Connecticut Department of Public Health

Program Directory
January 2009

J. Robert Galvin, M.D., M.P.H., M.B.A.
Commissioner

Norma Gyle, R.N., Ph.D.
Deputy Commissioner
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The Connecticut Department of Public Health (DPH) is the state’s leader in public health policy and advocacy. The agency is the center of a comprehensive network of public health services, and is a partner to local health departments for which it provides advocacy, training and certification, technical assistance and consultation, and specialty services such as risk assessment that are not available at the local level.

The agency is a source of accurate, up-to-date health information to the Governor, the Legislature, the federal government and local communities. This information is used to monitor the health status of Connecticut’s residents, set health priorities and evaluate the effectiveness of health initiatives. The agency is a regulator focused on health outcomes, maintaining a balance between assuring quality and administrative burden on the personnel, facilities and programs regulated. The agency is a leader on the national scene through direct input to federal agencies and the United States Congress.

The following program directory provides descriptions of the myriad responsibilities and broad scope of programs that make up the Department of Public Health and allow the agency to fulfill its mission and provide service to the people of Connecticut.
MISSION
To protect and improve the health and safety of the people of Connecticut

VISION

Healthy CT ↔ Healthy DPH

The CT Department of Public Health is a positive and productive agency that promotes optimal health, through:

- Strong, consistent, proactive and ethical leadership;
- Valued, accountable employees;
- Diverse and respectful work environment;
- Clear, timely, open, and accurate communications;
and
- Effective customer-friendly service.
Healthy CT/Healthy DPH

The Healthy CTHealthy DPH initiative is a result of Commissioner Galvin’s desire to create a healthy work environment, one that fosters positive attitudes and productive work among employees. The Healthy CTHealthy DPH initiative was initially designed to address a number of concerns such as low morale, uneven productivity, inconsistent leadership, a lack of understanding of a commitment to the public health mission, and failure to view the agency’s rich diversity as an organizational asset.

This initiative drew from specific models in democratic practice (study circles and community forums) to accomplish its objectives. The community forums brought together employees from all levels within the agency to share their vision for a healthy work environment and healthy state. The study circles discussed issues identified within the forums in greater detail and narrowed the agency’s critical issues to: leadership, communication, infrastructure, training and public image.

The Healthy CTHealthy DPH initiative refined the agency’s mission to reflect its commitment to protect and improve the public health and safety of Connecticut’s residents. It also generated a new vision for the agency: to contribute to building healthy people in healthy communities with the following guiding principles:

1. Effective customer-oriented agency
2. Empowerment of staff
3. Enhancing public health leadership

After initial adoption of a strategic plan, study groups were formed to look more closely at issues raised by the study circles, including management, human resources, laboratory services, diversity, contracts and grants management and information technology. Their collective responsibility was to guide ongoing efforts and initiatives to strengthen internal decision-making and develop active and effective leaders throughout the agency. Finally and perhaps most significantly, this initiative led to the creation of the Healthy CTHealthy DPH Workgroup that serves to monitor the progress of the strategic plan, monitor and/or organize study groups, troubleshoot, and play an ombudsman role within the agency.
The Affirmative Action Office is responsible for ensuring that the agency guarantees equal employment opportunity for all individuals without regard to race, color, religious creed, age, sex, sexual orientation, marital status, national origin, ancestry, mental disability or history thereof, mental retardation, learning disability, physical disability - including but not limited to, blindness, pregnancy, previous opposition, criminal record, genetic information, or workplace hazards to reproductive systems unless there is a bona fide occupational qualification. The office is also responsible for investigating all allegations of sexual harassment, overseeing the Americans with Disabilities Act.

The office also produces the annual Affirmative Action Plan, which is submitted to the Commission on Human Rights and Opportunities (CHRO).

<table>
<thead>
<tr>
<th>Staff</th>
<th>DAS Titles/Class</th>
<th>Responsibilities/Program Areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scott, LaWanda</td>
<td>Equal Employment Opportunity Assistant</td>
<td>Assist EEO Manager in all aspects of Affirmative Action/Equal Opportunity plan and program development.</td>
</tr>
</tbody>
</table>

Office of Communications
William Gerrish, Director
(860) 509-7270

Communications Office
The Office of Communications directs a full range of communication activities that serve the department and its stakeholders. Key functions of the office include public information, freedom of information, media and community relations, marketing communications, issues management and public affairs, Internet services, internal communications, and crisis and emergency risk communications. These and other communication activities serve to manage the department’s reputation as the state’s leader in public health policy and advocacy, and achieve its mission to protect and improve the health and safety of the people of Connecticut.

The office is supported by:

William Gerrish, Director
509-7106
william.gerrish@ct.gov

Jennifer Squires, Pre-Professional Trainee
509-8149
jennifer.squires@ct.gov
Office of Government Relations
Karen Buckley-Bates, Director
(860) 509-7269

The Office of Government Relations is responsible for the full range of legislative and regulatory activities, including:

- Managing and developing the department’s legislative and regulatory programs and implementing strategies to achieve the goals of the department’s legislative agenda
- Coordinating the development of the department’s regulations
- Acting as the commissioner’s liaison to the General Assembly, congressional delegation, community-based organizations, private sector organizations and other public interest groups
- Coordinating the maintenance of the Public Health Code

The office is supported by:

Karen Buckley-Bates, Director
509-7284
kmbates@ct.gov

Jill Kentfield, Legislative Assistant
509-7280
jill.kentfield@ct.gov

Joe Mendyka
509-7630
joe.mendyka@ct.gov
Laboratory/ Mobile Field Hospital Liaison  
Elise Kremer, Public Health Administrator  
(860) 509-8548

The Laboratory/Mobile Field Hospital Liaison is the commissioner's liaison for agency bond projects. Current projects assigned to the liaison include: the design and construction of a new state-of-the-art Public Health Laboratory; the purchase and operational development of a Mobile Field Hospital (*Ottilie W. Lundgren Memorial Field Hospital*); and an initiative to improve isolation care capacity in acute care hospitals statewide. The liaison is also participating in a project to procure and implement a new Laboratory Information Management System that will support a high level of automation of core laboratory functions.

Dr. Elise Kremer  
(860) 509-8548  
elise.kremer@ct.gov

Office of Oral Public Health  
Ardell Wilson, Chief  
(860) 509-7654

The Office of Oral Health promotes the oral health of Connecticut residents and the reduction of disease and health disparities to ensure the public’s overall health and well being. The office provides leadership and expertise in dental public health and strives to maintain a strong and sustainable infrastructure to support essential public health activities related to oral health. The goals of the office are to 1) assess the oral health status of Connecticut residents by collecting, analyzing and reporting oral health data and implement an oral health surveillance system to identify and detect disease, inform policy, plans and evaluate programs; 2) provide leadership in developing plans and policies through a collaborative process and mobilize community partnerships to identify and implement solutions to address oral health needs; and 3) inform and empower the public regarding oral health problems and solutions, support access to quality oral health services and promote laws and regulations that protect the public’s well being.

The Office of Oral Public Health is supported by:

Ardell Wilson, D.D.S., M.P.H.  
Chief  
(860) 509-7654  
ardell.wilson@ct.gov

Linda Ferraro, R.D.H.  
Health Program Associate  
Office Program Coordinator  
(860) 509-8203  
linda.ferraro@ct.gov
The Office of Research and Development
Warren Wollschlager, Chief
(860) 509-7107

The Office of Research and Development (ORD) oversees the management of cross branch initiatives to drive strategic priorities of the Department of Public Health. Programs are conceptualized, resourced and put into operation by bringing together internal and external subject matter experts under the direction of the ORD. Effectiveness is measured by the timeliness of program start-up, compliance with statutory mandates, and the sustainability of programs and initiatives within the agency. The current programmatic areas of focus and responsibility include the state’s Stem Cell Research Grant Program, Umbilical Cord Blood Banking, Genomics, Biomedical Research Grant Program, and Legal and Ethical Aspects of Public Health Preparedness and Electronic Health Information.

The Office of Research and Development is supported by:

Warren Wollschlager, Chief
(860) 509-7107
warren.wollschlager@ct.gov

Marianne Horn, Director of Legal Services
(860) 509-7107
marianne.horn@ct.gov

Denise Leiper, Health Program Associate
denise.leiper@ct.gov
(860) 509-7107
The Administration Branch coordinates and accomplishes department-wide administrative activities in an effective and efficient manner. The branch includes the following sections that provide services across the agency: Contracts and Grants Management Section, Fiscal Services (Accounts Payable/Receivable, Purchasing & Asset Management, Contract Monitoring and Audit, Mailroom), Human Resources, and the Public Health Hearing Office.

CONTACTS AND GRANTS MANAGEMENT

Bruce Wallen, Acting Section Chief
(860) 509-7704

The Contracts and Grants Management Section (CGMS) is responsible for the oversight and administration of approximately 600 contracts totaling approximately $185 million in state and federal funds. The section provides support services to the department in the following contracting areas: training/education, fiscal oversight, compliance with state and federal regulations, contract budget planning, and liaisons with the Office of Policy and Management, Office of the Attorney General and the Department of Administrative Services.

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<tr>
<td>Barone, Paula</td>
<td>Health Program Associate</td>
<td>Behavior Risk Factor Surveillance Survey (BRFSS), Child Health Access Project (CHAP), Family Planning (FP), Health Program Shortage Area Designation (HPSA), Genetics (GEN/GENSICKL), Connecticut Tumor Registry (CTR), Youth Violence and Suicide Prevention (YVSP), Arthritis Program (AP), Healthy Start Program (HSP), Pregnancy Related Mortality Surveillance (PRMS), Heart Disease and Stroke Prevention (HDSP), Healthy Choices for Women and Children (HCWC) AIDS Prevention &amp; Education Services (AIDS Prev), Universal Newborn Screening Program (UNBS)</td>
</tr>
<tr>
<td>Beaulieu, Linda</td>
<td>Administrative Assistant</td>
<td>Contracts and Grants Management Section Support</td>
</tr>
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### Administration Branch

**Contracts and Grants Management, continued**

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<tbody>
<tr>
<td>Johnson, Aleana</td>
<td>Health Program Assistant</td>
<td>Oral Public Health (DENTAL) Contract Team Leader, Regional Medical Homes (RMH), Children and Youth with Special Health Care Needs (CYSHCN), Crash Outcome Data Evaluation System (CODES), Rape Crisis and Prevention Services (RAPESVCS), Intimate Partner Violence (IPV), AIDS Health Care and Support Services (HCSS), AIDS Epidemiology (AIDS EPI), Consultant Contracts (CONSULTS), Lead Poisoning Prevention and Control Program (LPPCP)</td>
</tr>
<tr>
<td>Kisala, Nsonsa</td>
<td>Health Program Assistant 2</td>
<td>Connecticut State Loan Repayment Program (CLSRP), Stem Cell Research (STEM), Biomedical Research Projects (BIOMED), Waterbury Health Access Program (WHAP), STD Control Program (STD), TB Treatment and Prevention Program (TB)</td>
</tr>
<tr>
<td>Klein, Gary</td>
<td>Office Assistant</td>
<td>Contracts and Grants Management Section support</td>
</tr>
<tr>
<td>Desiree May</td>
<td>Fiscal Administrative Officer</td>
<td>Connecticut Comprehensive Cancer Control program (CCCC), State Bond Fund Contracts, Public Health Preparedness/Bioterrorism (PHP/BT), Obesity Prevention and Control (OBESITY), Early Childhood Partnerships (ECP), Primary Care Services for Children (PPC), Injury Prevention (IP), First Time Motherhood (FTM)</td>
</tr>
<tr>
<td>Cotto, Abigail</td>
<td>Secretary 1</td>
<td>Contracts and Grants Management Section support</td>
</tr>
<tr>
<td>Mateo, Yvette</td>
<td>Fiscal Administrative Assistant</td>
<td>Tuberculosis Treatment and Prevention Program Billing (TB)</td>
</tr>
<tr>
<td>Murphy, Lynne</td>
<td>Paralegal 2</td>
<td>Contract language development, contract technical review and training</td>
</tr>
<tr>
<td>Anthony Nwankwo</td>
<td>Fiscal Administration Officer</td>
<td>Public Health Preparedness/Bioterrorism (PHP/BT)</td>
</tr>
<tr>
<td>Purcaro, Michael</td>
<td>Director, Program Monitoring</td>
<td>Executive Director, Public Health Foundation of Connecticut, Inc. (On temporary assignment outside of CGMS, normally serves as Section Chief)</td>
</tr>
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### Administration Branch

**Contracts and Grants Management, continued**

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<tr>
<td>Sacco, Angela</td>
<td>Associate Research Analyst</td>
<td>Contract management information system development (database), analysis and quality assurance support</td>
</tr>
<tr>
<td>Vichi, Nancy</td>
<td>Personnel Officer 2</td>
<td>Unintentional Injury Prevention (UIP), Community Health Centers (CHC), Child Sexual Abuse (CSA), Case Management for Pregnant Women and Teens (CMFPW), Maternal and Child Health (MCH), Planning Branch (PLAN), Nutrition Program (NUTPRO), Diabetes Prevention and Control Program (DIAB), Comprehensive State-based Tobacco Use Prevention and Control Program (TOB), Fetal and Infant Mortality Review (FIMR), State Systems Development Initiatives (SSDI)</td>
</tr>
<tr>
<td>Wallen, Bruce</td>
<td>Director, Program Monitoring and Fiscal Review</td>
<td>Acting Section Chief, Contract and Grants Management Section, Contract Quality Assurance, Bond Fund Manager</td>
</tr>
<tr>
<td>West, Brenda</td>
<td>Fiscal Administrative Officer</td>
<td>Contract Team Leader, School-based Health Centers (SBHC), CT Breast and Cervical Cancer Early Detection Program (CBCCEDP), Well Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN), INFOLINE, Expanded School Health Services (SHS), Mobile and Surge Hospital (MFH)</td>
</tr>
<tr>
<td>Yeager, Douglas</td>
<td>Health Program Assistant 2</td>
<td>Local Health Administration (LHA), ASTHMA Program, Infant Immunization Program (IMMUN), Epidemiology (EPI), Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), Communications Office (COM)</td>
</tr>
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</table>
The Accounting Office is responsible for the administration of budget planning and preparation; monitoring and reporting of state expenditures; review of all grant proposals and monitoring and reporting on subsequent grant awards; revenue accounting for state and federal funds; and numerous other fiscal reports requested by OPM, the Office of Fiscal Analysis, the State Comptroller, and the State Treasurer. All accountants are responsible for projects within the SIDS.

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<tr>
<td>Amechi, Chukwuma</td>
<td>Associate Accountant</td>
<td>16 grants totaling $29,356,790; Bioterrorism, AIDS, STD, Tumor Registry. Reconciles cash drawn to SIDS (cash management). Trains new accountants. CHRO</td>
</tr>
<tr>
<td>Burkes, Kim</td>
<td>Associate Accountant</td>
<td>15 grants totaling $8,410,278; EPA grants, vital statistics, PH Block Grant</td>
</tr>
<tr>
<td>Cappuccitti, Anthony</td>
<td>Accountant Careers</td>
<td>11 grants totaling $36,294,023; Ryan White Title 2, Viral Hepatitis, EMS Patient Report System and additional various reports. Project training.</td>
</tr>
<tr>
<td>Cunningham, Patricia</td>
<td>Associate Accountant</td>
<td>16 grants totaling $14,537,731; MCH Block Grant, contributory accounts.</td>
</tr>
<tr>
<td>Fuller, Mary</td>
<td>Fiscal Administration Mgr</td>
<td>Manages accounting staff for department. Oversees accounting functions. Reports such as B-1, state budget, GAAAP, cash management, other reports as required, interface with State/Federal auditors. Assistant Chief in the Fiscal Office.</td>
</tr>
<tr>
<td>Funari, Mary</td>
<td>Accountant</td>
<td>14 grants totaling $1,403,990; Asbestos, FMS partnership, Diabetes Prevention. Background check fees.</td>
</tr>
<tr>
<td>Ho, Angelina</td>
<td>Associate Accountant</td>
<td>15 grants totaling $8,332,194; Drinking Water, Smoking Cessation</td>
</tr>
<tr>
<td>Lundigan, Sophie</td>
<td>Fiscal Admin. Officer</td>
<td>Reporting on $45 million WIC Program</td>
</tr>
<tr>
<td>Sheets, Karen</td>
<td>Accountant</td>
<td>6 grants totaling $9,544,675; Steap Grants (Water), Water Supply Supervision, Operator Certification Expense</td>
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Administration Branch  
Fiscal Services, continued

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<th>Responsibilities/Program Areas</th>
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<tr>
<td>Sheridan, Brian</td>
<td>Accountant</td>
<td>11 grants totaling $35,210,093; CT Cancer, Nutrition Education, Stem Cell, Bi-weekly exception report and biweekly reconciliation of personnel coding in projects, project training. Reconciles petty cash.</td>
</tr>
<tr>
<td>Valierand, Robin</td>
<td>Associate Accountant</td>
<td>16 grants totaling $50,315,393; WIC, Day Care, Immunization, Primary Care, Healthy Urban Comm.</td>
</tr>
</tbody>
</table>

**Accounts Payable/Receivable** is responsible for processing and paying all vendor invoices totaling 13,500 and transfer invoices to other state agencies. The unit is also responsible for processing of employee tuition and travel reimbursements, including review and approval of approximately 2,500 contract invoices annually. It maintains, monitors and tracks the accounts receivable of the agency. It provides support services in the areas of training, development and implementation of accounts payable/receivable procedures, and liaisons with the Department of Information Technology, and Offices of the State Comptroller and Treasurer.

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<thead>
<tr>
<th>Staff</th>
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</thead>
<tbody>
<tr>
<td>Abadom, Ernest A.</td>
<td>Supervising Accountant</td>
<td>Accounts Payable/Receivable Supervisor; CHRO Liaison.</td>
</tr>
<tr>
<td>Clark, Harriette</td>
<td>Fiscal Administrative Assistant</td>
<td>Preparation of daily and monthly audit trail and transaction listing reports to track and analyze all payments, charges, debits and credits for the laboratory’s services posted daily.</td>
</tr>
<tr>
<td>Connery, David</td>
<td>Office Assistant</td>
<td>Payment of laboratory supplies, EMT exams, subpoenas and backup for daily deposits and timekeeping. Data entry of mileage reimbursements. Review and auditing of cell phones and calling cards.</td>
</tr>
<tr>
<td>Gaston, Jacqueline</td>
<td>Office Assistant</td>
<td>Payment of all commodities’ invoices and tuberculosis program. Maintains, monitors and tracks marriage surcharge from the municipalities.</td>
</tr>
<tr>
<td>Glynn, William</td>
<td>Associate Accountant</td>
<td>Oversees the maintenance and monitoring of accounts receivable for laboratory services. Establishes rates and schedule of fees for all tests performed at the laboratory. Prepares monthly laboratory invoices. Supervise satellite Fiscal Office at the LAB.</td>
</tr>
<tr>
<td>Krupa, Pauline</td>
<td>Fiscal Administrative Officer</td>
<td>Reviews and approves all payments and employee travel reimbursements.</td>
</tr>
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Department of Public Health  
Program Directory  
January 2009
Pare, Danielle  Accountant  Payment of all contract and service invoices including transfer invoices and P-Cards. Daily deposits, monitor accounts receivable, billing, contract billing, draw downs, expenditure reconciliation, monitor reimbursable grant accounts.

Shepard, Lisa  Fiscal Administrative Assistant  Review of contract invoices. Petty Cash Custodian. Tuition Reimbursement

**The Purchasing and Asset Management Unit** provides expertise department-wide for procurement of the services and commodities used in completion of the department’s daily responsibilities. In addition, it manages the reportable assets of the department as required by state statute and policies, and federal regulations. During fiscal year 2008, the unit staff members processed 5,500 requisitions from DPH staff and prepared an additional 1000 purchase orders for payments to cities, towns and our health care partners. The value of these orders exceeds $200 million. Records and transactions were maintained and processed for 5,500 items meeting the criteria of a reportable asset.

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<th>Staff</th>
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<tbody>
<tr>
<td>Abadom, Ernest</td>
<td>Supervising Accountant</td>
<td>Purchasing, Asset Management Supervisor; CORE CT Security Liaison.</td>
</tr>
<tr>
<td>Campbell, Marybeth</td>
<td>Office Assistant</td>
<td>General clerical support for the units</td>
</tr>
<tr>
<td>Aguilar, Jose</td>
<td>Fiscal Administrative Assistant</td>
<td>Asset Management including equipment tagging, disposal and surplus; CoreCT access security support.</td>
</tr>
<tr>
<td>Way, Raymond</td>
<td>Associate Fiscal Officer</td>
<td>Laboratory Services – medical hardware and testing components and general support to Commissioner’s Office, Local Health, Planning, and Health Initiatives.</td>
</tr>
<tr>
<td>Harris-Ruff, Barbara</td>
<td>Associate Fiscal Officer</td>
<td>Contract Administration; Women, Infant and Children’s program and general support to Laboratory Services and Operations</td>
</tr>
<tr>
<td>Cipollone, William</td>
<td>Fiscal Officer</td>
<td>General support to Public Health Initiatives; IT procurement support Agency wide.</td>
</tr>
<tr>
<td>Barone, Pat</td>
<td>Mat. Stor Spv 2</td>
<td>Mailroom</td>
</tr>
<tr>
<td>Roberts, Clinton</td>
<td>Mailhandler</td>
<td>Mailroom</td>
</tr>
</tbody>
</table>

**The Contract Monitoring and Audit Unit** is responsible for providing fiscal monitoring and audit review for approximately 600 contracts with a total funding of approximately $125 million. The section also provides technical support to Contracts and Grants Management Staff and various program units on matters related to contract budgets, expenditure reporting and audit reporting requirements.
Administration Branch
Fiscal Services, continued

<table>
<thead>
<tr>
<th>Staff</th>
<th>DAS Titles/Class</th>
<th>Responsibilities/Program Areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vacant</td>
<td>Health Program Assistant 1</td>
<td>Database Development /Upgrade</td>
</tr>
<tr>
<td>Riley, Mary</td>
<td>Supervising Accountant</td>
<td>Perform WIC field audits, conduct contract monitoring, audit and budget reviews</td>
</tr>
<tr>
<td>DeFrancesco, Elaine</td>
<td>Associate Accountant</td>
<td>Perform WIC field audits, conduct contract monitoring, audit and budget reviews</td>
</tr>
</tbody>
</table>

HUMAN RESOURCES

Michael Carey, Section Chief
(860) 509-7178

The Human Resources Section is responsible for providing a full range of human resources services to the agency’s 850 employees. The section delivers a comprehensive personnel management program, including labor relations for seven bargaining units and managerial/confidential employees, recruitment, merit system administration, performance appraisal review, statistical personnel status reports, payroll, fringe benefit administration, classification work for appropriate job titles, and Performance Assessment and Recognition System for managers.

<table>
<thead>
<tr>
<th>Staff</th>
<th>DAS Titles/Class</th>
<th>Responsibilities/Program Areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carey, Michael</td>
<td>Agency Human Resources Administrator 2</td>
<td>Section Chief; Labor Relations; HR representative to Executive Leadership Team.</td>
</tr>
<tr>
<td>Ciccaglione, Susan</td>
<td>Human Resources Associate</td>
<td>Service Coordinator for Laboratory Branch; Recruitment; Retirement; CORE Person Actions</td>
</tr>
<tr>
<td>Davis, Penn'lope</td>
<td>Principal Human Resources Specialist</td>
<td>HR Operations Manager; Service Coordinator for Health Care Systems Branch; Labor Relations.</td>
</tr>
<tr>
<td>Ferguson, Theresa</td>
<td>Human Resources Associate</td>
<td>Service Coordinator for Public Health Initiatives Branch; FMLA Coordinator; Seniority and Length of Service; Parking</td>
</tr>
<tr>
<td>Knighton, Regina</td>
<td>Payroll Clerk</td>
<td>Payroll Processing; Time and Attendance; Benefits</td>
</tr>
<tr>
<td>Lyons, Deborah</td>
<td>Human Resources Specialist</td>
<td>Service Coordinator for Operations Branch; Recruitment; Workers’ Compensation; CORE Position Actions; 1199 Career Mobility; Exit Interviews</td>
</tr>
</tbody>
</table>
**Administration Branch**  
**Human Resources, continued**

<table>
<thead>
<tr>
<th>Staff</th>
<th>DAS Titles/Class</th>
<th>Responsibilities/Program Areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>MacDonald, Gail</td>
<td>Payroll Clerk</td>
<td>Payroll Processing; Time and Attendance; Benefits; New Employee Intake</td>
</tr>
<tr>
<td>Malecky, Thomas</td>
<td>Human Resources Manager</td>
<td>Agency Labor Relations Coordinator; Service Coordinator for Office of the Commissioner; Telecommuting Application Review</td>
</tr>
<tr>
<td>Nettles, Diane</td>
<td>Data Entry Supervisor 1</td>
<td>Administrative Support for HR and Payroll, including Recruitment and FMLA processing; HR File Maintenance</td>
</tr>
<tr>
<td>Labelle, Ruth</td>
<td>Payroll Officer 2</td>
<td>Payroll Supervisor; Group Life Insurance; Health Benefits; Leave Accruals; Paycheck Information</td>
</tr>
<tr>
<td>Walser, Yvette</td>
<td>Human Resources Associate</td>
<td>Service Coordinator for Planning Branch; CORE Position Actions; Managerial Sick Leave Bank; CORE Person Actions</td>
</tr>
<tr>
<td>Wierbonics, Thomas</td>
<td>Principal Human Resources Specialist</td>
<td>HR Team 1; Service Coordinator for Administration Branch and Regulatory Services Branch; FMLA Coordinator</td>
</tr>
</tbody>
</table>

**PUBLIC HEALTH HEARING OFFICE**

**Donna Buntaine Brewer, Section Chief**  
(860) 509-7648

*The Public Health Hearing Office* is responsible for (1) presiding over hearings and rendering decisions in cases concerning individual health care providers who do not have licensing boards; the Women, Infants and Children’s Nutritional program (WIC); emergency medical services; day care and youth camps; water supplies; healthcare facility licenses; involuntary transfers out of long-term care facilities; and, orders issued by local health directors; (2) providing support services for the professional licensing boards and commissions; (3) maintaining indices of the department’s decisions; (4) reporting to federally mandated and private databases; (5) responding to ethics questions; (6) ensuring the department’s compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA); (7) providing diversity training; and, (8) working on special projects for the Commissioner’s Office and department programs, as requested.

<table>
<thead>
<tr>
<th>Staff</th>
<th>DAS Titles/Class</th>
<th>Responsibilities/Program Areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brewer, Donna</td>
<td>Chief</td>
<td>Oversees the operations of the section. Serves on the following committees: Standards of Care (co-chair); Pandemic Senior Staff; Human Investigations; Quality Assurance; WIC Advisory; Ethical, Legal, and Social Issues (pertaining to genetic information); and,</td>
</tr>
<tr>
<td>Buntaine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td>Position</td>
<td>Responsibilities</td>
</tr>
<tr>
<td>----------------</td>
<td>-----------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Wojick, Jan</td>
<td>Administrative Assistant</td>
<td>Schedules all individual licensure matters; prepares Nursing Board agendas and minutes; prepares and serves Nursing Board complaints and rulings; provides general support services for the office.</td>
</tr>
<tr>
<td>Buzzetti, Diane</td>
<td>Paralegal</td>
<td>Schedules all facility, water, WIC, OEMS, involuntary discharge, and daycare hearings; supervises the processing of local health appeals; investigates all CHRO complaints and drafts answers and responses</td>
</tr>
<tr>
<td>Kardys, Jeff</td>
<td>Hearings Specialist</td>
<td>Serves as the Board Liaison for all boards except the Nursing Board: schedules hearings and meetings; issues rulings and decisions; responsible for minutes and agendas; maintains board/commission web pages.</td>
</tr>
<tr>
<td>Kwee, Pohn</td>
<td>Secretary 2</td>
<td>Responsible for: all indices; telephone; filing; mail; time-keeping; reporting to data banks; assisting with local health appeals and other cases; records of ethics inquiries and diversity training.</td>
</tr>
<tr>
<td>Gaither, Alfreda</td>
<td>Staff Attorney</td>
<td>Presides over all types of cases except water and OEMS cases; co-facilitates diversity training programs; is A&amp;R representative on DPH labor-management committee; is responsible for maintaining and updating the FAQ document for emergency situations.</td>
</tr>
<tr>
<td>Keenan, Kate</td>
<td>Staff Attorney</td>
<td>Responsible for presiding over all public water company cases including joint public water hearings with the DPUC. Advises the Water Section on all legal matters, in conjunction with the Attorney General’s Office, including revising the regulations.</td>
</tr>
<tr>
<td>Morales, Olinda</td>
<td>Staff Attorney</td>
<td>Presides over all types of cases except water cases; is the department’s cultural competency trainer; develops and is a co-facilitator for diversity training programs; is the Human Protection Administrator for the Human Investigation Committee (HIC); is developing a guide to confidentiality statutes for the department.</td>
</tr>
</tbody>
</table>
**Administration Branch**

*Public Health Hearing Office, continued*

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Owens, Stacy</td>
<td>Staff Attorney</td>
<td>Presides over a full range of cases except water and OEMS cases; is the department’s Ethics Officer; co-facilitates diversity training programs.</td>
</tr>
<tr>
<td>Yandow, Joanne V</td>
<td>Staff Attorney</td>
<td>Presides over a full range of cases except water and OEMS cases; develops and is a co-facilitator for diversity training programs; assists with CHRO investigations and responses.</td>
</tr>
</tbody>
</table>
Health Care Systems Branch  
Wendy Furniss, Chief  

Julie Moy, Administrative Assistant  
(860) 509-7407

The Health Care Systems Branch (HCSB) carries out regulatory activities for healthcare institutions and practitioners within the Department of Public Health. This branch provides a focus within the agency for the protection of public health by ensuring competent and capable health care service providers. Across the branch, this protection is accomplished through regulating access to health care professions and through regulatory oversight of health care facilities and services.

The branch consists of three sections, which have responsibility for implementing state licensure and federal certification programs. The Facilities Licensure and Investigations Section has responsibility for the licensure of health care facilities and agencies and the certification of facilities and agencies eligible for Medicare and Medicaid reimbursement. The Practitioner Licensing and Investigations Section has responsibility for issuing licenses, certificates, permits and registrations to health care and health care-related practitioners and for the regulation of these practitioners. The Legal Office is responsible for prosecuting cases and processing criminal background checks.

Due to the regulatory nature of the branch, expertise has been developed at several levels to address the need to investigate and take disciplinary action against providers that are in violation of the law or otherwise pose a risk to public health and safety.

Wendy H. Furniss, R.N.C., M.S., Branch Chief  
509-7406; 509-7401  
wendy.furniss@ct.gov

Julienne L. Moy, Administrative Assistant  
509-7406; 509-7450  
julienne.moy@ct.gov

FACILITY LICENSING AND INVESTIGATIONS  
Joan Leavitt, Section Chief  
(860) 509-7400

The Facility Licensing and Investigations Section (FLIS) inspects and regulates over 2,500 health care institutions under state licensure and federal Medicare regulatory authority, including hospitals, nursing homes, residential care homes, home health agencies, assisted living services agencies, surgical centers, dialysis centers, mental health and substance abuse facilities, clinical laboratories, facilities for the mentally retarded, clinics and rehabilitation agencies. FLIS has
Health Care Systems Branch  
Facility Licensing and Investigations, continued

approximately 111 staff, many of whom are nurses and/or represent other professional disciplines.

Staff conduct regular state licensure and federal inspections and complaint investigations for all regulated entities. FLIS staff also perform monitoring during nursing home labor actions and provides staff and expertise during the department’s emergency preparedness responses. A list of the entities regulated by the section include:

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Public Health Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic and Convalescent Nursing Homes</td>
<td>19-13-D8t</td>
</tr>
<tr>
<td>Rest Homes with Nursing Supervision</td>
<td>19-13-D8t</td>
</tr>
<tr>
<td>General Hospitals</td>
<td>19-13-D3</td>
</tr>
<tr>
<td>Children’s Hospital</td>
<td>19-13-D4a</td>
</tr>
<tr>
<td>Hospices</td>
<td>19-13-D4b</td>
</tr>
<tr>
<td>Chronic Disease Hospital</td>
<td>19-13-D5</td>
</tr>
<tr>
<td>Hospital for Mentally Ill Persons</td>
<td>17-227-14a</td>
</tr>
<tr>
<td>Outpatient Clinics operated by a Corporation or Municipality</td>
<td>19-13-D45</td>
</tr>
<tr>
<td>Ambulatory Surgical Facilities</td>
<td>19-13-D56</td>
</tr>
<tr>
<td>Outpatient Hemodialysis Facilities</td>
<td>19-13-D55a</td>
</tr>
<tr>
<td>Maternity Homes</td>
<td>19-13-D506-1</td>
</tr>
<tr>
<td>Assisted Living Service Agencies</td>
<td>19-13-D105</td>
</tr>
<tr>
<td>Home Health Agencies</td>
<td>19-13-D65-67</td>
</tr>
<tr>
<td>Homemaker Home Health Care Agency</td>
<td>19-13-D80</td>
</tr>
<tr>
<td>Maternity Hospital</td>
<td>19-13-D14 and 505</td>
</tr>
<tr>
<td>Recovery Care Facility</td>
<td>19a-495-571</td>
</tr>
<tr>
<td>Well Child Clinics</td>
<td>Same as OPC</td>
</tr>
<tr>
<td>Infirmaries Operated by Educational Institutions</td>
<td>19-13-D43a</td>
</tr>
<tr>
<td>Family Planning Facilities</td>
<td>Same as OPC</td>
</tr>
<tr>
<td>Maternity Hospital</td>
<td>19a-116 for Abortions</td>
</tr>
<tr>
<td>Homemaker Home Health Care Agency</td>
<td>19a-495-550</td>
</tr>
<tr>
<td>Mental Health Residential Living Centers</td>
<td>19a-495-551</td>
</tr>
<tr>
<td>Substance Abuse Programs</td>
<td>19a-495-570</td>
</tr>
<tr>
<td>Residential Care Homes (homes for aged)</td>
<td>19-13-D6</td>
</tr>
<tr>
<td>Mental Health Community Residences</td>
<td>19a-495-560</td>
</tr>
<tr>
<td>Mental Health Intermediate Treatment Centers</td>
<td>19a-495-550</td>
</tr>
<tr>
<td>Psychiatric Outpatient Treatment Centers</td>
<td>19a-495-550</td>
</tr>
<tr>
<td>Psychiatric Residential Treatment Facilities</td>
<td>(federal only)</td>
</tr>
</tbody>
</table>

ALSO:

Mental Health Day Treatment Centers                                           19a-495-550
Mental Health Residential Living Centers                                      19a-495-551
Substance Abuse Programs                                                      19a-495-570
Residential Care Homes (homes for aged)                                       19-13-D6
Mental Health Community Residences                                            19a-495-560
Mental Health Intermediate Treatment Centers                                  19a-495-550
Psychiatric Outpatient Treatment Centers                                      19a-495-550
Psychiatric Residential Treatment Facilities                                  (federal only)
### Health Care Systems Branch  
**Facility Licensing and Investigations, continued**

<table>
<thead>
<tr>
<th><strong>Staff</strong></th>
<th><strong>Responsibilities/Program Areas</strong></th>
</tr>
</thead>
</table>
| Joan D. Leavitt, Section Chief  
509-7407; 509-7409  
joan.leavitt@ct.gov | Facilities Licensing & Investigations Section |
| Amy Carragher, Administrative Assistant  
509-7407; 509-7139  
amy.carragher@ct.gov | Support Staff |
| Barbara Cass, Public Health Services Manager  
509-7966; 509-7609  
barbara.cass@ct.gov | Survey & Certification Unit  
- Nursing Homes  
- Partial Residential Treatment Facilities |
| Janet Williams, Public Health Services Manager  
509-7966; 509-7415  
janet.williams@ct.gov | Licensure & Enforcement Unit  
- Hospitals, Dialysis Units, ASC, OPC  
- Infirmaries  
- Nursing Homes and Adverse Events  
- Residential Care Homes  
- Mental Health/Substance Abuse Facilities |
| Zufreen Baksh-Jagan, Secretary II  
509-7966; 509-7400  
zufreen.baksh-jagan@ct.gov | Support Staff for the Survey & Certification Unit and the Licensure & Enforcement Unit |
| Irving Moy, Public Health Services Manager  
509-7400; 509-7479  
irving.moy@ct.gov | Community Services/Physical Plant & Fire Safety Unit  
- Intermediate Care Facilities/Mental Retardation  
- Home Health/Hospice  
- Assisted Living Service Agency  
- Physical Plant & Fires Safety and Clinical Laboratories |

### PRACTITIONER LICENSING AND INVESTIGATIONS

**Jennifer Filippone, Section Chief**  
(860) 509-7590

The Practitioner Licensing and Investigations Section (PLIS) is responsible for the regulation of over 185,000 health care and health care-related practitioners and accounts for more than $19 million in licensing revenue each year that is deposited into the general fund of the State Treasury. The section works closely with 15 Licensing and Examining Boards and Commissions in carrying out its activities. PLIS consists of the Practitioner Licensure and Certification Unit and the Practitioner Investigations Unit.

The Practitioner Licensing and Certification Unit is responsible for the receipt, review and approval of applications for licensure, certification or registration, selecting or constructing and administering required licensing examinations, and issuing, renewing and verifying licenses, certificates and permits.
Health Care Systems Branch  
Practitioner Licensing and Investigations, continued

The unit is also responsible for maintaining the physician profile program and the Connecticut Nurse Aide Registry.

*The Practitioner Investigations Unit* receives complaints, conducts investigations and when appropriate, works closely with the Legal Office to seek disciplinary action against regulated professionals.

Professions regulated by the PLIS include:

- Acupuncturist
- Advanced Practice Registered Nurse (APRN)
- Alcohol & Drug Abuse Counselor – License
- Alcohol & Drug Abuse Counselor – Certificate
- Athletic Trainer
- Audiologist
- Barber
- Chiropractor
- Dental Hygienist
- Dentist
- Dietitian/Nutritionist
- Electrologist
- Embalmer
- Funeral Director
- Funeral Home
- Hairdresser/Cosmeticsian
- Hearing Instrument Specialist
- Homeopathic Physician
- Licensed Practical Nurse
- Marital and Family Therapist
- Massage Therapist
- Naturopathic Physician
- Nurse Aide
- Nurse Midwife
- Nursing Home Administrator
- Occupational Therapist
- Occupational Therapy Assistant
- Optician
- Optical Shop
- Optometrist
- Perfusionist
- Physical Therapist
- Physical Therapist Assistant
- Physician Assistant
- Physician/Surgeon
- Podiatrist
- Professional Counselor
- Psychologist
- Radiographer/Techs
- Registered Nurse
- Respiratory Care Practitioner
- Retired APRN
- Retired Dentist
- Retired Licensed Practical Nurse
- Retired Physician
- Retired Registered Nurse
- Clinical Social Worker
- Speech and Language Pathologist
- Veterinarian
In addition to the above professions, the section is also responsible for reviewing and approving curriculums for and inspecting barber/hairdressing schools and nurse aide training programs, as well as issuing inspection certificates to crematories, funeral homes and optical shops.

<table>
<thead>
<tr>
<th>Staff</th>
<th>Responsibilities/Program Areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jennifer Filippone, Section Chief 509-7590; 509-7414 <a href="mailto:jennifer.filippone@ct.gov">jennifer.filippone@ct.gov</a></td>
<td>Practitioner Licensing &amp; Investigations Section</td>
</tr>
<tr>
<td>Vivian Echevarria, Secretary I 509-7590 <a href="mailto:vivian.echevarria@ct.gov">vivian.echevarria@ct.gov</a></td>
<td>Support Staff for the Practitioner Licensing Section</td>
</tr>
<tr>
<td>Stephen Carragher, Health Program Supervisor 509-7590; 509-7576 <a href="mailto:stephen.carragher@ct.gov">stephen.carragher@ct.gov</a></td>
<td>Practitioner Licensing Unit</td>
</tr>
<tr>
<td>Janine Cordero, Licensing Exam Specialist 509-7590; 509-7580 <a href="mailto:janine.cordero@ct.gov">janine.cordero@ct.gov</a></td>
<td>License Renewal Issues, and Customer Service</td>
</tr>
<tr>
<td>Deborah Brown, Health Program Assistant 2 509-7590; 509-7565 <a href="mailto:deborah.m.brown@ct.gov">deborah.m.brown@ct.gov</a></td>
<td>Practitioner Licensing Unit</td>
</tr>
<tr>
<td>Maritsa Morales, Licensing Application Analyst 509-7590; 509-7253 <a href="mailto:maritsa.morales@ct.gov">maritsa.morales@ct.gov</a></td>
<td>Practitioner Licensing Unit</td>
</tr>
<tr>
<td>Judith Bailey, Licensing Application Analyst 509-7590; 509-8376 <a href="mailto:judith.bailey@ct.gov">judith.bailey@ct.gov</a></td>
<td>Practitioner Licensing Unit</td>
</tr>
<tr>
<td>Frank Manna, Licensing Application Analyst 509-7590; 509-8126 <a href="mailto:frank.manna@ct.gov">frank.manna@ct.gov</a></td>
<td>Practitioner Licensing Unit</td>
</tr>
<tr>
<td>Johanna Burke, Health Program Assistant 2 509-7596; 509-7403 <a href="mailto:johanna.r.burke@ct.gov">johanna.r.burke@ct.gov</a></td>
<td>Nurse Aide Registry</td>
</tr>
<tr>
<td>Kathleen Boulware, Public Health Services Manager 509-7552; 509-7501 <a href="mailto:kathleen.boulware@ct.gov">kathleen.boulware@ct.gov</a></td>
<td>Practitioner Investigations Unit</td>
</tr>
<tr>
<td>Assunta (Cindy) Amarena (Chaves) 509-7552; 509-8135 <a href="mailto:cindy.chaves@ct.gov">cindy.chaves@ct.gov</a></td>
<td>Support Staff for Practitioner Investigations Unit</td>
</tr>
<tr>
<td>Diane Cybulski, Supervising Nurse Consultant 509-7552; 509-7525 <a href="mailto:diane.cybulski@ct.gov">diane.cybulski@ct.gov</a></td>
<td>Practitioner Investigations Unit</td>
</tr>
</tbody>
</table>
### Staff Responsibilities/Program Areas

<table>
<thead>
<tr>
<th>Staff</th>
<th>Responsibilities/Program Areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jolanta Gawinski, Health Program Supervisor</td>
<td></td>
</tr>
<tr>
<td>509-7552; 509-7612</td>
<td>Practitioner Investigations Unit</td>
</tr>
<tr>
<td><a href="mailto:jolanta.gawinski@ct.gov">jolanta.gawinski@ct.gov</a></td>
<td></td>
</tr>
<tr>
<td>Gary Griffin, Supervisor Special Investigator</td>
<td></td>
</tr>
<tr>
<td>509-7552; 509-7420</td>
<td>Practitioner Investigations Unit</td>
</tr>
<tr>
<td><a href="mailto:gary.griffin@ct.gov">gary.griffin@ct.gov</a></td>
<td></td>
</tr>
</tbody>
</table>

### LEGAL OFFICE

**Stanley Peck, Section Chief**

(860) 509-7600

The Legal Office is responsible for prosecuting licensing actions for various sections within the branches of Health Care Systems, Regulatory Services and Public Health Preparedness. The Legal Office is also responsible for the Criminal Background Checks program for child day care providers in the Regulatory Services Branch.

The individual program sections receive and investigate complaints. Once a complaint is referred to the Legal Office for prosecution, it is assigned to a staff attorney. Such cases may be settled with a Consent Order or charges may be filed against the licensee.

If charges are filed, the Legal Office attorney presents the case before either the licensing board that regulates the profession or a hearing officer, if there is no board. The board or the hearing officer, as the case may be, hears the case and renders a decision, either dismissing the case or imposing disciplinary action against the license. Disciplinary actions include revocation, suspension, probation, and civil penalties.

The criminal background checks program, pursuant to state statute, requires all family day care home providers and staff of child day centers and group day care homes to undergo a national fingerprint criminal record check as well as a check of the Department of Children & Families (DCF) abuse registry.

During the fiscal year July 1, 2007 through June 30, 2008, the Legal Office received 354 cases for prosecution and closed 345 cases. The closed cases break down as follows: 121 Consent Orders, 77 cases closed by hearing, 86 dismissals, 18 Voluntary Surrenders, and 43 “other.” In addition, the Legal Office completed 6 Interim Consent Orders and 30 Summary Actions. The Legal Office also processed 38,228 criminal background checks and DCF abuse registry checks.
### Legal Office, continued

<table>
<thead>
<tr>
<th>Staff</th>
<th>Responsibilities/Program Areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stanley Peck, Section Chief</td>
<td>Legal Office</td>
</tr>
<tr>
<td>509-7600; 509-7550</td>
<td></td>
</tr>
<tr>
<td><a href="mailto:stanley.peck@ct.gov">stanley.peck@ct.gov</a></td>
<td></td>
</tr>
<tr>
<td>Corinne Hermann, Administrative Assistant</td>
<td>Support Staff</td>
</tr>
<tr>
<td>509-7600; 509-7628</td>
<td></td>
</tr>
<tr>
<td><a href="mailto:corinne.hermann@ct.gov">corinne.hermann@ct.gov</a></td>
<td></td>
</tr>
</tbody>
</table>
LABORATORY BRANCH
John Fontana, PhD, (HCLD) ABB, Chief

Irene Alexis, Office Supervisor
(860) 509-8500

ADMINISTRATION SECTION

The Administration Section of the Public Health Laboratory is responsible for providing leadership and direction for the entire laboratory. Financial responsibilities include budget development and tracking (approximately $20 million) and the billing of accounts receivable of approximately three million dollars of fees. An Associate Accountant, William Glynn and a Fiscal Administrative Assistant, Harriet Clarke are assigned by the DPH Fiscal Office to the Laboratory to handle accounts receivable, budget preparation, and grants tracking.

A comprehensive Quality Assurance (QA) program based on ISO 17025 standards resides in Administration. The purpose of the QA program is to ensure that the testing and related services provided by the DPH Lab are of the highest quality attainable. This program applies to all personnel and activities associated with testing, reporting test results, processing or handling samples and specimens, purchasing or receiving supplies and material that affect testing, or interacting with customers utilizing the testing services of the DPH Laboratory.

The laboratory is certified or accredited by fourteen different external organizations and must meet their requirements in order to generate data for state and federal programs and receive reimbursement.

<table>
<thead>
<tr>
<th>STAFF</th>
<th>DAS TITLES/CLASS</th>
<th>PROGRAM AREAS</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Fontana</td>
<td>Branch Chief</td>
<td>All</td>
</tr>
<tr>
<td>Robert Howard</td>
<td>Section Chief</td>
<td>All</td>
</tr>
<tr>
<td>Carolyn Jean Webb</td>
<td>Toxicologist</td>
<td>Clinical Testing QA</td>
</tr>
<tr>
<td>Cynthia Carter</td>
<td>Principal Biologist</td>
<td>QA, Safety</td>
</tr>
<tr>
<td>Joseph Gaydosh</td>
<td>Principal Chemist</td>
<td>Environmental QA</td>
</tr>
<tr>
<td>Irene Alexis</td>
<td>Office Supervisor</td>
<td>Clerical Support</td>
</tr>
<tr>
<td>Linda Lewczyk</td>
<td>Administrative Assistant</td>
<td>Clerical Support</td>
</tr>
<tr>
<td>Robin Woelk</td>
<td>Secretary 2</td>
<td>Clerical Support</td>
</tr>
<tr>
<td>William Glynn</td>
<td>Associate Accountant</td>
<td>Financial oversight</td>
</tr>
<tr>
<td>Harriette Clarke</td>
<td>Fiscal Admin. Assistant</td>
<td>Financial support</td>
</tr>
</tbody>
</table>
Laboratory Branch, continued

ADMINISTRATIVE AND SCIENTIFIC SUPPORT SERVICES

Gregg Herriford, Section Chief
(860) 509-8517

The Administrative and Scientific Support Services section of the Public Health Laboratory is responsible for laboratory support in the broadest possible sense. Support ranges from initiating the purchasing of all items used at the laboratory, collection kit assembly and delivery, mailing reports, and removal and disposal of laboratory waste, etc.

Components in the section include: Central Accessioning, where all samples are initially received at the laboratory, assigned unique identifying numbers and delivered to the appropriate testing area; Data Entry, where all sample demographics are entered into the Laboratory Information Management System; Glassware, media and scientific equipment preparation, where media and hard goods are prepared for use by the laboratory; Laboratory Waste, provides for the decontamination and disposal of all laboratory specific waste; Outfit, where clients are sent appropriate collection kits or supplies, client reports are generated and mailed; Storekeeping, including the initial ordering all consumables, receiving them into the laboratory, ensuring maintenance contracts are renewed as required, and maintaining inventory and disposal of all capital equipment; Building infrastructure and maintenance, including working with the management company and coordinating with Department of Public Works to ensure the building operates as efficiently as possible.

<table>
<thead>
<tr>
<th>STAFF</th>
<th>DAS TITLES/CLASS</th>
<th>PROGRAM AREAS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gregg Herriford</td>
<td>Section Chief</td>
<td>All</td>
</tr>
<tr>
<td>Joe Nolan</td>
<td>Scientific Support Supervisor</td>
<td>Sample collection/report Glassware media Purchasing/data entry</td>
</tr>
<tr>
<td>Joan Koosa</td>
<td>Assistant Supervisor</td>
<td>Sample Collection Receipt and report</td>
</tr>
<tr>
<td>Rick Jenkins</td>
<td>Assistant Supervisor</td>
<td>Glassware/Media</td>
</tr>
<tr>
<td>BettyJane Phelps</td>
<td>Laboratory Assistant 3</td>
<td>Sample Receipt</td>
</tr>
<tr>
<td>Rosa Interlandi</td>
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<td>Sample Receipt</td>
</tr>
<tr>
<td>Mattie Hall</td>
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<tr>
<td>Edward Tehrani</td>
<td>Laboratory Assistant 1</td>
<td>Sample Receipt</td>
</tr>
<tr>
<td>Irma Booker</td>
<td>Laboratory Assistant 1</td>
<td>Sample Receipt</td>
</tr>
<tr>
<td>Lisbeth Redys</td>
<td>Laboratory Assistant 1</td>
<td>Outfit, reporting</td>
</tr>
<tr>
<td>Mirna Claudio</td>
<td>Laboratory Assistant 1</td>
<td>Outfit, reporting</td>
</tr>
<tr>
<td>Georgia Davey</td>
<td>Laboratory Assistant 1</td>
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</tr>
<tr>
<td>Maleny Saylor</td>
<td>Laboratory Assistant 1</td>
<td>Outfit, reporting</td>
</tr>
<tr>
<td>Phyllis Reghenzi</td>
<td>Laboratory Assistant 3</td>
<td>Glassware/Media</td>
</tr>
<tr>
<td>Veronica Robinson</td>
<td>Laboratory Assistant 1</td>
<td>Glassware/Media</td>
</tr>
<tr>
<td>Jessie Knowlin</td>
<td>Laboratory Assistant 1</td>
<td>Glassware/Media</td>
</tr>
<tr>
<td>Thomas Lumpkin</td>
<td>Laboratory Assistant 1</td>
<td>Glassware/Media</td>
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</table>
Partricia Ubaike  Laboratory Assistant 2  Glassware/Media
Derrick Robinson  Store Keeper 1  Storekeeping/Receiving
Rafael Conde  Store Keeper 1  Storekeeping/Receiving
Jon Joseph  Data Operator 1  Date Entry
Sherene Nelson  Data Operator 1  Data Entry
Karen Ferrairo  Office Assistant  Outfit, Reporting

**BIOLOGICAL SCIENCES**

*Philip Sommers, Section Chief*
(860) 509-8558

Biological Sciences tests for infectious agents in humans, animals, food and water, provides reference testing in support of epidemiological investigations, serves as the state’s response laboratory for the identification of bio-threat agents, and tests all Connecticut newborns for the presence of 42 inherited disorders that cause severe mental and/or physical illnesses.

<table>
<thead>
<tr>
<th>STAFF</th>
<th>DAS Title/Class</th>
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<th>DAS Title/Class</th>
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<tbody>
<tr>
<td>Arnold, Gloria</td>
<td>Micro 2</td>
<td>Barden, Diane</td>
<td>Supervising Microbiologist</td>
</tr>
<tr>
<td>Boluk Corina</td>
<td>Micro 2</td>
<td>Bose, Juthika</td>
<td>Chem 2</td>
</tr>
<tr>
<td>Brennan, Timothy</td>
<td>Supervising Biologist</td>
<td>Budnick, Gary</td>
<td>Supervising Micro</td>
</tr>
<tr>
<td>Fraley, Sally</td>
<td>Health Program Asst 1</td>
<td>Cormier, Dennis</td>
<td>Principal Biologist</td>
</tr>
<tr>
<td>DelBene, Judith</td>
<td>Lab Asst 3</td>
<td>Downing, Randy</td>
<td>Principal Biologist</td>
</tr>
<tr>
<td>Gagnon, Robert</td>
<td>Lab Asst 3</td>
<td>Gaynor, Eugene</td>
<td>Micro 2</td>
</tr>
<tr>
<td>Gerrish, Richard</td>
<td>Special Photographer</td>
<td>Goad, George</td>
<td>Principal Biologist</td>
</tr>
<tr>
<td>Szupryczynski, B.</td>
<td>Chemist 2</td>
<td>Holmes, Kimberly</td>
<td>Micro 2</td>
</tr>
<tr>
<td>Pearson, Claire</td>
<td>Micro 2</td>
<td>Johnson, David</td>
<td>Micro 2</td>
</tr>
<tr>
<td>Kantayya, Malika</td>
<td>Prin Biologist</td>
<td>Kinney, Aristea</td>
<td>Principal Biologist</td>
</tr>
<tr>
<td>Langer, Christine</td>
<td>Micro 2</td>
<td>Leavitt, Hillaire</td>
<td>Chemist 2</td>
</tr>
<tr>
<td>Lynes, Jennifer</td>
<td>Micro 1</td>
<td>Mandour, Mona</td>
<td>Principal Biologist</td>
</tr>
<tr>
<td>Mank, Laurn</td>
<td>Micro 1</td>
<td>Manning, Adrienne</td>
<td>Research Specialist</td>
</tr>
<tr>
<td>Martinez, Ricardo</td>
<td>Micro 1</td>
<td>Mills, Leslie</td>
<td>Lab Asst 2</td>
</tr>
<tr>
<td>Tran, Linh</td>
<td>CCT (Micro 1)</td>
<td>Ridley, Michael</td>
<td>Micro 2</td>
</tr>
<tr>
<td>Morring, Debra</td>
<td>Lab Asst 2</td>
<td>Samuels, Vine</td>
<td>Health Program Supervisor</td>
</tr>
<tr>
<td>Saez, Maria</td>
<td>Lab Asst 3</td>
<td>Powell, Gloria</td>
<td>Nurse Consultant</td>
</tr>
<tr>
<td>Santiago, Amalia</td>
<td>Lab Asst 2</td>
<td>Larson, Fay</td>
<td>Nurse Consultant</td>
</tr>
<tr>
<td>Shortt, David</td>
<td>Evidence Control Officer</td>
<td>Ubaike, Joseph</td>
<td>Supervising Biologist</td>
</tr>
<tr>
<td>vacant</td>
<td>Research Specialist</td>
<td>Zeygerman, Alla</td>
<td>Micro 2</td>
</tr>
<tr>
<td>Welles, Charles</td>
<td>Principal Biologist</td>
<td>Trebisacci, Dorothy</td>
<td>Nurse Consultant</td>
</tr>
</tbody>
</table>
The Biomonitoring Section of the Public Health Laboratory includes Biochemistry, Biomonitoring, and the Chemical Terrorism Response Program. The Biochemistry Laboratory analyzes approximately 4,000 blood lead screening samples and 800 blood lead confirmations each month for Connecticut health providers and thereby plays a major role in the comprehensive approach to prevent blood lead poisoning in Connecticut youth. Biomonitoring, a new program in development, will examine blood, saliva, and urine samples from humans to determine the physiologic impact of environmental toxins.

The Chemical Action Team (CAT) is comprised of laboratory staff specially trained to respond to an act of chemical terrorism by using highly technological instrumentation to analyze human blood and urine samples to detect low levels of WMD chemicals and metabolites that may be related to an act of chemical terrorism.

<table>
<thead>
<tr>
<th>Staff</th>
<th>Title</th>
<th>Work Area</th>
</tr>
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<tbody>
<tr>
<td>James C. Hogan, Jr., Ph.D.</td>
<td>Section Chief</td>
<td>Biomonitoring</td>
</tr>
<tr>
<td>Worsley, David</td>
<td>Supervisor</td>
<td>Biochemistry Lab</td>
</tr>
<tr>
<td>Swati Dalal</td>
<td>Chemist 1</td>
<td>Biochemistry Lab</td>
</tr>
<tr>
<td>Hallas, Dennis</td>
<td>Chemist 2</td>
<td>Biochemistry Lab</td>
</tr>
<tr>
<td>Vacant</td>
<td>Chemist 2</td>
<td>Biochemistry Lab</td>
</tr>
<tr>
<td>LaPenna, Anthony</td>
<td>Chemist 2</td>
<td>Biochemistry Lab</td>
</tr>
<tr>
<td>*Crane, Mary Jo</td>
<td>Chemist 2</td>
<td>Chemical Response Lab</td>
</tr>
<tr>
<td>Gorneault, Janice</td>
<td>Chemist 2</td>
<td>Chemical Response Lab</td>
</tr>
<tr>
<td>*LaPenna, Anthony</td>
<td>Principal Chemist</td>
<td>Chemical Response Lab</td>
</tr>
<tr>
<td>*Ubaike, Joseph</td>
<td>Supervisor</td>
<td>Chemical Response Lab</td>
</tr>
<tr>
<td>Webb, Carolyn Jean</td>
<td>Toxicologist</td>
<td>Chemical Response Biomonitoring</td>
</tr>
</tbody>
</table>

*Volunteer CAT members

The Environmental Chemistry Section of the Public Health Laboratory is responsible for testing that ensures the residents of the state are not exposed to environmental toxins. Some of the classes of compounds tested for include: volatile organics, pesticides and PCB’s, toxic metals, cyanide, asbestos and radionuclides (e.g. radon.) The section also performs environmental testing to help determine the source of lead poisoning in children. Additionally, the section provides support to several program areas within the Department of Environmental Protection, the Department of Consumer Protection and the Department of Labor.
<table>
<thead>
<tr>
<th>Staff</th>
<th>Title</th>
<th>Work Area</th>
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</thead>
<tbody>
<tr>
<td>Jack Bennett</td>
<td>Section Chief</td>
<td>Environmental Chemistry</td>
</tr>
<tr>
<td>Susan Isch</td>
<td>Supervising Chemist</td>
<td>Asbestos, Radiation Chemistry; Air Pollution</td>
</tr>
<tr>
<td>Vacant</td>
<td>Supervising Chemist</td>
<td>Metals, Inorganic Chemistry</td>
</tr>
<tr>
<td>Mildred Carrasquillo</td>
<td>Supervising Chemist</td>
<td>Organic Chemistry</td>
</tr>
<tr>
<td>Joseph Casale</td>
<td>Principal Chemist</td>
<td>Extractable Organics, Pesticides</td>
</tr>
<tr>
<td>Christina Downes</td>
<td>Principal Chemist</td>
<td>Pesticides, PCB’s, Herbicides</td>
</tr>
<tr>
<td>Paul Milne</td>
<td>Principal Chemist</td>
<td>Metals, Inorganic Chemistry</td>
</tr>
<tr>
<td>Vacant</td>
<td>Principal Chemist</td>
<td>Asbestos, Radiation Chemistry; Air Pollution</td>
</tr>
<tr>
<td>Mary Jo Crane</td>
<td>Chemist 2</td>
<td>Radiation Chemistry, Asbestos</td>
</tr>
<tr>
<td>Michelle Gorski</td>
<td>Chemist 2</td>
<td>Air Pollution, Radiation Chemistry</td>
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<tr>
<td>Richard Niederwerfer</td>
<td>Chemist 2</td>
<td>Radiation Chemistry, Asbestos</td>
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<tr>
<td>Judy Telemaque</td>
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<tr>
<td>Christina Downes</td>
<td>Chemist 2</td>
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<tr>
<td>Elizabeth Marum</td>
<td>Chemist 2</td>
<td>Pesticides</td>
</tr>
<tr>
<td>Geeta Shah</td>
<td>Chemist 2</td>
<td>Pesticides, Volatile Organics</td>
</tr>
<tr>
<td>Silva Terdjanian</td>
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<td>Extractable Organics</td>
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<tr>
<td>Janice Gorneault</td>
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<tr>
<td>Vacant</td>
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<td>Inorganic Chemistry</td>
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<tr>
<td>Ashok Kumar</td>
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<tr>
<td>Andrew Levander</td>
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<tr>
<td>Mary Beth Olesnevich</td>
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<tr>
<td>George Garrison</td>
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<td>Inorganic Chemistry</td>
</tr>
<tr>
<td>Debra Yousman-Roman</td>
<td>Lab Assistant 3</td>
<td>Air Pollution</td>
</tr>
<tr>
<td>Irene Hall</td>
<td>Lab Assistant 2</td>
<td>Extractable Organics</td>
</tr>
<tr>
<td>Winnifred Crawford</td>
<td>Lab Assistant 2</td>
<td>Metals</td>
</tr>
</tbody>
</table>
The Local Health Administration Branch (LHAB) serves as the primary interface between the Department of Public Health (DPH) and Connecticut’s local health departments (LHDs). LHDs are critical providers of essential public health services at the local level in Connecticut. Currently, Connecticut has 80 health departments serving the state’s entire population, 52 of which are full-time and 28 which are part-time health departments. Full-time health departments serve 93% of the state’s population. The full-time departments include 32 municipal health departments and 20 health districts.

The LHAB is responsible for the following state funded activities:

- Assuring that the commissioner’s public health objectives are embraced and supported by local health directors.
- Advising the commissioner on the appointment approval of a local director of health (Connecticut General Statute (CGS) 19a-200 and 19a-242).
- Establishing and maintaining a local health department database through collection, coordination, and analysis of annual reports (CGS 19a-200).
- Administering per capita grants-in-aid for local LHDs (CGS 19a-202, 19a-202a and 19a-245).
- Planning and coordinating the commissioner’s Semi-Annual meeting with directors of health (CGS 19a-208).
- Maintaining a directory of local health departments.
- Providing technical assistance and consultation to local health directors, local officials and others on the options for improving the provision of local public health services (CGS 19a-2a).
- Promoting full-time local public health services.
- Supporting public health nursing by linking state, local public health and the Connecticut Association of Public Health Nurses (CAPHN), to promote public health planning and evaluation, quality assurance and advocacy for communities.
- Promoting implementation of the National Public Health Performance Assessments and Standards.
- Providing orientation for new directors of health.
- Providing customer service to our local health department staff and their constituents to resolve public health nuisances.
- Testifying on behalf of the DPH to legislators, providing background information on Connecticut’s public health infrastructure.
Local Health Administration Branch, continued

• Working collaboratively with the Connecticut Association of Directors of Health (CADH).

The Department of Public Health is the recipient of a grant from the Centers for Disease Control and Prevention entitled “Public Health Preparedness and Emergency Response for Bioterrorism.” The LHAB is responsible for the overseeing and implementing the “Emergency Response and Communications” component of this grant. The LHAB also participate in other components of the grant including all hazards planning, mass prophylaxis and vaccination, and the Strategic National Stockpile (SNS) activities.

Federally funded activities include:

• Co-chairing the Emergency Response Communications subcommittee meetings.
• Establishing, maintaining and enhancing Connecticut’s Health Alert Network (HAN).
• Testing of Connecticut’s HAN and staffing the department’s command center for drills and exercises.
• Training DPH staff on the use of the multiple components of Connecticut’s HAN
• Working with local health departments on the development and implementation of local HANs.
• Reviewing and approving all LHD emergency response communication contractual deliverables, expenditure reporting and budget revision requests.
• Coordinating activities for local drills and exercises
• Meeting with chief elected officials for discussion on essential public health services, emergency response capacity and infrastructure building.
• Building Connecticut’s public health infrastructure and emergency response capacity through financial incentives “Transition Program.”
• Coordinating the virtual Office of Public Health Nurses
• Working on an Orientation Manual for Public Health Leaders

Staff

Pamela Kilbey-Fox, Branch Chief  
MS #11 LOC  pamela.kilbey-fox@ct.gov

Lora Shannon, Administrative Assistant, x7660  
MS #11 LOC  lora.Shannon@ct.gov

Juanita Estrada, Section Chief, Epidemiologist III, HAN Coordinator  
MS #11 LOC  juanita.Estrada@ct.gov

Peter Mitchell, Epidemiologist III, WANS Coordinator  
MS #11 LOC  peter.Mitchell@ct.gov
Local Health Administration Branch, continued

David Hunt, Health Program Assistant II, MEDSAT Coordinator
MS #11 LOC  david.hunt@ct.gov

Barbara Dingfelder, Nurse Consultant
MS #11 LOC  Barbara.dingfelder@ct.gov

Sue Walden, Health Program Associate, Per Capita Grant Administrator
MS #11 LOC  sue.walden@ct.gov
The Information Technology section consists of three functional units: 1. Infrastructure Maintenance and Support, 2. Application Development and Support, and 3. PHIN (Public Health Information Network) Coordination and Project Management. In addition to providing Help Desk support for Department of Public Health (DPH) agency users and their external business partners, the Infrastructure Unit provides network and desktop support, monitors back-up and recovery operations, configures, installs and supports desktops, laptops, printers, and modems, and network administration wiring; routers; switches; hubs; servers; and server storage space. In addition, the Infrastructure Unit oversees the hardware/software inventory maintenance to insure all information technology (IT) hardware and software products are properly inventoried and tracked throughout their life cycle.

The Application Development Unit develops, enhances, implements and/or maintains numerous mission-critical applications used by the various business units of DPH to fulfill their public health obligations and that ensure timely reporting of critical public and personal health information.

The PHIN Coordination and Project Management Unit is responsible for establishing an IT architectural platform that meets Centers for Disease Control and Prevention (CDC) standards for PHIN certification. When migrating critical DPH applications to the PHIN architecture, the PHIN unit provides the project management structure and system development life cycle methodology necessary to ensure that business needs are met and that the project stays within established timelines and costs.

<table>
<thead>
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<th>STAFF</th>
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<tbody>
<tr>
<td>Kapral, Vanessa</td>
<td>IT Manager 3</td>
<td>IT Manager</td>
</tr>
<tr>
<td>Carbonneau, Lynn</td>
<td>Administrative Asst.</td>
<td>IT Administration</td>
</tr>
<tr>
<td>Andrews-Hawkins, Cathy</td>
<td>IT Analyst 2</td>
<td>Technical Infrastructure Maintenance and Support</td>
</tr>
<tr>
<td>Cortes, Jose</td>
<td>IT Analyst 2</td>
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<tr>
<td>Fuller, Daniel</td>
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<tr>
<td>Golebiewski, Eva</td>
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<tr>
<td>Hughes, William</td>
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<tr>
<td>McPherson, Neil</td>
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<td>Piscitelli, Nicholas</td>
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<td>Hardware/Software Inventory Maintenance</td>
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<td>Help Desk Calls/Back-up Timekeeper</td>
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</table>
### OFFICE OF EMERGENCY MEDICAL SERVICES

**Gary Wiemokly, Section Chief**  
(860) 509-7975

The Office of Emergency Medical Services of the Operations Branch is responsible for program activities, including, but not limited to:  
1. education and training;  
2. licensing and certification of EMS personnel and providers;  
3. investigations;  
4. data collection;  
5. various grants (trauma, equipment, rural AED, MIC);  
6. ambulance rates;  
7. provider activity reports;  
8. regional council oversight;  
9. providing staff support to the advisory board;  
10. coordination of EMS response to committees.

<table>
<thead>
<tr>
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<th>DAS TITLES/CLASS</th>
<th>PROGRAM AREAS</th>
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<tbody>
<tr>
<td>Anderson, Sean</td>
<td>Health Program Associate</td>
<td>Grants, Rural AEDs, Ambulance Rates</td>
</tr>
<tr>
<td>Brown, Kevin</td>
<td>EMS Training Program Coordinator</td>
<td>Education and Training</td>
</tr>
<tr>
<td>Dawley, Tia</td>
<td>Office Assistant</td>
<td>Licensing and renewals for providers, Provider activity reports, support to Education and Training, investigations, Need for Service and MIC</td>
</tr>
<tr>
<td>DiPaola, Giovanni</td>
<td>Special Investigator</td>
<td>EMS personnel investigations</td>
</tr>
<tr>
<td>Johnston, Elizabeth</td>
<td>Special Investigator</td>
<td>EMS provider investigations; ambulance inspections</td>
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Office of Emergency Medical Services, continued

<table>
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<th>STAFF</th>
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<tbody>
<tr>
<td>Kaiser, Kathy</td>
<td>Processing Technician</td>
<td>Licensing and Renewals of EMS personnel</td>
</tr>
<tr>
<td>Kamin, Richard</td>
<td>Medical Director (on contract)</td>
<td>Medical issues, reviewing MIC applications, member of CEMSMAC</td>
</tr>
<tr>
<td>Nardello, Thomas</td>
<td>Special Investigator</td>
<td>EMS personnel investigations</td>
</tr>
<tr>
<td>Nowakowski, Jay</td>
<td>Lead Planning Analyst</td>
<td>Need for Service, EMS Plans, monitoring and compliance of EMS personnel, regional council contracts, MIC</td>
</tr>
<tr>
<td>Rodriguez, Alex</td>
<td>Licensing and Applications Specialist</td>
<td>Licensing and renewals of EMS personnel</td>
</tr>
<tr>
<td>Shand, Gordon</td>
<td>Planning Specialist</td>
<td>Communications, Command Center liaison</td>
</tr>
<tr>
<td>Teel, Bill</td>
<td>Epidemiologist 3</td>
<td>Data collection</td>
</tr>
<tr>
<td>Wheeler, Wendy</td>
<td>Clinical Coordinator (on contract)</td>
<td>Trauma grant and EMS-C grant</td>
</tr>
<tr>
<td>Wiemokly, Gary</td>
<td>Public Health Services Manager</td>
<td>Section Chief for OEMS</td>
</tr>
<tr>
<td>Williams, Yolanda</td>
<td>Secretary 2</td>
<td>Office support</td>
</tr>
</tbody>
</table>

OFFICE OF PUBLIC HEALTH PREPAREDNESS

Dr. Albert Geetter, Section Chief
(860) 509-8100

The Office of Public Health Preparedness (OPHP) is responsible for providing direction, coordination and assessment of all activities that ensure state and local readiness, interagency collaboration and preparedness for bioterrorism. The OPHP oversees the implementation of the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA) cooperative agreements and provides grant management and funding administration. The OPHP ensures that there is a clear understanding and coordination of planning efforts across the grants and that there is no duplication of efforts or expenditures. OPHP also serve in a lead role for all emergency response for the department. This section also coordinates readiness with, local, state and federal response agencies.

<table>
<thead>
<tr>
<th>STAFF</th>
<th>DAS TITLES/CLASS</th>
<th>PROGRAM AREAS</th>
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</thead>
<tbody>
<tr>
<td>Bergeson, Jon</td>
<td>Training Program Specialist</td>
<td>Drill Coordinator</td>
</tr>
<tr>
<td>Best, Jonathan</td>
<td>EMS Field Program Coordinator (part-time)</td>
<td>EMS Mutual Aid Response Plan and assists with other aspects to the Hospital Preparedness Program</td>
</tr>
<tr>
<td>Blaschinski, Dennis</td>
<td>Fiscal Admin. Officer</td>
<td>Agency vehicles, telephones, cell phones, pagers</td>
</tr>
<tr>
<td>Duley, Mary</td>
<td>Supervising Nurse Consultant</td>
<td>Hospital Preparedness Coordinator</td>
</tr>
<tr>
<td>Emerling, Mary</td>
<td>Nurse Consultant</td>
<td>Mobile Hospital Coordinator</td>
</tr>
<tr>
<td>Geetter, Albert</td>
<td>Health Mnrgt. Administrator</td>
<td>Section Chief</td>
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### Operations Branch  
**Office of Public Health Preparedness, continued**

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<tbody>
<tr>
<td>Holota, Renee</td>
<td>Office Supervisor</td>
<td>Support to Branch Chief; supervises all support staff in OEMS and OPHP; handles all FOIs</td>
</tr>
<tr>
<td>Kremer, Elise</td>
<td>Public Health Administrator</td>
<td>Laboratory and Mobile Field Hospital Liaison</td>
</tr>
<tr>
<td>Marino, Joseph</td>
<td>Epidemiologist 4</td>
<td>Strategic National Stockpile Coordinator</td>
</tr>
<tr>
<td>Steelman, Elen</td>
<td>Secretary 1</td>
<td>Office Support</td>
</tr>
<tr>
<td>Torrey, Glenn</td>
<td>Storekeeper</td>
<td>Mobile Field Hospital inventory</td>
</tr>
</tbody>
</table>
PLANNING BRANCH
Meg Hooper, Chief

Louise Smith, Administrative Assistant
(860) 509-7218

The Planning Branch is responsible for the promotion, enhancement, and protection of: health data collection, processing, analysis, and reporting; public health planning and policy development; training and professional development activities; and eliminating health disparities. Its responsibilities directly support the department’s mission to protect and promote public health in Connecticut. The branch provides information and data compendium, as well as support for collaborative health policy decisions, integrated state health planning, and coordinated training programs.

The branch also leads various internal and external partnerships, including the Multicultural Health Partnership, Health Information Technology Plan Steering Committee. The branch serves to improve the assessment of Connecticut’s health services and the health status of Connecticut residents to develop proactive planning and policy development initiatives that are supported by a competent workforce.

ADMINISTRATION----------------------------------------------------------------
Meg Hooper, Chief     Louise Smith, Adm Assistant, x7218
MS#13PCW  meg.hooper@ct.gov

CONNECTICUT TUMOR REGISTRY----------------------------------------------
Mary Lou Fleissner, Dr.PH, Director   Anna Legere, Adm Assistant, x7163
MS#13TMR  mary.lou.fleissner@ct.gov

Cathryn Phillips, Manager             Lucy Petruzzello, Secretary, x7164
MS#13TMR  cathryn.phillips@ct.gov

GENOMICS OFFICE--------------------------------------------------------------
Beverly Burke, Coordinator            Mattie Adgers, Secretary, x8070
MS#13PCW  beverly.burke@ct.gov

Joan Foland, Epidemiologist
MS #11PSI  joan.foland@ct.gov

HEALTH INFORMATION SYSTEMS & REPORTING--------------------------
Julianne Konopka, Director            Vivian Henry, Adm Assistant, x7658
MS #11PSI  julianne.konopka@ct.gov

Nancy Dickman, Secretary, x7662
Yvonne Cheek, Adm Assistant, x7120
Planning Branch, continued

Elizabeth Frugale, State Registrar of Vital Records  Merelin Solivan, Secretary, x 7896
Vital Records, MS #11VRS
elizabeth.frugale@ct.gov

OFFICE OF MULTICULTURAL HEALTH---------------------------------------------
Nancy Berger, Director  Louise Smith, Adm Assistant, x7218
MS#13OMH  nancy.berger@ct.gov

PLANNING AND WORKFORCE DEVELOPMENT---------------------------------------
Kristin L. Sullivan, Public Health Svcs Manager  Mattie Adgers, Secretary, x8070
MS#13PCW  kristin.sullivan@ct.gov

Mary Pettigrew, Planning Specialist
MS #13PCW  mary.pettigrew@ct.gov

EPIDEMIOLOGIC RESEARCH AND TUMOR REGISTRY

Epidemiologic Research  Mary Lou Fleissner  509-7739
The Epidemiologic Research Unit provides support, technical assistance, and consultation to programs within the Department of Public Health (DPH) and other agencies doing public health research. The unit also provides epidemiologic support to ongoing investigations that involve collaboration between multiple agencies. A major initiative of the unit is to enhance the research capacity of the tumor registry by increasing collaboration between university and other health care researchers and DPH cancer epidemiologists. The unit also provides review and approval of research applications from researchers who submit proposals to use DPH data.

CT Tumor Registry  Cathryn Phillips 509-7163
The Connecticut Tumor Registry is a population-based resource for examining cancer incidence and trends in Connecticut. The registry’s electronic database of over 755,000 cancers includes all reported tumors diagnosed in Connecticut residents from 1935 through 2006, as well as treatment, follow-up and survival data. These data are utilized to assist in the assessment of health status and developing health programs and resources. The registry is also one of only 10 statewide, federally funded Surveillance, Epidemiology and End Results (SEER) sites in the country, selected by the National Cancer Institute for their ability to manage a cancer reporting system.

Research and Epidemiology  Anthony Polednak  509-7144
Quality Assurance and Training  Nahrain Youmara 509-7198
Medical Coding  Carline Clanton-Watkins 509-7115
File Systems Management  Jan Kulpanowski  509-7165
GENOMICS OFFICE

Developed in response to the Department of Public Health (DPH) “Connecticut Genomics Action Plan,” the DPH Genomics Office (DPH-GO) has as its aim: To promote the responsible and effective translation of current and emerging genome-based information into health benefits for the population of Connecticut. Goals of the office include: 1) facilitating the integration of genomics into DPH programs; 2) fostering needed collaborations on the local, regional and national level; 3) contributing to genomic policy development; assuring the availability of a competent genomics workforce; and 4) assuring access to quality genetic services. DPH-GO activities involve education and outreach, macro-level research, surveillance, and policy development on topics such as newborn screening expansion, family health history, and direct-to-consumer marketing of genetic testing.

The DPH-GO is supported by a collaborative cross-agency Council of Genomics (COG) who dedicate a portion of their time to the department’s public health genomics efforts. Additionally, a broader DPH Gene Team is ongoing, and an external Expert Genomics Advisory Panel is convened regularly to advise the department's genomics efforts.

HEALTH INFORMATION SYSTEMS AND REPORTING

The Health Information and Reporting (HISR) section’s mission is to inform the public and to conduct community health assessment, planning, and policy development through: collection of health data and the enhancement of statewide registries for births, deaths and marriages in Connecticut; analysis and interpretation of vital statistics, adult and youth health surveys, hospital discharge and hospital quality of care data; and, monitoring trends and disparities in vital statistics and hospitalization of Connecticut residents; surveillance of cardiovascular disease and diabetes; and monitoring of health professional shortage areas. Staff respond to numerous requests for health statistics from the public, legislators, the news media, academic partners and community health providers. Staff also serve as subject matter experts for the wide range of health data collected by HISR, and in several analytic areas: biostatistics, survey research, health disparities assessment, and geocoding for local-area GIS assessments.

<table>
<thead>
<tr>
<th>Health Care Quality, Statistics, Analysis, &amp; Reporting</th>
<th>Lloyd Mueller - 509-7156</th>
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<tbody>
<tr>
<td>CT Population Estimates</td>
<td>Karyn Backus – 509-7156</td>
</tr>
<tr>
<td>Annual Vital Statistics Registration Reports</td>
<td>Federico Amadeo – 509-7148</td>
</tr>
<tr>
<td>Birth Outcome &amp; Risk Surveillance</td>
<td>Lloyd Mueller – 509-7156</td>
</tr>
<tr>
<td>Mortality Surveillance</td>
<td>Lloyd Mueller – 509-7156</td>
</tr>
<tr>
<td>Inpatient Hospitalization Counts, Rates &amp; Charges</td>
<td>Jon Olson – 509-7889</td>
</tr>
<tr>
<td>Web-based Data Query System- CHIERS</td>
<td>Lloyd Mueller – 509-7156</td>
</tr>
<tr>
<td>Hospital Adverse Events</td>
<td>Jon Olson – 509-7889</td>
</tr>
<tr>
<td>Abortion Reporting</td>
<td>Lloyd Mueller – 509-7156</td>
</tr>
<tr>
<td>HCQSAR Web master</td>
<td>Karyn Backus – 509-7342</td>
</tr>
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</table>
Planning Branch
Health Information Systems and Reporting, continued

Surveillance and Reporting
Cardiovascular Disease Epidemiology
Diabetes Epidemiology
Abortion Data Entry
Health Professional Shortage Designations
National Interest Waivers
J-1 Visa support

Survey Research
Behavioral Risk Factor Surveillance System (BRFSS)
Connecticut School Health Survey (CSHS)
HISR Webmaster

Program Support
Biomedical Contract Program Support
Notice of Intent (NOI)
Preventive Block Grant
Request for Proposal (RFP) process

Vital Records - State Registrar
Customer Service Operations (Vital Record Issuance)
Vital Record Operations (Filing and Processing)
Birth Records
Death Records
Fetal Death Records
Marriage/Civil Unions Records
Adoption Records
Gender Reassignment Birth Records
Paternity
Town Clerk Liaison
Birth Registry System Liaison (Hospital)
Funeral Director Liaison
Genealogy Support
Quality Assurance Coordination
Fraud Liaison

Margaret Hynes - 509-7135
Betty Jung – 509-7711
Betty Jung – 509-7711
Nancy Dickman – 509-7671
Marijane Mitchell – 509-7668
Marijane Mitchell – 509-7668
Marijane Mitchell – 509-7668

Diane Aye - 509-7756
Diane Aye – 509-7756
Diane Aye – 509-7756
Celeste Jorge – 509-7695

Julie Konopka - 509-7658
Julie Konopka – 509-7658
Vivian Henry – 509-7658
Julie Konopka – 509-7658
Julie Konopka – 509-7658

Elizabeth Frugale – 509-7895
Kelly McGarrity – 509-7978
David Antolini – 509-7952
Carol Mangiafico – 509-7950
David Antolini - 509-7952
Carol Mangiafico – 509-7950
Jibrelle Wilson-Williams 509-7957
Maria Colon – 509-7956
Maria Colon – 509-7956
Kathleen Sehi – 509-7960
Dianne Gustafson – 509-7961
Carol Mangiafico – 509-7950
Dianne Gustafson – 509-7961
Angela Kasek – 509-7955
Dianne Gustafson – 509-7961
Lisa Kessler – 509-7983
**OFFICE OF MULTICULTURAL HEALTH**

The Office of Multicultural Health is responsible for providing leadership in promoting, protecting and improving the health of all Connecticut residents by eliminating differences in disease, disability, and death rates among ethnic, racial and culturally diverse populations. The office promotes access to quality health education and health care services; facilitates presence of diverse populations in health planning, program development, policy formation, and outreach and awareness initiatives. The office functions largely through collaboration with statewide partners. The office recommends policies, procedures, activities and resource allocations to improve health among the state’s underserved and diverse populations, and to eliminate health disparities.

CT Multicultural Health Partnership
Program Support
Community Outreach
Committees Coordination

<table>
<thead>
<tr>
<th>Contact</th>
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<tbody>
<tr>
<td>Nancy Berger</td>
<td>509-8098</td>
</tr>
<tr>
<td>Angela Jimenez</td>
<td>509-7142</td>
</tr>
<tr>
<td>Michele Stewart-Copes</td>
<td>509-8196</td>
</tr>
<tr>
<td>Felicia Epps</td>
<td>509-7276</td>
</tr>
</tbody>
</table>

**PLANNING AND WORKFORCE DEVELOPMENT**

The Planning and Workforce Development Section provides support and technical assistance to the department, state and local agencies and policymakers in determining health status and public health resource needs, setting public health priorities, and developing a comprehensive and coordinated State Health Plan. In addition, the section works to assure a competent public health workforce by offering professional development and continuing education through distance learning and other modalities, training evaluation, and participating in workforce development initiatives including recruitment and internship activities.

**Distance Learning**

Staff actively participates in the Centers for Disease Control and Prevention (CDC) Public Health Training Network to provide satellite programming to the state public health workforce. Other distance learning capacities include video-teleconferencing, web-based learning accessible through an online learning management system (TRAINConnecticut), a library of archived programs that can be viewed from an employee’s workstation through a portable DVD/VHS monitor and head phones, a mobile computer laboratory that includes state-of-the-art laptops and a portable smart board, and Mediasite technology for webcasting.

**Learning Management System**

Since January 2005, staff has managed an online learning management system, TRAINConnecticut. TRAINConnecticut provides a centralized resource of national and local public health training opportunities as well as a mechanism to identify and track training of Connecticut’s public health workforce. There are currently over 4,000 user accounts and during this past fiscal year, over 60 training sessions were posted on the system.
Professional Development and Continuing Education  Kristin Sullivan  509-7126

Programs are offered through Department of Administrative Services (DAS) In-Service training, DPH’s career mobility committee and through collaborations with academic partners and other stakeholders involved in public health preparedness and response. All opportunities are identified and marketed through TRAINConnecticut.

Public Health Preparedness Planning  Mary Pettigrew  509-7544

This program is authorized under Authority: 42 U.S.C. 247d-3 and is supported by funding from the Centers for Disease Control and Prevention (CDC). The program supports the development of state and local public health emergency response plans, the integration of public health planning into an all-hazards approach, and coordination of public health resources with other emergency responders.

State Health Planning  Carol Bower  509-7141

The State Health Planning section provides technical and other assistance to the development of disease-specific planning efforts of the department and its community partners. Reference materials for health planning are available in an in-house library and staff provides technical resources, such as a planning template.

Workforce Development Initiatives  Kristin Sullivan  509-7126

Workforce initiatives include a graduate student intern program including a formal Master of Public Health (MPH) Rotations Program with the University of Connecticut, Southern Connecticut State University, a preventive medicine residency program with Griffin Hospital/Yale University, and a collaboration with the Yale Office of Community Health to place Yale MPH candidates in governmental public health practicum sites. Section staff work collaboratively with various coalitions, boards, and committees to address important workforce issues such as shortages, leadership, mentoring, recruitment and retention for the public health workforce. Critical partners include other state agencies, local public health agencies, health care providers, academic institutions, and professional organizations.
The Public Health Initiatives Branch improves and protects the health of Connecticut's residents using a variety of methods: a) through the promotion of primary and preventive health care at every stage of life and through the identification of risk factors that contribute to chronic and infectious diseases; b) through the collection of data to assess and improve individual and population health; c) through disease surveillance and linked intervention activities such as patient counseling, public education, provision of vaccines or medicines, organization of special clinics; and d) through planning and development of a flexible emergency-response capability to address emerging disease problems such as West Nile virus and possible bioterrorism events such as anthrax or smallpox.

AIDS AND CHRONIC DISEASES

Rosa M. Biaggi, Section Chief
(860) 509-7801

Unit: HIV Prevention Services
Summary: HIV Prevention Services contractors conduct a variety of HIV/AIDS prevention initiatives. HIV prevention initiatives are approved by the Centers for Disease Control and Prevention (CDC). There is a federal ban on the Needle/Syringe Exchange Program.
Contact: Janis Spurlock, Health Program Supervisor
Programs:
- HIV Prevention Education
- HIV Counseling and Testing
- HIV Prevention Case Management
- Drug Treatment Advocate Programs
- Syringe Exchange
- Prenatal Counseling and Testing

Unit: Chronic Disease
Summary: The Chronic Disease Unit coordinates statewide initiatives to promote policy and environmental change by defining the burden of diabetes and cardiovascular diseases in Connecticut. The Chronic Diseases Unit is developing a comprehensive state plan for diabetes, heart disease and stroke prevention.
Contact: Linda Cooney, Supervising Nurse Consultant
Programs:
- Heart Disease and Stroke Prevention (HDSP)
- Diabetes Prevention and Control Program (DPCP)
- Hepatitis C Prevention
- Viral Hepatitis Prevention in Youth
Unit: Health Care and Support Services (HCSS)
Summary: Health Care and Support Services contractors provide a variety of critical HIV/AIDS related health care and support services, including but not limited to: case management, primary medical care, emergency assistance, housing, transportation, oral health care, nutritional counseling, home care, day care/respite services, alternative/complementary therapies, substance abuse treatment, meals, insurance assistance, and pharmaceuticals.
Contact: Deborah Gosselin, Nurse Consultant/Supervisor
Programs:
- HIV/AIDS Case Management
- Minority AIDS Initiative (MAI)
- Medication Adherence Programs (MAP)
- Mental Health Services for HIV Affected Children
- Connecticut AIDS Drugs Assistant Program

Unit: HIV/AIDS Surveillance and Viral Hepatitis Prevention Program
Summary: The HIV/AIDS Surveillance unit conducts routine surveillance for HIV and AIDS including enhanced surveillance for perinatal HIV exposure and infection, surveillance for high risk behaviors related to HIV infection and surveillance for new HIV infections. The viral hepatitis prevention unit conducts routine surveillance for hepatitis B and C and a variety of prevention initiatives including case management, provision of vaccine, special vaccination initiatives in selected settings, promotion of screening, counseling and education, and statewide planning.
Contact: Aaron Roome, MPH, PhD, Epidemiologist 4
Programs:
- HIV/AIDS Surveillance
- Enhanced Perinatal HIV Surveillance
- Behavioral HIV Surveillance
- HIV Incidence Surveillance
- Hepatitis B and C Surveillance
- Perinatal Hepatitis B Prevention
### Administration

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Biaggi, Rosa M.</td>
<td>x7773</td>
<td>Section Chief</td>
</tr>
<tr>
<td>Andresen, Chris</td>
<td>x 7828</td>
<td>Public Health Services Manager</td>
</tr>
<tr>
<td>Flythe, Nadine L.</td>
<td>x 7797</td>
<td>Office Supervisor</td>
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### HIV/AIDS Surveillance Unit

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<tr>
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<tbody>
<tr>
<td>Angulo, Rory</td>
<td>x 7691</td>
<td>Epidemiologist 3</td>
</tr>
<tr>
<td>Carley, Kenneth</td>
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<tr>
<td>Diskavich, Laura</td>
<td>x 7724</td>
<td>Nurse Consultant</td>
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<tr>
<td>Gamarra, Amor</td>
<td>x 8152</td>
<td>Health Services Worker</td>
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<tr>
<td>Gerard, Kristin</td>
<td>x 8187</td>
<td>Epidemiologist 2</td>
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<tr>
<td>Jackson, Tamika</td>
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<td>Langer, Susan</td>
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<td>Noga, Heather</td>
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<td>Prince, Nicholanna</td>
<td>x 7494</td>
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<td>Roome, Aaron</td>
<td>x 7908</td>
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<td>Speers, Suzanne</td>
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<tr>
<td>Vazquez, Melinda</td>
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### Chronic Diseases Unit

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<tbody>
<tr>
<td>Cooney, Linda</td>
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<td>Supervising Nurse Consultant</td>
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<tr>
<td>Fisher, Valerie</td>
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<tr>
<td>Jung, Betty</td>
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<tr>
<td>Kozak, Cindy</td>
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<td>Lombard, Andrea</td>
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<td>Prevost, Nancy</td>
<td>x 8013</td>
<td>Secretary 2</td>
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<tr>
<td>St. Amand, Gary</td>
<td>x 7581</td>
<td>Health Program Associate</td>
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<tr>
<td>Trella, Pat</td>
<td>x 8137</td>
<td>Health Program Assistant 2</td>
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### Health Care and Support Services Unit

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<tr>
<td>Aponte, Laura</td>
<td>x 8007</td>
<td>Health Program Associate</td>
</tr>
<tr>
<td>Botti, John</td>
<td>x 8259</td>
<td>Health Program Assistant 2</td>
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<tr>
<td>Buchelli, Marianne</td>
<td>x 8053</td>
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</tr>
<tr>
<td>Glass, Debra</td>
<td>x 7789</td>
<td>Office Assistant</td>
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Public Health Initiatives Branch  
*AIDS and Chronic Diseases, continued*

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<tr>
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<tr>
<td>Gosselin, Deborah</td>
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<tr>
<td>Mase, Barbara</td>
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<tr>
<td>Reault, Maureen</td>
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<tr>
<td>Romanik, Christine</td>
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<tr>
<td>Testori, Dorine</td>
<td>x 7830</td>
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**PREVENTION UNIT**

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<tbody>
<tr>
<td>Barker, Lize-Anne</td>
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<td>Office Assistant</td>
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<tr>
<td>Baume, Bob</td>
<td>x 7846</td>
<td>Associate Research Analyst</td>
</tr>
<tr>
<td>D’Angelo, Gina</td>
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<td>Health Program Associate</td>
</tr>
<tr>
<td>Dones-Mendez, Dulce</td>
<td>x 8054</td>
<td>Health Program Associate</td>
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<tr>
<td>Foster, Pam</td>
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<td>Major, Susan</td>
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<td>Nepaul, Ava</td>
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<td>Epidemiologist 3</td>
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<td>Ortiz, Mariano</td>
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<td>Health Program Associate</td>
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<td>Riera-Llantin, Vivian</td>
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<td>Health Program Associate</td>
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<td>Rodriguez-Santana, Ramon</td>
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<td>Health Program Assistant 1</td>
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<tr>
<td>Santoro, Claudio</td>
<td>x 7815</td>
<td>Health Program Associate</td>
</tr>
<tr>
<td>Spurlock, Janis</td>
<td>x 7848</td>
<td>Health Program Supervisor</td>
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<tr>
<td>Wagner, David</td>
<td>x 8068</td>
<td>Health Program Assistant 2</td>
</tr>
<tr>
<td>Williams, Zelda</td>
<td>x 7820</td>
<td>Data Entry Operator 2</td>
</tr>
</tbody>
</table>
FAMILY HEALTH

Lisa Davis, Section Chief
Janet Brancifort, PHSM
(860) 509-8074

Unit: Primary Care and Prevention (PCAP)

Summary:
The PCAP unit provides funding to contractors to provide: (1) case management services for pregnant women (including teens), including secondary teen pregnancy prevention and parenting programs; (2) comprehensive primary care services statewide through the network of community health centers; (3) family planning services through a network of family planning sites throughout the state; (4) rape prevention education and crisis intervention and the prevention of intimate partner violence; (5) recruitment and retention efforts of health professionals in medically underserved areas and health professional shortage designations; and (6) fetal, infant and maternal mortality surveillance. This unit also provides representation to the federal Office on Women’s Health – Region I, Department of Health and Human Services, as the Women’s Health Coordinator.

Contact: Sharon Tarala, Supervising Nurse Consultant

Programs/Services:
Case Management for Pregnant Women
Case Management/Parenting Programs
Healthy Start (via MOA with DSS)
Healthy Choices for Women and Children
Perinatal Depression Screening
Prevention of Violence Against Women
Intimate Partner Violence
Rape Prevention Education and Crisis Intervention

Primary Care Services
Community Health Centers
Family Planning
Primary Care Office
Waterbury Health Access Program

Mortality Review Surveillance
Fetal and Infant Mortality Surveillance
Pregnancy Related Mortality Surveillance
Unit: **Family Health Epidemiology**

**Summary:** The Family Health Epidemiology unit provides data and analytical support to the FHS programs, including the provision of required information for the Maternal and Child Health Block Grant (MCHBG) and the Preventive Health and Health Services Block Grant national and state performance measures. This unit also coordinates the activities outlined in the State Systems Development Initiative grant (the infrastructure grant related to the MCHBG) and the Child Health Access Project (CHAP). This unit seeks to identify and collect population-based MCH data, as well as create new data systems to complement existing data that will enhance the section’s ability for effective program planning, evaluation and surveillance.

**Contact:** Marcie Cavacas, Epidemiologist 4

**Programs/Services:** State Systems Development Initiative (HRSA grant)  
Child Health Access Project (CHAP)  
Birth Defects Registry

Unit: **School and Adolescent Health**

**Summary:** School Based Health Center (SBHC) contractors provide services to children and adolescents in a health center located in a school or on the school grounds. Some SBHCs include oral health services. There are 74 DPH funded SBHCs in 20 communities statewide serving students in grades pre-K through 12.

**Contact:** Barbara Pickett, Health Program Supervisor

**Programs/Services:** School Health Services  
School Based Health Centers  
Expanded School Health  
MCH Infoline
Public Health Initiatives Branch  
Family Health, continued

Programs/Services: **Arthritis Program**

**Summary:**  
Arthritis affects one out of four adults in Connecticut (about 677,000 people), and along with chronic joint pain is the leading cause of disability in the United States today. The chronic pain of arthritis limits one’s ability to work, perform activities of daily living and can lead to depression and loss of independence. Staggering medical costs and lost wages can be attributed to arthritis. These costs are expected to continue to grow as the population ages.

Connecticut’s Arthritis Program utilizes CDCs “Physical Activity - The Arthritis Pain Reliever” media campaign to reach those with arthritis in Connecticut. In addition, the Arthritis Program works closely with the Arthritis Foundation of Northern & Southern New England to provide arthritis self-management courses to those with arthritis in Connecticut.

**Contact:**  
Barbara Pickett, Health Program Supervisor

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**Unit:** **Children and Youth with Special Health Care Needs (CYSHCN)**

**Summary:**  
The goal of the Medical Home Program is to build the state infrastructure to: 1) reach more CYSHCN and their families and assist them with access and coordination of multiple systems of care and resources; 2) assist the Pediatric Primary Care Providers (PCPs) to identify CYSHCN with high severity needs who need care coordination; 3) link with regional family support networks; 4) provide respite planning and funding for respite family-based services; 5) provide benefits coordination for families to access durable medical equipment, prescriptive medications and specialized formulas; 6) assist PCPs to identify youth with special health care needs to receive the services necessary to make transitions to all aspects of adult life, and 7) liaison with Child Development Infoline for information and referral services to CYSHCN.

The Early Hearing, Detection and Intervention (EDHI) Program ensures early hearing detection and intervention for infants identified with a hearing loss. The mandated EHDI program is to assure quality developmental outcomes for infants identified with hearing loss.

The Sickle Cell Disease Program provides comprehensive coordination of adults with Sickle Cell Disease (SCD) and Trait by improving adult SCD healthcare services. The program also provides advocacy for optimal use of state and federal resources into the future.
Public Health Initiatives Branch
Family Health, continued

Contact: Mark Keenan, Supervising Nurse Consultant

Programs/Services: Medical Homes
EHDI
Sickle Cell

Other: Early Childhood Partners (ECP)

Summary: The goal of the ECP initiative is a collaborative effort to build and sustain an integrated service system that incorporates comprehensive health services, early care and education, and family support and parent education to endure the sound health and full development of all children. The ECP vision is that all young children in every Connecticut family shall attain optimal health and school readiness by age five.

Contact: Kevin Sullivan, Health Program Associate

Unit: Immunizations Program

Summary: To prevent disease, disability and death from vaccine-preventable diseases, the Immunization Program conducts surveillance, performs case investigation and related control, monitors immunization levels in infants and children using the statewide childhood immunization registry (CIRTS) and annual daycare and school surveys, provides vaccines for all children and selected adults, provides support to local health departments for immunization coordination and outreach, and conducts professional and public education.

Contact: Vincent Sacco, MS, Program Coordinator (860-509-7929)

Programs: Connecticut Immunization Registry and Tracking System (CIRTS)
Vaccines for Children Program (VFC)
Immunization Action Plan (IAP)
VPD Surveillance Unit
Adult Immunization Program
HEALTH EDUCATION, MANAGEMENT, AND SURVEILLANCE

Renee Coleman-Mitchell, M.P.H., Section Chief
(860) 509-7730

Mario Garcia, M.Sc., M.P.H., Programs Manager
(860) 509-7138

The Health Education, Management, and Surveillance (HEMS) Section is one of four sections under the Public Health Initiatives branch. The section is responsible for the programmatic and fiscal oversight of the following programs:

- Special Supplemental Nutrition for Women, Infant and Children Program (WIC)
- Breastfeeding Promotion
- Nutrition, Physical Activity and Obesity Program (NPAO)
- Comprehensive Cancer Control Program
- Tobacco Use Prevention and Control Program
- Asthma Control Program
- Injury Prevention and Surveillance Program
- Connecticut Student Loan Repayment Program
- Epidemiology Unit

Mission: “The Health Education, Management & Surveillance Section promotes healthy behaviors and lifestyles in Connecticut by facilitating positive systems change in health related areas through the selection, development, implementation and evaluation of evidence-based health programs; the provision of training and education; communication of health related issues in a comprehensive fashion and the development of recommendations for policy makers.

Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

Contact: John Frassinelli and/or Regine Beakes
WIC Program Co-Supervisors

Units: Program Operations
Nutrition Services
Food Delivery
Financial
Information Systems
Summary: The WIC program is designed to safeguard the health of low-income women, infants, and children up to age 5 who are at nutritional risk. The program consists of five units. The Operations, Nutrition Services and Food delivery units are housed in HEMS and the WIC financial and Information Systems units are located in other branches within DPH.

The program Operations Unit is responsible for local agency operations and administration, which includes program planning, and evaluation, pilot of a WIC electronic benefits system, and program monitoring.

The Nutrition Services Unit is responsible for all aspects of certification and nutrition education of WIC program applicants, continuing education for local agency nutritionists, and provision of materials for use by WIC participants.

The Food Delivery Unit is responsible for all aspects of the check distribution and vendor management, and for ensuring WIC participants can purchase eligible foods at retail grocery stores and pharmacies.

Breastfeeding Promotion and Support Program

Contact: Susan Jackman
Nutrition Consultant

Summary: The Breastfeeding Promotion and Support program works collaboratively to protect, promote and support breastfeeding as the social norm for infant feeding, in an effort to improve the health of Connecticut’s residents. The program promotes evidence-based interventions to improve the initiation and duration of breastfeeding, including maternity care practices, support for breastfeeding in child care settings and the workplace, peer support, and professional and consumer education. The program works collaboratively with the Connecticut Breastfeeding Coalition, an interdisciplinary group of professionals and consumers, to increase breastfeeding rates and to decrease disparities in these rates. Funding from USDA partially supports a Hartford-based breastfeeding peer-counseling program for low-income women enrolled in the WIC Program.

Nutrition, Physical Activity and Obesity Program (NPAO)

Contact: Mario Garcia
Public Health Services Manager
Public Health Initiatives Branch, continued
Health Education, Management, and Surveillance, continued

Summary: The NPAO program encompasses a federally funded initiative to provide nutrition education to low-income children and parents, and other state funded efforts aimed at addressing the rapidly expanding epidemic of obesity.

The nutrition education program increases the likelihood that food stamp recipients will make healthy food and active lifestyle choices that are consistent with the advice in the dietary guidelines for Americans and the food guide pyramid. The program provides nutrition education to Head Start, School Readiness, and other government-funded early childhood education program sites. Provides training on creating healthy mealtime environments in school and at home.

Obesity control activities in the program promote a stronger social norm for healthy nutrition behaviors and increased physical activity. The Obesity prevention program focus is to build and sustain comprehensive state infrastructure for obesity prevention and control, to apply systems-based approaches to policy and environmental change for use in Connecticut communities, and create a mechanism for tracking changes and outcomes related to increased physical activity and improved nutrition practices. In an effort to spearhead the coordination and projects collaboration across the state, the department initiated—along with the Commission of Children—the Connecticut Childhood Obesity Council. While the council consists of state government agencies and representatives of the legislative branch, it also creates an avenue for dialogue and coordination of activities at the community level. The mission of the council is to provide leadership for establishing priorities and coordinate statewide efforts for the prevention and reduction of the risk factors for obesity among children.

Comprehensive Cancer Prevention and Control Program

Contacts: Christine Parker and Lisa McCooey
Comprehensive Cancer Control Program Co-Directors

Units:
Comprehensive Cancer
Colorectal Cancer Screening
Breast and Cervical Cancer Early Detection
WISEWOMAN – Cardiovascular Disease Screening

Summary: Comprehensive Cancer is an emerging model for integrating and coordinating a range of activities to reduce the burden of cancer and assist individuals throughout the course of the disease. DPH is one of five founding partners of the Connecticut Cancer Partnership. The Partnership was created to develop a statewide
comprehensive cancer program—to assess the burden of cancer, set priorities, and formulate and carry out a comprehensive cancer control plan for Connecticut, which includes activities ranging from prevention, early detection, treatment, survivorship, to end-of-life care. Through federal and state funding, selected priority projects include enhanced tobacco cessation; development of nutrition and physical activity curriculum to be implemented in schools; evaluation; survivorship needs assessment; development of professional education for palliative care; statewide clinical trials network; and, a pilot colorectal cancer screening program including community outreach and public education initiatives.

The goal of the Connecticut Breast and Cervical Cancer Program is to reduce the number of deaths associated with breast and cervical cancer through early detection, in addition to improving effectiveness of treatment through initiation at earlier stages. The program provides breast and cervical cancer screening, diagnostic, and treatment referral services to low-income, underserved women age 19-64 in Connecticut. Currently, services have been delivered to more than 44,000 Connecticut women through 18 contracted health care provider sites and over 100 subcontracted points of entry. Program components include program management, data management, evaluation, recruitment, screening and diagnostic services, and partnerships.

The goal of the WISEWOMAN Program is to reduce cardiovascular disease and chronic disease risk factors for low-income and uninsured women. The Program provides risk factor screening (health history, height, weight, blood pressure, cholesterol, and blood glucose testing), lifestyle intervention (nutrition and physical activity counseling), and medical referral services to women age 40-64 who are enrolled in CBCCEDP. The program has provided services to over 6,300 Connecticut women through 9 of the 18 contracted CBCCEDP providers. Program components include program management, data management, evaluation, recruitment, screening and diagnostic services, and partnerships.

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**Tobacco Use Prevention and Control Program**

**Contact:** Barbara Walsh  
Health Program Supervisor

**Summary:** The Tobacco Use Prevention and Control Program strives to reduce disease, disability and death related to tobacco use. The program focuses on initiatives that prevent the initiation of tobacco use among young people, promote cessation among young people and adults, eliminate exposure to second hand smoke, and
Public Health Initiatives Branch
Health Education, Management, and Surveillance, continued

identify and eliminate the disparities related to tobacco use and its effects among the different population groups. These goals are accomplished through public and professional outreach and education, and surveillance such as the Connecticut Adult Tobacco Survey, the Youth Tobacco Survey (component of the Connecticut School Health Survey), operation of a Connecticut Telephone Quitline, and community programs.

Asthma Program

Mission: To Reduce Asthma Associated Morbidity and Mortality and Improve the Quality of Life for Connecticut Residents Living with Asthma.

Contact: Eileen Boulay, Nurse Consultant

The Asthma Program uses a comprehensive approach that includes infrastructure building, and the implementation and evaluation of state and regional level interventions that address public education and awareness, professional education, clinical management, and surveillance.

INFECTIONOUS DISEASES

State Epidemiologist
(860) 509-7995

Summary: The Infectious Diseases Section programs have several objectives:

1) enable data-based preventive health decision-making by collecting and analyzing data on the occurrence of potentially preventable and emerging diseases and associated risk factors;

2) prevent infectious diseases and promote health through surveillance and case follow-up, outbreak investigation, outreach, provision of vaccines, and provision of antibiotics to treat and prevent tuberculosis and sexually transmitted diseases, support for tuberculosis care and for STD clinics, provision of partner outreach and education; consultation, education and training; and

3) enhance preparedness for and response to public health emergencies involving infectious diseases by development and maintenance of special surveillance systems, development of a flexible emergency response capacity and participation in emergency response planning.

Contact: Matthew L. Cartter, MD, MPH (860-509-7995)
Unit: Epidemiology and Emerging Infections Program

Summary: The Epidemiology and Emerging Infections Program conducts a variety of activities geared to minimize the impact of approximately 50 infectious diseases not covered by other section programs (e.g., food borne disease, vector borne disease, water borne disease, disease caused by antibiotic resistant organisms), newly emerging infectious disease problems (e.g., SARS, avian influenza) and possible bioterrorism events. Activities include surveillance, case and outbreak investigation, containment, communication, consultation and provider, student and public education. The staff of this unit are on call 24/7 for infectious disease emergency response.

Contact: Matthew L. Cartter, MD, MPH (860-509-7994)

Programs: Emerging Infections Program
FoodNet
Vector borne disease program (tick and mosquito-borne diseases)
Electronic Laboratory Reporting and CEDSS
Bioterrorism Surveillance and Outbreak Investigation

Unit: Healthcare Associated Infections Program

Summary: A legislatively mandated Committee on Healthcare Associated Infections makes recommendations on the implementation of CGS 19a-490 n-o, the state law for mandatory reporting of healthcare associated infections reporting. The committee is charged with making recommendations on HAI surveillance and on public education about HAIs. The HAI program staff facilitates the committee meetings, provides status reports and implements DPH activities that are based on the committee recommendations. These activities include technical assistance and training for healthcare infection control programs and professionals; data validation, management and analysis; an annual report and website; and management of an educational program on HAIs for the public.

Contact: Richard Melchreit, MD, Program Coordinator (860-509-7995)

Unit: Sexually Transmitted Disease Program

Summary: The STD Control Program conducts a variety of activities to prevent syphilis, gonorrhea, chlamydia and HIV infection. These activities include surveillance for syphilis, gonorrhea and chlamydia, case and contact investigation for syphilis and
Public Health Initiatives Branch
Infectious Diseases, continued

HIV, patient counseling, financial and technical support for screening and for locally-based STD clinics, provision of antibiotics to assure treatment of persons with selected STDs and preventive treatment of their partners, and provider and public education.

Contact: Heidi Jenkins, Program Coordinator (860-509-7920)
Lynn Sosa, MD, Medical Epidemiologist (860-509-7920)

Programs: Comprehensive STD Prevention Program
Infertility Prevention Program
Syphilis Elimination Program
HIV Partner Counseling and Risk Education Program
Partner Notification Services

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Unit: Tuberculosis Control Health Program

Summary: The TB Control Program minimizes the health impact of tuberculosis. The program conducts surveillance for TB disease and infection, performs case and contact investigation, provides outreach (directly observed therapy), supports screening for TB infection, provides consultation and anti-TB drugs, financial support for medical services, and provider and public education.

Contact: Heidi Jenkins, Program Coordinator (860-509-7722)
Lynn Sosa, MD, Medical Epidemiologist (860-509-7722)

Programs: TB Surveillance
Case Management and Directly Observed Therapy
Latent TB Infection Treatment Database
TB Education Services
Provision and Distribution of TB Medications
Provision of Payment for TB Care And Treatment Services
The Regulatory Services Branch has regulatory oversight of the state’s drinking water systems, child day care facilities, youth camps and environmental services. Programs include licensure, investigation, and enforcement action against suppliers/providers that are in violation of the law or otherwise pose a risk to public health and safety. The branch also operates prevention programs focusing on health education. Technical assistance to licensed providers is a priority.

COMMUNITY-BASED REGULATION SECTION
(860) 509-8045; (800) 282-6063

Devon Conover, Section Chief
Debra Johnson, Public Health Services Manager

The Community Based Regulation Section (CBRS) of the Regulatory Services Branch is responsible for the licensing of family day care homes, group day care homes, child day care centers and youth camps. It is composed of six units: three Child Day Care Licensing Units, a Youth Camp Licensing / Nursing Unit, an Investigations Unit, and a Quality Enhancement Unit. Connecticut General Statutes, Sections 19a-77 through 19a-87e relate to child day care licensing; C.G.S., Sections 19a-420 through 19a-429 pertain to youth camp licensing. The section is managed by a section chief and a public health services manager, responsible for section planning, operations, and evaluation.

Child Day Care Licensing Units
Peggy Freidenfelt, Childcare Licensing Supervisor
Marilyn Parks-Jones, Childcare Licensing Supervisor
Lynda Bolat, Childcare Licensing Supervisor

The three Child Day Care Licensing Units are responsible for the processing of new license applications for family day care homes, group day care homes, child day care centers, approvals of staff in family day care homes, including substitutes and assistants, and head teachers in group day care homes and child day care centers; renewal of licenses and family day care home staff approvals; initial and spot inspections of child care facilities; and providing technical assistance on regulatory issues. Each unit consists of a supervisor and childcare licensing specialists. Three units are assigned regional responsibility: North-Central, East–Shoreline, and West.
Regulatory Services Branch
Community-Based Regulation, continued

Application / Renewal Process
Each unit is responsible for assigning, and processing new applications for child day care licenses. The process includes preparing and mailing out application packets upon request, reviewing applications, assessing applications for compliance with regulatory requirements, collaborating with local officials, conducting initial licensing inspections prior to licensure, and issuing the initial license. Applications that do not meet the minimum standards for licensure are recommended for denial. Family day care homes are licensed for four years. Group day care homes and child day care centers are issued a four-year license.

The licensing staff is responsible for processing license renewals. Applications for family day care substitutes and assistants, as well as head teachers and education consultants are also assessed and either approved or not recommended for approval. Childcare licensing specialists review criminal conviction records and Department of Children and Families child abuse and neglect records as part of the approval process. The childcare licensing specialist is responsible for maintaining current licensing information in the licensure database. The staff testifies at administrative hearings and in Superior Court on contested cases.

Spot Inspections
The Licensing Units are required to inspect one third of licensed family day care homes annually. Group day care homes and child day care centers are required to be inspected at least every two years. Spot inspections are unannounced and all areas of the facility are inspected. Regulatory violations are cited, and facilities are required to submit plans of correction to address each violation.

Technical Assistance
Technical assistance is offered to applicants and childcare providers at each step of the licensing process. Technical assistance is also provided on emergency planning. A telephone HELP DESK is staffed daily by a childcare licensing specialist to answer routine licensing questions. The units also offer office and on site assistance, workshops, regulatory forums, resource materials, a web page at http://www.ct.gov/dph, and coordination with other sections in the department as needed. The section also works closely with Child Care INFOLINE to assist families with up to date information on licensed facilities and on recruitment and workforce development projects.

Youth Camp Licensing / Nursing Unit
Valerie Bryan, Supervising Nurse Consultant

The Youth Camp Licensing / Nursing Unit consists of a supervising nurse consultant, nurse consultant, a health program associate, and a license and applications analyst. During the summer months, the unit also includes a Clerk Typist, an Environmental Sanitarian 2, and nine Environmental Sanitarian 1s.

The unit is responsible for preparing application materials, processing applications for youth camp licenses, conducting preliminary inspections, inspecting all licensed youth camps annually, assessing plans of correction, providing technical assistance on regulatory issues, collaborating
Regulatory Services Branch
Community-Based Regulation, continued

with local officials and other DPH sections, representing the department at the Youth Camp Safety Advisory Council, data management and reporting.

The unit nurses also provide technical assistance and consultation to the section, health consultants, youth camps, and child care providers on medical issues, including the administration of medications, reportable illnesses and injuries, child abuse and neglect, infant care and child health and safety practices. The nurses collaborate with other sections of the department and are a liaison to local health departments. The staff testifies at administrative hearings and in Superior Court on contested cases.

Investigations Unit
Patricia Galante, Childcare Licensing Supervisor

The Investigations Unit consists of a childcare licensing supervisor and childcare licensing specialists who are responsible for documenting, assessing, and investigating all complaints concerning regulatory noncompliance in licensed family day care homes, group day care homes, child day care centers, and youth camps, and facilities operating without the required license. The unit collaborates with the Department of Children and Families, local and state police, and local officials on complaint investigations. All complaint investigations include unannounced site visits. The unit staffs a telephone Complaint Line daily and provides information to the public about substantiated violations at licensed facilities. Childcare licensing specialists are responsible for preparing reports and making recommendations to the supervisor and Quality Enhancement Unit for regulatory actions. The staff testifies at administrative hearings and in Superior Court on contested cases.

Quality Enhancement Unit
Sandra Lok, Childcare Licensing Supervisor

The Quality Enhancement Unit consists of a childcare licensing supervisor, childcare licensing specialists, and a Health Program Associate who are responsible for reviewing and assessing all child day care and youth camp cases referred for regulatory action and application denials for legal sufficiency. The unit conducts compliance meetings and prepares Notices of Violation, Voluntary Surrenders, Summary Suspensions, Statements of Charges, Consent Orders, and Negotiated Plans of Correction. The staff works closely with department legal staff and the Office of the Attorney General in preparing contested cases for administrative hearings or superior court.

The staff conducts site visits to monitor compliance with Consent Orders. The unit prepares all documents in response to Freedom of Information requests. The supervisor coordinates peer review meetings with childcare licensing supervisors and specialists to enhance consistency in the regulatory process. The unit makes recommendations to management staff for program improvement.
Administrative / Clerical Support Staff
The administrative and clerical support staff consists of secretarial staff and office assistants who provide clerical and administrative support to the Community Based Regulation Section. Duties include directing all incoming calls to the appropriate staff person, HELP DESK or Complaint Line; scheduling meetings; sorting and distributing mail; processing licensing fees and other monies received; preparing resource packets and mass mailings; maintaining all inventories and stock; ordering supplies; data entry; file maintenance; record keeping and reporting; processing personnel forms and travel authorizations, etc.

Other Activities
The section staff is involved in recommending changes to relevant statutes and regulations, reviewing proposed legislation, and responding to legislative and media inquiries in collaboration with the Offices of Government Relations and Communications. Staff also represents the commissioner on the Child Day Care Council and represents the department on numerous interagency task forces and committees.

The Community Based Regulation Section actively participates in the implementation of the department’s Affirmative Action Plan and the commissioner’s initiatives. Recent activities include the leadership of the Virtual Children’s Health Bureau, a collaborative effort between and among department programs to support and link children’s health initiatives at DPH. Currently there are five committees operating in the Virtual Children’s Health Bureau: Executive, Data, Emergency Planning, Special Needs and Environmental Health.

Other activities include participation in emergency preparedness activities, including the preparation of policies and distribution of potassium iodide to child day care facilities and youth camps within the emergency-planning zone near the Millstone Nuclear Power Plant.

DRINKING WATER SECTION
Darrell B. Smith, Section Chief, 509-7333
Lori Mathieu, Public Health Services Manager, 509-7333
Eileen Kelber, Office Support Supervisor, 509-7333

The Drinking Water Section (DWS) is responsible for ensuring the purity and adequacy of the state’s public drinking water systems and sources of supply including more than 2,700 Public Water Systems’ (PWS) and 4,400 sources of public drinking water supply. Consistent with its federal and state drinking water mandates, the DWS oversees water quality monitoring and reporting, approves treatment systems, infrastructure upgrades and new sources of supply, source protection, water conservation, water supply planning and the completion of sanitary surveys. The DWS also funds a portion of the Laboratory Certification Program, housed within the Environmental Health Section. The DWS provides technical services and web-based information and educational materials to PWS’s, local health departments and the public. The functional elements of the DWS work in concert to provide an effective means of not only
regulating drinking water, but in providing the structure for improved drinking water system sustainability. The following programs reflect the organization of the DWS. They include:

**Compliance Section**
Michael Hage, Section Supervisor, 509-7333

The Compliance Section is charged with the goal of ensuring that all community and non-community public water systems are implementing and complying with all state and federal mandates, and that the systems’ capacity is maintained in the best feasible condition to afford and assure the safety and protection of public health. This assurance is managed in five integral units within the section.

**Regional Units**
Region 1 (South):  David Cooley, Supervisor 509-7333
John Czaja, Sanitary Engineer 3
Eric McPhee, Sanitary Engineer 3
Florin Ghisa, Sanitary Engineer 2
Mandy Smith, Sanitary Engineer 2

Region 2 (North):  Tom Chyra, Supervisor 509-7333
Henry Adams, Sanitary Engineer 3
Ryan Tetreault, Sanitary Engineer 3
Raul Tejada, Sanitary Engineer 2
Cindy Sek, Sanitary Engineer 2

Compliance Regions 1 and 2 are responsible for conducting routine sanitary surveys to assess the compliance and capacity for all of Connecticut’s approximately 2,700 public water systems (PWS). Sanitary surveys are conducted every three years for Community PWS and every five years for Non-Community PWS. Both compliance regions are also responsible for conducting follow ups to sanitary surveys, priority sanitary surveys in response to acute MCL violations (E. Coli, nitrate/nitrite), conducting project reviews and approvals of water and treatments works infrastructure to ensure compliance with regulations, responding to and reporting security and emergency incidents, handling customer complaints, and providing general technical assistance to PWS. Both regions refer serious and persistent violators for formal enforcement action, when necessary.

**Enforcement and Certification Unit**
Gary Johnson, Supervisor, 509-7333
William Sullivan, Sanitary Engineer 2
Kathleen Pacholski, Environmental Analyst 2
Richard Iozzo, Environmental Analyst 2
Mira Lami, Environmental Analyst 1
The Enforcement and Certification (EC) Unit is responsible for handling all enforcement actions for the DWS. The EC Unit also ensures that all public water systems are providing pure and adequate water by requiring that these systems are being operated by individuals who are certified to meet DPH requirements.

**Enforcement:**
The Enforcement Program is responsible for issuing violations of state and federal drinking water regulations including maximum contaminant level and action level exceedances, failure to monitor or report and public notification violations. This program is responsible for preparing and issuing all formal enforcement actions (i.e., Notice’s of Violation with Civil Penalty, Consent Orders and Administrative Orders) for the DWS. The Enforcement Program is responsible for entering formal enforcement compliance requirements into the DWS database and tracking compliance with those requirements. Any follow-up that is required as a result of requests for Administrative hearings or referrals to the Office of Attorney General for court action are also handled by this program. This program provides quarterly updates to the Environmental Protection Agency on systems that are considered Significant Non-Compliers and works closely with this federal agency on all enforcement activities.

**Operator Certification:**
The Operator Certification program is accountable for DPH oversight of the qualifications of individuals who operate and maintain public water systems. This program ensures that approximately 580 community and 600 non-transient non-community public water systems are operated by qualified and skilled certified operators. The DWS issues certifications for treatment plant operators based on criteria established in regulation. The DWS also exercises quality control over the certification examination. The Operator Certification program is responsible for the certification of distribution system operators and backflow inspectors and for providing training and guidance to certified operators related to their duties and responsibilities.

**Information Management Unit**
Christopher Roy, Supervisor 509-7333
Carissa Madonna, Sanitary Engineer 2
Tiziana Shea, Sanitary Engineer 2
Sachin Patel, Engineer Intern
Thomas Reed, Environmental Analyst 3
Robert Baran, Environmental Analyst 2
Oluseye Akinkunmi, Environmental Analyst 1

The Information Management Unit coordinates and is responsible for the operation, management and maintenance of the section’s various information databases and related activities as described below:
Regulatory Services Branch
Drinking Water Section, continued

- SDWIS Maintenance - Ensure that the Safe Drinking Water Information System (SDWIS) is kept in good working order, maintained to eliminate down times, updated as necessary to support the section’s reporting mandates to the EPA. Update and maintain the public water systems and other related entities (such as operators) inventory in SDWIS.
- Develop and Track Public Water System Compliance Schedules - Develop and maintain sampling, monitoring and operating schedules for all public water systems in compliance with applicable federal rules and state regulations. Track compliance with all applicable monitoring and reporting requirements and follow up with deficient systems.
- Monitoring and Sampling Plans - Oversee the reviews and approval of all monitoring and sampling plans submitted in compliance with federal or state mandates
- DWGIS and Web page - Oversee and maintain the operation of the Drinking Water GIS intranet system and the section’s webpage.
- Project Tracking Database Development and Maintenance - Lead the development of establishing and maintaining a database to track reporting requirements for public notifications, consumer confidence reports, water supply plans, sanitary surveys, certificate projects, cross-connection surveys and watershed surveys.

Capacity Development Unit
Cameron Walden, Supervisor 509-7333
Vicky Carrier, Sanitary Engineer 3
Sara Ramsbottom, Sanitary Engineer 3
Linda Li, Engineer Intern
Sandra Downie, Health Program Associate
Theodore Dunn, Health Program Associate
Rachel Nowek, Health Program Associate
Phil Uzanas, Jr., Lead Planning Analyst

The Capacity Development Unit coordinates section-wide activities such as grant management, progress reporting to EPA, security and capacity development. The Unit also assists the DWS in providing and developing communication activities and publications (i.e. fact sheets, brochures, pamphlets, etc.). The Capacity Development Unit serves as a primary resource for informational, technical and educational support for the DWS. The unit oversees the Drinking Water State Revolving Fund loan program, Quality Management Plan development for the section, Quality Assurance Project Plans, Standard Operating Procedures documents, publications, coordination and development of external and internal training, electronic public information services and small public water system technical assistance initiatives. Distinct responsibilities include:

- **Grant/Contract Development and Implementation** – Oversee the development, tracking and submission of grant applications and reports to the Environmental Protection Administration (EPA); and any contracts that the DWS initiates. Funding and spending is monitored by the program to maintain accurate expenditure accounts.
Regulatory Services Branch
Drinking Water Section, continued

- **Capacity Development** - Coordinates the provision of technical assistance and training to Public Water Systems on capacity development initiatives including asset management, capital improvement planning, budgeting and rate setting that lead to long term sustainability. Activities ensure that public water systems have the technical, financial and managerial means to comply with state and federal requirements, provide safe and reliable drinking water to their customers and maintain or achieve long term sustainability.

- **Drinking Water State Revolving Loan Fund (DWSRF) Program** - provides low interest loans to eligible public water systems for sustainable drinking water infrastructure projects. The program is funded with annual capitalization grants from the EPA and executed loan repayment streams that are recycled through the program. The program is leveraged through bond sales conducted by the Office of the State Treasurer. Through 2008, over $91 million in drinking water loans have been executed.

- **Security & Emergency Response** - provides oversight of the DWS’s Water Emergencies Assessment and Response (WEAR) team. The WEAR team is trained in Incident Command and Emergency Response procedures and provides on-site technical assistance to public water systems during all types of emergencies. The Program is also responsible for coordination of the Drinking Water Emergencies & Security Advisory Committee (DWESAC) activities which is made up of representatives from the water industry, local health, law enforcement Connecticut Department of Emergency Management and Homeland Security, Connecticut Department of Public Health Office of Public Health Preparedness, EPA, FBI, and the U.S. Department of Justice.

- **Operator Training** - conducts routine operator training classes for drinking water operators of water systems serving fewer than 3,300 persons, and participates in operator training programs offered by other training providers. Operators are required to maintain minimum training contact hours for the renewal of their certificate.

- Training sessions cover subject matter including operator duties/responsibilities, regulatory compliance, source protection, water quality, sampling, infrastructure components, customer service, safety and management. The unit also approves other operator training course providers, operator training course curriculum and coordinates internal staff training for the Section.

- **Regulation Development** - prepares and tracks drinking water regulatory changes for submission to the State Legislature by the department. The unit also conducts legislative research concerning statutory or functional intent of specific sections of the Connecticut statutes or regulations when needed by the section.
Regulatory Services Branch
Drinking Water Section, continued

- **Public Outreach** - provides and develops all communication planning (i.e. press releases, public meetings/notices) publications (fact sheets, brochures, pamphlets, etc.), internal training, electronic public information services (email, webpage, Connecticut Health Alert Network, Wide Area Notification System), technical assistance initiatives, planning and assessment. The program coordinates with public water systems, businesses, trade associations, etc. to provide speakers and/or to initiate conferences and workshops.

Source Water Protection Unit
Supervisor - Vacant
Sara Rossetti-Nichols, Environmental Analyst 2
Patricia Bisacky, Environmental Analyst 2

The Source Water Protection (SWP) operates under a five year strategic plan that details action items that include regulatory and non-regulatory activities that protect the state’s public drinking water supplies. This plan emphasizes protective source water protection implementation through links to public health initiatives and existing public health law.

The following areas are emphasized in the plan and have been identified by the DPH as critical to drinking water source protection, and achieving minimized risk to public health:

Permitting, Education and Training Program

- Enhance, oversee and enforce existing public health source protection permitting laws and regulations for the regulation of water company land, recreational use permits, storm water discharge and the sale of water companies and water company lands.
- Review and approve siting of new/replacement sources of public drinking water
- Work with sister state and local agencies concerning contamination that represents a risk to sources of public drinking water
- Review and comment on annual watershed survey reports
- Review and comment on projects from other state agencies
- Educate certified operators concerning source water protection
- Educate local land use officials and local health directors
- Integrate drinking water source protection with water supply management planning
- Initiate the development of drinking water quality management plans
- Develop a consistent local land use review process to assist towns in protecting drinking water sources
- Involve stakeholders on a continuous basis
- Work with state agencies on initiatives that include open space acquisition, responsible growth, and state policies that may effect public drinking water sources
- Review and track emerging issues that may effect public drinking water sources
Regulatory Services Branch  
Drinking Water Section, continued

Water Supply Planning Unit  
Steve Messer, Supervisor 509-7333  
Dom Delvecchio, Sanitary Engineer 3  
Casey Fleming, Engineer Intern  
Alex Tabatabai, Environmental Analyst 2  
Marcia Costa-Rodrigues, Environmental Analyst 2

This section is responsible to oversee statewide public water supply planning. State statutes govern individual water supply planning and Regional Water Supply Planning Water Utility Coordinating Committee (WUCC) processes. These processes are designed to ensure that the 84 largest community public water systems have plans that provide for adequate public drinking water quality and quantity for a fifty year period. In addition, the unit oversees the following state permitting processes:

- Review, recommend action, and track Sale of Excess Water Permit applications
- Review, recommend action, and track Source Water Abandonment Permit applications
- Review, comment, and collaborate with the Connecticut Department of Environmental Protection (DEP) on public water system Diversion Permit applications
- Working with the Department of Public Utility Control, review and oversee the creation of new public water supply systems under the Certificate of Public Convenience and Necessity Statutes.
- Oversight of water conservation planning activities
- Review and approval of emergency contingency plans and water conservation plans
- Tracking and reporting of the state’s reservoir capacity on a monthly basis
- Review and approval of safe daily yields of the state’s largest public drinking water sources

Office Support Staff  
Eileen Kelber, Supervisor 509-7333  
Carol Martin, Office Assistant  
Torrilynn Walton, Office Assistant  
Hazra Rajbally, Clerk Typist  
Sandra Thorstenson, Clerk Typist  
Laverne Smith, Clerk Typist

The Office Support staff, consisting of Clerk Typists and Office Assistants, is supervised by the Office Supervisor. They provide clerical and administrative support to the management staff and individual units. Duties include directing all incoming calls to the appropriate staff person, scheduling meetings; sorting and distributing mail; processing licensing fees and other monies received; tracking staff time and attendance, vehicle scheduling, preparing resource packets and mass mailings; maintaining all inventories and stock; ordering supplies; data entry; file maintenance; scanning and archiving, record keeping and reporting; processing personnel forms and travel authorizations, etc.
Environmental Health is the cornerstone of public health. It is the field of public health that is concerned with assessing and controlling the impact of the environment on people and the impact of people on the environment. It is both protective as well as proactive.

The section is comprised of ten programs that are diverse in their scope and oversight of both regulated and unregulated professions/entities. We often use a multi-disciplinary approach in our assessment and evaluation of environmental issues that arise. Our mission to protect the health and safety of Connecticut’s residents is accomplished through technical assistance, enforcement of the public health code and relevant statutes, as well as the development of public policy.

**ASBESTOS PROGRAM**
Ronald Skomro, Supervising Environmental Sanitarian (860) 509-7367

The Asbestos Program is responsible for reducing possible exposure to asbestos by ensuring proper management and abatement of asbestos-containing materials.

Asbestos fibers can cause serious health problems. If inhaled, it can cause diseases that affect the normal functioning of the lungs. Three specific diseases - lung cancer, asbestosis (a fibrous scarring of the lungs), and mesothelioma (a cancer of the lining of the chest or abdominal cavity) are related to asbestos exposure. Asbestos has been used in many building products such as floor coverings, pipe and boiler insulation, plaster, ceiling tiles, fireproofing, exterior siding and roofing products. Although it is less commonly found in building products used today, the use of asbestos has not been totally banned. The possibility that asbestos-containing materials will be disturbed should be considered before starting any work involving the renovation or demolition of a building.

*Program Responsibilities*

The Department of Public Health licenses asbestos consultants and asbestos abatement contractors. Asbestos consultants provide various services including performing inspection and sampling, preparing asbestos management plans, designing abatement projects, and monitoring abatement work. Asbestos contractors use certified workers to remove asbestos, when necessary.

The Asbestos Program receives notification of asbestos removal projects and uses this information to inspect the projects to make certain that work is performed safely and according to regulatory requirements. The Asbestos Program also receives notification in the case of the demolition of buildings when notification of asbestos abatement is not required. The demolition notification is used to determine whether the presence of asbestos has been considered prior to the demolition of the building.
Elementary and secondary (K-12), public and private schools are required to develop, maintain, and update asbestos management plans. The Asbestos Program conducts reviews of these plans to make certain that they are complete and that asbestos-containing materials are properly managed. The Department of Public Health regulations prohibit the performance of asbestos abatement in a school building when children are present, unless the school has received prior written approval to perform the abatement from the department.

The Asbestos Program provides general information to the public regarding issues involving asbestos. The program investigates complaints, tips, and referrals about improper handling of asbestos-containing materials.

**ENVIRONMENTAL LABORATORY CERTIFICATION PROGRAM**  
Jeffrey C. Curran, (860) 509-7389

The Environmental Laboratory Certification Program (ELCP) certifies laboratories involved in testing environmental samples (air, water, soil, sediments, and wastes) for a variety of contaminants. This certification is accomplished by a system of on-site inspections, proficiency test (PT) samples, and document review. The program has been funded since 1977 and generates approximately $300,000 in revenue biennially.

**Routine Activities:**
- Enforces U.S. Environmental Protection Agency and state regulations for the laboratory testing of public drinking water, non-potable water/wastewater and solid waste.
- Performs routine on-site audits for approximately 125 in-state environmental laboratories with each laboratory audited on a 3-year schedule.
- Conducts investigative audits as needed due to complaints or in support of other state agencies.
- Reviews the results for proficiency test (PT) studies performed by in-state laboratories. These studies are required to be successfully completed by all environmental laboratories on an annual basis in order to maintain their certification status.
- Act as a technical resource for other DPH and DEP programs
- Review and process initial and renewal applications for environmental laboratories. Technical staff review standard operating procedures, quality assurance plans, method detection limit studies, and applicant credentials for adherence to the Regulations of the Connecticut State Agencies.
- Maintains a web-based list of certified laboratories available to the public.
- Acts as a liaison between the environmental laboratory community and state/federal regulators.
ENVIRONMENTAL AND OCCUPATIONAL HEALTH ASSESSMENT PROGRAM
Brian Toal, 509-7740

- Agency for Toxic Substances and Disease Registry (ATSDR) Unit
- Environmental Public Health Tracking (EPHT) Unit
- Occupational Health (OH) Unit
- Toxic Hazards Assessment (THA) Unit

Responsibilities
The Environmental and Occupational Health Assessment program (EOHA) provides overall scientific support within DPH on issues related to chemical and radiologic contamination in the environment and workplace. EOHA accomplishes this function by maintaining a scientifically competent staff, which keeps current with the latest literature relating to environmental/occupational issues. EOHA conducts risk assessment on air, soil and water pollutants to help set standards and performs risk assessments on specific contaminated sites. EOHA conducts surveillance of occupationally acquired diseases and is establishing a tracking system for environmentally-related diseases. EOHA provides technical support to local health departments, other agencies and municipalities during chemical emergencies, indoor air pollution problems and routine risk communication on events. EOHA staff conducts educational seminars for professionals such as teachers, housing inspectors, local health officials, and consultants on a wide variety of environmental health topics.

Toxic Hazard Assessment Unit
The Toxic Hazards Assessment unit within EOHA covers various environmental contamination topics, not directly supported by major federal grants in EOHA. These topics include: chemical terrorism preparedness, risk assessment, indoor air quality and general public response/education on toxics. The program consists of two state funded toxicologists, one CDC funded toxicologist, 2 state funded epidemiologists, and a .5 FTE clerical position.

The unit responds to all questions regarding environmental contamination in any environmental media (air, water, soil, food), including requests for information from the public, other state agencies such as the Department of Environmental Protection (DEP), legislators and local health departments. CT General Statutes 22a-1i designates DPH as the lead agency for risk assessments. In that role the unit conducts risk assessments to support regulations and standards established by DEP. We also conduct comprehensive reviews of the science on environmental issues (e.g. EMF, MTBE, Mercury). Whenever an environmental crisis occurs in Connecticut, technical questions usually come to the unit. The other driving force for our work is concerns from the public. The main phone number for EOHA has become a virtual toxic hazards hotline. The unit responds to these calls and prepares fact sheets to help in this response.
Regulatory Services Branch
Environmental Health, continued

Activities:

- Conduct risk assessments for all units of DEP
- Conduct site-specific cleanups determinations for DEP
- Support local health departments during chemical emergencies and in other environmental episodes or indoor air investigations
- Develop fact sheets and policies on indoor air topics such as mold
- Conduct Tools for Schools Trainings and other general training on indoor air quality (i.e. for Home Inspectors)
- Develop fish consumption advisories and assist DEP in sampling plans for fish
- Provide expert scientific testimony for agencies like the Connecticut Siting Council (EMF) and the legislature
- Conduct research into new areas of environmental concern such as arsenic and uranium in groundwater
- Establish drinking water action levels for DEP’s bottled water program and new maximum contaminant level (MCL) for DPH Drinking Water section.
- Respond to disease cluster investigation requests when an environmental cause is suspected
- Support other DPH programs with environmental questions – asbestos, asthma, lead, radon, Women, Infant, and Children (WIC), day care, drinking water, licensing and DPH laboratory.
- Certify indoor air emergencies submitted to DPH under the state indoor air law.
- Support local health department school districts and the Department of Public Works (DPW) in investigations of indoor air problems
- Conduct research for EPA on basic science related to children’s risk

Occupational Health (OH) Unit

The mission of the Occupational Health Unit is to reduce, or where possible eliminate, occupational diseases and injuries in Connecticut workers through surveillance, education, and intervention activities aimed at the protection and promotion of healthy work environments. Internal and external funding for the program supports 5 staff, including one Epidemiologist 4, one Epidemiologist 3, two Epidemiologist 2s, and one Secretary 2.

Background

Over 1.6 million people go to work every day in Connecticut and each of their workplaces poses potential hazards to their health and livelihood. Over 80,000 cases of work-related illness and injury are reported in Connecticut each year, and many more go unreported for various reasons. Occupational diseases represent an array of significant conditions, some of which can impact health, livelihood, and daily activities, as well as lead to disruption in an individual’s family life.
Responsibilities
The responsibilities of the Occupational Health Unit include those outlined in state statutes, those outlined in federally funded grants, and ancillary projects the unit undertakes for the promotion of the health of Connecticut workers. The unit has no regulatory responsibilities, with the majority of the unit’s activities focused on occupational and environmental disease surveillance, intervention, and education. These activities include:

- Conducting surveillance for occupational diseases through physician reporting to the Connecticut Occupational Disease Surveillance System (ODSS). Physician reporting is mandated according to CGS § 31-40a. Analyzing surveillance data to identify disease clusters or sentinel disease events in Connecticut workplaces. Recent cluster investigations include a respiratory disease cluster at the 25 Sigourney Street building, a possible brain cancer cluster at Pratt & Whitney, and burn injuries in young workers employed in restaurants.
- Conducting surveillance for adult lead poisoning through the Adult Blood Lead Epidemiology and Surveillance (ABLES) project. Physician and laboratory reporting for lead poisoning are mandated according to CGS § 19a-110.
- Performing follow-up investigations on adults with blood lead levels ≥ 20 µg/dl to determine their source of lead exposure. OSHA referrals are made in cases where several workers from a single workplace are lead poisoned or individual workers are identified with extremely high lead levels.
- Conducting surveillance for cases of carbon monoxide and mercury poisoning occurring in the state. Physician and laboratory reporting for elevated carboxyhemoglobin levels as well as elevated levels of mercury in the blood or urine are mandated according to CGS § 19a-36.
- Performing follow-up investigations of carbon monoxide and mercury poisoning cases to determine their source of carbon monoxide or mercury exposure.
- Producing annual statistics and an annual report on indicators of occupational health in Connecticut using the methodology outlined as part of the State-Based Occupational Health Indicators, developed by the Connecticut DPH Occupational Health Unit and 10 other state-based occupational health programs in conjunction with National Institute of Occupational Safety and Health (NIOSH) and Council of State and Territorial Epidemiologists (CSTE).
- Collaborating with partners from other states as part of the Northeast States Occupational Health Surveillance Workgroup on regional surveillance, intervention, and education projects identified on an annual basis.
- Co-chairing the quarterly Connecticut Occupational Health Surveillance Workgroup with our partners from Conn-OSHA. The workgroup is a quarterly forum attended by representatives of state agencies and Connecticut occupational health clinics to discuss occupational health issues in our state.

In addition to the activities listed above, each year the Occupational Health unit outlines a set of ancillary projects, trainings, and collaborations, above and beyond the existing state-mandated
Regulatory Services Branch
Environmental Health, continue

and grant-funded responsibilities of the unit that the staff feels will further enhance the unit and the occupational health of the working population of Connecticut.

Agency for Toxic Substances and Disease Registry (ATSDR) Unit
The mission of the ATSDR unit is to evaluate health risks from human exposures to environmental contaminants at hazardous waste sites. The unit has received federal funding from ATSDR for this work for 15 years. The ATSDR unit accomplishes its mission through a variety of activities including evaluating human exposures to hazardous contaminants, evaluating health impacts from exposure, conducting health education about environmental contaminants, conducting community involvement activities at contaminated sites and studying the links between exposure to environmental contaminants and disease. These activities involve working with regulatory agencies such as the U.S. Environmental Protection Agency and the Connecticut Department of Environmental Protection (DEP) to decrease exposures and health risks and provide information to the public and others about environmental hazards. The ATSDR Unit is a scientific support group and has no regulations to enforce.

The ATSDR Unit’s main “customers” are the public, local health departments, DEP, and Environmental Protection Agency (EPA). ATSDR Unit staff gets involved in a wide variety of environmental public health issues at sites where there is environmental contamination or concerns about environmental contamination. The primary products the unit produces are public health consultations and public health assessments. These documents provide information about real or possible exposure to toxic substances and make recommendations regarding actions to protect public health. The unit provides information in many other ways as well, including fact sheets, public meetings, home visits and training sessions.

In addition to the site-specific activities already described, the ATSDR unit supports a variety of broader environmental public health projects. These projects include: (1) participating in the Connecticut School Indoor Environmental Resource Team which implements EPA’s Tools for Schools program to improve indoor air quality in Connecticut schools; (2) providing technical assistance regarding mercury spills, asbestos exposures and other environmental toxins in indoor environments; and (3) providing technical assistance and expertise on emerging environmental public health issues such as perchlorate, polybrominated diphenyl ethers, electromagnetic field and cell phone radiation, and perfluorinated chemicals.

Environmental Public Health Tracking (EPHT) Unit
Environmental Public Health Tracking is the ongoing, systematic collection, integration, analysis, interpretation, and dissemination of data about environmental hazards, exposure to environmental hazards, and health effects potentially related to exposure to environmental hazards.
Regulatory Services Branch

**Environmental Health, continued**

To develop a state-level component of a national standards-based, coordinated, and integrated environmental public health tracking (surveillance) network that both responds to national priorities and reflects the needs and concerns unique to Connecticut. To improve existing surveillance and monitoring systems by enhancing epidemiologic, analytic and technological capacity at the local, state, and regional levels.

**Background**

Environmental factors play a central role in human development and health. Human exposure to hazardous agents in the environment can cause illness, disability and even death. Approximately 7 out of every 10 deaths in the United States are due to chronic diseases and there is growing scientific evidence that environmental factors (such as pesticides and toxic air pollutants) are strongly linked to many chronic diseases (such as asthma, birth defects, and cancers). Exposure to environmental hazards accounts for a significant proportion of many chronic diseases, including an estimated 30% of childhood asthma exacerbations and 10% of neurodevelopmental disorders in children (PEHC, 2000.) Poor environmental quality is believed to be directly responsible for a quarter of preventable ill health in the world (US DHHS, 2000).

For much of its history, the public health system has tracked and monitored infectious diseases. Little has been done to track hazardous pollutants in the environment, human exposure and associated chronic diseases. Chronic disease is America’s number one health threat (PEHC, 2000) and an aging population and associated health concerns underscore the need to improve our ability to track chronic disease. Because so many aspects of human well-being can be influenced by the environment, understanding and controlling people’s interactions with their environment is a critical component of public health practice.

**Responsibilities**

- Develop a comprehensive inventory of existing hazard and exposure monitoring and non-infectious health effect surveillance systems maintained at the state and local level.
- Develop partnerships with local, state, tribal, and federal governments; health care providers; non-governmental organizations; and private for profit and non-profit groups.
- Identify and prioritize the needs and concerns related to tracking of health effects, exposures, and hazards
- Examine existing state legislation and/or regulations to determine if additional authority is required to collect new data, integrate data, and share data (with appropriate security and confidentiality restrictions).
- Develop training tools and provide training to state and local staff on surveillance methods, environmental assessment, biomonitoring, evaluation, risk communication, and other topics.
- Develop/enhance priority health effects, exposure, and/or hazard surveillance systems.
- Develop a plan for the development of a standards-based EPHT network that allows direct electronic data reporting and linkage within and across health effect, exposure, and hazard data and can interoperate with other public health systems.
Regulatory Services Branch
Program Directory

• Develop and evaluate strategies for communicating information generated by an EPHT network and related program activities to diverse audiences.
• Assist in the development of national standardized data definitions, logical data model and data exchange messages for implementing the statewide and national EPHT Network; assist in setting standards for completeness, timeliness, and quality.

ENVIRONMENTAL PRACTITIONER LICENSURE UNIT (EPLU)
Leslie Cole, 509-7585

Overview
To protect the health and safety of the people of Connecticut by regulating environmental health contractors and practitioners in order to assure the provision of various services in compliance with established health and safety regulations and criteria.

Program staffing consists of one Supervising Environmental Analyst, one Environmental Analyst 3, one Processing Technician, and one Environmental Sanitarian 2.

Background
The EPLU operates in concert with three associated programs (the Asbestos Program, the Lead Poisoning Prevention and Control Program, and the Environmental Engineering Program) in the Department of Public Health. The major program goal is to administer and oversee the department program that licenses and regulates environmental health contractors and practitioners. The underlying objective is to protect the health and safety of the people of Connecticut by regulating environmental contractors and practitioners in order to assure the provision of various services in compliance with established health and safety regulations and criteria.

Activities
The following describes program activities and services of the EPLU. These functions are founded in Connecticut state law and regulation. The Environmental Health Section manages two U.S. Environmental Protection Agency (EPA) grant projects that provide funding assistance for these activities. Some of these activities and services are related to EPA authorization of Connecticut to regulate lead-based paint hazard control activities throughout the state.

• Processes, reviews, and approves applications for licenses and certificates in four regulated environmental health practitioner activity areas (asbestos, lead, subsurface sewage disposal, and environmental sanitarian).
• Processes, reviews, and approves applications for approval of training courses for practitioners in the asbestos and lead disciplines.
• Develops and maintains databases related to department licensed and certified environmental health contractors and practitioners.
• Develops legislative and regulatory proposals regarding environmental health contractor and practitioner licensing, certification, and training activities.
Regulatory Services Branch
Environmental Health, continued

- Develops legislative and regulatory proposals regarding environmental health contractor and practitioner licensing, certification, and training activities.
- Provides interpretative guidance regarding licensure statutes and regulations.
- Provides technical assistance to local health officials.
- Audits approved asbestos and lead training courses for compliance with training protocol.
- Assists in the provision of lead inspector and lead inspector risk assessor training and refresher training courses for local health department staff.
- Investigates complaints involving department regulated environmental health contractors and practitioners.
- Represents the DPH at the regional Consortium of Northeast States (asbestos), Consortium of Northeast States and Tribes (lead), and New England Lead Coordinating Committee forums.
- Publishes newsletters for training providers.

FOOD PROTECTION PROGRAM
Tracey Weeks, 509-7297

Overview
The Food Protection Program’s mission is to reduce the risk of foodborne disease by ensuring reasonable protection from contaminated food and improving the sanitary condition of food establishments. This mission is accomplished by enforcement of regulations, training and education, technical consultation, special investigations, and food safety promotion.

Activities
The program is responsible for fulfilling the following key functions and activities:
- Promulgate new and update existing regulations
- Provide regulatory interpretations of regulations
- Train, certify, and re-certify local food inspectors
- Serve as technical advisor to local health officials, industry, other government agencies, media, and the public on a wide range of food safety issues including inspections and enforcement
- Monitor complaints of foodborne illness from the 80 local health jurisdictions and provide guidance on response
- Investigate and/or assist local health departments in investigating foodborne disease outbreaks and ensure that adequate controls are implemented to reduce the risk of additional illness
- Coordinate with the DPH Epidemiology Program and Laboratory to ensure that timely and adequate environmental investigations are conducted during foodborne outbreaks
- Develop and provide training to local food inspectors to maintain up to date knowledge of the field
Promote the use of risk based inspections that focus on the CDC risk factors for foodborne disease among local food inspection programs

Develop and provide training and educational tools for local health departments and the food industry on food defense issues

One of nine states participating in the CDC funded Environmental Health Specialist Network (EHSNet) projects

Investigate complaints of unprofessional/inappropriate behavior among certified food inspectors

**LEAD POISONING PREVENTION AND CONTROL PROGRAM (LPPCP)**

Alan Buzzetti, 509-7307

**Overview**

To protect the health and safety of the people of Connecticut and to prevent lead poisoning and promote wellness through education and a wide range of program activities that relate to lead poisoning prevention and in particular, childhood lead poisoning prevention.

Program staffing consists of one Supervising Environmental Analyst, one Nurse Consultant, one Environmental Analyst 3, two Epidemiologist 3s, two Environmental Sanitarian 2s, two Epidemiologist 1s, one Environmental Sanitarian 1, one Health Program Assistant 2, one Health Program Assistant 1, and two Office Assistants.

**Background**

The LPPCP operates in concert with the Environmental Practitioner Licensure Unit in the Department of Public Health (DPH). The major goal is to eliminate confirmed elevated blood lead levels $\geq 10\mu g/dL$ in children less than 6 years of age in Connecticut by the year 2010. The underlying objective is to protect the health and safety of the people of Connecticut and to prevent lead poisoning and promote wellness through education and a wide range of lead poisoning prevention activities. These activities include:

- Monitoring environmental and occupational lead related health hazards
- Regulating lead hazard identification, abatement and remediation contractors and activities, and the practitioners who provide lead consultant and lead abatement services
- Providing testing and monitoring support in concert with the state laboratory
- Collecting and analyzing child and environmental health data related to lead exposure
- Developing lead poisoning prevention policies, laws, regulations and strategies
- Maintaining a statewide lead surveillance data system
- Providing case management and investigation oversight, and associated services for children ages 6 months through 6 years (in support of local health departments), and
- Providing community and professional outreach and educational services.
Responsibilities

The following describes program activities and services of the LPPCP. Many of these functions are founded in Connecticut state law and regulation. Additionally, many of these activities and services are related to the authorization of Connecticut by the U.S. Environmental Protection Agency (EPA) to regulate lead-based paint hazard control activities throughout the state. The LPPCP manages two EPA grant projects and one U.S. Centers for Disease Control and Prevention (CDC) grant project that provide funding assistance for these activities:

- Develops legislative and regulatory proposals regarding lead poisoning prevention.
- Provides interpretative guidance regarding lead-related statutes and regulations.
- Provides technical assistance to local health officials.
- Audits the environmental health and case management components of lead poisoning prevention programs in larger local health departments.
- Provides lead inspector and lead inspector risk assessor training and refresher training courses for local health department staff.
- Maintains six (6) X-ray fluorescence analyzers for testing paint for lead content and one (1) X-ray fluorescence analyzer for testing for lead content in consumer products that are available for use by LPPCP and trained local health department staff. Assigned ten (10) X-ray fluorescence analyzers for testing paint for lead content to larger local health departments for use by trained staff at those health departments.
- Provides technical support to federally funded Lead-Based Paint Hazard Control grant projects in various Connecticut communities.
- Audits licensed lead abatement and consultant contractors and lead abatement projects.
- Investigates complaints involving various lead-related issues.
- Provides training and technical assistance to DPH Child Daycare Unit staff regarding lead issues in DPH licensed day care facilities.
- Reviews lead encapsulation products for authorization for use during lead abatement projects.
- Administers the delivery system for the Connecticut developed, federally approved "Lead-Safe Work Practices for Painting, Remodeling, and Maintenance" training course.
- Administers the annual Don't Spread Lead Campaign throughout Connecticut.
- Assumes a leadership role in Connecticut in educating diverse audiences and populations regarding the health hazards of lead poisoning in children.
- Provides trainings and educational seminars to individuals and groups that work with families or children.
- Offers educational support and materials to local health departments so that they may better serve their communities.
- Works with health care providers, Medicaid/HUSKY managed care organizations, schools, and community leaders to target underprivileged, high-risk populations and immigrant and refugee groups.
Regulatory Services Branch
Environmental Health, continued

- Maintains a database of all blood lead laboratory results and produces statistical reports that guide core program initiatives to eliminate lead poisoning.
- Provides case management oversight and technical training to local health departments.

PRIVATE WELL AND RECREATION PROGRAM
Ray Jarema, 509-7296

The DPH Private Well and Recreation Program has three distinct responsibilities, two related to people’s recreational activities; public swimming pools, water quality at public marine beaches, and the third is private wells. The need for these services as well as the program responsibilities and major functions are described in greater detail below.

Public Swimming Pools: Prior to the construction or renovation of public swimming pools in Connecticut, professionally engineered plans must be submitted to DPH for approval. Written authorization from DPH is also required for any construction or replacement of equipment at existing public swimming pools.

Public Marine Beaches: DPH along with the Department of Environmental Protection establishes the bacterial water quality standard for bathing water at freshwater and marine coastal beaches in Connecticut. The program works with local health departments and the Connecticut Department of Environmental Protection in making sure that bathing waters are routinely monitored during the bathing season to ensure healthy marine beaches.

Private Wells: Approximately 15% of the Connecticut’s population (510,000 people) is on private wells. Estimates are that nearly 400,000 private wells exist in this state. Private wells are the responsibility of local health departments, however, the DPH Private Well Unit provides local health with the technical assistance and outreach documents.

Additional: The DPH Recreation program has promulgated regulations for the local health authorities to inspect and ensure safe operation of family campgrounds in Connecticut.

Responsibilities
Located within the Environmental Health Section, the Recreation Program performs the following functions:

- Reviews and issues construction approvals for approximately 50-60 public pool plans and 15-20 filtration/disinfection system replacements each year. Collects statutory fee;
- Performs conformance inspections of each public pool constructed/renovated to evaluate conformance with the approved plans. Collects fees for the review and approval of these plans;
- Provides technical consultation to professional engineers and architects concerning public swimming pool and water park design;
Regulatory Services Branch
Environmental Health, continued

- Provides consultation, training and technical assistance to local health departments concerning public swimming pool operational requirements;
- Prepares grant application for federal funding annually ($220,000) and oversees implementation of a work plan concerning Connecticut coastal beaches;
- Consults with the Connecticut Department of Environmental Protection (DEP) each year to negotiate a contract and provide funding for bathing water quality sampling at Connecticut State Park marine beaches;
- Provides consultation to local health departments, town administrators and Connecticut DEP concerning the interpretation of the bacterial standard pertaining to bathing water quality and beach closures almost daily from Memorial Day to Labor Day;
- Plans, organizes and conducts semi-annual meetings for shoreline health departments and DEP concerning Connecticut coastal public beaches;
- Updates bathing water quality standards, public swimming pool regulations and design criteria and public bathing area regulations and guidelines as necessary;
- Provides consultation to local health departments concerning family campgrounds;
- Provides technical assistance to the general public and local health departments regarding private well water;
- Develops education and outreach information related to private wells and water quality;
- Provides training and education opportunities to local health department staff;
- Provides technical assistance to the public about well construction, well yield, storage capacities, water quality issues, advise about treatment, and a resource directing individuals to other experts in the field of drinking water;
- Provides technical assistance to local health departments about the interpretation of applicable Public Health Code, Well Drilling Code, Plumbing Code and including the Building Code;
- Provides direct assistance to local health departments - if necessary - by doing field evaluations of some of the most difficult water quality and/or construction problems;
- Triage water quality health issues to other units within Department of Public Health, namely Environmental and Occupational Health Assessment Program and Epidemiology;
- Prepares various technical papers and positions on private wells that are made available to the public and to local health departments, much of which will be included on a web page that is currently under development;
- Provides home owners as well as local health departments with advice and information on water quality and treatment issues;
- Prepares an annual Beach Monitoring report for EPA using data submitted by local health departments and the DEP;
- Reports beach data to US EPA annually; and
- Maintains a Recreation and Private Well Program web page.
ENVIRONMENTAL ENGINEERING PROGRAM
Robert Scully, 509-7296

The primary role of the Environmental Engineering Program (EEP) is to administer the Public Health Code (PHC) as it relates to on-site sewage disposal. The EEP is also responsible for approving public mausoleums, columbariums, crematories, and private burial grounds.

On-site Sewage Disposal: Approximately one third (1/3) of Connecticut residents, over one million people, utilize on-site subsurface sewage disposal systems to dispose of their domestic sewage. More than three fourths (3/4) of the developed land area in Connecticut relies on on-site sewage disposal as well. The majority of on-site sewage disposal is accomplished by the conventional septic system. A septic system properly designed, installed, and maintained provides a safe and efficient way of disposing domestic sewage. Homes, apartment buildings, schools, restaurants, and commercial buildings generate domestic sewage. Sewage contains pathogens (disease causing organisms); therefore it is essential that it be disposed of properly in order to prevent health hazards, nuisance conditions and to protect the environment.

Jurisdiction of on-site sewage disposal systems for design flows of 5,000 gallons per day (GPD) and less lies with the Department of Public Health and local directors of health. Local health departments are responsible for most of the administrative functions involving such systems. Local health departments conduct site investigations, issue permits and approvals, and inspect systems at the time of installation. The EEP provides local health departments technical assistance and on-site field guidance. The EEP performs small system (less than 2000 GPD) engineered plan reviews for difficult lots. A $100.00 review fee is required for these reviews.

The EEP fulfills the following sewage disposal related responsibilities in accordance with PHC regulations:

- Train/certify local health agents for routine functions related to on-site sewage disposal (Phase 1: Site investigations, system inspections, non-engineered plan reviews), and for engineered plan reviews (Phase 2)
- Annually update/revise the Technical Standards. The Technical Standards, which comprise approximately 50 pages, includes standards for the design and construction of subsurface sewage disposal systems
- Review/approve plans for large subsurface sewage disposal systems. Large systems have design flows from 2000-5000 gallons per day. A $500.00 review fee is charged for review of these plans
- Review exception requests for central systems (system serving more than one building) and for off-site systems (easement arrangements)
- Review exception requests for installation of sewage disposal system less than 75 feet from water supply wells
- Review requests for holding tanks
The EEP conducts outreach-training seminars for local health department staff, professional engineers, and sewage system installers and cleaners. In early 2009, EEP staff conducted eight (8) statewide seminars to discuss revisions to the Technical Standards that became effective January 1, 2009. Program staff has also been conducting workshops for local health department agents that enforce the public health code regulations governing building additions, seasonal to year round conversions, and use changes in areas that rely on on-site sewage disposal.

Since 2005, the EEP has been conducting site investigation/soil assessment workshops (2-day training) for local health officials and design engineers. The field-based seminars allow hands on training in evaluating soils for on-site sewage disposal purposes. Individuals that have attended the soil workshops have been very positive in their reviews. Additional soil training workshops are planned for 2009.

The Department of Health (DPH) licenses approximately 2500 sewage system installers and 300 septic system cleaners. The EEP assists the department’s licensure program by preparing and grading the installer and cleaner exams, which are administered 4 times a year. EEP staff investigates complaints against licensed installers and cleaners. Enforcement action against licensed installers and cleaners is coordinated with the department’s Legal Office.

Program Initiatives: In 2005, the EEP hired an Environmental Analyst to focus on decentralized sewage system management. Decentralized systems include septic systems and other non-conventional (i.e., alternative systems) on-site sewage disposal systems. The following initiatives are being pursued:

- Upgrading local health official certification and training programs. It is anticipated that participation in the soil training workshops will be mandatory for new local health agents, as long as long future funding for the workshops is secured
- Preparation of educational materials for maintaining on-site sewage treatment systems
- Assist municipalities that are establishing wastewater management districts and/or adopting local ordinances governing on-site sewage disposal systems
- Preparation of a protocol for sewage disposal system assessments for real estate transactions
- Web page upgrades for the EEP
- Securement of funding for a statewide web based tracking system for decentralized sewage systems.

Mausoleums/Columbariums, Crematories, and Private Burial Grounds: The EEP allocates 2-3% of total staff-hours dealing with the following functions related to human remains:

- Review/approve plans and specifications for public mausoleums and columbariums. A $1000.00 review fee is required for these reviews.
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- Review/approve plans and specification for crematories. The associated review fee is $1000.00.
- Review/approve private burial grounds.

**RADON PROGRAM**
Francesca Provenzano, 509-7367

**Mission:**
The Radon Program’s mission is to promote radon awareness, testing, mitigation, and radon-resistant new construction throughout the state in order to reduce the number of radon-induced lung cancer deaths in Connecticut.

**Background:**
Radon is a naturally occurring radioactive gas that results from the breakdown of uranium found in rocks and soils. It is an odorless, colorless, and tasteless gas. It can readily move through gaps in rocks and soils, and enters homes, typically, through the basements or crawl spaces. Another pathway for radon to enter a home is through well water. Because radon is not highly soluble in water it can off-gas to the indoor air environment during domestic water use (e.g., showering, clothes washing). Radon from soil gases and well water can build up to unhealthy levels in homes and buildings.

**Health Effects of Radon:**
Exposure to radon in the air is associated with an increased risk of developing lung cancer. Approximately 22,000 radon-induced lung cancer deaths occur each year in the U.S., making radon the #2 cause of lung cancer behind cigarette smoking. Radon is the leading cause of lung cancer in non-smokers. The majority of Connecticut is located in a high or moderate potential radon zone, making it especially important for residents to test their homes.

The DPH recommends that all homeowners test for indoor radon levels, and that they take steps to reduce radon when airborne radon is at or above 4 picocuries per liter (pCi/L), or when radon in water exceeds 5,000 pCi/L. When elevated levels are found, radon can usually be reduced to levels below 2.0 pCi/L.

**Program Initiatives:**
In order to reduce the number of radon-induced lung cancer deaths in Connecticut, the Radon Program conducts the following activities:
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- Acquires and manages grant funds through the State Indoor Radon Grant awarded by the U.S. Environmental Protection Agency in order to maintain staff and program activities;
- Promotes radon awareness, testing, and mitigation through a variety of health education and health promotion methods;
- Provides technical assistance to local health departments, local building officials, realtors, home inspectors, other state agencies, and the general public about radon;
- Oversees radon measurement activities in all public schools; and provides technical guidance and assistance to private industry, school officials, and local health departments;
- Conducts education and outreach campaigns throughout the year, particularly during January, which is designated as National Radon Action Month;
- Compiles and maintains lists of radon measurement and mitigation professionals who have been certified by the two national non-profit organizations (the National Environmental Health Association, and the National Radon Safety Board); and referring the general public to those professionals;
- Collaborates with local health departments, private industry, other state agencies, and other non-profit organizations to promote radon awareness, testing, mitigation and radon-resistant new construction activities throughout Connecticut. The program currently works with the American Lung Association, the Connecticut Department of Consumer Protection, real estate professionals, local health departments, the Connecticut Department of Economic and Community Development, and the Connecticut State Department of Education, and the Connecticut Department of Public Works;
- Developed and shared technical guidance with the Connecticut State Department of Education to incorporate radon-resistant new construction features in all newly built schools throughout the state;
- Develops policies, protocols, and educational opportunities for the industry to promote the quality of radon-related activities;
- Collects and analyzes data on radon measurement results obtained from homes, schools and child daycare centers that have been tested for radon (and reported to the DPH); and
- Collects and analyzes summary data on radon mitigation in residential properties and public schools.

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