly to achieve mass vaccination with minimal waste.

## Capability 13: Public Health Surveillance and Epidemiologic Investigation

- All LPHAs will continue to follow epidemiological investigation protocols and enter information into the Wisconsin Electronic Disease Surveillance System (WEDSS) per Wisconsin Administrative Code ch. DHS145, which describes notifiable diseases and the timeframe for reporting. WEDSS is the electronic web-based system Wisconsin for reporting and collecting information on reportable conditions.

- All LPHAs will continue to follow processes for epidemiological investigations, including trigger points for starting investigation, identifying at-risk populations, and conducting contact tracing.

## Capability 14: Responder Safety and Health

- All LPHAs will identify, prioritize, and recommend protection and control measures, medical services, and mental/behavioral health assessment and support services for responders including local public health agency and tribal health center staff and volunteers.

- All LPHAs, in coordination with partners and stakeholders will identify, prioritize, recommend, and provide medical countermeasures, such as vaccinations, to protect and support incident responders including local public health agency and tribal health center staff and volunteers.

- All LPHAs will coordinate with health care partners to facilitate access to and promote the availability of in-person or virtual mental/behavioral health support services for responders including local public health agency and tribal health center staff and volunteers.

## Capability 15: Volunteer Management

- LPHA Wisconsin Emergency Assistance Volunteer Registry (WEAVR) administrators will conduct at least one alerting drill (or utilize the system during a real-world event) to alert registered volunteers.

- LPHAs will maintain jurisdictional Wisconsin Emergency Assistance Volunteer Registry (WEAVR) administrator contact information on the PCA Portal and will update every six months. Include "WEAVR administrator" in the Job Title text box.