



122 S. Michigan Ave., Suite 700 • Chicago, IL 60603-6119 • www.idph.state.il.us

November 14, 2013

Via Certified Mail and E-Mail

Kirk Allen PO Box 593 Kansas, IL 61933 E-Mail: KAllen@1ststriketech.com

Re: Documents relating to Freedom of Information Act Request No. 140148796
Return / Take Down Notice – ACTION REQUIRED

Dear Mr. Allen:

It has recently come to the attention of the Illinois Department of Public Health ("Department") that documents produced to you pursuant to your Freedom of Information Act ("FOIA") request of July 11, 2013, included private information that should have been redacted by the Department prior to production. The documents were produced to you via e-mail from Darlene Linxwiler, FOIA Officer, on July 16, 2013, and pertain to the certification of Doug Corbett. The Department sincerely regrets this error.

Please find enclosed an identical copy of the documents produced to you on July 16, 2013. These documents are identical to the ones that you received, except that the private information has been redacted, pursuant to 5 ILCS 140/7(1)(b). By December 2, 2013, you are directed to return to the Department the documents originally produced to you on July 16, 2013, so that they can be destroyed by the Department, and to take down, remove and/or destroy any copies of the documents that you have produced or made available to the public. In the event that you have already destroyed the documents, then you are instructed to provide the Department with a notarized letter indicating such by December 2, 2013.

Please be advised that Illinois law prohibits any person from publically posting, displaying, or using a social security number from an individual. Specifically, Section 10 of the Illinois Identity Protection Act (the Act), 5 ILCS 179, states as follows:

Sec. 10. Prohibited Activities.

(a) Beginning July 1, 2010, no person or State or local government agency may do any of the following:

- (1) Publicly post or publicly display in any manner an individual's social security number.
- (b) Except as otherwise provided in this Act, beginning July 1, 2010, no person or State or local government agency may do any of the following:
- (1) Collect, use, or disclose a social security number from an individual

Section 45 of the Act provides that "any person who intentionally violates the prohibitions in Section 10 of this Act is guilty of a Class B misdemeanor."

You may request a review of the redacted information by contacting the Office of the Public Access Counselor at:

Public Access Counselor Office of the Illinois Attorney General 500 S. Second Street Springfield, Illinois 62706 Fax: 217-782-1396

E-mail: publicaccess@atg.state.il.us

You also have the right to file for injunctive or declaratory relief in the circuit court for Sangamon County or the county where you live (5 ILCS 140/11).

If you choose to file a Request for Review with the PAC, you must do so within 60 calendar days of the date of this denial letter (5 ILCS 140/9.5(a)). Please note that you must include a copy of your original FOIA request and this denial letter when filing a Request for Review with the PAC.

Your cooperation in this matter is appreciated. If you have any questions, you may contact our Division of Legal Services at (312) 814-6033.

Allan V. Abinoja

Deputy General Counsel

Linxwiler, Darlene

From:

Linxwiler, Darlene on behalf of DPH.FOIA

Sent:

Friday, July 12, 2013 12:18 PM

To: Subject: 'Kirk Allen'; Rudis, George S.; DPH.FOIA RE: Doug Corbett certification dates

Subject. Re. Doug Corbett certificiation date

This FOIA was received and docketed for response yesterday. Thank you.

Darlene Linxwiler Freedom of Information Officer Open Meetings Act Designee IT Coordinator 535 W. Jefferson, 5th Fl. Springfield, IL 62761 (217) 558-3403

From: Kirk Allen [mailto:KAllen@1ststriketech.com]

Sent: Friday, July 12, 2013 8:47 AM **To:** Rudis, George S.; DPH.FOIA

Subject: Doug Corbett certification dates

In accordance with the Freedom Information Act of Illinois I am requesting the following.

- 1. Copy of any documents relating to the certifications or licensing for Doug Corbett to be a Public Health Administrator.
- 2. Copy of any application for certification as an Administrator for Doug Corbett.
- 3. Date of initial certification as a Public Health Administrator for Doug Corbett.

This request is a non-commercial request. I am requesting electronic copies. In the event papers copies must be provided I am requesting the fees be waived as outlined in the FOI Act as this is a request for public information that is to be shared publicly.

If a waiver of fees is not give then I do request an estimate of the cost be provided prior to filling the FOIA request.

If you have any questions please let me know.

Kirk Allen PO Box 593 Kansas, IL 61933

From: Rudis, George S. [mailto:George.Rudis@Illinois.gov]

Sent: Friday, July 12, 2013 8:29 AM

To: 'Kirk Allen'

Subject: RE: Doug Corbett certification dates

Mr. Allen-

We understand that you have submitted your request via the Freedom of Information Act. If not, you can submit your request via email to DPH.FOIA@illinois.gov or in writing to IDPH, 535 West Jefferson, 5th FL, Springfield, Illinois, 62761. Thanks.

From: Kirk Allen [mailto:KAllen@1ststriketech.com]

Sent: Thursday, July 11, 2013 11:23 AM

To: Rudis, George S.

Subject: Doug Corbett certification dates

Mr. Rudis,

What I am looking for is the date Doug Corbett became certified to be a Public Health Administrator for a local health department.

Currently he is the Administrator at the Ford-Iroquois Public Health Department and prior to that was at the Perry County Health Department.

Thanks
Kirk Allen
217-508-0564

EVALUATION OF PERSONNEL INFORMATION FORM

NAM	Æ:		Douglas Corbett		
HEA	LTH D	EPARTMENT:	Perry County Health Dep	artment	
	las		APPROVED X	NOT APPROVED_	***************************************
	POS	ITION: <u>PUBL</u>	IC HEALTH ADMINISTR	ATOR	
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<u> </u>	63		Criteria met X	not met	
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Evaluat	or's Sig	gnature			1-4-06 Date



Rod R. Blagojevich, Governor Eric E. Whitaker, M.D., M.P.H., Director

605 West Jefferson Street • Springfield, Illinois 62702-5097 • www.idph.state.il.us

January 4, 2006

Douglas Corbett
Public Health Administrator
Perry County Health Department
907 South Main Street, P.O. Box 49
Pinckneyville, Illinois 62274

RE: Personnel Information Form

Dear Mr. Corbett:

I am pleased to inform you that you have been approved for the position of Public Health Administrator for the Perry County Health Department. Enclosed is a completed copy of your Personnel Information Form for your files.

If you have any questions, please feel free to contact me.

Sincerely,

George S. Rudis, Acting Chief State/Local Liaison Unit

Enclosures

cc:

Bonnie Tolbert, President Perry County Board of Health

John Pitzer Regional Health Officer



Rod R. Blagojevich, Governor Eric E. Whitaker, M.D., M.P.H., Director

605 West Jefferson Street • Springfield, Illinois 62702-5097 • www.idph.state.il.us

January 4, 2006

Bonnie Tolbert, President Perry County Board of Health P.O. Box 49, 907 South Main Pinckneyville, Illinois 62274

RE: Personnel Information Form

Dear Ms. Tolbert:

This will transmit a completed copy of the Personnel Information Form concerning Douglas Corbett.

The Director's Statement indicates that Mr. Corbett has met the qualification requirements for the position of Public Health Administrator, under the Local Health Department Certification Rules (Part 600). This determination has been made pursuant to the enclosed qualifications evaluation.

Sincerely,

George S. Rudis, Acting Chief

State/Local Liaison Unit

Enclosure

cc:

John Pitzer

Regional Health Officer

LOCAL HEALTH DEPARTMENTS ARE REQUIRED TO HAVE AN AFFIRMATIVE ACTION PROGRAM WHICH PROHIBITS DISCRIMINATION IN EMPLOYMENT PRACTICES ON THE BASIS OF RACE, SEX, COLOR, RELIGION, NATIONAL, ORIGIN, PHYSICAL OR MENTAL HANDICAP

ILLINOIS DEPARTMENT OF PUBLIC HEALTH PERSONNEL INFORMATION FORM

THE PURPOSE OF THIS FORM IS TO ADVISE THE ILLINOIS DEPARTMENT OF PUBLIC HEALTH OF ALL PERSONS HIRED OR TO BE HIRED BY LOCAL HEALTH DEPARTMENTS AS AN EXECUTIVE OFFICER FOR WHICH A MINIMUM PERSONNEL QUALIFICATION STANDARD HAS BEEN ESTABLISHED. A DETERMINATION AS TO WHETHER THE APPLICANT MEETS ALL APPLICABLE EDUCATIONAL AND EXPERIENTIAL QUALIFICATIONS WILL BE MADE AND RETURNED TO THE ORIGINATOR WITHIN 45 DAYS OF RECEIPT OF COMPLETED FORMS, SUBMIT THIS FORM AND ALL ATTACHMENTS IN DUPLICATE. MAIL TO: ILLINOIS DEPARTMENT OF PUBLIC HEALTH, STATE/LOCAL LIAISON UNIT,

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Applicant's Name: Douglas D		1						(9)	÷
Title:Deputy Administrator	·				(6)				
Date of Hire:11/22/2005 (or to be hired)									
College Transcripts Attached: Yes	=	Сору о	f Applic	able Certi	ficates or License	es Attached: I	V/A		
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OF APPLICANT

LIST AND DESCRIBE YOUR WORK EXPERIENCE. BEGIN WITH PRESENT POSITION AND WORK BACKWARDS. IF YOU HAD SUPERVISORY RESPONSIBILITIES INDICATE THE NUMBER OF MONTHS INVOLVED AND THE NUMBER AND JOB TYPE OF PERSONNEL SUPERVISED (I.e.

EMPLOYMENT HISTORY

EMPLOYED BY:	Perry County Health Department	DATES OF EMPLOYMENT: from 11/2004 to present
ADDRESS:	907 S Main Street PO Box 49	HOURS WORKED PER WEEK: 40.0
a s	Pinckneyville, IL 62274	PAYROLL TITLE: Deputy Administrator
LIST AND DESCRI	BE DUTIES AND RESPONSIBILITIES: Administrate at	aspects of the Health Department and implement programs / policies
EMPLOYED BY:	City of St. Louis Dept of Health	DATES OF EMPLOYMENT: from 06/2004 to 11/2004
ADDRESS:	634 N Grand	HOURS WORKED PER WEEK: 40.0
≈ €	St Louis MO 63102	PAYROLL TITLE: Epidemiology Specialist
LIST AND DESCRI	BE DUTIES AND RESPONSIBILITIES: <u>Epidemiologist</u> on awareness and i oversaw the City of St Louis's bioterro	for Communicable Disease Division. Did case investigations, outbreaks
******	***************************************	****************
EMPLOYED BY: ADDRESS:	Saint Louis University School of Public Health 3545 Lafayette	DATES OF EMPLOYMENT: from 08/2002 to 07/2003 HOURS WORKED PER WEEK: 40.0
	St Louis MO 63104	PAYROLL TITLE: Project Manager
of public health and	BE DUTIES AND RESPONSIBILITIES: Developed data in the CDC, Developed behavioral based interviewing stratege E SHEET IF MORE SPACE IS NEEDED.	nanagement program to track data from the SIP10 project with the school ties for use in the project.
OFFICE USE ONLY:		
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Tonyomz	"CERTIFIED LOCAL HEALTH DEPARTMENT CODE".	HE QUALIFICATION REQUIREMENTS FOR THE POSITION OF LART 600, EFFECTIVE MARCH 1, 1994.
DATE: January	4, 2006 DIRECT	OR, ILLINOIS DEPARTMENT OF PUBLIC HEALTH

fL 4820819

SAINT LOUIS UNIVERSITY OFFICE OF THE UNIVERSITY REGISTRAR

ST. LOUIS, MISSOURI 63103

Douglas Davies Corbett

05-28-03

Official Graduate Academic Record	Spring, 2001-2002
Degrees & Certificates Awarded: Master of Public Health May 17, 2002	BSTC-511 APPLIED LINEAR MODELS II B+ 3.00 10.1 BSTC-593 STAT.PGRMING SPSS, SAD & NQUERY
Graduate School Major: Community Health, with special amphasis	CMHC-502 ETHICAL ISSUES - PUBLIC HEALTH
in Epidemiology/Concentration Cum GPA: 3.594	EPIC-502 EPIDEMIOLOGY METHODS II B- 3.00 7.5 EPIC-512 CHRONIC DISEASE EPIDEMIOLOGY A 3.00 12.0
Previous Degrees:	RM 1-593 INTRODUCTION TO SPSS S 1.00
Bachelor of Arts May, 1986 Westminster College	AHRS EHRS OHRS OPTS CDA
Spring, 2000-2001	Current 13.00 13.00 12.00 42.00 3.500 Cumulative 28.00 28.00 27.00 97.50 3.611
Admitted Program: Graduate School Master of Public Health	EPIC-601 ADVANCED EPIDEMIOLOGY METHODS
BSTC-500 PRINCIPLES OF BIOSTATISTICS B+ 3.00 10.50 EOHC-500 ENVIRONMENTL-OCCUPTNL HLTH B+ 3.00 10.50	AHRS EHRS OHRS OPTS GPA Current 3.00 3.00 3.00 12.00 4.000 Cumulative 31.00 31.00 30.00 100.00
AHRS EHRS QHRS QPTS GPA Current 6.00 6.00 6.00 21.00 3.500 Cumulative 6.00 6.00 6.00 21.00 3.500	BSHC-500 BEHAVIORAL SCIENCE & PUBLIC HLTH
Fall, 2001-2002	CMHC-545 WRKNG W/CULTRLLY DIVERS POPLINS
CMHC-501 PUBLIC HEALTH ADMINISTRATION A 3.00 12.00 CMHC-520 BIOLOGICAL BASIS OF PUB HEALTH A 3.00 12.00	EPIC-523 APPLIED EPIDEMIOLOGY B+ 3.00 10.50 EPIC-594 INTERNSHIP S 0.00
EPIC-501 EPIDENTOLOGY ANDRESS	
B+ 3.00 10.50	

OFFICIAL TRANSCRIPT
ISSUED TO STUDENT
THIS IS A RED INK STAMP

Douglas Davies Corbett

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WESTMINSTER COLLEGE, Fulton, Missouri 65251
      Record of CORBETT, Douglas Davies 15670
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                                                           Belleville East
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WESTMINSTER COLLEGE, Fulton, Missouri 65251 Record of CORBETT, Douglas Davies (Continued) Address Parent/Guardian Admitted from ____ Grad. Rank in Class Entered ____Birth date Place Date of Graduation Mator OFFICIAL TRANSCRIPT WHEN BEARING COLLEGE SEAL CPT NMER COURSE TITLE GRADE HOURSE TO A 400 A SOCIOLOGY OF RELIGIO C 3.0 SCA 424 ANTHRO 8 SOC SEMINAR 414 B 30.0 REL 100 B INTRO OLD TESTAMENT B 3.0 REL 100 B SURV RADIO/TV SERIAL A 3.0 GRADE HOURS St. Louis University WINTER SEMESTER 1986

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CONFIDENTIAL RECORD IF YOU HAVE NO FURTHER USE FOR THIS RECORD PLEASE DESTROY OF

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JAN - 8 2001

Phyllis mas Phyllis Masek, Registrar Westminster College Fulton, MO 65251-1299

* - Indicates taken at William Woods College, Fulton, Mo. '200 course designation refers exclusively to introductory projects; "300" to independent study;