



# City of Appleton

100 North Appleton Street  
Appleton, WI 54911-4799  
[www.appleton.org](http://www.appleton.org)

## Meeting Agenda - Final Board of Health

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Wednesday, September 13, 2017

7:00 AM

Council Chambers, 6th Floor

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1. Call meeting to order
2. Roll call of membership
3. Approval of minutes from previous meeting
4. **Public Hearings/Apearances**
5. **Action Items**
6. **Information Items**

[17-1345](#)

Second Quarter 2017 Report

**Attachments:** [Second Quarter 2017 Report.pdf](#)  
[Executive Summary Second Quarter 2017.pdf](#)

[17-1349](#)

Second Quarter 2017 Budget Performance Review

**Attachments:** [Department Budget Review -2nd Quarter 2017.pdf](#)  
[Summary Budget Review-2nd Quarter.pdf](#)

[17-1344](#)

July Monthly Report

**Attachments:** [July Monthly Report.pdf](#)

[17-1351](#)

Updated Fee Schedule for Weights & Measures and Environmental Health

[17-1342](#)

VFC Site Visit Follow-Up Plan

**Attachments:** [VFC Site Visit Follow-Up Plan.pdf](#)

[17-1346](#)

Health in All Policies Ordinance-Green Tier Community

**Attachments:** [HiAP Q&A.pdf](#)  
[Social Determinants-HiAP.pdf](#)  
[HiAP Ordinance.pdf](#)

[17-1347](#)

Noise Variance Approvals

**Attachments:** [Noise Variance Requests 9.13.17.pdf](#)

[17-026](#)

Other Business

## 7. Adjournment

*Notice is hereby given that a quorum of the Common Council may be present during this meeting, although no Council action will be taken.*

*Reasonable Accommodations for Persons with Disabilities will be made upon Request and if Feasible.*



### I. Preventing Disease

Community Education Sessions	Current Month	Quarter	Year to Date	Last Year to Date
Group Education Sessions	15	8	19	35
Number of Attendees	15	104	229	355

Immunization Clinics	Current Month	Quarter	Year to Date	Last Year to Date
Persons Immunized	11	27	50	63
Immunizations administered	24	65	129	139

Vaccine Type/Number of Doses	Current Month	Quarter	Year to Date	Last Year to Date
PCV13 (Prenvar)	1	1	4	3
DTP/HIB (See DTP and HIB)	0	0	0	0
DtaP (Diphtheria, Tetanus, Acellular Pertussis)	0	0	1	5
Td (Tetanus diphtheria)	1	1	2	6
MMR (Measles, Mumps, Rubella)	1	1	2	14
HIB (Haemophilus Influenzae b)	1	1	5	5
IPV (Inactivated Polio Vaccine)	3	3	6	1
HBV (Hepatitis B)	3	3	7	5
Flu (Influenza)	2	2	11	9
VZV (Varicella)	1	1	5	14
Heb B/Hib Comvax	0	0	0	0
Hep A	4	4	10	19
Dtap/IPV/Hep B	1	1	4	2
MCV4 (Meningococcal)	1	1	7	5
Tdap	1	1	7	9
Flu Nasal	0	0	0	13
HPV (Human Papillomavirus)	3	3	11	15
Rotavirus	0	0	2	2
Dtap/IPV	0	0	1	5
H1N1	0	0	0	0
Hep A/Hep B	0	0	0	7
MenB	1	1	3	0
Dtap-IPV / Hib	0	0	0	0

Communicable Disease Cases	Current Month	Quarter	Year to Date	Last Year to Date
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#### Gastroenteric

Campylobacter	0	3	6	5
Giardiasis	1	2	4	5
Salmonellosis	0	1	4	4
Amebiasis	0	0	0	0
Balantidium Coli	0	0	0	0
Hook Worm	0	0	0	0
Shigellosis	0	0	1	1
Yersinia	0	0	0	1
Strongyloides	0	0	0	0
Cryptosporidiosis	0	2	3	4
E. Coli	0	0	1	2
Listeriosis	0	0	0	0

Other Communicable Diseases	Current Month	Quarter	Year to Date	Last Year to Date
Haemophilus Influenza	0	1	1	0
Blastomycosis	0	0	0	1
Hep A	0	0	0	0
Hep B	1	3	5	1
Hep C	2	9	21	31
Streptococcus pneumoniae	1	1	4	3
Leprosy	0	0	0	0
Adult Lead Toxicity	0	0	0	0
Legionellosis	1	1	1	0
Lyme Disease	1	1	2	1
Ehrlichiosis / Anaplasmosis	1	1	2	0

Malaria	0	0	1	0
Dengue Fever	0	0	0	0
Bacterial meningitis	0	0	0	0
Viral Meningitis	0	0	0	0
Invasive Group A Strep	0	1	1	0
Rheumatic Fever	0	0	0	0
Tetanus	0	0	0	0
Toxic Shock	0	0	0	0
Typhoid	0	0	0	0
Mycobacterium Tuberculosis	0	0	0	0
Mycobacterium - Atypical	2	4	6	3
Viral Encephalitis	0	0	0	0
Cat Scratch Disease (Bartonella species)	0	0	0	0
Streptococcus group B invasive disease	0	0	1	2
Vibrio Cholera	0	0	0	0
West Nile Virus	0	0	0	0
Kawasaki	0	0	0	0
Novel Influenza	0	0	0	0
Hospitalized Influenza	0	4	30	15
Babesiosis	0	0	0	0
Histoplasmosis	0	0	0	0
VISA	0	1	2	0

Vaccine Preventable	Current Month	Quarter	Year to Date	Last Year to Date
Measles	0	0	0	0
Mumps	0	0	0	0
Pertussis	1	3	4	7
Rubella	0	0	0	0
Varicella	0	1	2	3

Tuberculosis Prevention and Control	Quarter	Year to Date	Last Year to Date
Number of TB (LTBI)	10	13	5
Number of TB Skin Tests	69	69	101
Number of Referrals for TB Blood Test	0	0	0
Number of TB positive tests	0	0	0

Sexually Transmitted Disease	Current Month		Quarter		Year to Date		Last Year to Date	
	All Ages	≤18	All Ages	≤18	All Ages	≤18	All Ages	≤18
Chlamydia	28	2	82	10	170	9	156	12
Gonorrhea	1	0	14	0	29	1	18	1
Partner/Referral Program (Contacts)	0	0	4	0	4	0	3	0
HIV	0	0	0	0	2	0	1	0
Other STD	0	0	0	0	0	0	0	0
Syphilis	1	0	4	0	7	0	6	0

Planned Parenthood Contract	Quarter	Year to Date	Last Year to Date
Individuals served	19	52	60
Number of tests	48	127	141
Individuals treated	6	13	16

Lead	Quarter	Year to Date	Last Year to Date
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#### Elevations

Initial Venous lead levels >19 ug/dl	0	0	0
Repeat Venous lead levels >19 ug/dl	0	0	1
Initial Venous lead levels 10 - 19 ug/dl	1	2	1
Repeat Venous lead levels 10 - 19 ug/dl	1	3	1
Capillary lead levels >10 ug/dl	1	2	4
Venous lead levels 5 - 9 ug/dl	2	2	13
Home Inspections	1	2	1
Education	4	8	9
Formal Enforcement Action	0	2	1

Licensed Establishments	Plan Reviews			Preinspections		
	Quarter	Year to Date	Last Year to Date	Quarter	Year to Date	Last Year to Date

Public Eating and Drinking	0	1	0	10	12	13
Retail Food	0	0	0	2	3	7
Hotel/Motel and Tourist Rooming House	0	0	0	0	0	0
Bed and Breakfast	0	0	0	0	0	1
Manufactured Home Communities	0	0	0	0	0	0
Vending Machines	0	0	0	0	0	0
Swimming Pools	1	1	0	1	1	0
Tattoo and Body Piercing	0	0	0	0	2	0
Temporary Restaurants	0	0	0	0	0	0
Non-profit	0	0	0	0	0	0
Rec/Ed Campground	0	0	0	0	0	0
Campground	0	0	0	0	0	0
Pigeon Permit	0	0	0	0	0	0
Temporary Retail	0	0	0	0	0	0
Special Organization Serving Meals	0	0	0	0	0	0
Total	1	2	0	13	18	21

Licensed Establishments	Inspections			Reinspections		
	Quarter	Year to Date	Last Year to Date	Quarter	Year to Date	Last Year to Date
Public Eating and Drinking	159	231	211	35	64	68
Retail Food	48	74	63	6	12	11
Hotel/Motel and Tourist Rooming House	4	6	6	0	0	0
Bed and Breakfast	2	3	3	0	0	0
Manufactured Home Communities	0	0	1	0	0	0
Vending Machines	0	0	0	0	0	0
Swimming Pools	19	19	15	0	0	0
Tattoo and Body Piercing	4	6	6	0	0	0
Temporary Restaurants	0	0	1	0	0	0
Non-profit	0	0	2	0	0	0
Rec/Ed Campground	0	0	0	0	0	0
Campground	0	0	0	0	0	0
Pigeon Permit	0	0	0	0	0	0
Temporary Retail	0	0	2	0	0	0
Special Organization Serving Meals	0	0	0	0	0	0
Total	236	339	310	41	76	79

Licensed Establishments	Complaints			Complaint Followups		
	Quarter	Year to Date	Last Year to Date	Quarter	Year to Date	Last Year to Date
Public Eating and Drinking	4	8	11	2	2	2
Retail Food	0	1	1	0	0	0
Hotel/Motel and Tourist Rooming House	1	1	0	0	0	0
Bed and Breakfast	0	0	0	0	0	0
Manufactured Home Communities	0	0	0	0	0	0
Vending Machines	0	0	0	0	0	0
Swimming Pools	0	1	2	0	0	0
Tattoo and Body Piercing	0	0	0	0	0	0
Temporary Restaurants	0	0	0	0	0	0
Non-profit	0	0	0	0	0	0
Rec/Ed Campground	0	0	0	0	0	0
Campground	0	0	0	0	0	0
Pigeon Permit	0	0	0	0	0	0
Temporary Retail	0	0	0	0	0	0
Special Organization Serving Meals	0	0	0	0	0	0
Total	5	11	14	2	2	2

Licensed Establishments	Consultations		
	Quarter	Year to Date	Last Year to Date
Public Eating and Drinking	100	151	126
Retail Food	22	42	35
Hotel/Motel and Tourist Rooming House	0	0	1
Bed and Breakfast	1	4	0
Manufactured Home Communities	3	3	0
Vending Machines	0	0	0
Swimming Pools	7	7	7
Tattoo and Body Piercing	14	36	11
Temporary Restaurants	5	6	18
Non-profit	29	45	49
Rec/Ed Campground	3	3	4
Campground	0	0	0
Pigeon Permit	1	1	0
Temporary Retail	1	2	3
Special Organization Serving Meals	0	0	0
Total	186	300	254

<b>Food Borne-Water Borne Disease</b>	<b>Current Month</b>	<b>Quarter</b>	<b>Year to Date</b>	<b>Last Year to Date</b>
Number of Outbreaks	0	0	0	0
Number of Interviews	0	0	2	1
Number symptomatic	0	0	1	1

<b>Laboratory/Field Tests</b>	<b>Current Month</b>	<b>Quarter</b>	<b>Year to Date</b>	<b>Last Year to Date</b>
WDATCP Random Sampling Program	0	0	0	0

#### **Swimming Pool Water Samples**

Total number of pools sampled	19	55	113	114
Total number of pools resampled	0	0	1	2
Total positive HPC	0	0	1	1
Total positive coliform	0	0	0	1

#### **Rabies Specimens**

Type of Animal Shipped

Dog	0	0	0	0
Cat	0	0	0	1
Bat	3	0	0	1
Raccoon	0	0	0	0
Ferret	0	0	0	0
Skunk	0	0	0	0
Other	0	0	0	0
Total shipped	3	0	0	2
Total positive results	0	0	0	0

## ***II. Protecting the Environment***

<b>Environmental Investigations</b>	<b>Consultations</b>			<b>Complaints</b>		
	<b>Quarter</b>	<b>Year to Date</b>	<b>Last Year to Date</b>	<b>Quarter</b>	<b>Year to Date</b>	<b>Last Year to Date</b>
Community water supplies	0	0	1	0	0	0
School/Day Care	2	4	4	0	0	0
Private water supplies	0	0	0	0	0	0
Surface water pollution	0	1	1	0	0	0
Animal nuisances	3	6	16	0	0	0
Rabies control	12	17	10	0	0	0
Insect control	4	19	21	4	6	7
Rodent control	1	4	2	0	1	1
Hazardous substance control	3	4	8	1	1	1
Air pollution - Indoor	7	8	5	0	0	3
Air pollution - Outdoor	1	3	2	0	0	0
Noise	7	11	22	2	4	3
Radiation	0	3	6	2	2	0
Garbage/rubbish nuisance	2	2	0	3	3	1
Private residence/housing	11	13	11	0	0	2
Lead	3	13	9	0	1	1
Other Programs	6	17	14	0	0	0
Other Business	3	11	15	1	3	0
Mold	16	30	21	0	0	3
Totals	81	166	168	13	21	22

Complaint Followups			
Environmental Investigations	Quarter	Year to Date	Last Year to Date
Community Water Supplies	0	0	0
School/Day Care	0	0	0
Private water supplies	0	0	0
Surface water pollution	0	0	0
Animal nuisances	0	0	2
Rabies control	0	0	0
Insect control	1	5	2
Rodent control	0	1	1
Hazardous substance control	0	0	0
Air pollution - Indoor	0	0	0
Air pollution - Outdoor	0	0	0
Noise	1	3	1
Radiation	0	0	0
Garbage/rubbish nuisance	4	4	1
Private residence/housing	2	4	0
Lead	0	0	0
Other Programs	0	0	0
Other Business	0	0	0
Mold	0	0	0
Totals	8	17	7

### III. Promoting Health

Type of Referrals to Public Health Nurse (PHN)	Quarter	Year to Date	Last Year to Date
Family	1	2	2
Maternal/Child	235	432	434
Adult/Elderly	1	2	5
Total	237	436	441

Community Health Visits	Admissions			Revisits		
	Quarter	Year to Date	Last Year to Date	Quarter	Year to Date	Last Year to Date

Includes contact to elderly and adult clients, parents, and children for purposes of assessment, teaching, referrals and case management

MCH	27	91	54	103	214	160
Adult	18	41	30	48	109	143
Elderly	1	10	12	47	140	197
Total	46	142	96	198	463	500

Community Health Visits	Discharges			Phone Calls as Visit		
	Quarter	Year to Date	Last Year to Date	Quarter	Year to Date	Last Year to Date

Includes contact to elderly and adult clients, parents, and children for purposes of assessment, teaching, referrals and case management

MCH	2	3	16	27	53	29
Adult	7	13	26	3	7	5
Elderly	1	2	2	0	0	1
Total	10	18	44	30	60	35

Primary Health Problem	Quarter	Year to Date	Last Year to Date
General Health Promotion	28	63	91
Prenatal	30	64	48
Postpartum	51	116	71
Infant and Child Health	64	143	95
Communicable Disease	84	245	293
Endocrine/Nutritional/Immunity Disorders	2	5	6
Nervous system and sense organs	0	0	0
Circulatory system	20	39	40
Respiratory system	3	4	12
Musculoskeletal system and Connective tissue	0	0	1
Other	10	21	16
Total	292	700	673

<b>Adult/Elderly Clients By Referral Source</b>	<b>Quarter</b>	<b>Year to Date</b>	<b>Last Year to Date</b>
Self	0	0	1
Case Finding	0	0	0
Physician (Unhospitalized)	1	2	2
Hospital	0	0	0
Social Service/Counseling	0	0	0
Community Agency	0	0	1
Other Public Health Agency	0	0	0
Licensed Home Health Agency	0	0	0
State Agency	0	0	0
Carried Over From Previous Year	0	20	21
Other	0	0	1
Total	1	22	26

<b>Adult/Elderly Client Interventions</b>	<b>Quarter</b>	<b>Year to Date</b>	<b>Last Year to Date</b>
Case Management	73	123	90
Consultation	0	1	3
Counseling	40	59	64
Delegated Functions	0	1	2
Disease and Health Event Investigation	0	2	4
Health Teaching	97	147	120
Referral and Follow Up	20	24	6
Screening	53	81	43
Total	283	438	332

<b>Adult/Elderly Non-Client Contacts</b>	<b>Quarter</b>	<b>Year to Date</b>	<b>Last Year to Date</b>
Adult child	1	1	0
Aging & Disability Resource	1	1	0
Citizen	8	11	8
Client	0	0	0
Community Agency	1	1	3
Employer	0	0	0
Faith Community	0	0	0
Friend	0	0	2
Hospital	0	0	0
Human Services	0	0	0
Mental Health Provider	0	0	0
Nurse	0	0	1
Other	0	0	0
Parent/Guardian	1	2	0
Primary Care Provider	0	0	0
Spouse	0	0	0
Total	12	16	14

<b>Adult/Elderly Non-Client Contact Interventions</b>	<b>Quarter</b>	<b>Year to Date</b>	<b>Last Year to Date</b>
Consultation	1	2	4
Counseling	0	0	1
Health Teaching	3	4	3
Referral and Follow Up	10	12	9
Total	14	18	17



#### IV. Protecting the Consumer

Consumer Complaints	Number Received			Number of Violations Found		
	Quarter	Year to Date	Last Year to Date	Quarter	Year to Date	Last Year to Date
Foods	0	0	0	0	0	0
Liquid foods	0	0	0	0	0	0
Non-food Products	0	0	0	0	0	0
Heating Oil and LP gas	0	0	0	0	0	0
Firewood	0	0	1	0	0	0
Gas station pumps	0	1	4	0	0	1
Gas station service console	0	2	2	0	0	0
Gas station price signage	0	0	1	0	0	0
Gas station gasoline quality	0	3	3	0	0	0
Scales: food	0	0	0	0	0	0
Scales: scrap metal	0	0	1	0	0	0
Scales: other	0	0	0	0	0	0
Scanning	0	0	4	0	0	1
Trade practices	0	3	2	0	1	0
Advertising	0	1	2	0	1	1
Going out of business sales	0	0	0	0	0	0
Temporary sales	0	0	0	0	0	0
Miscellaneous	0	0	0	0	0	0
Totals	0	10	20	0	2	3

Type of Establishments Inspected	Current	Year to	Last Year
	Quarter	Date	to Date

Food and convenience stores, restaurants, bakery and candy stores, dairy plants and stores, drug stores, hardware stores, variety stores, gas stations, salvage and recyclers, pet shops, garden centers, industrial manufacturing plants, concrete and asphalt plants

Total number inspected	42	137	320	381
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Equipment and Device Examined	Inspected				Number Not in Compliance			
	Current Month	Quarter	Year to Date	Last Year to Date	Current Month	Quarter	Year to Date	Last Year to Date
Scales and Balances	86	216	410	369	4	6	8	15
Measures (Includes gas pumps and fuel oil truck meters)	84	298	314	551	0	7	7	11
Weights	0	0	29	49	0	0	0	0
Total	170	514	753	969	4	13	15	26

Commodity Report	Current	Year to	Last Year
	Month	Quarter	to Date
Total units of product investigated	7,391	17,639	40,428
Random sample size	890	2,557	6,986
Total products/units found short weight	92	157	217
Total products/units found mislabeled	71	84	809

Price Scanning Inspections	Current	Year to	Last Year
	Month	Quarter	to Date
Number of Inspection	9	32	85
Number of items scanned	325	1,101	2,876
Pricing errors found	4	24	81

License Investigations	Year to	Last Year
	Date	to Date
Closeout sales	0	2
Secondhand dealers	0	11
Commercial solicitation	14	32
Taxicab	6	8
Pet store	3	3
Firewood	20	21

# APPLETON HEALTH DEPARTMENT QUARTERLY REPORT April – June 2017

## Executive Summary

*The Health Department's day-to-day activities for the second quarter of 2017 are enumerated in the attached report. The Department continues to work toward fulfilling the goals of our Department, keeping in mind the belief statements that support and enhance our mission statement.*

***“Plays a vital role assessing and assuring the health needs and trade practices in the community”***

April 11, a reinspection of a local gas station (Appleton Citgo, 1717 W. College Ave., Appleton, WI 54914) by Keith Verhagen, Weights and Measures Specialist, detected major violations during the reinspection which revealed 10 pricing errors (4 overcharges) in a 25 item sample. As the National Price Verification Code tolerance is + or – 2%, the 40% overall error rate found in this inspection is a violation, and indicated problems with the store's price control system. This location has not shown any improvement from its January inspection and the March reinspection. A citation was issued along with another warning letter. A reinspection was to be conducted in May and the store removed its price scanning equipment and will enter all prices manually.

May 10, Weights and Measures staff presented at the annual Festival Foods Farm Market meeting held at the Festival Foods Store on Northland Ave. A record number of Vendors attended the meeting this year. Weights and Measures Specialists provided information regarding policies as well as the testing of 22 farm market vendors' scales. This mandatory meeting provides a great foundation for high compliance throughout the Farm Markets summer duration. Weights and Measures staff will monitor the farm market closely throughout the summer to ensure compliance.

May 31, Environmental Health Staff, City Sealer Eric Maggio and Weights & Measures Specialist Keith Verhagen presented at the annual Appleton Downtown Saturday Farm Market Vendor meeting held in the Library meeting room. City Sealer Maggio provided information regarding policies as well as going over farm market rules. Weights and Measures staff tested 26 farm market vendor's scales as well as package and labeling inspections. The meeting, which is mandatory, provides a foundation for high compliance throughout the Farm Markets summer duration. Weights and Measures staff will continue to monitor the farm market throughout the summer.

***“Provides services to protect and promote the health and well-being of the citizen and consumer”***

In April, the health department was part of the multi-state Seoul Hantavirus outbreak investigation. The Seoul virus is a rare type of Hantavirus carried by Norway rats and black rats. Since January of 2017, the Wisconsin Department of Health Services has worked with the CDC, Illinois Department of Health and various local health departments in this investigation. Trace-out investigations of clients who purchased rats from infected ratteries (breeding facilities) were performed by epidemiologists, and staff at local health departments. Appleton Public Health nursing staff assisted with this investigation, through follow-up and education with individuals who purchased rats from infected ratteries. Education was provided on symptoms of Hantavirus, testing opportunities for people and rats and ways to prevent exposure. People can get Hantavirus infections from having contact with infected rodents, or their urine and droppings.

Emergency Preparedness Coordinator Daniel Kane, facilitated a Northeast Wisconsin Preparedness Consortium meeting on April 13th, as part of their bi-monthly schedule. The meeting was both a chance to introduce Daniel to the Consortia and for Daniel to give an overview of the next grant year which will focus on community level preparedness and community level recovery for disasters.

Public Health Nurse Becky Lindberg, RN, provided TB skin testing for Appleton Fire Department employees in May. 70 screenings were completed.

Environmental Supervisor Tim Mirkes, RS, conducted a courtesy inspection at the Boys and Girls Club food service kitchen at the request of the Food Manager. No items were noted in need of correction. Although not required, the manager has become a Certified Food Manager. While the Boys and Girls Club is exempt from licensing, it is still important to assure safe meal delivery.

Tim Mirkes, RS, and Steve Kihl, RS, conducted food stand inspections at the annual Xavier Food Fair event held the first Sunday in May. No major issues were found during the inspections.

***“Communicates with the public on health and consumer related issues”***

This quarter department staff provided a variety of presentation including:

April 24, Becky Lindberg, RN, presented on Safe Sleep to a Mom and Me class at ThedaCare Regional Medical Center – Appleton. 7 moms and their babies were in attendance.

May 1, Kathleen Sprangers, RN, presented to a Mom and Me class at ThedaCare Regional Medical Center. The topic was immunizations, and 7 moms and their babies attended.

May 8, Kathleen Sprangers, RN, and Sonja Jensen, RN, provided education on adult immunizations with a focus on HPV to clinic staff at Partnership Community Health Center. 13 clinic staff attended.

May 16, Sonja Jensen, RN, presented to staff at Faith Childcare. Educational topics included information on bloodborne pathogens and communicable diseases. 16 staff were in attendance.

May 22, Jess Moyle, RN, and Becky Lindberg, RN, trained the childcare provider/owner of Maggie's Family Daycare on the Ten Steps to Breastfeeding Friendly Child Care Centers.

May 30, Jess Moyle, RN, and Becky Lindberg, RN, trained the childcare provider/owner of Amy's Kids Family Childcare on the Ten Steps to Breastfeeding Friendly Child Care Centers.

June 13, Kathleen Sprangers, RN, presented on adult immunizations with a focus on HPV at Mosaic Family Health Center. 9 Family Practice Resident Doctors attended the presentation.

April 20, Health Office Eggebrecht moderated at the Wisconsin Health Education Network (WHEN) annual conference held in Middleton. The conference theme was Building a Culture of Health: Capacity, Collaboration and Community Connections.

***“Provides services in a cost effective and efficient manner”***

April 12, Emergency Preparedness Coordinator Daniel Kane and Health Officer Kurt Eggebrecht served as observers at a functional exercise held at Theda Care Hospital in Appleton. The exercise tested a flooding scenario, with multiple hospitals in the region having to coordinate a response. This offered the chance for the Health Department to not only offer feedback on the exercise, but it showed how the Health Department would be a key partner for the hospital in an emergency.

May 15, the Health Department staff welcomed State Representative Dave Murphy who represents the 56<sup>th</sup> Assembly District. The primary reason for the meeting was to discuss pending legislation that he supported AB 293 which would provide supplemental funding for communicable disease investigation and follow-up.

***“Develops and evaluates departmental programs, policies and procedures based on community needs and collaborate with community agencies and providers to assess those needs and ensure high quality services”***

Public Health Nurse Jess Moyle, RN, as part of Safe Kids Fox Valley, participated in Car Seat Recycle Day at the Grand Chute Fire Department, on April 22. 378 old, expired, or damaged car seats were collected and recycled.

Two Family Childcare Centers in Appleton received Breastfeeding Friendly Childcare designation in the 2nd quarter of 2017. Big Hearts, Little Hands, and Amy's Kids Family Childcare both completed the Ten Steps to Breastfeeding Friendly Childcare after working with public health nurses Becky Lindberg and Jess Moyle.

Public health nursing staff worked with World Relief Fox Valley and various partners in the Appleton community to welcome 13 refugees during the months of April, May and June of 2017.

In coordination with Mosaic Family Health Residency Program, this quarter, two resident Physicians met with Environmental Supervisor Tim Mirkes, RS, to learn about the Environmental Health responsibilities at the Health Department. By providing this in-service, Resident Physicians gain awareness of rabies follow-up, food safety and food borne illness investigation as it relates to their practice, as well as other areas where the environmental section can be a resource.

In April, Common Council passed a resolution to allow the keeping of up to four chickens and no roosters in the City limits. There were nine applicants. One of the applicants was denied after a neighbor objected and the Safety and Licensing Committee upheld the denial. In this quarter, seven pre-licensing inspections were conducted and seven permits were issued.

June 15th, Emergency Preparedness Coordinator Daniel Kane prepared a full scale power outage exercise to test an emergency vaccination transfer from the Menasha Health Department to the Appleton Health Department. The exercise tested the ability of both agencies to properly track and maintain temperature levels of all vaccines over a 3 day period. By following current procedures, staff were able to identify an inventory issue as a place for improvement and the issue has since been corrected.

***“Professional staff works together as a cohesive team by cooperating, communicating and supporting each other to achieve departmental and individual goals”***

Public Health Nurse Kathleen Sprangers, RN, was selected as the 2017 Immunization Champion. The award is given by the Northeast WI Immunization Coalition annually to a person who demonstrates a strong commitment to increasing immunization levels through education, advocacy and leadership. Kathleen was nominated by her fellow Appleton Public Health Nurses, who stated she was truly a champion, demonstrated by her ability and passion to educate patients and families, and by acting as a resource to coworkers. Kathleen was presented with this award on April 26, 2017.

Public Health Nurse Kris Eiden, RN, as part of the City of Appleton Healthsmart Team, was involved with planning a Lunch and Learn to promote a Bicycle Benefits program. This program is for City of Appleton employees and their families; 10 people attended the session on May 31.

This quarter staff participated in several training opportunities including:

April 4-6, Public Health Nurse Ashley Rankin, RN, attended HIV Counseling, Testing and Referral Services Program Training at the Pyle Center in Madison. This was sponsored by the Wisconsin HIV Program.

April 24, Public Health Nurse Kathleen Sprangers, RN, attended the Wisconsin Immunization Program statewide Adult Immunization conference in Steven Point.

April 24-28, Health Officer Kurt Eggebrecht and Public Health Nurse Supervisor Sonja Jensen, RN, attended the 2017 Preparedness Summit in Atlanta, Georgia. Kurt and Sonja were able to attend the conference thanks to a training scholarship provided from Wisconsin Department of Health Services. The theme of the conference was, "Forces of Change: Capabilities, Innovation, and Partnerships".

April 28, Public Health Nurse Becky Lindberg, RN, attended the Fox Cities CHAT Plunge, "Early Childhood: Kids in Crisis". This was sponsored by ThedaCare, and attendees travelled to various early childhood locations including the Building for Kids, Community Early Learning Center, Appleton Child Learning Center, and Childcare Resource and Referral.

May 1, the department welcomed Kevin Grosskreutz, Weights and Measures Specialist.

May 10, Public Health Nurses Ashley Rankin, RN, Jess Moyle, RN, and Trish Schuldes, RN, attended the First Breath Families First training in Appleton. This was sponsored by the Wisconsin Women's Health Foundation.

May 16, all Public Health nursing staff attended a training in Appleton on HPV vaccination, with a focus on recent ACIP schedule changes for 9-14 year olds.

May 19, Public Health Nurses Sue Larson, RN, Becky Lindberg, RN, and Sonja Jensen, RN, attended the joint refugee resettlement team meeting in Neenah at the Public Library. The topic of focus was "Culture and Law".

May 23-25, Public Health Nurses Sonja Jensen, RN, and Jess Moyle, RN, along with Health Officer Kurt Eggebrecht, attended the Wisconsin Public Health Association/Wisconsin Association of Local Health Departments and Boards conference in Wisconsin Dells. The 2017 theme was: "Improving Health, Neighborhood by Neighborhood".

May 31, Public Health Nurses Kris Eiden, RN, Ashley Rankin, RN, and Ann Steele, RN, attended the annual HIV Partner Services training at the Scheig Center in Appleton.

June 6, Public Health Nurses Jess Moyle, RN, and Trish Schuldes, RN, attended the Northeast Region PNCC meeting at the Menasha Library. The Wisconsin Association for Perinatal Care and Wisconsin Health Literacy Council presented at the meeting.

June 13-14, Health Officer Eggebrecht attended a training sponsored by East Central Wisconsin Regional Planning Commission called “Laying the Foundations for Complete Streets.” The workshop presenters were from Smart Growth America and National Complete Streets Coalition.

June 16, Directors Gazza, Harkness, Vandehey, McDonald and Eggebrecht joined colleges from other green tier legacy communities in Northeast Wisconsin for Health in all Policies training. This session was held in Sheboygan.

June 21-22, Public Health Preparedness Coordinator Daniel Kane attended a training in Milwaukee on Community Assessment for Public Health Emergency Response (CASPER). The CASPER program is a tool that allows public health agencies to get an idea of the needs of the whole community as it relates to emergency preparedness.

***Encourages the individual to share the responsibility for their health and the health of their family”***

Four dwellings were placarded as unfit for human habitation this quarter. Two remain placarded. Children under the age 18 were residents in all four dwellings. The Appleton Police Department and Outagamie Child protection were also involved in the investigations.

Respectfully submitted,

Kurt Eggebrecht, M.Ed., MCHES  
Health Officer

**HEALTH DEPARTMENT**  
**Second Quarter Review**  
**All Figures Through June 30, 2017**

**Significant 2017 Events:**

See 2017 Quarterly Reports

**Performance Data:**

Administration 2nd Quarter						
Program	Criteria	Actual 2014	Actual 2015	Actual 2016	Actual 2017	Target 2017
<b>ADMIN</b>	Client Benefit					
Train Staff	Benefit #1: Training request/ reviewed/ approved	100%	100%	100%	100%	100%
Safe Work	Benefit #2: # unresolved safety issues	0	0	0	0	0
Level III Health Dept	Outcome #1: # of unresolved issues	0	0	0	0	0
Internal Advancement	Outcome #2: % vacancies filled from within	100%	100%	100%	100%	100%
Training	Output #1: Hours of training/employee	41	36	41	26	40
Staff Assessments	Output #2: % completed on time	100%	100%	100%	100%	100%
Collaboration with Health Care Partners	Output #3: # of meetings	148	137	151	63	140
Prepare Annual Report	Output #4: Complete by 120th day of following year	4/24	4/30	4/21	4/20	4/25



## Nursing 2nd Quarter

Program	Criteria	Actual 2014	Actual 2015	Actual 2016	Actual 2017	Target 2017
<b>Client Benefits/Impacts</b>						
TB Disease Resolved	Benefit #1: Three negative tests/ complete treatment/ + clinical status	1 resolved and 1 moved out of jurisdiction	(3 Total) 1 - in treatment 1 - in process 1 - moved out of jurisdiction	(2 Total) 1 - in treatment 1 - resolved	1 - moved out of jurisdiction	100%
Occupational Health	Benefit #2: TB testing and training	100%	100%	100%	In Process	100%
<b>Strategic Outcomes</b>						
Epi-linked TB Cases	Outcome #1: # of cases	0	0	0	0	0
Increase Vaccine Coverage	Outcome #2: % school age children vaccinated	99.0%	99.7%	99%	In Process	99%
COM Regulations	Outcome #3: % of required participants	100%	100%	100%	100%	100%
<b>Work Process Outputs</b>						
Case Management of TB	Output #1: # of home visits	270	152	426	118	100
TB Skin Test	Output #2: # of TB skin tests	104	103	101	69	0

## Environmental 2nd Quarter

Program	Criteria	Actual 2014	Actual 2015	Actual 2016	Actual 2017	Target 2017
<b>Client Benefits/Impacts</b>						
Fair and Consistent Inspection	Benefit #1: Positive triennial survey results	98.5	100%	TBD	TBD	97%
Health Hazards	Benefit #2: Identified and corrected inspection reports	100%	100%	100%	100%	100%
<b>Strategic Outcomes</b>						
Voluntary Compliance Improved	Outcome #1: # of critical violations	321	396	449	330	375
Human Cases of Rabies	Outcome #2: # of cases	0	0	0	0	0
Foodborne Outbreaks	Outcome #3: # of outbreaks related to special events	0	0	0	0	0
Foodborne Outbreaks	Outcome #4: # of food establishment linked outbreaks	0	0	0	0	0
<b>Work Process Outputs</b>						
Annual Inspection & Follow-ups	Output #1: # of inspections	540	548	501	335	540
Annual Inspection & Follow-ups	Output #2: # of follow up inspections	109	112	114	76	120
Response to Complaints	Output #3: # of complaints/follow ups	145/63	105/43	26/26	35/20	135/75
Response to Complaints	Output #4: % completed within 3 days	99%	100%	100%	100%	99%
Animal Bite Complaints	Output #5: % response within 4 hours	100%	100%	100%	100%	100%
Education Sessions for Non-profits	Output #6: # of vendors participating	384	368	84	19	350

## Weights & Measures 2nd Quarter

Program	Criteria	Actual 2014	Actual 2015	Actual 2016	Actual 2017	Target 2017
<b>Client Benefits/Impacts</b>						
Reduce Price Scanning Errors	Benefit #1: % error trend reporting compliance (over charges)	98.8%	99.1%	98.8%	98.9%	99.0%
Accurate Product Labeling	Benefit #2: Positive triennial consumer survey	100.0%	100.0%	100.0%	In Process 4th Quarter	100.0%
Accurate Measuring Devices	Benefit #3: % of devices that measure accurately	96.7%	94.2%	96.7%	98.3%	95.0%
<b>Strategic Outcomes</b>						
System of Price Control	Outcome #1: % error trend reporting compliance (undercharges)	98.3%	97.9%	98.4%	98.3%	98.0%
Short Weight & Mislabeled Measured Sales	Outcome #2: % error trend reporting compliance	90.0%	95.8%	92.2%	97.5%	96.0%
Public Confidence in System Integrity	Outcome #3: Triennial consumer survey response	99.6%	100.0%	100.0%	In Process 4th Quarter	99.0%
<b>Work Process Outputs</b>						
Price Scanning Inspection	Output #1: # of annual inspections	135	145	142	85	125
Commodity Inspections	Output #2: # of inspections	12,903	13,431	12,956	6,986	12,000
Device Inspections	Output #3: # of inspections	1,823	1,794	1,764	753	1,750

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City of Appleton  
Health Department  
Summary Budget to Actual Report  
For the Six Months Ending June 30, 2017

1  
08/17/17  
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Description	Year to Date Expense	Full Year Amended Budget	Percent of Amended Budget
Health Department			
Health Administration	68,530	155,153	44.2 %
Public Health Nursing	217,043	468,100	46.4 %
Environmental Health	165,365	350,216	47.2 %
Weights & Measures	94,116	205,761	45.7 %
Total	545,054	1,179,230	46.2 %
Health Grants			
2010 Tobacco Control Grant	0	0	.0 %
2011 MCH Grant	21,040	42,760	49.2 %
2012 Primary Care Grant	0	0	.0 %
2013 Prevention Grant	1,009	0	.0 %
2014 Lead Grant	3,133	9,935	31.5 %
2015 Immunization	20,862	27,487	75.9 %
2016 Outrch for Med. Assist.	0	0	.0 %
2017 WWCCP Grant	0	0	.0 %
2018 Bioterrorism Grant	29,224	99,437	29.4 %
2019 TB Lookback Grant	0	0	.0 %
Total	75,268	179,619	41.9 %



Health Department  
Monthly Report

July 2017

**I. Preventing Disease**

Immunization Clinics	Current Month	Year to Date	Last Year to Date
Persons Immunized	7	57	68
Immunizations administered	26	155	148

Communicable Disease Cases	Current Month	Year to Date	Last Year to Date
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**Gastroenteric**

<a href="#">Campylobacter</a>	1	7	9
<a href="#">Giardiasis</a>	0	4	6
<a href="#">Salmonellosis</a>	1	5	5
<a href="#">Amebiasis</a>	0	0	0
<a href="#">Balantidium Coli</a>	0	0	0
<a href="#">Hook Worm</a>	0	0	0
<a href="#">Shigellosis</a>	0	1	1
<a href="#">Yersinia</a>	0	0	1
<a href="#">Strongyloides</a>	0	0	0
<a href="#">Cryptosporidiosis</a>	1	4	4
<a href="#">E. Coli</a>	1	2	2
<a href="#">Listeriosis</a>	0	0	0

Other Communicable Diseases	Current Month	Year to Date	Last Year to Date
<a href="#">Haemophilus Influenza</a>	0	1	0
<a href="#">Blastomycosis</a>	0	0	1
<a href="#">Hepatitis A</a>	0	0	0
<a href="#">Hepatitis B</a>	0	5	1
<a href="#">Hepatitis C</a>	5	26	33
<a href="#">Streptococcus pneumoniae</a>	0	4	4
<a href="#">Leprosy</a>	0	0	0
<a href="#">Lead Toxicity</a>	0	0	0
<a href="#">Legionellosis</a>	0	1	0
<a href="#">Lyme Disease</a>	6	8	3
<a href="#">Ehrlichiosis / Anaplasmosis</a>	2	4	0
<a href="#">Malaria</a>	0	1	0
<a href="#">Bacterial Meningitis</a>	0	0	0
<a href="#">Viral Meningitis</a>	0	0	0
<a href="#">Invasive Group A Strep</a>	0	1	0

<a href="#">Rheumatic Fever</a>	0	0	0
<a href="#">Tetanus</a>	0	0	0
<a href="#">Toxic Shock</a>	0	0	0
<a href="#">Typhoid</a>	0	0	0
<a href="#">TB: Mycobacterium</a>	0	0	0
TB: Atypical	1	7	6
Viral Encephalitis	0	0	0
<a href="#">Cat Scratch Disease (Bartonella species)</a>	0	0	0
<a href="#">Streptococcus group B invasive disease</a>	0	1	3
<a href="#">Vibrio Cholera</a>	0	0	0
<a href="#">West Nile Virus</a>	0	0	0
<a href="#">Kawasaki</a>	0	0	0
<a href="#">Novel Influenza</a>	0	0	0
Hospitalized Influenza	0	30	15
<a href="#">Babesiosis</a>	0	0	0
<a href="#">Histoplasmosis</a>	1	1	0
<a href="#">VISA</a>	0	2	0

<b>Vaccine Preventable</b>	<b>Current Month</b>	<b>Year to Date</b>	<b>Last Year to Date</b>
<a href="#">Measles</a>	0	0	0
<a href="#">Mumps</a>	0	0	0
<a href="#">Pertussis</a>	1	5	8
<a href="#">Rubella</a>	0	0	0
<a href="#">Varicella</a>	1	3	3

<b>Sexually Transmitted Disease</b>	<b>Current Month</b>		<b>Year to Date</b>		<b>Last Year to Date</b>	
	<b>All Ages</b>	<b>≤18</b>	<b>All Ages</b>	<b>≤18</b>	<b>All Ages</b>	<b>≤18</b>
<a href="#">Chlamydia</a>	22	2	192	11	185	15
<a href="#">Gonorrhea</a>	1	0	30	1	20	1
Partner/Referral Program	2	0	6	0	3	0
<a href="#">HIV</a>	2	0	4	0	1	0
Other STD	0	0	0	0	0	0
<a href="#">Syphilis</a>	0	0	7	0	6	0

<b>Licensed Establishments</b>	<b>Current Month</b>	<b>Year to Date</b>	<b>Last Year to Date</b>
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PE & D, Retail Food, Hotel/Motel, Bed & Breakfast, Manufactured Home  
Community, Vending Machines, Swimming Pools, Tattoo & Body Piercing, Rec/Ed

Preinspections	5	23	22
Inspections	2	341	332
Reinspections	8	84	89
Complaints	5	16	16
Complaint Follow-ups	2	4	2
Consultations	59	359	289

<b>Food Borne/Water Borne</b>	<b>Current Month</b>	<b>Year to Date</b>	<b>Last Year to Date</b>
Number of Outbreaks	0	0	0
Number of Interviews	0	2	1
Number of symptomatic	0	1	1

<b>Laboratory/Field Tests</b>	<b>Current Month</b>	<b>Year to Date</b>	<b>Last Year to Date</b>
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### **Swimming Pool Water Samples**

Total number of pools sampled	25	138	137
Total number of pools resampled	0	1	2
Total positive HPC	0	1	1
Total positive coliform	0	0	1

## ***II. Protecting the Environment***

<b>Environmental Investigations</b>	<b>Current Month</b>	<b>Year to Date</b>	<b>Last Year to Date</b>
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Community water supplies, private water supplies, surface water pollution, standing water nuisance, animal nuisances, rabies control, insect control, rodent control, hazardous substance control, indoor/outdoor air pollution, noise, radiation, garbage/rubbish, private residence/housing, other business (non-licensed)

Complaints	6	24	23
Complaint Follow-ups	8	25	9
Consultations	12	120	135

## ***III. Promoting Health***

<b>Community Health Visits</b>	<b>Current Month</b>	<b>Year to Date</b>	<b>Last Year to Date</b>
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Includes contact to elderly and adult clients, parents, and children for purposes of assessment, teaching, referrals, and case management

Patient Home/Telephone Visits	115	798	772
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#### IV. Protecting the Consumer

Consumer Complaints	Current Month	Year to Date	Last Year to Date
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##### Weights and Measures, Product Labeling, and Trade Practices

Total number of consumer complaints	1	21	23
Total number found in violation	0	4	4

Type of Establishments Inspected	Current Month	Year to Date	Last Year to Date
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Food and convenience stores, restaurants, bakery and candy stores, dairy plants and stores, drug stores, hardware stores, variety stores, gas stations, salvage and recyclers, pet shops, and garden centers, industrial manufacturing plants, concrete and asphalt plants

Total number inspected	50	370	461
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Equipment and Devices Examined	Inspected			Number Not in Compliance		
	Current Month	Year to Date	Last Year to Date	Current Month	Year to Date	Last Year to Date
Scales and balances	23	433	440	0	8	17
Measures (includes gas pumps and fuel oil truck meters)	316	630	590	11	18	12
Weights	0	29	49	0	0	0
Total	339	1092	1079	11	26	29

Commodity Report	Current Month	Year to Date	Last Year to Date
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Total units of product investigated	8,333	48,761	51,531
Random sample size	1,156	8,142	8,218
Total products/units found short weight	35	252	2,370
Total products/units found mislabeled	9	818	1,782

Price Scanning Inspections	Current Month	Year to Date	Last Year to Date
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Number of inspections	5	90	99
Number of items scanned	150	3,026	3,210
Pricing errors found	1	82	96



# **VACCINES FOR CHILDREN PROGRAM (VFC)**

## **VFC Site Visit Follow-Up Plan**

**Site Visit #:08222017WIA 4402**

**Provider PIN:WIA 4402**

Kurt Eggebrecht  
APPLETON CITY HEALTH DEPARTMENT  
100 N APPLETON ST  
Appleton, WI 54911

8/23/2017

Dear Kurt Eggebrecht,

Thank you for participating in a VFC Site Visit on 08/22/2017. We hope you found the visit to be informative and educational.

Congratulations: no compliance issues were identified during this visit! We appreciate your efforts to upholding the standards of the VFC Program. Below, you will find the following:

1. Notes from your site visit reviewer (if applicable)
2. A full listing of all VFC Program Requirements and Recommendations assessed during the visit

On behalf of the Wisconsin Immunization Program Immunization Program, I thank you for your participation in the VFC Program and your continued efforts to ensure that all children are fully immunized. Please do not hesitate to contact me if you have any questions.

Sincerely,

Susan Nelson  
Wisconsin Immunization Program  
1 West Wilson St.  
Room 272  
Madison, Wisconsin 53702  
(608) 266-1506  
susanL.nelson@wi.gov

## REVIEWER'S SITE VISIT NOTES

Staff download data logger information monthly, will start to do it weekly. Also documents 2 X day temperatures manually on temperature graphs that are attached to each monitoring unit (LOG TAG)

# 2017 CDC VFC Compliance Visit Requirements & Recommendations

## ELIGIBILITY & DOCUMENTATION

### Changes to Key Staff

All changes in key staff must be communicated to the Immunization Program in the manner and timeframe defined by the Immunization Program. Key staff include: the Medical Director or equivalent who signed the Provider Agreement; the Vaccine Coordinator; and the Back-up Coordinator. VFC Providers are required to ensure that all key staff are fully trained on VFC program requirements at all times. All training must be documented.

### VFC Eligibility Categories

VFC Providers must possess a working knowledge of ALL VFC eligibility criteria and use those criteria to screen children prior to administering VFC vaccines. In order to receive VFC vaccine, a patient must be under the age of 19 and must be at least one of the following: (1) MEDICAID ELIGIBLE; (2) UNINSURED (i.e. child has no health insurance); (3) UNDERINSURED (i.e. child has health insurance, but coverage does not cover any or certain vaccines - underinsured children may only receive VFC vaccines in FQHC/RHC or deputized VFC Provider offices and only for vaccines not covered by insurance; and (4) AMERICAN INDIAN OR ALASKA NATIVE (AI/AN). Generally, underinsured patients should be rare, however, when they do come in for vaccinations, those children must be referred to an FQHC/RHC or other VFC provider deputized to immunize the underinsured, in order to receive VFC vaccines for the specific vaccines not covered by their insurance policy).

For the purposes of the VFC Program, if, on the day of the visit, a child presents with health insurance and coverage for vaccine is not known (i.e. not verified) by the provider, the child must be treated as though they are insured for all vaccines. Children who have insurance that covers vaccines are not VFC eligible even if the patient has a high deductible or copays. Additionally, children with insurance seeking vaccination services either from an out-of-network provider or outside the geographic coverage area of their policy are considered fully insured and are therefore not eligible to receive VFC vaccines.

### Billing Practices

VFC Providers must adhere to proper billing practices for vaccine administration fees and clearly understand that VFC vaccine is provided at no cost to both the VFC Provider and

eligible children. At no time should billing occur for the cost of VFC vaccine. When administering VFC vaccine, Providers should NEVER bill two different "payers" (i.e. patient, Medicaid, insurance) for the same vaccine administration fee amount. For Medicaid-eligible children, Medicaid should be billed for the vaccine administration fee. For all other VFC-eligible populations, the patient may be billed within the state/territory cap established by the Centers for Medicare and Medicaid (CMS). However, patients cannot be turned away or reported to collections for inability to pay the administration fee.

### **Vaccine Administration Fee**

The VFC Provider's vaccine administration fee for non-Medicaid, VFC-eligible children must not exceed the state/territory vaccine administration fee cap established by the Centers for Medicare and Medicaid (CMS). For current fee caps, refer to <http://www.gpo.gov/fdsys/pkg/FR-2012-11-06/pdf/2012-26507.pdf>.

### **Eligibility Screening & Documentation**

VFC Providers must screen for and document VFC eligibility at EACH immunization visit. Documentation must include the date of the visit and the child's specific eligibility category. VFC Providers must use screening results to ensure that only VFC-eligible children receive VFC vaccine and that administration fees are billed for as appropriate. Eligibility status must be readily available to staff administering vaccine prior to selecting which vaccine stock to use. Comprehensive certificates are no longer allowed in the VFC Program.

### **Vaccine Dose Documentation**

In accordance with Federal law, all VFC Providers must maintain immunization records that include ALL of the following elements: (1) name of vaccine administered; (2) date vaccine was administered; (3) date VIS was given; (4) publication date of VIS; (5) name of vaccine manufacturer; (6) lot number; (7) name and title of person who administer the vaccine; (8) address of clinic where vaccine was administered.

### **Record Retention**

VFC Providers are required to maintain all records related to the VFC program for a minimum of three years (or longer if required by state law) and upon request make these records available for review. VFC records include, but are not limited to, VFC screening and eligibility documentation, billing records, medical records that verify receipt of vaccine, vaccine ordering records, and vaccine purchase and accountability records.

### **Borrowing Documentation / Reasons**

VFC Providers are expected to maintain an adequate inventory of vaccine for all patients served - it is the responsibility of the Provider to appropriately schedule and place vaccine orders and ensure vaccine stock is properly rotated to ensure timely use of short-dated vaccine. Borrowing of vaccine between private and public inventories must be a rare,

unplanned occurrence and CANNOT serve as a replacement system for a Provider's privately purchased vaccine inventory. All instances of borrowing must be properly documented, reported and replaced.

### **Vaccine Management Plan**

VFC Providers must maintain and implement a Vaccine Management Plan for routine and emergency vaccine management. The plan should consist of clearly written, detailed, and up-to-date storage and handling standard operating procedures (SOPs). The plan must contain: the current Vaccine Coordinator and Back-up Coordinator; proper storage and handling practices; shipping and receiving procedures; emergency procedures such as equipment malfunctions, power failures, or natural disasters; procedures for vaccine ordering; inventory control (e.g. stock rotation); how to handle vaccine wastage; and staff training/documentation on vaccine management, storage and handling. The plan must be reviewed/updated annually or more frequently if changes occur. A "review date" and signature are required on all plans in order to validate that they are current.

### **VIS & VAERS**

VFC Providers are required to distribute the current Vaccine Information Statements (VIS) each time a vaccine is administered and maintain records in accordance with the National Childhood Vaccine Injury Act (NCVIA), which includes reporting clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS). For a list of current VIS visit: <http://www.cdc.gov/vaccines/hcp/vis/>.

## **STORAGE & HANDLING**

### **Storage Unit Type [Recommendation]**

CDC recommends the following vaccine storage unit types (in order of preference): pharmaceutical grade stand-alone or combination units (preferred); household/commercial stand-alone units; household/commercial combination units using the refrigerator section only.

### **Thermometer in the Unit**

VFC Providers MUST have a working calibrated thermometer with a current and valid certificate of calibration testing issued either by an ILAC MRA-accredited laboratory or, if not ILAC MRA-accredited, the certificate must contain the measurement results and a statement indicating that it meets ISO 17025 standards. All certificates of calibration testing must contain: model number; serial number; date of calibration; measurement results indicating that the unit passed testing; documentation that uncertainty is within suitable limits (recommended uncertainty = +/-1 degree Fahrenheit or 0.5 degree Celsius); and the name of the device (optional).

### Thermometer Type [Recommendation]

Unless required sooner by your Immunization Program, **as of January 1, 2018** all VFC providers must use continuous temperature monitoring devices (data loggers) to monitor vaccines that will be administered to VFC eligible children. Routine review and accessibility of temperature data is critical for determining whether vaccine has been properly stored and for assessing usability of vaccine that was involved in a temperature excursion. To meet VFC Program requirements the device must also be equipped with:

- Temperature probe
- An active temperature display that can be easily read from the outside of the unit
- The capacity for continuous monitoring and recording capabilities where the data can be routinely downloaded

The following are additional recommended features for these devices that may be required by your Immunization Program:

- Alarm for out-of-range temperatures
- Current, minimum, and maximum temperatures display
- Low battery indicator
- Accuracy of +/- 1°F (0.5°C)
- Memory storage of at least 4,000 readings
- User programmable logging interval (or reading rate) recommended at a maximum time interval of every 30 minutes
- Use of a probe that best reflects the temperature of the vaccine (such as a buffered probe)

### Certificate of Calibration Testing

Certificates of calibration testing provide confidence that the temperature-monitoring device is measuring temperatures accurately. All units storing VFC vaccines **MUST** have a calibrated thermometer with a current and valid certificate of calibration testing. All certificates must contain: model/device name or number; serial number; date of calibration testing (report or issue date); and Instrument Passed testing (Instrument in Tolerance) (Recommended uncertainty = $\pm$ 0.5°C ( $\pm$ 1°F)).

### Thermometer Placement

The thermometer (or probe) must be placed in a central area of the section of the storage unit directly with the vaccines in order to properly measure vaccine temperature. Thermometers should not be placed in the doors, near or against the walls, close to vents, or on the floor of the unit. For pharmaceutical units with a built-in thermometer or a dedicated port for a probe that is not in the center of the section of the storage unit, consult your Immunization Program for guidance on placement.

## Temperature Documentation

Vaccines must be stored under appropriate temperatures **as described in the package inserts** at all times. The acceptable temperature ranges vary by vaccine type and the range is now 36° F and 46° F (2° C and 8° C, and for frozen vaccines the range is -58° F and +5° F (-50° C and -15° C). Exposure to temperatures outside of those included in the vaccine package inserts could affect vaccine viability and, ultimately, could leave children unprotected against vaccine-preventable diseases. In order to maintain awareness of storage unit temperatures and ensure that vaccines are being stored at appropriate temperatures at all times, VFC Providers are required to monitor and document temperatures for all vaccine storage units AT LEAST twice a day. Temperature documentation must contain: (1) at least two temperature readings per day, (2) the time and date of each reading and (3) the name (or initials) of the person who assessed and recorded the readings. CDC also recommends that VFC Providers using a data logger record the minimum and maximum temperatures of each unit once each workday (preferably in the morning).

## Temperature Excursions

The Provider must document all excursions and actions taken including the following: (1) Quarantine and label vaccines as "DO NOT USE"; (2) Place vaccines in a unit where they can be stored under proper conditions (3) Contact the Immunization Program to report an excursion; and (4) Contact the vaccine manufacturer to obtain documentation supporting the usability of the vaccine

## Vaccine Placement [Recommendation]

Vaccines should be stored in their original manufacturer (or CDC centralized distributor) packaging. They should be placed in the middle of the unit, with space between the vaccines and the side/back of the unit to allow cold air to circulate. Vaccines SHOULD NOT be stored in the doors, vegetable bins, or floor of the unit or under or near cooling vents and there should not be any food in the unit. Unless otherwise specified by the manufacturer of a pharmaceutical unit, water bottles (for refrigerators) or frozen water bottles (for freezers) should be placed throughout each storage unit in order to: (1) stabilize or extend temperatures during a power outage and (2) to serve as physical blocks preventing the placement of vaccines in areas of the unit that are at higher risk for temperature excursions (such as in doors, vegetable bins, floor, or near/under cooling vents).

## Disconnection from Power Source

VFC Providers must take steps to protect the power source for all vaccine storage equipment by means of having clear warning labels on both the plug and the circuit breaker associated with all vaccine storage units. Large hospitals and healthcare systems can meet this requirement by demonstrating that they have comprehensive policies and standard operating procedures to prevent vaccine storage units from being physically disconnected from the power supply

### Dorm-style units

Dorm- and bar-style units are prohibited for vaccine storage. Vaccines stored in dorm-style units are considered non-viable and must be returned to the centralized distributor. CDC recommends the following vaccine storage unit types (in order of preference): pharmaceutical grade stand-alone or combination units (preferred); household/commercial stand-alone units; household/commercial combination units using the refrigerator section only

### Storage Unit Space Availability

VFC Providers must have sufficient storage space to accommodate vaccine stock at the busiest time of year without overcrowding.

### Expired Vaccines

Vaccines should be rotated weekly and when a new shipment comes in so that longer-dated vaccines are stored behind shorter-dated vaccines. If vaccines expire, they can no longer be stored in the same storage unit with viable vaccines. They must be placed in a container or bag clearly labeled "Do not use" and separated from viable vaccines to prevent inadvertent use. Expired vaccine must be returned to the centralized distributor within six months of expiration.

### Back-up Thermometer

VFC Providers must have a readily available back-up thermometer with a current and valid certificate of calibration testing. To prevent the certificates of calibration testing of the primary and back-up thermometers from expiring at the same time, the date of calibration testing (or issue date) of the back-up thermometer should be different from the date of calibration testing (or issue date) of the primary thermometer.

**As of January 1, 2018, all devices in use including back-up devices must be a continuous monitoring and recording device that meets VFC Program requirements.**

### Preparation of Vaccine [Recommendation]

CDC recommends preparing vaccines immediately prior to administration in order to assure viability of vaccine and prevent vaccine wastage. Vaccines that are not administered immediately are at risk of exposure to temperatures outside of the required range, which can affect vaccine viability and, ultimately, can leave children unprotected against vaccine-preventable diseases.

## INVENTORY

## **Inventory Comparison**

VFC Providers must order and stock routine vaccines in accordance with their most recent Provider Profile in order to prevent missed vaccination opportunities. Having sufficient amounts of all stocks prevents the inadvertent use of VFC vaccines for non-VFC-eligible patients and vice versa.

## **ACIP-Recommended Vaccines**

VFC Providers agree to comply with immunization schedules, dosages, and contraindications that are established by the Advisory Committee on Immunization Practices (ACIP) for the vaccines identified and agreed upon in the Provider Agreement and Provider Profile UNLESS:

1. In the VFC Provider's medical judgment, and in accordance with accepted medical practice, the VFC Provider deems such compliance to be medically inappropriate for the child;
2. The particular requirements contradict state law, including laws pertaining to religious and other exemptions.

The VFC Program entitles children to the following vaccines: DTaP, Hepatitis A, Hepatitis B, HIB, HPV, Influenza, Meningococcal, MMR, Pneumococcal, Polio, Rotavirus, Tdap/TD and Varicella. VFC Providers are also required to ensure that VFC-eligible children have access to non-routine vaccines as needed.

## **Separation of Stock**

In order to ensure that VFC vaccines are only administered to VFC-eligible children, VFC Providers that serve both VFC and non-VFC-eligible children must maintain their vaccine inventories in such a way that they can clearly differentiate public stock from private stock as well as VFC from other public stock.





## HEALTH IN ALL POLICIES

### **Creating a healthier, more vibrant and equitable Appleton**

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#### **What is Health in All Policies?**

Health in All Policies is a collaborative approach to improving the health of all people by incorporating health considerations into decision-making across sectors and policy areas.

#### **Why we need Health in All Policies:**

Health in All Policies is a response to a variety of complex and often inextricably linked problems such as chronic illness epidemics, growing inequality and health inequities, rising healthcare costs, an aging population, climate change and related threats to our natural resources, and lack of efficient strategies for achieving governmental goals with shrinking resources. Addressing these complex problems requires innovative solutions, a new policy paradigm, and structures that break down siloed nature of government to advance trans-disciplinary and intersectional thinking.

#### **How do we know that Health in All Policies works?**

Public health professionals have known for a long time that we need to consider the environment and circumstances in which we live to help ensure optimal health. Appleton and other local, state and national governments worldwide have been using a Health in All Policies approach (even before it had a name) in order to devise creative solutions to seemingly intractable health problems. Public health worked with public works agencies to build sewage and sanitation systems that reduced infectious disease and simultaneously reduced rodent populations and prevented flooding. Public health also worked with transportation agencies to introduce seat belts, safer road designs, and other innovations that together have led to major declines in rates of automobile crash deaths. Health in All Policies applies the lessons learned from those experiences to today's key health challenges.

## **We're all so stressed out and busy already—why should other city departments and agencies get involved in health when that's the job of the Appleton Health Department?**

Of course, the Health Department has a big role to play. But we've known for a long time that community environments have a huge impact on health—even more than the effect of medical care. In the Health Department, we don't have the expertise or authority to change those environments. We can only do this with all departments working together. We all have a role to play in creating healthy environments to solve some of our most pressing health problems. If we work together, we can find solutions that will be win-wins and move us all toward shared goals. For example, we know that building bike and pedestrian infrastructure creates more jobs, decreases air pollution and greenhouse gas emissions, and increases physical activity which improves both health and academic performance for students. And we know that "farm-to-fork" activities help to protect agricultural lands, support local economies, and increase healthy eating. Leadership and innovation aren't always easy, but we owe it to the people we serve to work together to find the best ways to solve complex problems, and Health in All Policies is one strategy that will help us do this.

## **Won't Health in All Policies be expensive? Why should other city departments and agencies spend their precious resources on issues outside their purview?**

We can't afford *not* to use a Health in All Policies approach. These days, social and environmental problems are so complex that lasting solutions require everyone in government to work together. The consequences of city planning, sanitation, transportation, or food systems policies can include lifelong effects on the health of the whole communities. In part, siloed approaches got us into this problem in the first place, and the poorest communities have borne the brunt of this inefficient approach. We can do better. By investing the time and creativity now to consider how health will be impacted, we can prevent expensive problems from happening in the first place. It is not only in our best interest to consider how all policies affect health, but it is our job.

## **Aren't these health problems really just the result of people making bad decisions?**

People in the United States have always believed in the idea of opportunity, but some people don't have many opportunities for health. It makes sense that it's easier to exercise if you have a safe park or playground nearby, or nice, well-lit sidewalks to walk on. Government does have a role in protecting and serving its people, especially when it's hard for people to do something by themselves. One way Appleton is already affording all people opportunities for health is by building safe places to play, like Erb Pool, inviting in new food sources, like Downtown Appleton farmers' markets and creating safer routes to work and school. Using a Health in All Policies approach gives all government agencies the opportunity to think big-picture about how their work will have lasting impacts, and to find the best possible solutions that serve everyone.



# SOCIAL DETERMINANTS OF HEALTH AND EQUITY

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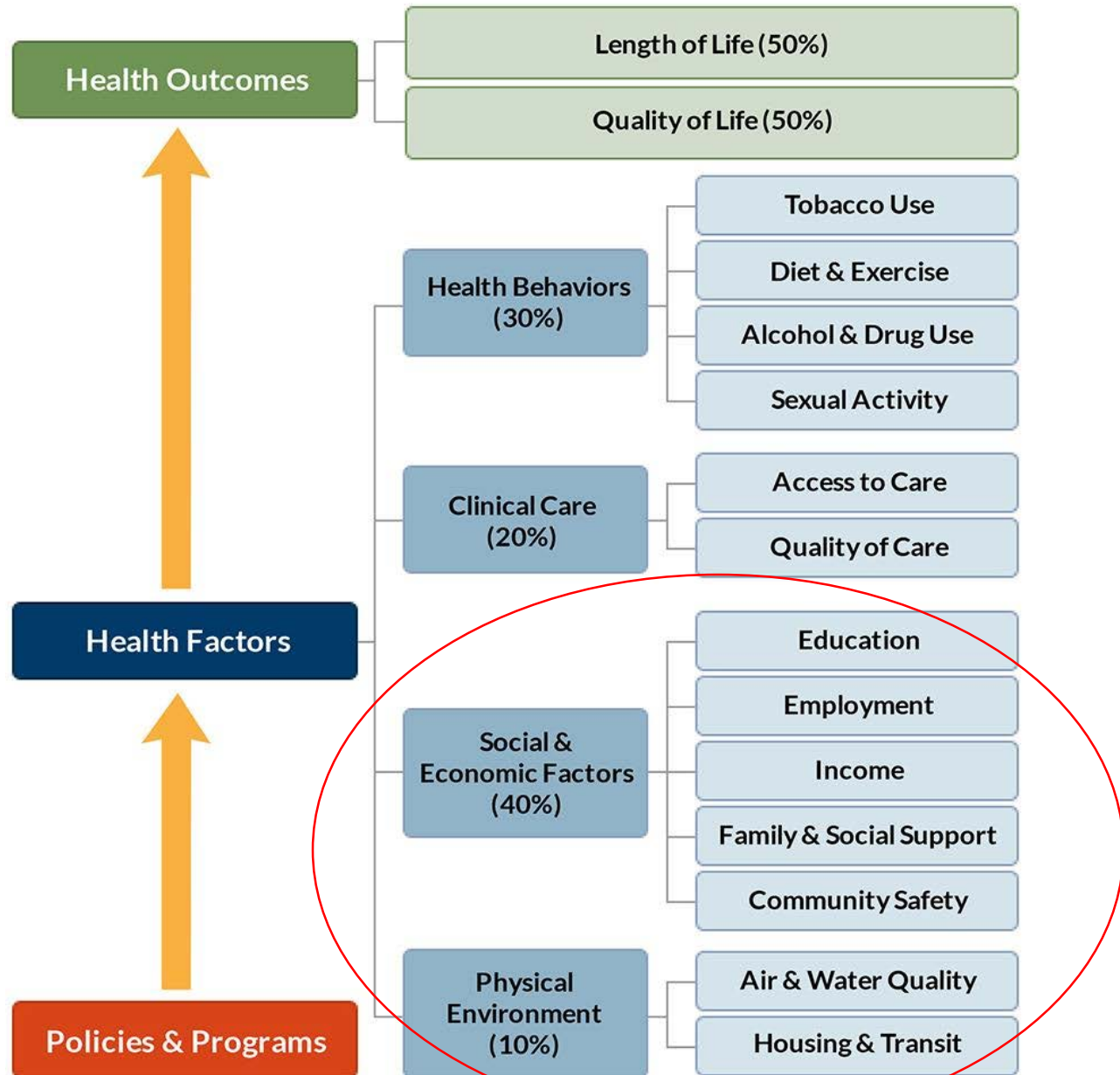
At its core, Health in All Policies represents an approach to addressing the social determinants of health, which are the key drivers of health outcomes and health inequities. It is founded in the recognition that public health practitioners must work with partners in the many realms that influence the social determinants of health, which are largely outside the purview of public health agencies.

Health is influenced by the interaction of many factors including:

- Genetics, biology, individual behavior;
- Access and barriers to health care; and
- Social, economic, service, and physical (natural and built) environments.

While clinical care is vitally important, only a small portion (20%) of overall health and longevity can be attributed to clinical care. Social, physical, and economic environments and conditions, collectively referred to as the “social determinants of health”, have a far greater impact on how long and how well people live than medical care. The interaction between health, social factors, and environmental factors is complex.

# What Shapes Health?



**ORDINANCE NO.**

AN ORDINANCE OF THE COUNCIL OF THE CITY OF APPLETON AMENDING ARTICLE IX OF  
THE MUNICIPAL CODE OF THE CITY OF APPLETON.

THIS ORDINANCE AMENDS THE HEALTH IN ALL POLICIES ORDINANCE.

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The Council of the City of Appleton do ordain as follows:

Section I. Amendment of Chapter X.XX. Chapter X.XX of the Municipal Code of the City  
of Appleton is hereby amended to read as follows:

**CHAPTER X.XX**

**HEALTH IN ALL POLICIES**

**Sections:**

**X.XX.010 Findings**

**X.XX.020 Definitions**

**X.XX.030 Health in All Policies Implementation**

**X.XX.010 Findings.**

- (a) Health starts where we live, learn, work and play, and everyday decisions within the City of Appleton can promote greater health and equity.
- (b) All Appleton residents should have the opportunity to make the choices that allow them to live a long, healthy life, regardless of their job, neighborhood of residence, level of education, immigration status, sexual orientation, ethnic background or religion.
- (c) Good health enhances quality of life, improves workforce productivity, increases the capacity for learning, strengthens families and communities, supports environmental sustainability and helps reduce overall economic and social insecurity.
- (d) In the City of Appleton, those at greatest risk for poor health outcomes are low-income residents, who have a shorter life expectancy than other city residents.
- (e) Appleton residents are primarily affected by heart disease, cancer and stroke.
- (f) Recognizing the presence of critical health disparities in the community and the opportunity to intervene on health outcomes, the City has developed and defined public health broadly in the City Comprehensive Plan.
- (g) Health in All Policies is fundamentally about creating systems-level change both within City departments and in the community.

- (h) In developing strategies to address health disparities, it is important to recognize that at its heart, promoting equity is not just about providing more services.
- (i) It is also about how services are developed, prioritized and delivered.
- (j) The Health in All Policies strategy guides the City of Appleton on how to address the social determinants of health, or the root causes of current health disparities in the development, prioritization and delivery of these services and policies.
- (k) The City of Appleton's Health in All Policies is designed to be consistent with the State of Wisconsin's Health in All Policies Plan and the Wisconsin Health and Safety Code Section 131019.5.

#### **X.XX.020 Definitions.**

The definitions in this section apply throughout this ordinance unless the context clearly requires otherwise:

- (a) "Health in All Policies" (HiAP) is both a process and a goal.
  - (1) The goal of HiAP is to address inequities at the systems, policy and structural levels to eliminate the resulting health disparities.
  - (2) At the root of HiAP is an approach to improving health of all people by incorporating health considerations into collaborative decision-making across sectors, agencies, and departments. HiAP brings city departments and community groups together to identify ways in which all policies can take health outcomes into consideration. The HiAP process places health at the center of all work, and through discussion and compromise, gains stakeholder buy-in from all agencies, groups, and departments.
  - (3) Health in All Policies works to create a new policy and organizing framework within city government and beyond in the community. It emphasizes the consequences of public policies, plans, and programs on health determinants, and aims to improve health outcomes at all levels of government within the city and those agencies responsible for serving Appleton residents.
  - (4) Stakeholder engagement is essential for ensuring that Health in All Policies is responsive to community needs. Community-based knowledge provides important information about opportunities and barriers for health and insight into the ways in which policies may impede or promote health.
- (b) "Health" is not simply the absence of disease, but the state of complete physical, mental, cultural and social well-being. HiAP is based on the premise that good health is fundamental for a strong economy and vibrant society, and that health outcomes are largely dependent on the social determinants of health, which in turn are shaped by decisions made within the health sector and internally and externally outside of the health sector.

- (c) “Health equity” refers to efforts to ensure that all people have full and equal access to opportunities that enable them to lead healthy lives, while respecting differences that include but are not limited to culture, language, race, gender, sexuality, economic status, citizenship, ability, age and religion.
  - (1) Health equity entails focused societal efforts to address avoidable inequalities by equalizing the conditions for health for all groups, especially for those who have experienced socioeconomic disadvantage or historical injustices.
  - (2) These communities include, but are not limited to women, people of color, low-income individuals and families, individuals who have been incarcerated, individuals with disabilities, individuals with mental health conditions, youth and young adults, seniors, immigrants and refugees, individuals who are limited-English proficient (LEP), and lesbian, gay, bisexual, transgender, questioning, intersex and asexual (LGBTQIA) communities, or combinations of these populations.
- (d) “Health disparities” are differences of presence of disease, health outcomes, or access to care among distinct segments of the populations, including differences that occur by race or ethnicity, gender identity, sexual orientation, education or income, immigration status, age, disability or functional impairment, or geographic location, or the combination of any of these factors.
- (e) “Health inequities” are health disparities resulting from factors that are systemic and avoidable and, therefore, considered unjust or unfair.
- (f) Determinants of health equity include the social, economic, geographic, political, institutional and physical environmental conditions that lead to the creation of a fair and just society.
- (g) “Social determinants of health” refer to everything outside of direct health care services, such as the condition in the environment in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of life outcomes and risks. The social determinants of health include but are not limited to:
  - (1) The availability of resources to meet our daily needs (e.g. safe housing, access to healthy and affordable food).
  - (2) Access to educational, economic, and job opportunities that lead to sustainable employment.
  - (3) Neighborhood safety and communities free of crime, violence, and social disorder (e.g. presence of trash and other forms of blight); and
  - (4) Accessible built environments that promote health and safety, including improved pedestrian, bicycle, and automobile safety, parks and green space, and healthy school siting.
  - (5) Social norms and attitudes (e.g. discrimination and racism), socioeconomic conditions (e.g. concentrated poverty and the chronically stressful conditions that accompany it).

- (h) “Toxic stress” refers to prolonged and repeated exposure to multiple negative factors, especially in early childhood. Contributing factors include but are not limited to racial profiling, poor air quality, residential segregation and economic insecurity. Toxic stress has known physical and mental health impacts and contributes to a host of chronic conditions such as heart disease and diabetes. Toxic stress has also been shown to have negative intergenerational health effects. Toxic stress does not refer to individual stressful events, but rather the unrelieved accumulation of these events over one’s life.

**9.15.030 Health in All Policies Implementation.**

To effectively implement and maintain Health in All Policies, the City shall:

- (a) Utilize health equity and social justice foundational practices to City actions and endeavor to integrate these practices into the city’s strategic, operational and business plans; management and reporting systems for accountability and performance; and budgets in order to eliminate inequities and create opportunities for all people and neighborhoods;
- (b) Use the Health in All Policies Strategy Document as a guide for implementing Health in All Policies in the City. The strategy document will outline the vision, mission and goals, and identify a timeline as well as process to reach these goals. The strategy document will be a living plan that is designed to grow over time as progress is made and the needs of the community and City change;
- (c) Establish the Interdepartmental Health in All Policies Team. The Interdepartmental team will be comprised of representatives from departments within the City and are responsible for:
  - (1) Selecting health and health equity indicators for each department to track as a way of prioritizing goals and measuring progress aligned with existing City guiding documents;
  - (2) Attending regularly scheduled Interdepartmental Team meetings lead by the Mayor’s office;
  - (3) Reporting to the Interdepartmental Team on progress and challenges from his or her respective department;
  - (4) Working with his or her respective department to integrate and track health equity indicators for his or her department;
  - (5) Committing to attending ongoing health equity training, such as health equity impact assessments; and
  - (6) Assisting with the writing of the Tri-Annual HiAP Report and provide a report with the adoption of the City budget.
- (d) Design and publish a tri-annual report on the status of health and health equity in the City of Appleton and progress of HiAP implementation for the City Council, city staff,



community organizations, residents, businesses, and other governmental agencies within the City.

- (1) Implementation will be measured based on health and health equity indicators selected by the Interdepartmental HiAP Team.
- (2) In addition to reporting on indicators, the Tri-Annual Report will include any updates to the HiAP strategy document.
- (e) Develop and implement an ongoing community engagement plan to work directly with stakeholders throughout the process of the HiAP Strategy development and implementation to ensure that perspectives are consistently understood, considered, and reflected in decisions. The goal is to partner with stakeholders in each aspect of decision making in order to develop and implement collaborative solutions.

Section II. Severability.

If any section, subsection, subdivision, paragraph, sentence, clause or phrase of this Ordinance is for any reason held to be unconstitutional or invalid, such a decision shall not affect the validity of the remaining portions of this ordinance. The City Council hereby declares that it would have passed each section, subsection, subdivision, paragraph, sentence, clause or phrase of this Ordinance irrespective of the unconstitutionality or invalidity of any section, subsection, subdivision, paragraph, sentence, clause or phrase.

Section III. Effective Date.

This ordinance becomes effective 30 days after its final passage and adoption.

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First read at a regular meeting of the Council of the City of Appleton held on October 4, 2017 and finally passed and adopted at a regular meeting thereof held TBD, by the following vote:

AYES: Councilmembers..., Mayor Tim Hanna

NOES: None

ABSTENTIONS: None

ABSENT: None

**KAMI LYNCH**

CLERK OF THE CITY OF APPLETON  
(SEAL)

Approved:

**TIM HANNAH**

Mayor

Approved as to form:

**JAMES WALSH**

City Attorney

Ordinance X.XX

Page | 5 of 6

State of Wisconsin }

County of Outagamie :ss.

City of Appleton }

I certify that the foregoing is a true copy of Ordinance No. , passed and adopted by the City Council of the City of Appleton at a regular meeting held on December 15, 2015.

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Kami Lynch, City Clerk of the City of Appleton

**The following noise variance requests have been approved by  
Health Officer, Kurt Eggebrecht:**

*Eugene Street Block Party  
1800 Block N. Eugene St.  
Aug 26, 12:00pm-10:00pm*

*St. Joseph Fall Festival  
St. Joseph's Parish  
Sept 16, 4:00pm-7:30pm*

*St. Bernard Church Celebration Event  
St. Bernard Catholic Church  
Sept 23, 5:30pm-10:00pm*