

DRAFT

Key Elements Checklist

Administration for Children and Families Human Services Technical Assistance Emergency Preparedness Guide

The ability to successfully respond to crisis requires the Department of Health and Human Services, Administration for Children and Families (ACF), State/local partners and grantees to develop operational Plans addressing how they will respond during a disaster requiring Human Services assistance. Plans should address considerations raised from lessons learned during prior disasters, including (1) protection of employees, (2) enhancement of essential functions and services, (3) support of the Federal response, (4) the manner in which departments and agencies coordinate communication about the response, as well as (5) clearly identify the command and control structure. This checklist is a mechanism to help ACF Regional Emergency Management Specialists develop internal operational Plans; assist States/Tribes and local partners in their development of operational Plans that are inclusive of Human Services, and help ACF regional staff provide technical assistance to our partners. The following items should be incorporated into or considered for Plans as appropriate.

General Instructions:

Each Planning element question is complemented with a *Status*, *Comments*, and *Supporting Documents* field.

- **Status** refers to state of Planning or capability of the identified element. Is it 'Completed,' 'In Progress,' or 'Not Initiated'? Sometimes, the question will merit a 'Yes,' 'No' or 'Partial' answer.
- **Comments** section should be used to explain in further detail the status of a particular Planning element and relevant next steps and also to record the date that an assessment was completed.
 - For all 'Partial' or 'In Progress' responses, to the extent possible, indicate in *Comments* the portion of the task(s) that has yet to be completed ; also, indicate whether the agency intends to accomplish this item for only a portion (percentage) of the agency.

- For all 'No' or 'Not Initiated' responses, indicate in *Comments* whether or not the agency intends to accomplish the item or whether the agency has not made a decision on this item. For example, if you respond 'No' to completion of a Planning step and the agency does not intend to complete the step, say so and explain why in *Comments*.

Supporting Documents are the Plans, annexes, SOPs, etc., that exist in support of the identified Planning elements. Please indicate by checking the appropriate box to what extent a supporting document is available. If necessary, use the *Comments* section to provide additional detail.

DEPARTMENT/AGENCY/STATE:

POINT OF CONTACT (POC):

POC PHONE NUMBER:

POC EMAIL:

Introduction:

The Planning elements listed within this *Key Elements Checklist* are actions ACF and its partners should implement and synchronize in preparation for responding to a disaster with an ESF – 6 (Human Services) activation. Leaders at all levels of government are in the best position to train personnel and to execute these Planning procedures prior to an actual event. Suggested actions to be completed during this preparatory period include:

	CORE QUESTIONS	Status	Comments (include date when a specific item was assessed or completed.)	Are supporting documents available?	Federal/ State/ACF component responsible for action
A. General Guidelines					
A.1	Does the Plan give an overview of the ESF-6 functions and procedures that human services agencies will accomplish during a disaster?	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Initiated		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
A.2	Does the Plan outline who is in charge and who assumes responsibility for human services response and recovery operations?	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Initiated		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	

	CORE QUESTIONS	Status	Comments (include date when a specific item was assessed or completed.)	Are supporting documents available?	Federal/ State/ACF component responsible for action
A.3	Has the Plan been reviewed and/or updated within the last 2 years?	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Initiated		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
A.4	Does the Plan accomplish its stated purpose?	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Initiated		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
A.5	Is the Plan signed and dated?	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Initiated	Date Completed: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
A.6	Does the Plan contain a Glossary of Terms?	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Initiated		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
A.7	Does the Plan address State or region-specific incidents?	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Initiated		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
A.8	Does the Plan address human services issues arising from a natural or man-made disaster (including pandemic flu)?	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Initiated		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
A.9	Does the Plan address a broad range of human services response, including, but not limited to:				
A.9a	<ul style="list-style-type: none"> • Crisis Counseling 	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Initiated		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
A.9b	<ul style="list-style-type: none"> • Case Management 	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Initiated		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	

	CORE QUESTIONS	Status	Comments (include date when a specific item was assessed or completed.)	Are supporting documents available?	Federal/ State/ACF component responsible for action
A.9c	<ul style="list-style-type: none"> Mass Care 	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Initiated		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
A.9d	<ul style="list-style-type: none"> Administrative Actions: <ol style="list-style-type: none"> Human Capital Issues (e.g. issues that may affect employees and/or collective bargaining agreements) 	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Initiated		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
	<ol style="list-style-type: none"> Program Waivers and Flexibilities 	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Initiated		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
	<ol style="list-style-type: none"> Funds 	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Initiated		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
	<ol style="list-style-type: none"> Eligibility Requirements 	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Initiated		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
	<ol style="list-style-type: none"> Tracking of families/children during disasters 	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Initiated		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
A.10	Does the Plan include procedures to supply providers, programs and the public with information about government and emergency assistance for which they may be eligible.	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Initiated		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
A.11	Does the Plan address how persons with Special Needs will be assisted? Special Needs are identified as persons who:	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Initiated		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
A.11a	<ul style="list-style-type: none"> Are elderly: <ol style="list-style-type: none"> Does the Plan address locating, evacuating and transporting the elderly? 	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Initiated		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	

	CORE QUESTIONS	Status	Comments (include date when a specific item was assessed or completed.)	Are supporting documents available?	Federal/ State/ACF component responsible for action
	2. Are Plans in place for continuation of services to the elderly (including HHS programs, e.g. Medicare, Medicaid, AoA, etc)?	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Initiated		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
	3. Does the state Plan identify network resources for aging populations that may be available in the event of a disaster?	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Initiate		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
A.11b	<ul style="list-style-type: none"> • Have Disabilities: <ol style="list-style-type: none"> 1. Are evacuation Plans in place for those who have disabilities? 	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Initiated		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
	2. Do the Plans address sheltering for persons with disabilities?	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Initiated		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
	3. Do Plans address mechanisms for communicating with hearing and visually impaired persons	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Initiated		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
A.11c	<ul style="list-style-type: none"> • Are Children (Minors): <ol style="list-style-type: none"> 1. Does the Plan outline procedures for reunification with parents or other guardians? 	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Initiated		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
	2. Does the Plan address taking custody and protection of orphaned and dependent children?	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Initiated		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
	3. Are there Plans for emergency child care?	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Initiated		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
	4. Are there Plans in place for continuity of services for programs involving children (both ACF and non-ACF programs)?	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Initiated		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	

	CORE QUESTIONS	Status	Comments (include date when a specific item was assessed or completed.)	Are supporting documents available?	Federal/State/ACF component responsible for action
	5. Does the Plan address unaccompanied children in shelters?	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Initiated		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
A.11d	<ul style="list-style-type: none"> Are from diverse cultures: Does the Plan meeting the needs of persons from other cultures? 	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Initiated		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
A.11e	<ul style="list-style-type: none"> Are not proficient in English: Are translator services available? 	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Initiated		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
A.11f	<ul style="list-style-type: none"> Are transportation disadvantaged: Does the Plan address locating and evacuating those who are transportation disadvantaged? 	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Initiated		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
A.11g	<ul style="list-style-type: none"> Are institutionalized: Does the Plan address locating and evacuating persons living in institutionalized settings? 	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Initiated		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
A.11h	<ul style="list-style-type: none"> Are homeless: Does the Plan address how the homeless will be located and provided with services? 	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Initiated		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
A.12	Does the Plan address dealing with Service and Companion animals that may be brought to shelters by evacuees?	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Initiated		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	

	CORE QUESTIONS	Status	Comments (include date when a specific item was assessed or completed.)	Are supporting documents available?	Federal/ State/ACF component responsible for action
B. Testing, Training and Exercising					
B.1	Is there a requirement for at least annual training of the staff on the Plan and is there a schedule for exercising the Plan?	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Initiated		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
C. Internal Operations/Coordination					
C.1	Are the organizational structures and responsibilities clearly stated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
C.2	Does the Plan reference the COOP Plan for:				
	1. Evacuation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
	2. Sheltering?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
	3. Recovery Actions?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
D. External Coordination					
D.1	Does the Plan outline roles and responsibilities assigned to agencies in support of ESF-6 activities?	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Initiated		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	

	CORE QUESTIONS	Status	Comments (include date when a specific item was assessed or completed.)	Are supporting documents available?	Federal/ State/ACF component responsible for action
D.2	Does the Plan identify and coordinate with other key human services programs that have key tasks in the Plan? Coordination among state programs includes: Child Welfare, TANF, Child Care, Runaway & Homeless Youth, Child Support Enforcement, etc.	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Initiated		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
D.3	Is the Human Services Annex an integrated part of the State Plan and/or integrated into the State-specific ESF-6 Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
D.4	Does the Plan reference procedures for evacuating and receiving displaced persons from other states and/or jurisdictions?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
D.5	Does the Plan identify evacuation agreements between States and/or jurisdictions?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
E. Communications					
E.1	Is there an identified reporting mechanism to support emergency situations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
E.2	Is there an emergency list/database for communication with service care providers?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
E.3	Does the Plan list key agency contacts?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
E.4	Does the Plan outline a method or timetable for updating the key contact list?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	

	CORE QUESTIONS	Status	Comments (include date when a specific item was assessed or completed.)	Are supporting documents available?	Federal/ State/ACF component responsible for action
E.5	Does the Plan address or identify mechanisms for tracking/locating persons displaced in disasters; e.g. NEFRLS; NECLC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
E.6	Does the Plan indicate that the State/Commonwealth has developed partnerships and liaisons with other emergency response agencies within the State/Commonwealth/Territory and with border states?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
E.7	Has the Plan been disseminated/distributed to essential agencies?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
F. Tribes (if applicable)					
F.1	Does the Plan address coordination issues for dealing with Tribes and Tribal Authorities (if applicable)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
F.2	Does the Plan identify specific Tribal Liaisons for the Tribes in this jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
F.3	Are Tribal Plans coordinated with State Plans?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
F.4	Do Tribal EM Planners and State EM Planners participate in each other's Planning meetings?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	

ANNEX A---CHILD CARE SERVICES

Child Care Questions		Status	Comments (include date when a specific item was assessed or completed).	Are supporting documents available?	Federal/ State/ACF component responsible for action.
ACF Program: Child Care and Development Fund (CCDF) Contact: Office of Family Assistance (OFA)/Child Care Bureau (CCB) Websites: http://www.acf.hhs.gov/programs/ccb/initiatives/emergency/index.htm http://www.nccic.org/emergency/index.cfm					
A. GENERAL EMERGENCY PLAN PROVISIONS					
A.1	Does the Plan address the functions that State and local emergency managers will carry out, e.g. coordinating disaster communications, relocation of children, assessment of child care facilities and facilitation of temporary child care	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
B. COMMUNICATION, COORDINATION AND COLLABORATION					
B.1	Does the Plan address coordination with Temporary Assistance to Needy Families, Social Services Block Grant, Head Start and other ACF programs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
B.2	Does the Plan indicate the location of possible relocation and evacuation sites where an influx of affected children and adult care providers could be taken during an emergency?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
B.3	Does the Plan include preparedness actions that involve communicating with child care providers about the importance of emergency preparedness activities and provide resources for providers to use?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
B.4	Does the Plan include provisions for information across different types of providers such as for a child care center vs. a family child care provider?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
B.4	Does the Plan include preparedness activities which involve making training available to child care providers to help prepare for emergencies or disasters?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
B.5	Does the Plan indicate outreach mechanisms to non-English speaking persons? Does the Plan address provisions for the delivery of emergency preparedness literature in the primary language spoken in the state?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	

Child Care Questions		Status	Comments (include date when a specific item was assessed or completed).	Are supporting documents available?	Federal/ State/ACF component responsible for action.
B.6	Does the Plan indicate outreach mechanisms to non-English speaking persons?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
B.7	Does the Plan address how the agency will communicate with parents and the general public during an emergency and/or disaster?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
B.8	Does the Plan address how the agency will communicate with Tribes and Tribal CCDF programs during an emergency and/or disaster?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
B.9	Does the Plan address any contingencies for interstate compacts to permit sharing and redistribution of child care resources to serve families who are displaced to other States?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
B.10	Does the Plan address coordination with providers of mass care, such as the American Red Cross, with regards to needs for setting up temporary child care facilities at a shelter site?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
B.9	Does the Plan address supplying providers and programs with information about government and emergency assistance for which they may be eligible?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
C. SUBSIDY REGULATIONS AND ADMINISTRATION					
C.1	Does the Plan address procedures for ensuring continuity of services for families that receive child subsidies and are impacted by a disaster?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
C.2	Does the Plan address procedures for ensuring continuity of services when a child care provider serving subsidized families is impacted by a disaster?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
C.3	Does the Plan include a process for assessing damages to child care providers (centers, family child care homes) and assisting them in the recovery process?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
C.4	Does the Plan address how the agency will handle an influx of families impacted by disaster needing child care assistance, in addition to those already being subsidized?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	

Child Care Questions		Status	Comments (include date when a specific item was assessed or completed).	Are supporting documents available?	Federal/ State/ACF component responsible for action.
C.5	Does the Plan include a process to track those families receiving subsidized child care who are affected by an emergency or disaster? (Specifically, the CCDF program allows States to indicate when reporting administrative data “Reason for Care-Federal Declared Emergency” on the ACF-801 form)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
D. CHILD CARE LICENSING/HEALTH AND SAFETY ISSUES					
D.1	Does the Plan address child care licensing administration and health and safety regulatory administration for child care providers in the event of an emergency or disaster?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
D.1	Does the Plan address how the agency will facilitate the development of temporary child care to keep children safe during and after a disaster?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
D.2	Does the Plan address provisions for reuniting children with parents or caregivers after a disaster (e.g. phone numbers for children and families, policies and procedures for reuniting children with parents and caregivers, provisions for who is authorized to pick up children, locations for pick up points)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
D.4	Does the Plan address safety provisions for children at mass care and temporary child care sites, such as protection from registered sex offenders?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	

ANNEX B---CHILD SUPPORT ENFORCEMENT

Child Support Enforcement Questions		Status	Comments (include date when a specific item was assessed or completed).	Are supporting documents available?	Federal/ State/ACF component responsible for action.
ACF Program: Office of Child Support Enforcement Website: http://www.acf.hhs.gov/programs/cse/index.html					
A.1	Does the Plan address systems to provide child support information to disaster victims, e.g. call-in centers and/or web sites?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
A.2	Does the Plan address procedures to reinstate /continue or establish child support such as: <ul style="list-style-type: none"> • Direct deposit or debit cards? • Alternative addresses, phone and other contact information for clients, especially clients receiving child support [payments by check? • Call-in centers/ • Web sites? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
A.3	Does the Plan address recovery – options for providing service to victims at disaster locations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
A.4	Does the Plan address procedures for the State to assure continuity of operations at alternate sites or remote locations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
A.5	Does the Plan address back-up procedures for the continuation of child support operations (the State Disbursement Unit) in case of emergency?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
A.6	Does the Plan address replacement of damaged child support enforcement systems hardware, software and other computer services?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
A.7	Does the Plan address options to protect CSE data such as systems back-up, data imaging/data scanning?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
A.8	Does the Plan address electronic payments coming into the Child Support Offices?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	

ANNEX C---TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)

TANF Questions ACF Program: Temporary Assistance for Needy Families Contact: Office of Family Assistance (OFA) for State Programs and OFA Division of Tribal TANF Management for Tribes Website: http://www.acf.hhs.gov/programs/ofa		Status	Comments (include date when a specific item was assessed or completed).	Are supporting documents available?	Federal/ State/ACF component responsible for action.
A.1	Is the Plan for TANF incorporated into (or coordinated with) the overall State Emergency Preparedness Plan.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
A.2	Does the Plan make provisions for the continuation of core TANF functions during and after a disaster or emergency.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
A.3	Does the Plan include a list of possible relocation and evacuation sites where an influx of affected families could be taken during an emergency.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
A.4	The Plan has procedures for how it will communicate with parents and families during an emergency.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
A.5	The agency has a strategy for how it will communicate with the Tribes and Tribal TANF Programs during an emergency or disaster (if Federally-recognized Tribes exist in the state).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
A.6	The Plan references interstate compacts to permit sharing and redistribution of TANF resources as needed.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
A.7	Does the Plan include guidelines for implementing procedures for emergency TANF eligibility.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
A.8	Does the Plan outline procedures for continuing TANF fund disbursements during an emergency or disaster: <ul style="list-style-type: none"> • The agency has procedures in place for families who have lost their eligibility documentation due to a disaster or emergency to obtain TANF benefits. • The agency has a process to continue to pay provider and parents via direct deposit or by check in a timely manner. 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	

TANF Questions		Status	Comments (include date when a specific item was assessed or completed).	Are supporting documents available?	Federal/ State/ACF component responsible for action.
A.9	Does the Plan outline procedures for tracking those families receiving TANF who are affected by an emergency or disaster.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	

ANNEX D---CHILD WELFARE

Child Welfare Questions ACF Program: Child Welfare Services Contact: Children’s Bureau, Administration on Children, Youth and Families Website: http://www.acf.hhs.gov/programs/cb/		Status	Comments (include date when a specific item was assessed or completed).	Are supporting documents available?	Federal/ State/ACF component responsible for action.
A.	PROGRAM MANAGEMENT				
A.1	Does the Plan identify essential work functions to be provided in the disaster area during an emergency, such as: <ul style="list-style-type: none"> • receipt and investigation of child abuse/neglect • removal of children for the purposes of protection from abuse/neglect • judicial determinations for custody and legal status • service referral • foster care placement 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
A.2	Does the Plan provide a mechanism to determine the availability of child welfare staff, including those affected by the disaster, their status and locations? Agencies may develop a database to keep track of who has been located and their status.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
A.3	Does the Plan address ICPC waivers, Medicaid waivers, etc?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
A.4	Does the Plan include a database to track clients, children and youth in care, foster parents and providers; including their status?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
A.5	Does the Plan provide for the preservation of essential program records?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial			
A.6	Does the Plan identify and locate additional programs/services to children, youth and families affected by the disaster, such as: <ul style="list-style-type: none"> • immediate trauma services • assistance for the medically fragile • extra assistance needed by foster families or families receiving in-home case services • identification of children separated from their families • 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	

ANNEX D---CHILD WELFARE

Child Welfare Questions		Status	Comments (include date when a specific item was assessed or completed).	Are supporting documents available?	Federal/ State/ACF component responsible for action.
A.6	Does the Plan address provisions to provide services at alternate locations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
B.	COORDINATION				
B.1	Does the Plan reference written child welfare agreements with the courts for providing services during disasters and emergencies?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
B.2	Does the Plan address procedures for the continuation of child welfare services by contractors during emergencies/disasters?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
B.3	Does the Plan establish liaisons with other States to coordinate services and share information?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial			
C.	COMMUNICATION				
C.1	Does the Plan address procedures for maintaining contact with families, youth, foster parents, caseworkers and providers during an emergency or disaster?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	

ANNEX E---AGING POPULATIONS

Aging Populations Questions Contact: HHS/Administration on Aging Website: http://www.aoa.gov/		Status	Comments (include date when a specific item was assessed or completed).	Are supporting documents available?	Federal/ State/ACF component responsible for action.
E.1	Does the Plan address the process for ensuring the delivery of mail to elderly persons displaced to shelters or other mass care sites (especially benefit and social security checks)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
E.2	Does the Plan address how the state/local agencies will ensure that the elderly have access to and understand the process for applying for disaster assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
E.3	Does the Plan identify procedures to help the elderly needing special assistance complete applications for disaster assistance in their home or shelter location?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
E.4	Does the Plan address procedures that ensure coordination of efforts with Area Agencies on Aging and Voluntary Agencies in the delivery of services to elderly populations during disasters?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
E.5	Does the Plan address procedures for the continuation of services for seniors receiving benefits under the Older Americans Act (e.g. case management, meals, legal services and local transportation)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
E.6	Does the AoA section of the Plan address mechanisms for identifying and encouraging elderly persons affected by disasters who should apply for benefits under the Older American Act?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
E.7	Does the plan speak to a Long Term Care Ombudsman program in which volunteers work to monitor care received by residents in nursing homes and residential care communities?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
E.8	Is a list available or referenced on long-term care ombudsmen nursing home and assisted living facilities to determine status of emergency plans should evacuation are necessary?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
E.9	Are back-up plans available/referenced supporting rapid activation to serve extra meals, shelf stable or frozen meals for home-bound individuals?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	

ANNEX E---AGING POPULATIONS

E.10	Does the plan reference tribal contacts (If applicable) of an AOA supported program?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
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