| Local Health Department Year End Progress Report for BP2 (FY 2020-2021) |
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| * 1. Local health Department Name: |
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| * 2. List the three most important accomplishments by the health department, or that the health department was involved in, related to responding to the COVID-19 pandemic. |
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| * 3. List the three most difficult challenges/barriers encountered by the health department in responding to the COVID-19 pandemic. |
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| * 4. What area of your plans did you feel were effective in dealing with the response? |
| * 5. Do you feel that this response has focused on the value of the emergency preparedness program in you agency? |
| Yes |
| ○ No |
| 6. If you answered "Yes" to question 5, what changes are you expecting to occur moving forward? |
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