STATE OF CONNECTICUT
LOCAL EMERGENCY OPERATIONS PLAN

SUMMARY TOOL

EMERGENCY SUPPORT FUNCTION #6
MASS CARE ANNEX

ANNEX SUMMARY TOOL TABLE OF CONTENTS

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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LEOP ESF 6 Annex Summary Sheet

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, p. 4	Agreements with American Red Cross or other for shelter management				
Standards Guidelines, p. 8	Agreements with Transportation Providers to support evacuation, or shelter transportation				
Standards Guidelines, p. 4	Agreements with other non-governmental response organizations (Salvation Army, VOAD, etc).				
Standards Guidelines, p. 3	Multi-Jurisdictional Shelter Agreement				
Standards Guidelines, p. 4, 11, 15	Agreements with other municipalities For any Mass Care function				
II. Feeding plans					
Standards Guidelines, p. 11	Coordination feeding services				
Standards Guidelines, p. 11-13	Agreements with Red Cross, faith-based, civic groups, school staff, restaurants or other organization for feeding services				

Reference	ITEM	YES/NO	LOCATION (virtual and/or real)	DESCRIPTION	DATE OF VERIFICATION/REVISION
Standards Guidelines, p. 11-13	Agreements with sources of food: i.e., school system, USDA, grocery/ retail, ARC, restaurants, institutional suppliers, licensed community or faith-based organizations				
Standards Guidelines, p. 15	Coordination in place with your Health dept/ district for inspections and supervision of feeding and food preparation				
IV. Shelter supplies					
Standards Guidelines, p. 8	Number of Cots (Standard, Medical/ Special needs, Large capacity)				
Standards Guidelines, p. 8	Number of Blankets				
	Other supplies				
	Plan for cleaning and disinfecting cots after use				
V. Health service and behavioral/ mental health services/ child safe , etc					
Standards Guidelines, p. 15	Plans for health services/ medical coverage at shelters				
Standards Guidelines, p. 17	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. 17	Signs and resources available for residents with language/ literacy issues.				

Reference	ITEM	YES/NO	LOCATION (virtual and/or real)	DESCRIPTION	DATE OF VERIFICATION/REVISION
Standards Guidelines, p. 8	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. 15	Plan with Local Health Department - Shelter Support and Inspection				
Standards Guidelines, p. 15	Mental Health Plan - Contact list for local service providers				
Standards Guidelines, p. 15	Contact Lists for Support Services - Local Pharmacies Other Service Providers				
Standards Guidelines, p. 15-17	Identification of population groups/individuals needing assistance (group homes, senior housing, pre-identified individuals				
Standards Guidelines, p. 9	Pet Evacuation/Sheltering Plan				
Standards Guidelines, p. 9 Attachment 1	Child Emergency Preparedness Plans, Plans for schools and day cares				
Standards Guidelines, p. 10	Financial Plans for obtaining and paying for resources				
Standards Guidelines, p. 11	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.

Mass Care facilities NAME/ADDRESS	Shelter/ Reception/ both	CAPACITY @ 40 sq ft).	FEEDING CAPACITY	# OF TOILETS	# OF SHOWERS	GENERATOR Full/ 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)

I. ASSESSING AGENCY DATA

[1]Agency /Organization Name _____

[90]**Immediate Needs Identified:** ☐ **Yes** ☐ **No**

[2]Assessor Name/Title _____

[3]Phone __ __ __ - __ __ __ - __ __ __ __   [4]Email or Other Contact _____

II. FACILITY TYPE, NAME AND CENSUS DATA

[5]Shelter Type ☐ Community/Recovery ☐ Special Needs ☐ Other___ [6]ARC Facility ☐ Yes ☐ No ☐ Unk/NA   [7]ARC Code _____

[8]Date Shelter Opened __ __ /__ __/__ __ (mm/dd/yr) [9]Date Assessed __ __ /__ __/__ __ (mm/dd/yr) [10]Time Assessed __ __ : __ __ ☐ am ☐ pm

[11]Reason for Assessment   ☐ Preoperational   ☐ Initial   ☐ Routine   ☐ Other _____

[12]Location Name and Description _____

[13]Street Address _____

[14]City / County_____ [15]State __ __ [16]Zip Code __ __ __ __ __ [17]Latitude/Longitude _____ /_____

[18]Facility Contact / Title _____

[19]Facility Type   ☐ School ☐ Arena/Convention center ☐ Community/ Senior Center ☐ House of Worship ☐ Other_____

[20]Phone __ __ __ - __ __ __ - __ __ __ __   [21]Fax __ __ __ - __ __ __ - __ __ __ __   [22]E-mail or Other Contact_____

[23]Current Census _____ [24]Estimated Capacity _____   [25]Number of Residents _____ [26]Number of Staff / Volunteers_____

III. FACILITY

[27]Structural damage	☐ Yes	☐ No	☐ Unk/NA
[28]Security / law enforcement available	☐ Yes	☐ No	☐ Unk/NA
[29]Water system operational	☐ Yes	☐ No	☐ Unk/NA
[30]Hot water available	☐ Yes	☐ No	☐ Unk/NA
[31]HVAC system operational	☐ Yes	☐ No	☐ Unk/NA
[32]Adequate ventilation	☐ Yes	☐ No	☐ Unk/NA
[33]Adequate space per person	☐ Yes	☐ No	☐ Unk/NA
[34]Free of injury /occupational hazards	☐ Yes	☐ No	☐ Unk/NA
[35]Free of pest / vector issues	☐ Yes	☐ No	☐ Unk/NA
[36]Acceptable level of cleanliness	☐ Yes	☐ No	☐ Unk/NA
[37]Electrical grid system operational	☐ Yes	☐ No	☐ Unk/NA
[38]Generator in use, [39]If yes, Type_____	☐ Yes	☐ No	☐ Unk/NA
[40]Indoor temperature _____ °F			☐ Unk/NA

VIII. SOLID WASTE GENERATED

[66]Adequate number of collection receptacles	☐ Yes	☐ No	☐ Unk/NA
[67]Appropriate separation	☐ Yes	☐ No	☐ Unk/NA
[68]Appropriate disposal	☐ Yes	☐ No	☐ Unk/NA
[69]Appropriate storage	☐ Yes	☐ No	☐ Unk/NA
[70]Timely removal	☐ Yes	☐ No	☐ Unk/NA
[71]Types ☐ Solid ☐ Hazardous ☐ Medical ☐ Unk/NA			

IX. CHILDCARE AREA

[72]Clean diaper-changing facilities	☐ Yes	☐ No	☐ Unk/NA
[73]Hand-washing facilities available	☐ Yes	☐ No	☐ Unk/NA
[74]Adequate toy hygiene	☐ Yes	☐ No	☐ Unk/NA
[75]Safe toys	☐ Yes	☐ No	☐ Unk/NA
[76]Clean food/bottle preparation area	☐ Yes	☐ No	☐ Unk/NA
[77]Adequate child/caregiver ratio	☐ Yes	☐ No	☐ Unk/NA
[78]Acceptable level of cleanliness	☐ Yes	☐ No	☐ Unk/NA

IV. FOOD

[41]Preparation on site	☐ Yes	☐ No	☐ Unk/NA
[42]Served on site	☐ Yes	☐ No	☐ Unk/NA
[43]Safe food source	☐ Yes	☐ No	☐ Unk/NA
[44]Adequate supply	☐ Yes	☐ No	☐ Unk/NA
[45]Appropriate storage	☐ Yes	☐ No	☐ Unk/NA
[46]Appropriate temperatures	☐ Yes	☐ No	☐ Unk/NA
[47]Hand-washing facilities available	☐ Yes	☐ No	☐ Unk/NA
[48]Safe food handling	☐ Yes	☐ No	☐ Unk/NA
[49]Dishwashing facilities available	☐ Yes	☐ No	☐ Unk/NA
[50]Clean kitchen area	☐ Yes	☐ No	☐ Unk/NA

V. DRINKING WATER AND ICE

[51]Adequate water supply	☐ Yes	☐ No	☐ Unk/NA
[52]Adequate ice supply	☐ Yes	☐ No	☐ Unk/NA
[53]Safe water source	☐ Yes	☐ No	☐ Unk/NA
[54]Safe ice source	☐ Yes	☐ No	☐ Unk/NA

VI. HEALTH / MEDICAL

[55]Reported outbreaks, unusual illness / injuries	☐ Yes	☐ No	☐ Unk/NA

X. SLEEPING AREA

[79]Adequate number of cots/beds/mats	☐ Yes	☐ No	☐ Unk/NA
[80]Adequate supply of bedding	☐ Yes	☐ No	☐ Unk/NA
[81]Bedding changed regularly	☐ Yes	☐ No	☐ Unk/NA
[82]Adequate spacing	☐ Yes	☐ No	☐ Unk/NA
[83]Acceptable level of cleanliness	☐ Yes	☐ No	☐ Unk/NA

XI. COMPANION ANIMALS

[84]Companion animals present	☐ Yes	☐ No	☐ Unk/NA
[85]Animal care available	☐ Yes	☐ No	☐ Unk/NA
[86]Designated animal area	☐ Yes	☐ No	☐ Unk/NA
[87]Acceptable level of cleanliness	☐ Yes	☐ No	☐ Unk/NA

XII. OTHER CONSIDERATIONS

[88]Handicap accessibility	☐ Yes	☐ No	☐ Unk/NA
[89]Designated smoking areas	☐ Yes	☐ No	☐ Unk/NA

XIII. COMMENTS *(List Critical Needs on Immediate Needs Sheet)*

_____
_____

_____
_____
_____