

**STATE OF CONNECTICUT
LOCAL EMERGENCY OPERATIONS PLAN**

SUMMARY TOOL

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

ANNEX SUMMARY TOOL TABLE OF CONTENTS

SIGNATURE PAGE	3
Summary Sheet	5
List of Town/City/Tribal Nation - Approved Shelters	7
Shelter Assessment Form	9

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:	_____	_____
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Annex Reviewed and Approved By:

Emergency Management Director

Date

Annex Reviewed and Approved By:

Chief Executive Officer

Date

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LEOP ESF 6 Annex Summary Sheet

(1 of 3)

City/Town/Tribal Nation: _____
 DEMHS Region: _____
 Population: _____
 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 Pharmacies Other 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

- A.** 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.
- B.** 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
- C.** 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)
- D.** 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.

<u>Mass Care facilities NAME/ADDRESS</u>	<u>Shelter/ Reception/ both</u>	<u>CAPACITY @ 40 sq ft).</u>	<u>FEEDING CAPACITY</u>	<u># OF TOILETS</u>	<u># OF SHOWERS</u>	<u>GENERATOR Full/ partial</u>	<u>MOA/ SHELTER AGREEMENT</u>

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)

I. ASSESSING AGENCY DATA

¹Agency /Organization Name _____ ⁹⁰Immediate Needs Identified: Yes
 No

²Assessor Name/Title _____

³Phone _____ - _____ - _____ ⁴Email or Other Contact _____

II. 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 _____

III. FACILITY

²⁷Structural damage Yes No Unk/NA

²⁸Security / law enforcement available Yes No Unk/NA

²⁹Water system operational Yes No Unk/NA

³⁰Hot water available Yes No Unk/NA

³¹HVAC system operational Yes No Unk/NA

³²Adequate ventilation Yes No Unk/NA

³³Adequate space per person Yes No Unk/NA

³⁴Free of injury /occupational hazards Yes No Unk/NA

³⁵Free of pest / vector issues Yes No Unk/NA

³⁶Acceptable level of cleanliness Yes No Unk/NA

³⁷Electrical grid system operational Yes No Unk/NA

³⁸Generator in use, ³⁹ If yes, Type _____ Yes No Unk/NA

⁴⁰Indoor temperature _____ °F Unk/NA

VIII. SOLID WASTE GENERATED

⁶⁶Adequate number of collection receptacles Yes No Unk/NA

⁶⁷Appropriate separation Yes No Unk/NA

⁶⁸Appropriate disposal Yes No Unk/NA

⁶⁹Appropriate storage Yes No Unk/NA

⁷⁰Timely removal Yes No Unk/NA

⁷¹Types Solid Hazardous Medical Unk/NA

IX. CHILDCARE AREA

⁷²Clean diaper-changing facilities Yes No Unk/NA

⁷³Hand-washing facilities available Yes No Unk/NA

⁷⁴Adequate toy hygiene Yes No Unk/NA

⁷⁵Safe toys Yes No Unk/NA

⁷⁶Clean food/bottle preparation area Yes No 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				X. SLEEPING AREA									
⁴¹ Preparation on site	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unk/NA	⁷⁹ Adequate number of cots/beds/mats	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unk/NA
⁴² Served on site	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unk/NA	⁸⁰ Adequate supply of bedding	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unk/NA
⁴³ Safe food source	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unk/NA	⁸¹ Bedding changed regularly	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unk/NA
⁴⁴ Adequate supply	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unk/NA	⁸² Adequate spacing	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unk/NA
⁴⁵ Appropriate storage	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unk/NA	⁸³ Acceptable level of cleanliness	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unk/NA
⁴⁶ Appropriate temperatures	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unk/NA	XI. COMPANION ANIMALS						
⁴⁷ Hand-washing facilities available	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unk/NA	⁸⁴ Companion animals present	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unk/NA
⁴⁸ Safe food handling	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unk/NA	⁸⁵ Animal care available	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unk/NA
⁴⁹ Dishwashing facilities available	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unk/NA	⁸⁶ Designated animal area	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unk/NA
⁵⁰ Clean kitchen area	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unk/NA	⁸⁷ Acceptable level of cleanliness	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unk/NA
V. DRINKING WATER AND ICE							XII. OTHER CONSIDERATIONS						
⁵¹ Adequate water supply	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unk/NA	⁸⁸ Handicap accessibility	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unk/NA
⁵² Adequate ice supply	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unk/NA	⁸⁹ Designated smoking areas	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unk/NA
⁵³ Safe water source	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unk/NA	XIII. COMMENTS (List Critical Needs on Immediate Needs Sheet)						
⁵⁴ Safe ice source	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unk/NA							
VI. HEALTH / MEDICAL													
⁵⁵ Reported outbreaks, unusual illness / injuries	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unk/NA							