**STATE OF CONNECTICUT**

**LOCAL EMERGENCY OPERATIONS PLAN**

**SUMMARY TOOL**

**EMERGENCY SUPPORT FUNCTION #6 MASS CARE ANNEX**

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**TOWN/CITY/TRIBAL NATION CONNECTICUT**

**LOCAL EMERGENCY OPERATIONS PLAN ESF 6 ANNEX**

#### This ESF 6 Annex Summary is a tool to be used in creating the Local Emergency Operations Plan (LEOP) ESF 6 Annex, to be updated annually and signed by the local Emergency Management Director (EMD) and Chief Executive Officer (CEO). A separate Standards Guidelines document follows to support the development of your LEOP ESF 6 Annex.

The summary sheet will be reviewed by the DEMHS Regional Coordinator, who will provide feedback and guidance to the Emergency Management Director on the Annex’s completion.

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Annex remains unchanged from previous year’s version:Annex contact information has been reviewed and updated: |    |  |

Annex Reviewed and Approved By:

Emergency Management Director Date

Annex Reviewed and Approved By:

Chief Executive Officer Date

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City/Town/Tribal Nation: DEMHS Region: Population:

**LEOP ESF 6 Annex Summary Sheet**

(1 of 3)

Emergency Management Director:

|  |
| --- |
| **I. Municipality Information** |
| Reference | ITEM | YES/NO | LOCATION(virtual and/or real) | DESCRIPTION | DATE OF VERIFICATION/REVISION |
|  | ESF 6 Annex |  |  |  |  |
|  | Known Hazards/Evacuation Areas |  |  |  |  |
| This document, p. 9 | List of approved shelters (names and locations) |  |  |  |  |
| Standards Guidelines, pp. 5-6, 10 | Agreements with American Red Cross or other for shelter management |  |  |  |  |
| Agreements with Transportation Providers to support evacuation, or shelter transportation |  |  |  |  |
| Agreements with other non-governmental response organizations (Salvation Army, VOAD, etc). |  |  |  |  |
| Standards Guidelines, p. 5 | Multi-Jurisdictional Shelter Agreement |  |  |  |  |
| Standards Guidelines, pp. 5-6, 10-15 | Agreements with other municipalities For any Mass Care function |  |  |  |  |
| **II. Feeding plans** |
| Standards Guidelines, p. 13 | Coordination feeding services |  |  |  |  |
| Agreements with Red Cross, faith-based, civic groups, school staff, restaurants or other organization for feeding services |  |  |  |  |

**LEOP ESF 6 Annex Summary Sheet**

(2 of 3)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Reference | ITEM | YES/NO | LOCATION(virtual and/or real) | DESCRIPTION | DATE OF VERIFICATION/REVIS ION |
| Standards Guidelines, pp. 13- 15 | Agreements with sources of food: i.e., school system, USDA, grocery/ retail, ARC, restaurants, institutional suppliers, licensed community or faith-based organizations |  |  |  |  |
| Standards Guidelines, pp. 13, 17 | Coordination in place with your Health dept/ district for inspections and supervision of feeding and food preparation |  |  |  |  |
| **IV. Shelter supplies** |
| Standards Guidelines, pp. 9- 11, 17, 20, 23 | Number of Cots (Standard, Medical/ Special needs, Large capacity) |  |  |  |  |
| Standards Guidelines, p. 9-11 | Number of Blankets |  |  |  |  |
|  | Other supplies |  |  |  |  |
| Standards Guidelines p. 12 | Plan for cleaning and disinfecting cots after use |  |  |  |  |
| **V. Health service and behavioral/ mental health services/ child safe , etc** |
| Standards Guidelines, pp. 17- 20 | Plans for health services/ medical coverage at shelters |  |  |  |  |
| Standards Guidelines, p. 10, 13-20 | Supplies/ resources identified to meet the needs of residents at shelters |  |  |  |  |
| Attachment 1 | Identified child safe spaces within your shelters and care providers. |  |  |  |  |
| Standards Guidelines, p. 21 | Signs and resources available for residents with language/ literacy issues. |  |  |  |  |

**LEOP ESF 6 Annex Summary Sheet**

(3 of 3)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Reference | ITEM | YES/NO | LOCATION(virtual and/or real) | DESCRIPTION | DATE OF VERIFICATION/REVISION |
| Standards Guidelines,p. 7 | System to track people who stay in shelters or visit reception centers and for meals (e.g. shelter registration, daily sign in logs, electronic system, other |  |  |  |  |
| Standards Guidelines,p. 17 | Plan with Local Health Department - Shelter Support and Inspection |  |  |  |  |
| Standards Guidelines, pp. 17-18 | Mental Health Plan - Contact list for local service providers |  |  |  |  |
|  | Contact Lists for Support Services - Local PharmaciesOther Service Providers |  |  |  |  |
| Standards Guidelines, pp. 8, 18-20 | Identification of population groups/individuals needing assistance (group homes, senior housing, pre-identified individuals |  |  |  |  |
| Standards Guidelines,p. 11 | Pet Evacuation/Sheltering Plan |  |  |  |  |
| Standards Guidelines,p. 11, Attachment 1 | Child Emergency Preparedness Plans, Plans for schools and day cares |  |  |  |  |
| Standards Guidelines,p. 12 | Financial Plans for obtaining and paying for resources |  |  |  |  |
| Standards Guidelines, pp. 4, 10-15, 17-18,20, 23 | Agreements for commodities Examples: local businesses, services merchandise |  |  |  |  |
| **VI. Volunteers and donations management** |
| Attachment 2 | Lists of trained volunteers to support Mass care services (CERT, MRC, Fire Corps, other) |  |  |  |  |
| Attachment 2 | Donations Management Plan |  |  |  |  |

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**List of Town/City/Tribal Nation - Approved Shelters**

##### RECEPTION AND CARE FACILITIES

1. Buildings listed in this appendix have been surveyed for their suitability as temporary reception and care facilities. The buildings surveyed fall into the following categories:

Public schools with multi-purpose rooms, showers, and cafeteria facilities. Church facilities such as parish centers with kitchens.

Clubs operated by fraternal and social organizations that have suitable eating and bathroom facilities. Governmental or non-profit facilities such as community centers or activity centers for senior citizens. Governmental and/or public buildings considered being essential operations facilities for managing a crisis, i.e., city halls, courthouses, fire and police stations, and hospitals.

1. The following are definitions used in the facilities listing:

 Estimated Shelter Capacity: The estimated short-term capacity of the facility based on 40 square feet per person.

 Estimated Feeding Capacity: The estimated number of people for which the facility can prepare food e.g. three simple meals per day.

 Number of toilets and showers available

1. Generator:

Indicate if the facility has a generator for emergency power- Yes or No

If the facility has a generator, indicate if it’s partial (emergency lighting only) or full (overhead lights, HVAC, outlets)

1. Shelter Agreement or MOA

 Indicate if there is a shelter agreement or MOA in place between the OWNER (municipality or other organization) and the ORGANIZATION WHO WILL OPERATE THE SHELTER (Red Cross, municipality or other volunteer organization) An “N” or a “No” response in this column indicates that the building is not presently covered by a shelter agreement.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Mass Care facilities NAME/ADDRESS | Shelter/ Reception/ both | CAPACITY @ 40 sq ft). |  FEEDING CAPACITY | # OF TOILETS | # OF SHOWERS | GENERATORFull/ partial | MOA/ SHELTER AGREEMENT |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

##### Note: Although shelter information may be entered in to WebEOC and available in other electronic formats, the data on WebEOC does not have reception centers listed . Having a central list of shelters and reception centers in the hardcopy of the plan is critical.

**Note: For additional facilities: copy table above and insert into this section or as an attachment**

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**SHELTER ASSESSMENT FORM (1 of 2)**

**(Fill out one form for each shelter on approved list)**

##### ASSESSING AGENCY DATA

¹Agency /Organization Name

##### 90Immediate Needs Identified: Yes No

2Assessor Name/Title

3Phone - -

4Email or Other Contact

##### FACILITY TYPE, NAME AND CENSUS DATA

5Shelter Type Community/Recovery Special Needs Other 6ARC Facility Yes No Unk/NA 7ARC Code

8Date Shelter Opened / / (mm/dd/yr) 9Date Assessed /\_\_ / (mm/dd/yr) 10Time Assessed :

am pm

11Reason for Assessment Preoperational Initial Routine Other 12Location Name and Description 13Street Address

14City / County 15State

16Zip Code

17Latitude/Longitude /

18Facility Contact / Title

19Facility Type School Arena/Convention center Community/ Senior Center House of Worship Other

20Phone - - 21Fax - -

22E-mail or Other Contact

23Current Census 24Estimated Capacity

25Number of Residents 26Number of Staff / Volunteers

##### FACILITY VIII. SOLID WASTE GENERATED

66Adequate number of collection

27Structural damage Yes No Unk/NA

28Security / law enforcement

receptacles

67

Yes No Unk/NA

available Yes No Unk/NA

Appropriate separation Yes No Unk/NA

29Water system operational Yes No Unk/NA 68Appropriate disposal Yes No Unk/NA 30Hot water available Yes No Unk/NA 69Appropriate storage Yes No Unk/NA 31HVAC system operational Yes No Unk/NA 70Timely removal Yes No Unk/NA 32Adequate ventilation Yes No Unk/NA 71Types Solid Hazardous Medical Unk/NA 33Adequate space per person Yes No Unk/NA **IX. CHILDCARE AREA**

34Free of injury /occupational

hazards Yes No Unk/NA

72Clean diaper-changing facilities Yes No Unk/NA

35Free of pest / vector issues Yes No Unk/NA 73Hand-washing facilities available Yes No Unk/NA 36Acceptable level of cleanliness Yes No Unk/NA 74Adequate toy hygiene Yes No Unk/NA 37Electrical grid system operational Yes No Unk/NA 75Safe toys Yes No Unk/NA

38Generator in use, 39 If yes, Type\_

Yes No Unk/NA

76Clean food/bottle preparation area Yes No Unk/NA

40Indoor temperature oF Unk/NA 77Adequate child/caregiver ratio Yes No Unk/NA

78Acceptable level of cleanliness Yes No Unk/NA

**SHELTER ASSESSMENT FORM (2 of 2)**



|  |  |  |
| --- | --- | --- |
|  |  |  |
|  | **IV. FOOD** |
| 41Preparation on site Yes No Unk/NA42Served on site Yes No Unk/NA43Safe food source Yes No Unk/NA44Adequate supply Yes No Unk/NA45Appropriate storage Yes No Unk/NA 46Appropriate temperatures Yes No Unk/NA 47Hand-washing facilities available Yes No Unk/NA 48Safe food handling Yes No Unk/NA 49Dishwashing facilities available Yes No Unk/NA 50Clean kitchen area Yes No Unk/NA | **X. SLEEPING AREA** |
| 79Adequate number of cots/beds/mats Yes No Unk/NA 80Adequate supply of bedding Yes No Unk/NA 81Bedding changed regularly Yes No Unk/NA 82Adequate spacing Yes No Unk/NA 83Acceptable level of cleanliness Yes No Unk/NA |
| **XI. COMPANION ANIMALS** |
| 84Companion animals present Yes No Unk/NA85Animal care available Yes No Unk/NA86Designated animal area Yes No Unk/NA87Acceptable level of cleanliness Yes No Unk/NA |
| **V. DRINKING WATER AND ICE** |
| 51Adequate water supply Yes No Unk/NA52Adequate ice supply Yes No Unk/NA53Safe water source Yes No Unk/NA54Safe ice source Yes No Unk/NA | **XII. OTHER CONSIDERATIONS** |
| 88Handicap accessibility Yes No Unk/NA89Designated smoking areas Yes No Unk/NA |
| **XIII. COMMENTS *(List Critical Needs on Immediate Needs Sheet)*** |
| **VI. HEALTH / MEDICAL** |  |  |
|  |
| 55Reported outbreaks, unusual illness /injuries Yes No Unk/NA |
|  |

LEOP ESF 6 ANNEX SUMMARY TOOL

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