



Scott Walker
Governor

1 WEST WILSON STREET
P O BOX 2659
MADISON WI 53701-2659

Kitty Rhoades
Secretary

State of Wisconsin

608-266-1251

FAX: 608-267-2832

TTY: 888-701-1253

dhs.wisconsin.gov

Department of Health Services

2014 DPH Consolidated Contract Addendum

This contract addendum is specific to Franklin Health Department whose principal business address is 9229 West Loomis Road, Franklin WI, 53154-2948. The contact for the GRANTEES Contract Administrator is:

William Wucherer
9229 West Loomis Road
Franklin WI, 53154-2948

Telephone: 414/ 425-9101
Fax: 414/ 427-7539
E-mail: bwucherer@franklinwi.gov

Section 6.D Funding Controls

Payments through June 30, 2014 are limited to 6/12th of the contract with the balance paid after July 1, 2014 based on reported costs up to the contract level. This applies only to the following Profile IDs:

Profile IDs Subject to 6/12 th Funding Controls			
Profile ID	Name	Profile ID	Name
103010	Regional Radon Information Centers	157720	Childhood Lead
151734	Oral Health Supplement	159320	MCH
151735	Oral Health Mouth Rinse	159321	Reproductive Health
152002	Reproductive Health SLOH	159327	Family Planning
152020	Family Health-Women's	181005	TPCP-WIS-WINS
157000	WWWP	181012	Tobacco Prevention & Control Program

Payments through September 30, 2014 are limited to 9/12th of the contract with the balance paid after October 1, 2014 based on reported costs up to the contract level. This applies only to Profile ID 154710.

Section 34.A Special Provisions

1. Contract Period

The contract period for Profile 159221 is limited to January 1, 2014 through August 31, 2014. No expenses incurred after August 31, 2014 will be reimbursed. The contract period for all other Profile IDs is January 1, 2014 through December 31, 2014.

2. Final Report Dates

The due date of the final fiscal report for Profile 154710 shall be sixty (60) days after the Grant Agreement Period ending date. Expenses incurred during the Grant Agreement period on Profile 154710, but reported later than sixty (60) days after the period ending date, will not be recognized, allowed or reimbursed under the terms of this Grant Agreement.

Contract Agreement Addendum: Exhibit I

Program Quality Criteria

Generally high program quality criteria for the delivery of quality and cost-effective administration of health care programs have been, and will continue to be, required in each public health program to be operated under the terms of this contract.

This Exhibit contains only applicable quality criteria for this contract.

Contract Agreement Addendum: Exhibit I

Contract #: 24160

Agency: Franklin Health Department

Contract Year: 2014

Program: Preventive Health and Health Services Block Grant Program Quality Criteria

- 1) Assessment and surveillance of public health to identify community needs and to support systematic, competent program planning and sound policy development with activities focused at both the individual and community levels.
 - A) Involvement of key policymakers and the general public in the development of comprehensive public health plans.
 - B) Development and implementation of a plan to address issues related to access to high priority public health services for every member of the community.
 - C) Identification of the scientific basis (evidence base) for the intervention.
- 2) Delivery of public health services to citizens by qualified health professionals in a manner that is family centered, culturally competent, and consistent with the best practices; and delivery of public health programs for communities for the improvement of health status.
 - A) There are no separate sub-criterion to this Quality Criteria Category.
- 3) Record keeping for individual focused services that assures documentation and tracking of client health care needs, response to known health care problems on a timely basis, and confidentiality of client information.
 - A) There are no separate sub-criterion to this Quality Criteria Category.
- 4) Information, education, and outreach programs intended to address known health risks in the general and certain target populations to encourage appropriate decision making by those at risk and to affect policy and environmental changes at the community level.
 - A) Provision of public information and education, and/or outreach activities focused on high-risk populations that increase awareness of disease risks, environmental health risks, and appropriate preventive activities.
 - B) Provision of public information and education and/or outreach activities should utilize strategies that have a scientific basis (best-practices) for delivery methods to assure maximum impact on the selected population.
 - C) All materials produced with PHHS Block Grant funds must include the following statement: "This publication was made possible by the PHHS Block Grant from the Centers for Disease Control and Prevention."
- 5) Coordination with related programs to assure that identified public health needs are addressed in a comprehensive, cost-effective manner across programs and throughout the community.
 - A) There are no separate sub-criterion to this Quality Criteria Category.
- 6) A referral network sufficient to assure the accessibility and timely provision of services to address identified public health care needs.
 - A) There are no separate sub-criterion to this Quality Criteria Category.
- 7) Provision of guidance to staff through program and policy manuals and other means sufficient to assure quality health care and cost-effective program administration.
 - A) Provision of written policy and program information about the current guidelines, standards, and recommendations for community and/or clinical preventive care.

Contract Agreement Addendum: Exhibit I

Contract #: 24160

Agency: Franklin Health Department

Contract Year: 2014

- 8) Financial management practices sufficient to assure accurate eligibility determination, appropriate use of state and federal funds, prompt and accurate billing and payment for services provided and purchased, accurate expenditure reporting, and, when required, pursuit of third-party insurance and Medical Assistance Program coverage of services provided.
 - A) Program-specific data collection, analysis, and reporting to assure program outcome goals are met or to identify program management problems that need to be addressed.
- 9) Data collection, analysis, and reporting to assure program outcome goals are met or to identify program management problems that need to be addressed.
 - A) There are no separate sub-criterion to this Quality Criteria Category.

Contract Agreement Addendum: Exhibit II

Program Objectives

(A) Contract Funds, Program/Objective Values, and Other Contract Details

(B) Objective Details

Contract Agreement Addendum: Exhibit II(A)

Contract #: 24160

Agency: Franklin Health Department

Contract Year: 2014

Contract Source of Funds		
Source	Program	Amount
Franklin	Childhood Lead - Consolidated	\$807
Franklin	Immunization - Consolidated IAP	\$8,076
Franklin	Maternal Child Health - Consolidated	\$6,835
Franklin	PHHS	\$1,540
Contract Amount		\$17,258

Contract Match Requirements	
Program	Amount
Childhood Lead	\$0
Immunization	\$0
MCH	\$5,126
Prevention	\$0

Program Sub-Contracts		
Program	Sub-Contractee	Sub-Contract Amount
Childhood Lead	None Reported	\$0
Immunization	None Reported	\$0
MCH	None Reported	\$0
Prevention	None Reported	\$0

Contract Agreement Addendum: Exhibit II(A)

Contract #: 24160

Agency: Franklin Health Department

Contract Year: 2014

Immunization

Program Total Value \$8,076

1 LHD Template Objective \$8,076

By December 31, 2014, 75% children residing in (insert health department) jurisdiction who turn 24 months of age during the contract year will complete 4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hepatitis B, 1 Varicella and 4 Pneumococcal Conjugate (PCV) vaccination by their second birthday.

MCH

Program Total Value \$6,835

1 Template Objective 1 \$6,835

By December 31, 2014, a plan for the Wisconsin Healthiest Families Initiative will be undertaken by the City of Franklin Health Department in collaboration with community partners focusing on child development.

Prevention

Program Total Value \$1,540

1 Template Objective 13 - Injury Prevention \$1,540

By August 31, 2014, City of Franklin Health Department will implement one evidence based strategies to prevent or reduce injuries.

Total of Contract Objective Values	\$16,451
Total of Contract Statement Of Work Values	\$0

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24160
Program: Immunization

Agency: Franklin Health Department
Objective #: 1 of 1

Contract Year: 2014
Objective Value: \$8,076

Objective: Primary Details

Objective Statement

LHD Template Objective

By December 31, 2014, 75% children residing in (insert health department) jurisdiction who turn 24 months of age during the contract year will complete 4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hepatitis B, 1 Varicella and 4 Pneumococcal Conjugate (PCV) vaccination by their second birthday.

Deliverable Due Date: 01/31/2015

Contract Deliverable (Evidence)

A Wisconsin Immunization Registry (WIR) generated population based standard benchmark report documenting the number of children in (insert health department) jurisdiction who turned 24 months of age in 2014 contract year. Reports should be run with a 45 day buffer to ensure that all updated data has been received by the WIR. If the objective is not met, include a report of the accountability targets and the progress achieved including the activities and interventions conducted; include any barriers that may have been identified.

For your information the cohort of children for this objective is:

Date of Birth 01/01/2012- 12/31/2012

Criteria for the 2014 End of the Year Report:

The date of birth for End of Year Benchmark: 01/01/2012 ; 12/31/2012

Evaluation date: 01/01/2015

Run date: 02/15/2015

Programs Providing Funds for this Objective

Immunization: \$8,076

Agency Funds for this Objective:

Data Source for Measurement

Wisconsin Immunization Registry Records.

Baseline for Measurement

The 2012 end of year population based standard benchmark report will be used to determine the baseline for the 2014 population based objective. There is no percentage increase for 2014; health departments need to meet or exceed the baseline percentage.

For the baseline the following parameters will be used to run the benchmark report:

Birthdate Range: 01/01/2010 thru 12/31/2010

Evaluation Date: 01/01/2013

Run Date: After: 02/15/2013

Program generated Report dated 12/13-2013 showed 130 clients and 98 (75%) met all benchmarks criteria; 105 (81%) were classified as late up-to-date.

Context

Children will be assessed using the standard benchmark report for having 4 DTaP, 3 Polio, 1 MMR, 3 Hib 3 Hepatitis B, 1 varicella and 4 Pneumococcal Conjugate (PCV) vaccination by 24 months of age. Progress towards reaching 90% will be measured using a WIR Benchmark report. Only children who have moved out of the agency's jurisdiction may be removed from the cohort for analysis. Unless you can prove that a child has moved out of your jurisdiction, you cannot remove them from your cohort.

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24160
Program: Immunization

Agency: Franklin Health Department
Objective #: 1 of 1

Contract Year: 2014
Objective Value: \$8,076

The WIR Benchmark goal of 90% compliance and Immunization Program restrictions upon vaccine use by LPHA's requires greater outreach to health care providers and parents whose children are within the cohort.

Context Continued

Input Activities

The Franklin Health Department will work within the Wisconsin Immunization Program recommended activities to help ensure success of this objective:

- Contacting parents of infants without immunization histories
- Tracking
- Coordination of immunization services with other LHD programs
- Sharing information with area physicians
- Requesting that information is entered into the WIR.
- Reminder/recall

The Wisconsin Immunization Program requires a minimum of 3 attempts to personally contact a responsible party.

Only children who have moved out of the agency's jurisdiction may be removed from the cohort for analysis. Unless you can prove that a child has moved out of your jurisdiction you cannot remove them from your cohort.

Reminder/recall activity is not listed in a particular order and we suggest you use the method that is the most successful for your community:

- Letter
- Phone call
- Home visit
- Email
- Text message

The Franklin Health Department will adhere to the Immunization Program clinic protocol while maintaining its infrastructure to provide vaccine when permitted.

[Additional interventions/activities are in an addendum to the Immunization Program Boundary Statement. These are suggested interventions/activities that LHD's may want to consider in order to achieve this objective.]

Objective: Risk Profile

Percent of Objective Accomplished

0%	10%	20%	30%	40%	50%	60%	70%	80%	85%	90%	95%	100%
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Corresponding Percentage Recoupment

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Corresponding Potential Recoupment Amounts

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24160
Program: Immunization

Agency: Franklin Health Department
Objective #: 1 of 1

Contract Year: 2014
Objective Value: \$8,076

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Definition of Percent Accomplished

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Conditions of Eligibility for an Incentive

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Contract Agreement Addendum: Exhibit II(B)

Contract #: 24160

Agency: Franklin Health Department

Contract Year: 2014

Program: Maternal and Child Health Block Grant

Objective #: 1 of 1

Objective Value: \$6,835

Objective: Primary Details

Objective Statement

Template Objective 1

By December 31,2014, a plan for the Wisconsin Healthiest Families Initiative will be undertaken by the City of Franklin Health Department in collaboration with community partners focusing on child development.

Deliverable Due Date: 01/31/2015

Contract Deliverable (Evidence)

A SPHERE Report and an analysis of data collected in SPHERE as defined within the Data Source for Measurement and narrative report to document: 1) A completed baseline assessment of agency core competencies by January 31, 2014, updated throughout the year and completed by marking 'Final for Contract Year' by January 31, 2015. 2) Documentation of participation in the MCH Annual Conference 3) Documentation of participation in the webinar series: Data -driven Approach to Early Childhood System-building (4 sessions, 90 minutes each) 4) Documentation of the number of life course trainings held, audience, and the number of participants 5) A completed Partnership Report for the focus area that directly aligns with the objective 6) A completed Wisconsin Healthiest Families Assessment Report following the instructions found on the Early Childhood Systems website

The contract deliverable should concentrate on planning with the school district on promoting child development activities [Core Competencies #11] and outreach to Franklin parents about advocating for standardized child development screening [Core Competency #5] given the local context. The Franklin Health Department can also provide standardized childhood tools but must reduce previous population-based outreach based on funding.

Programs Providing Funds for this Objective

Maternal and Child Health Block Grant: \$6,835

Agency Funds for this Objective:

Data Source for Measurement

1) SPHERE Report of the MCH Core Competencies 2) MCH Conference Attendee List 3) Webinar Evaluation 4) Sphere Community Report to include data from the following screens: Community Activity (all appropriate fields), Intervention: Health Teaching; Subintervention: Life Course Framework 5) SPHERE Partnership Report to include data from the following tab/screen: Partnership Tool. Data entry on this screen includes partner representation and contribution 6)WHF Assessment Report

Consider:

1. Results from collaborating with the Franklin Public School District and the October 2014 Child Development Days community event;
2. Parental use of ASQ3 offered by the Franklin Health Department;

Baseline for Measurement

Include items that were completed in 2013:

- Collaborative details: Assessment during 2013 concluded that a coalition of health care providers/systems within the City of Franklin is not a viable option for a child development screening initiative. In addition, many families seek primary health care outside of the local health department's jurisdiction and, therefore, the capacity for the Franklin Health Department to influence health care providers outside of its jurisdiction is improbable. Seeking community partner(s), we discovered an interest from the local public school district to collaborate on child development screening. The possibility of daycares/preschool providers being included in a community-based initiative also exists. During 2014 the Franklin Health Department seeks to plan child development screening activities with the school district.

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24160

Agency: Franklin Health Department

Contract Year: 2014

Program: Maternal and Child Health Block Grant

Objective #: 1 of 1

Objective Value: \$6,835

child development focus using MCh funds within a local public health jurisdiction has merit. To begin, several hundred infants [2011-363; 2012-337; 2013-300 (est.)] are born each year in Franklin and every infant/child should have an opportunity to received screening using a standarized tool In 2013 the health department attempted child development screening to the well child population and receive 120 unduplicated ASQ3 surveryys. In addition, through birth record review approxiately 10% of newborns [2011-37; 2012-35; 2013-27] are identified as either premature births or infant referrals. Lastly, the public school district reported that in 2012, approximately 10% of the students were enrolled in special education. The actual number of student may be higher because parents are not required to report/share underlying medical conditions or educational accommodations.

Context

During 2013 the City of Franklin assessed how local health care systems conducted child development during routine well child visits. We discovered that there is no guarentee that child development screening, using a stadardized tool, is routinely done during well child office visit. In addition we concluded that local health care providers were not interested in a collaborative community-based focus on child development. Lastly we concluded that many families seek primary care including well child visit outside the Franklin jurisdiction. In 2013 the Franklin Health Department conducted to provide ASQ3 child development questionnaires at 4,6,12,18, and 24 months but cannot sustain the level of community intervention with MCh grant funds. Lastly, during 2013, we sought viable community partners in order to continue this multi-year grant objective and discovered that the Franklin Public School District conduct child development screening through its Early Childhood Program as well as hosting an annual 3-day community-wide event for chiild development assessements. The school district has expressed an interest in working with the Franklin Health Department on improving and increasing to scope of their community event. Therefore, building upon the 2013 assessment and expressed interest by the public school district, the Franklin Health Department will concentrate on Core Competency #11 "Working with Communities and Systems" on a plan that supports early childhood health and development as well as continue to fill the gap of limited administration of standarized child development tool through Core Competency #5 "Communication" by framing appropriate messages to parent with infant/children about advocating for child development screening during well child visit.

Goal: To assure that all families in Wisconsin have access to a coordinated, integrated and sustainable system of services and supports focused on health promotion and prevention. For more information go to:
<http://www.dhs.wisconsin.gov/health/mch/EarlyChildhoodSystems>.

Focus Areas: The focus areas for the Wisconsin Healthiest Families Initiative includes: family supports, child development, mental health, and safety and injury prevention. Go to
<http://www.dhs.wisconsin.gov/health/mch/EarlyChildhoodSystems/WHFdefinitions.htm> for definitions. Agencies need to identify separate objectives for each focus area selected.

Outcomes: See sample outcomes at: <http://www.dhs.wisconsin.gov/health/mch/EarlyChildhoodSystems/WHFdefinitions.htm>.

Context Continued

Steps: The Wisconsin Healthiest Families Initiative will be implemented in collaboration with community partners. Sequential steps will be implemented to complete: 1) assessment, 2) plan, 3) implementation, and 4) evaluation and sustainability. These steps will be completed over multiple years. Reporting documents for these steps are located at:
<http://www.dhs.wisconsin.gov/health/mch/EarlyChildhoodSystems>.

Step 1: Assessment - Complete a community, population focused assessment that identifies the community program needs or other resources related to family supports, child development, mental health, and/or safety and injury prevention within the agency's jurisdiction. Assessment of multiple focus areas can be reported on one Assessment Findings form.

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24160

Agency: Franklin Health Department

Contract Year: 2014

Program: Maternal and Child Health Block Grant

Objective #: 1 of 1

Objective Value: \$6,835

Step 2: Plan ζ In collaboration with community partners, develop a plan that addresses the strengths and gaps identified in the assessment completed in Step 1. The plan should promote integrated, multi-sector service systems to assure services are easily accessed by expectant families and families with infants and young children, with special focus on those at risk for poor health outcomes. Coalitions/collaboratives will identify strategies and specific activities that map out their process to complete the initiative. The plan will be reported as a Community Logic Model (with one logic model submitted for each focus area) and must reflect the activities of the agency and partners.

Step 3: Implementation ζ The agency and partners will implement strategies and activities identified in the plan completed in Step 2 to strengthen the system of early childhood services. Step 3 will be reported on the Implementation Report with one report submitted for each focus area addressed by the agency and partners.

Step 4: Evaluation and Sustainability ζ Evaluate the impact on the community of the strategies and activities implemented and identify how this system will be sustained long term.

REQUIRED SUPPORT ACTIVITIES:

Required activities to support assessment, planning, implementation, and evaluation and sustainability steps include the following:

ζ Complete an initial agency assessment of MCH Core Competencies and enter in SPHERE by January 31, 2014; review at mid-year; and update in SPHERE by contract reporting deadline.

ζ Participate in education to support the ongoing development of MCH Core Competencies.

ζ Identify existing and new community partners, their contributions, and level of collaboration via the Partnership Tool in SPHERE.

ζ Provide and implement education and/or training and utilization of the Life Course Framework on an on-going basis with community partners and enter in SPHERE.

ζ Participate in MCH Program evaluation efforts throughout the contract year.

ζ Participate in training and technical assistance as negotiated, as well as the 2014 MCH Conference.

ζ Complete the webinar series: Data-driven Approach to Early Childhood System-building (4 sessions, 90 minutes each).

Input Activities

Local health departments need to complete the following information prior to negotiations:

- Strategies and activities the agency and their collaborating partners will engage in related to planning:

1. Plan for a community child development event in October 2014;

2. Outreach to Franklin parents regarding child development screening during routine well child visit;

3. Offer standardized development screening (ASQ3) tool to Franklin parents including anticipatory guidance activity sheets;

- Required activities to support planning include the following:

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24160

Agency: Franklin Health Department

Contract Year: 2014

Program: Maternal and Child Health Block Grant

Objective #: 1 of 1

Objective Value: \$6,835

1. Complete an initial agency assessment of MCH Core Competencies and enter in SPHERE by January 31, 2014; review at mid-year; and update in SPHERE by contract reporting deadline.
2. Participate in education to support the ongoing development of MCH Core Competencies.
3. Identify existing and new community partners, their contributions, and level of collaboration via the Partnership Tool in SPHERE.
4. Provide and implement education and/or training and utilization of the Life Course Framework on an on-going basis with community partners and enter in SPHERE.
5. Participate in MCH Program evaluation efforts throughout the contract year.
6. Participate in training and technical assistance as negotiated, as well as the 2014 MCH Conference.
7. Complete the webinar series: Data-driven Approach to Early Childhood System-building (4 sessions, 90 minutes each).Insert the Required Support Activities located in the context]

Objective: Risk Profile

Percent of Objective Accomplished

0%	10%	20%	30%	40%	50%	60%	70%	80%	85%	90%	95%	100%
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Corresponding Percentage Recoupment

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Corresponding Potential Recoupment Amounts

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Definition of Percent Accomplished

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Conditions of Eligibility for an Incentive

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Contract Agreement Addendum: Exhibit II(B)

Contract #: 24160

Agency: Franklin Health Department

Contract Year: 2014

Program: Preventive Health and Health Services
Block Grant

Objective #: 1 of 1

Objective Value: \$1,540

Objective: Primary Details

Objective Statement

Template Objective 13 - Injury Prevention

By August 31, 2014, City of Franklin Health Department will implement one evidence based strategies to prevent or reduce injuries.

Deliverable Due Date: 01/31/2015

Contract Deliverable (Evidence)

The Franklin Health Department agrees to report into an electronic data collection tool that describes:

1. Description of strategies implemented and outcomes measured
2. Challenges or barriers to success
3. Actions to address challenges
4. Indicate and describe if Prevention funded activities were used to obtain additional funding, donations or in-kind contributions

Programs Providing Funds for this Objective

Preventive Health and Health Services Block Grant: \$1,540

Agency Funds for this Objective:

Data Source for Measurement

The Franklin Health Department will enter a report into an electronic data collection tool to be provided by the WI Division of Public Health.

Baseline for Measurement

In 2012 182 children participated in the helmet/bike rodeo event.

In 2013 150 children registered for the helmet/bike rodeo event which has cancelled due to incimate weather. 95 children attended the re-scheduled helmet/bike rodeo event.

Context

The injury prevention strategy chosen is a bicycle helmet event. The City of Franklin Health Department has taken the lead role and collaborated with the Franklin Police Department as well as community partners to conduct an annual bike rodeo for the past 5 years. Part of the bike rodeo is a bike helmet for children participants. In addition, each bike to checked for functional safety and the children participates in a skills course where 6-9 biking skills are taught, demonstrated, and practiced with the children. During the community-wide event, the Franklin Fire Department and Children's Hospital of Wisconsin attend and prevent hands-on demonstration and skills training related to household safety. The goal of 150 elementary school-aged participants has been established by the planning committee for the June 7, 2014 event. There are approximately 2,000 elementary aged children in the City of Franklin.

Context Continued

The Wisconsin Department of Health reports that bicycle helmet use saves \$29 for every \$1 spent on helmet use. In Wisconsin, unintentional injury, including bicycle accidents, is the leading cause of death for ages 1-34 years. The Wisconsin Department of Transportation reported that in 2011, bicycles were involved in 950 crashes including injuries and twelve deaths. Bike crashes account for approximately 1% of total crashes.

Input Activities

The Franklin Health Department will be the lead agency to plan, conduct, and evaluate a bike helmet event on June 7, 2014.

CDC strongly encourages Preventive Health and Health Services Block Grant funds be used only on evidence based strategies, best practices or promising practices. Describe the strategies/practices to be used and identify the associated web links as available. Potential links to strategies for this objective include but are not limited to:

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24160

Agency: Franklin Health Department

Contract Year: 2014

Program: Preventive Health and Health Services
Block Grant

Objective #: 1 of 1

Objective Value: \$1,540

<http://www.chawisconsin.org/cipn.htm>

<http://www.cdc.gov/injury/index.html>

<http://depts.washington.edu/hiprc/research.html>

www.childrensafetynetwork.org

<http://www.healthypeople.gov/2020/topicsobjectives2020/ibr.aspx?topicId=24>

<http://www.dhs.wisconsin.gov/hw2020/evidence.htm>

<http://www.dhs.wisconsin.gov/health/injuryprevention/index.htm>

Objective: Risk Profile

Percent of Objective Accomplished

0%	10%	20%	30%	40%	50%	60%	70%	80%	85%	90%	95%	100%
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Corresponding Percentage Recoupment

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Corresponding Potential Recoupment Amounts

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Definition of Percent Accomplished

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Conditions of Eligibility for an Incentive

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