



## Business Plan 2007 – Division of Environmental Health - Florida Department of Health

Mission: "Promote and Protect Health"

Vision: "Healthier Floridians"

**Goal: To prevent disease of environmental origin**

### **Bureau of Community Environmental Health – FOOD HYGIENE PROGRAM**

#### **Trends and Conditions:**

The food hygiene program remains dedicated to ensuring that the safest food possible is provided to those individuals who frequent the many establishments under the Department of Health's jurisdiction. Those food operations that are beyond the department's authority are usually regulated by one of the two remaining jurisdictional agencies: the Department of Agriculture and Consumer Services (DACS) and the Department of Business and Professional Regulations (DBPR). Unfortunately, some food operations are not under any agency's regulatory guidance due to statutory and administrative code language limitations; therefore, the Department has partner with DACS and DBPR to provide public information resource material for those operation that do not receive periodic regulatory review. Additionally, the Food Hygiene program will endeavor to provide regulatory guidance for at least two of the food operation areas that are currently unregulated. These target areas are Meals on Wheels programs and food service sites for the homeless (e.g. soup kitchens) and other congregate meals sites. Currently, nonprofit food operations that provide meals to the public are not required to comply with any sanitary standards. Typically, the clientele of these operations are individuals who are in designated "at-risk" groups (i.e. elderly, immune-compromised disabled, homeless). Regulatory guidance will minimize the risk of foodborne illnesses in this fragile portion of the state's population.

**Division Cost: \$135,614**

**Division Positions: 5**

**County Program Cost: \$4,785,086.97**

**County Positions: 86.98**

In accordance with section 381.0072, Florida Statutes, the department's regulatory jurisdictional authority includes detention facilities, childcare facilities, schools, institutions, civic organizations, fraternal organizations, theaters that only serve traditional theater food items, bars and lounges that do not exceed preparation limitations for potentially hazardous foods, and churches that are not otherwise exempted by the statute. Generally, these facilities are required to be inspected a minimum of four times per year; however, some facility do not required this frequency. Those facility that are not in operation for the entire year (e.g. schools opened for only 9 months) or limited food service establishments (as defined by rule), which pose less of a risk of causing a food-related illness and therefore are assessed a reduced permit fee and reduced inspections frequency. The department regulates approximately 16,244 facilities, which represents a 2.7% increase from last year. For the 2005-06 inspection year, the county health departments completed 92.67% of their required food hygiene inspections.

In order to fulfill the programmatic purpose, which is to protect the public from incidences of foodborne illness, the bureau staff implemented or strengthened monitoring programs, developed methodologies to improve statewide consistency, and identified areas of emphasis during inspection procedures that would strengthen barriers to foodborne illnesses. As these initiatives are better realized or otherwise addressed by the local CHD management, the actual or overall success of the initiatives can be determined. The chief monitoring system for the program is Centrax, which allows bureau staff to use quarterly reports to identify and notify those counties that were not meeting interim inspection frequencies. In so doing, counties have the opportunity to make incremental adjustments to favorably impact year-end results. However, those counties that did not achieve the required number of inspections as indicated by their most recent program evaluation (permit years 2005-2006) were required to make immediate adjustments that would favorably impact the subsequent quarter. Additionally, training programs were redesigned or developed that further emphasized inspection frequency. The two strategies have improved local programs and increased program evaluation scores, thus far. To



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improve consistency throughout the state, the bureau staff revised and re-instituted the Food Hygiene Coordinator program. The program is outlined in a procedural document that explains the process and contains the application and inspection forms. Previously, three bureau staff persons had been certified by the Food and Drug Administration (FDA) as Inspection and Training Officers to evaluate local CHD applicants as per the Food Coordinator guidelines. Due to federal budget cuts, the FDA was unable to perform re-certification and initial certification evaluation for the two bureau staff awaiting assessment; therefore for 2006 the bureau continued to have only one staff person to assess and certify food hygiene coordinators consistent with the established protocol. If FDA’s financial constraints persist, the program may need to revise that protocol so that FDA’s involvement is not a hindrance. During the assessment, candidates are evaluated on their ability to perform inspections, including proper annotation of violations. CHD personnel that successfully complete the program will become Certified Food Hygiene Coordinators. As such, they will be required to standardize the remaining local food inspection personnel and provide training to staff and the regulated community. Currently, there are seven counties (Sarasota, Okaloosa, Volusia, Pinellas, Citrus, Orange, and Osceola) that have successfully completed the Certified Food Coordinator Program and have met re-certification requirements (as appropriate). The food coordinator previous at the St. Lucie CHD is no longer at the county health department. The Certified Coordinator Program address consistency within an individual county and across county lines and will affect the quality of the Food Hygiene Program in a cumulative fashion. For example, accurate reporting will allow accurate data collection. This collected data is used to train inspectors on the appropriate focus during inspections, namely performance-based inspections. A performance-based inspection will allow the inspector to emphasize the correction of those violations that contribute most to foodborne outbreaks, which in turn will positively impact the public’s health by minimizing their risk of contracting a food-related illness in establishments regulated by the department. Therefore, the overall result of addressing those factors that most contribute to foodborne illness will be an increase in the quality of inspections, which will compliment the increase in the quantity of inspections.

Factors that frequently contribute to foodborne illnesses are published in the Bureau’s annual Food and Waterborne Disease Report. The report covers all of the foodborne outbreaks in Florida and identifies the types of establishment in which the outbreak occurred. Therefore, the Food Hygiene program can identify how many outbreaks occurred at department regulated facilities. However, the report does not currently separate the most prevalent contributing factors in a similar fashion. Nonetheless, the information can be used to implement intervention strategies that will create or strengthen barriers to future outbreaks. From 1994-2003, the number of food and waterborne disease outbreaks reported in Florida averaged about 204 per year. The rate of DOH-associated food and waterborne disease outbreaks per 10,000 DOH-regulated facilities has fluctuated between 2.96 – 5.77 since 1997. An increase in the denominator (number of DOH food service facilities) can account for some degree of decrease in the rate. However, through 2003, it appears that there is a positive downward trend, even though the 2003 rate is slightly higher than 2002 (2.5 and 2.5, respectively). While we enjoy this positive downward trend in the number of outbreaks in DOH-regulated facilities, we recognize that since 2001, the etiological agent implicated in the greatest number of confirmed outbreaks has been Norovirus (In 2000, Norovirus was the second most implicated organism). From 2000 – 2003, Norovirus was implicated in 8.3%, 11.2%, 11.0%, 15.0% (respectively) of the confirmed outbreaks. According to the Control of Communicable Diseases Manual (18<sup>th</sup> Edition), the only known reservoir for Norovirus is man and the fecal-oral route is the most common mode of transmission. As indicated in this manual (and department protocol), the favored method of control is proper hygienic practices, particularly effective handwashing. Therefore, the food hygiene program will increase its efforts to provide various training materials and opportunities to the regulated community addressing this area. During 2000-2003 data collection timeframes, the six most



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prevalent factors to foodborne outbreaks (based on average) were identified as (1) improper handwashing, (2) inadequate refrigeration, (3) cross contamination, (4) inadequate hot holding, (5) improper cooling, and (6) reheating. While most of these factors have seen a decline, the percentage of hand contamination as a contributing factor in the total number of outbreaks has incrementally increased from 15.3% in 2000 to 26.7% in 2003. Even though a variety of factors can impact the correlation between outbreaks and contributing factors, the results suggest that there is not appropriate focus on the more substantial barriers to foodborne illness during inspections. Over the last year, this issue was addressed incrementally through the strategies mention above (increased awareness to the CHDs, certification of food coordinators, and the development of training). As a result, it was determine that the inspection form, which was based upon the initial FDA model inspection form, was inadequate with respect to promoting accurate data collections and performance-based inspections. Therefore, the food hygiene program managers have proposed to re-develop the inspection form using a recently amended FDA model. Additionally, as the number of certified food hygiene coordinators increase, more counties will be more capable of providing targeted training to their local constituents, which will provide for better trained and more conscientious food workers. Finally, the program managers will expand existing CHD personnel training endeavors by creating electronic components and increase our partnerships with academic institutions for the purposes of research (to be funded by securing grants). The research partnerships will help substantiate the validity of our science-based regulatory requirements and help in directing future efforts. These efforts will increase our ability to achieve our objectives and continue our efforts in developing a model program.

#### **Short Term Objectives**

By January 1, 2008:

- Assess the implantation of the new style of inspection form that better captures what occurs during an inspection.
- Implement an updated rule
- Assist our regulated food service industry in developing a comprehensive plan to evaluate employee health.
- Conclude proposal for DOH food safety training facility

#### **Long Term Objectives**

By January 1, 2009:

- Conclude the departmental approval for DOH food safety training facility and begin to initiate plan
- Assist our regulated food service industry revising existing policy or develop new policy for employee health.
- Assess viability of increasing regulatory authority

By January 1, 2010:

- Conclude all required out of department approvals for DOH food safety training facility and ensure secured funding to proceed
- Begin rule revision based on statute changes

**Measure #1: Reduce incidences of Norwalk Virus outbreaks from 15% of the total reported outbreaks to 8% by ensuring effective monitoring of food service establishments.**



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HP 2010 Objective		Strategy	Benchmark	Responsible Party	Target Date (up to 18 months)	Status
10-1	Reduce infections caused by key foodborne pathogens.	Target CHDs with records that did not achieve the program evaluation tool requirement for minimum number of inspections.	85% of the reviewed counties will have the required number of inspections in at least 90% of the reviewed records.	Ric Mathis	December 2007	Completed. This standard was met and will be re-evaluated after the 2007 evaluation year.
		<ul style="list-style-type: none"> <li>Review Final Program Evaluation Scores</li> </ul>	Update list of counties that scored less than 88% on the food Hygiene Component of the Program Evaluation.	Ric Mathis	December 2006	Completed At the end of the 2006 evaluation year, 3 counties did not achieve at least 88%, ranging from 71.29% to 81.18%. This represents a decrease of ~72% for this time frame (previously 11 counties were listed for this time frame)
		<ul style="list-style-type: none"> <li>Continue to provide feedback to the target counties concerning completed inspections.</li> </ul>	Notify those counties that with scores of less than 88% and identify new counties with inspection completion rates less than 80%, that they will be monitored on a quarterly basis for meeting quarterly benchmarks of 25%, 50%, and 75%.	Ric Mathis	February 2007	Ongoing. Of the six counties that were subject to this requirement, three were de-listed as a result of improved 2006 program evaluation scores or inspection completion rates of at least 90%. Three (3) new counties were identified.
		<ul style="list-style-type: none"> <li>Identify those counties that are required to be continuously identified for inspection frequency deficiencies for forwarding to Bureau Leadership</li> </ul>	Compare program evaluation scores with Centrax frequency results and develop a targeting list of those counties that scored 70% or below on their most recent program evaluation and	Ric Mathis	Completed	No counties are currently subject to this standard. Awaiting the compilation of first quarter Centrax data (October 2006-December 2006) <del>One county was notified that they must increase to 85% inspection rate 2005-2006</del>



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		also failed to meet the inspection frequency in the year following their program evaluation.			permit year or be recommended to bureau leadership for intervention-
	<ul style="list-style-type: none"> <li>Counties that are noncompliant in correcting their repeated frequency deficiency are required to submit a corrective action plan.</li> </ul>	Counties that are on the target list two consecutive years are forwarded to Bureau leadership for action, as recommended by program management.	Ric Mathis	Completed	No counties are currently subject to this standard
	Target county health departments that do not achieve a year-end inspection completion rate of 85% based on Centrax Percentage of inspection Completed and Quota Reports in their non-Program Evaluation years.	90% of county health departments score at least 85% on Inspection Completion rate..	Ric Mathis	October 2006	Ongoing.
	<ul style="list-style-type: none"> <li>Continue to review quarterly Centrax reports to monitor the cumulative percentage of completed inspections</li> </ul>	Percentage of completed inspections is being monitored through a quarterly review of Centrax data. At the end of the 2004-2005 permit year, identify if new counties need to be added to the target list as a result of having an inspection frequency completion rate less than 90%..	Ric Mathis	November 2006	Ongoing At the end of the 2005-2006 permit year, 10 counties did not achieve at least a 90% inspection completion rate. Their rates ranged from 71.29%-89.42%. While there is a slight increase in the number of counties meeting this standard, the lower range increased 48.7% from the previous 47.92%.
	<ul style="list-style-type: none"> <li>Monitor targeted counties for adequate inspection frequencies</li> </ul>	Feedback is provided to counties to encourage them to maintain the	Ric Mathis	April 2007	Awaiting Centrax Data for First Quarter of 2006-2007 permit year.



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		required frequency Counties are contacted and information requested if frequencies is not at 50% after the 2 <sup>nd</sup> quarter			
	Establish baseline data based upon FDA retail food program model.	Protocol is developed that will allow the credible gathering of facility violation data with respect to foodborne illness risk factors as outlined in 2003 FDA Program Standards	Ric Mathis	January 2008	In process
	<ul style="list-style-type: none"> <li>Identify locations for various establishment types that are to be involved in the survey and the individuals to perform baseline inspection.</li> </ul>	County health department inspectors have been contacted after agreeing to participate in baseline determination.	Ric Mathis and Laurel Harduar-Morano (division Statistician)	September 2006	19 Counties identified by division Statistician.
	<ul style="list-style-type: none"> <li>Determine the number of inspections that must be performed by each inspector in each facility type.</li> </ul>	The number of facilities by type and the number of inspection per facility is documented.	Ric Mathis and Laurel Harduar-Morano	October 2006	Establishment types identified as hospitals, schools, and nursing homes/ALFs.
	<ul style="list-style-type: none"> <li>Complete inspection of facilities using model inspection form.</li> </ul>	Beginning January 2007, inspections will begin by Certified Coordinators. In those counties that do not have coordinators, Bureau personnel or neighboring coordinators will complete the required inspections.	Certified Food Hygiene, Standardized Bureau Staff	May 2007	Not begun



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		<ul style="list-style-type: none"> <li>Analyze Inspection Data.</li> </ul>	Data is forwarded on a quarterly basis	Ric Mathis and VaKasha Brown	June 2007	Not begun
		<ul style="list-style-type: none"> <li>Baseline inspections are completed.</li> </ul>	All inspection forms have been received by the bureau office	Ric Mathis and VaKasha Brown	August 2007	Not started
		Increase inspector’s ability to properly document violations.	Increase the correlation between the violation options on the inspection form and the most prevalent contributing factors to foodborne illness.	Ric Mathis	August 2008	Inspectors are improving their accuracy when recording violations.
		<ul style="list-style-type: none"> <li>A focus group has been assembled from among the Food Coordinators.</li> </ul>	Identify local level focus group to suggest changes to current inspection form.	Ric Mathis	October 2005	Completed.
		<ul style="list-style-type: none"> <li>Provide data to focus group and receive acknowledgement of receipt</li> </ul>	Provide data to focus group and receive acknowledgement of receipt.	Ric Mathis	November 2005	Completed
		<ul style="list-style-type: none"> <li>Compare and Contrast current inspection form both with FDA pilot form and foodborne illness data</li> </ul>	Recommendations are made to modify the existing form.	Ric Mathis	March 2006	Completed.
		<ul style="list-style-type: none"> <li>Disseminate form to CHD Advisory Group for comment</li> </ul>	Draft form has been approved by supervisor	Ric Mathis	April 2007	Pending
		<ul style="list-style-type: none"> <li>Incorporate usable comments from Advisory Group</li> </ul>	Comments have been returned to bureau office	Ric Mathis	May 2007	Pending



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		<ul style="list-style-type: none"> <li>Initiate changes to the existing inspection form</li> </ul>	Proposed changes have been submitted to Forms Committee for approval	Ric Mathis	May 2007	Pending
		Increase the counties ability to properly address emergency food operations during disaster related events to ensure that the probability of food-related illness, especially Norovirus is minimized.	Provide updates to the Food Section of E.H. Program Manual 150-4 and protocol documents to address disaster related events.	Ric Mathis	August 2007	County can access breeze presentation.
		<ul style="list-style-type: none"> <li>Review existing protocol documents for disaster-related events.</li> </ul>	Existing Protocols are revised and any new standards are incorporated.	Ric Mathis and VaKesha Brown	April 2007	Existing protocol documents have been review and revised.
		<ul style="list-style-type: none"> <li>Obtain instruction of creating a breeze presentation</li> </ul>	Meet with Mitch Stripling to understand start up procedure	Ric Mathis and VaKesha Brown	February 2007	Completed
		<ul style="list-style-type: none"> <li>Develop breeze presentation from existing protocol documents and PowerPoint presentation.</li> </ul>	Information has been submitted to supervisor for approval.	VaKesha Brown and Ric Mathis	May 2007	In Progress
		<ul style="list-style-type: none"> <li>Launch breeze project</li> </ul>	Presentation has been approved by supervisor and Interoffice Memorandum is circulated.	VaKesha Brown and Ric Mathis	July 2007	Not started
		Increase the department's authority to provide regulatory guidance to Meals on Wheels programs and congregate meal sites.	Changes have been made to s. 381.0072, F.S.	Ric Mathis	June 2007	Not begun
		<ul style="list-style-type: none"> <li>Draft language to be</li> </ul>	Language has been	Ric Mathis	April 2006	Completed



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		submitted in the Department's legislative package.	submitted to Bureau leadership for approval			
		<ul style="list-style-type: none"> <li>Draft Interoffice Memorandum to CHDs</li> </ul>	Statutory changes have been accepted by Department	Ric Mathis	April 2007	Not begun
		<ul style="list-style-type: none"> <li>Disseminate Interoffice Memorandum to CHDs.</li> </ul>	Statutory Changes have been approved by the legislature.	Ric Mathis	June 2007	Not begun

**Measure #2: Reduce the percent of outbreaks in which employee hand contamination is a contributing factor by 25% (from 26.7% to 20%) in DOH retail food establishments.**

HP 2010 Objective		Strategy	Benchmark	Responsible Party	Target Date (up to 18 months)	Status
10-6	Improve food employee behaviors and food preparation practices that directly relate to foodborne illnesses in regulated facilities	Develop a consistent presentation regarding employee food handling practices and health	County Health Departments are capable of providing specific training on food employee's food handling behaviors that are the most prevalent contributors to foodborne illness.	Ric Mathis and VaKesha Brown	September 2007	Outline for presentation is being developed
		<ul style="list-style-type: none"> <li>Identify the percent employee hand contamination as a contributing factor in foodborne outbreaks over the past 3 years.</li> </ul>	Contributing factors that are related to employee health are calculated and prioritized.	Ric Mathis and VaKesha Brown	August 2006	Completed: Employee hand contamination was a contributing factor in foodborne outbreaks as follows: 15.3% (2000); 19.8% (2001); 24.9% (2002); 26.7% (2003).
		<ul style="list-style-type: none"> <li>Develop PowerPoint presentation on identified employee practices and select counties for beta</li> </ul>	Presentation and selected county list has been submitted to supervisor for approval	Ric Mathis	December 2006	Completed.



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	testing.				
	<ul style="list-style-type: none"> <li>Identify and gather training aids that will augment training.</li> </ul>	Training materials are available to be disseminated to CHDs.	Ric Mathis	January 2007	Pending
	<ul style="list-style-type: none"> <li>Disseminate PowerPoint presentation to select CHDs for beta testing.</li> </ul>	Presentations are received by participating CHDs.	Ric Mathis and VaKesha Brown	March 2007	Presentations are not yet provided.
	<ul style="list-style-type: none"> <li>Perform necessary corrections to presentations.</li> </ul>	Beta test results are received from selected counties	Ric Mathis and VaKesha Brown	April 2007	Pending
	<ul style="list-style-type: none"> <li>Disseminate final version of presentation to CHDS.</li> </ul>	Corrections to final versions are completed	Ric Mathis and VaKesha Brown	May 2007	Pending
	Aggressively seek a partnership with a university or college that would enhance our capabilities in obtaining federal funding for training.	One partnership with a college or university is developed.	Ric Mathis	August 2007	Partnership commitment has been obtained re-established with College of Liberal Arts. & Sciences, Theater Department--Dr. Valencia Matthews with FAMU and Dr. Neil James, Food Science.
	<ul style="list-style-type: none"> <li>Have periodic meetings with our partnered university or college to discuss concerns and future grant possibilities</li> </ul>	A strategy is developed that prioritizes agreed upon food safety topics of interest..	Ric Mathis	Ongoing	Ongoing (Last meeting held February 8, 2007. Next meet scheduled for March 6, 2007)



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	<ul style="list-style-type: none"> <li>Grant proposal for selected topic(s) is drafted</li> </ul>	Grant proposal for selected topic(s) is drafted	Ric Mathis	March 2007	Pending .
	<ul style="list-style-type: none"> <li>Begin constructing a skeletal document that can be modified to comply with grant requirements</li> </ul>	Partners agree upon topic and approach.	Ric Mathis, VaKesha Brown, Dr. V. Mathews, and Dr. N. James	April 2007	Pending
	Aggressively seek a partnership with both DBPR and DACS to create an electronic medium to transfer accounts.	A partnership with the the agencies is developed.	Ric Mathis	May 2007	Pending
	<ul style="list-style-type: none"> <li>Make contact with food safety program statewide managers for DACS and DBPR.</li> </ul>	Contact person other agencies is available for collaboration.	Ric Mathis	December 2006	Completed Kendall Burkett-DBPR Aggie Hale (Interim) DACS
	<ul style="list-style-type: none"> <li>Understand how the extranet system can facilitate the transfer of accounts between the three agencies</li> </ul>	Meet with Joe Mucha to explain the extranet system and what would be required.	Ric Mathis	January 2007	Completed
	<ul style="list-style-type: none"> <li>Begin development of informational for system.</li> </ul>	Data is collected regarding content of document	Ric Mathis	March 2007	Pending
	<ul style="list-style-type: none"> <li>Receive information for document from partner</li> </ul>	Information from partner(s) is combined	Ric Mathis	April 2007	Pending



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		and combine with the department’s information.	and formatted into one document.			
		<ul style="list-style-type: none"> <li>• Create extranet system and provide access to partner(s).</li> </ul>	Partners are trained on use of system	Ric Mathis	April 2007	Not begun