[Exercise Name]

**Insert Logo Here**

After-Action Report/Improvement Plan

[Date]

The After-Action Report/Improvement Plan (AAR/IP) aligns exercise objectives with preparedness doctrine to include the National Preparedness Goal and related frameworks and guidance. Exercise information required for preparedness reporting and trend analysis is included; users are encouraged to add additional sections as needed to support their own organizational needs.

# Exercise Overview

|  |  |
| --- | --- |
| **Exercise Name** | [Insert the formal name of exercise, which should match the name in the document header] |
| **Exercise Dates** | [Indicate the start and end dates of the exercise] |
| **Scope** | This exercise is a [exercise type e.g. Drill, Functional, Full Scale], planned for [exercise duration] at [exercise location]. Exercise play is limited to [exercise parameters]. |
| **Mission Area(s)** | [Prevention, Protection, Mitigation, Response, and/or Recovery] |
| **Capabilities** | [List the capabilities being exercised and the source document capabilities are from – e.g. FEMA, CDC, and/or ASPR capabilities] |
| **Objectives** | [List exercise objectives] |
| **Threat or Hazard** | [List the threat or hazard (e.g. natural/hurricane, technological/radiological release, pandemic outbreak, biohazard)] |
| **Scenario** | [Insert a brief overview of the exercise scenario, including scenario impacts (2-3 sentences)] |
| **Sponsor** | [Insert the name of the sponsor organization, as well as any grant programs being utilized, if applicable] |
| **Participating Organizations** | [Insert a brief summary of the total number of participants and participation level (i.e., Federal, State, local, Tribal, non-governmental organizations (NGOs), and/or international agencies). Include the full list of participating agencies in Appendix B. Delete Appendix B if not required.] |
| **Point of Contact** | [Insert the name, title, agency, address, phone number, and email address of the primary exercise POC (e.g., exercise director or exercise sponsor)] |

***\*When using this template for a real incident, adjust the language by removing 'exercise' and adding incident details\****

# Analysis of Capabilities

Aligning exercise objectives and capabilities provides a consistent taxonomy for evaluation that transcends individual exercises to support preparedness reporting and trend analysis. Table 1 includes the exercise objectives, aligned capabilities, and performance ratings for each capability as observed during the exercise and determined by the evaluation team.

**Table 1 Summary of Capability Performance**

| Capability | Objective | Rating  |
| --- | --- | --- |
| [Capability] | [Objective ] [Objective][Objective] | P, S, M, U [choose based on definition below] |
| [Capability] | [Objective] |  |
| [Capability] | [Objective ] |  |
| [Capability] | [Objective ] |  |

**Ratings Definitions:**

* Performed without Challenges (P): The targets and critical tasks associated with the capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws.
* Performed with Some Challenges (S): The targets and critical tasks associated with the capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. However, opportunities to enhance effectiveness and/or efficiency were identified.
* Performed with Major Challenges (M): The targets and critical tasks associated with the capability were completed in a manner that achieved the objective(s), but some or all of the following were observed: demonstrated performance had a negative impact on the performance of other activities; contributed to additional health and/or safety risks for the public or for emergency workers; and/or was not conducted in accordance with applicable plans, policies, procedures, regulations, and laws.
* Unable to be Performed (U): The targets and critical tasks associated with the capability were not performed in a manner that achieved the objective(s).

The following sections provide an overview of the performance related to each exercise objective and associated capability, highlighting strengths and areas for improvement.

## [Capability]

Identify resource document capability is from (FEMA, CDC, and/or ASPR)

## [Objective]

The strengths and areas for improvement for each capability aligned to this objective are described in this section.

### Strengths

The [full or partial] capability level can be attributed to the following strengths:

Strength 1: [Observation statement]

Strength 2: [Observation statement]

Strength 3: [Observation statement]

### Areas for Improvement [include at minimum 2 areas for improvement for each objective]

The following areas require improvement to achieve the full capability level:

Area for Improvement 1: [Observation statement. This should clearly state the problem or gap; it should not include a recommendation or corrective action, as those will be documented in the Improvement Plan.]

Reference: [List any relevant plans, policies, procedures, regulations, or laws.]

Analysis: [Provide a root cause analysis or summary of why the full capability level was not achieved.]

Area for Improvement 2: [Observation statement]

Reference: [List any relevant plans, policies, procedures, regulations, or laws.]

Analysis: [Provide a root cause analysis or summary of why the full capability level was not achieved.]

## [Capability]

Identify resource document capability is from (FEMA, CDC, and/or ASPR)

## [Objective]

The strengths and areas for improvement for each capability aligned to this objective are described in this section.

### Strengths

The [full or partial] capability level can be attributed to the following strengths:

Strength 1: [Observation statement]

Strength 2: [Observation statement]

Strength 3: [Observation statement]

### Areas for Improvement [include at minimum 2 areas for improvement for each objective]

The following areas require improvement to achieve the full capability level:

Area for Improvement 1: [Observation statement. This should clearly state the problem or gap; it should not include a recommendation or corrective action, as those will be documented in the Improvement Plan.]

Reference: [List any relevant plans, policies, procedures, regulations, or laws.]

Analysis: [Provide a root cause analysis or summary of why the full capability level was not achieved.]

# Appendix A: Improvement Plan

This IP has been developed specifically for [Organization or Jurisdiction] as a result of [Exercise Name] conducted on [date of exercise].

|  **Capability** | **Issue/Area for Improvement** | **Corrective Action** | **Capability Element [[1]](#footnote-1)** | **Primary Responsible Organization** | **Organization POC** | **Start Date** | **Completion Date** |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  Capability: [Capability Name. Specify capabilities source document– e.g. FEMA, CDC, ASPR capabilities] | 1. [Area for Improvement] | [Corrective Action 1]  | 1 [See definition in footer] |  |  |  |  |
| [Corrective Action 2] |  |  |  |  |  |
| [Corrective Action 3] |  |  |  |  |  |
| 2. [Area for Improvement] | [Corrective Action 1] |  |  |  |  |  |
| [Corrective Action 2] |  |  |  |  |  |

*\*copy and paste table as needed\**

# Appendix B: Exercise Participants

|  |  |
| --- | --- |
| Participating Organizations | Number of Participants |
| **Federal** |  |
| Insert name of participating agency | # |
|  | # |
|  | # |
| **State** |  |
| Insert name of participating agency | # |
|  | # |
|  | # |
|  | # |
| **[Jurisdiction A]** |  |
| Insert name of participating agency | # |
|  | # |
|  | # |
| **[Jurisdiction B]** |  |
| Insert name of participating agency | # |
|  | # |
|  | # |

1. Capability Elements are: Planning, Organization, Equipment, Training, or Exercise. [↑](#footnote-ref-1)