

**DIVISION OF PUBLIC HEALTH  
DPH CONTRACT 24149  
AMENDMENT 2**

The Department of Health Services, on behalf of the Division of Public Health and Crawford County Public Health agree to amend their original agreement for the program(s) titled Limited Agent Program (124000) and Bioterrorism Preparedness (155015) as follows:

**REVISION: SECTION 4. TERM OF AGREEMENT**

The period of this agreement is changed from January 1, 2014 through December 31, 2014 to October 1, 2013 through September 30, 2015.

**REVISION: SECTION 5. SERVICES**

Additional projects to be completed as detailed in attached Exhibit(s).

Adjustment will be made to the Community Aids Reporting System (CARS) based on the information in the table below.

Agency #	Agency Type	Profile #	Current Contract Level	Contract Change Amount	New Contract Level	Contract Period
12	530	124000	\$0	\$8480	\$8480	7/1/14-6/30/15
12	530	155015	\$0	\$35149	\$35149	7/1/14-6/30/15

All other terms and conditions of the original agreement remain unchanged.

\_\_\_\_\_  
GRANTEE's Authorized Representative  
Name:  
Title:

\_\_\_\_\_  
Date

\_\_\_\_\_  
GRANTOR's Authorized Representative  
Chuck J. Warzecha  
Administrator / Deputy Administrator, Division of Public Health  
Department of Health Services

\_\_\_\_\_  
Date

## **Local Public Health Preparedness Contract Objectives**

### **CDC Cooperative Agreement Year 2: July 1, 2013 – June 30, 2014**

#### **Background Information**

In March of 2011, CDC developed 15 capabilities to serve as national public health preparedness standards. Wisconsin will identify three of these capabilities to be addressed statewide each year during the five-year Public Health Preparedness Cooperative Agreement. The Wisconsin Public Health Preparedness Program has identified three CDC Capabilities that will be the focus on:

- #1 Community Preparedness
- #5 Fatality Management
- #14 Responder Safety and Health

The identification of these three Capabilities was based on the results of the Local Capabilities Assessment completed by all Local Public Health Agencies (LPHAs)/Tribes during the 2011 year, guidance from the Wisconsin Public Health Preparedness Advisory Committee and Local Coordination Committees, and consensus among the Public Health and Hospital Preparedness Programs.

In addition, the Preparedness Program realizes that agencies address the following Capabilities in their daily, local public health functions and practices as well as routine public health planning and response;

- #8 Medical Countermeasures Dispensing
- #13 Public Health Surveillance and Epidemiologic Investigation

Completion of the Capabilities Planning Guide (CPG) will measure your progress in closing gaps in the Capabilities and serve as the LPHA contract deliverable.

#### **Program Goal and Implementation Activities**

All agencies will work to close gaps identified in the **three** Capabilities (1, 5, and 14) by completing the following activities.

Each agency will:

1. Determine their gaps in the Community Preparedness, Fatality Management, and Responder Safety and Health Capabilities
2. Use their Capabilities Assessment results to identify areas of improvement
3. Review the functions, tasks, plans, skills/training, and equipment gaps within the three Capabilities
4. Prioritize which gaps the agency will address
5. Select at least three gaps per Capability to improve during the contract year
6. Determine if the gaps are best filled by creating or revising plans and protocols, trainings, exercising or obtaining needed equipment
7. The agency will create or modify plans, coordinate trainings and exercises, and obtain resources to close identified gaps
8. Complete the online Capabilities Planning Guide provided by DPH

## **Local Agency Contract Deliverables**

During the second year of the CDC Cooperative Agreement all agencies will complete the following contract deliverables:

1. Completion of the Capabilities Planning Guide (CPG) via a Division of Public Health (DPH) provided online tool.
2. Update and submit to DPH the Point of Dispensing (POD) List.
3. Participate in an exercise among appropriate healthcare coalition partners (as defined locally) that is Homeland Security Exercise and Evaluation Program (HSEEP) compliant. Post the After Action Report to the Partner Communication and Alerting (PCA) Portal. After Action Report resulting from a real event may be used in lieu of an exercise.
4. Complete the Performance Measures Surveys online tool developed by the Division of Public Health.
5. Participation in a mid-year discussion with Preparedness Program staff regarding progress to close Capabilities gaps, needs, and sharing of best practices. (WALHDAB or one on one)
6. As feasible, participate in Preparedness meetings, expert panels, health coalitions, and workgroups.
7. Submit a proposed budget by October 1, 2013, and an updated actual budget by February 15th, 2014 and at the end of the year September 30th, 2014 to DPH. (DPH will provide an easy to use spreadsheet).
8. Maintain 3 to 5 emergency contacts via the PCA Portal Alerting (Everbridge) system.
9. *Agencies will continue to ensure staff is trained: on the use of Personal Protective Equipment (PPE), and on the National Incident Management System (NIMS) and Incident Command System (ICS) as needed.*

## **Division of Public Health (DPH) provided Tools/Training/Technical Assistance**

DPH will:

- Provide an online CPG Tool for local agencies to complete as their contract deliverable via the PCA Portal.
- Provide an online Performance measure tool.
- Provide a budget template.
- Facilitate and deliver at least the following trainings:
  - Budget reporting
  - PCA Portal Training
  - Alerting Training
  - Webcast Capabilities Training for: Community Preparedness, Fatality Management, and Responder Safety and Health Capabilities
  - Incident Command System (ICS) 300 and 400 Level National Incident Management System (NIMS) Training
  - Webcast Strategic National Stockpile Trainings
- Facilitate a Homeland Security Exercise and Evaluation Program (HSEEP) compliant exercise in each of the five public health regions, based on the Hazard Vulnerability Assessment scenario/results (this will meet exercise requirements).
- Facilitate the sharing of best practices, resources, tools, and templates statewide.
- Work with the Public Health Preparedness Advisory Committee (PHPAC) to develop a multi-year Statewide Training and Exercise Plan.

Reference: Centers for Disease Control and Prevention's (CDC) Public Health Preparedness Capabilities:

*National Standards for State and Local Planning:*

<http://www.cdc.gov/phpr/capabilities/DSLRCapabilitiesJuly.pdf>

Type	Billing Type	State Fee	90% Reimbursement	Facility Name	Facility Street Address	Facility City	Facility State	Facility Zip Code	Facility County	Facility Phone	Contact Email	Licensee Name	Licensee Street Address	Licensee City	Licensee State	Licensee Zip Code	Licensee Phone	Sanitarian	Agent Health Department	Region	Capacity	Paid FY	License Status	Months Open
Bed and Breakfast (8 or less rooms) (LBB)	N/A	\$110.00	\$88.00	INN AT LONESOME HOLLOW	15415 VANCE RD	SOLDIERS GROVE	WI	54655	CRAWFORD	(608)624-3429	lonesomelow@yahoo.com	KNAPIK PETER & NORA	15415 VANCE RD	SOLDIERS GROVE	WI	54655	(608)624-3429	Carol Drury	DEPARTMENT OF HEALTH SERVICES	Western Unit	3	No	Operational	Oct,Nov,Dec
Bed and Breakfast (8 or less rooms) (LBB)	N/A	\$110.00	\$88.00	NEUMANN HOUSE B&B	121 N MICHIGAN ST	PRAIRIE DU CHIEN	WI	53821	CRAWFORD	(608)832-8104		NEUMANN LUANNE G	121 N MICHIGAN ST	PRAIRIE DU CHIEN	WI	53821	(608)326-8104	Carol Drury	DEPARTMENT OF HEALTH SERVICES	Western Unit	5	Yes	Operational	ALL YEAR
Bed and Breakfast (8 or less rooms) (LBB)	N/A	\$110.00	\$88.00	OLD OAK INN	500 CHURCH ST	SOLDIERS GROVE	WI	54655	CRAWFORD	(608)624-5217	theadoakinnbb@yahoo.com	STARFISH CONSULTING INC	102 PINE ST	SOLDIERS GROVE	WI	54655	(608)279-2293	Carol Drury	DEPARTMENT OF HEALTH SERVICES	Western Unit	8	No	Operational	ALL YEAR
Bed and Breakfast (8 or less rooms) (LBB)	N/A	\$110.00	\$88.00	ROTH HOUSE BED & BREAKFAST (THE)	102 PINE ST	SOLDIERS GROVE	WI	54655	CRAWFORD	(608)624-3884	hollisroth@yahoo.com	STARFISH CONSULTING INC	102 PINE ST	SOLDIERS GROVE	WI	54655	(608)279-2293	Carol Drury	DEPARTMENT OF HEALTH SERVICES	Western Unit	5	No	Operational	ALL YEAR
Campground 101-199 Sites (RC4)	N/A	\$355.00	\$284.00	BIG RIVER CAMPGROUND	106 W PAQUETTE	PRAIRIE DU CHIEN	WI	53821	CRAWFORD	(608-326-27)	bradijoff7@gmail.com	OLSON, THOMAS, WAGNER KRISTIE & RADLOFF BECKI	106 W PAQUETTE ST	PRAIRIE DU CHIEN	WI	53821	(608)	Gloria Wall	DEPARTMENT OF HEALTH SERVICES	Western Unit	136	Yes		ALL YEAR
Campground 1-25 Sites (RC1)	N/A	\$175.00	\$140.00	GAYS MILLS VILLAGE CMPGRD	W MAIN ST	GAYS MILLS	WI	54631	CRAWFORD	()		VILLAGE OF GAYS MILLS	212 MAIN ST	GAYS MILLS	WI	54631	(608)	Gloria Wall	DEPARTMENT OF HEALTH SERVICES	Western Unit	25	No		ALL YEAR
Campground 1-25 Sites (RC1)	N/A	\$175.00	\$140.00	HOOCHEES II RIVER ROAD RESORT	309 SPRING ST	LYNXVILLE	WI	54626	CRAWFORD	(608)874-4422	sbruskern1@mchsi.com	HOOCHEES II RIVER ROAD RESORT LLC	309 SPRING ST	LYNXVILLE	WI	54626	(608)	Gloria Wall	DEPARTMENT OF HEALTH SERVICES	Western Unit	25	Yes		ALL YEAR
Campground 1-25 Sites (RC1)	N/A	\$175.00	\$140.00	NANCYS CAMPGROUND	48723 BROCKWAY DR	GAYS MILLS	WI	54631	CRAWFORD	(608)735-4758	TRUCKERCHICK16@YAHOO.COM	NANCYS CAMPGROUND LLC	48736 BROCKWAY DR	GAYS MILLS	WI	54631	(608)735-4758	Carrie Pohjola	DEPARTMENT OF HEALTH SERVICES	Western Unit	20	Yes		ALL YEAR
Campground 1-25 Sites (RC1)	N/A	\$175.00	\$140.00	SUGAR CREEK CAMPGROUND	SEC 15 T10N R6W	FERRYVILLE	WI	54628	CRAWFORD	()		VILLAGE OF FERRYVILLE	PO BOX 236	FERRYVILLE	WI	54628	(608)	Gloria Wall	DEPARTMENT OF HEALTH SERVICES	Western Unit	18	Yes		ALL YEAR
Campground 1-25 Sites (RC1)	N/A	\$175.00	\$140.00	VAROS LANDING	25269 HWY 35 TWP EASTMAN	EASTMAN	WI	54626	CRAWFORD	(608-874-41)		RANDY OR DEBRA VARO	25204 VARO LN	EASTMAN	WI	54626	(608)874-4275	Gloria Wall	DEPARTMENT OF HEALTH SERVICES	Western Unit	12	No		May,Jun,Jul,Aug,Sep,Oct
Campground 200+ Sites (RC5)	N/A	\$410.00	\$328.00	SPORTS UNLIMITED	RFD 1 CO TRK K	PRAIRIE DU CHIEN	WI	53821	CRAWFORD	(608)326-2141	rick50@yahoo.com	DEBRAD INC	PO BOX 210	PRAIRIE DU CHIEN	WI	53821	(608)326-2141	Gloria Wall	DEPARTMENT OF HEALTH SERVICES	Western Unit	416	Yes		Apr,May,Jun,Jul,Aug,Sep,Oct
Campground 200+ Sites (RC5)	N/A	\$410.00	\$328.00	ST FEROLIE ISLAND	BOLVIN ST	PRAIRIE DU CHIEN	WI	53821	CRAWFORD	(608)832-6406	mulnich@prairieduchien-wi.gov	CITY OF PRAIRIE DU CHIEN	PO BOX 324	PRAIRIE DU CHIEN	WI	53821	(608)326-6406	Gloria Wall	DEPARTMENT OF HEALTH SERVICES	Western Unit	800	Yes		ALL YEAR
Campground 26-50 Sites (RC2)	N/A	\$250.00	\$200.00	FRENCHMANS LANDING CAMPGROUND	28741 FRENCHMAN'S LANDING DR	EASTMAN	WI	54626	CRAWFORD	(319)319-4880	hickscoot@yahoo.com	FRENCHMAN'S LANDING LLC	1771 GOLF COURSE BLVD 9	INDEPENDENCE	IA	50644	(319)551-4880	Gloria Wall	DEPARTMENT OF HEALTH SERVICES	Western Unit	49	Yes		May,Jun,Jul,Aug,Sep,Oct
Campground 26-50 Sites (RC2)	N/A	\$250.00	\$200.00	HUNTERS SLOUGH	S MAIN ST	PRAIRIE DU CHIEN	WI	53821	CRAWFORD	(608)326-2141	rick50@yahoo.com	DEBRAD INC	PO BOX 210	PRAIRIE DU CHIEN	WI	53821	(608)326-2141	Carol Drury	DEPARTMENT OF HEALTH SERVICES	Western Unit	48	Yes		Apr,May,Jun,Jul,Aug,Sep,Oct
Campground 26-50 Sites (RC2)	N/A	\$250.00	\$200.00	KICKAPOO STUMP DODGER CAMPGROUND AND EVENT CENTER MISSISSIPPI BEND CAMPGROUND	388 S RAILROAD ST	GAYS MILLS	WI	54631	CRAWFORD	(608)		JAMES R SHOWNEN	610 MULLBERRY ST	GAYS MILLS	WI	54631	(608)735-4929	Gloria Wall	DEPARTMENT OF HEALTH SERVICES	Western Unit	28	Yes		ALL YEAR
Campground 26-50 Sites (RC2)	N/A	\$250.00	\$200.00	RIVERSIDE PARK	EUGENE P MORAN PARK DR	SOLDIERS GROVE	WI	54655	CRAWFORD	(608)624-3264	mssippibend@hotmail.com	MISSISSIPPI BEND CAMPGROUND LLC	122 MAIN ST	LYNXVILLE	WI	54626	(608)874-4478	Gloria Wall	DEPARTMENT OF HEALTH SERVICES	Western Unit	0	Yes		ALL YEAR
Campground 51-100 Sites (RC3)	N/A	\$305.00	\$244.00	LA RIVIERE FARM PARK	VINEYARD COULEE RD	PRAIRIE DU CHIEN	WI	53821	CRAWFORD	(608)832-6406	mulnich@prairieduchien-wi.gov	CITY OF PRAIRIE DU CHIEN	PO BOX 324	PRAIRIE DU CHIEN	WI	53821	(608)326-6406	Gloria Wall	DEPARTMENT OF HEALTH SERVICES	Western Unit	100	Yes		ALL YEAR
Lodging 31-99 Rooms (LH2)	N/A	\$280.00	\$224.00	AMERICIN	130 S MAIN	PRAIRIE DU CHIEN	WI	53821	CRAWFORD	(608)326-7878	prairieduchien.wi@americinn.com	MKS CORP	130 SOUTH MAIN ST	PRAIRIE DU CHIEN	WI	53821	(608)832-7878	Gloria Wall	DEPARTMENT OF HEALTH SERVICES	Western Unit	44	No		ALL YEAR
Lodging 31-99 Rooms (LH2)	N/A	\$280.00	\$224.00	BEST WESTERN	37268 US HWY 18	PRAIRIE DU CHIEN	WI	53821	CRAWFORD	(608)326-4777	remotel@yahoo.com	NEMO MOTEL LLC	37268 US HWY 18	PRAIRIE DU CHIEN	WI	53821	(608)326-4777	Gloria Wall	DEPARTMENT OF HEALTH SERVICES	Western Unit	42	No		ALL YEAR
Lodging 31-99 Rooms (LH2)	N/A	\$280.00	\$224.00	BRIDGEPORT INN	18 & 35 HWY S	PRAIRIE DU CHIEN	WI	53821	CRAWFORD	(608)326-6082	reservations@bridgeportinn.com	MAHANKAL INC	PO BOX 436	PRAIRIE DU CHIEN	WI	53821	(608)326-6082	Gloria Wall	DEPARTMENT OF HEALTH SERVICES	Western Unit	50	No		ALL YEAR
Lodging 31-99 Rooms (LH2)	N/A	\$280.00	\$224.00	BRISBOIS MOTOR INN	533 N MARQUETTE RD	PRAIRIE DU CHIEN	WI	53821	CRAWFORD	(608)326-8404	daciseka@gmail.com	DRAGAN & JADRANKA, LLC	PO BOX 37	PRAIRIE DU CHIEN	WI	53821	(608)326-8404	Gloria Wall	DEPARTMENT OF HEALTH SERVICES	Western Unit	44	No		ALL YEAR
Lodging 31-99 Rooms (LH2)	N/A	\$280.00	\$224.00	COUNTRY INN & SUITES BY CARLSON	1801 CABELAS LANE	PRAIRIE DU CHIEN	WI	53821	CRAWFORD	(000)000-0000	bboyle@countryinn.com	PDC HOSPITALITY LLC	215 PARK AVENUE SOUTH "200"	ST CLOUD	MN	56301	(320)065-6307	Gloria Wall	DEPARTMENT OF HEALTH SERVICES	Western Unit	64	No		ALL YEAR
Lodging 31-99 Rooms (LH2)	N/A	\$280.00	\$224.00	MICROTEL INNS & SUITES	1833 S MARQUETTE RD	PRAIRIE DU CHIEN	WI	53821	CRAWFORD	(608)326-8476	letumer@centurytel.net	CLT OPERATIONS, INC.	1833 S MARQUETTE RD	PRAIRIE DU CHIEN	WI	53821	(608)326-8476	Gloria Wall	DEPARTMENT OF HEALTH SERVICES	Western Unit	59	No		ALL YEAR
Lodging 31-99 Rooms (LH2)	N/A	\$280.00	\$224.00	PRAIRIE MOTEL	1616 S MARQUETTE RD	PRAIRIE DU CHIEN	WI	53821	CRAWFORD	(608)326-6461	parulkiran6571@yahoo.com	SHREE SAI LLC	1616 S MARQUETTE	PRAIRIE DU CHIEN	WI	53821	(608)	Gloria Wall	DEPARTMENT OF HEALTH SERVICES	Western Unit	32	No		ALL YEAR
Lodging 31-99 Rooms (LH2)	N/A	\$280.00	\$224.00	WINDSOR PLACE INN	1936 MARQUETTE RD	PRAIRIE DU CHIEN	WI	53821	CRAWFORD	(608)326-7799	bc70@naver.com	CHOSUN 1 INC	1936 S MARQUETTE RD	PRAIRIE DU CHIEN	WI	53821	(608)	Gloria Wall	DEPARTMENT OF HEALTH SERVICES	Western Unit	35	No		ALL YEAR
Lodging 5-30 Rooms (LH1)	N/A	\$205.00	\$164.00	COUNTRY GARDENS MOTEL AND LOUNGE	100 W SUNBEAM BLVD	SOLDIERS GROVE	WI	54655	CRAWFORD	(608)624-3254	sgtauto@mwt.net	COUNTRY GARDENS MOTEL AND LOUNGE LLC	PO BOX 245	SOLDIERS GROVE	WI	54655	(608)624-3254	Gloria Wall	DEPARTMENT OF HEALTH SERVICES	Western Unit	14	No	Operational	ALL YEAR
Lodging 5-30 Rooms (LH1)	N/A	\$205.00	\$164.00	DELTA MOTEL	1733 1/2 S MARQUETTE	PRAIRIE DU CHIEN	WI	53821	CRAWFORD	(608)326-4951	windy@mhtc.net	WILWIN MANAGEMENT LLC	1733 1/2 S MARQUETTE RD	PRAIRIE DU CHIEN	WI	53821	(608)326-4951	Gloria Wall	DEPARTMENT OF HEALTH SERVICES	Western Unit	16	No		Oct,Nov,Dec
Lodging 5-30 Rooms (LH1)	N/A	\$205.00	\$164.00	GRANDVIEW MOTEL	14812 STATE HWY 35	FERRYVILLE	WI	54628	CRAWFORD	(608)734-3235	grandviewmotel@centurytel.net	GRANDVIEW MOTEL LLC	14812 STATE HWY 35	FERRYVILLE	WI	54628	(608)873-3235	Gloria Wall	DEPARTMENT OF HEALTH SERVICES	Western Unit	9	No		ALL YEAR
Lodging 5-30 Rooms (LH1)	N/A	\$205.00	\$164.00	HOLIDAY MOTEL	1010 S MARQUETTE RD	PRAIRIE DU CHIEN	WI	53821	CRAWFORD	(608)326-2448	none	HARI LLC	1010 S MARQUETTE	PRAIRIE DU CHIEN	WI	53821	(608)	Gloria Wall	DEPARTMENT OF HEALTH SERVICES	Western Unit	18	No		ALL YEAR
Lodging 5-30 Rooms (LH1)	N/A	\$205.00	\$164.00	HOOCHEES II RIVER ROAD RESORT	309 SPRING ST	LYNXVILLE	WI	54626	CRAWFORD	(608)874-4422	sbruskern1@mchsi.com	HOOCHEES II RIVER ROAD RESORT LLC	309 SPRING ST	LYNXVILLE	WI	54626	(608)	Gloria Wall	DEPARTMENT OF HEALTH SERVICES	Western Unit	9	No		ALL YEAR
Lodging 5-30 Rooms (LH1)	N/A	\$205.00	\$164.00	HUBELS MOTEL	41120 STATE HWY 60	BOSCOBEL	WI	53805	CRAWFORD	()	none	HUBL THOMAS R & JEANNE E	41120 STATE HWY 60	BOSCOBEL	WI	53805	(608)	Gloria Wall	DEPARTMENT OF HEALTH SERVICES	Western Unit	10	No		ALL YEAR
Lodging 5-30 Rooms (LH1)	N/A	\$205.00	\$164.00	MOTHER EARTH GREEN CENTER - STEUBEN LODGE	48193 COUNTY E	STEUBEN	WI	54657	CRAWFORD	(608)476-2331	Rosa2day@aol.com	ROBERT SAMUELSON & ROSA HENDRICKX	48193 COUNTY E	STEUBEN	WI	54657	(608)476-2331	Gloria Wall	DEPARTMENT OF HEALTH SERVICES	Western Unit	12	No		ALL YEAR
Lodging 5-30 Rooms (LH1)	N/A	\$205.00	\$164.00	RIVERS EDGE MOTEL	HWY 35	FERRYVILLE	WI	54628	CRAWFORD	(608)734-3621	riversedgewi@gmail.com	BARBARA DUNKELBERGER	155 SLETTEN RD	DE SOTO	WI	54624	(608)734-3621	Gloria Wall	DEPARTMENT OF HEALTH SERVICES	Western Unit	5	No		ALL YEAR
Lodging 5-30 Rooms (LH1)	N/A	\$205.00	\$164.00	SPORTSMANS INN	1845 1/2 S MARQUETTE RD	PRAIRIE DU CHIEN	WI	53821	CRAWFORD	(608)326-1900	LETURNER@CENTURYTEL.NET	LURIE E TURNER	510 S FREMONT ST	PRAIRIE DU CHIEN	WI	53821	(608)326-1900	Carol Drury	DEPARTMENT OF HEALTH SERVICES	Western Unit	20	No		ALL YEAR
Lodging 5-30 Rooms (LH1)	N/A	\$205.00	\$164.00	SPRING LAKE INN	64041 COUNTY ROAD N	PRAIRIE DU CHIEN	WI	53821	CRAWFORD	(608-326-)	schnee3@msn.com	PROJECT LTD INC	64041 COUNTY ROAD N	PRAIRIE DU CHIEN	WI	53821	(563)249-9075	Gloria Wall	DEPARTMENT OF HEALTH SERVICES	Western Unit	6	Yes		May,Jun,Jul,Aug,Sep,Oct,Nov
Lodging 5-30 Rooms (LH1)	N/A	\$205.00	\$164.00	SUPER 8 MOTEL	1930 S MARQUETTE RD	PRAIRIE DU CHIEN	WI	53821	CRAWFORD	(608)326-8777	bc70@naver.com	CHOSUN 2, LLC	1930 S MARQUETTE RD	PRAIRIE DU CHIEN	WI	53821	(608)326-8777	Gloria Wall	DEPARTMENT OF HEALTH SERVICES	Western Unit	30	No		ALL YEAR
Tourist Rooming House (LTR)	N/A	\$110.00	\$88.00	BLACKHAWK HARBOR AT THE MARINA	118 MCLEOD ST	PRAIRIE DU CHIEN	WI	53821	CRAWFORD	(563)380-8668	JKLECH@YAHOO.COM	RON & JACKIE LECHTENBERG	10185 HWY 18	POSTVILLE	IA	52162	(563)380-8668	Gloria Wall	DEPARTMENT OF HEALTH SERVICES	Western Unit	3	No		ALL YEAR
Tourist Rooming House (LTR)	N/A	\$110.00	\$88.00	CEDAR CABIN - WYNDRIDGE FARM LLC	15580 VANCE RD	SOLDIERS GROVE	WI	54655	CRAWFORD	(608)624-3429	STANLEYJ@WI.RR.COM	WYNDRIDGE FARM LLC	508 RAWLINS DR	WAUKESHA	WI	53188	(262)896-0235	Gloria Wall	DEPARTMENT OF HEALTH SERVICES	Western Unit	2	No	Operational	ALL YEAR
Tourist Rooming House (LTR)	N/A	\$110.00	\$88.00	EAGLE RIDGE LODGE	14129 EAGLE RIDGE DR	FERRYVILLE	WI	54628	CRAWFORD	(608)648-2000	LOGHOMERENTAL S@GMAIL.COM	STEVE WERNER	PO BOX 599	WALWORTH	WI	53184	(608)648-2000	Gloria Wall	DEPARTMENT OF HEALTH SERVICES	Western Unit	1	No		ALL YEAR
Tourist Rooming House (LTR)	N/A	\$110.00	\$88.00	FRENCHTOWN CHARMER	829 N MAIN ST	PRAIRIE DU CHIEN	WI	53821	CRAWFORD	(608)326-2381	CAROLRIBCENTURYTEL.NET	CAROL DUCHARME	827 N MAIN ST	PRAIRIE DU CHIEN	WI	53821	(608)326-2381	Gloria Wall	DEPARTMENT OF HEALTH SERVICES	Western Unit	1	No		ALL YEAR
Tourist Rooming House (LTR)	N/A	\$110.00	\$88.00	LONESOME HOLLOW HOMESTEAD	15662 VANCE RD	SOLDIERS GROVE	WI	54655	CRAWFORD	(262)955-5529	RLOUCKS@AOL.COM	ROD & SANDY LOUCKS	S79W35940 TIMBER CT	EAGLE	WI	53119	(262)955-5529	Carol Drury	DEPARTMENT OF HEALTH SERVICES	Western Unit	1	No	Release	ALL YEAR
Tourist Rooming House (LTR)	N/A	\$110.00	\$88.00	MURPHS HIDEWAY	65835 CHANDLER LANE	DE SOTO	WI	54624	CRAWFORD	(262)278-7221		PATRICK K MURPHY INVEST REALTY LLC	12545 W BURLEIGH	BROOKFIELD	WI	53005	(262)278-7221	Gloria Wall	DEPARTMENT OF HEALTH SERVICES	Western Unit	2	Yes		ALL YEAR
Tourist Rooming House (LTR)	N/A	\$110.00	\$88.00	ON MISSISSIPPI RIDGE	14436 N NIGHTHAWK TRL	FERRYVILLE	WI	54628	CRAWFORD	(608)306-0678	FRYDENLUND@CENTURYTEL.NET	FRYDENLUND PROPERTIES LLC	62834 COLLINS LN	PRAIRIE DU CHIEN	WI	53821	(608)326-6658	Gloria Wall	DEPARTMENT OF HEALTH SERVICES	Western Unit	2	No		ALL YEAR
Tourist Rooming House (LTR)	N/A	\$110.00	\$88.00	SCENIC RIVER INN	194 MAIN ST	FERRYVILLE	WI	54628	CRAWFORD	(608)632-3362	DEBRA.LOMAS@MCHSI.COM	SCENIC RIVER INN LLC	800 OAK ST	FERRYVILLE										

## EXHIBIT II

### Limited Agent Contract Addendum

The intent of the limited agent contract is to encourage health departments to develop environmental health capacity leading to full agent status with the Department.

**This document is an addendum to the CARS contract, and shall serve henceforth as the limited agent work plan.**

#### 1. Definitions

- 1.1 Conflict of interest exists whenever an employee's action or failure to act could produce a private benefit for the employee or the immediate family or business with which the employee is associated; or the matter is one in which the employee is associated; or the matter is one in which the employee in a private capacity or a member of the employee's immediate family or business with which the employee is associated, has an interest.
- 1.2 Department means the WI Department of Health Services.
- 1.3 Enforcement Action means the legal methods used to make operators come into compliance with administrative code and statutory requirements. Enforcement methods include citations, fines, suspension or revocation of establishment license, closure and even jail terms. Reasons for enforcement action include, but are not limited to noncompliance of written orders, continued repeat violations noted on inspection reports, operating without a valid establishment license and imminent public health and safety violations.
- 1.4 Follow up Inspection is a type of inspection that is used by the discretion of the inspector to check back with the establishment operator to assure that violations have been corrected following a routine inspection. Fees are not associated with type of inspection. Unlike a reinspection this is not required. (see definition).
- 1.5 Licensing Period, also known as the Fiscal Year, is the period from July 1 through June 30.
- 1.6 Limited Agent (LA) means the local public health department (LPHD) operating under the terms of this agreement.
- 1.7 Permit means the license to operate issued by the Department.
- 1.8 Reimbursement refers to the portion of the permit fee or reinspection fee collected by the Department that shall be returned to the limited agent.
- 1.9 Reinspection is a type of inspection that is required when during a routine inspection risk/critical violations are noted on the inspection report that cannot be corrected onsite or when consecutive repeat violations are noted on past inspection reports. Reinspections are required inspections to assure that violations have been corrected. Fees are associated with type of inspection.

#### 2. Terms and Conditions

- 2.1 This contract is between the Department and the Crawford County Public Health.

- 2.2 This contract is valid for the licensing year July 1, 2014 to June 30, 2015.
- 2.3 Renewal of this contract shall be contingent upon an analysis performed by the Department, using criteria and methods developed separately.
- 2.4 Criteria used to evaluate this contract shall include, but not be limited to, an analysis of the performance of the limited agent.
- 2.5 The limited agent may cancel this contract at any time without cause. Such cancellation shall be made in writing to the signatory of this contract or an appointed representative. However, cancellation terms contained in the CARS contract shall also be honored.
- 2.6 No reimbursement shall be made for inspections performed after the date of cancellation or inspections not performed.
- 2.7 The Department reserves the right to cancel this contract upon delivery of 30 days notice for a finding of unsatisfactory performance; however, evidence of fraud or intent to defraud the Department shall result in immediate termination of this contract.

### **3. Authority and Responsibility**

- 3.1 This contract is executed under authority granted the Department by Sec 250.03(1)(e), (f), and (g).
- 3.2 The Department shall determine the scope of the inspection activities to be performed by the limited agent; furthermore, the Department shall reevaluate the scope as part of the analysis in section 2.3 of this contract.
- 3.3 The Department shall collect all fees, issue all permits, conduct pre-inspections and retain responsibility for all enforcement actions for all licensable establishments within the geographic jurisdiction of the limited agent, except as specifically delegated herein.
- 3.4 The Department shall establish minimum criteria regarding the credentials and qualifications of the person(s) employed by the limited agent to perform the inspection duties contained herein (see section 6). Acceptance of this contract by the limited agent signifies agreement to employ or contract with inspectors meeting such credentials and qualifications.
- 3.5 The Limited Agent shall annually inspect the facilities designated by the Department under contractual authority from Sec 250.03(1)(e).
- 3.6 The Limited Agent shall be responsible for all inspection activities including follow ups, reinspections (see reinspection criteria) and complaint follow-up for licensed establishments under this contract. The Limited Agents responsibility begins after the Department has performed a preinspection and up until the Limited Agent has notified the Department that enforcement action is required. Once the enforcement action has been resolved by the Department, the Department will notify the Limited Agent of the action taken. Once enforcement actions have been resolved the Limited Agent will resume the activities as outlined in the contract.

- 3.7 The department will reimburse reinspections fees at the rate of 80%. Limited Agents shall use the reinspection criteria developed by the Department. Invoices (See Exhibit III) may be sent in quarterly, but processing and payment will occur after August 15<sup>th</sup> following the end of the licensing year. Reimbursement will occur only after payment has been received by the Department. No reimbursement will be made on reinspections if payment has not been received by the Department.
- 3.8 No additional fees may be levied by the Limited Agent upon inspected facilities.

#### **4. Duties and Activities**

4.1 The limited agent shall inspect the following establishment types in :

- 4.1.1 Campgrounds
- 4.1.2 Hotels
- 4.1.3 Tourist Rooming Houses
- 4.1.4 Prepackaged Food Establishments
- 4.1.5 Vending Equipment Storage

The complete list of facilities is found in Exhibit 1.

- 4.2 Inspections shall be entered using the HealthSpace software program. It is the responsibility of the Limited Agent to enter the inspection into HealthSpace.
- 4.3 The limited agent agrees to inspect all of the licensed facilities in Exhibit I within the duration of this contract, barring extenuating or unforeseen circumstances which could reasonably be expected to hinder completion of the contract.
- 4.4 The limited agent agrees to perform inspections and other activities designed to assure compliance with ss. 254 and DHS 178, 195, 196, and 198 Wis. Adm. Code.
- 4.5 A copy of the inspection shall be presented to the operator or representative immediately upon completion of the inspection.
- 4.6 Any orders written by the limited agent shall be clearly explained to the operator or representative. Orders may also be issued by the Department.
- 4.7 If enforcement actions are required by the Department, the Limited Agent shall notify the food safety and recreational licensing section.
- 4.8 If a facility inspection reveals an immediate hazard to public health, the health officer has the authority to take immediate action under ss.254.59. The limited agent shall then notify the food safety and recreational licensing section.
- 4.9 The limited agent will send an establishment list to their State Advanced Sanitarian prior to the end of the contract indicating what inspections they have completed, actual copies of the inspections do not need to be provided.

- 4.10 The Department will notify the limited agent after a preinspection is performed or when there is a change in licensure of a facility that would affect the limited agent
- 4.11 After a pre-inspection is made by the Department, the Limited Agent will perform a routine inspection within 4 to 6-months, if this is not possible, the inspection shall be made within the licensing year.
- 4.12 The Limited Agent shall notify the Department if there is a suspected or required change of licensure of a facility under this contract. If the facility has expanded beyond its current license or plan approval is required, the limited agent shall notify the Department.
- 4.13 The Department will notify the Limited Agent if there is a suspected or required change of licensure of a facility under this contract.

## **5. Fiscal**

- 5.1 The Department shall reimburse the limited agent 80% of the annual license fee for each facility inspected or reinspection fee, except that vending machine inspections shall be reimbursed as specified in DHS 192.09.
- 5.2 Reimbursement for inspections will be performed automatically utilizing the CARS (Community Aids Reporting System).
- 5.3 Reimbursement for inspections will be authorized only for the routine inspection of a facility.
- 5.4 Reimbursements for reinspections will use the form provided in Exhibit III.

## **6. Minimum Qualifications**

- 6.1 Inspections will be made by, or under the supervision or oversight of a Wisconsin Registered Sanitarian or NEHA Registered Sanitarian.
- 6.2 The State Advanced Sanitarian shall provide oversight to the Limited Agent.
- 6.3 In the event the Limited Agent loses its only Registered Sanitarian, a qualified replacement shall be hired within 120 days unless otherwise approved by the Department.
- 6.4 Limited Agent inspection staff must meet the hiring criteria set forth by local ordinance and personnel practices and the requirements established for Sanitarian Registration under DHS 160.
- 6.5 All inspectors shall possess:
  - 6.5.1 Excellent communication skills
  - 6.5.2 Ability to write inspection findings in a legible and grammatically correct manner
- 6.6 Training shall be provided by the department
- 6.7 Inspectors shall not have a conflict of interest with any regulated establishment.



Scott Walker  
Governor

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Department of Health Services

June 1, 2014

To: «Agent»  
«Address1»  
«Address2»  
«City»

**Subject:** Refund of Reinspection Fees to Limited Agent Health Departments.  
**(Reimbursement information must be returned on this form)**

The «Agent» submits the following request for reimbursement under the Agent Agreement with the Division of Public Health.

July 1, 2014 through June 30, 2015

(Copies of all inspection work shall accompany this document.)

		Refund Value 80% Item		
	Number	Net Fees	80%	Item Total
Reinspection Fee	_____	\$	X .80	\$
Second Reinspection Fee	_____	\$	X .80	\$
			Total	\$

CERTIFICATION

This is to certify that the «Limited Agent» has inspected the facilities named on the attached Inspection forms for the permit year ending June 30, 2015 and further certified that all such licensed establishments are within the legal boundaries of the «jurisdiction» and that they were granted a permit for 2014-2015 fiscal year by the Division of Public Health.

Invoices may be sent in quarterly, but processing and payment will occur after August 15<sup>th</sup> following the end of the licensing year. Reimbursement will occur only after payment has been received by the Department. No reimbursement will be made on re inspections if payment has not been received by the Department.

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

FOR FSRL OFFICE USE ONLY

DIRECT VOUCHER														
Vendor #														
App	/	Class	/	L1	/	L2	/	Proj	/	R	/	A	/	Amt.
Total Amount: \$														
Date:														
Approval:														